



Royal  
Pharmaceutical  
Society  
of Great Britain

## **Consultation on CPD professional standards and guidance and the handling of CPD cases**

### **Background**

The Royal Pharmaceutical Society of Great Britain introduced continuing professional development (CPD) to the profession in 1999 through an initial pilot project with 500 pharmacists. Pharmacy as a profession was among the early adopters of CPD as a result of the Pharmacy in a New Age consultation in which members expressed the view that mandatory CPD should be introduced to the profession.

Now, nine years later, the Pharmacists and Pharmacy Technicians Order 2007 gives the Society the responsibility to enforce the mandatory recording of CPD. Enforcement requires that the Society makes a set of statutory CPD rules. The Department of Health has indicated that it intends to delay the preparation of these rules and include them in the rule making process for the General Pharmaceutical Council. Thus statutory CPD will not be introduced before 2010 at the earliest.

### **The Code of Ethics**

The Code of Ethics underwent a fundamental review, with the current code being introduced on 1 August 2007. The Code of Ethics is based on seven over-arching principles that inform the conduct, performance and practice of pharmacists and pharmacy technicians.

It was recognised that in moving to a principle-based code, there will be specific professional requirements and areas of practice that will require more detailed guidance than will be provided in the code. Unlike previous versions of the code this detailed guidance is produced separately from the code, in the form of professional standards and guidance documents. There are currently seven professional standards and guidance documents which clearly detail the:

- Mandatory professional standards (indicated by the word “must”) and
- Guidance on good practice (indicated by the word “should”) which you should follow in all normal circumstances

Principle 5 of the Code of Ethics for Pharmacists and Pharmacy Technicians – “Develop your knowledge and competence” - states that you must undertake and maintain up-to-date evidence of continuing professional development relevant to your field of practice.

The Society has drafted a supplementary professional standards and guidance document that will expand on the CPD requirements of the Code of Ethics (see p2). This document will outline the mandatory professional standards and guidance on good practice.

## **Draft professional standards and guidance for continuing professional development**

### **About this document**

The Code of Ethics sets out seven principles of ethical practice that you must follow as a pharmacist. It is your responsibility to apply the principles to your daily work, using your professional judgement in light of the principles.

The Code of Ethics says that you must “develop your professional knowledge and competence”. In meeting this principle you are expected to:

- Undertake and maintain up-to-date evidence of continuing professional development relevant to your field of practice.

This document expands on the principles of the Code of Ethics to explain your professional responsibilities in respect of CPD. It is designed to meet the Society’s obligations under the Pharmacists and Pharmacy Technicians Order 2007.

The CPD requirements apply equally to all practitioners. They are not changed by factors such as part-time employment, or working in positions of authority. You are expected to cover the full scope of your practice in your CPD record, including responsibilities such as superintendent or pharmacist prescriber and roles in different settings such as industry and community pharmacy.

### **Status of this document**

Principle 6.6 of the Code of Ethics states that you must comply with legal requirements, mandatory professional standards and accepted best practice guidance.

This document contains:

- Mandatory professional standards (indicated by the word “must”) for all registered pharmacists and pharmacy technicians; and
- Guidance on good practice (indicated by the word “should”) which you should follow in all normal circumstances.

If a complaint is made against you, the Society’s fitness to practise committees will take account of the requirements of the Code of Ethics and underpinning documents, including this one. You will be expected to justify any decision to act outside its terms.

### **Standards**

Patients, the public and government expect that every practising pharmacist and registered pharmacy technician maintains their professional capability throughout their career. Keeping a record of your continuing professional development (CPD) enables you to confirm that you are meeting these expectations. It also helps you to retain and build your confidence as a professional and it will provide evidence that you meet the Society’s CPD requirement. In order to comply with the requirements of the Code of Ethics, you must:

1.1. Keep a record of your CPD that is legible and in a format published or approved by the Society.

1.2 Keep your record either electronically online at the Society's website [www.uptodate.org.uk](http://www.uptodate.org.uk), on another computer or as hardcopy on paper.

1.3 Make between six and 12 CPD entries per year which reflect the context and scope of your practice as a pharmacist or pharmacy technician.

1.4 Keep a CPD record that complies with the good practice criteria for CPD recording published by the Society, including recording how your CPD has contributed to the quality or development of your practice.

1.5 Submit your CPD record to the Society on request so it can be reviewed and you can be provided with feedback and advice on maintaining a record.

#### Good practice guidance

- You should maintain a learning portfolio with records of attendance and key learning points from continuing education and notes of other learning e.g. through work. This will provide a useful resource for reference. (The learning portfolio is a way to record professional development that is not included in your CPD record.)
- You should aim to reflect on your practice at least once per month and make some entries that start at reflection, as you are likely to learn more than you need through working as a pharmacist or pharmacy technician to complete six entries per year.
- You should ensure that your CPD record is up to date.
- You should take part in and record CPD that results from a range of learning activities that is relevant to your practice as a pharmacist or pharmacy technician and is, overall, relevant to pharmacy. As a guide, the following activities may lead to learning that could be included in a CPD record:
  - a) learning knowledge and skills on conferences and courses;
  - b) practice-based learning including feedback from patients and audit;
  - c) analysis and review of critical incidents;
  - d) self directed learning, including reading, writing and undertaking research;
  - e) learning with others including peer review;
  - f) interactions with other healthcare professionals;
  - g) giving lectures and writing publications and the design and delivery of training courses; and other activities that result in learning relevant to practice.

## **Failure to comply with the requirements of the Code of Ethics and the professional standards and guidance for CPD**

The Society's Council agreed at its meeting in June 2008 on the types of cases that can be dealt with by way of non-referral to the Investigating Committee, the threshold criteria to be applied for such cases and the framework for handling the cases. It was agreed that subject to published threshold criteria (see panel below), certain categories of cases would not be referred to the Investigating Committee. It was also agreed that cases against registrants which are not referred should be disposed of by way of a letter of advice sent from the chief inspector to the registrant where the individual admits the allegations made and accepts the advice provided. Records would be maintained for five years as part of the registrant's fitness to practise history.

### **Threshold criteria for cases other than single one-off dispensing errors**

Cases are not likely to be referred to the Investigating Committee **unless** one or more of the following statements are true;

- There is potential for, or evidence that moderate or severe harm or death was caused as a result of the incident. [The definitions of these are from the NPSA definitions for grading patient safety incidents.]
- There is evidence that there was a deliberate attempt to cause harm to patients or the public.
- There is evidence of ill health or substance abuse by the pharmacist.
- There is evidence that the individual departed from agreed safe protocols or standards operating procedures and in doing so took an unacceptable risk.
- There are no systems to learn from incident in the pharmacy (this may result in the superintendent/pharmacy owner being referred).
- No attempt has been made to learn from the incident.
- The Society has previously given advice that would have prevented the incident if it had been implemented.
- There has been an attempt to cover up.
- There has been a failure to co-operate with an investigation carried out by the Society's Inspector or other investigatory body.
- There is evidence of other misconduct that would form the basis of a complaint.
- There is a failure to apologise/provide an explanation to the patient/representative (where appropriate).
- There is a demonstration towards a patient or customer, or a prospective patient or customer, of attitudes or behaviour from which that person could reasonably be expected to be protected. [See Article 48 of the Pharmacists and Pharmacy Technicians Order 2007.]
- There has been an intention to mislead the public or the public has been misled.
- There are Controlled Drugs involved [excluding single one off dispensing errors and simple book keeping cases].
- There is evidence that the case meets the referral criteria set out at <http://www.rpsgb.org/pdfs/ftpicreferralcriteria.pdf>

The Society is proposing to include "failure to comply with CPD requirements" as one of the categories of cases that is suitable for non-referral to the Investigating Committee. If this proposal is agreed then those registrants who breach the Code of Ethics, by failing to respond to an invitation to submit their CPD or failing to submit a CPD record as requested, would have their cases considered under the non-referral procedures. This

means that if the circumstance of their case fell below the published threshold criteria and they admitted the alleged breach then their case could be disposed of by way of a letter of advice from the chief inspector. However, should they not admit the alleged breach and accept the advice, or should they elect to have their case referred, then their case would be referred to the Investigating Committee.

It should be noted that one of the threshold criteria is: "The Society has previously given advice that would have prevented the incident if it had been implemented". Therefore it is likely that repeated breaches of the Code of Ethics for CPD, where advice had been given, would be referred to the Investigating Committee.

## **Consultation**

The Society is holding an eight week consultation with the membership, stakeholders and others to seek views on the content of the professional standards and guidance for CPD, and the way in which cases involving CPD should be handled. Section A of the questionnaire sets out a series of questions in relation to the content of professional standards and guidance document, Section B of the questionnaire asks a question about how CPD cases should be handled.

Please let us have your views by **29 December 2008**. There are two ways of responding:

### By post

Please complete the questionnaire and send it to:

Freepost RRXG-HCUC-SBKJ  
RPSGB CPD Submissions  
Informed Imaging  
Beechwood House, Beechwood Court  
Long Toll, WOODCOTE  
READING  
RG8 0RR

### Online

Please complete the questionnaire online at the RPSGB website [www.rpsgb.org](http://www.rpsgb.org)

## **Further information**

If you would like further information please contact:

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