

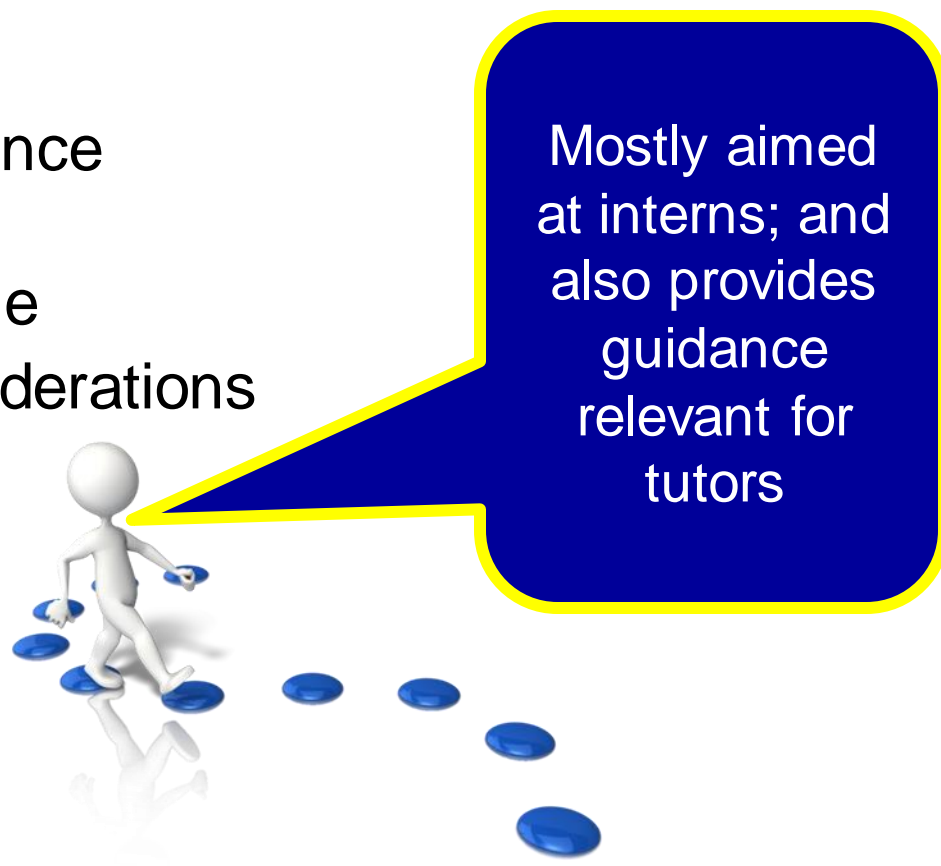
Intern/Tutor Training 2019

Intern portfolio on CPD
system



Outline

- CPD cycle
 - ➔ Selecting a competence standard
 - ➔ Selecting an outcome
 - ➔ Pitfalls/special considerations
 - ➔ Evidence
- Assessment
 - ➔ Re-assessment
- Professionalism



Mostly aimed at interns; and also provides guidance relevant for tutors



Important resources

ii

Find online

- The **2019 Intern and Tutor Manual** for the pre-registration experience of pharmacist interns which includes:
 - ➔ **Criteria for assessment of a CPD entry** (page 29)
 - ➔ **Checklist for CPD portfolio** (page 33)
 - ➔ **Competence standards for CPD** (page 52)
- Other resources
 - ➔ Tutor
 - ➔ SAPC website



**COMPETENCE
STANDARD**

OUTCOME



SUB-SECTION



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Competence Standard (CS)

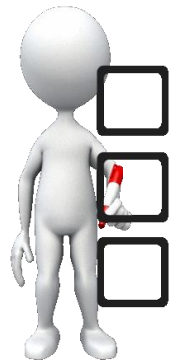
1

A “picture” of a typical and desirable pharmacist

Describe in detail the sorts of qualities that pharmacists should possess

- **Competence Standards**

- ➔ First competence standards for pharmacists developed by Council in 2006
- ➔ Based on **unit standards** for BPharm qualification specified in the *Regulations relating to education and training* –
- ➔ Unit standards are used to assess competence, E.g. CS 1: Organise and control the manufacturing, compounding and packaging of pharmaceutical products



Competence Standard (CS)

2

- New **competency standards** published for implementation in 2018

- ➔ Developed in line with current practice, exit level outcomes (ELO) for revised BPharm qualification currently registered with
- ➔ ELOs describe essential knowledge, skills and attitudes needed by an entry-level pharmacist
- ➔ New CS describe behaviours for entry, intermediate and advance levels of practice

- Alignment of CPD system with new CS is in progress and implementation will be after approval by Council in new cohort of interns

NB: pre-reg exam has been aligned and will be implemented from the July 2019 exam



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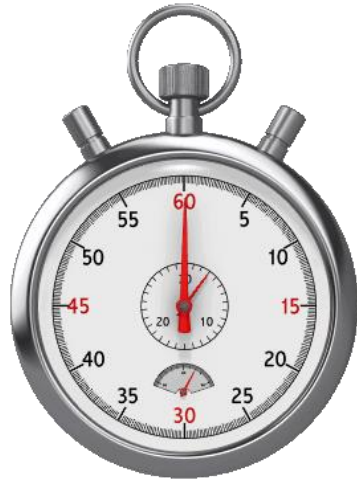


Competence Standard (CS)

Take a few minutes to familiarise yourself with CS (refer to your Manual, Annexure A)



Take note of how each CS is structured



- ▶ Who does it apply to?
- ▶ Introduction
- ▶ Capability and outcomes
- ▶ Outcomes
 - Subsections
- ▶ Ranges



Structure of competence Standard (CS)

1. COMPETENCE STANDARD ONE: ORGANISE AND CONTROL THE MANUFACTURING COMPOUNDING AND PACKAGING OF PHARMACEUTICAL PRODUCTS

Does this standard apply to me?

The standard applies to all pharmacists whose practice includes the manufacturing, compounding and packaging of pharmaceutical products.

INTRODUCTION

The pharmacist has a crucial role to play in the manufacturing, compounding and packaging of pharmaceutical products.

In terms of the manufacturing of medicines, the entry-level pharmacist must be competent in the relevant baseline functions within the manufacturing processes. He/she must also be competent in the compounding of medicine on a small scale, as well as the packaging of products.

The pharmacist should at least have a good theoretical knowledge of the manufacturing of all dosage forms, including:

- the properties of ingredients used in the manufacturing process;
- manufacturing processes and apparatus;

CAPABILITY AND OUTCOMES

A person who has achieved this standard is capable of authorising and controlling personnel, materials and equipment in the manufacturing, compounding and packaging of pharmaceutical products according to good manufacturing practice, and controlling the quality of these as well as leading the work team and assisting in the training of pharmacist's assistants in-training.

The following outcomes of this capability should be demonstrated by the pharmacist:

1.1 Plan the production process (manufacturing).

A person who has achieved this outcome is capable of:

- (a) Scheduling the process in the work plan according to production requirements, area allocation, manpower, equipment and time.
- (b) Assuring availability of resources (materials, componentry) in the correct quantities.
- (c) Assuring documentation is available and correct.

Assessment (Tick appropriate box)

Does this outcome form part of my current practice of pharmacy?

Yes No

IF YES, on the basis of the evidence I have identified I can do this.



Continuing Professional Development (CPD)

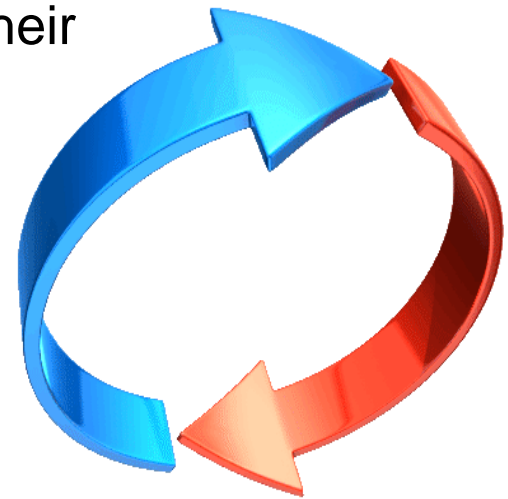
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Continuing Professional Development (CPD)

7

- Can be defined as ongoing learning, or the means by which a person maintains, broadens and improves his/her professional competence throughout his/her working life.
- CPD enables registered persons to develop in their area of practice and demonstrate competence.
- CPD is a cyclical activity



Continuing Professional Development (CPD)

STEPWISE APPROACH TO COMPLETING CPD ENTRIES



- 1 Select a Competence Standard (CS)
- 2. Select an outcome
- 3. Start CPD cycle
- 4. Enter and submit
- 5. Tutor verifies and submits online for assessment by Council
- 6. Check for feedback

This has 4 steps:
Reflection
Planning
Implementation
Evaluation

Make sure your tutor has verified and submitted your entries by the deadlines published in intern/tutor manual

Be sure to read ALL subsections. Don't choose ones "For pharmacists only"

Focus on relevance to your practice setting



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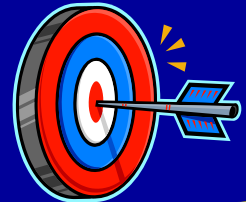
Continuing Professional Development (CPD)

9

REQUIREMENTS

- You need to submit 8 CPD entries (all 8 are assessed)
 - ➔ One each from CS1 to CS7
 - ➔ Plus one from CS8 and CS9
 - ➔ CS10 is for pharmacists in managerial / supervisory positions
- For each CS, choose one outcome
 - ➔ Read all outcomes carefully and the **sub-sections (i.e. the a, b, c, etc. of outcomes)**
 - ➔ NB: Consult your Manual for details of the outcomes
- Each entry must be accompanied by suitable evidence

Successful means you must be deemed competent in ≥ 6 of these



Continuing Professional Development (CPD)

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Continuing Professional Development (CPD)

What do I need to know/learn to do?



REFLECTION

This will determine the choice of CS and outcome

- Ask yourself
 - ➔ What do I need to learn?
 - ➔ How do I know that's what I need to learn?
- Decide on an appropriate Learning Title
 - ➔ Should be relevant to what you want to learn
 - ➔ NB: Don't simply copy the wording of the CS
- Describe this learning need
 - ➔ Make it a personal reflection, i.e. use the personal pronoun "I"



Continuing Professional Development (CPD)

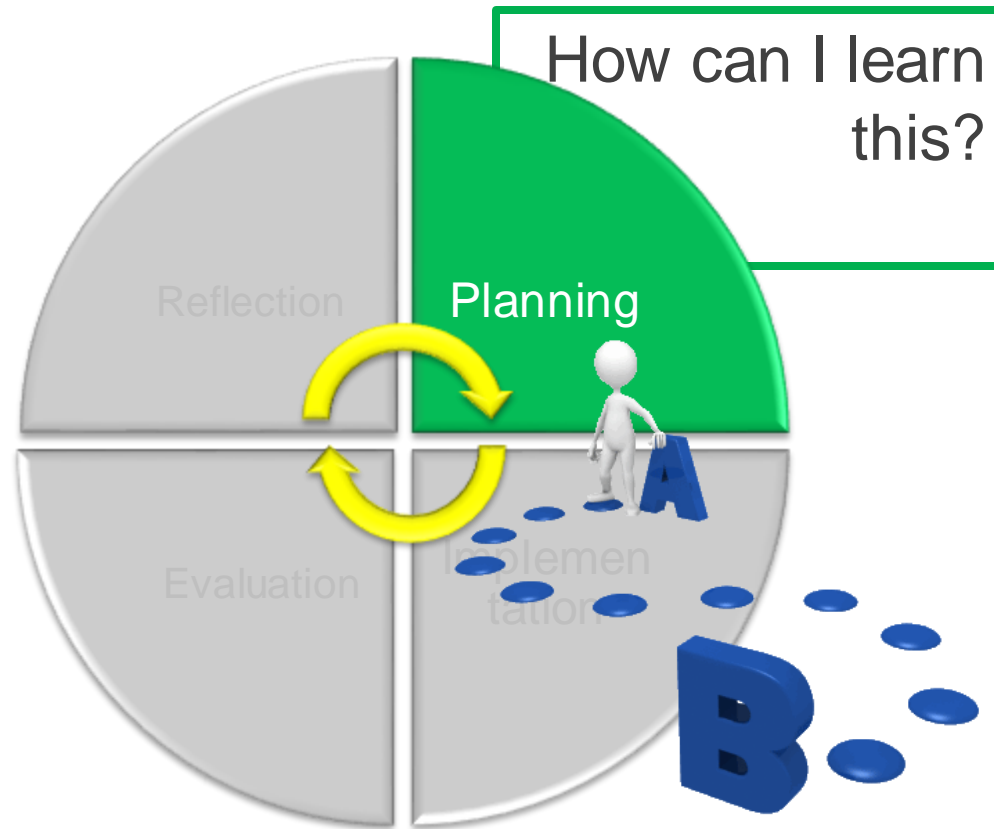
REFLECTION



CHECKLIST	YES	NO
TITLE		
Is there a title?		
Is the title short, specific and related to the outcome?		
Is the title a concise statement in my own words (not just a copy of the CS or outcome)?		
REFLECTION		
Have I clearly stated what I need to know or learn ?		
Have I stated my learning need in the first person, e.g. "I need to know/learn ..."?		
Have I stated why I have identified this learning need for myself and not just stated that it is a required outcome?		
Have I made sure not to include details of planning and implementation here?		



Continuing Professional Development (CPD)



Use sub-sections to guide your planning



PLANNING

- How, exactly, am I going to learn this?
- What are my options?

➔ Short courses, workshops, branch meeting

- Learning by doing
- Reading – journals or reference books.
- When am I going to do this?
- What evidence can I submit to support my learning activity?

NB: Don't only describe how you plan to proceed, but say **what you are going to do, how you are going to do it and why you are going to do things this way**

Specify resources to be used.

Resources must be relevant.



PLANNING

CHECKLIST	YES	NO
PLANNING		
Have I clearly stated how I am going to learn?		
Have I identified which resources I will be using?		
Have I explained how I will be using the resources?		
Have I made sure NOT to just write what I intend to do (which is implementation)?		
Have I written this in the future tense?		

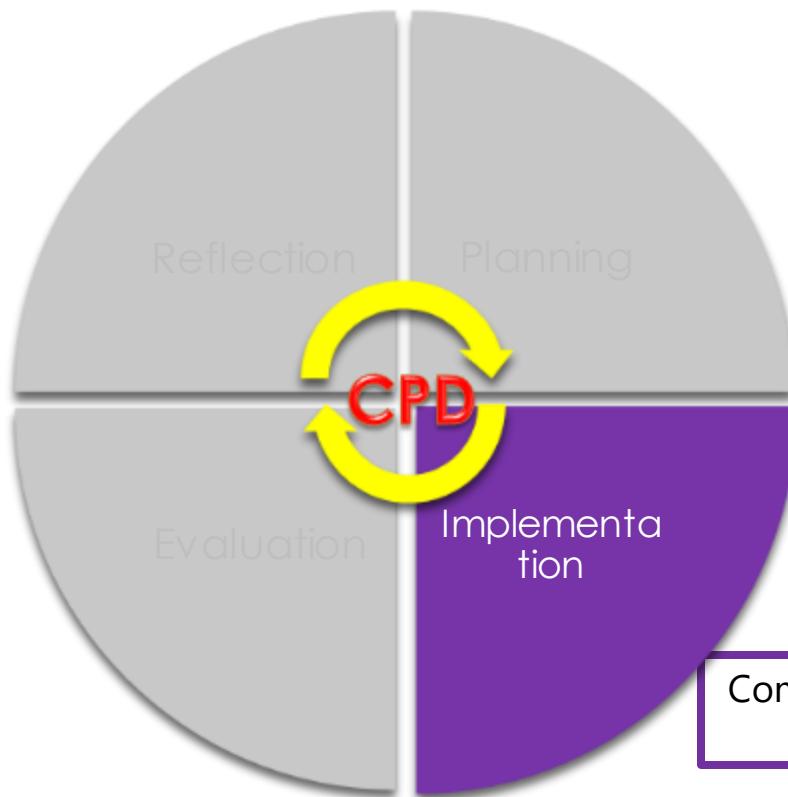


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Completing the activity
What have I done?



IMPLEMENTATION

- **Describe** what you actually did
 - ➔ Provide the context
 - what, when, where, how
 - ➔ **Link to the evidence**
 - ➔ Remember to include ALL the sub-sections of the chosen outcome

Tell the story.
Keep it
personal with
“I”

EVIDENCE

More
about this
later!



Continuing Professional Development (CPD)

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IMPLEMENTATION

LINK DESCRIPTION
TO EVIDENCE

CHECKLIST	YES	NO
IMPLEMENTATION		
Have I described exactly what I did?		
Have I included where, when, what and how?		
Have I written this in the past tense?		
Have I referred to the labels of my evidence (i.e. the outcome subsections) in the text?		
Have I checked that what I did matches my learning need?		
Have I checked that what I did addresses all the subsections of the outcome?		



Continuing Professional Development (CPD)

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IMPLEMENTATION

CHECKLIST	YES	NO
EVIDENCE		
Have I checked that I have sufficient evidence i.e. have I covered at least 75% of the subsections of the outcome?		
Have I annotated my evidence so that it is clear why I have included each piece?		
Have I annotated my evidence with the subsections , and does this match the subsections mentioned under Implementation?		
Is my evidence clear i.e. readable, not loaded upside down, etc.?		
Is my evidence properly verified i.e. is there a printed name, designation, P number, signature and date for both me and my tutor or, where applicable, supervising pharmacist?		
Have I made sure that all patient identifying details (such as name, surname, ID number) have been hidden?		



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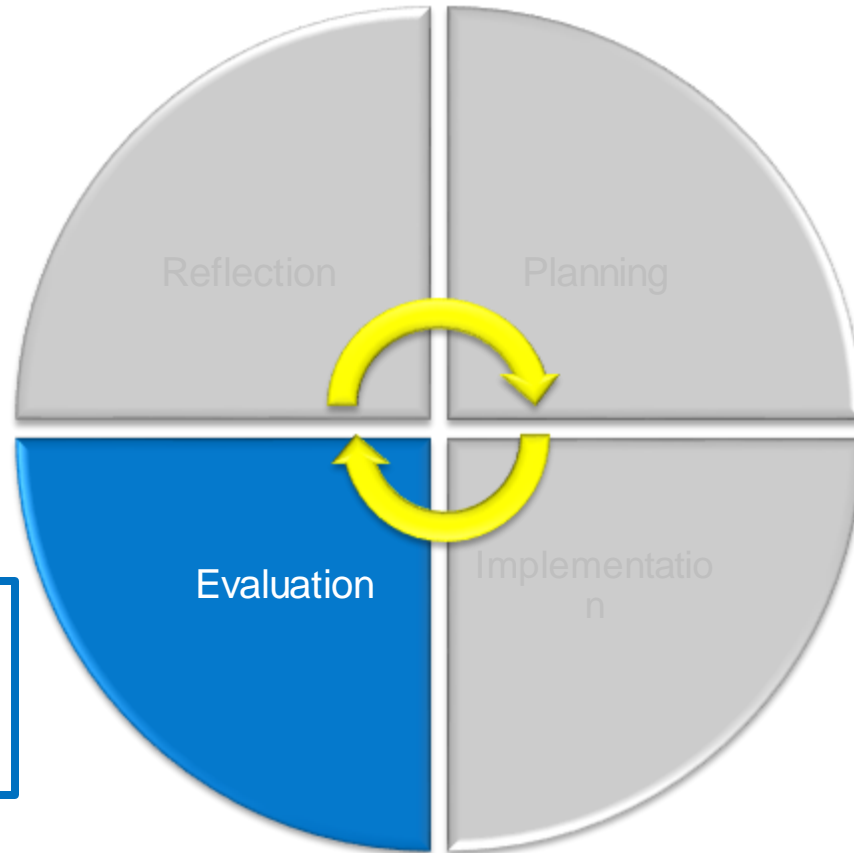
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Continuing Professional Development (CPD)



What have I learnt and how have I applied my learning?



EVALUATION

- Focus here is
 - ➔ Learning outcome i.e. what have you learnt – relate to evidence?
 - ➔ Application i.e. how have you subsequently used your acquired knowledge
 - ➔ Impact i.e. how has your acquired knowledge changed your practice
 - ➔ Identification of further learning needs
- **NOT** “What I did”

NB: Provide examples to substantiate this



Continuing Professional Development (CPD)

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EVALUATION

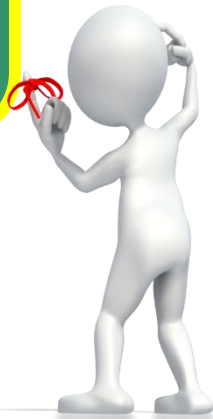
CHECKLIST	YES	NO
EVALUATION		
Have I clearly stated what I learnt from the action described under Implementation?		
Have I checked that my learning matches my learning need and is relevant to the outcome?		
Have I clearly described how this learning has impacted on the way I practice?		
Have I given a specific example of how I applied this learning i.e. something I did after the action described? Have I remembered that I don't have to provide evidence for this, but just have to describe it?		
Have I clearly noted my future learning needs?		



Continuing Professional Development (CPD)

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Each
phase of
the cycle
must be
completed for
every
CPD
entry



A LITTLE DIVERSION

- Let's think about



REFLECTION



It's granny's birthday on Sunday. I would like to serve afternoon tea for the family. A homemade cake would be nice. Could I bake one?



Continuing Professional Development (CPD)

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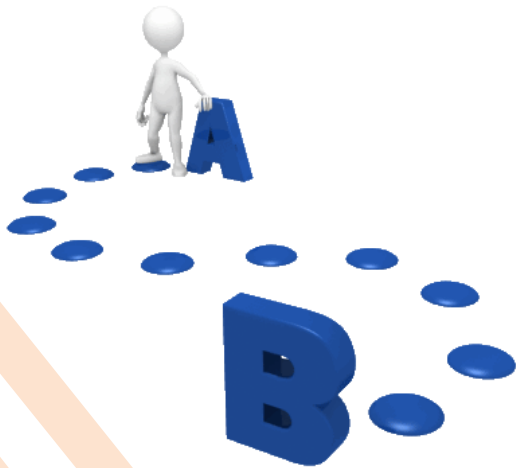
REFLECTION



I therefore
need to know
What kind of
cake is her
favourite?
What
ingredients to
buy?
How to follow
the recipe /
instructions?



PLANNING



- I'll check with my sister what cake granny likes
- I'll search online for a recipe
- I'll check YouTube for a cake-making demo

What I plan to do

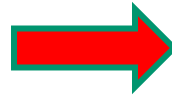
- My sister will know
- I don't have a recipe book and its easy to Google
- I can learn from watching a video



Why I'm going to do it this way



IMPLEMENTATION



What
I did

- I checked the recipe before I went shopping
- I followed the steps in the recipe



EVIDENCE



EVALUATION

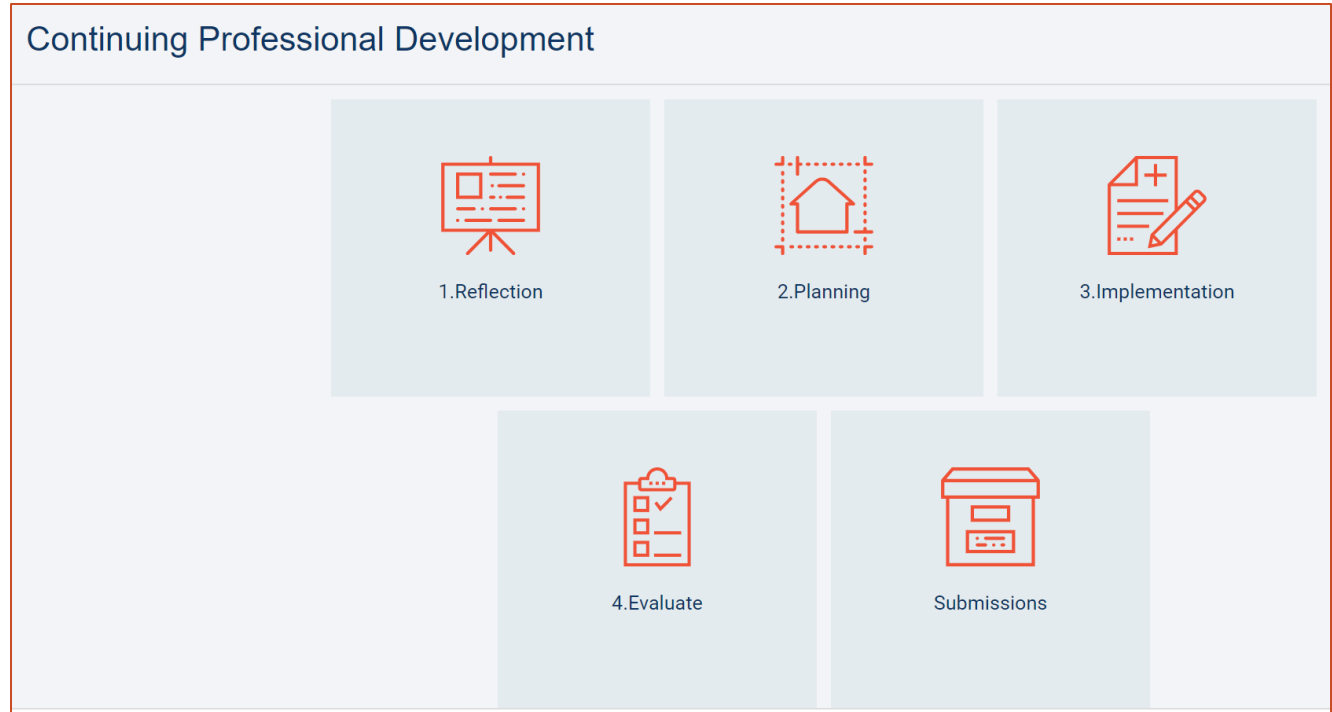
I learnt that I must follow the recipe steps carefully.
Granny loved the cake – so did everyone else
So I made another cake – there are so many recipes online
Seems I'll be the family cake-maker now
But I still need to learn how to bake cookies!



Learning + Application + Impact + Future learning needs



AND NOW FOR A REAL LIFE EXAMPLE



REFLECTION



On 20 February 2019, while working in the dispensary, I received a prescription to dispense. My tutor asked me if I know how to check if a prescription is valid and authentic. As I was unsure, this made me realise that I need to learn this skill. After completing this outcome, I hope to be able to immediately identify any anomalies on, or important information omitted, from a prescription.



REFLECTION



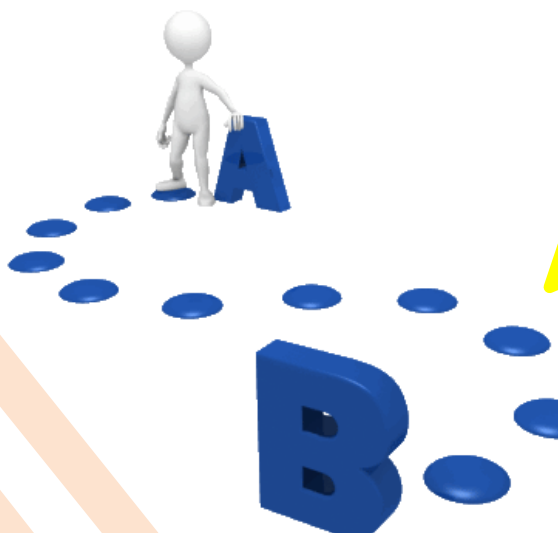
I checked the CS' in my manual and saw that this learning need refers to CS3: *Dispense and ensure the optimal use of medicines prescribed to the patient*

I then looked at the outcomes for CS3 and decided that outcome 3.1 *Read and evaluate the prescription* is the appropriate one

I saw that the next step is to formulate a Learning Title – which is not just a copy of outcome 3.1



PLANNING

- 
- Get a **current** copy of the Medicines and Related Substances Act, 1965 (Act No. 101 of 1965)
 - Search the internet for resources on reading and evaluating a prescription
 - Practice on real scripts

- Regulation 33 of the Medicines Act lists the particulars that must appear on a prescription
- I have my notes from varsity, but maybe there are more fuller resources – I must check that the sources are reliable

What I plan to do



Why I'm going to do it this way





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Dr Peter Noel
MBChB
Pr No. 1406 789
Tel: 021 930 2548
Email: drnoel@mweb.co.za
23 Viking Way, Weltevreden, Cape Town

20 February 2019

Ms [Redacted]
[Redacted] Slave Koop
Weltevreden

Rx Cefuroxime 500 mg + BD x 10
Panado II Q6H x 24

[Signature]
MBChB

What I did

IMPLEMENTATION

- I checked the Medicines and Related Substances Act, 1965 to know what was required for a prescription to be valid.
- I analysed the script for anomalies and to ensure that it met legal requirements.



EVIDENCE = annotated Rx

- Very NB! Link of each annotation to specific outcome subsection
- Annotated copy of resources used
- Also very NB: tutor verification online



What
else is
needed?



Continuing Professional Development (CPD)

Example of annotated Rx

Dr Peter Noel
MBChB
Pr No. 1406 789
Tel: 021 930 2548
Email: drnoel@mweb.co.za
23 Viking Way, Weltevreden, Cape Town

From:
Act 101 Reg 33

- 33 (1) (a) Prescription is in legible print
- 33 (3) (a) Name, qualification & address of doctor indicated on prescription. MP number not on prescription. Registration verified on HPCSA website (see attached evidence)
- 33 (3) (b) Name & Address of patient is on prescription (name blocked out for confidentiality) ID number not on prescription – verified with patient
- 33 (3) (c) Date of issue of prescription indicated. Within 30 days of issue
- 33 (3) (d) Name of medicine indicated
- 33 (3) (e) Dosage form – Both medicine are available in tablet and liquid form. It is an adult patient and the quantities prescribed are 10 & 24, which indicate tablets.
- 33 (3) (f) Both the strength and quantities of medicine indicated.
- 33 (3) (g) Instructions for use indicated.
- 33 (3) (h) Female patient
Age of patient not indicated. Verified with patient.
- 33 (2) Prescription is signed by doctor

3.1 Subsection b

20 February 2019

3.1 Subsection a & c

3.1 Subsection a

3.1 Subsection a, b

Acknowledgement of subsection d & e

Ms [Redacted]
[Redacted] Stone Road
Weltevreden




Rx Cefuroxime 500 mg T BD x 10
Panado II QbH x 24

[Signature]
MBChB

The doctor is well known to our pharmacy and I did not have reason to doubt the authenticity. The prescription was found to be valid, authentic and no anomalies found. It was dispensed.

Continuing Professional Development (CPD)


Exercise on annotation of evidence

DELIVER TO : 1303002 MO-KEM PHARMACY 34 HIGH ROAD AIRPORT MALL CAPE TOWN		 WE DELIVER HEALTHCARE Reg. No. 1995/009967/07 Cape Town United Pharmaceutical Distributors a division of New Clicks South Africa (Pty) Ltd.		20 Bolt Ave, Montague Gardens, Cape Town P.O. Box 37116, Chempet 7442 Tel: (021) 550-1411 Fax: (021) 551-2934 Contact Centre: 0860 873 278 customerservices@upd.co.za Vat Reg. No. 4860155177 *U7G1HC4*									
		Cage : 10 Inv. No : 33884720 Date : 07-02-2019 Cust Ord : RW16408864 Route : 2111 Cut Off : 18:00 Account 1303002 Our Ord : 20294469											
TAX INVOICE Subject to standard Terms and Conditions of Sale a copy of which will be supplied on request M = +Markup, F = +Fee													
PRODUCT CODE	DESCRIPTION	QTY + BONUS	CHEM COST UNIT PRC	DIS. COUNT	NETT UNIT PRC	NETT TOTAL PRC	VAT	SEP / UNIT PRC INC VAT	VAT CAT	BATCH NUMBER	EXPIRY DATE	LABEL / SEP + DISP. FEE	
1490121	BIOTECH TRAZODONE 50MG CAPS 100	1+ 0	307.89	NETT	307.89	307.89	46.18	354.07	1	162074	06-2019	460.30 M	
Total Chemist Cost Value						307.89							
Discount Total						0.00							
Subtotal						307.89							
Vat Total						46.18							
ZAR TOTAL						354.07							
Total Chemist Cost Value 307.89 Discount Total 0.00 Subtotal 307.89 Vat Total 46.18 ZAR TOTAL 354.07													
INVOICE TO : MO-KEM PHARMACY 34 HIGH ROAD AIRPORT MALL CAPE TOWN Vat Reg: 4210197349 Acc: 1303002										CHECKED BY : 			
MTD PURCH: SCHED 0 SCHED 1+ PATENTS			0.00 19213.31 580.50			DELIVER		PROCESSED BY REP ORDERS O/W		INVOICE # 33884720		TIME OF ORDER 15:52	

Continuing Professional Development (CPD)

Exercise on annotation of evidence

DELIVER TO :
1303002
MO-KEM PHARMACY
34 HIGH ROAD
AIRPORT MALL
CAPE TOWN



Reg. No. 1995/009967/07
Cape Town
United Pharmaceutical Distributors
a division of New Clicks South Africa (Pty) Ltd.

20 Don Ave, Montagu Gardens, Cape Town
P.O.Box 37116, Chempet 7442
Tel: (021) 550-1411 Fax: (021) 551-2934
Contact Centre: 0860 873 278
customerservices@upd.co.za
Vat Reg. No. 4860155177 *U7G1HC4*

Cage : 10
Route : 2111

Inv. No : 33884720
Cut Off : 18:00

Date : 07-02-2019
Account 1303002

Cust Ord : RW16408864
Our Ord : 20294469

TAX INVOICE

Subject to standard Terms and Conditions of Sale
a copy of which will be supplied on request

PRODUCT CODE	DESCRIPTION	QTY + BONUS	CHEM COST UNIT PRC	DIS-COUNT	NETT UNIT PRC	NETT TOTAL PRC	VAT	SEP / UNIT PRC INC VAT	VAT CAT	BATCH NUMBER	EXPIRY DATE	MARKUP, F + Fee	LABEL / + DISP.FEE
1490121	BIOTECH TRAZODONE 50MG CAPS 100	1+ 0	307.89	NETT	307.89	307.89	46.18	354.07	1	162074	06-2019		460.30 M

I checked the medicine against the parcel received - quantity, strength, dosage form and pack size and found it in order

↑

refer to 2.1 subsection d

I checked the name on the invoice to ensure that the parcel is indeed for our pharmacy and that the medicine is charged to the correct pharmacy

↑

refer to 2.1 subsection d & f

I checked the batch number and the expiry date against the medicine received

↑

refer to 2.1 subsection e

The medicine was received in good order and the invoice captured and the medicine packed on the shelves according to the FEFO system

INVOICE TO :
MO-KEM PHARMACY
34 HIGH ROAD
AIRPORT MALL
CAPE TOWN
Vat Reg: 4210197349 Acc: 1303002

Checked By: _____

Total Chemist Cost Value	307.89						
Discount Total	0.00						
Subtotal	307.89						
Vat Total		46.18					
ZAR TOTAL	354.07						

MTD PURCH: SCHED 0 0.00

SCHED 1+ 19213.31

PATENTS 580.50

DELIVER

PROCESSED BY REP ORDERS O/W

INVOICE # 33884720

TIME OF ORDER 15:52

EVALUATION

- I learnt that although a script may seemingly fulfill all the legal requirements – it is not necessarily authentic and valid
- It is very important to check anomalies with the prescriber
- I now check every script for legal requirements but also for anomalies that might require communication with the prescriber.
- I am a more vigilant intern
- I am still not quite sure, other than confirming every script with a doctor that I will always recognise a fraudulent script and so need to learn more about how this is possible



Learning + Application + Impact + Future learning needs



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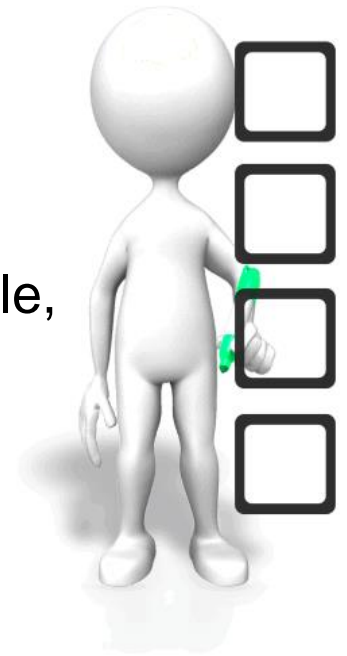
SPECIAL CONSIDERATIONS....

OR How to avoid



ONCE YOU HAVE CHOSEN AN OUTCOME...

- Check again that it is appropriate for your practice setting
- Read all the sub-sections
- Follow through
 - ➔ As you complete each phase of the CPD cycle, make sure what you write is relevant to the chosen outcome



REFER TO CHECKLIST!

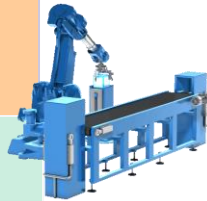


SOME EXAMPLES...

CS1

**Outcomes
1.3, 1,6 and
1.12** are
applicable to
all interns

**Outcomes
1.1, 1.2, 1.4,
1.5, 1.7, 1.8,
1.9 and 1.11**
are only
applicable to
interns in
manufacturing
pharmacy



- If it is extemporaneous dispensing you must have a prescription as part of the evidence
- You must show your calculations
- Show the SOP you followed



SOME EXAMPLES...

CS2

Outcome 2.1

Pages and pages of orders or invoices mean nothing. One annotated page is far better evidence

- Distinguish between Procurement, Receipt and Distribution in the outcomes
- It must be very clear from the evidence of your role – for e.g. it must be clear that you placed order and received it



SOME EXAMPLES...

CS3

Dispense and ensure optimal use of medicines prescribed – so must have Rx as evidence

Must maintain **patient confidentiality**

Confidentiality does not include prescribers

If commenting on validity of script – indicate both what is there and what should be there – caution with hospital charts



Continuing Professional Development (CPD)

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Eg of evidence for outcome 3.1 (Regulation 33 of Act 101)

PARTICULARS WHICH MUST APPEAR ON PRESCRIPTION FOR MEDICINE

33. (1) Every prescription for a medicine shall be—

- (a) written in legible print;
- (b) hand or typewritten; or
- (c) prepared with an electronic agent as defined by and in compliance with the Electronic Communications and Transactions Act, 2002 (Act No. 25 of 2002).

(2) A prescription shall be signed—

- (a) in person; or
- (b) in the case of a prescription prepared in accordance with subregulation (1)(c), with an advanced electronic signature as per section 13 of the Electronic Communications and Transactions Act, 2002 (Act No. 25 of 2002),

by an authorised prescriber.

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41064

GOVERNMENT GAZETTE, 25 AUGUST 2017

(3) A prescription shall at least state the following:

- (a) The name, qualification, registration number with the relevant statutory health council and address of the prescriber;

- (b) the name, identification number and address of—
 - (i) the patient;
 - (ii) in the case of a prescription for a neonate, the parent or guardian; or
 - (iii) in the case of a prescription issued by a veterinarian, the person to whom the medicine or scheduled substance will be sold;
 - (c) the date of issue of the prescription;
 - (d) the approved name or the proprietary name of the medicine;
 - (e) the dosage form;
 - (f) the strength of the dosage form and the quantity of the medicine to be supplied: Provided that—
 - (i) in the case of a Schedule 6 substance the quantity to be supplied shall be expressed in figures as well as in words; and
 - (ii) where the prescriber has failed to express the quantity in figures as well as in words, the pharmacist dispensing the medicine may, after obtaining confirmation from the prescriber, insert the words or figures that have been omitted;
 - (g) instructions for the administration of the dosage, frequency of administration and the withdrawal period in the case of veterinary medicines for food producing animals;
 - (h) the age and gender of the patient and, in the case of veterinary medicine, the animal species; and
 - (i) the number of times the prescription may be repeated.
- (4) The pharmacist who dispenses a prescription shall verify the authenticity of all prescriptions so dispensed.
- (5) In the event of a prescription transmitted electronically by means other than an electronic agent in terms of subregulation (1), by fax or communicated verbally a permanent copy of the prescription shall be made for record purposes.
- (6) A verbal prescription shall be followed by the signed prescription as per subregulation (2) within 7 working days from the communication.
- (7) The prescriber shall keep records of the diagnosis relevant to the prescription and where the patient consents, indicate the diagnosis or the relevant diagnostic code on the prescription.

Continuing Professional Development (CPD)

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Eg of evidence for outcome 3.1 (Rx vs Reg. 33 of Act 101)

33(1)(a)-Prescription-is-legible¶

Dr Peter Noel
MBChB
Pr No. 1406 789
Tel: 021 930 2548
Email: drnoel@mweb.co.za
23 Viking Way, Weltevreden, Cape Town

20 February 2019

Ms. [Redacted]
Stone Road
Weltevreden

Rx Cefuroxime 500 mg + BD x 10
Parado II QbH x 24

[Signature]
MBChB

33(3)(a)-Name, qualification & address of Dr indicated on prescription. MP number not indicated. Registration on HPCSA website (see attached evidence).¶

33(3)(c)-Date of issue of prescription indicated. Within 30 days issue.¶

33(3)(b)-Name & address of patient is on prescription (name blocked out for confidentiality). ID number not on prescription—verified with patient.¶

33(3)(h)-Female patient (Ms). Age not indicated.—verified with patient.¶

33(3)(d)-Name of medicine indicated¶

33(3)(e)-Dosage form not indicated as both items available in tablet and liquid form. It is adult patient and quantities prescribed (i.e. 10 & 24) indicate tablets.¶

33(3)(f)-Strength and quantity indicated.¶

33(2)-Prescription signed by doctor¶

33(3)(g)-Instructions for use indicated.¶

SOME EXAMPLES...

CS4

Provide pharmacist initiated care

Don't include any reference to a Rx

Note: Recommended that institutional interns should complete sessions in community pharmacy to complete this competence standard

- All the outcomes of this CS relate to Pharmacist Initiated Care
- Eg 4.4 – Elicit patient history – refers to history prior to providing advice, referring or selling a product in response to a patient asking for assistance, or a product – not based on prescribed medicines
- Suggested Tx must be appropriate/correct



Continuing Professional Development (CPD)

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SOME EXAMPLES...

CS5

5.1 You **provide** information on request

5.2 You **initiate** the provision of information

In response to identified need!

NOTE: counselling on the use of an MDI, for e.g. is not appropriate as this is part of the dispensing process



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SOME EXAMPLES...

CS5

Refers to providing information to individuals, healthcare professionals or groups

For the purpose of directly impacting individual patient outcomes



VS

CS6

Refers to providing information to communities **NOT** individuals

For the purpose of promoting community health

- For group research projects
- ➔ **Role of self and each of other participants must be clearly defined!**
- ➔ Provide evidence of the contribution of each person



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SOME EXAMPLES...

Outcome
6.1



Focus here on **identifying** a **HEALTH EDUCATION NEED** of the community

Identifying a **TREND** implies looking at how data changes over a period of time

Outcome
6.2

Focus here on **meeting** a health education need through an appropriate delivery method

Be sure to include verification of effectiveness of your education programme (6.2.f and g)



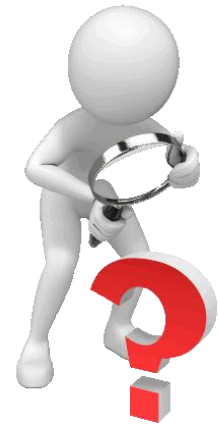
SOME EXAMPLES...

CS7

Research needs results.
Proposal alone is insufficient.

Outcome 7.1 is relevant for all interns.

Must address a research problem
– a meaningful question
VIP: avoid research on vulnerable groups
****ethical issues****





CS 7

- **Outcome 7.1 is the recommended option**
- **Outcome 7.6 is not possible** for interns in community and institutional pharmacy as
 - ➔ they cannot complete $\geq 75\%$ of the sub-sections
 - ➔ simply reporting on the submission of an ADR form is not sufficient
 - ➔ interns who have tried this have struggled/not been successful
- **Outcome 7.9 is not relevant for interns**



MINIMUM REQUIREMENTS FOR CS7

- Include all the elements of research
 - ➔ Research question
 - ➔ Background information/literature review
 - ➔ Methodology
 - Data collection
 - Data analysis
 - ➔ Results and conclusion
- For group research projects
 - ➔ Provide evidence of the contribution of each person
 - ➔ **Role of self and each of other participants must be clearly defined!**

Does not have to be a lengthy document – minimum 2 pages - as long as all the necessary detail is included



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CS8

8.1 Refers to
your self
development

8.2 Choose this
if you have
done training of
others, NOT for
e.g. 1.13 or 2.5

8.1 Evidence must
be > 1 piece (at
least 4 pieces).
Need a portfolio of
different growth
experiences to prove
self-development.



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CS9

Refer to legal framework:
Regulations,
GPP, Code of
Ethics, etc.

9.3 – Must be
something more
than just the sale of
S6s

9.4 - Show
communication with
> 1 person (at least
4 persons)



IN SUMMARY: HOW TO AVOID THE POTHOLES

- Do NOT attempt to complete your online CPD entries without referring to your Manual
- Read all the competence standards carefully
- Read all the outcomes carefully before choosing the most appropriate one
 - ➔ Look at all the subsections for the chosen outcome
- When online, pay careful attention to what is expected for each of the phases in the CPD cycle



EVIDENCE CRITERIA



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EVIDENCE CRITERIA

- CPD entry must relate to exposure to CS DURING the internship period
- Evidence must therefore be collected DURING the internship
- Don't include anything from your undergraduate years



EVIDENCE CRITERIA

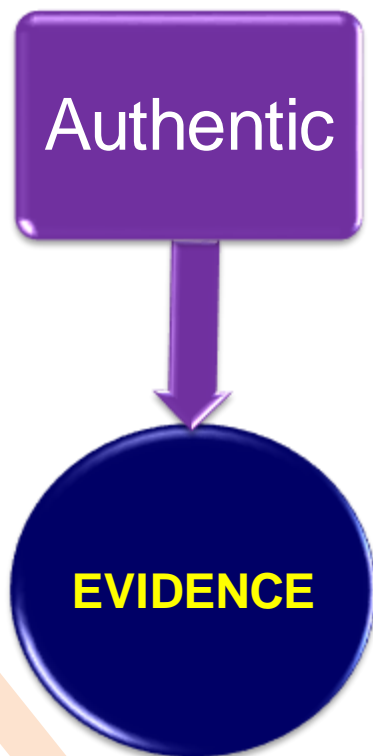


- Evidence must relate to subsections of outcome being addressed
- If factual and/or calculation errors occur in the evidence
 - ➔ Deemed NOT valid

NB: If evidence is not valid, the other 3 criteria do not count



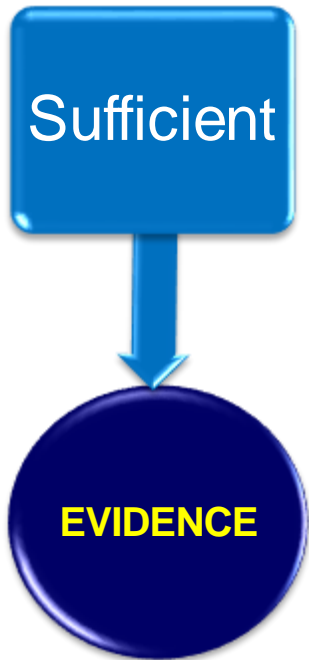
EVIDENCE CRITERIA



- By submitting the entry online to Council for assessment, the intern and the tutor confirm originality of evidence submitted
- For interns registered before 2018, the tutor must verify the entries manually and all evidence must be authenticated by intern and tutor to indicate their name, designation, p-number, date and signature before submitting to Council for assessment
- For interns in academia and manufacturing, evidence must be signed by supervisor before the intern submits it for online verification by tutor



EVIDENCE CRITERIA



- If there are > 4 subsections, then the evidence submitted must cover at least 75% of the subsections

Make sure you have enough evidence

NB: Focus on the **QUALITY** not only on the **QUANTITY** of evidence

- The same piece of evidence can't be used for more than one CS



EVIDENCE

- For all pieces of evidence included, ask yourself “Why did I include this?”
- All pieces of evidence must be-
 - ➔ linked to each subsection of outcome selected
 - ➔ annotated and/or linked to implementation in-text description



EVIDENCE

HINT Put yourself in assessor's shoes before submitting evidence. Ask: What does it show?
Will probably point to need for more discussion and/or annotation

Photo



- Meaningless UNLESS authenticated AND you identify yourself
- Can be anyone in the photo!

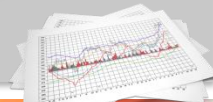
Pages copied from reference sources (e.g. SAMF)

- Reference name, edition, page number, etc
- Why reference included?
- What does this show?
- That you can use a scanner or photocopier?



Delivery notes

- What does this show?
- Stock was delivered, but received by whom?
- Signatures not annotated are meaningless



EVIDENCE

- No highly glossy photos
- Not uploaded upside down
- Put all evidence in one document
- Annotate, annotate, annotate!
 - ➔ For example, link to subsections and identify own signature (if applicable)



FEEDBACK FROM ASSESSORS

- What to expect:
 - ➔ **Comments, dated**
 - ➔ Positive = acknowledgement of being on the right track
OR
 - ➔ Negative - with specific pointers wrt. what you did wrong and how to improve
 - ➔ Comments = guidelines for next entries, even if attached to entry assessed as competent



ASSESSMENT

0: Not yet met
3: Fully met

- Done (mostly) on a scale of 0 or 3
- To earn 3 marks, ALL the requirements must be met
 - ➔ Follow Assessment Criteria for each of the 4 phases of the CPD cycle
- **In addition** you must have use an appropriately professional communication style, for example:
 - ➔ Free of spelling and grammatical errors
 - ➔ Properly punctuated
 - ➔ Trade names capitalised
 - ➔ Etc.

Also ALWAYS
maintain patient
confidentiality




REMEMBER: spelling and grammar are not auto-corrected!
Check everything carefully before submitting



ASSESSMENT of REFLECTION

0	3
<ul style="list-style-type: none">• Learning title absent or simply a copy of CS or outcome• No clear learning need identified	<ul style="list-style-type: none">• Appropriate descriptive title in own words; linked to outcome<ul style="list-style-type: none">• 1 mark maximum• Clear learning need identified and must be personal (e.g. "I need to know...")



ASSESSMENT of PLANNING

- 0
- Absent or inappropriate



- 3
- Explain how plan to complete specified outcome and specify resources to be used and why
 - Written in future tense
 - Appropriate primary learning channel chosen



ASSESSMENT of IMPLEMENTATION

0

- Absent or inappropriate
- No supporting documentation (evidence)




3

- Describes context
- Clearly states what was done and what has been learnt
- Makes reference to attached evidence



ASSESSMENT of EVIDENCE



0	3
<ul style="list-style-type: none">• No/insufficient evidence• Evidence not valid for outcome• Confidentiality breached• Authentication absent/incomplete (for interns registered before 2018)	<ul style="list-style-type: none">• Sufficient evidence which is current and valid• Linked to subsections• Appropriately annotated• Properly authenticated (where applicable)

SUCCESSFUL OR NOT YET SUCCESSFUL



ASSESSMENT of EVALUATION

0

- Completely inappropriate
- For e.g.
 - Only focussing on implementation



SUCCESS

3

- Personal statement of what you have learnt in relation to learning need and in terms of
 - Subsequent application
 - Future learning needs



RE-ASSESSMENT

- You are allowed to resubmit for re-assessment of your CPD entries
- On resubmitting –
 - ➔ fix an entry that is there
 - ➔ don't start a new one unless assessor recommends this
 - ➔ If necessary, remove incorrect evidence
- See Guidelines for
 - ➔ Conditions
 - ➔ Application procedure
 - ➔ Timeline

To minimise need for resubmission:
- Submit early
- Submit regularly on a monthly basis



RE-ASSESSMENT

- To prevent need for resubmission, **make sure to follow your assessor's recommendations**
- Re-submitted CPD entries are sent to the same assessor
 - ➔ Don't simply re-submit without attending to the reasons for the entry being deemed "not yet successful"
- You are allowed to submit 12 CPD entries
 - ➔ i.e. 8 + 4 re-submissions
- A fee is levied on 13th and subsequent entries submitted



Continuing Professional Development (CPD)

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PROFESSIONALSIM

CPD submissions are-

1. more than “just another hurdle”
2. an opportunity for you to further develop your professionalism

- Confidentiality
 - ➔ Not disclose identity of patient (name, surname, picture, ID no.)
 - ➔ Penalties for breaches
- Plagiarism
- Obviously your CPD entries must reflect your own work
 - ➔ Any irregularities will be referred to the SAPC legal department
 - ➔ Penalties
 - Expect them to be applied
 - Expect them to be severe



ROLE OF THE TUTOR

NB: You have to submit at least 4 CPD online entries before you can be registered as a tutor

Role model

- Implies an obligation to be competent and practise professionally yourself

Mentor

- Opportunity for self-development through training
- Can use this for your own CPD entries



TUTOR VERIFICATION

- Tutors are required to do online verification of CPD entries after they are submitted by interns
- The submission deadlines are indicated in the intern/tutor manual (*page 27 of 2019 manual*) include submission of entries verified by the tutor
- Submissions after a deadline will fall on the next submission deadline for assessment and release of results



TUTOR AUTHENTICATION (where applicable)

- Best = descriptive note, not just generic statement
- Make sure all elements of authentication are present

This is the original work of my intern - Alex Jay. I personally witnessed him contacting the prescriber as he describes it.

JKay
Jody Kay
P4545

AJay
Alex Jay
P99999

20 February 2019



ROLE OF TUTOR

- Ultimate responsibility for completion of internship requirements lies with intern
- You have a responsibility to familiarise yourself with all the internship requirements and to timeously complete reports
- You play a vital role as no intern is likely to succeed without a tutor who is
 - ➔ Competent
 - ➔ Gives guidance
 - ➔ Interactive
 - ➔ Empathetic
 - ➔ Supportive
 - ➔ Etc.

Most NB:
Grow with your intern!
Enjoy the journey!







Questions



Thank you



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