

**Appendix 1. The Survey- Community Pharmacists' Attitudes and Approaches to CPD**

**Section One –Personal Details**

1. Sex. Female  Male
2. How many years have you been on the RPSGB register? .....
3. Are you an employee, locum or owner of a pharmacy?  
Employee  Locum  Owner
4. How many hours do you work on average per week? .....
5. Do you hold, or are you studying for, any formal postgraduate qualification related to pharmacy? (e.g. Postgraduate Certificate in Clinical Pharmacy)
- I already hold a formal postgraduate qualification
- I am studying for a formal postgraduate qualification
- I have not undertaken any formal postgraduate education

**Section Two – Understanding CE and CPD**

6. Please state what you understand by the following:
- a)Continuing Education (CE).....  
.....
- b)Continuing Professional Development (CPD).....  
.....

Which of the following do you use for CE? You may tick more than one box.

- |                             |                          |                            |                          |
|-----------------------------|--------------------------|----------------------------|--------------------------|
| Pharmaceutical Journal      | <input type="checkbox"/> | Distance learning packages | <input type="checkbox"/> |
| CPPE workshops              | <input type="checkbox"/> | Local branch meetings      | <input type="checkbox"/> |
| Chemist and Druggist        | <input type="checkbox"/> | Manufacturers literature   | <input type="checkbox"/> |
| RPSGB video loan service    | <input type="checkbox"/> | CAL packages               | <input type="checkbox"/> |
| In house/Company literature | <input type="checkbox"/> | NPA literature/information | <input type="checkbox"/> |
| Internet/Websites           | <input type="checkbox"/> | Reference books            | <input type="checkbox"/> |
| None                        |                          |                            |                          |
| Other (please specify)      | .....                    |                            |                          |

Please indicate the 3 choices from question 7 you consider to be most useful to your own personal development and rank them in order of priority, 1 as the highest.

- 1.....
- 2.....
- 3.....

**Section Three – Local CE Courses and Workshops.**

9. Have you attended any local courses or workshops in the last 12 months?
- Yes  if yes, go to question 10.
- No  if no, go to question 14.

10. Please state the type of courses or workshops you have attended, e.g. CPPE, CPP.  
.....

11. How many hours of local courses or workshops have you attended in the last 12 months?.....

12. For what reasons do you attend local courses or workshops?  
Please rank in order up to 3 reasons, 1 as the highest.

- I enjoy networking with other pharmacists
- I do not know much about the topic and want to learn more
- I already know a lot about the topic
- The local tutor is good
- The guest speakers are good
- The food is good
- Other (please specify) .....

13. What have you liked and/or disliked about the courses or workshops?

Liked	Disliked

Please answer question 14 if there are occasions when you may not attend a course.

14. Are there any reasons why you may NOT attend local courses or workshops?

- I am already undertaking post-graduate education
- Courses are full  Topics are of no interest to me
- Family commitments  Time of the day courses are run
- Business commitments  Distance to venue too far to travel
- Local tutor lacks competence  Guest speakers lack competence
- Too tired to attend
- Other (please specify) .....

**Section Four – CE Distance Learning Packs.**

15. Have you requested any distance learning packs in the last 12 months?

- Yes  if yes, go to question 16
- No  if no, go to question 19

16. Please state the type of distance learning packs you have requested, e.g. CPPE.  
.....

17. How many packs, in the last 12 months, have you...  
a) requested but not received?.....  
b) requested and received but not looked at?.....  
c) looked at parts but not completed?.....  
d) completed and received a certificate?.....

18. How many CE hours do your answers to 17c&d total to?.....

19. How would you rate the current provision of Continuing Education for community pharmacists in your locality?

- Very satisfactory
- Satisfactory
- No opinion
- Unsatisfactory
- Very unsatisfactory

**Section Five - Uptake of CPD**

20. Do you undertake CPD? Yes  if yes, go to question 21  
 No  if no, go to question 23

21. Why do you undertake CPD? .....

22. How do you record your CPD? You may tick more than one box.

- |                           |                          |                        |                          |
|---------------------------|--------------------------|------------------------|--------------------------|
| Company portfolio         | <input type="checkbox"/> | CPP Portfolio          | <input type="checkbox"/> |
| Personal development plan | <input type="checkbox"/> | CPD record sheets      | <input type="checkbox"/> |
| Significant event record  | <input type="checkbox"/> | RPSGB CE logbook       | <input type="checkbox"/> |
| I write my own notes      | <input type="checkbox"/> | I do not record my CPD | <input type="checkbox"/> |
| Other (please specify)    | .....                    |                        |                          |

If you receive support, financial or otherwise, to undertake CPD, please describe the support you receive and from whom you receive it.

.....

24. Which of the following would further encourage you to undertake CPD?  
 You may tick more than one box.

- |   |                          |                                   |                          |
|---|--------------------------|-----------------------------------|--------------------------|
| Further training to understand the concept of CPD | <input type="checkbox"/> |                                   | <input type="checkbox"/> |
| Local CPD facilitation                            | <input type="checkbox"/> | Easier access to resources        | <input type="checkbox"/> |
| Financial reward                                  | <input type="checkbox"/> | Support from employer (e.g. time) | <input type="checkbox"/> |
| Other (please specify)                            | .....                    |                                   |                          |

25. What do you see are the benefits of undertaking CPD?  
 You may tick more than one box.

- |   |                          |
|---|--------------------------|
| Improves my performance in my current role                        | <input type="checkbox"/> |
| Enhances status of the profession with other health professionals | <input type="checkbox"/> |
| Enhances status of the profession with the public                 | <input type="checkbox"/> |
| Enhances my career prospects                                      | <input type="checkbox"/> |
| I see no benefits from CPD  | <input type="checkbox"/> |
| Other (please specify)  | .....                    |

26. If CPD becomes mandatory and members do not comply, what sanction(s) do you think should apply? You may tick more than one box.

- |                         |                          |                 |                          |
|-------------------------|--------------------------|-----------------|--------------------------|
| Remedial training       | <input type="checkbox"/> | Counselling     | <input type="checkbox"/> |
| Competence reassessment | <input type="checkbox"/> | Re-examination  | <input type="checkbox"/> |
| Reprimand               | <input type="checkbox"/> | No action taken | <input type="checkbox"/> |
| Removal from register   | <input type="checkbox"/> |                 |                          |
| Other (please specify)  | .....                    |                 |                          |

27. Which ONE sanction is your preferred choice in answer to question 26 and why?

.....

**Thank you for taking the time to complete this questionnaire.  
 Please return it in the enclosed stamped addressed envelope .**