Newfoundland and Labrador Pharmacy Board

Interpretation Guide

Professional Development Requirements for Pharmacists and Pharmacy Technicians

Approved September 21, 2018

1) Introduction

The *Pharmacy Act, 2012* establishes a quality assurance program that includes mandatory continuing education and professional development, and that is designed to promote continuing competence and quality improvement. Section 7 of the *Pharmacy Regulations, 2014* goes on to specify the minimum requirements for registrants under this program:

> *7. Every pharmacist and pharmacy technician shall participate in professional development as required by the board, including*
>
> *(a) completing a minimum of 15 continuing education units (CEUs) per calendar year of which at least half shall be from accredited programs;*
>
> *(b) submitting a professional development log containing information required by the board; and*
>
> *(c) maintaining a learning portfolio that contains the information required by the board.*

Each of these requirements is explained in more detail below.

2) Intentional Learning

The *Code of Ethics, 2014* highlights registrants' responsibility to continuously improve their professional knowledge and skills. The Code states that:

- Registrants must be aware of the limitations of their knowledge and skills and practice only within the boundaries of their professional competence; and
- Registrants must respond constructively to the outcomes of quality assurance assessments as well as other evaluations and reviews of their professional performance and undertake additional education and training when required.

Intentional learning enables registrants to meet their professional responsibilities. By definition, to be intentional means to act purposefully with a goal in mind and to have a plan for achieving it. Applying this to continuing professional development, intentional learning means that pharmacy registrants create specific learning goals based on:

- A self-assessment of their learning needs;
- Feedback from colleagues; and/or
- Feedback from the Board's quality assurance programs.

Registrants are expected to create a learning plan to achieve their learning goals and seek learning activities that address knowledge gaps and enhance competence.

3) Accredited vs. Non-Accredited Learning

3.1 Accredited Learning

a) *Assignment of CEU value*. For accredited learning, CEUs should be assigned as they are accredited, usually in increments of 0.25 CEUs with one hour of contact time equivalent to 1 CEU, except in special circumstances as detailed below.

b) *Acceptable Activities*. The following are considered acceptable accredited learning activities:

- Successful completion of programs accredited by:
  - Newfoundland and Labrador Pharmacy Board (NLPB) or another Pharmacy Regulatory Authority;
  - Canadian Council for Continuing Education in Pharmacy (CCCEP);
  - College of Family Physicians of Canada (Mainpro);
  - Royal College of Physicians and Surgeons of Canada (MOCOMP); or
  - Accreditation Council for Pharmacy Education (ACPE). (0.1 CEU as assigned by ACPE is equivalent to 1 CEU).
- Successful completion of a course related to pharmacy practice from an accredited university or college to a maximum of 5 CEUs per course.
- Successful completion of post-graduate pharmacy residency or Doctor of Pharmacy studies up to a maximum of 15 CEUs per year.
- Successful completion of Doctor of Medicine studies up to a maximum of 5 CEUs per "block" or 15 CEUs per "phase".

> **NOTE**: Registrants must meet the documentation requirements for accredited learning in order to document pharmacy or medical courses, programs, or studies as such. That is, reasonable learning objectives specific to pharmacy practice must be developed, appropriate take home messages must be documented, and reflection on applicability to the registrant's pharmacy practice must take place.

- Successful completion of the Pharmacy Examining Board of Canada (PEBC) Qualifying Examination for pharmacists or pharmacy technicians as follows:
  - 15 CEUs upon successful completion of Parts I and II
  - 10 CEUs upon successful completion of Part I only
  - 5 CEUs upon successful completion of Part II only

> **NOTE**: Registrants documenting successful completion of PEBC Qualifying Exams will not be expected to meet the same documentation requirements that are in place for other forms of accredited learning. In this case, registrants are instructed to follow the directions given on the Frequently-Asked Questions about Professional Development page of the NLPB website.

3.2 Non-Accredited Learning

a) *Assignment of CEU value*. Generally speaking, for non-accredited learning, CEUs should be assigned in increments of 0.25 CEUs with one hour of contact time equivalent to 1 CEU, except in special circumstances as detailed below.

b) *Appropriateness of Learning*. When documenting non-accredited learning, registrants should ensure that the learning is at a level consistent for a health care professional and not intended for the general public as well as giving consideration to the following:

- Does the activity enhance your skills as a regulated health professional?
- Is the activity related to the practice of pharmacy?
- Is the activity appropriate to your scope of practice (i.e. pharmacist; pharmacy technician)?
- Is the activity related to your area of practice?

Examples of acceptable non-accredited learning activities include, but are not be limited to:

- Self-directed learning/ research related to a pharmacy practice issue (such as an inquiry from a patient or another health care professional), or a self-identified knowledge gap (for example, if the registrant is entering a new practice area).
- Service as a preceptor. Registrants may self-assign 0.5 CEUs per week for service as a preceptor up to 6 CEUs per year. Appropriate supporting documentation for this activity would be a copy of the form, *Documentation of Credits for Service as a Preceptor,* (available on the Professional Development page of the NLPB website) completed for each student, intern, or technician candidate for whom he or she acted as a preceptor.
- Submission of Health Canada Adverse Drug Reaction reports. Registrants may self-assign 1 CEU per report up to 2 CEUs per year. Appropriate supporting documentation for this activity would be a copy of the submitted report.
- Acting as a PEBC OSCE assessor. Registrants may self-assign up to 1 CEU per year. Proof of participation required.
- Completion of CPR or First Aid courses. Registrants may self-assign up to 1 CEU per year. Supporting documentation must indicate date of completion.
- Preparation and presentation/publication of professional development programs. Registrants may self-assign 3 CEUs per program up to 6 CEUs per year. Appropriate supporting documentation for this activity would be a copy of the presentation and event program.
- Preparation and publication of pharmacy-related journal articles. Registrants may self-assign 3 CEUs per article up to 6 CEUs per year. Appropriate supporting documentation for this activity would be a copy of the article.
- Expert- or peer-review of professional development programs or journal articles. Registrants may self-assign 2 CEUs per program or article up to 6 CEUs per year. Appropriate supporting documentation for this activity would be a copy of the program or article.
- Participation in pharmacy-related research activities. Registrants may self-assign up to 3 CEUs per year. Proof of participation required.

During the audit process, the Professional Development Review Committee will review the registrant's assignment of CEU value, the appropriateness of the activities, and the supporting documentation provided.

4) Learning Portfolios

A Learning Portfolio is a collection of evidence kept by an individual to document his or her learning.

Registrants maintain their Learning Portfolios in the NLPB online Registrant Portal. Registrants can access this system by using the Registrant Login on the NLPB website. Once logged in, registrants must complete Learning Portfolio Records for each learning activity completed. The information on this Record then automatically populates the registrant's Learning Portfolio which is retained as part of the registrant's online profile in the registration system.

4.1. Learning Portfolio Records

a) *Accredited Learning*. For accredited learning, each Learning Portfolio Record must include the following information:

- *Learning Objectives.* For accredited learning, it is generally expected that the learning objectives will be supplied by the program provider. If not, or if documenting learning related to pharmacy or medical courses, programs, or studies, or for larger programs where this would be challenging, the registrant is responsible for developing their own reasonable learning objectives specific to pharmacy practice.
- *Take Home Messages*. Take home messages should reflect the learning objectives for a given program. They should not be generic statements but rather be specific and describe what the registrant actually learned from the program.
- *Relevance to Practice.* Finally, registrants are asked to indicate the applicability of the learning to their practice and how they intend to incorporate the learning into practice. If it turns out that an activity was not particularly relevant to his or her practice, the registrant is still expected to indicate what benefit was gained by completing the activity. For example, "This program was very relevant as we are planning to implement injection services at our pharmacy in the near future." Or, "While this program was not particularly relevant to my current practice, it was a great overview and update of this practice area."

b) *Non-Accredited Learning*. For non-accredited learning, each Learning Portfolio Record must include the following information:

- *Description of the Learning Activity.* The registrant is expected to give a brief description of the learning activity itself.
- *Description of Learning / Relevance to Practice.* In this section, the registrant should describe what he or she learned from the activity and/or how he or she intends to incorporate the learning into practice. If the registrant feels that the activity was not necessarily applicable to their practice, he or she is still expected to indicate what benefit to their practice was gained by completing the activity, as described in section 4.1 a) above.

4.2. Supporting Documentation

Regardless of the type of learning, supporting documentation must be retained for a minimum of 2 years, in case of audit.

a) *Accredited Learning*. In the case of accredited learning, supporting documentation usually takes the form of a record of participation or statement of completion that is supplied by the program provider.

b) *Non-Accredited Learning*. What constitutes appropriate supporting documentation is much more variable in the case of non-accredited learning. In this case, it is very dependent on the type of learning. For example if the learning was the result of a "formal" program, then the invitation, agenda or email confirmation would usually suffice. If a registrant is claiming credits for preparation of a presentation or

publication of a journal article, then a copy of the presentation or article and promotional material for the event would typically be expected. For service as a preceptor, use of the designated form is expected. For more information on appropriate supporting documentation for non-accredited learning, see section 3.2 b) above.

Registrants should contact the NLPB office for guidance if uncertain about the appropriateness of non-accredited learning activities and/or the validity of supporting documentation.

5) Professional Development Audit

5.1. Selection of registrants for audit

a) The audit period will usually be the previous registration year, although the time period may vary, if necessary.

b) Each year, a select number of registrants will be chosen for audit. Generally, registrants are selected for audit in the following ways:

- A percentage of registrants will be randomly selected. Please note that this may lead to a registrant being audited in consecutive years, or a registrant not being audited for a number of years.
- A registrant who has been non-compliant in the previous audit year may be audited again in the current audit year.
- A registrant who has been identified as not having been audited within a reasonable time frame or who has been flagged for audit through other quality assurance processes.

5.2. Notification to audited registrants

a) All audit-related notifications will be sent to the registrant's primary email address, as indicated in their online registrant profile.

> **NOTE**: In accordance with the NLPB Bylaws, registrants are responsible to keep their contact information up-to-date. Failure to do so does not absolve the registrant from audit requirements, and may result in an allegation of conduct deserving of sanction.

b) Registrants selected for audit will be notified of such by the end of January.

c) Registrants selected for audit will be asked to submit copies of all supporting documentation related to the learning activities recorded in their Learning Portfolio. The requested documentation must be provided within 14 days of notification. If, due to extenuating circumstances, the registrant is unable to comply with the audit requirements within this timeframe, the registrant may apply, in writing, to request extra time to submit the documentation.

5.3. Review of submissions from audited registrants

a) Once submitted, the Professional Development Review Committee, or designated reviewers, will examine the documentation to evaluate:

- Completeness and quality (i.e. appropriateness, depth, thoroughness) of the learning objectives, take-home messages and relevance to practice;
- Assignment of CEU value; and
- Acceptability of the supporting documentation.

b) If the information in the Learning Portfolio is deemed to be compliant and acceptable, the registrant will be notified and a copy of the results will be retained in the registrant's file.

c) If any of the information in the Learning Portfolio is deemed to be **not** compliant and acceptable, the registrant will be notified and given 14 days from the date of notification to respond to the noted discrepancies or deficiencies.

d) Once received, the response will be assessed and a determination made as to whether or not the response is acceptable.
    - If the response is acceptable, the registrant will be notified and a copy of the results will be retained in the registrant's file.
    - If the response is **not** acceptable, the registrant will be contacted and may be referred to the Complaints Authorization Committee for further action.