



the australian
college of pharmacy



Guidance to Presenters/Authors for Preparation of Accredited CPD activities for Pharmacists

Accreditation of CPD Activities for Australian Pharmacists

This document is intended to provide guidance for presenters and authors seeking accreditation from the Australian College of Pharmacy (the College) for continuing professional development (CPD) activities for pharmacists.

The guidance covers the following topics:

1. Setting learning objectives for the activity
2. Determining pharmacist competencies applicable to the activity
3. Developing content for the activity
4. Designing assessment for the activity
5. Promoting the activity
6. Disclosing conflicts of interest



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Introduction

Pharmacists have a commitment to the Pharmacy Board of Australia (the Board) and the profession to maintain competency in their relevant areas of practice. Pharmacists must undertake a self-assessment of their learning needs and formulate a CPD learning plan in order to meet this commitment. CPD helps to facilitate this commitment by maintaining and improving the knowledge, skills and competence of pharmacists. Activities must broaden and enhance the knowledge and skills pharmacists use in their regular practice. Providers of accredited CPD activities must utilise adult learning principles and knowledge of pharmacy professional practice to meet the learning needs of pharmacists.

Under the auspices of the Australian Pharmacy Council (APC) the College may accredit continuing professional development for pharmacists that is eligible to be used as supporting evidence for continuing competence that meet the CPD requirements of the Board. The accreditation of CPD activities assures pharmacists that the activity has been assessed for educational quality and relevance to pharmacy practice. To assess if the activity can be accredited according to the Board's CPD standards, the College applies the Australian Pharmacy Council [APC Accreditation Standards for CPD Activities](#) (APC) Accreditation Standards and Guidelines in the assessment of CPD activities.

1. Setting learning objectives for the activity

The APC Accreditation Standards state that ‘... information provided to pharmacists about the activity includes the intended outcome objectives presented in such a way as to support pharmacists to choose suitable activities in accordance with their scope of practice and learning plan/needs’.

The APC guidelines state:

1. Learning objectives are not required to be made available in each of the CPD activity materials as long as they are available for access by the participants in some manner or form (i.e. could be in the activity presentation slides, online brochure, conference app and etc.).

Your application should provide the learning objectives and the form in which they will be presented to participants.

2. A set of global objectives for Conference promotional purposes is acceptable however there must be learning objectives for each individual Conference CPD activity.

Your application for accreditation of Conference CPD activities should list individual CPD activity learning objectives and if required the overall (global) learning objectives for the Conference.

The learning objectives must be linked to the National Competency Standards Framework for Pharmacists in Australia.

The learning objectives must comply with the following:

1. They must be actionable statements i.e. they must define what the pharmacist should know or be able to do at the completion of the activity
2. They must be specific and measurable
3. A statement of the learning objectives must be accessible to pharmacists so that they can determine if the activity is appropriate to help fulfil their commitment to CPD
4. The learning outcomes must be stated during the presentation or within the article

Below are some examples of learning objectives:

‘After completing this activity pharmacists should be able to:’

- Describe the symptoms of allergic rhinitis
- Explain the risks associated with cardiovascular disease
- Discuss the treatment options for rheumatoid arthritis
- Demonstrate the use of a metered dose inhaler
- Formulate a topical cream for psoriasis
- Counsel a patient with diabetes about a healthy diet
- Prepare a profit and loss statement
- Design a health promotion for cervical cancer vaccination
- Take a comprehensive medication history
- List the side effects of chemotherapy drugs

Verbs such as ‘understand’ and ‘learn’ are ambiguous, not actionable or measurable and therefore should be avoided.

2. Determining pharmacist competencies applicable to the activity

Providers of CPD activities applying for accreditation must take the Pharmacist Competency Standards into consideration when designing the activity.¹ Until 30 September 2017, the College will accept mapping of the National Competency Standards for Pharmacists (2010) to Standard level however the applicant may include mapping to Element level if required.

From 1 October 2017 mapping to [National Competency Standards for Pharmacists in Australia \(2016\)](#) will be required. Competencies must be mapped to at least the standard level however the applicant may mapped down to the Enabling competency level if required. The College can assist with clarification of pharmacist competencies. We urge providers to take the time to look at the competencies during the planning stage of the activity and allocate them before seeking advice.

¹ <http://www.psa.org.au/download/standards/competency-standards-complete.pdf>

3. Developing content for the activity

The provider of the activity applying for accreditation must undertake an appropriate development process for the activity. This includes a justification for why the activity should be conducted in the first place (needs assessment).

The development process must have significant involvement from a suitably qualified pharmacist and/or another subject matter expert (SME) in the development of the activity. That is in some instances this may be both a pharmacist(s) and a SME(s). The developers must be able to demonstrate they are suitably qualified and/or experienced.

The content must be based on critical evaluation of the literature or practice based experience in clinical or other areas of pharmacy practice. The limitations of the content must be communicated (this includes if the content pushes the boundaries of currently accepted practices or if the evidence base underpinning the content is limited or varied). The content must be applicable to pharmacy practice as determined by the learning objectives. It should add to the pool of knowledge of pharmacists. This can include both introduction of innovation and overview of existing standard therapy and business practices.

The quality of the evidence base underpinning the content should be of high standard. The intent of accredited CPD is to deliver education as opposed to information. Product driven training is highly discouraged however it may accompany activities involving in-depth discussions of disease states and medicines.

The CPD activity provider must formally notify the College if the content of the CPD activity is changed following accreditation by the College. The extent to which the content has been changed must be outlined even if the change appears minor for example a change in qualified presenter. Minor changes require a re-accreditation process to be undertaken. Major changes to a CPD activity require a (new) accreditation application process to be undertaken. Major changes include:

- The subject matter area has changed significantly due to emerging research/evidence, legislation, professional standards or guidelines or program/service prerequisite (e.g. MMR, vaccination programs)
- The structure of the program to be delivered has changed
- The learning objectives or assessment methodology has changed
- The time needed to undertake the activity has changed
- The method of delivery has changed.

Content must be based on adult learning principles. These principles include:

- Adults are internally motivated and self-directed – foster the participants' internal motivation and move them toward self-directed learning.
- Adults bring life experience and knowledge to learning experiences – give the participant the opportunity to apply their existing knowledge and experiences to the new material.
- Adults are goal oriented – present why the new knowledge or skill is necessary and applicable to real world practices.
- Adults are relevancy oriented – communicate why the material is relevant to what the participant wants to achieve.
- Adults are practical – encourage the participant to practice what they have learned with customers/patients.
- Adult learners like to be respected – regard the participant as a colleague and acknowledge their experience and need to express new ideas.

The method of delivery of the activity must promote effective learning for adults. Face-to-face activities must allow time for interaction and enquiry from the audience. This can also be accomplished by problem solving and case study discussion. Written materials, online presentations or webinars should be prepared using the adult learning principles if discussion or group interaction is not achievable.

Any disseminated instructional materials must be technically sound and current. They must be dated and include references.

The activity must be developed free of bias. Therapeutic goods should be discussed under their generic (active ingredient) name. Where brand names are used, a comprehensive reference to other brand names that also include the active ingredient should be detailed. Where services are discussed a list of similar services should be included.

To ensure that the content is aligned with the pharmacist competencies and the learning objectives of the activity, the competencies should be assigned and the learning objectives developed in the planning stage of the activity, and not developed retrospectively.

The content and any associated assessment should be reviewed for accuracy by the author/presenter (or their reviewer) prior to submitting to the College for accreditation. While the College will provide help with identifying errors and inconsistencies in the material, it is not the role of the College to act as co-author, to re-write substantive portions of the activity due to error etc.

4. Designing assessment of the activity

The Board requires that all group 2 CPD activities must include a mechanism for assessing attainment of the stated learning objectives by the participant. The assessment must be designed to address all of the stated learning objectives.

Face-to-face presentations can achieve this by group discussion and interaction with the presenter/s. Discussion should challenge the participant and stimulate them to become involved. Interactive activities must be structured and facilitated to allow each participant to demonstrate attainment of the learning objectives. This might involve a case study presentation where participants consider a theoretical patient and make recommendations based on the content of the education. It might also involve role-plays to demonstrate counselling or history taking skills. Business CPD might involve preparation of financial statements or planning strategies.

The interactive component of the activity must form two thirds of the time allocated for the CPD activity.

In cases where discussion is not achievable, written or online assessment must be involved. Written assessment might be in the form of short answer or essay tasks to be graded by a delegated marker.

Alternatively multiple choice questions (MCQs) can be utilised. Each hour of learning (or part thereof) must be accompanied by at least five MCQs/hour of activity. This means a 0.5 hour activity must be assessed using at least three MCQs.

Correctly written MCQs can assess knowledge, application and analysis. The MCQ should be posed as a question that could be answered without knowledge of the associated choices. Preferably, the question should be posed to ask for the correct answer as opposed to the incorrect answer.

Negatively worded questions can be used in some instances however should not dominate the block of questions. If used, the negative term should be capitalised. Avoid double negatives (negatives appearing in both the question and the answer), as they are very confusing. Avoid using directions such as 'choose the best option' or 'the most correct option' as these are subjective and misleading. True or false MCQs may be used however a maximum of one T/F question out of five MCQs is recommended. The requirements for passing the MCQs must be clearly stated.

Some examples of appropriately worded MCQs are below:

1. What is the most common adverse effect of methotrexate?
2. At what age does paediatric asthma most commonly begin?
3. How is the dose of warfarin determined?
4. What training activity has the greatest impact on staff retention?

Some examples of poorly worded MCQs are below:

1. Select the most problematic side effect of beta-blockers from the following.
2. Which of the following is the most effective method for counselling about antibiotic use?
3. Which of the following statements is most correct?

There should be at least four (preferably five) options for the participant to consider (the number of options does not need to be uniform for each MCQ in the block of questions). There should only be one correct option. The correct option should be completely defensible. The position of the correct option should be varied between questions a, b, c, d and e.

The participant should be able to identify one or two incorrect options directly after reading the question. They must then use their acquired knowledge to differentiate between the remaining options. Incorrect options should be plausible however clearly incorrect. While tempting, it is not recommended to use wildly implausible incorrect options. The grammar, length and style of the incorrect options should mirror that of the correct option.

While potentially controversial, 'None of the above' or 'All of the above' options can be used provided each of the above options agree with the statement if it is intended to be correct. Avoid using 'None of the above' or 'All of the above' in only one out of five of the MCQs as this highlights to the participant that it could be the correct option. Conversely, 'None of the above' and 'All of the above' can also be used as incorrect options.

As discussed above, different levels of understanding can be highlighted in MCQs. Testing of attainment of knowledge is simple however testing of ability to apply knowledge or to use knowledge to analyse a scenario is more difficult. These can be achieved by posing the question as a case study or as a calculation.

Some examples of challenging MCQs testing application of knowledge are below:

1. Mary (67) shows the following medication history in your dispensing system:
 - Perindopril 8 mg daily
 - Timolol (0.5%) daily to the right eye
 - Risedronate 35 mg once weekly
 - Calcium 1200 mg daily
 - Vit D 1000 IU daily

Which of her medicines is potentially the cause of her recent onset of reflux symptoms?

2. How much SVU (70%) is required to produce 1000 mL of ethanol 50% (v/v)?

Avoid asking MCQs that involve simple comprehension. The aim of the assessment is to test the attainment of knowledge and skills, application of that knowledge and improvement of knowledge as opposed to the ability of the participant to scan text for words and identify phrases.

Some examples of MCQs to avoid are below:

1. How many patients were enrolled in the ENRICH trial?
2. What was the risk ratio for prostate cancer in the treatment group?
3. In what year was polio eradicated from Australia?

Participants can be given one second chance at answer the question if they fail at the initial attempt, provided the correct answer is not provided between attempts. While not ideal, supplementary MCQs can be undertaken by participants in the case of failure of the second attempt. The content of the replacement MCQs must be distinct from previous quiz attempts.

There must be a method of reporting back outcomes of the MCQs to each participant.

Group 3 activities must be preceded by a documented structured reflection on practice and then followed by a post-activity reassessment to evaluate practice change or outcomes resulting from the activity. Group 3 activities may extend over a number of weeks or months and may require peer review.

Some examples of group 3 activities are below:

1. Assess your current clinical services offer and then produce a marketing plan to improve participation. Review your practices and implement a quality improvement process. Reflect on the changes achieved.
2. Reflect on your process for patient history taking. Use what you have learned in this course to take a comprehensive history from five patients with diabetes. Compare and contrast the changes in your process and reflect on the quality improvement.

5. Promoting the activity

The APC has an [Accreditation Marketing Policy](#) outlining the use of their approved CPD logo. Providers of CPD activities must not give the impression that the activity is accredited for CPD before accreditation has been granted. However providers of CPD activities can use statements such as 'currently applying for CPD accreditation' or 'seeking CPD accreditation' in material promoting the activity prior to granting of accreditation.

Sponsors of an activity and/or hospitality associated with an activity may only be acknowledged during the activity in such a way as to make it clear that the educational content is independent. While the College identifies that many if not all CPD activities potentially could not be produced without sponsorship, we require that the education component of the activity takes priority over sponsor credit and brand placement. For written activities, sponsor representation cannot account for more than 20% of the space allocated in and around the educational content including presentation slides. This requirement is also supported by the APC Accreditation Marketing Policy. Sponsor representation should not appear on more than 20% of the number of presentation slides.

6. Disclosing conflicts of interest

All parties involved in the development of CPD activities including expert reviewers, must disclose conflict of interest whether real or perceived.

Any association between the sponsor of the activity and the presenter/s or author/s or content of the activity must be disclosed in the application for accreditation and to the participants in the activity. This includes all parties involved in the development of the content (including reviewers). The sponsor must not unduly influence the content of the activity.