

# FAQs on CPD

## What is the point of Continuing Professional Development?

CPD is a requirement of continued registration, and it is legally required under the National Law. The requirement is there for a reason, however, and this article briefly explains the why, the what and the how. To get more out of your CPD (and to access some CPD itself).

### KEY POINTS

1. CPD is intended to be a process where you maintain and improve your current levels of competency and familiarity with all aspects of your scope of practice; it is **NOT** merely a process of collecting enough credits to meet the Pharmacy Board's registration requirements.
2. CPD should be planned based on critical reflection on your scope of practice and areas where you could or should learn more.
3. Your CPD Plan should take into account the types of issues you commonly encounter in your practice, for example, the services you offer and the clinical conditions which are commonly encountered in your practice.
4. CPD comprises much more than formally accredited activities; any activity which contributes to learning relevant to your practice is CPD and should be recorded.
5. Reflection on what you have learned and/or how what you have learned will affect your practice is an essential part of the learning process and must be recorded.
6. If you are not in a patient facing role, your scope of practice must be clearly identified and articulated.

CPD can easily be misunderstood and undervalued. We are often tempted to think of it as just another hoop to jump through, another thing to tick off to stay registered, another pile of paperwork to be completed. But that is not how it is meant to be considered – there are many good reasons for it:

- staying up to date with clinical topics and therapies gives you the confidence you are helping your patients as much as you can
- it helps prepare you for the introduction of new services or opportunities
- if you are an owner, it gives you the ability to check that your employees are on the ball, clinically, legally and ethically
- it can give you ideas about how you might change your role or scope of practice, AND
- it helps you to practice legally, professionally and ethically

The Pharmacy Board of Australia requires you to have both a CPD plan – the details of the education you believe is necessary and appropriate for you, and a CPD Log – the details and reflection of the activities you have completed. The Pharmacy Board Guidelines for CPD can be found [here](#), and you should make sure you are very familiar with them (you can even record your reading of the Guidelines as CPD – bonus!).

### Some common misconceptions

1. Only accredited CPD counts. **FALSE** – anything that improves your knowledge or skills can be counted as CPD. You simply need to keep track of the number of hours you spent on the activity.
2. I do plenty of CPD so I don't need a Learning Plan. **FALSE** – the Board requires one, and it is the framework for structuring your CPD. It helps to make sure you are not missing any part of your scope of practice

3. If I create a Learning Plan, I have to stick to it rigidly. **FALSE** – you need a Learning Plan to help identify gaps and relevant activities, but you can also do other CPD which is not part of the Plan.
4. Only accredited CPD can be counted as Group 2. **FALSE** – although it is true that much accredited CPD has been assessed as group 2, any activity which involves assessment of your learning can be counted as Group 2.
5. I only need to do 40 credits, so it's enough just to record the minimum CPD. **FALSE** – you should be able to show how your CPD has addressed any gaps in your practice, and you should also show that you have completed CPD which relates to most or all aspects of your scope of practice.
6. I am not currently practicing so I don't need to do CPD. **FALSE** – unless you have changed your registration to “Non-practising”, it is a requirement of your continuing registration. In fact, it is probably more important to complete CPD if you are not currently practising.

Two case studies highlight some consequences of not maintaining current competency.

#### Case study 1

The dispensing of medicinal cannabis became legal in NSW several years ago, and a Sydney suburban pharmacy was approached by a Cannabis Clinic to be the supplier for their patients. The owners agreed and began dispensing, on a small scale at first, but before long they were supplying medicinal cannabis for patients well beyond the local area, and even into other States.

An investigation by the Pharmaceutical Regulatory Unit (PRU) of the Ministry of Health, identified that there were significant deficiencies in the practices, including a lack of compliance with the prescribing, storage, dispatch and record-keeping of medicinal cannabis products. The owners admitted that they had not undertaken adequate education and training about these requirements before agreeing to supply, and admitted that this may have led to potential harm to patients. For example, they admitted that they had not considered the temperatures which the medical cannabis products might have been exposed to when shipped to distant locations such as Western Australia.

Council hearings identified that some of the owners did not work at the pharmacy involved and did not dispense medical cannabis from their other stores. The Council was critical of all owners for not ensuring that each one of them was familiar with the requirements for medical cannabis supply before taking on the service, and found that as a result they had fallen short in their oversight as proprietors.

**Principle:** Not only do pharmacists working in a pharmacy need to be sufficiently educated and familiar with all the services offered, so do the owners, as they need to be sufficiently capable of exercising oversight of all aspects of their pharmacies. All owners and employee pharmacists should have undertaken CPD to ensure this was the case.

#### Case study 2

A pharmacist working in a busy Sydney suburban pharmacy found himself being asked to supply large quantities of opioids, benzodiazepines and other CNS active medications to a number of patients of a local pain specialist. This specialist was regarded as being the undisputed expert in pain management, and had built a reputation as someone who would treat patients whose pain had not been adequately managed by other physicians. Unfortunately, however, he was found to be prescribing improperly and illegally. As part of the investigation into the prescriber, the PRU identified the pharmacist's actions as also being in breach of the poisons legislation and creating a potential risk to the health and safety of the public.

Further investigation revealed that this pharmacist had not engaged in any recent CPD about pain management, the use of opioids and other strategies in chronic pain, recommended opioid dosages, the potential for misuse of medications, or the legalities and ethics of supplying Schedule 8 medications. During a period when he was prohibited by the Pharmacy Council from handling Schedule 8 medications, the pharmacist reflected on his failure to maintain current knowledge and competency about a central part of his daily practice, and developed a CPD Learning Plan which identified and highlighted these gaps. He then undertook a structured program of reading and accredited activities to remedy his deficiencies, and was able to demonstrate to the Council that he was no longer a risk to the public. His CPD Learning Plan for the following year showed that he had continued to reflect on those areas of his practice which needed updating.

**Principle:** Reflection on the current state of your practice, including the currency of your knowledge, is the starting point for developing a CPD Plan. CPD activities can then be chosen to address any gaps, or areas where you would like to become more proficient.

### Next steps

1. If you do not already have one, create a Learning Plan for the next 12 months. You can download versions from the Pharmacy Board, PSA, SHPA, Pharmacy Guild and other professional organisations. Choose the one which suits you best, or create your own if you prefer, as long as it meets the Board's requirements.
2. Identify and write down your scope of practice and include all the roles you cover (eg hospital pharmacist, pharmacy owner, educator, consultant pharmacist, diabetes educator, preceptor, compounding pharmacist etc).
3. Reflect honestly about your current knowledge and skills relating to your scope of practice.
4. Identify one or two (more if you can) areas where you think you can improve.
5. Actively search for, and complete, activities which will help you to improve in those areas.
6. Record what you have done and your thoughts/reflections on the significance of your learning and/or how what you have learned will make a difference.
7. Come back to your Learning Plan from time to time and update it if necessary.

### Quiz

If reading this article has helped you understand CPD better, it may be appropriate for you to record it as CPD itself. You should calculate the number of hours spent on the activity – reading and completing the quiz. If you answer at least 4 of the 5 questions correctly (answers in the next newsletter), you can multiply the number of hours by 2 and record the credits as Group 2. If you do not complete the quiz successfully, you can count the hours as Group 1 credits.

### Test questions

1. What is the maximum number of Group 1 credits that can be counted towards your annual CPD?
  - A. 10
  - B. 20
  - C. 30
  - D. There is no limit
2. On which dates does the "CPD year" start and end?
  - A. 1 January and 31 December

- B. 1 April and 31 March
  - C. 1 July and 30 June
  - D. 1 October and 30 September
3. Which of the following activities can validly be counted as Group 2 CPD credits? More than one option may be correct.
- A. Reading the Pharmacy Board of Australia CPD Guidelines
  - B. Reading an online journal article and successfully completing the assessment questions
  - C. Watching a webinar presented by a professional organisation such as the PSA or SHPA
  - D. Completing and passing a written assignment and receiving feedback on your answers
4. Which of the following elements must be included in a pharmacist's record of CPD activities? More than one option may be correct.
- A. The number of credits claimed for the activity
  - B. The topics covered in the activity
  - C. A comment on how the activity has or will influence your practice
  - D. The date(s) on which the activity was undertaken
5. Indicate whether each of the following statements is **TRUE** or **FALSE**.
- A. It is not mandatory to complete CPD if you are registered but not currently working as a pharmacist.
  - B. All pharmacists are required to maintain competency in relation to Domains 1 and 2 of the current version of the *National Competency Standards Framework for Pharmacists in Australia*.
  - C. The Pharmacy Board of Australia recommends that pharmacists undertake a variety of CPD activities.
  - D. Only accredited activities may be counted towards the Pharmacy Board CPD requirements.

### Answers

- 1. B
- 2. D
- 3. B, D
- 4. A, B, C, D
- 5. FALSE, TRUE, TRUE, FALSE