



Alberta
College of
Pharmacy

Continuing Competence Program

Manual for pharmacists

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Introduction

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 Standards of Practice for Continuing Competence (SPCC) establish that ACP's CCP is comprised of continuing professional development (CPD), competence assessments, including practice visits, and the Practice Improvement Program (PIP).

ACP's CCP focuses on quality improvement, and the implementation of newly acquired or reinforced knowledge and/or skill into practice. Clinical pharmacists complete and manage the program through the ACP CCP portal, an online management system designed to enhance and track professional development, including learning experiences.

The CCP is intended to support pharmacists on the clinical register¹ and is also available to pharmacists on the associate register, in particular those who plan to return to the clinical register in the future.

This manual provides an overview of the CCP and includes

- a. rules to guide the program,
- b. types of self-directed learning activities that a clinical pharmacist must undertake,
- c. requirements of a professional portfolio,
- d. records that must be kept and directions from the competence committee about how to provide them and when,
- e. audits of records,
- f. programs and courses required to be taken as part of the CCP,
- g. how competence assessments are to be conducted,
- h. criteria for the selection of clinical pharmacists for competence assessments, and
- i. minimal acceptable performance level for competence assessments.

For additional information please access the

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

Competence committee

The competence committee is appointed by ACP's Council and fulfills the legislative responsibilities as outlined in the HPA, the Pharmacists and Pharmacy Technicians Profession Regulation (PPTPR) and the SPCC. The role of the competence committee is to advise the competence director in matters of development, implementation, and maintenance of the CCP.

Philosophy of the CCP

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.

¹ A clinical pharmacist means a regulated member registered on the clinical pharmacist register.

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.

Maintaining continuing competence

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) changes.

According to the [Code of Ethics](#), clinical pharmacists must

- continuously improve their level of professional knowledge and skill,
- take responsibility for maintaining a high standard of professional competence,
- evaluate their 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 healthcare 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 clinical pharmacists meet these responsibilities. By identifying appropriate learning activities and implementing that learning into practice, clinical pharmacists continually build their competence and confidence to assure themselves, their patients, and their healthcare colleagues that they are providing quality care throughout their careers.

Confidentiality

In accordance with section 52 of the HPA, information related to a clinical pharmacist's participation in the CCP is confidential. All CCP documentation provided to or by a clinical pharmacist is for the information of the clinical pharmacist and for use in the CCP. Except as provided for under section 52, any decision to release information to another party is the choice of the clinical pharmacist. Practice environment concerns identified through a CCP activity may be shared with the pharmacy licensee.

Definitions

- a. **Accredited learning activity** means any learning activity that has been accredited for pharmacists by a recognized accrediting body.
- b. **Competence case** means a clinical pharmacist selected for audit or identified for the PIP.
- c. **CCP Portal** means the secure, online platform required by the ACP that facilitates clinical pharmacists to create and upload CPD documents.
- d. **Continuing education (CE) cycle** means the dates that mark the beginning and end of the annual program cycle as established in the ACP Bylaws.
- e. **Continuing education unit (CEU)** means a unit of credit equivalent to a period of time spent undertaking self-directed learning activities.
- f. **Continuing professional development** means developing, maintaining, and enhancing the knowledge, skills, and experience related to professional activities in a self-directed manner throughout a clinical pharmacist's career.
- g. **Implementation record** means an online form on the CCP portal that must be completed to document which learning was implemented into practice.
- h. **Learning activities** means any accredited or non-accredited learning activity undertaken by the clinical pharmacist to fulfill the annual requirements.
- i. **Learning record** means an online form on the CCP portal that must be completed for all learning activities undertaken by the clinical pharmacist and submitted as part of a professional portfolio.
- j. **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.
- k. **Peer assessor** means a clinical pharmacist contracted by ACP and appointed by the competence director to assess professional portfolios.
- l. **Practice of pharmacists** means the scope of practice described in Schedule 19, Section 3(1) of the HPA.
- m. **Prescribed learning activity** means the learning activities prescribed by the competence committee every CE cycle that must be completed by a clinical pharmacist.
- n. **Practice Improvement Program (PIP)** means a program that will support practice improvement of clinical pharmacists who demonstrate practice and competence deficiencies.
- o. **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, which is submitted annually for each CE cycle by the clinical pharmacist to the ACP.

Continuing Competence Program

1. In accordance with the SPCC and the ACP Bylaws, the CCP is comprised of
 - a. CPD including
 - i. annual requirements for clinical pharmacists, and
 - ii. the PIP, and
 - b. competence assessments, including practice visits.

Continuing professional development: annual requirements for clinical pharmacists

Annually, clinical pharmacists identify learning activities of their own choosing and apply that learning to their practice. The undertaking and implementation of learning to practice allows clinical pharmacists to continuously develop their practice in alignment with their learning needs, clinical practice, and expectations of the legislative scheme².

2. All clinical pharmacists must complete the program annually, during each CE cycle, to meet requirements to renew their practice permit. The CE cycle is set out in the [ACP Bylaws, #49](#).
 - a. By May 31 a clinical pharmacist must submit a professional portfolio in the CCP portal.
3. A clinical pharmacist must complete the following requirements in each CE cycle:
 - a. complete a minimum of 15 CEUs,
 - b. record all learning on one or more learning record(s),
 - c. implement at least one CEU worth of learning into their practice and document this on an implementation record, and
 - d. complete the prescribed learning activity required by the competence committee.
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.
 - a. The accreditation process assures pharmacists that a program has been reviewed for quality, unbiased content, and relevance to practice.
 - b. Accredited learning activities include continuing pharmacy education programs accredited by the
 - i. Canadian Council on Continuing Education in Pharmacy (CCCEP),
 - ii. Accreditation Council for Pharmacy Education (ACPE), or
 - iii. any Provincial and Territorial Pharmacy Regulatory Authority in Canada.
7. The accrediting body determines the number of CEUs for an accredited learning activity.

Non-accredited learning activities

8. A non-accredited learning activity is any learning activity related to the practice of pharmacists 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.
9. A non-accredited learning activity includes a variety of activities a clinical pharmacist undertakes to improve their practice.
 - a. 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.

² The legislative scheme includes the Acts, regulations, standards of practice, and Code of Ethics that describe the expectations of regulated members providing professional services.

- b. Non-accredited learning includes those programs accredited for other professionals but not for pharmacists, such as continuing medical education (CME).
 - c. Non-accredited learning activities may include but are not limited to
 - i. structured learning in the form of non-accredited independent study programs;
 - ii. group courses (e.g., First Aid and CPR courses);
 - iii. workshops, online programs;
 - iv. education programs (e.g., Pharm D);
 - v. conferences;
 - vi. collaboration with colleagues, co-workers, and/or other healthcare professionals;
 - vii. completing research, writing papers, and/or giving presentations;
 - viii. precepting or mentoring;
 - ix. supporting the skill development of a colleague or co-worker; and
 - x. 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.
10. 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 15 minutes is 1.25 CEUs).

Professional portfolio

Learning record

11. A learning record is an online form on the CCP portal. It must be completed for all accredited and non-accredited learning. On a learning record, a clinical pharmacist will record
- a. the title of the learning activity;
 - b. the date the learning activity took place;
 - c. whether it is an accredited or non-accredited learning activity;
 - d. the accreditation number for an accredited learning activity;
 - e. the number of CEUs claimed;
 - f. the type of learning activity (e.g., group program, workshop, self-study, etc.);
 - g. the competency categories that the learning relates to;
 - h. whether new knowledge or skills was acquired, or current knowledge or skills was confirmed;
 - i. the key elements learned; and
 - j. the impact of the learning on practice.

12. As part of the learning record, a clinical pharmacist will be required to describe the learning activity and explain how it relates to the competency category chosen. For accredited learning, they must also identify the accrediting body and provide the accreditation number.
 - a. The learning record also includes one optional question designed to help a clinical pharmacist devise a potential implementation objective. Should a clinical pharmacist want to implement the learning, answering this question will assist them in determining how to apply this learning to their practice and draft an implementation objective.
13. A clinical pharmacist may complete as many learning records as they wish. However, in a CE cycle, they must submit learning records that document at least 15 CEUs.
14. 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. For example, if a clinical pharmacist took a course accredited for nurses at 10 CEUs, they must create two learning records for the course, splitting the CEUs between the two records.
15. There is no limitation to the number of accredited CEUs a clinical pharmacist can record on a learning record. For example, if a clinical pharmacist attends a conference that was accredited for 10 CEUs, they could create one learning record documenting all 10 CEUs or create two or more learning records and split the 10 CEUs between two or more learning records.

Implementation records

16. The implementation record is an online form on the CCP portal. It documents which learning a clinical pharmacist has implemented into their practice, why they chose to implement it, and what their 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;
 - 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.

Refer to Appendix A for further information on what is to be recorded on the implementation record.

17. A clinical pharmacist is required to complete one implementation record in each CE cycle; however, the CCP portal allows a clinical pharmacist to work on up to three implementation records in each CE cycle.
18. An 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.
 - a. The implementation record also includes one optional question that encourages a clinical pharmacist to reflect on what they learned as a result of the implementation and what they would do differently. In addition, they are asked to reflect upon whether they identified areas for future implementation objectives or the need for future learning.

19. In addition to creating learning records and an implementation record, a clinical pharmacist must keep supporting documentation for a period of two years from the date of completion of the learning activity or competence assessment. 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.

Prescribed learning activity

20. The prescribed learning activity is the learning activity prescribed by the competence committee every CE cycle that must be completed by a clinical pharmacist.
 - a. 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 that is relevant to clinical pharmacists.

Submitting a professional portfolio

21. A clinical pharmacist must submit their professional portfolio to ACP through ACP's CCP portal annually, on or before the end of the CE cycle of each year.
22. All responses in the learning records, implementation record, and prescribed learning activity should be legible and complete, contain answers that correspond to the questions asked, and be completed only by the clinical pharmacist submitting the portfolio. Responses to the questions must not be copied from, or shared with, other clinical pharmacists.

Refer to Appendix B for further information on the navigating the CCP portal and submitting a professional portfolio.

Self-assessment

23. 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 clinical pharmacists are strongly encouraged to use the tools available to reflect on their practice before completing a professional portfolio.

Refer to Appendix C for further information on the self-assessment section.

Continuing professional development: audit of professional portfolios

Professional portfolios are audited to assess whether a clinical pharmacist has met the program's objectives, achieved the established standards, and adequately demonstrated that they have implemented newly-acquired or reinforced knowledge and/or skills into their practice.

Following the audit of professional portfolios, the competence committee, a committee of peers, may prescribe further learning activities (e.g., webinar) and competence assessments (e.g., practice visit) to a clinical pharmacist who does not meet the established standards of the CCP. The learning activities are prescribed to support the betterment of a clinical pharmacist's professional practice and the competence assessments are prescribed to assess for practice and competence deficiencies.

24. Clinical pharmacists may be selected for an audit of their professional portfolios through any of the following:
 - 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.

25. Once a clinical pharmacist has been selected for an audit of their professional portfolio, a competence case is opened.
26. The competence committee oversees the audit of professional portfolios submitted by clinical pharmacists.
27. The competence committee determines the nature and scope of audits to ensure they are performed in a professional and fair manner and may give direction to the competence director.
28. The competence director appoints a clinical pharmacist contracted by ACP as a peer assessor to audit professional portfolios.
29. 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 is objective and fair.
30. 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 22;
 - 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.
31. 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 to ACP.
32. The competence director will make one of the following three findings with respect to the results of an audit:
 - a. Established standards are met.
 - i. The results of the audit are satisfactory, and the clinical pharmacist is placed in Category 1. Feedback may be provided to improve future portfolios.
 - b. Established standards are not met, but the deficiency is minor in nature.
 - i. The results of the audit are unsatisfactory because the clinical pharmacist has not fully complied with the CPD annual requirements or rules of the CCP, but the non-compliance is minor in nature.
 - ii. Feedback is provided to facilitate remediation by the clinical pharmacist. The clinical pharmacist is placed in Category 2.
 - c. Established standards are not met, and the portfolio has significant gaps, errors, or omissions.
 - i. The results of the audit are unsatisfactory because the clinical pharmacist has not fully complied with the CPD annual requirements or rules of the CCP, and the non-compliance is more serious.
 - ii. The clinical pharmacist is placed in Category 3 and referred to the competence committee to determine further action.
33. 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 37.
34. A clinical pharmacist in Category 2 will be subject to audit in the next CE cycle.

35. A clinical pharmacist in Category 3, or in Category 2 during two consecutive audits, must meet the CPD annual requirements 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 one or more 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 Standards 14 and 15 of the SPCC, or
 - f. referral to the PIP.
36. A clinical pharmacist in Category 2 or 3 who
- a. meets the CPD annual requirements;
 - 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.
37. The competence committee may direct with reasons that a clinical pharmacist placed in Category 1 under Rules 33 or 36 will either have
- a. an audit of their professional portfolio in the next CE cycle, or
 - b. their competence case closed.
38. 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 competence case.
39. A clinical pharmacist in Category 2 or 3 who
- a. does not meet the CPD annual requirements,
 - 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 35.

Additional Prescribing Authorization (APA) applications

40. 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.
41. A clinical pharmacist who applies for APA and is unsuccessful after two attempts will be referred to, and must comply with, the PIP.

Practice Improvement Program

In the PIP, a clinical pharmacist will engage 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 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.

42. The purpose of the PIP is to assess clinical pharmacists who demonstrate behaviour that suggests practice and competence deficiencies may exist. In addition to the CPD annual requirements, a clinical pharmacist referred to the PIP will be prescribed assessment and activities to support remediation of practice and competence deficiencies.
43. A clinical pharmacist may be referred to the PIP by the registrar, competence committee, the 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).
44. 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 assessments (Standards 6, 7, and 8, SPCC),
 - b. inspection or investigation (Part 3.1 HPA and Part 4 HPA), or
 - c. two unsuccessful attempts to obtain APA (Section 16, PPTPR).
45. Once a clinical pharmacist begins the PIP, a competence case is opened or, if one is already open, continued.
46. The competence director facilitates communication between the competence committee and a clinical pharmacist in the PIP. Within 60 days of referral to the PIP, the competence director informs a clinical pharmacist of the date when the competence committee will consider their competence case. The competence director will
 - a. Provide notice of the date of the competence committee meeting.
 - i. A clinical pharmacist may send information or materials to the competence director, for consideration by the competence committee, no less than 14 calendar days prior to the date the competence committee will consider the case.
 - b. Provide documentation (e.g., from learning activities, competence assessments, practice visits) to the competence committee including all information provided by a clinical pharmacist.
47. The competence director provides the directives of the competence committee to the clinical pharmacist within 30 calendar days following the decision of the competence committee.
48. The competence director or their designate monitors the clinical pharmacist throughout the PIP for compliance and progress with directives of the competence committee. The clinical pharmacist is responsible for responding to correspondence from ACP and meeting with the competence director, or their designate, on the agreed upon dates, and at the time and location specified.
 - a. If the clinical pharmacist must reschedule a meeting, they are expected to do so no less than three business days in advance of the scheduled meeting date.
 - b. If the clinical pharmacist fails to participate in the meetings or frequently reschedules the meetings, their case will be referred to the competence committee for further consideration and direction.

49. A clinical pharmacist remains in the PIP until the competence committee deems the clinical pharmacist to have satisfactorily completed all directions made by the competence committee. The competence case will close at the direction of the competence committee.
 - a. In accordance with Standard 12 of the SPCC, a clinical pharmacist voluntarily enrolled in the PIP may request the competence committee to temporarily suspend their participation.
 - b. To make the request, the clinical pharmacist must send the request and related information or materials to the competence director, for consideration by the competence committee, as described in Rule 46.
50. When a clinical pharmacist's competence case is closed under the PIP, they will not be randomly selected for audit in the five CE cycles that follow the closure of their competence case under the PIP.

Application to Council for review

51. When the competence committee directs that action be taken under the authority of Standards 14 and 15 of the SPCC, the clinical pharmacist may request a review of that direction by Council.
52. To request a review, the clinical pharmacist must
 - a. identify the direction to be reviewed,
 - b. provide written reasons for the request for review, and
 - c. pay the fee established by Councilwithin 30 days of being sent a copy of the decision of the competence committee.
53. Within 30 days of receiving a request for a review, the registrar must notify the clinical pharmacist of the date, time, and place at which Council will conduct the review.
54. Council must start the review within 60 days of the date the request for a review was received by the registrar.
55. 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.
56. The Council must give the clinical pharmacist and the competence committee a written copy of its decision under Rule 55 with the reasons for the decision.

Conclusion

ACP has created the CCP to assist clinical pharmacists in meeting their responsibilities as outlined in the Code of Ethics. It is intended to help them identify and document appropriate learning activities and implement that learning into their practices. It is a clinical pharmacist's responsibility to become familiar with the program and to participate in it annually to demonstrate that they are working to maintain and enhance their competence.

Appendix A

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.

Appendix B

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 Standard 13 of the SPCC states that it is your responsibility to keep your supporting documentation, for a period of two years.

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.

Appendix C

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 (e.g., NAPRA Professional Competencies for Canadian Pharmacists at Entry-to-practice)	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.