PHARMACY MAGAZINE CPD MODULE
REFLECT
PLAN
ACT
EVALUATE

# module 252

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Welcome to the two hundred and fifty second module in the *Pharmacy Magazine* Continuing Professional Development Programme, which looks at **Getting your CPD in order**.

Journal-based educational programmes are an important means of keeping up to date with your clinical and professional knowledge. Completion of this module will contribute to the nine pieces of CPD that must be recorded each year.

Before reading this module, test your existing understanding of the subject by completing the pre-test at **pharmacymagazine.co.uk**. Then, after studying the module in the magazine or online, work through the post-test on the website to check your answers. Record your learning using your personal *Pharmacy Magazine* online log.

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## forthismodule

**GOAL**

To update pharmacists on their CPD requirements, likely changes in the future and how to remain fit to practise.

**OBJECTIVES:**

After completing this module you should be able to:

- Explain the key CPD requirements
- Appreciate the need to complete CPD
- Discuss the importance of reflective learning and the benefits to your practice.

First in professional development **pharmacy** magazine

# the continuing professional development programme

CPD

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This module is suitable for use by community pharmacists as part of their continuing professional development. After reading this module in the magazine or online, complete the post-test at **pharmacymagazine.co.uk** and include in your personal learning log. CPD is one aspect of professional development and can be considered alongside other activities for inclusion in your **RPS Faculty portfolio.**

# Getting your CPD in order

**Contributing author:** Nicola Tyers, pharmacist and director, The Pharmacy Training Company

## Introduction

With summer over and autumn marching along, now is a good time to take stock regarding developments in both continuing professional development (CPD) and continuing fitness to practise (CFtP), as boundaries between the two areas will increasingly overlap.

Continuing professional development has been embedded in the membership of many professions for some time now, but since the 1990s there has been a growing public demand for health professionals to be more accountable. There have also been repeated calls for systems that ensure competence to be more responsive to practitioners' needs. This includes the necessity for registrants of regulatory bodies to be checked regularly to determine whether they are still fit to practise and not, as previously, checked only at the point of registration.

As a result, there is now a need for learning to be kept up to date on the part of health professionals at all stages of the education continuum (undergraduate, postgraduate and in daily practice), so they are best able to meet the health and social needs of the populations they serve.

CPD definitions differ across professions but it is usually taken to mean learning activities that update existing skills and knowledge. CPD requirements should also be identified on the basis of the needs of individuals within the context of where they work and the patients they serve.

Pharmacy has come a long way since the introduction of a voluntary CPD scheme by the Royal Pharmaceutical Society of Great Britain (RPSGB) in 2002. And a scenario envisaged by a *Pharmaceutical Journal* article in 2001 stating "Undertake CPD or you're out" is moving ever closer with the General Pharmaceutical Council looking to move away from a five-year CPD cycle to an annual CPD audit that relies on calling in a random selection of records for assessment.[1]

## What is CPD?

As CPD has been around for quite a while, it may seem strange to ask what it is – but it is worth considering the question with so many changes in the pipeline. Since 2009, for example, there has been a new pharmacy regulator (GPhC) and professional body (RPS), together with moves more generally to revalidate healthcare professionals on an annual basis. The GPhC itself describes CPD as "a continual process of lifelong learning".

The concept of continuing professional development came out of the promotion of lifelong learning in professions and is defined by the Oxford Dictionaries as: "A form of, or approach to, education which promotes the continuation of learning throughout adult life, especially by making educational material and instruction available through libraries, colleges, or information technology."

The importance of lifelong learning for healthcare professionals is well recognised. Vaughan describes it as "an essential part of your personal and professional development. In order to assist with your development, it is important to develop your practice by using self-insight and self-awareness with the process of reflection. To develop the ability to integrate reflection into your everyday practice is of vital importance. Reflecting on your practice and learning from your experience will enable you to carry out high standards of care [for] your patients/clients."[2]

While we all probably do CPD on a regular basis, it may just be on a superficial level. How many of us are engaged and motivated enough to take a co-ordinated approach and record our CPD as a matter of course? Is this why we struggle to get our CPD to start with a period of reflection on what we need to do? Instead, we see a course advertised and think, 'yes, that looks good, I'll attend'.

In the NHS (primarily the hospital sector), CPD is determined through means of appraisal with a personal development plan agreed between the individual professional and his/her manager, with the commitment of the necessary time and resources.

A key development in ensuring that health professionals maintain their competence is the move by regulatory bodies to develop strategies that embed CPD into the revalidation/re-certification of their registrants.

## What does this mean for healthcare professions?

The Professional Standards Authority (PSA) oversees the GPhC, together with eight other health and care professions. The PSA sets standards for these regulators[3] and assesses them via performance reports to ensure they are fit for purpose. For the GPhC, this means the PSA checks that it is conducting its work appropriately in terms of both its CPD and continuing fitness to practise processes, ensuring that registrants stay up to date and public protection is prioritised.

## What are the standards expected of pharmacy registrants?

Standards for CPD were first adopted by the RPSGB in March 2009 but these were superseded by the GPhC's CPD standards with the inception of the new regulator in September 2010. All CPD entries must comply with the GPhC's standards (see Table 1).

### Table 1: GPhC CPD Standards

**1.1 Keep a record of your CPD that is legible, either electronically online at the website uptodate.org.uk, on another computer, or as hard copy on paper*, and in a format published or approved by us and carrying the CPD approved logo.**

**1.2 Make a minimum of nine CPD entries per year which reflect the context and scope of your practice as a pharmacist or pharmacy technician.**

**1.3 Keep a record of your CPD that complies with the good practice criteria for CPD recording published in Plan and Record by us (uptodate.org.uk).**

**1.4 Record how your CPD has contributed to the quality or development of your practice using our CPD framework.**

**1.5 Submit your CPD record to us on request.**

**** The paper submission facility has been withdrawn from the regular methods for submission of CPD entries, with effect from January 2016***

## CPD framework

The GPhC has a CPD framework on its website (**pharmacyregulation.org/education/continuing-professional-development/cpd-framework**), which details what registrants must do to meet the standards. This framework continues to be updated and at the time of going to press there is an ongoing consultation (announced last month) regarding randomly selecting a small portion (minimum of 2.5 per cent) of pharmacy professionals on an annual basis rather than calling in the records of all registrants once every five years.

## Think win:win

While healthcare regulators require CPD of their registrants to demonstrate that they are professionally accountable to patients and the public, it is important not to lose sight of the fact that there are benefits to the individual in undertaking CPD. The Chartered Institute of Professional Development says these include:

- Building confidence and credibility; you can see your progression by tracking your learning
- Earning more by showcasing your achievements and a handy tool for appraisals
- Achieving your career goals by focusing on your training and development
- Coping positively with change by constantly updating your skill set

### CPD in Northern Ireland

**For registrants in Northern Ireland (NI), CPD standards came into force in June 2013. CPD is defined as "continuing professional development which registered persons are required to undertake in order to have their name retained in the register and to maintain competence…". Registrants must complete a statutory declaration (stating compliance with the legislative provisions and statutory requirements of the CPD framework) when annually renewing their registration at the end of May (psni.org.uk/cpd/continuing-professional-development). Four CPD cycle entries are required each year in addition to other requirements.**

**The Pharmaceutical Society of Northern Ireland has published a document describing the standards and framework that apply to registrants in NI. See psni.org.uk/wp-content/uploads/2012/12/CPD-Framework-and-Standards-2014-COMPOSITE-May-2016.pdf.**

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Pharmacy Magazine CPD modules

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CPD is about demonstrating continuous improvement in practice

### Reflection exercise 1

**Regarding informal reflection, have you:**
- **Considered speaking to a colleague about an incident to discuss how the outcome could be changed?**
- **Thought about the outputs from your day and identified changes?**
- **Had feedback on an action that resulted in you making a positive change in your practice?**
- **Identified a learning need that can be met, for example, through attending a course?**

- Being more productive and efficient by reflecting on your learning and highlighting gaps in your knowledge and experience.

The benefits of CPD to you as an individual, as well as the organisation in which you work and your patients, makes this a win:win situation. It may be mandatory as part of your registration but, by making the most of CPD and thinking of it as an opportunity for personal development, we are empowering ourselves to take control of our professional careers.

## Reflection and goal setting

A key part of growing as a professional is the ability to reflect on what you do, what you need to achieve, and the gap that might exist between these two aims. Reflection allows you to identify what skills you need to develop (rather than stagnating), helps you learn from mistakes, and builds on best practice and confidence.

Reflection has been described as "an important human activity in which people recapture their experience, think about it, and mull over and evaluate it. It is this working with experience that is important in learning"[4]. Several healthcare regulators consider that the ability to reflect (and have insight) is the key difference between those who the public would want to be registrants (putting patients at the centre of what they do) and those who fall short of the mark.

To help explore this further, let's consider the difference between informal reflection, which includes self-questioning and developing self-awareness of our own assumptions, and formal reflection, which involves drawing on research and theory, and providing guidance and frameworks for practice.

Usually something happens that prompts us to reflect. When this occurs, the following questions could be helpful:
- What has happened and why?
- Who was involved, and where and when did this take place?
- What was my role in this?
- What did I do well and what could I improve?
- How did what I did (or didn't do) impact, both on myself and others?
- What have I learnt and what could I change to improve the outcome?

Formal reflection is when you may have been registered for a number of years and are being encouraged to develop in the area in which you work. Is there a framework that describes this area? If there is, you can use this to reflect on your practice, assessing where you are and identifying things that you could do to develop further.

A key part of reflection has to be identifying the goal that you want to achieve. If you have no goal, then you aren't going to develop further. This is where setting SMART objectives comes in. SMART is a mnemonic acronym that stands for **S**pecific, **M**easurable, **A**chievable, **R**ealistic/ **R**elevant and **T**ime-bound (see Table 3). By making objectives or goals SMART, you will ensure that they are achievable.

### Table 3: Tips on developing SMART objectives

**A 'SMART' objective means that you have considered the following points:**
- **SPECIFIC: Identify precisely the piece of knowledge, skill or behaviour that you wish to learn or develop**
- **MEASUREABLE: Identify measures to quantify your progress in achieving what you originally set out to learn**
- **ACHIEVABLE: Set yourself a realistic goal and not too big a task. You may need to consider breaking down the task into several smaller ones**
- **RELEVANT: Choose learning and development that is relevant to your area of practice. Check whether you will use this learning and development in your pharmacy role – if not, then think again**
- **TIMESCALES: Set a realistic deadline for your learning/development need, otherwise it may never happen.**

You can complete this module online at **pharmacymagazine.co.uk** and record your learning outcomes and the impact on your practice in your **personal learning log**

The familiar four stages of pharmacists' CPD cycle – will they change from 2018?

If you want to learn more about reflection, you may find an article by Lawrence-Wilkes and Chapman (2014-15)[5] useful.

## Barriers to reflection

Many articles have focused on the barriers to CPD, but the focus needs instead to be on achieving the requirements, with the emphasis on reflection and reflective practice. Many of the barriers to CPD are the same as for reflection:

- Lack of time
- Fear of judgement/criticism (lack of confidence)
- Don't see the value
- Apathy and defensiveness
- Professional arrogance.

By not reflecting, pharmacists risk not developing and keeping up to date with an ever-changing practice environment. Patients and the public expect us to keep up to date, so we should be using reflection on a daily basis.

## Planning and CPD activities

Leading on from reflection and goal setting, a wide range of activities is available that enables you to undertake CPD including:

- Learning knowledge and skills by attending conferences and courses
- Practice-based learning, including feedback from patients and audits
- Analysis and review of critical incidents (your own experiences)
- Self-directed learning, including reading, writing or undertaking research
- Learning with others (e.g. talking to colleagues or going to workshops).

It would be easy to produce an 'A-Z' of activities (more are listed in the GPhC's Plan and Record document), but the key is to acknowledge that different activities suit different people and there is no single preferred activity. If a certain way supports your individual learning, then that is what is important for you.

Things to consider include the evidence base underpinning the activity, the academic level of the activity, what method or format best suits your learning style and the time you have available. Once you have made a plan, the next step is to put it into action.

### Reflection exercise 2

**When looking at formal reflection, consider the following questions:**

- **What does my role require me to do?**
- **Is there a framework that covers my role?**
- **Have I got the right knowledge and skills?**
- **How can I develop further?**

## CPD cycle

To help achieve CPD in a structured way that can be assessed, pharmacists will be familiar with the CPD cycle that follows four stages:

- Reflection (thinking about your practice as a pharmacy professional)
- Planning (deciding how and when to learn)
- Action (recording what you learnt)
- Evaluation (identifying the benefits of your learning to your practice).

### Table 4: How CPD can start at different stages in the learning cycle

| | |
|---|---|
| **Reflection** | **Ideally this is where most development should start and where you need to think about your practice as a pharmacist using the questions described elsewhere in this module. It is likely you might be thinking about your specific learning and development needs in relation to your knowledge, skills, attitude and behaviours** |
| **Planning** | **You have identified a broad learning opportunity that looks interesting, but are unsure whether it will be directly relevant to your practice (e.g. a conference). This is where you might learn something, but haven't identified specific learning and development needs. So it is a planned event, but without identifying how this will necessarily meet your needs** |
| **Action** | **You acquire learning spontaneously. This is an unplanned event where you haven't proactively identified specific learning and development needs – but you've learnt something** |
| **Evaluation** | **You haven't identified any new learning needs, but have been able to apply previous learnings to a new situation. Evaluating previous learnings in a situation later in your professional career often highlights that what we learn isn't always used immediately and can easily be an often obscure yet important part of our role** |

## Next month's CPD module...

CPD

Falls prevention in older people and managing osteoporosis: pharmacists' role examined

This cycle is based on a number of educational theories, such as Kolb's Learning Styles and Gibb's Model of Reflection. In essence, CPD includes everything you learn that enables you to provide quality care (and is recorded according to the CPD cycle).

In an ideal world, the majority of learning would be planned through a period of reflection as already described. This may not always be practical because some learning experiences may not include every stage in the CPD cycle (more on this later). To address this, the GPhC allows CPD to start at any stage in the cycle but requires that at least three of the nine required annual entries start at reflection. Since learning something that is applied in practice is key to CPD, all CPD includes the evaluation stage, where you demonstrate the benefits to your development and practice.

Evidence has shown that registrants find it easiest to start their CPD at either the reflection or action stage.

## Refresh your CPD: a starting point

A good place to start when reviewing how you approach your CPD is by referring to the original GPhC document, Plan and Record (2011) (**pharmacyregulation.org/sites/default/files/GPhC Plan and Record g.pdf**). Continuing professional development is undertaken when a person is planning to learn or has learnt something, or even before that when they think about their development and identify a goal that they want to achieve. It is important to remember that CPD must be relevant to the particular work that a pharmacist or pharmacy technician does. For example, recording something about the industrial production of medicines wouldn't be appropriate for a community pharmacist's CPD purposes.

### Reflection exercise 3

- **Have you listed the CPD you've done since your last submission to the GPhC?**
- **How many entries have you got and are these relevant to your area of practice?**
- **Do you need to break these down into further SMART entries?**
- **Consider moving from being reactive to proactive, and planning your future CPD (and linking into your personal development plan, if you have one)**

Incorporate as many different types of learning as you can into your CPD

If you undertake several roles, your CPD should reflect this. For example, the GPhC says that a community pharmacist's CPD record is likely to contain entries about clinical and public health issues, and prescription and OTC medicines. Ideally you should rotate through the different stages:

- Reflect on where you are, where you want to get to, and what the gap is
- Plan what you need to do to address this gap
- Undertake the 'doing'
- Evaluate both what you have done and the impact on your practice.

You may be wondering how you can start at different points in the cycle when the emphasis is very much on reflection. As Table 4 explains, this will depend on whether the learning was planned or not.

## Recording CPD

Once you've gathered all the information together, then you need to document it in sufficient detail and ensure that it addresses the criteria for good CPD recording practice – outlined in Section 6 of the GPhC's Plan and Record document. Registrants must always record their CPD – remember: if it is not written down, it didn't happen.

You should record your CPD online using the **uptodate.org.uk** website (or the online PSNI recording system). A useful document to help you do this can be found at **pharmacyregulation.org/sites/default/files/cpd_online_user_ guide_2015.pdf**.

January 2016 saw the GPhC update its requirements and it now only accepts online submission of records. This change was made because in the 2014-15 Call and Review cycle, 97.5 per cent of registrants submitted their records online.

If there are exceptional circumstances that prevent a pharmacist from submitting their CPD online, they may be eligible to submit on paper but would need to check first with the GPhC.

## Why do we find CPD difficult?

If you search 'CPD' on the web, there is a multitude of sites that provide support with training, courses, events, conferences, online learning, and a whole lot more.

You can also record in your personal learning log at pharmacymagazine.co.uk

Take a proactive approach to your CPD – have you completed a personal development plan?

The CPD Certification Service (**https://cpduk.co.uk/explained**) describes continuing professional development as "the learning activities professionals engage in to develop and enhance their abilities" and says that "it enables learning to become conscious and proactive, rather than passive and reactive". So why do we find CPD so difficult?

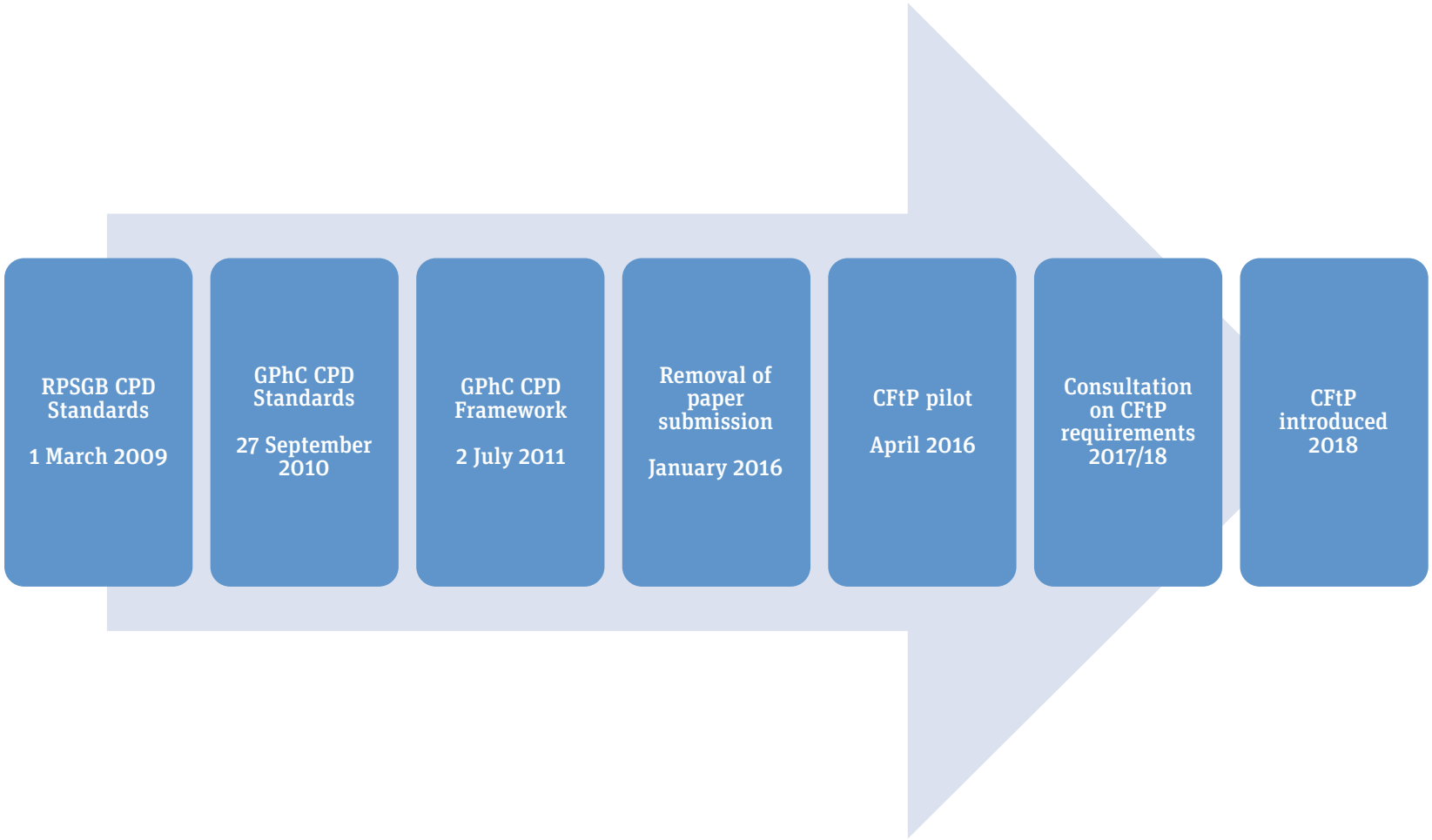
Pharmacists of a certain age were not taught how to plan their professional career and on registration it was simply a choice between two main sectors of practice: community or hospital pharmacy. Once there, it was expected that a pharmacist would plug into whatever education and training was being required/offered. For CPD to become second nature, pharmacists need to build reflection into their everyday practice.

If you feel you need help in this, a good place to start is the organisation that you work for, but there are many other bodies or companies that provide help. Some of these are listed in Table 5. There are many more and you don't need to limit yourself to pharmacy organisations.

## Submission and review

The GPhC currently requests CPD records from around 20 per cent of registrants each year so, as things stand, pharmacists and pharmacy technicians have had their records reviewed on a five-year cycle (although, as already mentioned, this is likely to change in the future).

Extensions may be applied for (although not automatically granted). Exemptions may apply to a fixed period as long as it can be proved to the GPhC that a person was absent from work for a period that was 12 months or less (in which case




The GPhC's CPD and continuing fitness to practise timeline

## Top CPD tips

- **Break it down into bite-sized chunks**
- **Start as many CPD cycles as possible at reflection, making the time for your own skills and knowledge development and embed reflective practice into your everyday work**
- **Think about what you want to achieve in your practice and identify how to do this**
- **Use SMART objectives and record your learning – if you don't, it didn't happen**
- **Embrace CPD – it will be the basis for the GPhC's continuing fitness to practise regime**

they would need to complete a CPD Incomplete Record Notification Form).

Following submission of their CPD, pharmacists should expect feedback within 13 weeks.

Records are reviewed in each of the cycle areas by GPhC assessors, who will provide feedback on any areas where someone has done well and also where they can make improvements.

There are cases where the GPhC may ask for further CPD and pharmacists must comply with these requests. Failure to comply could see the GPhC taking action against the individual.

More information can be found in the GPhC document 'Submitting records for review' (**pharmacyregulation.org/sites/default/files/cpd_faqs_submitting_records_for_review_1.pdf**).

## Looking to the future

As of 2018, pharmacy professionals will need to adjust to the future requirements of continuing fitness to practise (CFtP). The term 'revalidation' has now been dropped in preference to CFtP, although this name could be changed again.

Currently, a number of pilots involving 1,000 volunteers are being undertaken and it is understood that CPD will make up a key part of the GPhC's continuing fitness to practise framework. Data from the GPhC's pilot is to be collated in January 2017, with a consultation proposed for 2017/18. It is likely that registrants will need to do the following:

- Complete an annual renewal (as currently)
- Undertake and record CPD (there will probably be changes to the current system and a more streamlined recording scheme adopted)
- Record a peer discussion (although this is being explored for impact and feasibility)
- Record a case study on a change to practice as a result of a CPD episode that shows a benefit to patients or service users (again, this is being explored for impact and feasibility).

What won't change is "the requirement for you to undertake and record CPD continually as part of your professional practice".

For those in Northern Ireland, the PSNI "is working in partnership with the other healthcare regulators in the UK to progress the development of a suitable continuing fitness to practise model". Again, CPD is identified as core to this and "it is envisaged that our proposed model will build on the current system for CPD".

## Table 5: Organisations providing pharmacy CPD support

| Organisation | Web address |
|---|---|
| British Pharmaceutical Students' Association | bpsa.co.uk/professional-development-scheme |
| Centre for Pharmacy Postgraduate Education | cppe.ac.uk/support/cpd-help |
| *Notes:* | |
| Communications International Group (*Pharmacy Magazine*, *Training Matters*, *P3*, *Independent Community Pharmacist*) | pharmacymagazine.co.uk<br>tmmagazine.co.uk<br>p3pharmacy.co.uk<br>independentpharmacist.co.uk |
| NHS Education for Scotland | nes.scot.nhs.uk |
| NI Centre for Pharmacy Learning & Development | nicpld.org |
| Pharmaceutical Society of Northern Ireland | psni.org.uk/cpd/continuing-professional-development |
| Royal Pharmaceutical Society | rpharms.com/development/continuing-professional-development.asp |
| The College of Pharmacy (for students) | collegeofpharmacy.com/cpd/cpd.aspx |
| *Notes:* | |
| Wales Centre for Pharmacy Professional Education | wcppe.org.uk/events/education-and-training |

## Summary

Continuing professional development is about life-long learning and ensuring that you are equipped to undertake your role both safely and effectively. A key part of this is developing a reflective approach to learning and your practice.

Best CPD practice is about keeping up to date (including records), taking part in a range of learning activities, keeping a learning portfolio and having a personal development plan. Now is a good time to get your CPD in order as we move towards the GPhC's new CFtP framework.

## References


1. ***The Pharmaceutical Journal*** **(Sept 19, 2015) Five-year review of pharmacists' CPD to be kept for now, says GPhC. pharmaceutical-journal.com/news-and-analysis/news-in-brief/five-year-review-of-pharmacists-cpd-to-be-kept-for-now-says-gphc/20069380.article**
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3. **Professional Standards Authority. Standards of Good Regulation (January 2016) professionalstandards.org.uk/publications/detail/standards-of-good-regulation**
4. **Boud D, Keogh R & Walker D. (1985) p43 Reflection: Turning Experience into Learning. London: Kogan Page**
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GETTING YOUR CPD IN ORDER

# assessment questions

**1. The GPhC defines CPD as a:**
a. Form of education which promotes the continuation of learning
b. Continual process of lifelong learning
c. Personal development plan
d. Portfolio and keeping up-to-date

**2. Which statement is TRUE? The Professional Standards Authority oversees health and care regulators and checks:**
a. Directly that all registrants are fit to practise
b. That registrants undertake lifelong learning
c. That registrants are revalidated on an annual basis
d. A regulator's CPD/revalidation systems assure that registrants are fit to practise

**3. How many CPD entries are pharmacists and pharmacy technicians expected to make each year?**
a. 6
b. 9
c. 12
d. As many as is appropriate to their area of practice

**4. How many entries must start at certain stages in the CPD cycle?**
a. Three need to start at reflection
b. Three need to start at planning
c. Six need to start at reflection
d. Equal numbers at each stage of the cycle

**5. Which of the following is NOT a formal reflection?**
a. Drawing on research and theory
b. Providing guidance for practice
c. Frameworks for practice
d. Speaking to a colleague about an incident and discussing how the outcome could be changed

**6. When the GPhC asks you to submit your CPD record for review, how long do you have to respond?**
a. Two weeks
b. Three weeks
c. Four weeks
d. Six weeks

**7. In the GPhC cycle of CPD, starting at the 'planning' stage is when you:**
a. Think about your specific learning and development needs in relation to your knowledge, skills, attitude and behaviours
b. Identify a broad learning opportunity that looks interesting
c. Apply previous learnings to a new situation
d. Acquire learning spontaneously

**8. Which statement about continuing fitness to practise (CFtP) is false?**
a. CFtP replaces the previously used term 'revalidation'
b. New requirements are likely to be implemented in 2018
c. A CPD record must be signed off by a senior colleague
d. Annual renewal is likely to form part of the process

# CPD record

Pharmacy Magazine CPD October 2016

**Use this form to record your learning and action points from this module on Getting your CPD in order or record on your personal learning log at pharmacymagazine.co.uk. You must be registered on the site to do this. Any training, learning or development activities that you undertake for CPD can also be recorded as evidence as part of your RPS Faculty practice-based portfolio when preparing for Faculty membership. So start your RPS Faculty journey today by accessing the portfolio and tools at rpharms.com/faculty.**

Activity completed. (Describe what you did to increase your learning. Be specific)
*(ACT)*

Date: Time taken to complete activity:

What did I learn that was new in terms of developing my skills, knowledge and behaviours? Have my learning objectives been met?*
*(EVALUATE)*

How have I put this into practice? (Give an example of how you applied your learning). Why did it benefit my practice? (How did your learning affect outcomes?)
*(EVALUATE)*

Do I need to learn anything else in this area? (List your learning action points. How do you intend to meet these action points?)
*(REFLECT & PLAN)*

You can also record in your personal learning log at pharmacymagazine.co.uk

*** If as a result of completing your evaluation you have identified another new learning objective, start a new cycle. This will enable you to start at Reflect and then go on to Plan, Act and Evaluate. This form can be photocopied to avoid having to cut this page out of the module. You can also complete the module at pharmacymagazine.co.uk and record on your personal learning log**


# Now enter your answers online

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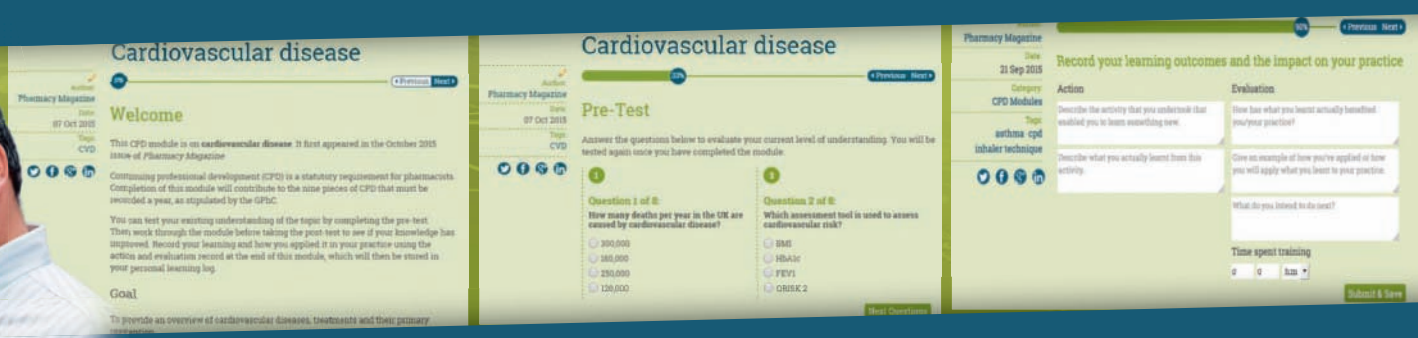


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