



Alberta
College of
Pharmacy

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Continuing Competence Program Pharmacists' guide

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1. Introduction

The [Health Professions Act](#) requires the Council of the Alberta College of Pharmacy (ACP) to establish a competence committee and a continuing competence program (CCP). The [Pharmacists and Pharmacy Technicians Profession Regulation](#) establishes that the ACP's CCP is comprised of continuing professional development, competence assessments, and practice visits.

The role of the competence committee is to facilitate the enhancement of pharmacists' professional practice, assess pharmacist competence, and address issues related to professional development.

ACP is committed to your continuing professional development and to the excellence of pharmacy practice in Alberta through this competence program. The CCP for pharmacists came into effect July 1, 2014. It is based upon review of emerging continuing competence models for health professionals and your feedback. The program focuses on quality improvement, and the implementation of newly acquired or reinforced knowledge and/or skill into practice. You complete and manage the program through the ACP [CCP portal](#), an online management system designed to enhance and track your learning experience.

This program is intended to support all pharmacists on the ACP clinical register. It is also available to support pharmacists who are currently registered on the associate register and plan to return to the clinical register at a future date.

This guide provides an overview of the CCP. For additional information please access

- the ACP [website for program rules](#) and frequently asked questions, and
- the CCP portal for the online tutorial and user guide.

2. Program overview

2.1 Program philosophy

ACP compels professional growth that empowers and enables pharmacists and pharmacy technicians to continuously enhance their practices, embody ACP's [tenets of professionalism](#), and support Albertans' health and well-being. With a shared vision of excellent pharmacy practice that includes professionalism, ACP works with registrants in a diverse and holistic approach to identify personal competence goals and milestones signifying success, and ensures that learning transfers into practice.

2.2 Guiding principles

The five guiding principles of the CCP are as follows:

1. **Diverse** – to accommodate different practices and learning approaches that active learners engage in.
2. **Engaging** – to inspire career-long learning, peer-to-peer interaction, and opportunities to connect with mentors, thought leaders, and subject matter experts.
3. **Forward-looking** – to help meet the changing needs of Albertans, integrate with other ACP programs, and provide support throughout careers.
4. **Sustainable** – to anticipate growing and diverse populations and use evidence-informed tools and methods applicable to a variety of practices.
5. **Accountable** – meets legislative requirements and provides reliable assessments and measures that confidently establish that pharmacy professionals are competent to provide safe and effective care.

3. Continuing professional development: annual requirements for clinical pharmacists

Maintaining competence is a professional responsibility and the hallmark of self-regulated professionals. In this context, maintenance **does not mean staying the same**, it means **keeping up with (or ahead of) the changes around you**.

According to the [Code of Ethics](#), it is your professional responsibility to

- continuously improve your level of professional knowledge and skill,
- take responsibility for maintaining a high standard of professional competence,
- evaluate your individual practice and assume responsibility for improvement, and
- keep informed about new pharmaceutical knowledge.

According to the professionalism framework, an engaged pharmacy professional who is an active learner

- seeks out learning opportunities;
- keeps knowledge and professional skills up-to-date;
- maintains current understandings of the health community they practise in (e.g., providers, agencies, policies);
- regularly self-evaluates and pursues opportunities for development; and
- embraces change and is committed to learning new things.

ACP has created the CCP to help you meet these responsibilities. By identifying appropriate learning activities and implementing that learning into practice, you can continually build your competence and confidence to assure yourself, your patients, and your healthcare colleagues that you are providing quality care throughout your career.

The CCP comprises continuing professional development, including the annual requirements for clinical pharmacists and the Practice Improvement Program (PIP). All clinical pharmacists must complete the program annually during the course of each continuing education (CE) cycle to meet requirements to renew their practice permit. The CE cycle is from June 1 to May 31 of the following year. By May 31 a clinical pharmacist must submit a professional portfolio in the CCP portal. To ensure your professional portfolio is complete, you must

1. complete a minimum of 15 continuing education units (CEUs),
2. record all learning on one or more learning record(s),
3. implement at least one CEU worth of learning into your practice and document this on an implementation record, and
4. complete the prescribed learning activity that has been assigned by the competence committee.

3.1 Accredited learning

Accredited programs are designed to help you gain pharmacy-specific knowledge or skills. The accreditation process assures you that a program has been reviewed for quality, unbiased content, and relevance to practice. Accredited programs include continuing pharmacy education programs accredited by the

- Canadian Council on Continuing Education in Pharmacy (CCCEP),
- Accreditation Council for Pharmacy Education (ACPE), or
- any Provincial and Territorial Pharmacy Regulatory Authority in Canada.

3.2 Non-accredited learning

Non-accredited learning includes a variety of activities pharmacists undertake to improve their practices. These activities include both structured learning in the form of non-accredited independent study programs, group courses, workshops, or conferences as well as informal, mainly independent, learning activities such as reading, research, or discussing practice issues with others. Non-accredited learning includes those programs accredited for other professionals but not for pharmacists, such as continuing medical education (CME).

Non-accredited learning activities may include but are not limited to

- structured learning in the form of non-accredited independent study programs;
- group courses (e.g., First Aid and CPR courses);
- workshops, online programs;
- education programs (e.g., Pharm D);
- conferences;
- structured learning activities accredited for other healthcare professionals;
- collaboration with colleagues, co-workers, and/or other healthcare professionals;
- completing research, writing papers, and/or giving presentations;
- precepting or mentoring;
- supporting the skill development of a colleague or co-worker; and
- informal learning such as reading, watching videos, listening to podcasts, learning from work processes, learning from patients, solving problems with others, or discussing issues with others.

3.3 Learning record

The learning record is an online form on the CCP portal. It must be completed for all accredited and non-accredited learning. On the learning record, you will record

- the title of the learning activity,
- the date the learning activity took place,
- whether it is an accredited or non-accredited learning activity,
- the accreditation number for an accredited learning activity,
- the number of CEUs that you are claiming,
- the type of learning activity (e.g., group program, workshop, self-study, etc.),
- the competency categories that the learning relates to,
- whether you acquired new knowledge of skills or confirmed that your knowledge or skills are current,
- the key elements that you learned, and
- the impact that the learning will have on your practice.

Your learning records should be legible and complete, contain answers that correspond to the questions asked, and be completed only by yourself. Responses to the questions must not be copied from, or shared with, other clinical pharmacists.

CEUs may be claimed for either accredited or non-accredited learning activities. For non-accredited learning, a clinical pharmacist can document a maximum of eight non-accredited CEUs on each learning record. You may need to document learning on two or more learning records if a non-accredited learning activity is more than eight CEUs. For example, if you took a course accredited for nurses at 10 CEUs, you would create two learning records for the course, splitting the CEUs between the two records.

As part of the learning record, you will be required to describe the learning activity and explain how it relates to the competency category chosen. For accredited learning, you must also identify the accrediting council and provide the accreditation number.

Please retain any supporting documentation for a period of two years. You are no longer required to upload it. The supporting documentation is used to verify the clinical pharmacist's participation in and completion of the learning activities. Supporting documentation includes any certificates, diplomas, proof of registration, course programs, handouts, or personal notes.

The learning record also includes one optional question designed to help you devise a potential implementation objective. If you think you may implement the learning documented on this learning record answering this question will assist you to determine how you can apply this learning to your practice and draft a potential implementation objective.

You may complete as many learning records as you wish. Learning records must document a minimum of 15 CEUs in each CE cycle. There is no maximum number of CEUs.

3.4 Implementation record

The implementation record documents the implementation of at least one CEU. Although the minimum for the implementation record is one CEU, a clinical pharmacist is strongly encouraged to use more than one CEU and to choose all learning activities relevant to the implementation record.

The implementation record is an online form on the CPP portal. It documents which learning you have implemented into your practice, why you chose to implement it, and what your objective was for implementing this learning. It must include

- a) an objective that relates specifically to one of the following domains:
 - i. pharmacy practice, including but not limited to patient care practice;
 - ii. medical knowledge; or
 - iii. systems-based practice; and
- b) a list of accredited and non-accredited learning activities completed in the current CE cycle that enhanced the knowledge, skills, or abilities related to the stated objective;
- c) information about how the enhanced knowledge, skills, or abilities were implemented; and
- d) information about the outcome of the implementation; and
- e) documentation providing evidence that the enhanced knowledge, skills, or abilities were implemented by the clinical pharmacist completing the implementation record.

Your implementation record should be legible and complete, contain answers that correspond to the questions asked, and be completed only by yourself. Responses to the questions must not be copied from, or shared with, other clinical pharmacists.

Information to be recorded on the implementation record	Description or additional information
The learning activities that are relevant to this implementation record	All learning records that you have completed in the current CE cycle will appear. Click on the relevant learning records to select them. You are strongly encouraged to use more than one CEU.
Your implementation objective	<p>Consider the following “LIST” of questions to help determine the details for an implementation objective:</p> <ul style="list-style-type: none"> • Learning – What knowledge and/or skill did you want to put to use? • Implementation – What steps did you need to take to apply this learning to practice? • Specifics – What details did you consider (e.g., intended audience, timelines, roles and responsibilities, supporting documentation)? • Target – What was the intended outcome of the implementation? <ul style="list-style-type: none"> ○ Improvement to my professional practice? ○ Improvement in organization and/or delivery of care? ○ Transfer of knowledge, skills, or abilities to patients or other health professionals? <p>Although not required you are encouraged to state your implementation objective in a SMART format (specific, measurable, attainable, relevant, and time-based). Information on how to write a SMART objective is available on the CCP portal.</p>
The domain to which the objective relates	<p>Each implementation objective must be related to one of the following three domains:</p> <ul style="list-style-type: none"> • pharmacy practice, including but not limited to patient care practice; • medical knowledge; or • systems-based practice, including collaboration and patient safety. <p>Learning in other domains is encouraged, however the learning you choose to detail on an implementation record must be in one of these three domains.</p>
What prompted you to implement this learning into practice	Select one or more from the list provided on the implementation record.
A brief description of why you chose this implementation objective	This description should include the knowledge or skill(s) that you applied or implemented, and how it is relevant to your practice.

The steps you took to achieve your implementation objective	Include details such as timelines, the audience, the people involved, and your role if it was a team effort.
The outcome of the implementation	Select one or more of the options provided on the implementation record. Provide a brief explanation of your choice.
Upload one piece of documentation that provides evidence of your implementation	Select the type of evidence that you are uploading from the list provided on the implementation record. Explain how your objective relates to your evidence.

The implementation record also includes one optional question that encourages you to reflect on what you learned as a result of the implementation and what you would do differently. In addition, you are asked to reflect upon whether you identified areas for future implementation objectives or the need for future learning.

You are required to complete one implementation record in each CE cycle; however, the CCP portal allows you to work on up to three implementation records in each year.

3.5 Prescribed learning activity

The prescribed learning activity is the learning activity prescribed by the competence committee every CE cycle that must be completed in order for a clinical pharmacist to submit a professional portfolio. The prescribed learning activity may be presented in a variety of forms such as multiple-choice questions, short-answer questions, or learning modules, and addresses a topic area that is relevant to clinical pharmacists.

Your prescribed learning activity should contain answers that correspond to the questions asked and be completed only by yourself. Responses to the questions must not be copied from, or shared with, other clinical pharmacists.

3.6 Self-assessment

In addition to the learning records and the implementation records sections of the CCP portal, there is a self-assessment section. Completion of the self-assessment is optional, but we strongly encourage you to use the tools available to reflect on your practice before completing a professional portfolio.

Continuing professional development is a cycle that you may enter at any point:

- Participating in a learning activity may reveal something that you decide you should implement into your practice.
- You may be faced with a question or practice situation that spurs you to complete a learning activity.
- You may receive a request to implement something into your practice that requires you to expand your knowledge or develop new skills.

The self-assessment module includes a number of self-assessment, self-reflection, and planning tools that are intended to help you reflect on your practice and plan your learning and implementation objectives regardless of where you enter the cycle.

Self-assessment Tool	Description
Understanding my current work environment	Reflect on your current work environment to help identify potential learning opportunities.
Questions log	List or log frequently asked questions or challenging questions you encounter in your practice to help identify potential learning opportunities.
Clinical practice self-assessment	Reflect on statements to assess your current clinical and dispensing practices to identify learning needs.

Assessment of professional competencies (NAPRA)	Assess your performance level according to the Dreyfus model of skill acquisition for each of the NAPRA Professional Competencies for Canadian Pharmacists at Entry-to-practice to identify areas of strength and areas for improvement.
Jurisprudence self-assessment	Complete 15 multiple choice questions to assess your knowledge of ethics and jurisprudence.
Learning activity planning tool	Answer questions about your learning needs and make plans to complete the learning.
Implementation objective planning tool	Consider potential implementation objectives and plan to implement learning.

4. Navigating through the online program

The CCP portal was created to be easy to navigate and facilitate both participation in and management of the program.

You will access the CCP portal from the ACP website, using your ACP login and password.

The learning records and implementation records are designed to be intuitive and easy to complete. Text information is provided for many questions, and if needed “question marks” are available to open help bubbles to provide additional information. There is an online CCP tutorial that you can access via the portal. The tutorial provides additional information about how to complete the program. It includes step-by-step review of different examples.

As you work through the self-assessment tools, learning records, and working copies of the implementation records, you may save a partially completed or fully completed record. You may return to change any of these records or delete a record throughout the CE Cycle up until the point that you submit the records to ACP during the online registration renewal period.

The online management system will save your professional portfolio for three consecutive cycles, starting with the 2014-15 CE Cycle. The online management system will also allow you to print your records from this site if you wish to do so. Please note that program rules state that it is your responsibility to keep your supporting documentation, for a period of two years.

4.1 Submitting your professional portfolio

The CCP portal is accessible to you throughout the CE cycle. The process indicator along the left side of the screen will indicate when you have completed all the requirements of the program – in other words, when you have completed your professional portfolio.

Although you may complete your portfolio at any time during the year, you can only submit it to ACP during online registration renewal period. Around April 30 of each year, ACP will implement the online renewal system. At that time if you have completed your portfolio a “Submit to ACP” button will become active. When you are ready, click the submit button. Following submission, you will be able to proceed with the annual online renewal of your practice permit. Please note only one implementation record may be submitted. If you are working on more than one implementation record you will be required to select one for submission. Selection is completed by clicking the “selected for submission” button on the list of implementation records.

5. Audit of professional portfolio documents

ACP will select a percentage of portfolios to be audited by trained pharmacist assessors (peer assessors). You may be selected for audit through random selection or based on late or incomplete portfolio submission, or upon the request of the registrar who has identified an issue arising from a request for registration, issuance of a practice permit, renewal of a practice permit, or the result of a practice visit.

The competence committee will oversee the audit of the professional portfolios submitted by clinical pharmacists as part of the continuing professional development program.

At the end of each CE cycle, selected portfolios will be audited by peer assessors. The peer assessment is a criterion-based assessment (i.e., based on established criteria). This means the assessment will be as objective and fair as possible.

Peer assessors determine if a professional portfolio is satisfactory or unsatisfactory based on the following criteria. A satisfactory professional portfolio must

- a) be legible and complete;
- b) contain answers that correspond to the questions asked;
- c) be completed solely by the clinical pharmacist submitting the professional portfolio;
- d) include an implementation record that demonstrates how the enhanced knowledge, skills, or abilities have been implemented; and
- e) be supported by evidence that demonstrates the outcome of the enhanced knowledge, skills, or abilities that have been implemented.

Following the assessment of the selected portfolios, these pharmacists will be notified of their audit result.

5.1 Categories within the CCP

There are three possible outcomes to the assessment:

- **Outcome 1 – You meet the established standard.**
 - You will be notified that your portfolio was audited and that the audit was satisfactory. You may be provided with feedback to improve your future portfolios. You will be directed to complete the program on an annual basis in Category 1.
- **Outcome 2 – You did not meet the established standard, but the deficiency was minor in nature.**
 - You will be notified that your portfolio was audited and that the audit was unsatisfactory. You will be provided with feedback on how to improve your future portfolios. You will be placed in Category 2 of the program in the following CE cycle.
- **Outcome 3 – You did not meet the established standard and your portfolio has significant gaps, errors, or omissions.**
 - You will be notified that your portfolio was audited and that the audit was unsatisfactory. Your portfolio did not meet the established standard and the deficiency was more serious. You will be placed in Category 3 and referred to the competence committee to determine further action.

Category 1

If your portfolio was randomly selected for audit and you were placed in Category 1, your competence case will be closed and you will not be randomly selected for audit in the next five CE cycles.

If your portfolio was subject to audit and you were placed in Category 1, the competence committee will either have an audit of your portfolio in the next CE cycle or close your competence case. If your competence case is closed, you will not be randomly selected for audit in the five CE cycles that follow the closure of your case.

Category 2

If you are placed in Category 2 of the program, you must complete a new portfolio (learning records and implementation record) in the following CE cycle using the feedback provided by the peer assessors. The portfolios of all pharmacists in Category 2 will be audited. If the portfolio meets the established standard, you will not be subject to random selection for audit for the next five CE cycles. If your portfolio does not meet the established standard, your case will be referred to the competence committee. The competence committee will determine further action.

Category 3

If you are required to complete the program in Category 3 you will be required to complete a portfolio using the feedback provided by peer assessors and to complete any additional activities as directed by the competence committee. You will be subject to an audit at the end of the CE cycle. If the portfolio meets the established standard, the competence committee will either audit of your portfolio in the next CE cycle or close your competence case. If your competence case is closed, you will not be randomly selected for audit in the five CE cycles that follow the closure of your case. If your portfolio does not meet the established standard, your case will be referred to the competence committee for further action.

6. Practice Improvement Program

The purpose of the Practice Improvement Program (PIP) is to engage a clinical pharmacist in an individualized approach of reflecting on their practice, accepting the deficiencies identified, taking action to resolve the deficiencies, and continuing to evolve their practice to align with the expectations of the regulatory framework. The regulatory framework includes the Acts, regulations, standards of practice, and code of ethics that describe the expectations of regulated members providing professional services.

The competence committee will prescribe assessment of a clinical pharmacist referred to the PIP and activities to support the betterment of their professional practice. Through an individualized approach, a clinical pharmacist will work to improve identified practice and competence deficiencies.

A clinical pharmacist may be referred to the PIP by the competence committee or other departments within ACP (e.g., professional practice, complaints, registration). Referrals may come about through competence assessments or interactions with the clinical pharmacist during an inspection or investigation, or as part of a resolution of a complaint or hearing tribunal. As well, a clinical pharmacist who is unsuccessful after two attempts to obtain the additional prescribing authorization will also be referred to the PIP.

6.1 Communication

The competence director will facilitate communication between the competence committee and the clinical pharmacist. Within 60 days of referral to the PIP, the competence director will inform you of the date when the competence committee will consider your competence case. The competence director will

- a) Provide notice to you of the date of the competence committee meeting. Upon notice, you may send information or materials to the competence director, for consideration by the competence committee, no less than 14 calendar days prior to the meeting date.
- b) Provide documentation (e.g., from learning activities, competence assessments, practice visits) to the competence committee including all information provided by you.

Following the competence committee meeting, the competence director will provide the directives of the competence committee to you within 30 calendar days of their decision.

A clinical pharmacist is responsible for responding to correspondence from the ACP and meeting with the competence director, or their designate, on the agreed-upon dates, and at the time and location specified.

- a) Should you need to reschedule a meeting, you are expected to do so not less than three business days in advance of the scheduled meeting date.
- b) If you fail to participate in the meetings or frequently reschedule them, your case will be referred to the competence committee for further consideration and direction.

7. Conclusion

ACP has created the CCP to assist you in meeting your responsibilities as outlined in the Code of Ethics. It is intended to help you identify and document appropriate learning activities and implement that learning into your practice. It is your responsibility to become familiar with the program and to participate in it annually to demonstrate that you are working to maintain and enhance your competence.

You can obtain additional information via the [ACP website](#) or by contacting the ACP office.

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