

# **ENRICH VIC**

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## APPENDIX ONE

### EVALUATING PROGRAMS AND MATERIAL OFFERED AS PHARMACY SPECIFIC CONTINUING PROFESSIONAL DEVELOPMENT

The intent of this appendix is twofold:

- a. To provide guidance to pharmacists about methods for assessing content and structure of programs and materials relevant and effective to their needs;
- b. To provide guidance to continuing professional development (CPD) providers about content and structure which pharmacists will be seeking in order to meet their professional development needs.

It is the Board's intention that this information will act as a guide to pharmacists for the purpose of evaluating available CPD options. Each individual pharmacist has the opportunity to determine the appropriateness of the program and/or material being presented bearing in mind the criteria set out below. The overriding objective for CPD is ultimately to benefit the patient through improved practice of pharmacy.

In broad terms, professional development programs or material should be concerned with all aspects of pharmacy practice through all age levels, including physical, behavioural and psychosocial components. The CPD programs should promote co-operative and collaborative abilities necessary for working with others to achieve optimal care which recognises the patient's right of choice. CPD programs should:

- Have a significant patient care focus. Therefore, professional activities likely to increase standards of care are eligible for CPD Points;
- Demonstrate high clinical and ethical standards. Content of programs must reflect accepted practice based on critical appraisal of scientific literature. Theories and techniques which are not supported by scientific evidence nor generally accepted by the profession will not be eligible for CPD Points;
- Allow adequate time for discussion and questions – usually around 25% of the total time;
- Provide each pharmacist who attends the activity with a record of their participation if requested;
- Demonstrate pharmacist involvement in planning the educational activity;
- Demonstrate significant relevance to the practice of pharmacy and may include active peer involvement;
- Provide a method of evaluation of the educational activity.

Pharmacists in evaluating the outcomes for professional development undertaken should be able to demonstrate or at least consider the likelihood of:

- Improved performance in area of practice after educational activity;
- Improved health outcomes for patients;
- A change in the knowledge or skills base of the participant.

There are suitable opportunities for professional development from non-pharmacy providers even though the programs and material may not meet some of the above guidelines.

## APPENDIX TWO

### CPD POINTS ALLOCATION GUIDE

#### Minimum requirements each calendar year – 20 CPD points

To meet the minimum requirements of 20 CPD points each year, pharmacists are expected to undertake a broad range of activities which best suit their individual CPD plans.

The Board applies caps to various types of activities as a means of encouraging inclusion of a broad range of CPD activities in a CPD plan, as no single type of activity (e.g. journal reading or non-assessed reading) is likely to meet a pharmacist's CPD needs.

Consideration should be given to CPD activities which require participants to undertake objective assessment. The feedback provided from participation in assessments is considered useful to a pharmacist's professional development.

The following are indicators for pharmacists to use in allocating CPD Points for activities undertaken and to complete their annual record of at least 20 CPD points:

- One point allocated for each hour of continuing professional development;
- Not more than 15 CPD points can be claimed from one particular type of activity;
- A maximum of 5 CPD points resulting from unassessed reading (research, reference books, unassessed journal reading etc) may be counted;
- A maximum of 5 CPD points resulting from self-assessed reading (e.g. journal articles with assessments) may be claimed;
- Assessed reading is allocated additional points on the basis of:
  - answering five questions gains half a point
  - answering ten questions gains one point

Note: When undertaking reading which includes an assessment component, if the participant does not progress to the assessment component, the activity is considered to be unassessed reading

#### Some examples of CPD Point allocations for specific activities

Activity	CPD Point allocation
Intern training (pre-registrant)	12 points to be divided between supervisors and preceptors as determined within each practice based upon actual contact time
3 <sup>rd</sup> year and 4 <sup>th</sup> year university pharmacy placement program	1 point per student for each week of placement
QCPP implementation	15 points; points to be divided between pharmacists based upon proportion of input and development time
QCPP CQI maintenance	Up to 5 points depending on pathway chosen in reporting process
QCPP Re- accreditation	10 points
Standards Maintenance Assessment (SMA) visit, success	1 point

Standards Maintenance Assessment, acceptance and completion of further training	2 points
HMR accreditation through AACP	15 points
National Prescribing Service audit	4 points
Senior first aid certificate which is valid for 3 years	10 points
First aid certificate recertification	5 points

### Validating CPD activities

The Board's role in ENRICHVIC is independent from the CPD service providers. It does not approve individual CPD activities or providers. The community of pharmacy will be in a position to seek and receive CPD activities of appropriate scope, flexibility and quality.

The Board strongly believes the users of any service are the best determiners of the quality of that service and has decided that each pharmacist should have the opportunity to determine the appropriateness of the program and/or material being presented, bearing in mind the criteria outlined in the Guidelines for Evaluating Programs (refer Appendix One). However, the Board does reserve the right to refuse participants' points.

There will be many CPD activities eligible for CPD points that will not actually have officially allocated CPD points. These activities will be legitimate for the purposes of gaining CPD points, however, it will be important to have put in place, a capacity to authenticate or verify that these CPD activities have been undertaken in an attempt to address the needs described in a pharmacist's CPD plan, thereby satisfying any future audit process.

### Recording and documentation

The guidelines for the provision of material by professional organisations specify that any presentation or lecture must be accompanied by a certificate or acknowledgement of attendance. Thus for these activities, documenting participation is quite simple. Internet education providers should all provide evidence for completion of modules.

Workplace training and staff education sessions often require the keeping of minutes or attendance registers. Such initiatives provide the opportunity to gather the required documentation.

The lack of a formalised structure to some on-the-job training suggests that the only guide that can be used is the precise documentation of what has been done, how it has helped the pharmacy and most importantly how it has helped the consumers of the pharmacy's services. This may be where end-points are more easily documented, e.g. improvement in frequency of counselling events through change in workflow of dispensary.

**While there are a wide range of activities that will be accepted for CPD points, there has to be an appropriate level of documentation that indicates the activities have been undertaken.**

Refer to the pro-forma recording sheets in Appendix 6 (Learning Plan – 4 Stage Record Sheet) and Appendix 7 (Annual ENRICHVIC CPD Activity Summary).

## APPENDIX THREE

### ENRICHVIC EXAMPLE ONE

Tony Black is a community pharmacist who has been practising pharmacy for 14 years. He managed community pharmacies initially when he first registered, but five years ago purchased the first of his now two pharmacies.

#### Stage 1 – Reflect on current practice

Tony reviewed his competencies as part of his Continuing Professional Development using the Competency Standards Assessment Tool. He found that he did not understand exactly what each element was referring to, so downloaded the original document *Competency Standards for Pharmacists in Australia* from the Pharmaceutical Society of Australia website. On viewing the evidence guide for the elements in question Tony found that he was competent in all areas of his current practice.

Tony then had to review the areas of his current practice that would benefit from further professional development. These areas included:

- Improving business skills and workflows within pharmacy;
- Maintaining his knowledge of current issues relating to pharmacy;
- Maintaining his commitment to training of pre-registrant (intern) pharmacists.

#### Stage 2 – Formulate plan

Tony formulated his plan generating a structure for his professional development. To address the areas recognised in stage 1, Tony planned to complete a business course run by the Australian College of Pharmacy Practice and Management. As a maintenance program for current pharmacy issues, journal reading and Internet communications form the basis of this development. Maintaining his commitment to training of pre-registrant pharmacists, Tony planned to continue his placement of one pre-registrant (intern) each year. The first two stages were recorded on the 4-stage record sheet as shown below.

## ENRICHVIC 4 STAGE RECORD SHEET

**For use as a record of planning and implementing professional development**

<b>Stage 1</b> What have you identified as areas that require professional development?	<b>Stage 2</b> What actions will you take to meet your professional development needs?	<b>Stage 3</b> What actions have you taken to meet your professional development needs?  (note: may differ from stage 2 if plan has changed)	<b>Stage 4</b> What has been the outcome of this professional development? e.g. any change in practice or patient benefit?
<p><i>Areas for professional development</i></p> <ol style="list-style-type: none"> <li>1. <i>Business management and work flow</i></li> <li>2. <i>Maintenance of general pharmacy knowledge</i></li> <li>3. <i>Maintain current pre-reg program</i></li> </ol>	<p><i>Investigate management training course run by ACPPM</i></p> <ul style="list-style-type: none"> <li>• <i>General reading of AJP and Australian Pharmacist.</i></li> <li>• <i>Regular reading of AusPharmList</i></li> <li>• <i>Implement a system at pharmacy where all pharmacists get to read mailed manufacturer information.</i></li> </ul> <p><i>Continue with pre-reg each year. Participate in preceptor training every 3 years</i></p>		

Stage 3 of the EnrichVic program involves the implementation of the plan formulated in Stage 2. This is the doing part of the process. Time taken for this stage will vary depending upon the tasks allocated in the plan. Stage 3 may also vary from the initial plan depending upon the appropriateness of the initial plan. Sometimes it is not always possible to foresee exactly what is required at the beginning, but once part way through, the direction of professional development may change to aid reaching the desired end-point. The most important part of this stage is to document your progress. This allows you to clearly identify what you are doing, where you are up to and what still needs to be done.

Stage 3 went exactly to plan for Tony. After completing the CPD activity, Tony filled out the EnrichVic Activity Recording Sheet as shown below.

## ENRICHVIC ACTIVITY RECORDING SHEET

Name / Title of activity: *'Management of Migraine'* Date: *01/02/08*

Name of Provider: *Australian Pharmacist Journal*

### Describe the activity

*Read the Australian Pharmacist article 'Management of Migraine', answered ten questions online relating to the article and received feedback on my answers.*

### List the key issues / objectives / competencies addressed

*The objective is to obtain a greater understanding of migraine, to be able to provide more thorough and useful advice to patients, and to have a better understanding of when to refer the patient to a doctor.*

*Functional Area 6 - Provide primary health care, Competency Unit 6.1 - Assess primary health care needs*

*Functional Area 7 - Provide medicines and health information and education, Competency Unit 7.3 - Disseminate information*

### How will this information be used in practice?

*More optimal management of patients presenting to the pharmacy with symptoms of headache/migraine. More effective questioning/history-taking, increased confidence with providing advice on management of migraine, and having a clear understanding of cause for concern and referral to a doctor.*

Signature: *Tony Black* Date: *01/02/08*

Hours: *0.5 hours* ENRICHVIC Points: *1.5 points (0.5 hours + 1 point for 10 questions)*

The final stage is the review phase. What has been the outcome of the CPD undertaken? Special attention being given to:

- Improved performance in area of practice;
- Improved health outcomes for patients;
- A change in the knowledge or skills base of the participant.

Refer to the completed 4 stage record sheet for Tony's progress.

### ENRICHVIC 4 STAGE RECORD SHEET

<b>Stage 1</b> What have you identified as areas that require professional development?	<b>Stage 2</b> What actions will you take to meet your professional development needs?	<b>Stage 3</b> What actions have you taken to meet your professional development needs?  (note: may differ from stage 2 if plan has changed)	<b>Stage 4</b> What has been the outcome of this professional development? e.g. any change in practice or patient benefit?
<i>Areas for professional development</i>  1. <i>Business management and work flow</i>	<ul style="list-style-type: none"> <li>• <i>Investigate management training course run by ACPPM</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Correspondence course by ACPPM started 15/02/08. Expected date of completion September 2009</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Knowledge of issues affecting business key elements. Improved staff management freeing pharmacist for customer focus.</i></li> </ul>
2. <i>Maintenance of general pharmacy knowledge</i>	<ul style="list-style-type: none"> <li>• <i>General reading of AJP and Australian Pharmacist.</i></li> <li>• <i>Regular reading of AusPharmList</i></li> <li>• <i>Implement a system at pharmacy where all pharmacists get to read mailed manufacturer information.</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Continue subscription to both journals</i></li> <li>• <i>Establish routine in weekly workload to read general correspondence.</i></li> <li>• <i>System established for dissemination of information within the workplace</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Currency of knowledge maintained</i></li> </ul>
3. <i>Maintain current pre-reg program</i>	<ul style="list-style-type: none"> <li>• <i>Continue with pre-reg each year. Participate in preceptor training every 3 years</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Attended training seminar 2007 and maintained dialog with university ensuring a pre-reg student each year</i></li> </ul>	<ul style="list-style-type: none"> <li>• <i>Education opportunities for preceptor with current knowledge from pre-reg</i></li> </ul>

## ENRICHVIC EXAMPLE TWO

Mary Smith is a community pharmacist who is considering a change of career to working in a hospital pharmacy. Her role in this new position will involve mostly work in the dispensary, however some clinical work may be undertaken depending on the availability of pharmacists.

Mary, while reviewing the competencies as part of her Continuing Professional Development, recognised that her knowledge in therapeutic drug monitoring (TDM) certainly was not what it used to be when she first graduated and registered. Competency Unit 3.2 (Element 2) covers the required competencies with relation to TDM programs. See extract from the *Competency Standards Assessment Tool* below.

### Element 2: Initiate interventions

1. Assists patients' understanding of their medical condition and/or medication treatment.
2. Recommends to patients and/or carers, prescribers and other health professionals/facility personnel actions to improve drug use and effectiveness.
3. Recommends therapeutic drug monitoring (TDM) where indicated.
4. Ensures required TDM is performed according to therapeutic guidelines.
- 5S. Provides advice on dosing adjustments indicated by the results of TDM.
- 6S. Participates in the assessment of whether medication treatment is achieving therapeutic goals/outcomes.
- 7S. Makes recommendations to assist ongoing patient management based on consideration of test/investigation results and clinical parameters or outcomes.
8. Refers patients to their usual doctor or other health professional when their expertise is needed.

Are these elements part of the practice of pharmacy I undertake? Yes  No

If Yes, Based on my current practice:

I am competent

I am competent but feel that my practice will benefit from further professional development

In following the ENRICHVIC cycle, stage 1 is a review of current practice. This is where Mary has the chance to assess what she currently does (or plans to do in the future) and where she is able to improve her practice as a pharmacist.

Stage 2 involves the generation of a professional development plan, in this case with specific focus on TDM. While there is a broad range of opportunities to increase knowledge in this area, Mary has chosen four different approaches for her CPD:

- Completing a stand alone module from the Australian College of Pharmacy Practice titled *Interpreting Laboratory Results*;
- Completing an online module offered by Monash University on their PharmaCE website. Module titled *Clinical Pharmacy*;
- Personal reading including specific monographs in the AMH e.g. aminoglycosides;
- Establishing a mentoring system in the new workplace allowing time set aside for on-the-job training.

These plans are recorded on the EnrichVic "4 Stage Record Sheet". This record sheet forms part of Mary's required documentation, which provides an ongoing means of charting participation in professional development.

Stage 3 of the cycle is the implementation part of the process. This is where the plan that has been generated is put into practice. The time taken for stage 3 will vary depending upon the tasks allocated in Stage 2. Stage 3 may also vary from the initial plan depending upon the appropriateness of the initial plan.

Stage 3 for Mary mainly followed her plan. After completing the ACPP module however, she felt that the online module was not required. Personal reading was completed, including some extra references not thought of at the time of planning. Mentoring was established in the new workplace with a 15 minute meeting every second week, plus meetings when there was information that needed to be interpreted immediately.

Stage 4 of the cycle is the time for review. The questions, “Did I achieve what I originally set out to do?” and “Did this improve my practice as a pharmacist?” are important in making an assessment of the completed professional development. In both cases Mary has been able to answer in the affirmative. Mary now feels that she can complete the competencies, and with the knowledge and skills gained from professional development is able to deal with a variety of TDM issues.

Refer to the completed EnrichVic 4 Stage Record Sheet and the EnrichVic Activity Recording Sheet below.

### ENRICHVIC 4 STAGE RECORD SHEET

Stage 1 What have you identified as areas that require professional development?	Stage 2 What actions will you take to meet your professional development needs?	Stage 3 What actions have you taken to meet your professional development needs?  (note: may differ from stage 2 if plan has changed)	Stage 4 What has been the outcome of this professional development? e.g. any change in practice or patient benefit?
<p><i>Need to improve knowledge in the area of TDM</i></p> <p><i>Relates to Competency Unit 3.2 (Element 2)</i></p>	<ol style="list-style-type: none"> <li>1. <i>Investigate possibility of completing ACPP module titled Interpreting Laboratory Results</i></li> <li>2. <i>Consider completing online module at PharmaCE website – Clinical Pharmacy module might be useful</i></li> <li>3. <i>Personal reading including</i> <ol style="list-style-type: none"> <li>a. <i>AMH monographs</i></li> <li>b. <i>APF “Optimal Medicine Concentration Ranges”</i></li> <li>c. <i>Appropriate texts</i></li> </ol> </li> <li>4. <i>Establish a mentor for on-the-job training</i></li> </ol>	<p><i>ACPP module completed</i> <i>Started 5/2/08 Finished 5/5/08</i></p> <p><i>Decided against Internet learning as ACPP module covered required ground</i></p> <p><i>Reading list completed</i></p> <ul style="list-style-type: none"> <li>• <i>AMH monographs</i></li> <li>• <i>APF sections</i></li> <li>• <i>AJHP</i></li> <li>• <i>Merck Manual</i></li> <li>• <i>AMH’s Drug Choice Companion – Aged Care</i></li> </ul> <p><i>Mentor is Joe Smith</i></p> <ul style="list-style-type: none"> <li>• <i>Meet 15 mins every two weeks plus meetings as required</i></li> </ul>	<p><i>Desired outcome of meeting competency standards has been achieved</i></p> <p><i>Confidence coupled with knowledge allows benefit to patient with timely and accurate TDM advice</i></p>

## ENRICHVIC ACTIVITY RECORDING SHEET

Name/Title of activity: *Therapeutic Drug Monitoring (TDM) mentoring* Date: *01/02/08*

Name of Provider: *Joe Smith (Hospital Clinical Pharmacist)*

### Describe the activity

*Since commencing the new job, four fortnightly meetings of 15 minute duration have been held with mentor discussing TDM principles, tools used when performing TDM, and case studies of various patients on medications requiring TDM.*

*Three additional meetings were held with mentor (each of approximately 10 minutes duration) to discuss patients that required immediate interpretation of information relating to TDM.*

### List the key issues / objectives / competencies addressed

*Inadequate knowledge of TDM due to lack of experience. New job requires adequate TDM knowledge and skills.*

*Functional Area 3 - Promote and contribute to optimal use of medicines,  
Competency Unit 3.2 - Participate in therapeutic decision making, Element 2  
- Review medication treatment.*

### How will this information be used in practice?

*Ability to recognize when TDM is required and to be able to perform TDM independently according to therapeutic and hospital guidelines in order to achieve positive therapeutic goals/outcomes for patients under my care.*

Signature: *Mary Smith*

Date: *01/02/08*

Hours: *3.5 hours*

ENRICHVIC Points: *3.5 points*

## APPENDIX FOUR

### RESOURCE EXAMPLES

The following are examples of resources which may be used as part of a CPD plan **provided that outcomes improve or maintain competence.**

Opportunities	Examples
Pharmacy related reading	<p><i>Pharmacy Trade, Mandatory and Recommended texts, Australian Prescriber, Journal of Pharmacy Practice &amp; Research, Australian Journal of Pharmacy, Australian Pharmacist, Board Circular, Guild Newsletter, Pharmaceutical Society Newsletter, DHS Newsletter, Medicare Newsletter, NPS News, ADRAC Bulletin, RGH Pharmacy E-bulletin, SHPA Newsletter, Overseas pharmacy journals.</i></p> <p>Refer APF <i>Internet Resources for Pharmacy.</i></p>
Formalised communications	Grand round, staff training, formal involvement with professional organisations, seminars, formal discussion with peers and colleagues, inter-professional committee meetings.
Formal study	<p>External assessment of journal reading</p> <p>PSA courses</p> <p>PharmaCE</p> <p>ACPPM</p> <p>AACP – HMR/DMMR accreditation</p> <p>Planned literature search</p> <p>Conferences (professional)</p> <p>University courses</p> <p>ACPP fellowship programs</p> <p>First aid training</p> <p>Preparation/delivery of material for presentation at education activities</p>
Other	<p>Student and intern preceptorship</p> <p>QCPP implementation</p>

APPENDIX FIVE

Name: \_\_\_\_\_ Reg No: \_\_\_\_\_ Year: \_\_\_\_\_

**ENRICHVIC LEARNING PLAN - 4 STAGE RECORD SHEET**

For use as a record of planning and implementing professional development

<b>Stage 1</b> What have you identified as areas that require professional development?	<b>Stage 2</b> What actions will you take to meet your professional development needs?	<b>Stage 3</b> What actions have you taken to meet your professional development needs? (note: may differ from Stage 2 if plan has changed)	<b>Stage 4</b> What has been the outcome of this professional development? e.g. any change in practice or patient benefit?

(Retain a copy of this record in your ENRICHVIC folio)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**APPENDIX SEVEN**

**ANNUAL ENRICHVIC CPD ACTIVITY SUMMARY**

**Name:** \_\_\_\_\_ **Reg No:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Use as a record of time and associated points for implementing professional development

<b>Date</b>	<b>Participation in Activity</b> <small>e.g. journal reading, course participation, on-the-job development, lecture participation, any activity that improves practice as a pharmacist</small>	<b>Associated CPD points</b>
<b>Total</b>		
(Aggregate Total)		

(Retain a copy of this record in your ENRICHVIC folio)

Activity Summary Page Number \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## NOTES

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## NOTES



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