



Intern/Tutor CPD Feedback Session 2022



Tuesday 7th and Wednesday 8th June 2022 @ 18H00 – 20H00



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Overview

- Why this session?
- Structure of the presentation
- Common mistakes and omissions
 - Link to Intern portfolio on CPD System
 - Doing things better
- Problematic Competency Standards
 - Link to Intern portfolio on CPD System
 - Doing things better
- The way forward
- Q & A

Generic
issues

Specific
issues





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Why this session?

- **February Intern/tutor training session is content heavy**
 - **Difficult to see relevance before actual involvement with CPD entries**
- **All interns now**
 - **Familiar with system, format and requirements of Competency Standards (CSs)**
 - **Have received feedback from assessors**
- **Assessors and moderators now**
 - **Able to share experiences**





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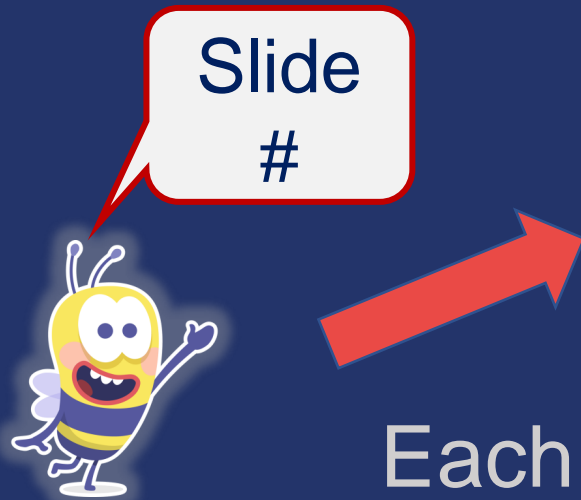
Why this session: How are you feeling?



OR



Link to February Intern/Tutor workshops



Intern/Tutor Workshops 2022

Intern portfolio on CPD system
February 2022

Each error is cross-linked by slide number to the February Intern/Tutor workshop presentation



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Mistakes and fixes



- Description of common error/s



- Guidelines and suggestions
 - avoiding and/or
 - fixing errors



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Role of the tutor

- Where appropriate, specific messages for tutors included

Please provide
feedback on ...

Slide
#83-85





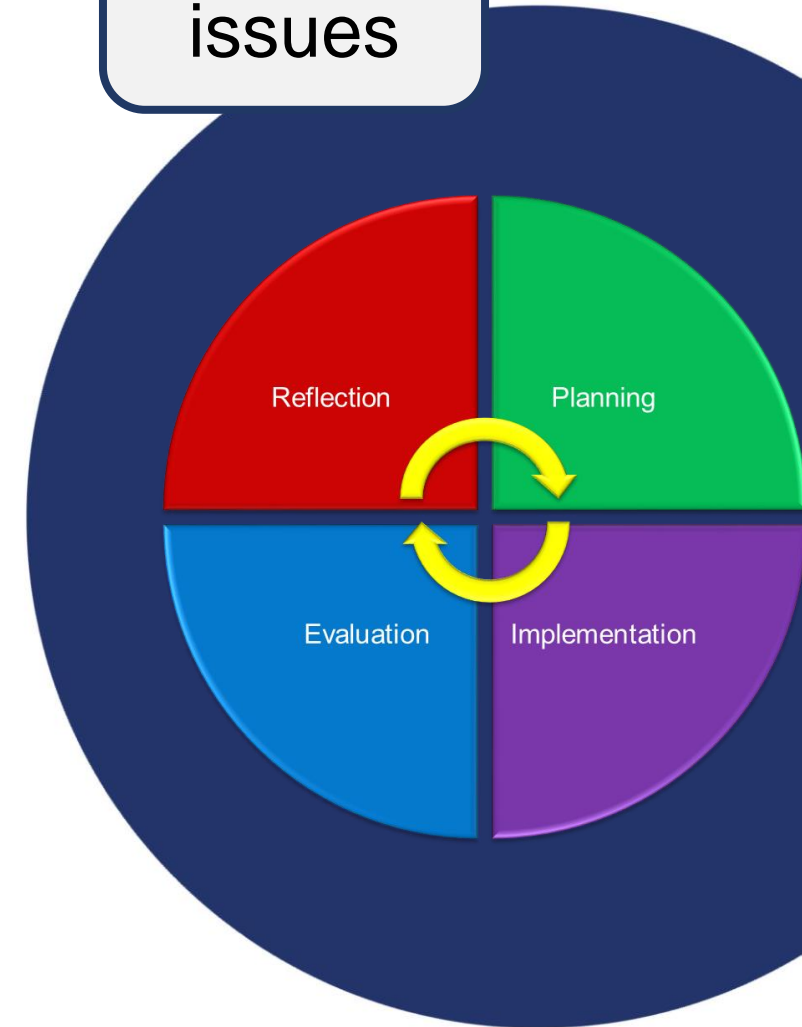
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Mistakes and omissions

Generic
issues

- Let's look at each of the CPD phases
 - Identify common errors
- Important: make sure information is entered against correct CPD phase

Slide
#14





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Reflection: no clear learning need



- Incorrect CS chosen
- No justification for chosen activity
- Focus only on content or recipient of activity
- No mention of intended application of new learning

Slide
#17-18



- Make sure chosen CS is correct one for your learning need
- Include trigger incident
 - What happened that caused you to identify your learning need?
- Focus on the competency i.e., how you developed skills covered in your personalised learning need
 - State learning need in terms of the skills needed for the CS
 - Say what you will do with what you learn

Planning: incomplete



- Resources mentioned but without details
- Rationale not included
- Superficial, insufficient



Slide
#19-20



- Add chapter/section/page numbers where appropriate
- Planning is not only **what** you are going to do, but **why**
- Use behavioural statements (BS) to guide planning

Implementation: not supported by evidence



- Text says what was done, but no evidence to support this
- No link to evidence in Implementation discussion
- For e.g.,
“I applied the SOP” in
Implementation +
Evidence shows unannotated SOP

Slide
#23-24



- Annotate exactly how the evidence proves what you did
- Include link to evidence in Implementation discussion
- Remember: Just a copy of the SOP does not provide evidence of application

Evidence: insufficient



- Blanket evidence
 - For complete CS
 - For more than one BS
- Less than 75% of BS covered

IMPORTANT

Consider each behavioural statement as a stand alone activity

Slide
#45



- Provide evidence for each separate behavioural statement (BS)
- Err on the side of caution
 - Rather add more pieces of evidence
 - Can still achieve Requirement Met even if one piece of evidence is rejected

Evidence: annotation errors

Slide
#35-40



- No/insufficient annotation
- Inadequate annotation
- Ambiguous labelling of evidence



- Make sure each piece of evidence is linked to a specific BS
- Show how evidence meets requirements of each BS
- Use of a., b., c. etc. as evidence labels should refer to specific BS

Evidence: inappropriate



- Long and unannotated excerpts from reference material
- Invalid evidence
- Evidence
 - Is not legible
 - Uploaded incorrectly
 - Arranged in an illogical manner

Slide
#46-47



- Most important to annotate relevance of uploaded material to a specific BS
- Ensure evidence is valid
 - Is relevant to CS
 - Is accurate and logical
 - Is factually correct
- Make sure evidence is
 - Legible
 - Not uploaded upside down
 - Arranged/sequenced in a logical manner



Evaluation: incomplete entries

Needs to have **ALL** the required parts

- What have I learnt?
- How has it impacted my practice?
 - Explain
- How have I applied this new competency?
 - Describe a specific example where you used the skills you now have (no need for evidence)
 - Different from Implementation scenario
 - Occurred after Implementation scenario
 - Don't just give a vague statement "I was able to do it again"
- What are my future learning needs?





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Writing style

- Poor/no proofreading
- Inappropriate language use
- Incomplete sentences
- Text entered in wrong place
 - For example, Planning under Implementation

Please provide
feedback on these
writing style errors

Slide
#61





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Breach of confidentiality

- **Remember: Not Yet Competent automatically applied**
- **Serious breach of professionalism**
- **Watch out for patient details in places other than labels**
 - Includes all means by which patients can be identified
 - Photos, signatures
 - Check that text boxes used to obscure patient details have not moved when documents converted to pdf version

Slide
#67





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Resubmissions



- Entries resubmitted without any changes

Check that entry has been improved before validating a resubmission

Slide
#65



- Never ignore assessor comments
- Do not bank on shortcomings being ignored the second time around
- Decide whether Not Yet Competent entry needs amendment or replacement



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Resubmissions



- Entries resubmitted with incorrect or unacceptable changes

IMPORTANT

Be clear about what is required when your entry requires resubmission

Slide
#65



- Don't falsify / create evidence
 - For example
 - Attendance registers
 - Patient histories
 - Expiry dates and batch manufacturing records



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Problematic Competency Standards

- Read **complete** CS entry first
- Take note of recommendations
 - Recommended, possible, **challenging**
- Consider separate behavioural statements
- Ask yourself, before starting:
 - “Can I provide evidence for sufficient behavioural statements?”



Best
avoided



Slide
#69-75

Domain 1: Public Health

Public Health

- Implies activities targeting/benefitting a **larger community audience**

Also remember to think clearly about what constitutes

- Health promotion
- Primary health care

Some concepts encountered in this domain are often confused or not clearly understood

Health campaign

Involves all the steps:

- Identify the health need
- Prepare the intervention
- Deliver the intervention to the target audience
- Assess whether the intervention was successful in causing the target audience to take appropriate action



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Domain 1: CS 1.1 Promotion of health and wellness



- Audience of individual patients or colleagues described
- Randomly chosen target audience not relevant to health message



- Don't forget – Domain 1 is about **Public Health**
- Show how you interacted with the target audience
- Describe how developed materials
 - meet health promotion requirement
 - are relevant to health message
- Include sufficient activities to constitute a health campaign



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Domain 1: CS 1.3 Professional and health advocacy



- BS (a) ignored
- BS (b) misinterpreted
 - In-house policies described



- Clearly show your role as part of a healthcare team
- BS (b) = applying health policies
 - Policies refer to wider health policies
- Remember that Domain 1 is **Public Health** oriented

Domain 2: CS 2.2

Patient counselling



- Many BS requirements not met



- First establish patient's understanding
- Include
 - Patient feedback (dated, signed) to verify that counselling actually took place
 - Your notes taken during counselling session
 - Patient-specific counselling plan
- Focus on interaction with patient (the actual counselling) and not only on the medicines
- Remember that an uploaded photo does not prove that counselling took place
- Check that sufficient BS are covered



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Domain 2: CS 2.6 PIT



- Patient history not taken or not fully reported
- Entry built around an item on a Rx



- Go beyond merely saying that patient history was taken
 - Provide patient responses
 - Include in discussion how your evaluation of history assisted in the choice of treatment
- Remember that PIT is initiated by a patient request



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Domain 3: CS 3.4

Medicine dispensing



- Insufficient evidence for 75% (7 BS)
 - Often only BS (a) – Rx validation – covered
- Outdated or incorrect reference used for Rx validity and authenticity
- Antibiotic reconstitution considered as compounding
- Determination of # of doses to dispense considered a pharmaceutical calculation



- Very important to consider the BS requirements as stand alone activities
- Make sure you use latest references
- Don't attempt this CS unless you have
 - examples of proper extemporaneous compounding and pharmaceutical calculations



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Domain 3: CS 3.5 Medicine compounding



- Thinking that this is an easy CS because there is only one BS
- Ignoring the requirement to apply pharmaceutical knowledge
- Missing or incorrect expiry date for compounded product



- Definitely not true!
- Needs annotated reference materials, including
 - SOP, batch manufacturing record
- Evidence must prove your actions
- Follow Reg 3(1) of Act 101 for expiry date
 - If your institution uses longer expiry dates, comment on how this does not fulfil regulation



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Domain 4: Organisation and Management Skills

CS 4.4 vs

- Deals with Quality assurance
- Make sure to include:
 - How you participated in **updating** an SOP and getting it approved
 - How you ensured quality assurance was achieved
 - The details of the document management system in place

IMPORTANT

Only choose an SOP that you are able to do

CS 4.6

- Deals with Policy development
- Make sure to include:
 - How you applied an SOP **AND**
 - How you applied a policy
- Remember that SOPs and policies are not the same



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Domain 5: CS 5.3

Ethical and legal practice



- Only considering dispensing a S6 Rx
- Referring to outdated legislation
- Ignoring the professional indemnity requirements
- Focussing only on legal and not the ethical aspects of practice



- Cover more activities because S6 Rx cannot provide evidence for sufficient BS
- Ensure you are using the latest/updated legislation
- Provide evidence and explanation of your current /valid indemnity cover
- Refer to ethical practice guidelines (code of conduct)



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Domain 6: Education, critical analysis and research

CS 6.2

vs

CS 6.3

- Provide evidence for:
 - An agreed teaching plan
 - Guidance from experienced colleague - Who and How
 - Teaching and learning materials development
 - Self-assessment

- Remember that this is relevant to **formal education** of students
 - Colleagues do not fulfil this criterion
 - Provide evidence of course/module into which your training fits

IMPORTANT

This domain requires focus on **education-related skills**,
not the subject of the training material



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The way forward ... towards success

Read the
entire CS
carefully

Use the
behavioural
statements

Consult the
training
presentations



Pay
attention to
assessor
feedback



The way forward for tutors

Remember that
entry validation
needs you to
check



Encourage
interns to
meet
deadlines

Tutors, please
stay involved

- All phases completed and entered in correct place
- Evidence is valid
- Professional communication used
- And before resubmission
 - Assessor comments resolved



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Any questions?

