Continuing Competence Program
Rules for pharmacists

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Alberta College of Pharmacy Continuing Competence Program

The *Health Professions Act* (HPA) requires the Council of the Alberta College of Pharmacy (ACP) to establish a competence committee and a continuing competence program (CCP) for the profession. The Pharmacists and Pharmacy Technicians Profession Regulation (PPTPR) establishes that the ACP’s CCP is comprised of continuing professional development, competence assessments, and practice visits.

### Competence committee

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.

### 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 ensure that learning transfers into practice.

### Guiding principles

The five guiding principles ensure that the CCP is

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.

### Confidentiality

Section 52 of the HPA states:

1) Information related to participation in a continuing competence program under this Part is confidential, and any person who has access to or comes into possession of such information shall not publish, release or disclose the information in any manner except as is necessary to carry out powers and duties under this Part.

2) Despite subsection (1), information obtained under this Part may be

   (a) Provided or published by the competence committee in summarized or statistical form if the information is provided or published in such a manner that it is not possible to relate the information to any particular identifiable person or facility,

   (b) Used by the competence committee to give to the complaints director the name of a regulated member and the grounds for a referral under Section 51.1, and

   (c) Released or disclosed to the counsel of the regulated member in connection with proceedings under this Part, Part 2 or Part 4.
All CCP reports provided to the pharmacist are for the information of the pharmacist. Except as provided for under section 52 of the HPA, any decision to release information to another party is the choice of the pharmacist and the pharmacist alone. Practice environment concerns identified through a CCP activity may be forwarded to the pharmacy licensee.

Definitions

1. In these rules:
   a) **Accredited learning activity** means any learning activity that has been accredited for pharmacists by a recognized accrediting body.
   b) **Clinical pharmacist** means a regulated member registered on the ACP’s clinical pharmacist register.
   c) **Competence** means the combined knowledge, skills, attitudes and judgment required to provide professional services.
   d) **Competence case** means a clinical pharmacist selected for audit or identified for the practice Improvement Program.
   e) **Competence committee** means the committee established under the HPA.
   f) **CCP Portal** means the secure, online platform required by the ACP that facilitates regulated members to create and upload CPD documents.
   g) **Continuing education (CE) cycle** means the period from June 1st of any year to May 31st of the following year.
   h) **Continuing education unit (CEU)** means a unit of credit equivalent to a period of time spent undertaking Accredited or Non-Accredited Learning Activities.
   i) **Continuing professional development (CPD)** means developing, maintaining, and enhancing the knowledge, skills, and experience related to professional activities throughout a clinical pharmacist’s career.
   j) **Council** means the council of the ACP established under the HPA.
   k) **Implementation record** means an online form on the CCP portal that must be completed to document which learning was implemented into practice.
   l) **Learning record** means an online form on the CCP Portal that must be completed for all Accredited and Non-Accredited Learning Activities undertaken by the clinical pharmacist and submitted as part of a professional portfolio.
   m) **Meaningful learning** means to acquire new knowledge or to update and reinforce existing knowledge. It does not mean the replication of existing knowledge or social activities related to pharmacy events.
   n) **Non-accredited learning activity** means any learning activity related to practice that has not been, or is not currently, accredited by an accredited learning body. It consists of meaningful learning undertaken by a clinical pharmacist for the purpose of CPD.
   o) **Peer assessor** means a clinical pharmacist appointed by the competence director and contracted by the ACP to assess pharmacists’ professional portfolios.
   p) **Practice** means the practice of a clinical pharmacist within the meaning of Schedule 19, Section 3 of the HPA.

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1 Definition from the HPA.
q) **Prescribed learning activity** means the learning activities prescribed by the competence committee every CE cycle that must be completed for a clinical pharmacist to submit a professional portfolio.

r) **Practice Improvement Program (PIP)** means a program that will support practice improvement of clinical pharmacists who demonstrate practice and competence deficiencies.

s) **Practice visit assessor** means a clinical pharmacist appointed by the competence committee and contracted by the ACP to carry out a practice visit.

t) **Professional portfolio** means the learning records, the implementation record, and documentation that verifies a clinical pharmacist’s participation and completion of CEUs, including the prescribed learning activity, and is submitted annually for each CE cycle by the clinical pharmacist to ACP.

### Continuing Competence Program

2. The CCP of the college comprises

   a) continuing professional development, including
      
      i. annual requirements for clinical pharmacists, and
      
      ii. the PIP;

   b) competence assessments; and

   c) practice visits.

### Continuing professional development: annual requirements for clinical pharmacists

3. A clinical pharmacist must complete the following requirements per CE cycle:

   a) 15 CEUs, including the prescribed learning activity;

   b) keeping records with respect to the 15 CEUs of learning activities completed by the clinical pharmacist; and

   c) the submission of a professional portfolio.

4. CEUs are earned by undertaking accredited or non-accredited learning activities.

5. Whether the learning activity is accredited or non-accredited, the learning activity must consist of meaningful learning.

### Accredited learning activities

6. An accredited learning activity is any learning activity that has been accredited for pharmacists by a recognized accrediting body. For a list of accrediting bodies, see the [CCP: Pharmacist’s guide](#), 3.1 Accredited learning.

7. The number of CEUs allocated for an accredited learning activity is the number of CEUs assigned by the accrediting body.

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2 Established under section 28(j) of the PPTPR.
Non-accredited learning activities

8. A non-accredited learning activity includes a variety of activities a clinical pharmacist undertakes to improve their practices. For a list of non-accredited learning activities, see the CCP: Pharmacist’s guide, 3.2 Non-accredited learning.

9. One hour of meaningful learning that is relevant to the clinical pharmacist’s practice is equal to one CEU. A clinical pharmacist may claim to the nearest quarter of an hour for the time spent on a learning activity (e.g., one hour and 20 minutes is 1.25 CEUs).

Professional portfolio

10. A learning record must be in the form provided by ACP. Refer to the CCP: Pharmacist’s guide, 3.3 Learning record for more detail.

11. A clinical pharmacist must submit learning records that document at least 15 CEUs and an implementation record that 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.

12. A clinical pharmacist can document a maximum of eight non-accredited CEUs on each learning record. A clinical pharmacist may need to document learning on two or more learning records if a non-accredited learning activity is more than eight CEUs.

13. An implementation record must be in the form provided by ACP. Refer to the CCP: Pharmacist’s guide, 3.4 Implementation record for more detail.

14. In addition to creating learning records and an implementation record, clinical pharmacists must keep supporting documentation for a period of two years. 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.

15. 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.

16. A clinical pharmacist must submit their professional portfolio to the ACP through ACP’s CCP Portal annually, on or before the end of the CE cycle of each year.

17. The learning records and implementation record that are submitted as part of a professional portfolio must
   a) be legible and complete,
   b) contain answers that correspond to the questions asked, and
   c) be completed solely by the clinical pharmacist submitting the professional portfolio.

Continuing professional development: audit of professional portfolio

18. Clinical pharmacists may be selected for an audit of their professional portfolio through any of the following processes:
   a) random selection;
   b) late or incomplete submission of their professional portfolio; or
   c) on request from 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 findings of an inspection or investigation.
19. Once a clinical pharmacist has been selected for an audit of their professional portfolio, a competence case is opened.

20. The competence committee oversees the audit of professional portfolios submitted by clinical pharmacists as part of the CPD program.

21. The competence committee determines the nature and scope of audits and may give direction to the competence director to ensure that audits are performed in a professional and fair manner.

22. The competence director appoints a clinical pharmacist contracted by ACP as a peer assessor to audit professional portfolios.

23. Peer assessors determine if a professional portfolio is satisfactory or unsatisfactory based on the following criteria. A satisfactory professional portfolio must
   a) demonstrate the criteria described in Rule 17;
   b) accurately reflect the learning activities undertaken by the clinical pharmacist;
   c) include an implementation record that demonstrates how the enhanced knowledge, skills, or abilities have been implemented; and
   d) be supported by evidence that demonstrates the outcome of the enhanced knowledge, skills, or abilities that have been implemented.

24. Once the audit is complete, the competence director will notify the clinical pharmacist of the result, in writing, at the clinical pharmacist's email address provided in the register.

25. The competence director will make one of the following three findings with respect to the results of an audit:
   a) The results of the audit are satisfactory, and the clinical pharmacist is placed in Category 1.
   b) The results of the audit are unsatisfactory because the clinical pharmacist has not fully complied with the requirements or rules of the CPD program, but the non-compliance is minor in nature. Audit feedback is provided to facilitate remediation by the clinical pharmacist. The clinical pharmacist is placed in Category 2.
   c) The results of the audit are unsatisfactory because the clinical pharmacist has not fully complied with the requirements or rules of the CPD and the non-compliance is more serious. The clinical pharmacist is placed in Category 3 and referred to the competence committee to determine further action.

26. A clinical pharmacist who was randomly selected for audit and is placed in Category 1 will have their competence case closed and will not be randomly selected for audit in the next five CE cycles except as described in Rule 30.

27. A clinical pharmacist in Category 2 will be subject to audit in the next CE cycle.

28. A clinical pharmacist in Category 3, or in Category 2 during two consecutive audits, must meet the requirements of the CPD program and any additional activities directed by the competence committee. All documentation of these activities will be subject to audit. Upon review of the audit result, the competence committee may, at its sole discretion, direct any of the following:
   a) an audit of the clinical pharmacist's professional portfolio,
   b) competence assessments,
   c) practice visits under section 51 of the HPA,
   d) referral to complaints director under section 51.1 of the HPA,
   e) actions under section 30 of the PPTPR, or
   f) referral to the PIP.
29. A clinical pharmacist in Category 2 or 3 who
   a) meets the requirements of the CPD program;
   b) has satisfactory audit results;
   c) meets the requirements and standards of a competence assessment; and
   d) complies with any direction, if applicable, from the competence committee,
will be placed in Category 1 by the competence director.

30. The competence committee may direct with reasons that a clinical pharmacist placed in Category 1 under Rules 26 or 29 will either have
   a) an audit of their professional portfolio in the next CE cycle, or
   b) their competence case closed.

31. A clinical pharmacist who has their competence case closed will not be randomly selected for audit in the five CE cycles that follow the closure of their case.

32. A clinical pharmacist in Category 2 or 3 who
   a) does not meet the requirements of the CPD program,
   b) does not meet the requirements or standards of a competence assessment,
   c) has unsatisfactory audit results, or
   d) does not comply with direction from the competence committee,
will have their case referred to the competence committee by the competence director for further action as outlined in Rule 28.

Additional Prescribing Authorization (APA) applications

33. A clinical pharmacist who is granted APA will not be randomly selected for audit of their professional portfolio for five years from the date on which the authorization is granted.

34. A clinical pharmacist who applies for APA and is unsuccessful after two attempts will be referred to, and must comply with, the PIP.

Continuing professional development: Practice Improvement Program (PIP)

35. The purpose of the PIP is to provide a program for the competence committee to assess clinical pharmacists who demonstrate behaviour that suggests practice and competence deficiencies may exist. In addition to the annual requirements for CPD, a clinical pharmacist referred to the PIP will be prescribed assessment and activities to support remediation of practice and competence deficiencies.

36. A clinical pharmacist may be referred to the PIP by the registrar, competence committee, complaints director, as part of the resolution of a complaint under Section 55(2(a.1) HPA), or a hearing tribunal (Section 82(1)(l) HPA).

37. A clinical pharmacist is referred to the PIP when practice and competence deficiencies have been identified through any one or more of the following:
   a) competence assessment (Section 26, PPTPR),
   b) inspection or investigation (Part 3.1 HPA and Part 4 HPA), or
   c) two unsuccessful attempts to obtain APA (Section 16, PPTPR).
38. A clinical pharmacist may voluntarily participate in the PIP. Any costs associated with voluntary participation in the PIP will be the responsibility of the clinical pharmacist and a clinical pharmacist voluntarily entering the PIP must comply with the rules of the PIP.

39. Once a clinical pharmacist begins the PIP, a competence case is opened or, if one is already open, continued. Under the PIP, the competence committee oversees a competence case by providing directives to assess the clinical pharmacist's competence and facilitate the improvement of their professional practice.

40. The competence committee considers all documentation related to the competence case, deliberates on the competence case, and provides directives. The competence committee may, at its sole discretion, direct any of the following:
   a) competence assessments,
   b) practice visits under section 51 of the HPA,
   c) actions under section 30 of the PPTPR, or
   d) refer the matter to the complaints director under Section 51(5) or 51.1 of the HPA.

50. The competence committee may require a clinical pharmacist to undergo an assessment for the purpose of evaluating the clinical pharmacist's competence (Section 26(1), PPTPR).
51. The competence committee may use a variety of processes to assess a clinical pharmacists’ competence (Section 26(2), PPTPR). Completing the Council requirements to obtain APA (Section 16, PPTPR) is a type of evaluation equivalent to a competence assessment.

Practice visits

52. The competence committee is authorized to direct a practice visit and may, for the purpose of assessing continuing competence, select individual or groups of clinical pharmacists for practice visits based on criteria approved by the Council (Section 27, PPTPR; Section 51, HPA).
   a) The competence committee may appoint practice visit assessors to conduct the practice visit.
   b) A clinical pharmacist must cooperate with the competence committee and the practice visit assessors.

Application to Council for review

53. When the competence committee directs that action be taken under the authority of Section 30 of the PPTPR, the clinical pharmacist may request a review of that direction by Council.

54. To request a review, the clinical pharmacist must
   a) provide written reasons for the request for review to the registrar within 30 days of being sent a copy of the decision of the competence committee, and
   b) pay the fee established by Council.

55. Within 30 days of receiving a request for a review, the registrar must notify the applicant of the date, time, and place at which Council will conduct the review.

56. Council must start the review within 60 days of the date the request for a review was received by the registrar.

57. On completing a review, Council must make one of the following decisions:
   a) Uphold the decision of the competence committee and make any decision that the competence committee could have made.
   b) Refer the matter back to the competence committee and direct the competence committee to make a further assessment of the competence case, the materials filed by the clinical pharmacist, and any other materials directed by the Council.

58. The Council must give the clinical pharmacist and the competence committee a written copy of its decision under Rule 57 with the reasons for the decision.
Appendix A

Health Professions Act, RSA 2000, c. H-7 Excerpts

Applying for practice permit

40(1) An application for a practice permit is complete for consideration under subsection (2) if it is in the form required and given to the registrar by a regulated member

(a) whose registration is not suspended or cancelled,

(b) who

(i) meets the requirements for continuing competence of applicants for a practice permit provided for in the regulations, or

(ii) is enrolled as a student in a program of studies provided for in the regulations or in a substantially equivalent program,

(c) who provides evidence of having the amount and type of professional liability insurance required by the regulations, if the insurance is required by the regulations,

(d) who provides the information required by the registrar under section 33(4)(b) and any other information that the regulations require to be provided, and

(e) who has paid the practice permit fee provided for in the bylaws and provided any information requested under section 122.

(2) The registrar, registration committee or competence committee, as provided for in the bylaws, must consider an application for a practice permit and decide whether

(a) to approve the application if the regulated member meets the requirements set out in subsection (1) and issue the member a practice permit subject to any conditions imposed by the registrar, registration committee or competence committee,

(b) to issue a practice permit but to impose conditions for the completion of the continuing competence requirements set out in the regulations within the time specified in the conditions,

(c) to suspend the practice permit of the regulated member until the member has successfully completed the continuing competence requirements set out in the regulations or is enrolled in a program of studies provided for in the regulations or in a substantially equivalent program, or

(d) to refuse the application for a practice permit,

and must give the regulated member and, in the case of the registration committee or competence committee, give the registrar a copy of the decision, and the registrar may, or the registration committee or competence committee may direct the registrar to issue the practice permit or suspend the practice permit in accordance with the decision, and notify the regulated member of the decision and how to request a review under section 41.

(3) If the registrar, registration committee or competence committee suspends or refuses a practice permit or imposes conditions on a practice permit, the registrar, registration committee or competence committee must include reasons in the decision under subsection (2).

RSA 2000 cH 7 s40;2001 c21 s5;2007 c32 s1(9); 2008 c34 s6
Continuing competence program

50(1) A council must establish, by regulation, a continuing competence program within 5 years from the date that the schedule to this Act with respect to the profession comes into force.

(2) A continuing competence program

(a) must provide for regulated members or categories of regulated members to maintain competence and to enhance the provision of professional services, and

(b) may, if authorized by the regulations, provide for practice visits of the regulated members or categories of regulated members.

RSA 2000 cH 7 s50;2001 c21 s9;2006 c19 s2(6); 2008 c34 s7

Practice visit

51(1) In this section, “publicly funded facility” means an institution or facility where professional services are provided and that

(a) is an approved hospital as defined in the Hospitals Act, a nursing home as defined in the Nursing Homes Act, a correctional institution as defined in the Corrections Act, a facility as defined in the Mental Health Act, a diagnostic or treatment centre made available under section 49(b) of the Mental Health Act, a facility as defined in the Social Care Facilities Review Committee Act or an institution or facility operated by or approved by the Minister of Health, or

(b) is operated by or receives its current operating funds or part of them directly or indirectly from the Government of Alberta and is

(i) a place of care for persons who are aged or infirm or who require special care,

(ii) a hostel or other establishment operated to provide accommodation and maintenance for not fewer than 4 unemployed or indigent persons,

(iii) an emergency shelter,

(iv) a residential alcohol and drug abuse treatment centre,

(v) a group home or shelter for physically or mentally handicapped persons, or

(vi) a vocational rehabilitation and training centre for physically or mentally handicapped persons.

(2) If authorized by the regulations to carry out practice visits as part of a continuing competence program, the competence committee may direct that a regulated member participate in a practice visit, and the regulated member must cooperate with the competence committee and any person appointed under section 11.

(3) For the purposes of conducting a practice visit, any or all of the members of the competence committee and a person appointed under section 11 may, in order to ensure that continuing competence requirements are met,

(a) subject to subsection (4), at any reasonable time and on having given notice, enter and inspect any place where the regulated member provides professional services;

(b) interview a regulated member about the member’s professional services;

(c) observe the regulated member providing professional services if the person who is receiving the professional services consents;
(d) interview or survey patients, clients and co workers or the regulated member about the regulated member's professional services;

(e) review documents, including patient records, and examine substances and things that
   (i) are owned by or under the control of the regulated member, and
   (ii) are related to the provision of professional services by the regulated member;

(f) assess the safety and condition of equipment and technology used by the regulated member in the provision of professional services.

(4) No member of the competence committee and no person appointed under section 11 may enter
   (a) a private dwelling place or any part of a place that is designed to be used and is being used as a permanent or temporary private dwelling place except with the consent of the occupant of the dwelling place, or
   (b) a publicly funded facility except with the consent and agreement to the carrying out of one or more of the powers and duties under subsection (3) of the person who controls or operates the publicly funded facility.

(5) Within 90 days after completing a practice visit the competence committee must
   (a) give a report to the regulated member setting out the findings of the visit;
   (b) decide and advise the regulated member and the registrar whether
      (i) the results from the practice visit were satisfactory,
      (ii) the regulated member must comply with directions imposed in accordance with the regulations, or
      (iii) in accordance with this Part, the information obtained from the practice visit has been referred to the complaints director.

(6) Repealed 2001 c21 s10.

RSA 2000 cH 7 s51;2001 c21 s10;2002 c24 s12;
2007 c32 s1(15);2008 cH 4.3 s19;2008 c34 s8;
2013 c10 s17;2019 c15 s19
Pharmacists and Pharmacy Technicians Profession Regulation Excerpts

Restricted Activities

Clinical pharmacists

16(1) A clinical pharmacist is authorized to perform, within the practice of pharmacists and in accordance with the Standards of practice, the following restricted activities:

(a) dispense, compound, provide for selling or sell a Schedule 1 drug or Schedule 2 drug;
(b) to administer a vaccine or parenteral nutrition;
(c) to compound blood products;
(d) to insert or remove instruments, devices or fingers
   (i) beyond the anal verge, and
   (ii) beyond the labia majora;
(e) to prescribe a Schedule 1 drug for the purpose of adapting an existing prescription;
(f) to prescribe blood products for the purpose of adapting an existing prescription;
(g) to prescribe a Schedule 1 drug if
   (i) it is not reasonably possible for the patient to see a health professional to obtain the prescription, and
   (ii) there is an immediate need for drug therapy;
(h) to prescribe blood products if
   (i) it is not reasonably possible for the patient to see a health professional to obtain the prescription, and
   (ii) there is an immediate need for blood products.

(2) In subsection (1), “adapting an existing prescription” means

(a) altering the dosage, formulation or regimen for a Schedule 1 drug that has been prescribed for a patient;
(b) substituting another drug for a prescribed Schedule 1 drug if the substituted drug is expected to deliver a therapeutic effect that is similar to the therapeutic effect of the prescribed drug;
(c) substituting a generic drug for the prescribed drug;
(d) renewing a prescription to dispense a Schedule 1 drug or blood product to ensure continuity of care.

(3) Subject to subsection (4), a clinical pharmacist is authorized to perform, within the practice of pharmacists and in accordance with the Standards of practice, the restricted activities of prescribing a Schedule 1 drug and prescribing blood products if the clinical pharmacist

(a) has provided evidence satisfactory to the registrar of having successfully completed the Council requirements to prescribe Schedule 1 drugs and blood products, and
(b) has received notification from the registrar that the authorization is indicated on the clinical pharmacist register.

(4) A clinical pharmacist authorized under subsection (3) may prescribe a Schedule 1 drug or blood products only if
the clinical pharmacist

(a) has determined that a Schedule 1 drug or blood products are appropriate for the patient through an assessment of the patient,
(b) has received a recommendation that the patient receive drug therapy from a health professional who is authorized to prescribe a Schedule 1 drug or blood products, or
(c) has determined in consultation with or has determined in conjunction with a health professional that a Schedule 1 drug or blood products are appropriate for the patient.

(5) A clinical pharmacist is authorized to perform, within the practice of pharmacists and in accordance with the Standards of practice, the restricted activity of administering anything by an invasive procedure on body tissue below the dermis or the mucous membrane for the purpose of administering subcutaneous or intramuscular injections if the clinical pharmacist

(a) has provided evidence satisfactory to the registrar of having successfully completed the Council requirements for the administration of injections, and
(b) has received notification from the registrar that the authorization is indicated on the clinical pharmacist register.

AR 126/2006 s16;90/2011

Continuing competence program

24 The continuing competence program of the college comprises

(a) continuing professional development,
(b) competence assessment, and
(c) practice visits.

Continuing professional development

25(1) Each clinical pharmacist or pharmacy technician must undertake continuing professional development by

(a) undertaking learning activities in accordance with the rules under section 28, and
(b) taking programs or courses required by the rules under section 28.

(2) Each clinical pharmacist or pharmacy technician must

a. keep records, in a form satisfactory to the competence committee, of the activities that the clinical pharmacist or pharmacy technician undertakes for the purpose of continuing professional development, and
b. provide, on the request of and in accordance with the directions of the competence committee, copies of the records referred to in clause (a).

AR 129/2006 s25;90/2011

Competence assessment

26(1) The competence committee may require a clinical pharmacist, courtesy pharmacist, pharmacy technician or courtesy pharmacy technician to undergo an assessment for the purpose of evaluating the regulated member’s competence.

(2) For the purpose of an assessment under subsection (1), the competence committee may use any one or more of the following processes:
(a) examinations;
(b) a review of the records described in section 25(2)(a);
(c) evaluation of a professional portfolio;
(d) interview
(e) any other type of evaluation required by the competence committee.

AR 129/2006 s26;90/2011

Practice visits

27 The competence committee is authorized to carry out practice visits and may, for the purpose of assessing continuing competence, select individuals or groups of
(a) clinical pharmacists,
(b) courtesy pharmacists,
(c) pharmacy technicians, or
(d) courtesy pharmacy technicians
for practice visits based on criteria approved by the Council.

AR 129/2006 s27;90/2011

Program rules

28 The Council must make rules governing the operation of the continuing competence program, including but not restricted to the following:
(a) the professional development activities for which program credits may be earned;
(b) the number of program credits required within a specified period of time;
(c) the number of program credits that may be earned for each professional activity;
(d) the type and category of professional development activities that a regulated member must undertake in a one-year period;
(e) the approval of program and learning activities for the purpose of earning continuing competence credits;
(f) the limitation of the number of professional development activities within a specific category for which a member may earn credits;
(g) the requirements of a professional portfolio;
(h) the records referred to in section 25(2)(a) and providing the records in accordance with the directions of the competence committee;
(i) audits of a regulated member's records referred to in section 25(2)(a);
(j) approving programs and courses required to be taken as part of continuing professional competence;
(k) how competence assessments are to be conducted;
(l) the selection of clinical pharmacists, courtesy pharmacists, pharmacy technicians or courtesy pharmacy technicians for competence assessments;
(m) respecting the minimum acceptable performance level for competence assessments.

AR 129/2006 s28;90/2011

Rule distribution

29 The rules and any amendments to the rules under section 28 must be made available by the college
   (a) on the website of the college, and
   (b) in printed form on request to any regulated member or applicant for registration as a regulated member.

Actions to be taken

30 If a review of the records referred to in section 25(2)(a), a competence assessment under section 26 or a practice visit is unsatisfactory or a regulated member or a group of regulated members fails to comply with the rules under section 28, the competence committee may direct a regulated member or group of regulated members to undertake any one or more of the following actions within the time period, if any, specified by the competence committee:
   (a) successful completion of continuing competence requirements or professional development activities;
   (b) successful completion of any examinations, testing, assessment, training, education or counselling to enhance competence in specified areas;
   (c) to practice under the supervision of another regulated member;
   (d) limitation of practice to specified procedures or practice settings to report to the competence committee on specified matters on specified dates;
   (e) to refrain from supervising the practice of pharmacists or the practice of pharmacy technicians, as the case may be;
   (f) correction of any problems identified in the practice visit;
   (g) demonstration of competence gained in a specific area.

AR 129/2006 s30;90/2011

Members responsible for costs

31(1) Any action that a regulated member or group of regulated members must undertake in response to a direction by the competence committee under section 30 is undertaken at the cost of the member.

(2) If the college provides services to facilitate compliance with any direction by the competence committee under section 30, the member is responsible for reimbursing the college for the costs as determined by the competence committee.

Practice Permit Renewal

Applying for renewal

32 Regulated members applying for renewal of their practice permit must
   (a) provide any of the information specified in sections 11 to 14 at the request of the registrar, and
   (b) meet the requirements of the continuing competence program