



Moving to Pharmacy 2030
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3rd National Pharmacy Conference
3-6 October 2019
Sun City, @3NPCSAPC



Intern and Tutor Training: Online CPD Submissions 2018



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Outline

i

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

Mostly aimed at interns; however, also includes guidance relevant for tutors



Important resources

ii

Find online

- The *Intern and Tutor Manual* for the pre-registration experience of pharmacist interns

Find online

- *Criteria* for assessment of CPD entries submitted to the SAPC by pharmacist interns
 - ➔ available in the intern and tutor manual 2018 (page 23)

- Other

- ➔ Tutor
- ➔ SAPC website



**COMPETENCE
STANDARD**

OUTCOME



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Competence Standard (CS)

1

- Exit Level Outcomes

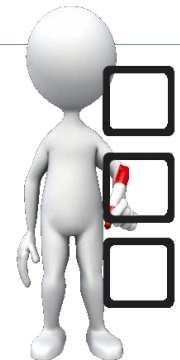
- ➔ Form the basis of BPharm curriculum
- ➔ Registered with SAQA
- ➔ Describe essential knowledge, skills and attitudes needed by an entry-level pharmacist
- ➔ Provide basis for assessment of competence

A "picture" of a typical and desirable pharmacist

Describe in detail the sorts of qualities that pharmacists should possess

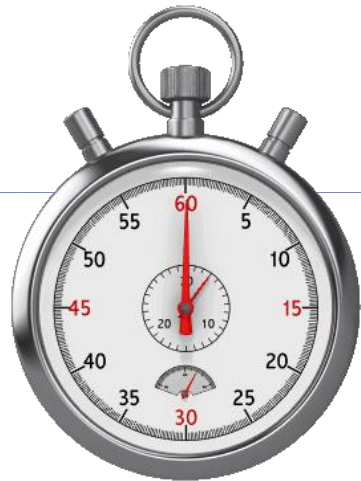
- Competence Standards are based on the Exit Level Outcomes

- ➔ Are a tool to help you assess your learning needs
- ➔ For example – CS 1: Organise and control the manufacturing, compounding and packaging of pharmaceutical products



Competence Standard (CS)

2

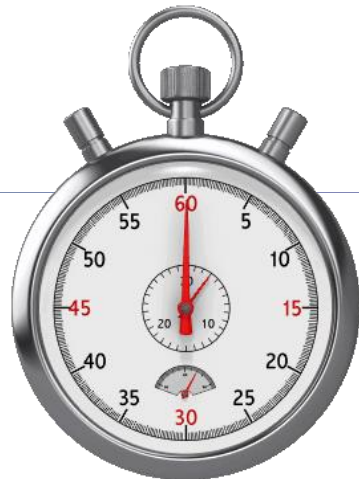


Take a few minutes
to familiarise yourself
with CSs
Refer to your
Manual, Annexure A

Competence Standard (CS)

3

Take note of how each CS is structured



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

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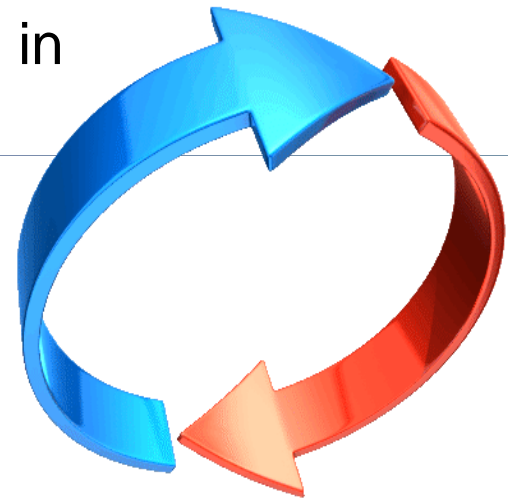
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- Can be defined as ongoing learning, or the means by which a person maintains, broadens and improves his/her professional competence throughout his/her working life.
- CPD enables registered persons to develop in their area of practice and demonstrate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



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STEPWISE APPROACH TO COMPLETING CPD ENTRIES



1. Select a Competence Standard (CS)
2. Select an outcome
3. Start CPD cycle
 - This has 4 steps:
 - Reflection
 - Planning
 - Implementation
 - Evaluation
 - Be sure to read ALL subsections. Don't choose ones "For pharmacists only"
 - Focus on relevance to your practice setting
4. Enter and submit online for tutor verification
5. Tutor verifies and submits online for assessment by Council
6. Check for feedback

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REQUIREMENTS

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



- You need to submit 8 CPD entries (all 8 are assessed)
 - ➔ One each from CS1 to CS7
 - ➔ Plus one from CS8 and CS9
- For each CS, choose one outcome
 - ➔ Read all outcomes carefully and the **sub-outcomes** (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

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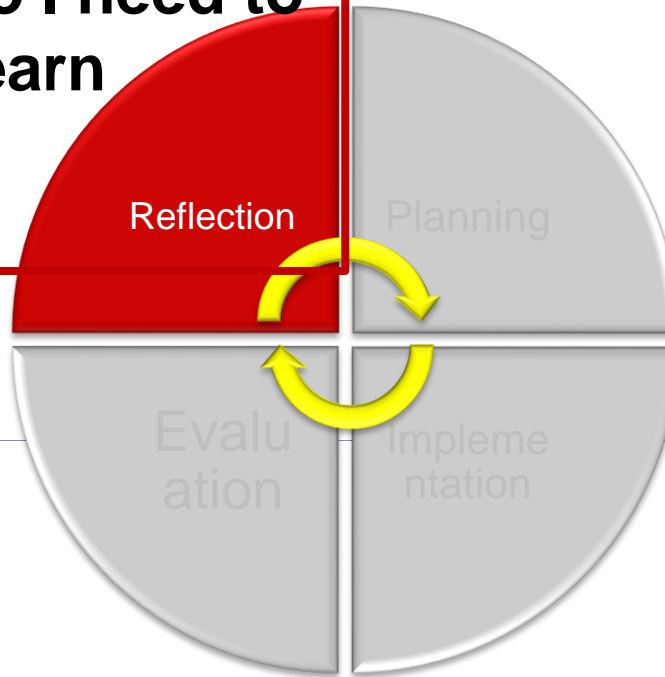
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What do I need to know/learn to do?



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REFLECTION

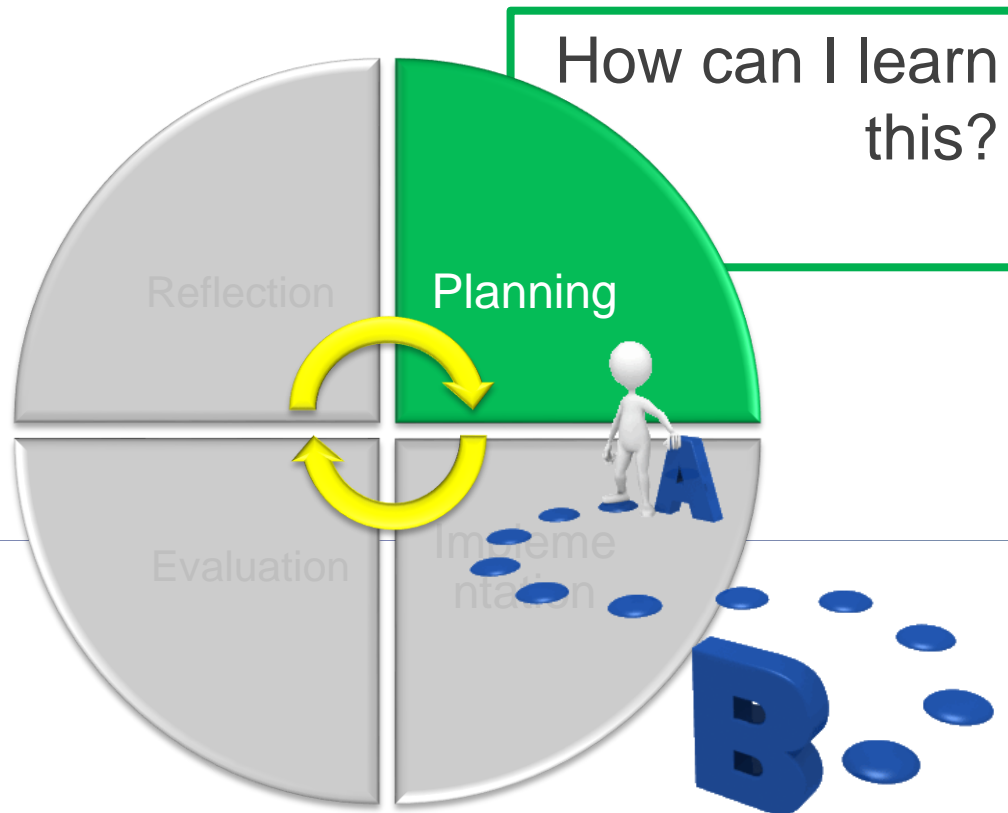
This will determine the choice of CS and outcome

- Ask yourself
 - ➔ What do I need to learn? i.e. own learning need.
 - ➔ 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"



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PLANNING

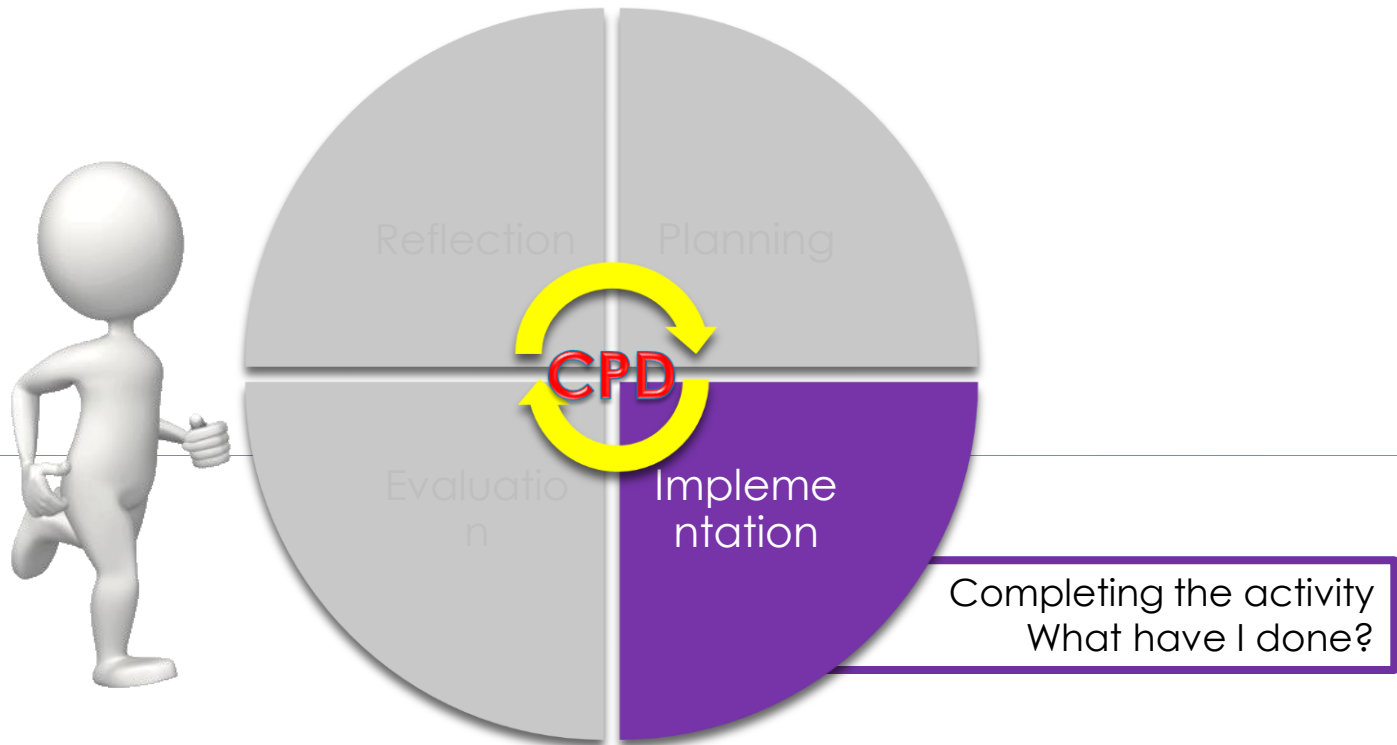
- How, exactly, am I going to learn this?
- What are my options?
 - ➔ Short courses, workshops, branch meeting
 - Learning by doing
 - Reading – journals or reference books.
 - When am I going to do this?
 - What evidence can I submit to support my learning activity?

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**



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IMPLEMENTATION

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

Tell the story.
Keep it personal
with "I"

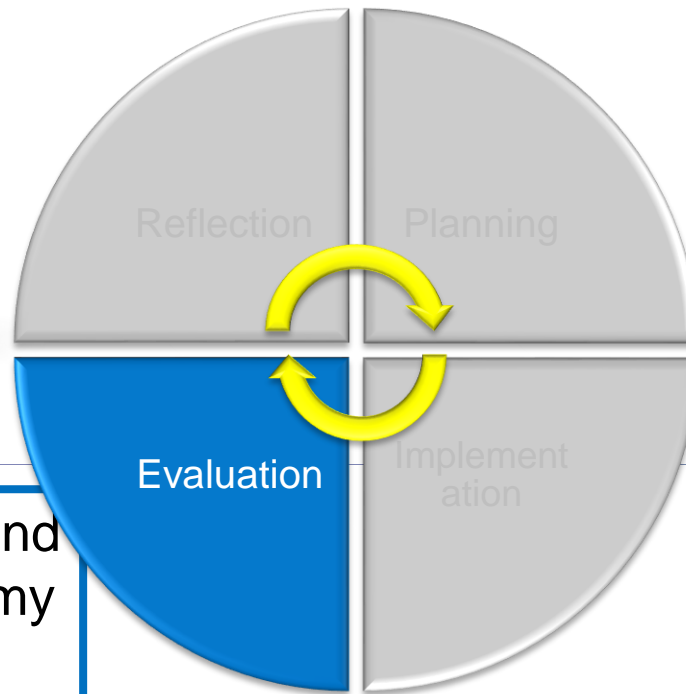
EVIDENCE

More
about this
later!



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



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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

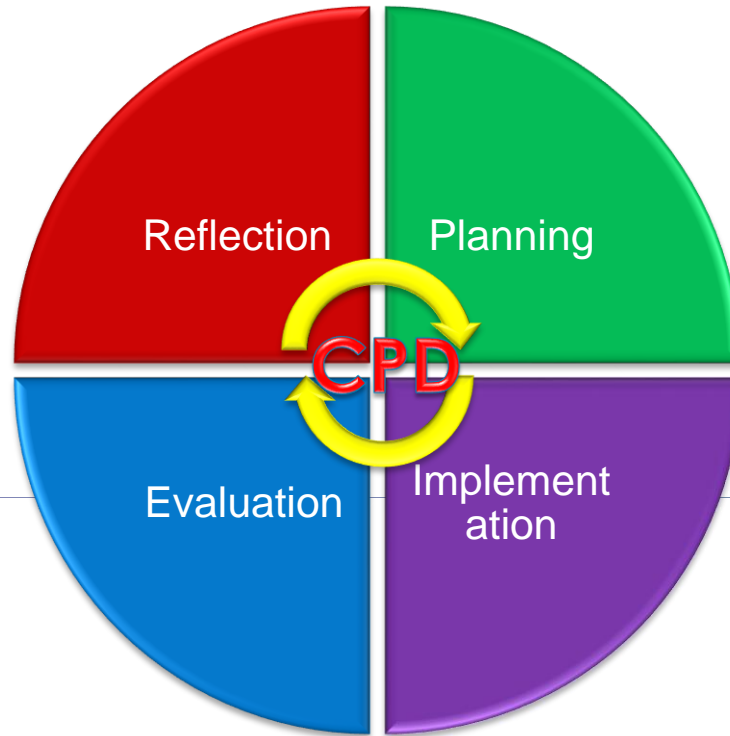
- **NOT** “What I did”

NB: Provide examples to substantiate this

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



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A LITTLE DIVERSION

- Let's think about



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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?

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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?



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PLANNING

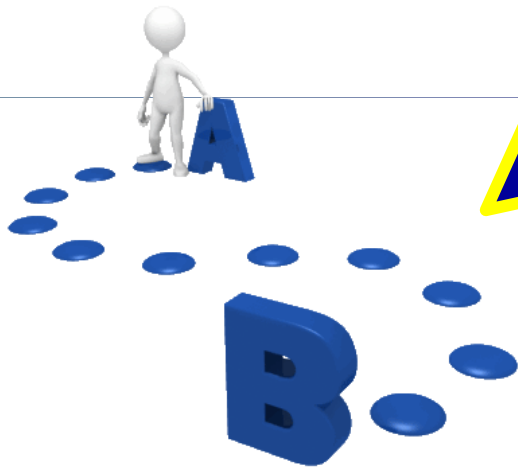
- I'll check with my sister what cake granny likes
- I'll search online for a recipe
- I'll check YouTube for a cake-making demo

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

What I plan to do



Why I'm going to do it this way



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PLANNING

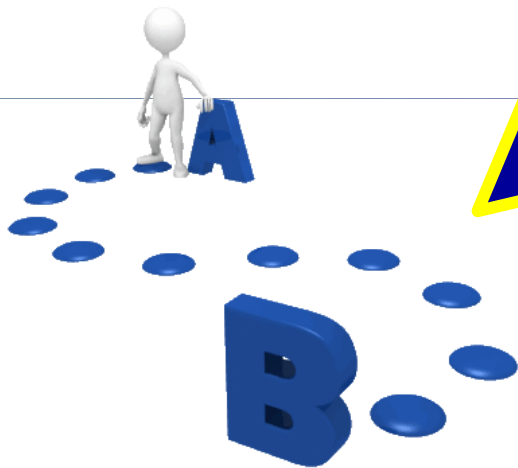
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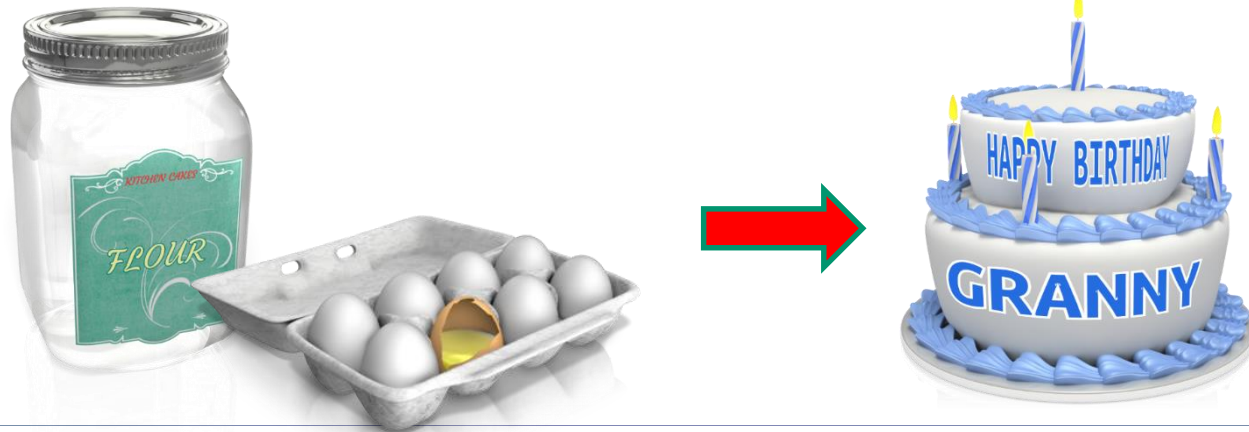
What I plan to do



Why I'm going to do it this way



IMPLEMENTATION

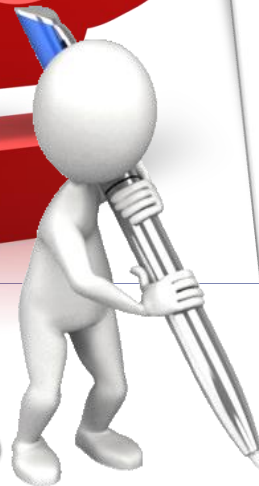


- I checked the recipe before I went shopping
- I followed the steps in the recipe

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EVIDENCE



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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



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AND NOW FOR A REAL LIFE EXAMPLE



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REFLECTION



On the 16th of March 2018, 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.

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REFLECTION



I checked the CSs 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

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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

- Section 33 of the 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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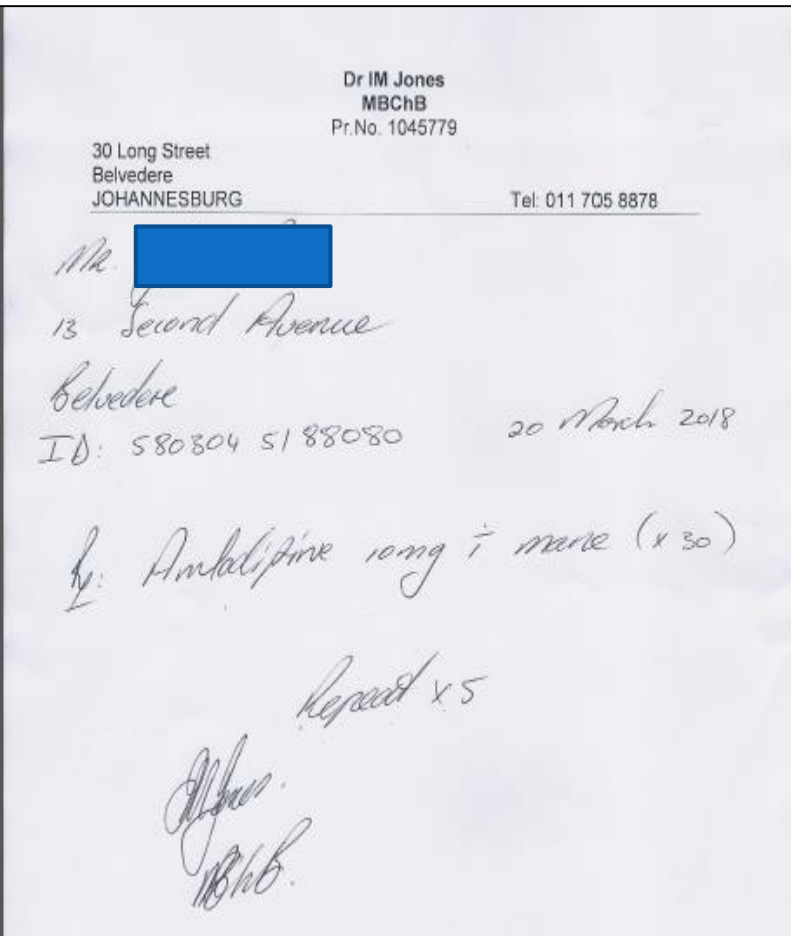
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IMPLEMENTATION

- I checked the Medicines and Related Substances Act, 1965 to know what was required for a prescription to be valid.

What I did

- I analysed the script for anomalies and to ensure that it met legal requirements.



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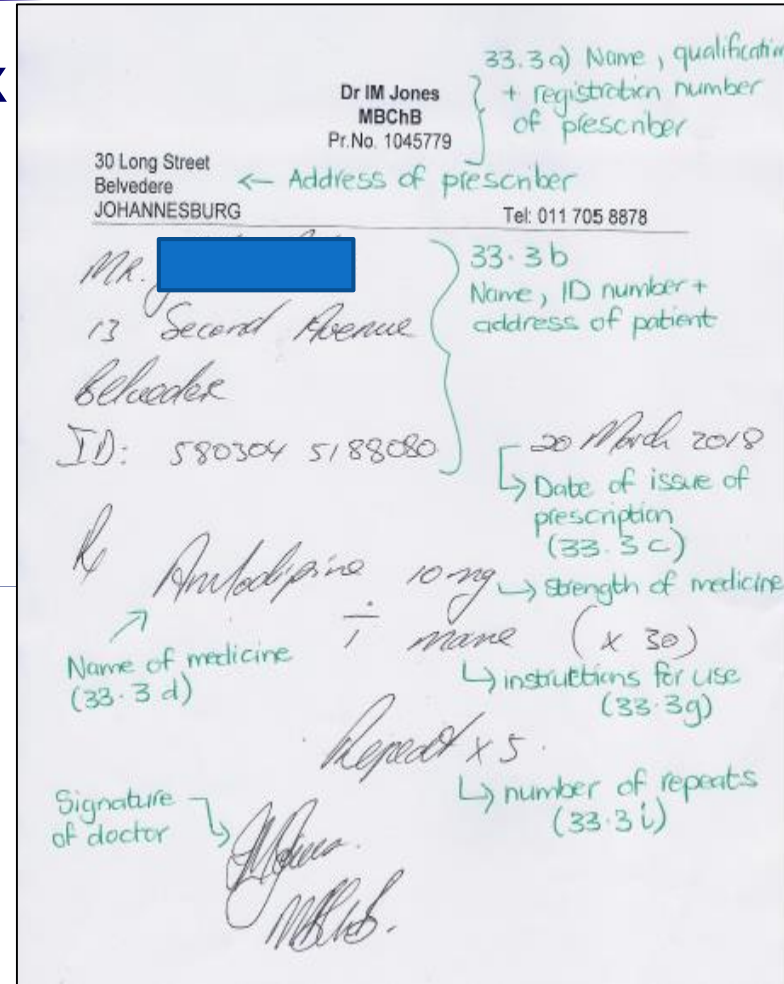
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EVIDENCE Annotated Rx



What else is needed?

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



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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

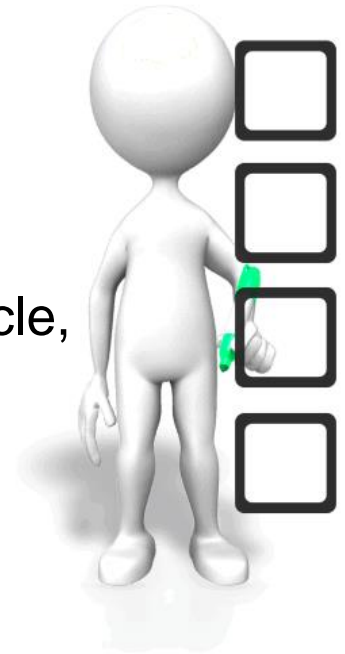


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ONCE YOU HAVE CHOSEN AN OUTCOME...

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



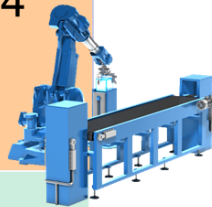
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SOME EXAMPLES...

CS1

Outcomes 1.4
and 1.5



Only for
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

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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

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CS3

SOME EXAMPLES...

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

Dr IM Jones
MBChB
Pr.No. 1045779
33.3 a) Name, qualification + registration number of prescriber

30 Long Street
Belvedere
JOHANNESBURG
← Address of prescriber
Tel: 011 705 8878

Mr. J. [REDACTED]
13 Second Avenue
Belvedere
33.3 b Name, ID number + address of patient
ID: 580304 5188080

20 March 2018
→ Date of issue of prescription (33.3 c)

R Amalopine 10mg
→ strength of medicine
Name of medicine (33.3 d) ; name (x 30)
→ instructions for use (33.3 g)

Signature of doctor → [Signature]
hepar x 5
→ number of repeats (33.3 i)

Evidence for Competence Standard 3.1

- Our pharmacy receives many prescriptions from Dr IM Jones, he is well known to us. There was no reason to doubt the authenticity of the prescription. The validity of the prescription was confirmed by checking the requirements needed as stipulated by regulation 33 from Act 101.
- The prescriber details are complete as per Act 101
- The prescription is complete and the patient does not belong a medical aid and would pay cash for the medicine.
- No anomalies were found on the prescription and it could be dispensed. The doctor did not stipulate a dosage form, but amlodipine is only available in tablet form, not regarded as an anomaly.
- Not applicable – no anomaly found.

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Evidence for outcome 3.1

Regulation 33 Act 101 as published in the Government Gazette on 25/08/2017

PARTICULARS WHICH MUST APPEAR ON PRESCRIPTION FOR MEDICINE

Prescription is clear and is handwritten →

Prescription is signed by prescriber →

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.

This gazette is also available free online at www.gpwonline.co.za

94 No. 41064

GOVERNMENT GAZETTE, 25 AUGUST 2017

- All the following detail is on the prescription →
- (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; → Amlodipine is only available as tablets
 - (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. Authenticity of prescription verified
 - (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.



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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**

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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 **on a Rx**, 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



CS6

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

For the purpose of promoting community health



VS

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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



CS6

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

For the purpose of promoting community health



VS

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SOME EXAMPLES...

CS

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

CS

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)



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SOME EXAMPLES...

CS7

Research needs results.
Proposal alone insufficient.

Only outcomes 7.1 and 7.6 relevant for interns

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



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CAUTION

CS7

- Choosing 7.1 is the recommended option
- Outcome 7.6 is **not possible** for interns in community and institutional pharmacy
 - ➔ You 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

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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

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. 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



IN SUMMARY: HOW TO AVOID THE POTHOLES

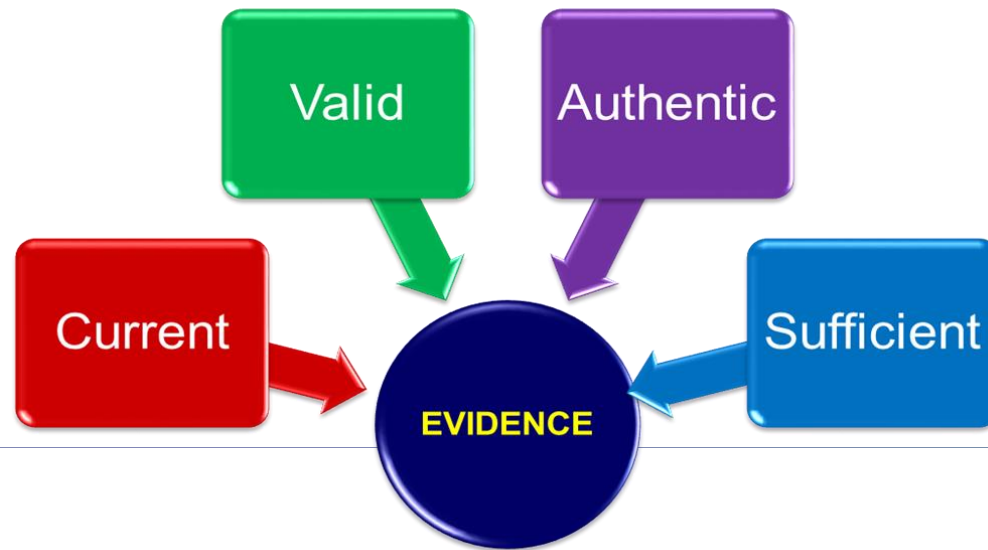
- Do NOT attempt to complete your online CPD entries without referring to your Manual **and** Guidelines
 - ➔ The information in either is insufficient
- Read all the CSs carefully
- Read all the outcomes carefully before choosing the most appropriate one
 - ➔ Look at all the subsections for the chosen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



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EVIDENCE CRITERIA



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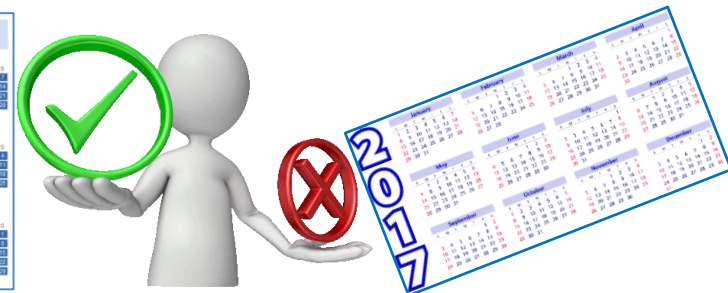
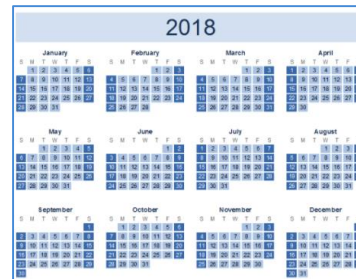
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EVIDENCE CRITERIA



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



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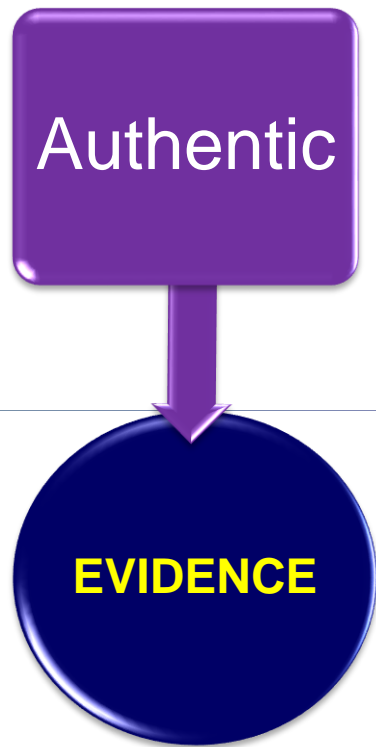
EVIDENCE CRITERIA



- Evidence must pertain to the specific 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



- This means that the evidence must be verified by your tutor
 - Name (printed) and signature
 - Designation and P number
 - Date
- You as the intern must also sign the evidence (with other details as above)
- Original documents must be authenticated; don't simply attach pre-printed stickers of tutor details

This is the original work of my intern - Alex Jay (P9999). Authenticated by tutor Jodi Kay (P4545) on the 8th of February 2018.

Jkay
Tutor

AJay
Intern

Continuing Professional Development (CPD)

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EVIDENCE CRITERIA



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

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



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EVIDENCE

- **NB:** Tutor authentication
 - ➔ Name (printed), signature, P number, designation
 - ➔ Must also be included if another person has authenticated evidence
- All pieces of evidence must be described in terms of:
 - ➔ “Why did I include this?”
 - ➔ In text and annotations on evidence



Annotation of evidence
is required

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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



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

Pages copied from SAMF

- Reference name, edition, page number, etc
- 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



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EVIDENCE

- No highly glossy photos
- Not uploaded upside down
- Put all evidence in one document
- Annotate, annotate, annotate!
 - ➡ For e.g. Link to subsections, identify own signature



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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



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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

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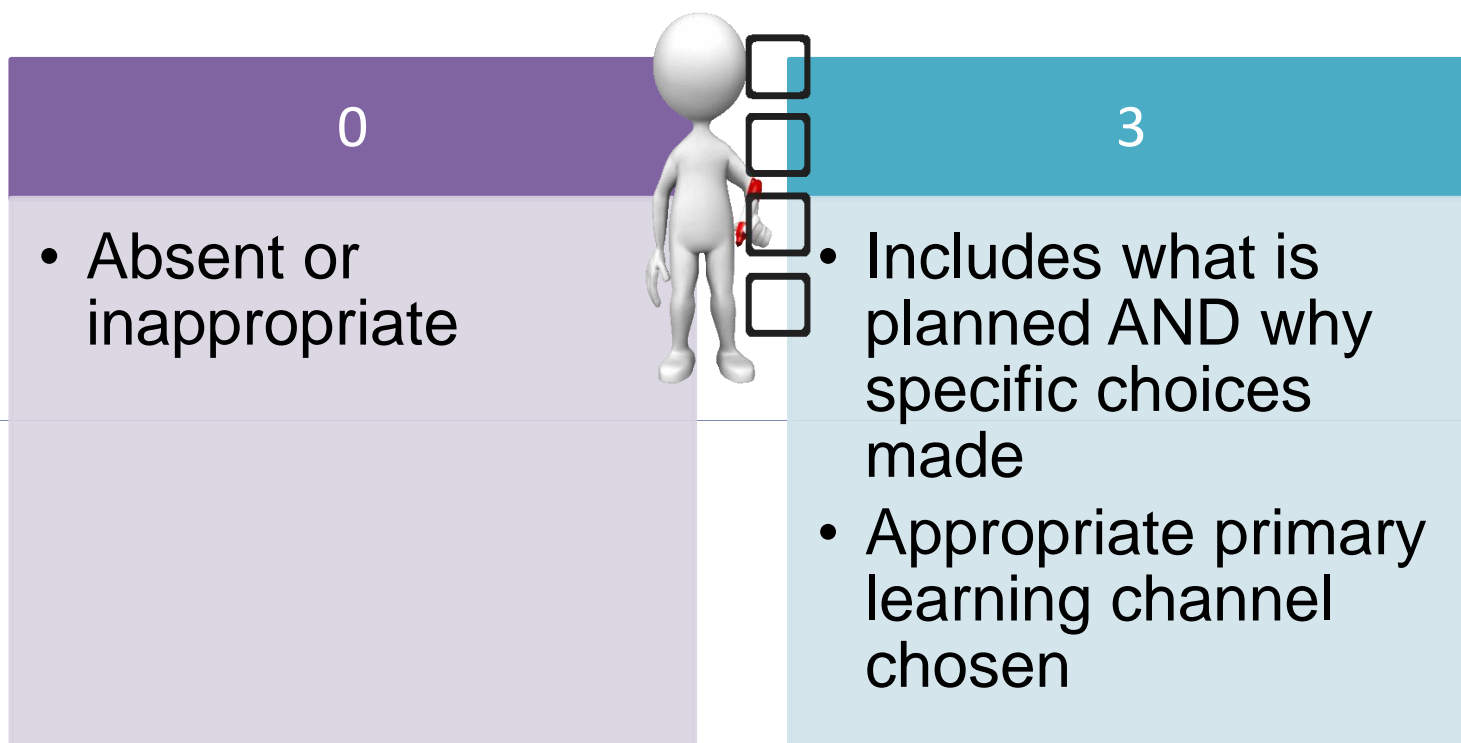
ASSESSMENT of REFLECTION

<p>0</p> 	<p>3</p> 
<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; linked to outcome<ul style="list-style-type: none">• 1 mark maximum• Clear learning need identified

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ASSESSMENT of PLANNING



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

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ASSESSMENT of EVIDENCE

0

- No/insufficient evidence
- Evidence not valid for outcome
- Confidentiality breaches
- Authentication absent/incomplete

3

- Sufficient evidence which is current and valid
- Linked to subsections
- Appropriately annotated
- Properly authenticated

COMPETENT OR NOT YET COMPETENT

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ASSESSMENT of EVALUATION

0

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



SUCCESS

3

- Discusses what you have learnt in terms of
 - Impact
 - Subsequent application
 - Future learning needs

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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

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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 competent"
- You are allowed to submit 12 CPD entries
 - ➔ i.e. 8 + 4 re-submissions
- A fee is levied if 13 or more entries are submitted

REJECTED

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PROFESSIONALISM

- Confidentiality
 - ➔ Penalties for breaches
- Plagiarism
- Obviously your CPD entries must reflect your own work

CPD submissions are more than “just another hurdle”.
Are an opportunity for you to further develop your professionalism

- ➔ Any irregularities will be referred to the SAPC legal department
- ➔ Penalties
 - Expect them to be applied
 - Expect them to be severe



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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



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TUTOR AUTHENTICATION

- 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

20 March 2018

AJay
Alex Jay
P99999

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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!



The Gist

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WHOLESALE



CONSULTANT / ACADEMIC



MANUFACTURING



COMMUNITY PHARMACY



INSTITUTIONAL

Moving to Pharmacy 2030 (3rd National Pharmacy Conference, 3-6 Oct 2019)

Plugged-in, Engaged, Become a catalyst for change

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ThinkBetter LiveBetter

A Victorious Life Begins in Your Mind



Moving to Pharmacy 2030
*Plugged-in, Engaged,
Become a catalyst for change*
3rd National Pharmacy Conference
3-6 October 2019
Sun City, @3NPCSAPC



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