



ACP Continuing Competence Program Continuing Professional Development Rules for Pharmacists

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Alberta College of Pharmacy Continuing Competence Program (CCP)

The *Health Professions Act* requires the Council of the Alberta College of Pharmacy to establish a competence committee and a continuing competence program for the profession. The continuing competence program 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

The Alberta College of Pharmacy fosters professional growth that inspires and empowers pharmacists and pharmacy technicians to continuously enhance their practices and support Albertans' health and well-being. With a shared vision of excellent pharmacy practice, ACP and its registrants work together to identify competence goals and milestones signifying success, and ensure that learning transfers into practice.

Guiding Principles

The five guiding principles of the Continuing Competence Program are:

1. **Flexibility:** to accommodate different practice settings & learning preferences addresses the full spectrum of learning
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 that can be applied to a diversity of practices
5. **Responsible:** meets legislative requirements and provides reliable measures that facilitate ensuring that regulated members are competent to provide safe and effective care

Confidentiality

The *Health Professions Act* Section 52 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 competence program reports provided to the pharmacist are for the information of the pharmacist. Except as provided for under Section 52 of the *Health Professions Act*, any decision to release information to another party is the choice of the pharmacist and the pharmacist alone. Practice environment concerns identified through a competence program undertaking may be forwarded to the pharmacy licensee.

Definitions

1. In these Rules:

ACP means the Alberta College of Pharmacy.

CE cycle means the period from June 1st of any year to May 31st of the following year.

Council means the council of the Alberta College of Pharmacy.

CPD web portal means the secure portion of ACP's website that allows regulated members to upload CPD documents.

Professional portfolio means the Learning Records, the Implementation Record, and documentation that verifies a clinical pharmacist's participation and completion of learning activities, as submitted annually for each CE cycle by the clinical pharmacist to ACP.

2. The continuing professional development program consists of the following requirements to be completed annually during the CE cycle:
- The completion of learning activities that equate to 15 continuing education units,
 - Keeping records with respect to the required learning activities,
 - The submission of a professional portfolio to ACP to verify that the required learning activities and any other activity assigned by the Competence Committee have been completed, and
 - The completion of any learning activity prescribed by the Competence Committee for all clinical pharmacists.

Required learning activities

3. A clinical pharmacist must complete learning activities for which 15 continuing education units can be claimed during each CE cycle.
4. Continuing education units are earned by undertaking accredited learning activities or non-accredited learning activities.

Accredited learning activities

5. An accredited learning activity is a learning activity that is accredited by one or more of the:
- Canadian Council on Continuing Education in Pharmacy, (CCCEP),
 - Accreditation Council for Pharmacy Education (ACPE), or
 - Any provincial or territorial pharmacy regulatory authority in Canada.
6. The number of continuing education units allocated for an accredited learning activity is the number of continuing education units assigned by the accrediting body.

16. A clinical pharmacist must submit an Implementation Record with respect to learning activity (or activities) that earn at least one continuing education unit.
17. In addition to creating Learning Records and Implementation Records, clinical pharmacists must keep supporting documentation to verify the clinical pharmacist's participation in and completion of learning activities, including any certificates, diplomas, proof of registration, course programs, handouts, or personal notes, for a period of two years.
18. A clinical pharmacist must submit supporting documentation to verify the learning activities identified in their Learning and Implementation Records.
19. If there is a certificate related to the learning activity, the clinical pharmacist may submit the certificate with their Learning Record to verify their participation.
20. If there is no certificate available for the learning activity, the clinical pharmacist must submit alternative supporting documentation such as a receipt, proof of registration, course programs, handouts, or personal notes to verify their participation in the learning activity.
21. A clinical pharmacist must submit their professional portfolio to ACP through ACP's CPD web portal annually, on or before the end of the CE cycle of each year.
22. The Learning Records and Implementation Record that are submitted must be legible, complete, and answers must correspond to the questions asked.

Audit of continuing professional development documents

23. The Competence Committee will oversee the audit of professional portfolios submitted by clinical pharmacists as part of the continuing professional development program.
24. The Competence Committee will determine 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.
25. The competence director will appoint auditors to audit professional portfolios.
26. 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 results of an inspection.
27. The auditors will determine if a professional portfolio is satisfactory or unsatisfactory based on the following criteria:
 - a. The professional portfolio must be legible, complete, and contain answers to questions that correspond to the questions asked;
 - b. The professional portfolio must accurately reflect the learning activities undertaken by the clinical pharmacist;

- c. The professional portfolio must be supported by valid documentation; and
 - d. The Implementation Record must demonstrate how the enhanced knowledge, skills, or abilities have been implemented.
28. Once the audit is complete, the competence director will notify the clinical pharmacist of the result, in writing, at the last mailing or email address the clinical pharmacist provided to the college.
29. 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 will be placed in Category 1 for the next CE cycle;
 - b. The results of the audit are unsatisfactory in that the clinical pharmacist has not fully complied with the requirements or rules of the continuing professional development program or any previously directed audit but the non-compliance is minor in nature, in which case audit feedback will be provided to facilitate remediation by the clinical pharmacist, and the clinical pharmacist will be placed in Category 2 for the next CE cycle; or
 - c. The results of the audit are unsatisfactory in that the clinical pharmacist has not fully complied with the continuing professional development program rules and the non-compliance is serious enough to require referral to the Competence Committee for further action and the clinical pharmacist will be placed in Category 3 or 4 for the following CE cycle, in accordance with direction from the Competence Committee.
30. A clinical pharmacist in Category 1 must complete the continuing professional development program and may be selected for audit.
31. A clinical pharmacist who completes the continuing professional development program in Category 1 and who is not randomly selected for an audit will complete the continuing professional development program in the next CE cycle in Category 1.
32. A clinical pharmacist in Category 1 who is randomly selected for audit and whose audit result is satisfactory will not be randomly selected for audit in the next five CE cycles.
33. A clinical pharmacist in Category 2 must meet the requirements of the continuing professional development program and will be subject to audit at the end of the CE cycle.
34. A clinical pharmacist in Category 3 must meet the requirements of the continuing professional development program and any additional activities directed by the Competence Committee, and will be subject to audit at the end of the CE cycle.
35. A clinical pharmacist in Category 4 must undergo a competence assessment as directed by the Competence Committee within the timelines prescribed by the Competence Committee.
36. A clinical pharmacist in Category 2, 3, or 4 who meets the requirements of the continuing professional development program, has a satisfactory audit result, and complies with any direction from the Competence Committee, will complete the continuing professional development program in the next CE cycle in Category 1 and will not be randomly selected for audit in the next five CE cycles.

37. A clinical pharmacist who is granted Additional Prescribing Authorization will not be randomly selected for audit of continuing professional development documents for 5 years from the date on which the authorization is granted.

Further action

38. If the competence director finds that a clinical pharmacist in Category 2, 3 or 4 has failed to:
- Complete the continuing professional development program,
 - Meet the requirements of a directed audit, or
 - Complete any activity directed by the Competence Committee,

the competence director must refer the matter to the Competence Committee for further action.

39. If a competence director refers a matter to the Competence Committee under Rule 38, the competence director must, within 30 days:
- Provide a report to the Competence Committee and to the clinical pharmacist in relation to the clinical pharmacist's participation in the continuing professional development program, and
 - Provide notice to the clinical pharmacist of the date, time, and location of the meeting of the Competence Committee which will consider the matter.
40. A clinical pharmacist who is the subject of a referral to the Competence Committee under Rule 38 may, within 15 days of having received notice, submit materials for consideration by the Competence Committee.
41. The Competence Committee, at its sole discretion, may proceed to consider the matter based only on the materials submitted or, on notice to the clinical pharmacist and the competence director, hear the matter in person and allow the competence director and the clinical pharmacist to be present and make representations.
42. Upon considering a referral under Rule 38, the Competence Committee must do one or both of the following:
- Direct action under Section 30 of the Pharmacists and Pharmacy Technicians Profession Regulation, or
 - Refer the matter to the complaints director under Section 51(5) or 51.1 of the *Health Professions Act*.

Application to Council for review

43. If the Competence Committee directs that any action be taken under Section 30 of the Pharmacists and Pharmacy Technicians Profession Regulation, the clinical pharmacist may request a review of that direction by Council.
44. In order to request a review, the clinical pharmacist must:
- Provide written reasons for the review to the registrar within 30 days after being sent a copy of the decision of the Competence Committee, and
 - Pay the fee established by Council for the review of any decision made by the Competence Committee or panel of the Competence Committee.

45. 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.
46. Council must start the review within 60 days of the date the request for a review was received by the registrar.
47. The clinical pharmacist and the Competence Committee may appear with or without counsel and make representations to Council at the review.
48. On completing a review, Council must take one of the following actions:
 - a. Uphold the decision of the Competence Committee and make any decision that the Competence Committee could have made; or
 - b. Refer the matter back to the Competence Committee and direct the Competence Committee to make a further assessment of the audit file, the materials filed by the clinical pharmacist, and any other materials directed by the Council.
49. The Council must give the clinical pharmacist and the Competence Committee a written copy of its decision under Rule 48 with the reasons for the decision.

Reinstatement and continuing professional development requirements

50. A pharmacist who has applied for their practice permit to be reissued and their registration on the clinical register to be reinstated must comply with any applicable ACP reinstatement policies before they are reinstated on the clinical pharmacist register.

Voluntary participation in the continuing professional development program

51. A pharmacist who is on the associate register may voluntarily participate in the continuing professional development program and submit documentation to ACP through the CPD web portal for pharmacists, located on the ACP website.
52. A pharmacist who voluntarily completes the competence program while on the associate register will not be selected for audit while registered on the associate register.

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 co-operate 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

Pharmacists and Pharmacy Technicians Profession Regulation Excerpts

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

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