

Frequently asked questions

Continuing professional development for pharmacists and pharmacy interns

16 December 2015

The Pharmacy Board of Australia (the Board) developed these frequently asked questions (FAQ) to provide pharmacists and pharmacy interns with additional information and clarification on a range of issues relating to continuing professional development (CPD).

These FAQ cover the following issues:

- Meeting the annual requirements ([Questions 1 – 9](#))
- CPD activities ([Questions 10 – 32](#)), and
- CPD plan/records ([Questions 33 – 42](#)).

Pharmacists should refer to the following revised standard and guidelines published by the Board, which came into effect on 1 December 2015:

- Registration standard: Continuing professional development ([CPD standard](#)), and
- Guidelines on continuing professional development ([CPD guidelines](#)).

Meeting the annual requirements

1. For the CPD period starting 1 October 2015, have CPD obligations changed with the introduction of the revised CPD standard and CPD guidelines?

Yes. The revised CPD standard still requires pharmacists to undertake 40 CPD credits per CPD period, but it introduces a new requirement that every pharmacist plans their CPD. The CPD guidelines state that every pharmacist should develop a CPD plan which helps them to identify and undertake activities to meet their professional development needs.

Your CPD plan should include a broad range of activities relevant to your role or scope of practice. A detailed, verifiable record of activities undertaken should be kept. This should include an assessment of whether the intended outcomes of the activities have been achieved. Refer to [Question 38 to Question 41](#) for information on how to develop and maintain your CPD plan.

From 1 October each year, a new CPD period begins and you need to review your CPD plan, identify CPD activities and complete activities, ensuring you meet the minimum annual requirements by 30 September.

2. When must I complete the annual CPD requirements?

The CPD period is 1 October to 30 September each year and pharmacists holding general registration must achieve the annual requirements during this period and declare whether they met the standard at renewal of registration (due on 30 November).

Intern pharmacists must meet the annual requirements during their internship period which may not coincide with the above CPD period. At completion of their internship, intern pharmacists must ensure that the annual CPD requirements were met during the previous 12 months.

3. I work part-time, are my CPD obligations the same as for pharmacists working full-time?

Yes. The amount of CPD required does not depend on the hours you work.

4. What if I think I am not likely to complete or have not completed the number of required CPD credits by 30 September: Can I apply for an exemption from the CPD standard before renewal of registration?

No. If you intend to renew your registration and are not likely to meet the Board's CPD standard, you cannot seek an exemption from the standard ahead of applying for registration renewal.

If circumstances prevent you from undertaking the required annual CPD requirement, you must outline these circumstances in a letter to the Board when you make your renewal of registration application. The Board will consider this when assessing your application. Additional information is outlined in [Question 7](#) and [Question 8](#).

5. Do my CPD obligations change if I take a temporary break from practice?

If you practise at any time during a registration period, you must ensure you are up-to-date and competent to practise and therefore are required to meet the annual CPD requirements. There are no 'pro-rata' concessions if you practised for only part of a registration period.

During a break from practice, you can choose not to undertake any CPD. While this is acceptable, before returning to practice you have an obligation to ensure you are up-to-date and competent to practise in your intended scope of practice.

When applying to renew your registration, you will be required to declare that you meet the CPD requirements during the preceding period of registration. If you have not completed the required amount of CPD, refer to [Question 7](#) and [Question 8](#).

The CPD guidelines state that pharmacists who are absent from practice for a period between one to three years are required to:

- complete a minimum of one year's quota of CPD activities relevant to the intended scope of practice before recommencing practice, and
- meet the requirements specified in the Board's *Registration standard: Recency of practice*.

The Board does not view an absence of more than three years as a temporary absence. Practitioners who take more than a three years' break will be required to meet the requirements of the Board's *Registration standard: Recency of practice* and any supporting guidelines issued by the Board.

6. What if I've only held general registration for a few months when I renew?

You will need to review the CPD that you completed between the period of 1 October and 30 September prior to applying for renewal of general registration.

If you held **limited registration** before general registration (for example, pharmacists who practised in the United Kingdom, Ireland, Canada and the USA), CPD undertaken overseas can be counted towards the annual CPD requirements for general registration.

If you held **provisional registration** before general registration (for example, pharmacy interns who have recently gained general registration), CPD undertaken as an intern during the previous 12 months can be counted towards the annual requirement for general registration.

If you gained general registration **after a period of not being registered**, CPD undertaken as part of the returning to practice process can be counted towards the annual requirement. Also refer to [Question 5](#) for CPD obligations if you take a temporary break from practice.

If you still have not completed the required amount of CPD, refer to [Question 7](#).

7. What do I do if I need to declare at registration renewal that I have not completed the required number of CPD credits?

When you apply for registration renewal, you must submit a letter to the Board that includes:

- a record of any CPD you have, and
- why the CPD requirements have not been met (for example, a temporary absence from practice due to maternity leave from date X to date Y).

The inclusion of a CPD plan of activities to be undertaken during the next CPD period may help the Board to make a decision about your application.

8. What will the Board do if I do not meet the CPD requirement?

The Board will consider the information you submitted with your renewal application when determining whether to renew your registration.

The Board will then consider the following options

- registration without conditions (that is, decide that the CPD you have completed in your circumstances is sufficient)
- registration with conditions (for example, requiring you to submit your CPD plan and subsequently provide evidence of meeting the CPD obligations and/or meet any other requirements as determined by the Board), or
- refuse registration.

9. I have completed more than the minimum number of CPD credits. Can I roll over my excess credits to the next CPD period/year?

No. The requirement for each CPD period is a minimum of 40 credits and there is no upper limit. This approach allows pharmacists to pursue their professional development interests. Only CPD activities that are completed during the CPD period (1 October through to 30 September) can be counted.

You may need to complete more than the minimum amount to meet your learning needs for your role or scope of practice.

CPD activities

10. How will I choose my CPD?

Your choice of CPD activities should be made as part of developing and maintaining your CPD plan. CPD activities should:

- be **relevant** to your scope of practice
- be of **significant intellectual or practical content** and deal primarily with matters directly related to the practice of pharmacy
- meet the Board's requirement for **CPD credits** (40 CPD credits, at least 20 of which are Group 2 and/or Group 3 activities), and
- consist of a range of different types of activities and CPD activity groups (Group 1, 2 and 3).

CPD activities delivered by an education provider should:

- be conducted by someone who is qualified by practical or academic experience in the material covered, and/or
- cover subject material from reputable sources.

Unplanned, valuable learning activities may become available to you during the CPD period. Your CPD plan should be treated as a dynamic document, which can be amended to incorporate such learning activities.

11. How will I know if the CPD activities are relevant to my scope of practice?

To decide whether a CPD activity is relevant to your scope of practice, it may be helpful to ask yourself these questions:

- Will this improve my practice as a pharmacist?
- Will I be able to use this information in practice?
- Will this prepare me for new/future roles as a pharmacist?

12. Can I earn CPD credits for developing my CPD plan?

No. CPD credits can only be accumulated as a result of undertaking CPD activities relevant to your scope of practice.

13. My practice as a pharmacist doesn't involve direct patient care. Do I need to choose CPD activities that are related to the practice of pharmacy with direct patient care?

No. The CPD standard specifically states that CPD must be 'relevant to your scope of practice', where practice means:

'any role, whether remunerated or not, in which the individual uses their skills and knowledge as a pharmacist in their profession. For the purposes of this registration standard, practice is not restricted to the provision of direct clinical care. It also includes working in a direct non-clinical relationship with clients; working in management, administration, education, research, advisory, regulatory or policy development roles; and any other roles that impact on safe, effective delivery of services in the profession.'

Scope of practice is defined in the CPD standard as:

'the professional role and services that an individual health practitioner is educated and competent to perform.'

Your obligation is to choose CPD activities relevant to your scope of practice, however, you are not precluded from choosing other types of CPD (e.g. activities relevant to patient care) if this information is useful in your role.

14. How will I know if the CPD activity is of significant intellectual or practical content and deals primarily with matters directly related to the practice of pharmacy?

CPD activities may cover a range of topics that include but are not limited to:

- clinical education with a patient care focus
- leadership or management education
- quality improvement, and
- quality use of medicines or other topics relevant to practice as a pharmacist.

If a CPD activity is accredited by an authorised provider, the Board will accept that the activity has been reviewed for its educational quality and for its relevance to a pharmacist's practice.

If a CPD activity is not accredited by an authorised provider, you will need to assess it for suitability and relevance and determine whether your individual learning needs will be addressed.

Maintaining detailed and verifiable records of CPD activity is part of your responsibility as a registered pharmacist.

15. Can I include in-house CPD provided by my workplace?

Yes, if the activity has addressed your CPD learning needs as identified in your CPD plan. Hospital grand rounds, pharmacist continuing education meetings and quality improvement activities that take place in the workplace are often counted as CPD.

16. Can I include time spent supervising or tutoring intern pharmacists/students as CPD?

Supervision of students and interns is part of day-to-day practice for supervising pharmacists, and is not CPD.

If you develop and deliver training material for teaching students or intern pharmacists that improves your practice, this may be considered as CPD. You will need to consider the definitions of Group 1, 2 and 3 activities in the CPD guidelines to determine how many credits can be assigned to this activity. For example, Group 3 CPD requires assessment of existing practice, undertaking/facilitating a quality improvement activity, and then reflecting on and evaluating the results of the activity.

Using someone else's prepared teaching material can only be considered as CPD if you are learning from the information through familiarising yourself with the material, and then delivering the material.

Remember, CPD activities need to be documented and the subject material suitably described in accordance with the Board's CPD guidelines.

17. I am updating an old presentation/old teaching material, and then will deliver it to the intended audience. Can I include this as CPD?

Yes, provided there is reasonable learning taking place.

You cannot accumulate additional CPD credits by delivering the same presentation on multiple occasions.

18. I am giving a presentation prepared by someone else. Can I include this as CPD?

Yes, provided there is reasonable learning taking place during the time you spent familiarising yourself with the material and delivering the material. You will need to consider the definitions of Group 1, 2 and 3 activities in the CPD guidelines to determine how many credits can be assigned to this activity.

19. Can I include some of my day-to-day practice as CPD?

Perhaps. There is a difference between acquiring knowledge or a new skill and then proceeding to apply that knowledge or practise that skill. Pharmacists should consider the difference between CPD and practice in the examples outlined below.

Table 1 – differences between CPD and practice

Example of CPD activity	Practice (not CPD)
Learning about therapeutic drug monitoring	Checking a patient's phenytoin level and making a recommendation to a doctor
Updating a first aid qualification	Providing first aid to a customer with a graze
Researching and developing a tutorial/lecture/presentation and delivering it for the first time	Delivering the material in its original state at all subsequent times
Researching an answer to a drug information query	Using the knowledge gained to provide an answer to a similar drug information query in the future

20. I find it difficult to physically attend CPD events to achieve enough CPD credits. Is this going to make it difficult for me to meet the annual CPD requirement?

CPD opportunities can often be identified in the workplace. Remember much of your learning is carried out as part of new situations that arise in everyday practice. Try to document every CPD opportunity you have in your workplace and everyday practice.

It is helpful to choose some CPD activities that include interaction with peers, recognising that this is not always a practical option. For those who have difficulty attending CPD events in person (for example, those in rural settings or with small children), there are many other CPD options available, for example through websites, webcasts, video-conferencing, email groups and CD/DVD or journals.

Current CPD requirements are flexible and allow individual pharmacists to arrange their learning schedule and choose across a wide range of activities to meet their CPD needs.

21. Can I include revision as CPD?

Yes, providing there are benefits to you in undertaking the revision. For example, pharmacists can claim CPD when they complete a refresher course in first aid in order to maintain a valid certificate. Pharmacists are encouraged to undertake a variety of activities across a range of CPD activity groups; repeating the same activity within a short period of time is unlikely to provide much benefit. For example, if including journal reading as CPD, a particular journal article can be useful to review periodically but should not feature more than once in your annual CPD record.

22. How do I determine the appropriateness of non-accredited CPD?

It is the responsibility of the individual pharmacist to assess non-accredited activities for quality, suitability and relevance and to determine whether individual learning needs are likely to be addressed by undertaking these activities. Consideration should be given to the experience, expertise and qualifications of the presenter(s), the format of the activity and whether it includes opportunities to interact with your peers, which you may find more valuable. Accreditation of an activity through a non-pharmacy organisation (for example, medical colleges accredited by the Australian Medical Council (AMC)) can provide some assurance of quality of the CPD activity.

Activities considered as inappropriate CPD include:

- a talk delivered by a pharmaceutical industry representative on a specific product which does not cover the subject material in a thorough and balanced way (however, follow up activities such as researching references might be considered as CPD under self-directed learning), and
- a lecture that is designed for other health professionals and which does not adequately address your specific learning needs.

After a CPD activity has been undertaken, you should consider whether/how the activity has impacted your practice (this should also be documented on your CPD plan). If the activity did not address your CPD needs and will not impact your practice, it cannot be counted as CPD and contribute towards you meeting the requirements of the CPD standard.

23. Is there a mandatory amount of CPD that has to be accredited?

No. At this stage, the Board has decided not to introduce a mandatory requirement for a proportion of a pharmacist's CPD activities to be accredited, as this requirement is not sufficiently justified by the current literature.

24. What are self-directed CPD activities?

Self-directed CPD activities are those you identify or devise and complete to maintain and extend professional competency as opposed to activities delivered by education providers. This requires you to identify suitable resources and plan your time to meet the desired learning outcomes relevant to your scope of practice. Examples of self-directed learning activities can include researching an answer to a drug information query at work, or reading a monograph on a new drug and conducting follow up research on the drug class and the medical condition(s) the drug treats.

25. I am studying medicine/other non-pharmacy degree. Does this count as CPD?

Not necessarily. As for all CPD activities you first need to consider your personal learning needs relevant to your scope of practice to maintain competence as a pharmacist and undertake activities to meet these needs. As for all CPD activities, for study in a non-pharmacy discipline to count as CPD, it needs to address competencies as a pharmacist (see the [National Competency Standards Framework for Pharmacists in Australia, 2010](#)) and be relevant to your scope of practice as a pharmacist.

Elements of business degrees, for example, can address competency standards 3.1 – 3.5 relating to leadership and management and can be used as part of a broader CPD plan to address all CPD needs in your current practice. The Board expects that a pharmacist's CPD plan will include sufficient breadth and depth of activities to address their full scope of practice.

26. Is there a minimum or maximum limit on CPD credits from Group 1, Group 2 and/or Group 3 activities?

Out of the required 40 CPD credits of the Board's annual CPD requirements, at least 20 must come from Group 2 and/or Group 3 activities (that is, a maximum of 20 CPD credits can come from Group 1 activities). There is no restriction or cap on activities from Groups 1, 2 and/or Group 3 that can be undertaken by a pharmacist in a CPD period in order to meet their learning needs.

27. How do I convert a Group 1 activity to a Group 2 activity?

Group 2 activities involve assessment of the knowledge you have gained. This assessment can be formal or informal. Completing assessments that are provided at the end of a journal article (Group 1 activity) will convert it to a Group 2 activity. Formal education courses provide assessments in the form of examinations, submission of assignments or learning portfolios, or assessing your contribution to discussion groups, participation in workshops etc. There is also provision for more informal assessment processes. For example, if you choose to maintain a reflective journal about your experiences while completing the activity and applying the knowledge gained, then the activity could be considered Group 2.

28. How do I convert a Group 1 or Group 2 activity to a Group 3 activity?

Many Group 1 and Group 2 activities can be converted to Group 3 activities. A pharmacist can make an assessment of existing practice and the need for changes in this practice (including any barriers to successfully changing it), take information gained at a Group 1 or Group 2 activity such as a lecture (with or without assessment), develop a policy for implementation at the workplace and then implement the policy and monitor the outcomes resulting from this activity. Demonstrating practice change is a Group 3 activity and a pharmacist can claim three CPD credits per hour of activity.

29. If I fail the questions on an assessment for a Group 2 activity, can I still count the activity as CPD?

Yes. If the Group 2 activity included an opportunity for re-assessment and this was successfully completed, the activity would remain a Group 2 activity. Otherwise, a Group 2 activity with a failed assessment result can only be counted as a Group 1 activity, provided adequate learning has taken place.

As adult learners, it is expected that pharmacists reflect on their performance in an assessment situation and use the opportunity to add to their knowledge and correct any misinterpretation of the material. If responsible reflection takes place, learning will also occur. This could result in the pharmacist incorporating other activities into their CPD plan.

CPD providers may offer further information on opportunities for reassessment. They may also place limitations on participants including activities in their annual CPD records, depending on the assessment results or the number of attempts made to complete the questions.

30. If I undertake a CPD activity while working can I count this too?

Yes, within reason. For example, detailed review of reference texts to answer a drug information query at work can contribute to your CPD. Reading a journal article to familiarise yourself with your patient's condition would be considered as CPD.

Receiving information from a pharmaceutical industry representative may be difficult to justify as CPD as you may not be able to cover the subject material in a thorough and balanced way. However, any follow up activities such as broader research on the topic might be considered as CPD (as self-directed learning).

For non-accredited CPD, it is the pharmacist's responsibility to assess potential activities for quality, suitability and relevance, and to determine whether these will address their individual continuing professional development needs.

31. Where can I access CPD activities?

There are several options available for pharmacists to undertake CPD. Both the CPD standard and CPD guidelines published by the Board give examples of CPD activities.

CPD activities are offered by pharmacy organisations and other providers. Membership of an organisation that provides CPD activities is not necessary to gain access to CPD, although it can provide benefit to pharmacists. Pharmacists also have access to free CPD activities via the internet, free publications and publications subscribed to by employers. Online access to CPD has improved dramatically over recent years, which has been of particular benefit to pharmacists who live remotely or are unable to attend events in person.

If relevant to pharmacy practice, GP education or other similar multi-disciplinary education meetings can be potential sources of CPD. Undertaking a Group 3 activity in which a pharmacist takes initiative to facilitate quality or practice improvement can be done in a pharmacist's own workplace.

Some examples of different types of CPD activities that a pharmacist may access are outlined below.

Table 2 – examples of CPD activities

Group/ Credits/Descriptor	Examples
Group 1: information accessed without assessment (one Board CPD credit per hour of activity) Descriptor: didactic presentations, and activities with little or no attendee interaction. Out of the 40 CPD credits required to meet the Board's annual CPD requirements, a maximum of 20 CPD credits can come from Group 1 activities.	- attend or listen to CPD presentations - attend conferences or seminars - reading journals - prepare for an external review (for example, Australian Council on Healthcare Standards, Quality Care Pharmacy Program), or - researching an issue to support the care of a patient.
Group 2: knowledge or skills improved with assessment (two Board CPD credits per hour of activity) Descriptor: activities where the participant's acquisition of knowledge or skills can be demonstrated, for example through successful completion of some form of assessment. The activities provide for the measurement of a participant's achievement of the continuing professional development objectives and individual feedback on performance in assessments. Out of the 40 CPD credits required to meet the	- undertake CPD and then do a formal assessment with a defined pass mark (for example, multiple choice questions or other types of structured assessments related to online modules, education events or journal reading) - gain some form of credentialing by assessment or examination - undertake formal postgraduate courses - participate in an interactive workshop - undertake a case study (for example, National Prescribing Service) - research and prepare an accredited learning activity, or - maintain a log or reflective journal in relation to an activity to demonstrate the achievement, problem

Group/ Credits/Descriptor	Examples
Board's annual CPD requirements, a minimum of 20 CPD credits must come from Group 2 and/or Group 3 activities.	management and knowledge acquired.
Group 3: quality or practice-improvement facilitated (three Board CPD credits per hour of activity) Descriptor: activities where an assessment of existing practice (as an individual or within a pharmacy practice), and the needs for, and barriers to changes in this practice, is carried out before the development of a particular activity. As a result, the activity addresses identified continuing professional development needs with a reflection post-activity to evaluate practice change or outcomes resulting from the activity. Such an activity most likely will extend over a number of weeks or months. To determine whether an activity is a Group 3 activity, it can be useful to ask: • does the activity bring about practice change? • does the activity improve the knowledge of other practitioners? • has the existing level of practice that I wish to improve, been assessed? • can the outcomes be quantified or measured? Out of the 40 CPD credits required to meet the Board's annual CPD requirements, a minimum of 20 CPD credits must come from Group 2 and/or Group 3 activities.	• prepare and deliver teaching material that results in measurable practice change • give a conference presentation (paper or poster) that involves changed practice or will promote practice change • publish a paper in a peer-reviewed journal demonstrating practice change and outcomes following the implementation of a change in practice • provide the lead in workplace quality or practice improvement activities through an activity such as a drug utilisation review, a redesign of procedures to improve workflow/standard of service or a research project • research, prepare and present material for a tutorial, publication, in-house/external continuing education • undertake a National Prescribing Service Audit/Pharmacy Practice Review in your workplace and use this to facilitate practice change, or • active involvement in a special interest group leading to demonstrated practice change.

Many pharmacy organisations have helpful materials on their websites, such as:

- The Society of Hospital Pharmacists of Australia (SHPA): www.shpa.org.au
- Pharmaceutical Society of Australia (PSA): www.psa.org.au
- Australian College of Pharmacy (ACP): www.acp.edu.au
- Pharmacy Guild of Australia (PGA): www.guild.org.au
- NPS Medicineswise: www.nps.org.au, and
- Medicines Safety Update: www.tga.gov.au

32. I am an intern pharmacist. What activities from the intern training program (ITP) can I include as CPD?

Most activities arising from self-reflection or performance appraisal to address gaps in knowledge and to maintain and further develop skills are suitable for inclusion. The ITP provider can provide further clarification. The following table provides a guide to the types of activities that an intern pharmacist might include in their CPD plan and CPD record. It aims to differentiate between activities that must be completed for entry to the profession and other CPD activities.

Table 3 – activities from ITP that can be included as CPD by intern pharmacist

Activity	Type of requirement	Can it be counted towards the minimum CPD credit in the intern's CPD record?
Extemporaneous product assessment	Requirement for general registration	No
First aid course	Requirement for general registration	No
First aid course – update	CPD (if a certificate is no longer valid and needs updating)	Yes
Attendance at ITP (lectures, seminars, workshops to deliver core knowledge)	Requirement for general registration	No
Completion of ITP provider developed course work and assessments (to assess ITP delivered core knowledge)	Requirement for general registration	No
Completion of activities which involve intern self-reflection or performance appraisal to address gaps in knowledge and the development of skills to meet individual needs articulated in the intern's learning plan	CPD	Yes

CPD plan/records

33. Do I have to submit my CPD plan/records to the Australian Health Practitioner Agency (AHPRA)?

(Intern pharmacists, please refer to [Question 34](#))

You should maintain up-to-date detailed records of the activities undertaken as part of your CPD plan, however, you only need to submit your CPD plan/records to AHPRA if:

- at renewal time, you declare that you did not meet the CPD registration standard, or
- at any time during a registration period, you are selected for audit of compliance with the registration standards (AHPRA will advise pharmacists who are audited when to submit their CPD plan/records).

The annual CPD recording period is 1 October to 30 September and pharmacists renewing their general registration by 30 November must declare whether they have met the annual CPD requirement during that period.

34. I am an intern pharmacist. Who do I submit my CPD plan/records to?

Intern pharmacists holding provisional registration must submit their CPD plan/records to their intern training program (ITP) provider as part of the assessment of successful completion of the ITP program. This should be done towards the end of the internship period, as it should demonstrate that the intern has planned and completed CPD that helped them during their internship. The ITP provider may also request to see an intern's CPD plan towards the beginning of the internship period.

As they would for any other assessment or work that is to be submitted as part of the ITP, the ITP provider should provide information to intern pharmacists about timeframes for accepting the CPD plan/records.

35. I am an intern pharmacist. What do I have to provide to my intern training program (ITP) provider as proof of my CPD?

Intern pharmacists should plan their CPD and keep records in the same way as pharmacists holding general registration. They are also required to maintain a portfolio containing any evidence of completion of CPD for auditing purposes. Refer to [Question 38 to Question 41](#) for information on planning CPD and the amount of

detail to include in your records. You should also consult your ITP provider to ensure that you provide a CPD plan/records in accordance with any specific instructions they have.

36. How long do I have to keep my CPD plan/records?

All pharmacists (including interns) are required to keep the CPD plan/records and any supporting documentation for the previous three full CPD periods. This will provide you with suitable records not only for the 12-month auditable CPD period but also for a recency of practice application should you return after an extended absence from practice.

37. Does everyone need to have a CPD plan?

Yes, as outlined in the Board's revised CPD standard and CPD guidelines which came into effect on 1 December 2015, every pharmacist must plan their CPD and have a CPD plan for each 12-month CPD period.

Intern pharmacists are also required to develop a CPD plan for their internship period that includes CPD activities that are separate or in addition to the intern training program activities and on the job training activities.

An audit of compliance with the CPD standard will require evidence of the plan and the associated CPD activities.

38. How do I develop a CPD plan?

As part of the process of maintaining competence and extending scope of practice, all pharmacists are expected to identify knowledge gaps or needs requiring further development, through self reflection and assessment of their performance – that is, to identify their continuing professional development needs. This requires pharmacists to be familiar with and able to use the [National Competency Standards Framework for Pharmacists in Australia, 2010](#) (Competency Standards Framework).

Step 1: identify the competencies relevant to your role and the pharmacy services you provide or intend to provide.

Step 2: identify through self-reflection and assessment of your performance, the competencies which need further development by undertaking CPD (your continuing professional development needs).

These two steps should be the basis for a CPD plan, to guide pharmacists in selecting relevant CPD activities that help them in achieving their goals for continuing professional development.

Pharmacists should refer to Section 1.8 *Developing a Professional Practice Profile* in the Competency Standards Framework, which also describes this process.

A CPD plan forms a valuable part of the CPD records. Periodic review and amendment (if required) of the CPD plan will enable pharmacists to reflect on whether the activities undertaken enabled them to achieve these goals. This may lead to the pharmacist seeking additional CPD activities to address their professional development needs.

39. Do I need to have a CPD plan for each 12 month CPD period?

Yes, a pharmacist must have a CPD plan for each CPD period (1 October – 30 September). An audit of compliance with the standard will require evidence of the plan and the associated CPD activities.

Pharmacists are also encouraged to regularly review and amend (if required) their CPD plan during the CPD period, particularly if there have been changes to their role and the services they provide. Pharmacists should update the competencies relevant to their scope of practice by following the two-step process outlined in [Question 38](#). A well-maintained CPD plan can then be carried through to the next CPD period, if the pharmacist so chooses.

40. What should a CPD plan include? Is there a specific format?

A CPD plan should be clear and structured to enable auditing, however the format has not been prescribed by the Board. The professional pharmacy organisations may provide suggestions for developing CPD plans.

The CPD plan and record of activities undertaken should be clearly interrelated (see [Question 41](#)). A sample CPD plan/record is provided at [Question 42](#), and a blank template is also available on the Board's website. Alternative CPD plans and/or records may also be available on the CPD provider websites (refer to [Question 31](#) for pharmacy organisation websites).

41. What do I need to include in the CPD record? Is there a specific format?

The Board's CPD guidelines outline the details that you must include in your record of CPD activities. You can use the records of CPD activities maintained by CPD providers on your behalf, keep your own records or both. The blank template CPD plan/record available on the Board's website may also be of use.

While there is no specific format required (for example, electronic or hardcopy), the Board's CPD guidelines outline that records of CPD undertaken must include the following details:

- the area identified requiring continuing professional development. For example, relevant competencies (standards and/or elements and/or performance criteria) from [competency standards framework](#), as detailed in your CPD plan)
- the start and finish date of activity
- the source or provider details (for example, journal name or provider name)
- the type of activity (for example, journal article, seminar, lecture, workshop)
- topics covered during the activity
- accreditation status
- CPD activity group (Group 1, 2 or 3)
- how the activity has impacted practice (this should also be documented on your CPD plan), and
- the number of Board CPD credits assigned.

Records should be clear, verifiable and easily retrievable for audit. It is helpful to incorporate into a portfolio, copies of certificates of attendance, copies of presentations, assessments or other material associated with an activity.

Pharmacists should ensure that online records maintained by providers on their behalf are accessible, should they be audited. This can require printing the record. Some providers offer this service free to non-members; other providers can require a paid membership to be able to access and/or retrieve their records.

Your CPD portfolio should include your CPD plan, as well as documents reviewed which helped you to identify your learning needs.

42. Does the Board have a sample CPD plan/record

Yes, the following example of a CPD plan/record is provided as guide to assist pharmacists to develop their CPD plan and record the CPD activities undertaken.

The Board has also made available a blank CPD plan/record, which pharmacists can download and use to develop and maintain their own CPD plan and record.

The first two columns should be completed at the beginning of the CPD period, and reviewed and amended throughout the CPD period as required (refer to [Question 39](#)). The remainder of the columns are to be completed as you progressively undertake activities to enable you to reflect on what you have learned and how it has impacted your professional practice.

Sample CPD plan/record

Areas I have identified requiring professional development (List of relevant competencies (standards and/or elements and/or performance criteria) from the competency standards framework)	Actions I will take to meet my professional development needs? (planned activities)	Activities I have undertaken to meet my professional development needs and how these have impacted my practice (CPD activities and post-activity reflection)							
		Start and finish date of activity	Source or provider (e.g. journal name, provider name)	Type of activity (e.g. journal article, seminar, lecture, workshop)	Topics covered during activity (specify all topics covered)	Accreditation status (accredited or non-accredited)	CPD activity group (Group 1, 2 or 3)	Number of Board CPD credits assigned	How the activity has impacted my practice
Standard 1.1 - Practice legally, Element 3 – Respect and protect the consumer's right to privacy and confidentiality	Familiarise myself with new Australian Privacy Principles and Pharmacy Board of Australia Code of conduct. Identify published information (e.g. in pharmacy journals, professional organisation websites) that address changes in privacy legislation and the relevance to pharmacists.	1 – 15 Dec 2015	Australian Government - Office of the Australian Information Commissioner website Pharmacy Board of Australia website	Accessed and read over the following published information: • Australian Privacy Principles • Pharmacy Board of Australia Code of conduct for pharmacists	• Privacy principles that must be complied with • Patient confidentiality and privacy considerations for pharmacists	Non-accredited	Group 3	2 hours (6 credits)	Introduced several privacy template forms into workplace Trained staff on the requirements to ensure privacy obligations are met in the workplace.

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Areas I have identified requiring professional development <i>(List of relevant competencies (standards and/or elements and/or performance criteria) from the competency standards framework)</i>	Actions I will take to meet my professional development needs? <i>(planned activities)</i>	Activities I have undertaken to meet my professional development needs and how these have impacted my practice <i>(CPD activities and post-activity reflection)</i>							
		Start and finish date of activity	Source or provider (e.g. journal name, provider name)	Type of activity (e.g. journal article, seminar, lecture, workshop)	Topics covered during activity (specify all topics covered)	Accreditation status (accredited or non-accredited)	CPD activity group (Group 1, 2 or 3)	Number of Board CPD credits assigned	How the activity has impacted my practice
		1 – 15 Dec 2015	PSA website	Accessed information on PSA website re 'Privacy obligations for pharmacists'.	• Patient confidentiality and privacy considerations for pharmacists	Non-accredited	Group 3	1 hour (3 credits)	As above
		1 – 15 Dec 2015	Pharmacy Board of Australia website	Identified in Pharmacy Board of Australia revised guidelines where privacy is addressed and revised guidance.	• Disclosure of information • Protection of electronic data • Privacy considerations when supplying DAAs	Non-accredited	Group 3	1 hour (3 credits)	As above

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Areas I have identified requiring professional development <i>(List of relevant competencies (standards and/or elements and/or performance criteria) from the competency standards framework)</i>	Actions I will take to meet my professional development needs? <i>(planned activities)</i>	Activities I have undertaken to meet my professional development needs and how these have impacted my practice <i>(CPD activities and post-activity reflection)</i>							
		Start and finish date of activity	Source or provider (e.g. journal name, provider name)	Type of activity (e.g. journal article, seminar, lecture, workshop)	Topics covered during activity (specify all topics covered)	Accreditation status (accredited or non-accredited)	CPD activity group (Group 1, 2 or 3)	Number of Board CPD credits assigned	How the activity has impacted my practice
Standard 2.7 – Supervise personnel	Review available options for preceptor training (e.g. explore certificate courses available, contact the ITP provider) and complete course within the first quarter of my intern's internship period)	10 Mar 2016	XXX university	Preceptor training seminar	- Teaching /supervision of interns - Devising an on-site training plan - Assessment of the intern	Accredited	Group 2 (included assessment activities)	8 hours (16 credits)	Better understanding of the Board's requirements for supervised practice, to ensure that we are complying. I have a better understanding of different learning styles, and have altered my teaching techniques to better suit my intern's preferred style – improvement in learning outcomes for my intern. Review of the on-site training plan for my intern so topics better coincide with topics covered in the ITP program.

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Areas I have identified requiring professional development <i>(List of relevant competencies (standards and/or elements and/or performance criteria) from the competency standards framework)</i>	Actions I will take to meet my professional development needs? <i>(planned activities)</i>	Activities I have undertaken to meet my professional development needs and how these have impacted my practice <i>(CPD activities and post-activity reflection)</i>							
		Start and finish date of activity	Source or provider (e.g. journal name, provider name)	Type of activity (e.g. journal article, seminar, lecture, workshop)	Topics covered during activity (specify all topics covered)	Accreditation status (accredited or non-accredited)	CPD activity group (Group 1, 2 or 3)	Number of Board CPD credits assigned	How the activity has impacted my practice
Standard 6.1 – Deliver primary and preventative health care, Element 2 – Identify management options – specifically for the treatment of croup	Research topic in pharmacy references and do online search for journal articles or other published information	15 Apr 2016	Pharmacy references - APF, Therapeutic Guidelines and AMH	Reading	• Causes of croup • Symptoms • Treatment options (prescription and over the counter medicines) • Non drug advice • When to refer	Non-accredited	Group 1	3 hours (3 credits)	I am more confident in recognising croup, providing advice on management options and knowing when to refer patient to a medical practitioner.