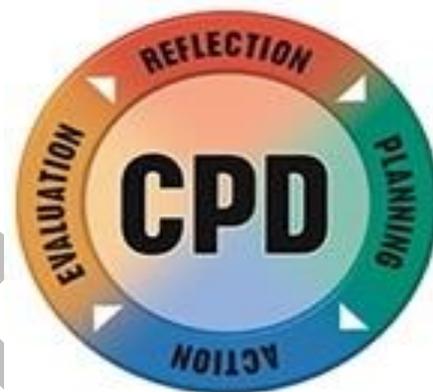


## Guidance on Assessment of CPD Cycles

This is a guide for pharmacists on how to complete CPD cycles under the four areas of learning and the questions that relate to the six essential assessment criteria identified in the CPD Framework.

All the criteria are essential and must be met for a cycle to be successfully completed.



### Reflection

#### 1. Did the pharmacist identify specific learning needs?

Reflection should be based on SMART objectives (Specific, Measurable, Achievable, Realistic and Timebound). Identification and specification of the learning need(s) are the two essential factors in determining whether the pharmacist has met this criterion.

- **IDENTIFICATION** – a statement of learning intent should be present, e.g. 'I need to learn/know/gain a knowledge of/improve/understand/find out/familiarise myself with ...'
- **SPECIFICATION** – A specific statement of learning need is required which should be precise, succinct and measurable, e.g. 'I need to know the risk factors associated with heart disease.'

General statements that identify a broad learning need are inadequate, e.g. 'I need to know about heart disease.' You must keep your learning needs focussed, precise and succinct - limited to two or three. This will make subsequent stages of your CPD cycle easier to record.

It may help to bullet or number your learning needs.

#### 2. Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?

Pharmacists may identify their learning needs through various methods:

- Learning from experience
- Receiving feedback from others
- Reading publications
- Attending workshops, study groups, locality groups etc.
- Using a personal SWOT (Strengths, Weakness, Opportunities and Threats) analysis to identify strengths and areas that need developing
- Completing a Personal Development Plan (PDP) to help identify career goals
- Unscheduled learning in reaction to a learning need that is identified during a pharmacist's day to day work e.g. question from a colleague or patient

The pharmacist should briefly describe the circumstances/context that led to them identifying the specific learning need(s). For example:

- 'I discovered, after reading an article in the Pharmaceutical Journal on the risk factors associated with heart disease, that I need to learn more about ...'
- 'When a patient presented with the classic warning symptoms of diabetes, I realised the need to learn about ...'
- 'After attending the asthma workshop, 'Take my breath away', I wanted to improve my knowledge of ...'
- 'The pharmacy contractor decided to run a smoking cessation campaign within the store, so I need to know ...'
- 'I'm currently training as a pharmacist prescriber and I need to learn about ...'

### Examples of acceptable reflection stage recording:

#### Beta blockers in treatment of hypertension

I know that beta blockers are no longer recommended for first line treatment of hypertension. I want to find out what drugs are now recommended and what to do about existing patients on beta blockers to treat hypertension.

#### Management of Chronic Kidney Disease

I want to learn about the criteria for diagnosis of Chronic Kidney Disease (CKD) and its management. I need to learn this as I want to know more about how to manage patients with this condition at my hypertension prescribing clinic.

## Planning

### 3. Did the pharmacist describe, in the activity table, the activity/activities they completed to meet the learning needs?

#### Beta blockers and the treatment of hypertension

Activity	Date	Time Taken	Evidence
Read NICE CG 34 - Management of Hypertension in adults in primary care	19/04/2017- 19/04/2017	2hrs	Copy of Quick Reference Guide with annotations
Read BNF chapter 2	20/04/2017- 20/04/2017	1hr	Photocopy of Chapter with annotations or summary

Read DH PCEP on ACE Inhibitors and Angiotension II Antagonists	20/04/2017-20/04/2017	1hr	Copy of policy with annotations or summary
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Total Time Taken	4hrs
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### Management of chronic kidney disease

Activity	Date	Time Taken	Evidence
Read BMA guidance on QOF indicators for CKD	03/05/2017- 03/05/2017	1hr	Copy of BMA guidance with annotations or summary
NICE CG 73, Chronic Kidney Disease. September 2008	03/05/2017- 03/05/2017	2hrs	Copy of Quick Reference Guide with annotations or summary
SIGN Guideline 103. Diagnosis and Management of Chronic Kidney Disease	04/05/2017- 04/05/2017	2hrs	Copy of Quick Reference Guide with annotations or summary
BMJ eLearning 'Chronic Kidney Disease'	11/05/2017- 11/05/2017	1hr	Completion certificate

Total Time Taken	6hrs
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### Action

#### 4. Did the pharmacist include a brief summary of what they learnt?

The pharmacist is required to provide a brief summary of what they personally learnt. This summary should:

- demonstrate a depth of learning
- relate to the identified learning need(s)
- contain specific detailed examples of what the individual learnt.

#### Examples of acceptable action stage recording:

##### **Beta blockers and the treatment of hypertension**

I have learnt that Beta blockers are no longer recommended as first line treatment for hypertension as they have been shown to be less effective than other treatments at reducing cardiovascular events, particularly stroke.

If a patient's blood pressure is well controlled with a beta blocker then the beta blocker does not need to be withdrawn, although their long-term treatment should be reviewed.

First line drugs are now ACE inhibitors for patients <55yrs and calcium channel blockers or diuretics for patients >55yrs or black patients of any age.

### **Management of Chronic Kidney Disease**

I have learnt that CKD is diagnosed when eGFR is persistently less than 60mL/min/1.73m<sup>2</sup> and that the label still applies even if kidney function improves with treatment.

Albumin: creatinine ratio is used to determine whether proteinuria is present and the classification for CKD stages 1-5 is further subdivided depending on whether proteinuria is present. Once a diagnosis of CKD has been made the patient should be given lifestyle advice (smoking, healthy weight, exercise) and have their blood pressure monitored regularly.

Blood pressure should be maintained at < 130/80 where possible to slow deterioration of kidney function. ACE Inhibitors are the treatment of choice. Cardiovascular risk should be assessed and treatment with statins and/or aspirin initiated where necessary.

## **Evaluation**

### **5. Has the pharmacist evidence how their practice has changed or will change because of their learning or how they have applied or will apply their learning?**

The pharmacist should provide **clear examples** (at least one) of how they have implemented their learning or changed practice because of their learning or knowledge gained.

- a. If you are providing evidence of having applied the learning in the past or present it is sufficient to record:
  - 'I have advised a patient...'
  - 'I have advised the practice...'
- b. If you are providing evidence of how you intend to apply your learning to your practice, it is sufficient to record:
  - 'I plan to...' then provide a specific example of how the learning will be applied to future practice
  - :
- c. If you have demonstrated your learning by way of simulation, it is sufficient to record:

- I have used simulation to...

Note that the amount of such evaluation is limited under subheadings b and c is limited to no more than 25% of a submitted portfolio.

## **6. Is it evident that the learning need(s) have been addressed within the cycle?**

The assessor examines all stages of the CPD cycle and will judge whether the pharmacist has addressed the original learning need(s) through the cycle.

Each specific learning need should be mapped through each of the reflection, planning, action and evaluation stages of the cycle.

### **Examples of acceptable evaluation stage recording:**

#### **Beta-blockers and treatment of hypertension**

I am now familiar with the drugs used to treat hypertension. I have advised the nurse who currently runs the hypertension clinic to review patients on beta blockers but that if the patient's blood pressure is well controlled there is no absolute need to change their medication.

On reading the NICE guidance I have identified a need to gain more experience in measuring blood pressures in the correct way and to find out more about the treatment of patients with target organ damage such as CKD.

#### **Management of CKD**

I am now more knowledgeable about this condition.

I have been able to advise the practice about the follow up requirements of patients with CKD and to review the practice CKD register and add new patients. I feel confident that I will be able to manage patients with co-existing hypertension and CKD in the prescribing clinic and will continue to update my knowledge as necessary.

### **Example of an acceptable CPD cycle:**

#### **Title: Osteoporosis**

##### **Reflection**

Recently a patient approached the pharmacy counter and asked for some advice in relation to a treatment for osteoporosis which she had been prescribed, alendronic acid 70 mg tablets.

After appropriately counselling the patient on how to take this medication, she asked if there were any lifestyle changes that she could make which might help to improve her condition. I briefly spoke to the patient about the importance of adequate calcium intake but struggled to confidently provide any other advice.

I specifically want to know:

- What are the risk factors for the development of osteoporosis?
- What lifestyle advice can be given to patients at risk of developing/with osteoporosis?

### Planning

I plan to complete the 'menopause/osteoporosis' section of the NICPLD 'Women's Health' pack.

### Action

From my planned activities I have learned:

Osteoporosis risk factors: age, sex (women at increased risk especially after menopause) smoking, alcohol, low BMI, race (Asian or Caucasian lower bone density) genetic link, previous fragility fracture.

Key to effective management of osteoporosis is prevention.

Lifestyle advice-

Exercise: bone mass enhanced by weight-bearing exercise 3 times a week (40min session).

Exercise needs to be at a level appropriate for patient's age and physical condition. Regular exercise e.g. walking helps maintain bone and general health.

Diet: promote balanced diet inclusive of fresh fruit and vegetables. If appropriate, calcium and vitamin D supplementation may be advised.

Smoking: Smoking reduces bone mass and weakens the bone leading to an increase in risk of hip and vertebral fractures. Promote smoking cessation.

Alcohol: consumption should be moderate to prevent osteoporosis.

Activity	Date	Time Taken	Evidence
I completed the menopause/osteoporosis section of the NICPLD 'Women's Health' package	20/04/2017	2 hrs.	Certificate of completion of NICPLD Women's Health DL pack is filed in CPD Portfolio

Total Time Taken	2 hrs.
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### Evaluation

In the last month I have advised one patient on lifestyle interventions to help prevent osteoporosis.

The patient was a lady in her early 40s who presented at the pharmacy counter requesting a calcium supplement. It transpired that the lady's mother had recently been diagnosed with osteoporosis and this had prompted her to ask for a calcium supplement.

I advised of the importance of a balanced healthy diet, moderate alcohol consumption and regular exercise. It became apparent that her calcium intake was average so I recommended that she begin by trying to increase her calcium intake via her diet and discussed how she would do this.

I also established that the lady smoked. We discussed at length the benefits of smoking cessation and possible treatment options. The lady agreed to set a quit date and to return to the pharmacy when ready to try NRT.

I have addressed my learning needs in this cycle.

## Best Practice v Unacceptable Practice

	<i>Best practice</i>	<i>Unacceptable practice</i>
<b>Reflection</b>	<b>Criteria 1: Did the pharmacist identify specific learning needs?</b>	
	Clear statement of learning intent followed by bulleted specific learning needs. This should be precise, succinct and with no ambiguity.  SMART Objectives: Specific, measurable, achievable, realistic, timebound.	Review/update/revisit without any specific learning need identified.  Feedback provided regarding best practice.
	<b>Criteria 2: Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?</b>	
	Contextualise learning with a clear trigger/prompt for the learning need.	'I feel I need to know more about...' without further explanation giving details.
<b>Planning</b>	<b>Criteria 3: Did the pharmacist describe the activity/activities they completed to meet the learning needs?</b>	
	Full details* relating to the learning activity that would allow an assessor to source that specific learning activity. Are there notes or annotations of study  *Specific names are not required – job titles are sufficient to demonstrate the tutor's expertise.	Less detailed information e.g. 'A workshop', 'article', 'courses', 'internet search' but no further detail is present in the cycle use references to evidence sources.
<b>Action</b>	<b>Criteria 4: Did the pharmacist include a summary of what they learnt?</b>	
	Brief summary with examples of personal learning in relation to each learning need.  Summary relates to learning need(s) and contains specific detailed examples (multiple) of personal learning.	No personal learning demonstrated.  Summary of contents of learning activity.

	<i>Best practice</i>	<i>Unacceptable practice</i>
<b>Evaluation</b>	<b>Criteria 5: Did the pharmacist evidence how their practice has changed/will change because of the learning or how they have applied/will apply their learning?</b>	
	At least one clear example of implementing learning/changing practice.  Demonstration of transition as a result of learning activity (now I can ...).  Specific example of how the learning has been applied or will be applied to future practice or has been simulated.	'I feel that I can now...' with no justification as to why the individual feels that way.  Generic statement relating to use in practice/future practice e.g. "I use/will use this in my practice/future practice'.
	<b>Criteria 6: Is it evident that the learning needs have been addressed within the cycle?</b>	
	<b>Each</b> learning need is clearly mapped through reflection, planning, action and evaluation stages of the cycle.	No mapping of learning needs through mapped through all stages of the cycle.

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DRAFT