

Intern/Tutor Training 2020

**Intern portfolio on
CPD system**



**South African
Pharmacy Council**

Outline

- CPD cycle
 - ➔ Selecting a domain
 - ➔ Selecting a competency standard
 - ➔ Pitfalls/special considerations
 - ➔ Evidence
- Assessment
 - ➔ Re-assessment
- Professionalism

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



Important Resources

Find online

- The **2020 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)
 - ➔ Competency standards for pharmacists (page 52)
- Other resources
 - ➔ Tutor
 - ➔ SAPC website



DOMAIN

**COMPETENCY
STANDARD
D**

**BEHAVIOURAL
STATEMENT**



So much new terminology...



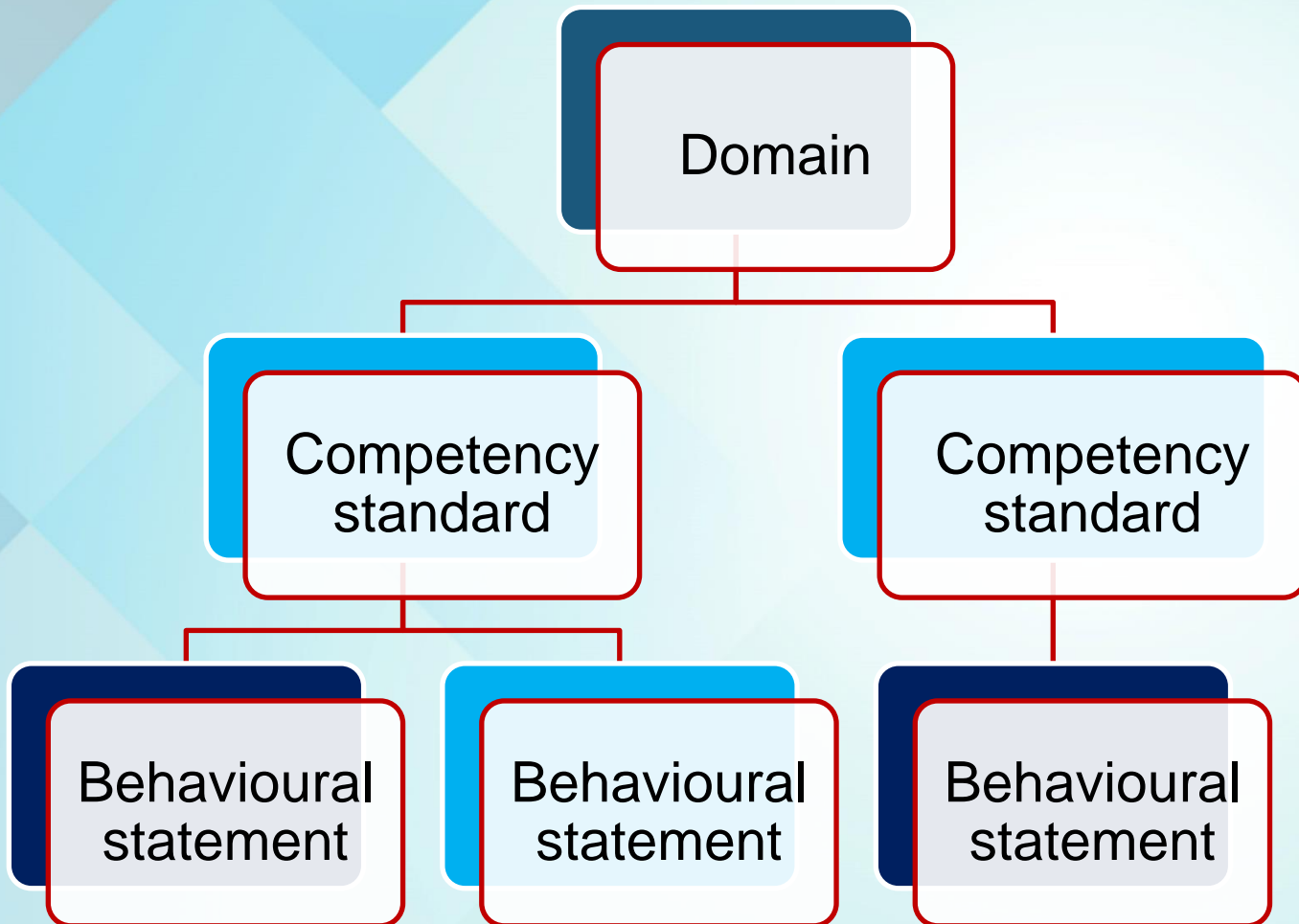
Competency Framework



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



Competency framework



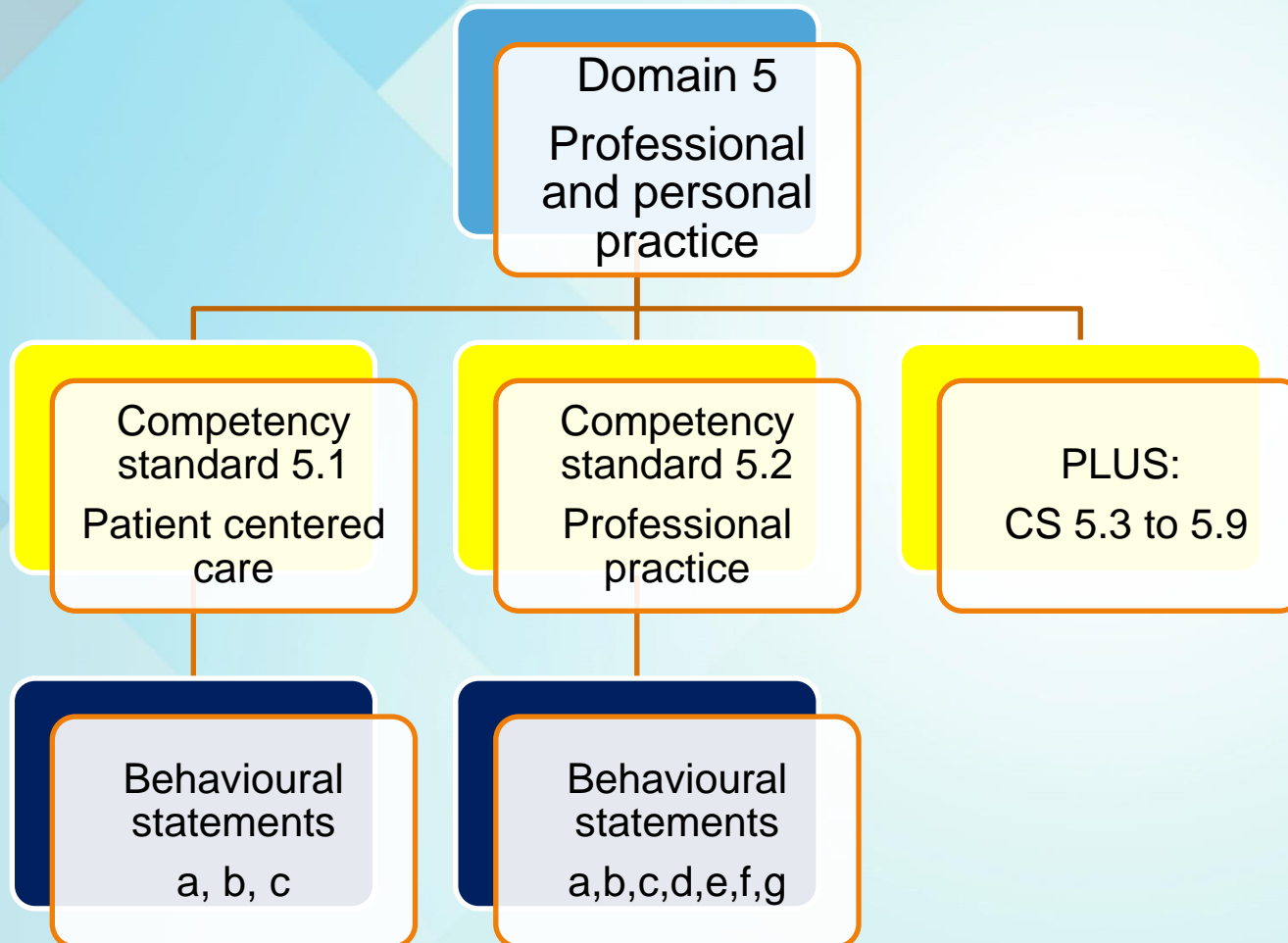
Six Domains

Domains are
organised
clusters of
competencies

1. Public health
2. Safe and rational use of medicines and medical devices
3. Supply of medicines and medical devices
4. Organisational and management skills
5. Professional and personal practice
6. Education, critical analysis and research



Competency framework example



Competency Standard (CS)

- Previously, since 2006: **Competence standards** to assess competence
- Replaced in 2018: **Competency standards for pharmacists**
 - ➔ The competency framework consists of **six domains** and **several competencies** suitable for the South African context
 - ➔ Developed in line with current practice, exit level outcomes (ELO) for revised BPharm qualification, and international trends
 - ➔ The competency standards have been developed with **behavioural statements*** linked to each competency
 - ➔ also called “subsections” in the Manual



Competency Standard (CS)

Council has aligned the CPD system with the competency standards for implementation in 2020



So that's for
me ...
I'm an intern
registered in
2020



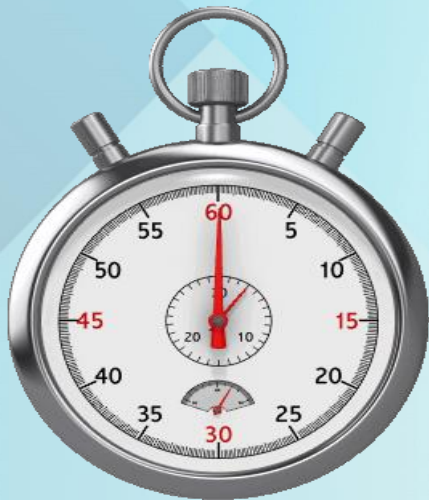
What about
me?
I registered
in 2019

Interns registered in or
before 2019 will use
previous format in
2020,
Transition to new
format in 2021



Competency Standards (CS)

Take note
of how
each CS is
structured



- ▶ Part of a domain
- ▶ How does domain apply to you?
- ▶ Introduction to domain
- ▶ Competencies
- ▶ Behavioural statements
- ▶ Entry level
- ▶ Intermediate practice
- ▶ Advanced practice
- ▶ Assessment tick box

For interns

Later



Structure of the Competency Standards

DOMAIN 1: PUBLIC HEALTH

Does this domain apply to me?

The domain applies to all pharmacists whose practice includes promotion of health and wellness through the provision of healthcare information and education to the public and other members of the healthcare team

INTRODUCTION

Domain 1 covers public health and includes competencies that are required in both the public and private healthcare sectors to promote health and wellness through the provision of healthcare information and education to the public and other members of the healthcare team.

The provision of medicines and healthcare information and education forms an integral part of the scope of practice of a pharmacist. The availability of specialised pharmaceutical knowledge at all levels of care, including primary healthcare (PHC), is an important component for the delivery of effective and efficient pharmaceutical services.

The domain covers competencies that are required to promote health, promote and monitor adherence and apply pharmacoeconomic principles.

The public health domain competencies are:

COMPETENCIES

- | | |
|-----|----------------------------------|
| 1.1 | Promotion of health and wellness |
| 1.2 | Medicines information |
| 1.3 | Professional and health advocacy |
| 1.4 | Health economics |
| 1.5 | Epidemic and disaster management |
| 1.6 | Primary healthcare |

A person who has achieved this standard is able to demonstrate the following behaviours:

- (a) Provide advice on health promotion.
- (b) Provide advice on disease prevention and control.
- (c) Provide advice on healthy lifestyles.
- (d) Participate in public health campaigns.

Assessment (Tick appropriate box)

Does this standard 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



Continuing Professional Development (CPD)

- ▶ Definition: the process by which registered persons maintain and enhance their competence throughout their professional careers
- ▶ Encompasses a range of activities including continuing education and supplementary training
- ▶ CPD enables registered persons to develop in their area of practice and demonstrate competence

CPD is a



cyclical activity

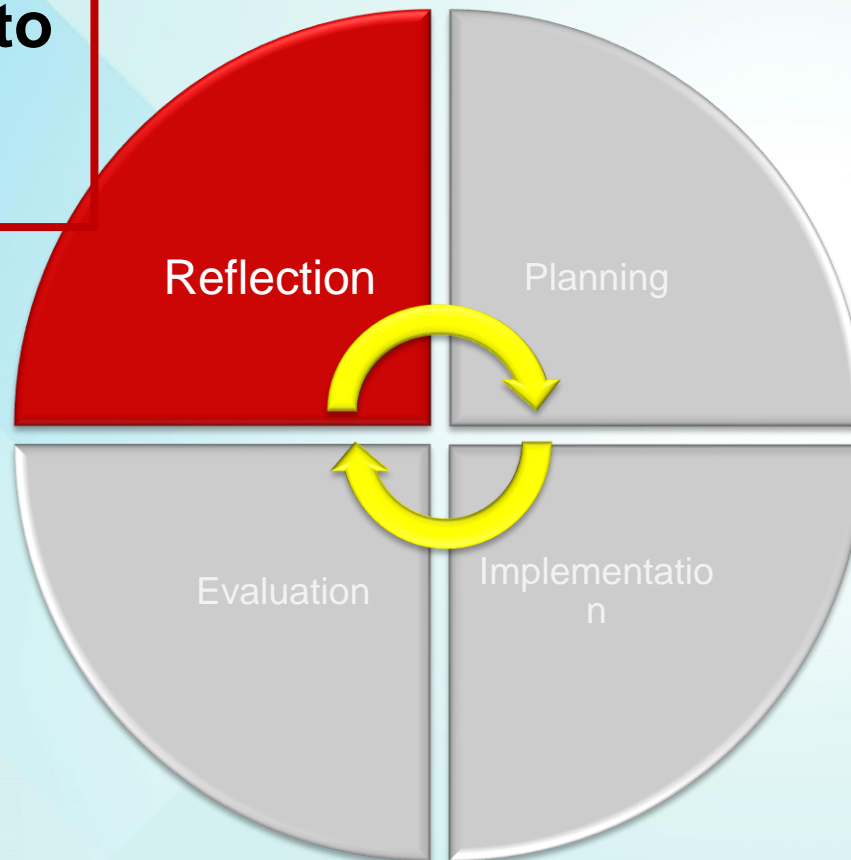


Continuing Professional Development (CPD) Cycle



First step: Reflection

What do I need to know/learn to do?



Reflection

This will determine the choice of CS and behavioural statements



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"



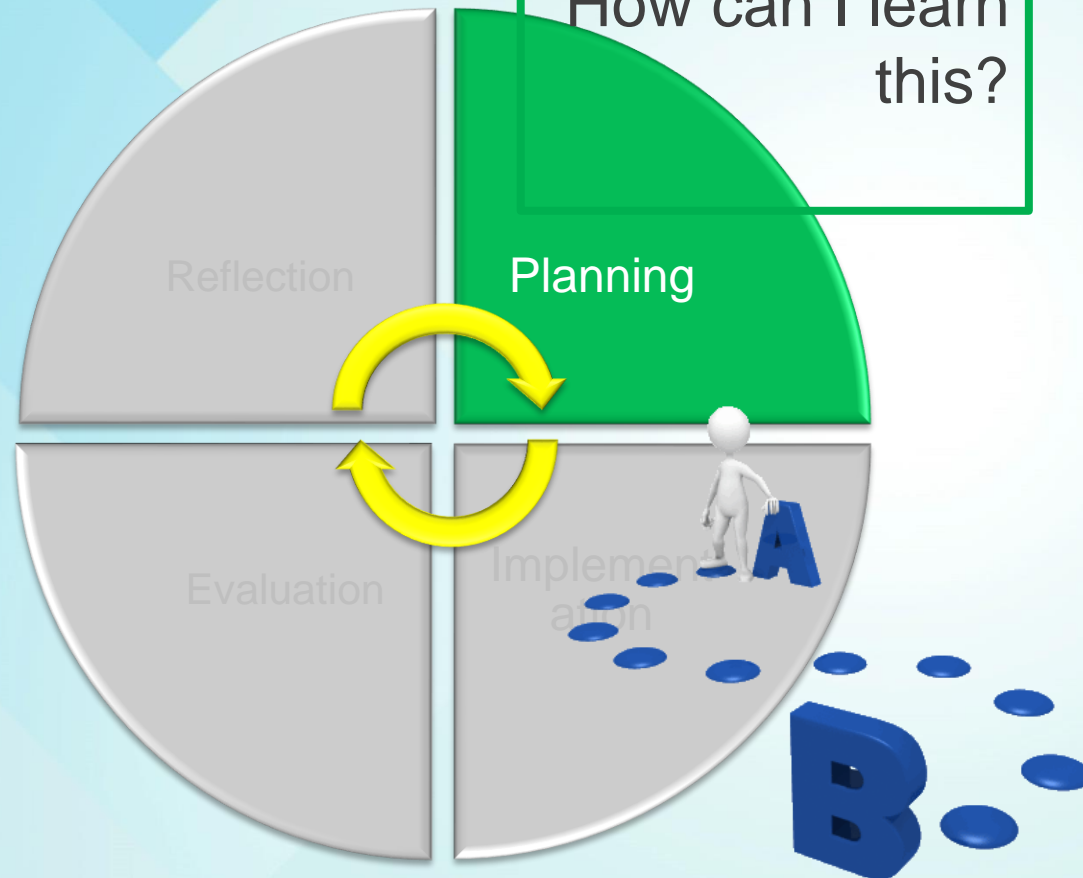
Reflection

| 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? | | |



Second step: Planning

How can I learn this?



Use
behavioural
statements
to guide
your
planning



Planning

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

- 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?

Specify
resources to be
used

Resources must
be relevant

Carefully select primary learning trigger and activity

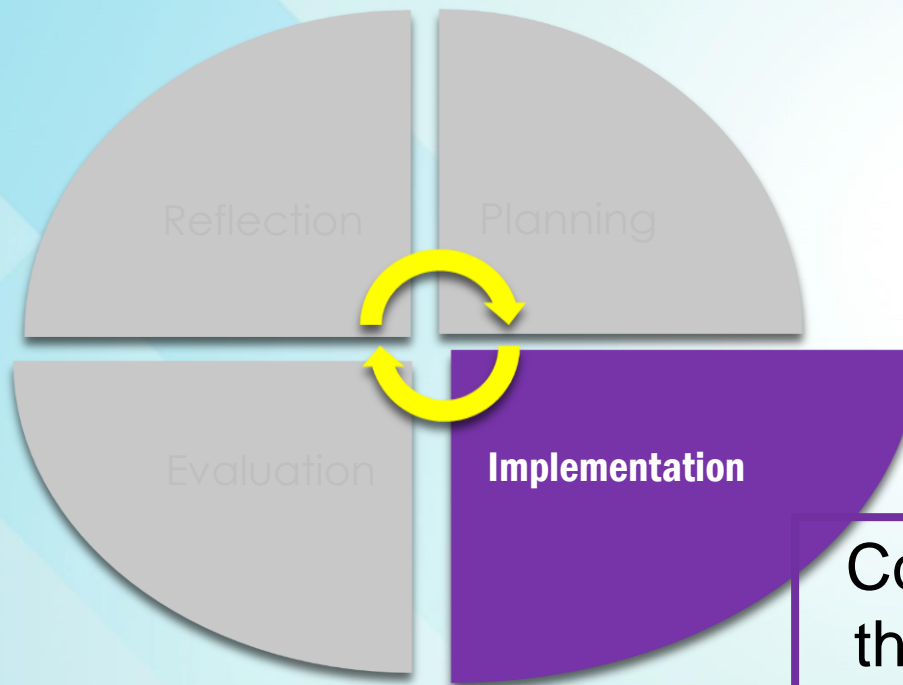


Planning

| 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? | | |



Third step: Implementation



Completing
the activity,
What have I
done?



Implementation

- Describe what you did actually
 - ➡ Provide the context
 - what, when, where, how
 - ➡ Link to the evidence
 - ➡ Remember to include ALL the behavioural statements of the chosen outcome

Tell the story.
Keep it
personal, use
“I”

EVIDENCE



More
about this
later!



Implementation

| 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 behavioural statements) in the text? | | |
| Have I checked that what I did matches my learning need? | | |
| Have I checked that what I did addresses all the behavioural statements of the outcome? | | |

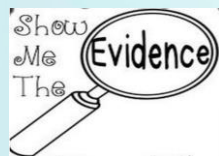


Implementation must be supported by
Evidence!



Evidence

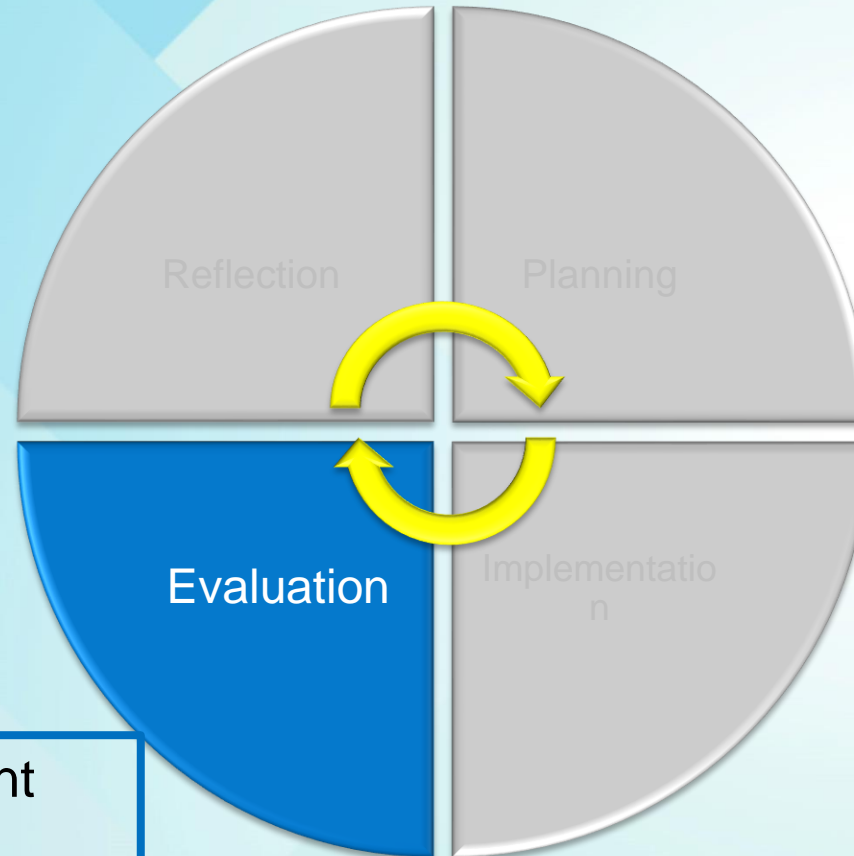
| CHECKLIST | YES | NO |
|---|-----|----|
| EVIDENCE | | |
| Have I checked that I have sufficient evidence i.e. have I covered at least 75% of the subsections of the outcome? | | |
| Have I annotated my evidence so that it is clear why I have included each piece? | | |
| Have I annotated my evidence with the behavioural statements , and does this match the behavioural statements 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? | | |



Still more about this later!



Fourth step: Evaluation



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



Evaluation

FOCUS HERE IS



- ➔ Learning outcome i.e. what have you learnt – related 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



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 CS? | | |
| 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? | | |



CPD Cycle

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



Stepwise approach to completing CPD entries



7. Check for feedback
6. Tutor verifies and submits online
5. Enter and submit **online for tutor verification**
4. Start CPD cycle
3. Read all behavioural statements
2. Select a Competency
1. Select domain

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

This has 4 steps:
Reflection
Planning
Implementation
Evaluation

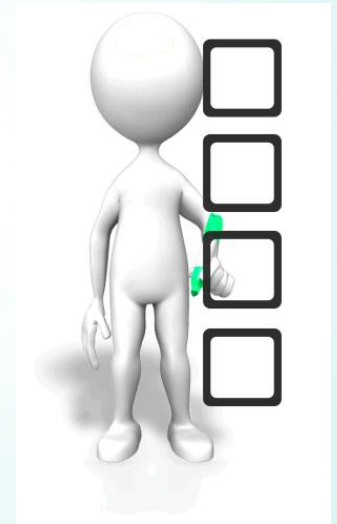
Focus on
relevance to
your practice
setting

 Complete annual
declaration first!



Once you have chosen a competency...

- Check again that it is appropriate for your practice setting
- Read all the behavioural statements
- Decide how many you require
- 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!



Requirements

- ▶ You need to submit 6 CPD entries
 - ➔ One from each domain
 - ➔ And be **successful in all 6** CPD entries

- ▶ For each Domain choose one competency
 - ➔ Read all the behavioural statements carefully
 - ➔ If there are ≥ 4 statements, choose at least 75%
 - ➔ NB: Consult your Manual for details of the behavioural statements

Each entry must be accompanied by suitable evidence

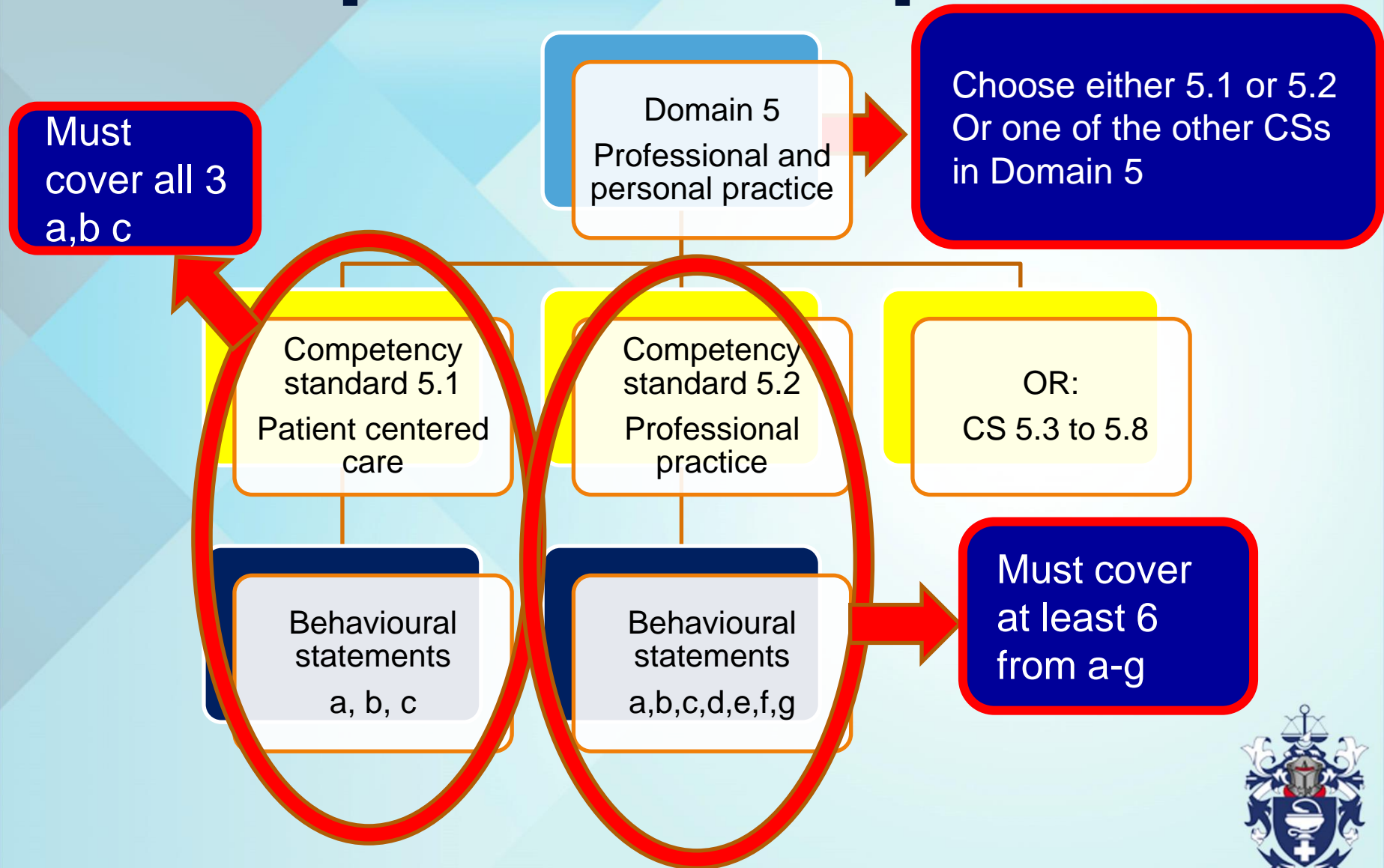
VIP: Every CPD entry must reflect individual work



No group activities are acceptable



Requirements example



Requirements



I'm an intern in a public sector hospital. I won't be able to do Pharmacist Initiated Therapy there

You could make arrangements to do this at a nearby community pharmacy

Manufacturing and academic interns may also need to do this if their 400 hours are spent in a hospital



CPD Cycle **A LITTLE DIVERSION**

- Let's think about



CPD Cycle **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?



CPD Cycle **REFLECTION**



I therefore
need to know


What kind of
cake is her
favourite?

What ingredients
to buy?

How to follow the
recipe /
instructions?



CPD Cycle **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



CPD Cycle **IMPLEMENTATION**



What
I did

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



CPD Cycle **EVIDENCE of IMPLEMENTATION**



CPD Cycle **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



CPD **A REAL LIFE EXAMPLE**

Continuing Professional Development



1.Reflection



2.Planning



3.Implementation



4.Evaluate



Submissions



CPD Cycle **REFLECTION**



On 20 February 2020, 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.



CPD Cycle **REFLECTION**



I checked the CS's in my manual and saw that this learning need refers to Domain 3: Supply of medicine and medical devices

I then looked at the competencies for domain 3 and decided on 3.4 Medicine dispensing

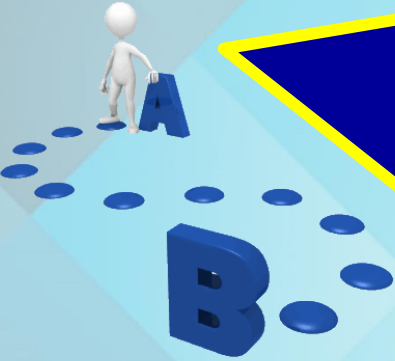
I saw that there are 9 behavioural statements.

I will need to cover at least 7 to meet 75%

I saw that the next step is to formulate a Learning Title – which is not just a copy of competency 3.4



CPD Cycle **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 Rx
- I have my notes from varsity, but maybe there are more complete resources – I must check that the sources are reliable

What I plan to do  Why I'm going to do it this way



CPD Cycle **IMPLEMENTATION**

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 2020

Ms

23 Store Road

Weltevreden

Rx

Cefuroxime 500 mg 1 BD x 10

Panado 2 Q6H x 24

Pd

MBChB

What
I did

- 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.



CPD Cycle **EVIDENCE** of **IMPLEMENTATION**

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

**EVIDENCE =
annotated Rx**



What
else is
needed?



Annotated example

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 2020

Ms Gladys Jacobs

23 Stove Road

Weltevreden

Rx

Cefuroxime 500 mg 1 BD x 10

Panado 2 Q6H x 24

R2002

MBChB

ID 740605 5311 081

Reconciliation with regulation 33 of Act 101

| Reg | Indicated on <u>prescription</u> | Not on prescription |
|----------|---|---|
| 33(1)(a) | Prescription is in legible print | |
| 33(2)(a) | Dr Noel signed the prescription in person | |
| 33(3)(a) | Dr's name qualification and address is on prescription | MP number not on prescription Confirmed HPCSA website (see attached) |
| 33(3)(b) | Name and address of patient is on prescription – blocked to maintain patient confidentiality | No ID number – confirmed with patient and added |
| 33(3)(c) | Date is on prescription and patient presented prescription within 30 days of issue. | |
| 33(3)(d) | Approved name of medicine is on prescription | |
| 33(3)(e) | From the instructions and the strength of the medicine prescribed, it could be assumed that tablets were prescribed | |
| 33(3)(f) | Strength and quantity of medicine is indicated. It is a S4 and S0 medicine respectively | |
| 33(3)(g) | Not applicable | |
| 33(3)(h) | Patient is female indicated on prescription. | Patient is 45 years old as confirmed with ID number |
| 33(3)(i) | No repeats indicated. Prescription to be issued once only | |

Include annotated copy of Government gazette 41064 24 August 2017, Regulation 33 Act 1010



CPD Cycle **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



Completing competency 3.4



- The evidence presented – to which behavioural statement is it linked?
- Include in Implementation and annotation
- What about the other behavioural statements?
- What evidence could you use?





No! Definitely not

So what else
do I need to
do?

That's
great, I'm
done with
competency
3.4!



Dr John Smith

MBChB

Pr. No. 1406 703

MP No. 0311247

Tel: 021 935 2549

Email: practice@mwweb.co.za

23 Western Boulevard, Cape Town

CS 3.4 g

Jessica Mzuko

21 Forest Drive

Cape Town

ID 981214 5133 085

24 January 2020

Rx

Enalapril 50 mg daily x30

Repeat x3

~~5 mg~~

MBChB

Contacted the doctor about Enalapril dosage

The prescription was meant to be for losartan 50 mg tablets and not enalapril

Prescription changed to losartan and dispensed (include Blue copy(retail) / label

▶ Which behavioural statement(s)
could this evidence support?



Dr Amos Nzo

MBChB

Pf No. 1406 703

MP No. 0311247

Tel: 021 935 2549

Email: practice@mweb.co.za

23 Western Boulevard, Cape Town

Jessica Mzuko

21 Forest Drive

Cape Town

ID 981214 5133 085

24 January 2020

Rx

25% betamethasone in Epizone

Apply to the affected areas n

300g

Repeat x3

ANzo

MBChB

CS 3.4 e & f

$25/100 \times 300/1 = 75g$
Betamethasone cream
to be used

A total of 300g to be
supplied

Epizone = $300 - 75 = 225g$
Epizone to be used

► Which behavioural statement(s)
could these support?



Annotation

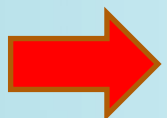


What it is

- ▶ Mechanism to give meaning to evidence
- ▶ Justifies why evidence included
- ▶ Must be planned and meaningful
- ▶ Must provide links to behavioural statements

What it isn't

- ▶ Merely labels
- ▶ Single words next to parts of evidence
- ▶ Scribbles on evidence
- ▶ Lacking links to behavioural statements






Must tell a story!

And the story is “What have I done to show behaviour”



Exercise on annotation of evidence

| DELIVER TO : 1303002 MO-KEM PHARMACY 34 HIGH ROAD AIRPORT MALL CAPE TOWN | |  UPD 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 | | | | | | | | | | | |
|--|---------------------------------|---|--------------------|--|---------------|-------------------|-------|------------------------|---------|--------------------------------|-------------|-------------------------|--|------------------------|--|
|  | | 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 | | | | | | | | | |
| INVOICE TO : MO-KEM PHARMACY 34 HIGH ROAD AIRPORT MALL CAPE TOWN Vat Reg: 4210197349 | | | | | | Acc: 1303002 | | CHECKED BY : | | | | | | | |
| MTD PURCH: | | SCHED 0 0.00 | | SCHED 1+ 19213.31 | | PATENTS 580.50 | | DELIVER | | PROCESSED BY REP ORDERS Q/W | | INVOICE # 33884720 | | TIME OF ORDER 15:52 | |

Which domain? Which competency?



Exercise on annotation of evidence

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

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

20 Bont 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

| PRODUCT CODE | DESCRIPTION | QTY + BONUS | CHEM COST UNIT PRC | DIS-COUNT | NETT UNIT PRC | NETT TOTAL PRC | VAT | SEP / UNIT PRC INC VAT | VAT CA | BATCH NUMBER | EXPIRY DATE | Label / Disp. Fee |
|--------------|---------------------------------|-------------|--------------------|-----------|---------------|----------------|-------|------------------------|--------|--------------|-------------|-------------------|
| 1490121 | BIOTECH TRAZODONE 50MG CAPS 100 | 1+ 0 | 307.89 | NETT | 307.89 | 307.89 | 46.18 | 354.07 | 1 | 162074 | 08-2019 | 460.30 M |

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

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

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

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

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

CHECKED BY :

Linked to which behavioural statement(s)?



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





- ▶ Evidence must pertain to the specific competency 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



Authentic

EVIDENCE

- ▶ 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 2020.

Jkay
Tutor

AJay
Intern



Sufficient



- If there are ≥ 4 , then the evidence submitted must cover at least 75% of the behavioural statements

**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

- ▶ 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
- ▶ Tutor verification
 - Make sure your tutor verifies your entries
 - Make it your responsibility to check



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

Photos



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

Pages from SAMF



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

Delivery notes



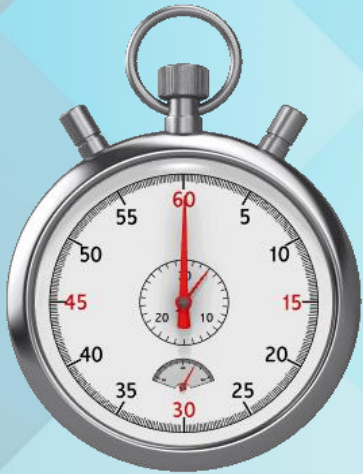
What does this
show?
Stock was
delivered, but
received by whom?
Signatures not
annotated are
meaningless

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



Evidence for specific situations



- ▶ Think about typical situations
- ▶ What kind of evidence would be needed?
- ▶ This exercise is to get you thinking ... not all examples will be provided



What kind of evidence?



If I'm providing
information to a
patient...

Prescription
+?
+?

But if I'm
providing
evidence to a
group...

Attendance register
Presentation
Reference materials
used
Feedback

- ▶ Attendance register - + presenter name, date, venue
 - Only **one presenter**
- ▶ Feedback on presentation – should reflect knowledge and understanding of audience after the presentation



What kind of evidence?



**I'm consulting
with a patient**

**But what if I'm
consulting with
a doctor?**

**Patient history
Rx, request from patient,
blue copy, label,
reference material used**

**Reason for consultation
eg. Rx,
Reference material used**

- ▶ References – scientific, not Wikipedia
 - Must also be annotated
 - Include page, edition eg for SAMF



What kind of evidence?


Sometimes I
attend a
meeting ...



Agenda
Attendance register
Minutes of meeting
Most VIP: own contribution
to meeting



What kind of evidence?



I will also be
working with
data ...

Reason for data collection
e.g. screening report
Data analysis



Evidence ... summary

- ▶ Evidence is proof of **what I did**
 - **NOT** reading an article
 - **NOT** theoretical scenario
 - **NOT** witnessing someone else
- ▶ Must convince the assessor that I performed the activity
- ▶ Must be professional
 - Neat, clear
 - Not a note scribbled on a Rx!



Feedback from assessors

► What can you expect?

- **Comments, dated**
- Positive = acknowledgement of being on the right track
- Negative - with specific pointers wrt. to what you did wrong and how to improve
- Especially wrt. Evidence annotation
- Comments = guidelines for next entries, even if attached to entry assessed as Competent



Assessment

- ▶ Done (mostly) on a scale of 0 to 3
- ▶ To earn 3 marks, **ALL** 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
 - Free of spelling and grammatical errors
 - Properly punctuated
 - Trade names capitalised

REMEMBER: spelling and grammar are not auto-corrected!



Check everything carefully before submitting

0: Not yet met
1 or 2: Partially met
3: Fully met

Check
Manual pg
29-30 for
full details
of how
0, 1, 2 or 3
marks
allocated

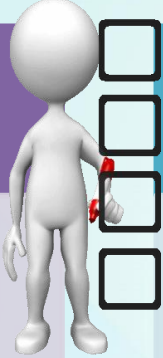


ASSESSMENT of Reflection

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



ASSESSMENT of Planning

| 0 |  | 3 |
|---|--|--|
| <ul style="list-style-type: none">Absent or inappropriate | | <ul style="list-style-type: none">Includes what is planned AND why specific choices madeAppropriate primary learning channel chosen |



ASSESSMENT of Implementation

| 0 | 3 |
|--|--|
| <ul style="list-style-type: none">• Absent or inappropriate• No supporting documentation (evidence) | <ul style="list-style-type: none">• Describes context• Clearly states what was done and what has been learnt• Makes reference to attached evidence |



ASSESSMENT of Evidence

0

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

3

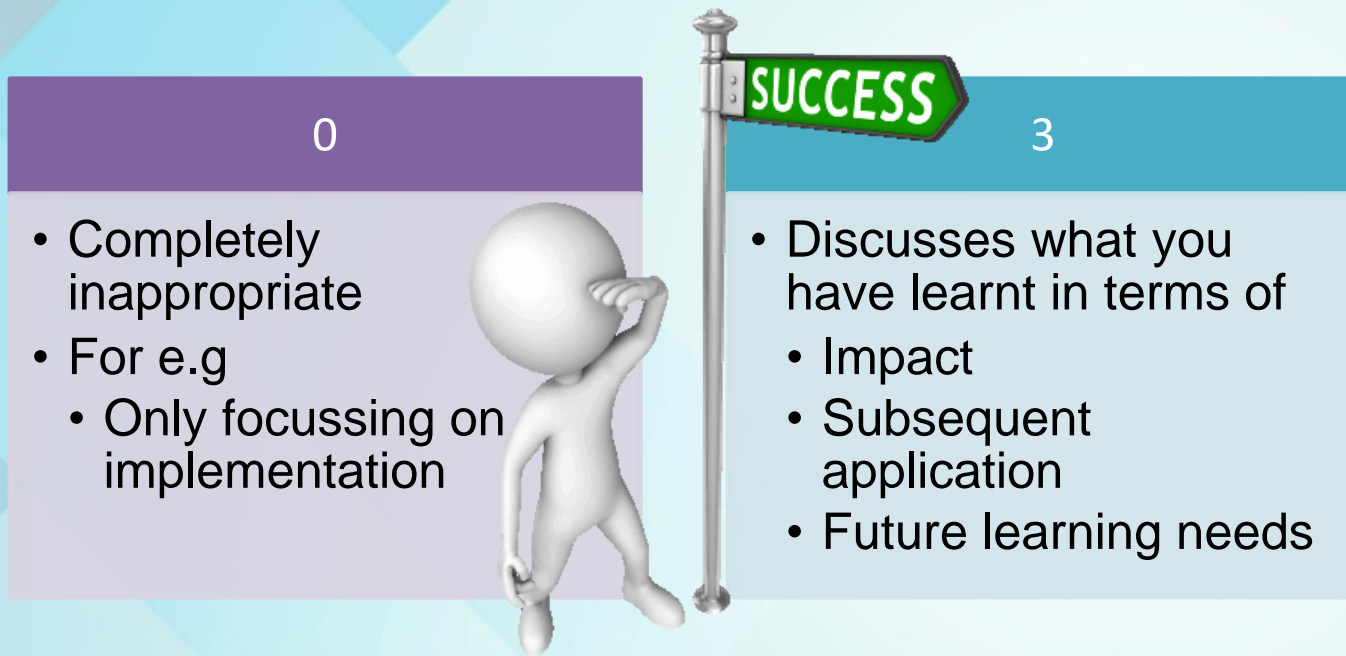
- Sufficient evidence which is current and valid
- Linked to subsections
- Appropriately annotated
- Properly authenticated



COMPETENT OR NOT COMPETENT



ASSESSMENT of Evaluation



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 competent"
- ▶ You are allowed to submit 9 CPD entries
 - i.e. 6 + 50% re-submissions
- ▶ A fee is levied if 10 or more entries are submitted



Professionalism

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

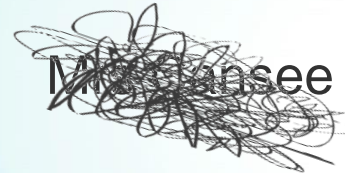
- ▶ Plagiarism
- ▶ Obviously your CPD entries must reflect your own work
 - Any irregularities will be referred to the SAPC legal department
 - Penalties
 - Expect them to be applied
 - Expect them to be severe



Confidentiality

- ▶ Must be maintained at all times
 - Rxs, trailer labels, S6 registers

Make sure the name is completely obscured
Untidy scribbles are not effective



- ▶ Automatically **Not yet competent** if confidentiality breached
- ▶ Confidentiality applies only to patients
 - Not doctors, hospitals or other facilities



Role of the tutor

NB: You have to have at least 4 CPD online entries before you can be registered as a tutor Also, remember all pharmacists must now submit CPDs

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 authentication

- ▶ Best = descriptive note, not just generic statement
- ▶ Make sure all elements of authentication are present
- ▶ Most VIP:
 - When intern completes an entry, you must **verify it online**
 - Either accept – will release entry to Council
 - Or suggest to intern how to improve
 - Then verify and release

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 2020

AJay
Alex Jay
P99999



Role of the 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!

Think about Domain
6: This includes
education So tutors
can use this
opportunity to
complete their own
CPDs



And finally ...



THANK YOU!



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ANY QUESTIONS?

