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Record of my personal Continuing Professional Development (CPD)

Note: This template was compiled by the PSSA North West province branch for registered pharmacists, in order to save (electronic or paper-based) their CPD entries as part of their portfolio of evidence.

My Name and Surname:	P number:
Title of CPD (Reflection Title):	**Date this CPD was captured on my SAPC profile:**

By selecting this block ☐ **I, a registered pharmacist, declare that this is my own work and that I have not copied it or provided it to any other person.**

★ **Please also refer to Annexure A: Assessment Criteria and Annexure B: Domain information**

Step 1: Reflection - Identify a new learning need

Select one "Domain" (e.g. Domain 1) with a "Domain Competence" (e.g. Domain 1.1), by ticking the box containing the relevant number:

Domain 1	PUBLIC HEALTH
1.1. ☐	**Promotion of health and wellness** a. Provide advice on health promotion. b. Provide advice on disease prevention and control. c. Provide advice on healthy lifestyles. d. Participate in public health campaigns.
1.2. ☐	**Medicines information** a. Participating in pharmaceutical and therapeutics committees. b. Participating in antimicrobial stewardship. c. Applying principles of palliative care for management of patients with life-limiting conditions. d. Identifying and using medicine information centres and relevant evidence-based sources of information for medicines
1.3. ☐	**Professional and health advocacy** a. Participating in pharmaceutical and therapeutics committees. b. Participating in antimicrobial stewardship c. Applying principles of palliative care for management of patients with life-limiting conditions. d. Identifying and using medicine information centres and relevant evidence-based sources of information for medicines
1.4. ☐	**Health economics** a. Monitoring and encourage adherence to formularies and guidelines. b. Applying developed interventions to ensure cost-effective use of medicines. c. Participating in collecting pharmaceutical data to determine if pharmaceutical use is in accordance with the burden of disease.
1.5. ☐	**Epidemic and disaster management** a. Assisting in the implementation of the outbreak/disaster plan. b. Identifying disease trends in your pharmacy practice setting (patient based). c. Identifying threats for outbreak/disaster in your pharmacy practice setting (patient based).

1.6.	**Primary healthcare**	
	a.	Engage in lifestyle changes, in a multidisciplinary setting, that may prevent communicable and non-communicable diseases and/or improve therapeutic outcomes.
	b.	Participate in screening and disease prevention programmes and campaigns.
	c.	Advise patients on self-care and adherence to treatment regimens.
Domain 2	**SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES**	
2.1.	**Patient consultation**	
	a.	Undertaking consultations, in an appropriate setting, with minimal interruption, while maintaining verbal, auditory and personal privacy.
	b.	Using appropriate communication and questioning techniques to gather relevant patient information on allopathic, complementary and alternative medicines and therapy use.
	c.	Consulting with a patient and/or caregiver to determine health needs in a culturally sensitive manner.
	d.	Identifying the need for further information and/or referral to an appropriate healthcare provider/resource.
	e.	Where appropriate and after obtaining patient consent, using diagnostic aids and/or tests.
	f.	Where applicable, examining patient records to obtain patient medication and disease history.
	g.	Maintaining confidentiality of patient information in line with legislative requirements.
	h.	Keeping and maintaining appropriate records.
2.2.	**Patient counselling**	
	a.	Establishing existing understanding and knowledge of health conditions, medicines use for a patient and the need for counselling.
	b.	Counselling patients on the safe and rational use of medicines and medical devices (including selection, use, contraindications, storage, and side effects).
	c.	Listening effectively, using active and reflective listening techniques.
	d.	Using an appropriate counselling plan based on patient needs and ensuring the safe and effective use of medicine.
	e.	Maximising opportunities for counselling and the provision of information and advice to patients.
	f.	Communicating in a manner that demonstrates sensitivity to alternative customs and approaches to healthcare.
	g.	Using language, including verbal and nonverbal cues, that the patient is likely to understand.
	h.	Where appropriate, using instructional aids.
	i.	Obtaining feedback from the patient to confirm their understanding of the information provided during the counselling process.
2.3.	**Patient medicine review and management**	
	a.	Confirming patient adherence to a medicine regimen or treatment plan.
	b.	Assisting with medicine utilisation reviews.
	c.	Liaising with the prescriber or other healthcare professionals to ensure the optimal use of medicines.
	d.	Using appropriate protocols to ensure cost-effective use of medicines and medical devices.
	e.	Identifying patients requiring additional monitoring.
2.4.	**Medicines and medical devices safety**	
	a.	Reporting dispensing errors, side and adverse effects.
	b.	Keeping abreast of emerging medicine safety information.
	c.	Participating in prevention and resolution of medication errors.
	d.	Identifying medicines, and medical devices with quality issues and reporting according to applicable policies.
	e.	Identifying medicines and medical devices that are a high risk in respect of medication errors or that exhibit increased safety risks and taking steps to minimise and mitigate the risk.
	f.	Storing medicines and medical devices in a safe, secure, organised and systematic manner.
2.5.	**Therapeutic outcome monitoring**	
	a.	Monitoring therapeutic outcomes.
	b.	Consulting with other healthcare professionals to optimise therapeutic outcomes.
2.6	**Pharmacist initiated therapy**	
	a.	Assessing and treating a patient based on objective and subjective signs and symptoms as guided by relevant legislation and within the scope of practice.
	b.	Discussing the use of appropriate medicines and obtaining consensus from the patient, taking into account patient preferences, allergies and medical history.
	c.	Documenting any intervention, including medicine supply, according to current legislative requirements.
	d.	Referring patients, when required, to an appropriate healthcare provider/resource.
2.7	**Pharmacovigilance**	
	a.	Monitoring, receiving, recording and reporting quality defects, adverse drug reactions and events.
	b.	Performing post marketing surveillance studies.
2.8	**Clinical trials**	
	a.	Applying master documents (e.g. SOPs) according to GxP.
	b.	Compiling master documents.

Domain 3	SUPPLY OF MEDICINES AND MEDICAL DEVICES
3.1.	**Medicine production according to GxP**
	a. Applying SOPs and production documentation for receiving materials.
	b. Applying SOPs and production documentation for storage requirements of raw materials and finished products.
	c. Applying SOPs and production documentation according to the manufacturing process.
	d. Applying SOPs and production documentation to packaging process.
	e. Applying SOPs and review production documentation for final product release.
	f. Reviewing and applying SOPs and production documentation in line with quality management systems.
	g. Applying principles of validation.
	h. Applying section 15 of Act 101 to compile medicine registration dossiers.
3.2.	**Supply chain management**
	a. Monitoring and reporting stock requirements and shortages.
	b. Advising consumers/carers of reasons for the delay in supply of medicines and medical devices and implementing the contingency plans to ensure continuity of care.
	c. Using the tools to monitor and review stock levels.
	d. Supplying suitable alternative medicines and medical devices in emergency and life-threatening situations.
	e. Procuring medicines and medical devices in line with approved procurement/supply chain management policies and procedures appropriate to the practice setting.
	f. Distributing medicines and medical devices in line with approved protocols and policies developed in accordance with GxP.
	g. Supplying unregistered medicines in accordance with relevant legislation.
	h. Implementing an effective stock management and rotation system, including systems for forecasting patient needs and demands and contingency plans for shortages and discontinuations.
3.3.	**Formulary development**
	a. Contributing to product selection based on systematic evidence-based evaluation criteria, e.g. suitability for intended use, quality and cost of medicines and medical devices, safety profile, reliability of source and bioequivalence.
3.4.	**Medicine dispensing**
	a. Evaluating, interpreting and preparing the prescription in line with legislative requirements and informing patients of availability of generic medicines.
	b. Maintaining, reviewing and updating patient history.
	c. Performing a therapeutic review of a prescription to ensure pharmaceutical and clinical appropriateness of the treatment.
	d. Applying GPP principles and ensure accurate dispensing in an organised and systematic way, and applying sequential accuracy checks to all phases of dispensing.
	e. Preparing extemporaneous preparations according to GxP.
	f. Performing pharmaceutical calculations accurately.
	g. Consulting prescribers regarding anomalies or potential problems, e.g. incorrect doses, drug interactions.
	h. Documenting and recording all interventions.
	i. Using dispensing technology in line with practice specific protocols.
3.5.	**Medicine compounding**
	a. Applying pharmaceutical knowledge to the formulation and compounding of medicines.
3.6.	**Medicine disposal/destruction**
	a. Requesting patients to return any unused, unwanted and/or expired medicines to the pharmacy for safe disposal and implementing the protocols for any returned, unused, unwanted, expired and recalled medicines, including the assessment of impact on patient care and required patient follow up.
	b. Quarantine any returned, damaged, expired, recalled or discontinued medicines and implementing and monitoring the safe destruction and disposal of waste material, pharmaceutical products and cytotoxic products in accordance with relevant legislation.
	c. Applying the guidelines for recall of medicines.
Domain 4	**ORGANISATION AND MANAGEMENT SKILLS**
4.1.	**Human resources management**
	a. Contributing to the effective management of pharmacy personnel.
	b. Undertaking continuing professional development.
	c. Conducting self-assessments or appraisal in line with the performance management policy.
	d. Adhering to basic human resources management legislation, e.g. Labour Relations Act and Basic Conditions of Employment Act.
4.2.	**Financial management**
	a. Submitting patient prescription claims to health funders to ensure optimum use of patient benefits.
	b. Working according to the approved budget.
	c. Complying with all relevant legislative prescripts.
	d. Performing cost benefit analysis.

4.3.	**Pharmaceutical infrastructure management** a. Identifying pharmaceutical facility and equipment needs. b. Monitoring the suitability of pharmaceutical facilities and equipment. c. Working according to the approved workplace procedures and policies. d. Prioritising and organising workflow and demonstrate time management skills. e. Maintaining the existing pharmaceutical infrastructure.
4.4.	**Quality assurance** a. Participating in the update of the SOPs and attend training on SOPs. b. Assisting with procedures and processes that ensure quality assurance is achieved. c. Working according to the approved document management and recordkeeping systems.
4.5.	**Change management** a. Participating in change management processes within the team. b. Overcoming internal barriers and self-limiting beliefs to change by analysing the climate and the readiness for change followed by measures to improve personnel growth and contributing to organisational success and outcomes.
4.6.	**Policy development** a. Applying policies and b. Apply SOPs
Domain 5	**PROFESSIONAL AND PERSONAL PRACTICE**
5.1.	**Patient-centred care** a. Assisting patients to make informed healthcare decisions. b. Ensuring patient safety and quality of care are at the centre of the pharmacy practice. c. Upholding the patients' rights.
5.2.	**Professional practice** a. Practising in a manner that upholds professionalism. b. Treating all with sensitivity, empathy, respect and dignity. c. Taking responsibility for own actions and patient care. d. Maintaining a consistently high standard of work. e. Contributing effectively in a multidisciplinary team. f. Maintaining appropriate boundaries with patients, staff and other healthcare professionals according to established ethical and professional practice guidelines. g. Embracing technology and innovation that can improve patient care.
5.3.	**Ethical and legal practice** a. Applying the Pharmacy Act (No. 53 of 1974), the Medicines and Related Substances Act (No. 101 of 1965) and any other applicable legislation in daily practice. b. Practising within the scope of practice of a pharmacist, recognising own limitations of personal competency and expertise. c. Keeping abreast of legislation and applying relevant amendments accordingly. d. Complying with professional indemnity requirements. e. Practising and adhering to the obligations of a pharmacist in terms of the principles of the statutory Code of Conduct for Pharmacists.
5.4.	**Continuing professional development** a. Inculcating the principles of life-long learning into daily practice. b. Taking personal responsibility for engaging in CPD to achieve professional development goals, and document CPD activities appropriately. c. Critically reflecting on personal practice and skills and identifying and addressing learning needs.
5.5	**Leadership** a. Building professional credibility and portray the profession in a positive light. b. Providing appropriate supervision and mentoring to pharmacy support personnel.
5.6	**Decision-making** a. Making considered and timely evidenced-based decisions incorporating consultation if required.
5.7	**Collaborative practice** a. Practising in a multidisciplinary team with cognisance of the roles and services delivered by healthcare and other related professionals.
5.8	**Self-management** a. Working in an organised and efficient manner. b. Ensuring time and work processes are appropriately planned, prioritised and managed. c. Taking appropriate responsibility in the workplace. d. Ensuring punctuality and reliability.

5.9	**Communications** a. Using appropriate language and listening skills and confirming understanding between patient and pharmacist. b. Understanding and demonstrating respect, sensitivity, empathy and cultural awareness. c. Conveying accurate and relevant information. d. Applying problem solving and conflict management skills. e. Building trust relationships to ensure effective communication with patients, healthcare professionals and relevant staff.
Domain 6	**EDUCATION, RESEARCH AND CRITICAL ANALYSIS**
6.1.	**Education and training policy** a. Applying national policy relating to pharmaceutical education.
6.2.	**Provision of education and training** a. Teaching effectively according to an agreed training plan with guidance from a more experienced colleague. b. Performing self-assessment and identifying own learnings needs. c. Participating in developing the learning activities.
6.3.	**Practice embedded education or workplace education** a. Participating in the formal education of students in a practice environment.
6.4.	**Gap analysis** a. Identifying gaps in the practice of pharmacy and education using evidence-based research.
6.5.	**Critical analysis** a. Critically evaluating literature in the context of practice of pharmacy and education.
6.6.	**Research** a. Describing the core features of research protocols. b. Conducting research according to approved protocol.
6.7.	**Supervision of other researchers** a. Applying research governance principles.
6.8	**Collaborative research** a. Working as a member of a research team.

Learning trigger (select one by ticking the box next to your choice):

Appraisals		Feedback from service users	
Audit		Personal interest	
Competencies		Reading journals	
Critical incidents		Talking to colleagues	
Feedback from colleagues		Other, please specify:	

Learning relation (select one by ticking the box next to your choice):

Current role		Both	
New role			

Learning initiated by (select one by ticking the box next to your choice):

Top down (employer or contracting information)		Lateral (colleagues / peers)	
Bottom down (users of my products and services)		Myself	

Describe the learning need that you have identified to improve your knowledge and skill, and what you hope to achieve after addressing this learning need?

Max: 1000 characters

Step 2: Planning - New learning plan

Starting date:

Finishing Date:

Mode of Learning (select one by ticking the box next to your choice):

Non measureable		Structured	
Measurable		Other, please specify:	

Primary Activity (select one by ticking the box next to your choice):

Self study		Research that results in publications	
Casual reading of professional journal or magazines		Principal author or co-author of a peer reviewed publication or chapter in a book	
Events presented by an accredited organisation or individual, whereby a certificate of attendance was issued		Review of an article / chapter in a book	
		External examiner of an undergraduate examination paper or Master and Doctoral theses on completion	
Breakfast meetings, presentations or journal club			
Case study discussions		Programs of study that involved the successful completion of a certification or examination from an accredited institution or provider	
On-the-job learning			
Conferences, symposia, refresher courses, short courses without a measurable outcome		Accredited Computer based learning activities that involve the successful completion of an examination or certification	
Others – please specify:		Written assignments submitted to an accredited organization whereby a certificate of competence was issued	
Post graduate studies e.g. MBA, MPA, MBL, MSc (Med), LLB, carried out in a period of more than seven months.			
		Diploma	

Briefly describe the reasoning behind you planning selection:

Max: 1000 characters

Step 3: Implementation - New learning activity

Duration of Activity (select one by ticking the box next to your choice):

< 30 mins		60 to 90 mins	
30 to 60 mins		90 to 120 mins	
> 120 mins			

Achievement date:

Describe what you have done, that is, the action taken to achieve the specific outcome.

Max: 1000 characters

Step 4: Evaluation - Edit evaluation

Learning objective met? (select one by ticking the box next to your choice):

Fully		Not Met	
Partially			

Applied the learning (select one by ticking the box next to your choice):

In my workplace		Outside my workplace	
Not yet			

Describe what you have learned (describe providing examples, how you have applied what you have learnt, including feedback on the impact of your learning and possible next step):

Max: 1000 characters

Remember:

- Save this completed CPD document with a unique file name for easy retrieval in the future.
- At the request of Council, the pharmacist will be required to upload evidence or supporting documents.
- NEVER provide your completed CPD document to any other person!

ᔓ Then end of the CPD ᔑ

Annexure A: Assessment Criteria

Reflection

- The learning title is linked to the competency and associated behavioural statement
- There is a title, which is descriptive and relevant to the behavioural statement. The title is relevant to what the pharmacist needs to learn and is not the same as the competency or domain.
- There is a description of the identified learning need and what the pharmacist hopes to achieve in addressing the learning need.

Planning

- The date is current, i.e. during the current year.
- The pharmacist must describe the plan and provide a brief description of the reasoning behind the planned selection.

Implementation/Activity

- At the request of Council, the pharmacist will be required to upload evidence or supporting documents. The evidence must be: • valid – relevant to the outcome • current – collected during the current year
- The achievement date must be current.
- A brief description of the learning activity and its relevance to the evidence –

Evaluation

- Provide a description of how the learning has been applied and feedback on the impact on practice. Provide examples of where the knowledge and skills acquired have been applied.

Annexure B: Domain Competency information

1. PUBLIC HEALTH

Domain 1 covers public health and includes competencies that are required in both the public and private healthcare sectors to promote health and wellness through the provision of healthcare information and education to the public and other members of the healthcare team.

The provision of medicines and healthcare information and education forms an integral part of the scope of practice of a pharmacist. The availability of specialised pharmaceutical knowledge at all levels of care, including primary healthcare (PHC), is an important component for the delivery of effective and efficient pharmaceutical services.

The domain covers competencies that are required to promote health, promote and monitor adherence and apply pharmacoeconomic principles.

Applies to: **The domain applies to all pharmacists whose practice includes promotion of health and wellness through the provision of healthcare information and education to the public and other members of the healthcare team**

2. SAFE AND RATIONAL USE OF MEDICINES AND MEDICAL DEVICES

Introduction

Domain 2 covers the rational use of medicines, a concept adopted by the World Health Organization (WHO), which advocates that patients receive medicines and medical devices that are:

- appropriate to their clinical needs;
- in doses that meet individual requirements;
- for an adequate period of time; and
- cost-effective for the patient and community.

Participation of the pharmacist in the promotion of rational use of medicines will contribute to improved access to quality medicines and other pharmaceutical services.

Pharmacists have a professional obligation to the public to ensure an adequate and reliable supply of safe, cost-effective medicines and medical devices of acceptable quality as prescribed in the National Drug Policy (1996). Patients must be educated in respect of the correct use of medical devices that meet all regulatory, safety and performance requirements.

Patients and healthcare workers are encouraged to report all medicine safety related complaints, and pharmacists should monitor, record and process such complaints.

In the domain of safe and rational use of medicines and medical devices, effective verbal and non-verbal methods of communication with patients and other healthcare professionals, are essential competencies. Pharmacists require these competencies to improve patient health outcomes and to build and maintain professional working relationships within a healthcare team. This domain also encompasses activities such as pharmacist initiated therapy (PIT), medicine utilisation reviews and use evaluations, and monitoring of therapeutic outcomes.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of ensuring safe and rational use of medicines and medical devices.

The safe and rational use of medicines and medical devices domain covers the following competency standards.

Applies to: **The domain applies to all pharmacists who play a role in ensuring safe and rational use of medicines to improve patient health outcomes**

3. SUPPLY OF MEDICINES AND MEDICAL DEVICES

Domain 3 includes competencies required to address the supply of medicines and medical devices, from production processes to the disposal of unused, expired and obsolete medicines and medical devices. The domain encompasses the planning and management of all activities involved in sourcing, procurement, and logistics management and includes coordination and collaboration with suppliers and other healthcare professionals in delivering pharmaceutical services to patients.

The pharmacist plays a critical role in the registration and manufacturing of safe, quality and effective medicines and medical devices. Procurement of safe, quality and effective medicines and medical devices involves the identification and careful selection of suppliers who provide products manufactured in accordance with current Good Manufacturing Practice (cGMP) and relevant legislation. In addition, behavioural statements for Domain 3 pertain to packaging, storage and transport of medicines and medical devices, and the legislation applicable to manufacturing, storage and distribution of medicines and medical devices.

The procurement, storage and distribution of pharmaceutical products are a major determinant in the availability of affordable, quality, safe and effective medicines. Given the impact of procurement activities on the operation and effectiveness of health services, it is essential that these activities are managed by pharmacists capacitated to apply sound procedures and who have access to reliable stock control, consumption and distribution information in order to manage medicine supply.

The dispensing process is also incorporated in the supply of medicines domain. The process in which the pharmacist interprets and evaluates a prescription, from both legal and pharmacological perspectives, selects appropriate medicine(s), prepares, packs and labels the medicine(s), and counsels the patient on the correct use of the medicine(s), are behaviours included in Domain 3. To improve therapeutic outcomes, the supply of medicines should include behaviours encompassing patient care encounters, prescription review, and medicine utilisation review.

In addition, pharmacists are responsible for minimising pharmaceutical waste. This includes the coordination of continuous monitoring of pharmaceutical waste generation, and the destruction or disposal procedures for any unused, unwanted or expired medicine.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of supplying medicines and medical devises to patients to improve health outcomes.

The supply of medicines and medical devices domain covers the following competency standards:

Applies to: **The domain applies to all pharmacists who are involved supply of medicines and medical devices, from production processes to delivery of pharmaceutical services to patients including disposal of unused, expired and obsolete medicines and medical devices.**

4. ORGANISATION AND MANAGEMENT SKILLS

Domain 4 includes competency standards that relate to the manner in which pharmacists apply organisational and managerial skills to ensure the effective and efficient delivery of pharmaceutical services. It includes behavioural statements relating to: the operation and maintenance of facilities and infrastructure; application of sound fiscal principles; and quality assurance to ensure sustainable pharmaceutical services that are adaptive to changing environments.

Human and financial resources are central to planning, delivering and managing pharmaceutical services. In pharmacy, the goal of human resources management is to develop and sustain an adequate supply of skilled professionals motivated to provide effective pharmaceutical services.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of apply organisational and managerial skills to ensure the effective and efficient delivery of pharmaceutical services.

Applies to: **The domain applies to all pharmacists who are required to ensure the effective and efficient delivery of pharmaceutical services.**

5. PROFESSIONAL AND PERSONAL PRACTICE

Domain 5 is the professional and personal practice domain and includes behavioural statements that relate to the practice of pharmacy in a professional, legal and ethical manner to deliver patient-centred pharmaceutical services in a multidisciplinary setting.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of delivering pharmaceutical services in a professional, legal and ethical manner.

Applies to: **The standard applies to all pharmacists who are required to deliver pharmaceutical services in a professional, legal and ethical manner.**

6. EDUCATION, RESEARCH AND CRITICAL ANALYSIS

Domain 6 includes the behavioural statements relating to education and training, critical analysis and research.

Education is essential for the initial development of pharmacists and is required throughout a pharmacist's career to keep abreast of knowledge, skills, attitudes and values. Pharmacists should participate in the education and training of patients, interns, pharmacy support personnel and other healthcare practitioners.

Critical analysis competencies provide the link between practice and research by assisting in the identification of areas where research is required. Pharmacists should participate in practice-based

research. The research may include investigations into prescribing practices, patterns of medicine usage, evaluation of medicine use, the monitoring of adverse reactions, the benefits of the pharmacist's advisory role, computerised data handling, health economics, legislation, and aspects of abuse and irrational use of medicines.

Practising pharmacists are increasingly participating in health systems and quality improvement research, which must be encouraged as a means of providing databases and information for future policy, guidelines and practice development. Such research is often conducted in collaboration with other healthcare providers.

CAPABILITY AND OUTCOMES

A person who has achieved this domain is capable of educating and training patients, interns, pharmacy support personnel and other healthcare practitioners, identifying areas of research and conducting practice-based research.

Applies to: **This domain applies to all pharmacists who are involved in the education and training of patients, interns, pharmacy support personnel and other healthcare practitioners.**