



ANNUAL CPD PORTFOLIO

**A GUIDE TO
RECORDING, SUBMISSION AND ASSESSMENT**

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CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

Undertaking CPD is a professional and ethical requirement for all registrants of the Pharmaceutical Society NI. The importance of CPD and the essential part it plays in maintain registration is emphasized in the [CPD Regulations 2012](#)

“... continuing professional development which registered persons are required to undertake in order to have their name retained in the register and to maintain competence ...”

Registrants are obliged to maintain and develop professional knowledge, skills and competences by observing the following requirements:

- practise only when you are competent and fit to do so;
- identify development needs, undertake CPD relevant to your scope of practice and maintain appropriate records;
- keep your knowledge and skills up to date, evidence-[based and relevant to your scope of practice; and
- apply your knowledge and experience appropriately to your scope of practice.

The aim of this guide is to provide registrants with an understanding of CPD and how learning associated with CPD should be documented in order to meet the statutory requirements of the regulatory body.

On reading this you should:

- understand what CPD is, and what the Regulator expects registrants to do to meet their statutory obligations;
- be able to list the four stages within a CPD cycle;
- be aware of methods to identify learning needs;
- know how to document CPD of relevance to your pharmacy role;
- have an understanding of the evaluation criteria used to assess cycles; AND
- have viewed and reflected on “real-life” CPD cycles.

All registrants must undertake CPD activities relevant to their scope of practice and to the safe and effective practice of pharmacy.

All registrants are encouraged to read the [CPD Framework](#), establish their responsibilities and plan their learning activities to ensure that they are ready to make their annual CPD portfolio submission by 31 May each year (unless otherwise directed by Council).

The CPD year runs from 01 June to 31 May (unless otherwise directed by Council).

THE BENEFITS OF UNDERTAKING ANNUAL CPD ACTIVITY

Benefits to you, as a pharmacist, include:

- improving your performance and confidence in your current job;
- helping you to keep up to date with new treatments, technologies, organisational changes and ways of working;
- improving your ability and confidence to respond positively to change;
- making your learning more effective;
- enhancing your career progression by continually improving your skills and knowledge;
- providing evidence of your development for appraisal/performance reviews;
- providing evidence of your ability when applying for jobs (some employers are asking to see CPD portfolios at interview); and
- providing evidence that you are meeting the ethical and statutory requirements of your regulatory body, the Pharmaceutical Society NI.

Benefits to your employer include:

- improving staff performance;
- improving staff retention;
- meeting the organisation's objectives; and
- meeting the Clinical and Social Care Governance agenda.

CPD is about the identification of training needs, taking account of organisational development and facilitating achieving those personal and professional needs and development of the organisation's staff.

Employers should provide support to pharmacists by developing procedures which support CPD, providing development opportunities (particularly those that can be experienced in-house), assisting with resources and expertise and by giving positive encouragement and recognition.

Benefits to patients include:

- improved patient care;
- increased patient and public confidence in pharmacy healthcare professionals; and
- meeting patient expectations that pharmacists are committed to providing high standards of patient care and high quality pharmaceutical care services.

YOUR PORTFOLIO

CPD FRAMEWORK 2021 REQUIREMENTS



**Key Changes
between
Former CPD Framework (2014) and New CPD Framework (2021)**

Requirements		CPD Framework 2014 (ended 31 May 2021)	New CPD Framework (from 01 June 2021)
Recording & Submission of CPD cycles		CPD cycles were formerly recorded on and submitted via the Membership Online portal.	CPD cycles now recorded on and submitted via the new Regulator Online CPD portal portal.psni.org.uk . The option for hard-copy submission remains ¹ . An interactive CPD cycle form can be found within the CPD Resources page of our website – www.psni.org.uk
Portfolio – hours	Full annual portfolio	Minimum of 30 hours' CPD activity inc 5 hours' documentation time	Minimum of 30 hours' CPD activity – no documentation time ² .
	Partial annual portfolio ³	15 hours' CPD activity inc 2.5 hours' documentation time	Minimum of 15 hours' CPD activity – no documentation time
	Remediation (Reassessments 1 & 2)	No minimum requirement	Minimum of 10 hours' CPD activity – no documentation time
Portfolio – cycles	Full annual portfolio	Minimum of 4 CPD cycles – no maximum no of cycles	Minimum of 4 - maximum of 10 CPD cycles
	Partial annual portfolio	Minimum of 2 CPD cycles – no maximum no of cycles	Minimum of 4 - maximum of 10 CPD cycles

¹ Hard copy portfolio cycles must be submitted using the Interactive CPD Cycle form, available in the CPD Resources page of our website – www.psni.org.uk Hard copy portfolios must be submitted, in duplicate folders (1 anonymised), before the stipulated deadline for the current CPD year to our offices at 73 University Street, Belfast BT7 1HL.

² Pharmacists submitting more than 30 hours of CPD activity may be asked to specify the cycles, amounting most closely to the 30-hour minimum requirement, that they want considered for assessment.

³ Submission of a partial portfolio is permitted only where the Registrar has granted same via the Extenuating Circumstances process.

	Remediation (Reassessments 1 & 2)	3 CPD cycles	Remains at 3 CPD cycles
Requirements		CPD Framework 2014 (ended 31 May 2021)	New CPD Framework (from 01 June 2021)
Essential Criteria	All portfolios	9 criteria - 5 of which were essential criteria	6 criteria – all of which are essential criteria. See page 10 of the CPD Framework 2021
Scope of Practice			A minimum of 75% of CPD cycles must relate to current scope of practice
Scheduled/Unscheduled CPD Activity	All portfolios	A predominance of scheduled learning activity	A minimum of 50% of CPD cycles must relate to <u>scheduled</u> CPD activity A maximum of 50% of CPD cycles may relate to <u>unscheduled</u> CPD activity
Evaluation	Full & Partial annual portfolios	No minimum or maximum percentages applied for direct evaluation or simulated evaluation.	A minimum of 75% of the total number of cycles must be directly evaluated within pharmacists' current practice and environment. This allows up to 25% of the total number of cycles to have the learning outcomes evaluated using simulated practice or by evaluating their application to a situation in future practice or sectors.
	Remediation (Reassessments 1 & 2)	No minimum or maximum percentages applied for direct evaluation or simulated evaluation.	A minimum of 2 cycles of the total number of cycles must be directly evaluation within pharmacists' current practice and environment. This allows up to 1 cycle of the total number of cycles to have the learning outcomes evaluated using simulated practice or by evaluating their application to a situation in future practice or sectors.

Requirements		CPD Framework 2014 (ended 31 May 2021)	New CPD Framework (from 01 June 2021)
Percentage required to meet standard	Full & Partial annual portfolio	40% or more	50% or more – this must include at least 50% of the number of submitted cycles ⁴ and those cycles that meet standard must contain at least 50% of all CPD hours submitted.
	Remediation (Reassessments 1 & 2)	60% or more	50% or more – this must include at least 50% of the number of submitted cycles ⁵ and those cycles that meet standard must contain at least 50% of all CPD hours submitted.
CPD Evidence	All portfolios	Record evidence of participation in respect of each CPD cycle entry, which must be retained for at least five years. This may be requested for submission by the PSNI as evidence of your participation in CPD activity. No function to upload evidence at the time of recording CPD cycles.	If selected for assessment, pharmacists must provide any additional supporting evidence, if requested by the Register, and by the deadline specified. Any documentary evidence provided should be verifiable by a third party, where appropriate. Function available to upload CPD evidence at the time of recording CPD cycles.

⁴ For example, for a portfolio of 4 cycles comprising 30 hours' CPD activity, at least 2 cycles must meet standard and those 2 cycles must comprise at least 15 hours' CPD activity.

⁵ For example, for a portfolio of 3 cycles comprising 10 hours' CPD activity, at least 2 cycles must meet standard and those 2 cycles must comprise at least 5 hours' CPD activity.

YOUR PORTFOLIO

SUBMISSION CRITERIA

The following checklists aim to assist registrants in ensuring that their portfolio is compliant with the submission criteria.

The following portfolio statistical requirements are calculated by ROL based on data input from registrants. ROL permits portfolios meeting the statistical requirements to be submitted. However, assessment may reveal that some of these statistics are false due to the incorrect data input by the registrant.

Registrants are advised to check the accuracy of all the following elements prior to submitting their portfolio.

Table 1: Annual Portfolio Statistical Requirements

Portfolio Elements	Criteria	Statistical Inaccuracy	Registrar's Instruction
Cycles	4 cycles (min) 10 cycles (max)	N/A	N/A
Hours	30 hrs – (full) 15 hrs – (partial)	Inclusion of hours for <u>application of learning</u> or learning undertaken outside the relevant CPD year.	Deduction of hours from portfolio total. Where this results in the portfolio hours falling below the submission requirement, the portfolio will be marked Not Met Standard and the registrant will move directly to Reassessment 1.
Scheduled Learning (cycles)	50% (min)	Incorrect identification (tick box) of an <u>Unscheduled cycle as a Scheduled cycle</u>	Recalculation of Scheduled percentage. Where this results in the portfolio percentage falling below the submission requirement, the portfolio will be marked Not Met Standard and the registrant will move directly to Reassessment 1.
Learning within Scope of Practice (cycles)	75% (min)	Incorrect identification (tick box) of CPD activity being within scope of practice	Recalculation of Scope of Practice percentage. Where this results in the portfolio percentage falling below the submission requirement, the portfolio will be marked Not Met Standard and the registrant will move directly to Reassessment 1.
Learning evaluated directly in practice /working environment (cycles)	75% (min)	Incorrect identification (tick box) of CPD activity having been evaluated directly in practice (within the working environment)	Recalculation of the Direct Evaluation percentage. Where this results in the portfolio percentage falling below the submission requirement, the portfolio will be marked Not Met Standard and the registrant will move directly to Reassessment 1.

Table 2: Reassessment 1 Portfolio Statistical Requirements

Portfolio Elements	Requirement	Statistical Inaccuracy	Registrar's Instruction
Cycles	3 cycles	N/A	N/A
Hours	10 hrs	As per Table 1	As per Table 1. However, at this stage, the registrant will move directly to Reassessment 2.
Scheduled Learning (cycles)	50% (min)	As per Table 1	As per Table 1. However, at this stage, the registrant will move directly to Reassessment 2.
Learning within Scope of Practice (cycles)	75% (min)	As per Table 1	As per Table 1. However, at this stage, the registrant will move directly to Reassessment 2.
Learning evaluated directly in practice /working environment (cycles)	66% (min)	As per Table 1	As per Table 1. However, at this stage, the registrant will move directly to Reassessment 2.

Table 3: Reassessment 2 Statistical Requirements

Portfolio Elements	Requirement	Statistical Inaccuracy	Registrar's Instruction
Cycles	3 cycles	N/A	N/A
Hours	10 hrs	As per Table 1	As per Table 1.
Scheduled Learning (cycles)	50% (min)	As per Table 1	However, in Reassessment 2, the final remedial stage, where statistical inaccuracies are identified, the next steps for the registrant will be at the sole discretion of the Registrar who will evaluate such instances on a case by case basis.
Learning within Scope of Practice (cycles)	75% (min)	As per Table 1	
Learning evaluated directly in practice /working environment (cycles)	66% (min)	As per Table 1	

Table 4: Early CPD Portfolio Submission Requirements

Re-joining Status	Portfolio Requirements
Pharmacists whose names have been restored to the Register having been previously removed for non-compliance with the CPD Framework.	4 cycles (min) - 10 cycles (max) 30 hours' CPD activity Statistical requirements and Registrar's instructions where statistical inaccuracies apply (See Tables 1 – 3 above).
Pharmacists who have re-joined the Register having voluntarily withdrawn in a previous CPD year but having not submitted a CPD portfolio for that CPD year.	4 cycles (min) - 10 cycles (max) 30 hours' CPD activity Statistical requirements and Registrar's instructions where statistical inaccuracies apply (See Tables 1 – 3 above).
Pharmacists who have joined/re-joined the Register having neither worked as a pharmacist nor been registered with another regulator within the previous 12 months.	3 cycles 10 hours' CPD activity Statistical requirements and Registrar's instructions where statistical inaccuracies apply (See Tables 1 – 3 above).

YOUR PORTFOLIO

MEETING THE CPD FRAMEWORK ESSENTIAL CRITERIA

To meet standard, CPD cycles must comply with the six essential criteria (see Table 5) and must be recorded under the four domains of successful learning:

- Reflection
- Planning
- Action
- Evaluation

Under each of these domains, registrants must demonstrate how they **identified**, **planned** and **actioned** their learning activity in response to an identified learning need. Registrants must then demonstrate how the learning has been applied and **evaluated** in the context of their current scope of practice and environment.

During assessment, the CPD assessors will ask the following questions to identify if each CPD cycle has met the essential criteria:

Reflection	<ol style="list-style-type: none">1. Did the pharmacist identify a specific learning need(s)?2. Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?
Planning	<ol style="list-style-type: none">3. Did the pharmacist describe the learning activity/activities they plan to complete to meet the learning need(s)?
Action	<ol style="list-style-type: none">4. Did the pharmacist include a summary of the related activities they have completed to meet the learning need(s) identified?
Evaluation	<ol style="list-style-type: none">5. Did the pharmacist evidence how their practice has changed or will change after meeting the specific learnings identified?6. Is it evident that the learning need(s) identified has/have been fully addressed within the specific cycle?

All six essential criteria must be met for a CPD cycle to meet standard.

YOUR PORTFOLIO

SCHEDULED AND UNSCHEDULED CYCLES

CPD comprises a range of activities which contribute to your development and promote a reflective approach to learning and practice, where you identify learning needs relevant to your area of practice and activities to address those learning needs.

Under the new CPD Framework, registrants are required to document all four stages of the CPD cycle for Scheduled and Unscheduled learning.

Scheduled & Unscheduled Learning – What’s the difference?

Scheduled learning is planned learning, where a prior learning need has been identified and is addressed through a planned and structured approach.

CPD cycles should be scheduled to address an identified learning need relating to your current scope of practice and environment.

Under the CPD Framework 2021, both Scheduled and Unscheduled CPD cycles must meet the 6 essential criteria under the four domains of successful learning. Therefore, all phases – Reflection, Planning, Action & Evaluation must be written into all cycles.

At least 50% of CPD cycles must relate to scheduled learning activities.

Unscheduled learning is unplanned and does not start with a prior identified learning need.

It is often a reaction to circumstances that emerge during day to day working and which often requires immediate action, activity and outcomes.

Under the CPD Framework 2021, both Scheduled and Unscheduled CPD cycles must meet the 6 essential criteria under the four domains of successful learning. Therefore, all phases – Reflection, Planning, Action & Evaluation must be written into all cycles.

A maximum of 50% of CPD cycles may relate to unscheduled learning activities.

THE 4 CPD DOMAINS

REFLECTION

A key part of CPD is the identification of **specific** learning needs. This is achieved through self-evaluation and reflection upon your practice. If you identify the right needs and undertake the right learning, you will see improvements in your practice.

Reflection is thinking about what you have done in your practice, how you have done it and how you could do it better or differently in the future.

The identification and specification of the learning need(s) are the two essential factors in determining whether you have met this criterion.

How to identify learning needs

There are various ways to reflect on and identify your learning and development needs, including but not limited to:

Critical incident analysis – learning from a situation that did not go according to plan. Reflect on what went wrong and why, and what could you do differently or better in the future? Do you need to acquire knowledge or develop a new skill?

Feedback from others – discussing your practice and learning needs with colleagues may be useful, as your perception of yourself and your performance may differ from that of others. Colleagues' input may occur by way of informal discussion, peer review or annual appraisal.

Reading, workshops, etc – reading publications and participating in workshops or study groups will also help you reflect on your learning needs.

Personal SWOT analysis – undertaking a personal SWOT analysis will help you to identify your personal **S**trengths, **W**eaknesses, **O**pportunities and **T**hreats.

Personal development plan (PDP) – drawing up a personal development plan can help you to identify your career goals which you can review and revise throughout the year.

PLANNING

Once you have identified your learning needs, you must decide on which method of learning you want to undertake. Some may be more appropriate for you, depending on your preferred learning style.

Learning activities can include, but are not limited to:

Workshops	Speaking with peers	Mentoring
E-learning	Conferences/webinars	Projects
Study groups	Presentation preparation	Research
Private reading	University courses	Work shadowing
Teaching	Learning by doing	Writing

Choose the learning methods that are best for you and ensure that your planned activities are specific, achievable, realistic and time-limited.

ACTION

Within the Action stage of your CPD cycles, you must provide details of:

- what each specific learning activity was
- the start date and completion date
- the number of hours spent on the learning activity
- a list of the evidence that you can provide, if requested, demonstrating your participation in the learning activity/ies

You may, if you wish, also upload your evidence.

Evidence can include:

- certificate of attendance at a conference, webinar or workshop
- certificate of completion of an e-learning course
- copy of a presentation with your personalised notes
- copy of the reading materials with your personalised notes

The provision of CPD evidence is not mandatory at this time. However, the Registrar may ask for sight of your evidence at any time which you must provide within a set timeframe.

You should also be in a position to summarise what you have learned in relation to your identified learning needs.

EVALUATION

In this stage of your CPD cycle, you must evidence how you have met your original learning needs. In order to do so, you must consider the following:

- Have you met your learning needs?
- How has your practice changed or how will your practice change as a result of your learning?
- Have you applied your learning within your scope of practice and environment? (Direct Evaluation)
- If you have been unable as yet to apply your learning, how would you do so in the future (Future Evaluation)
- Are you satisfied that your identified learning need(s) has/have been fully addressed?

Although you can record a 'simulated/future application of learning' in relation to a maximum of 25% of your CPD cycles, you should aim to apply your learning directly to your practice and within your working environment, so that there is a tangible outcome or benefit to your patients and to your practice.

If you found it difficult to meet your learning needs, you may wish to consider the following:

- Was the learning need appropriate?
- Was the learning need too general – not sufficiently specific?
- Was the learning activity undertaken appropriate to adequately meet the identified learning need?

RECORDING YOUR CPD CYCLES

The launch of the [CPD Framework 2021](#) coincided with the development of Regulator OnLine (ROL) which is the Pharmaceutical Society NI's portal for all regulatory functions, including the submission of CPD.

ROL should be used for your annual CPD submission. To access ROL, please follow this [link](#). If you are unable to submit via the portal, you must advise the Registrar of your situation through the CPD department (cpd@psni.org.uk). If the Registrar agrees to you submitting in hard copy, you will be provided with the relevant proforma and instructions for submission.

Let's turn our attention to completing the CPD cycle from start to finish.

Cycle name	<p>✓ Name your CPD cycle in line with the CPD learning subject matter.</p>
Scheduled	<p>✓ Indicate if the cycle is scheduled by selecting the appropriate tick box.</p> <p>Under the CPD Framework 2021, both Scheduled and Unscheduled CPD cycles must meet the 6 essential criteria under the four domains of successful learning. Therefore, all phases – Reflection, Planning, Action & Evaluation must be written into all cycles.</p> <p>Scheduled Cycles must total at least 50% of your overall portfolio and Unscheduled cycles must not exceed 50%.</p> <p style="color: red;">Ensure that you select the correct tick box as, if selected for assessment, an inaccuracy in this element may result in your portfolio being marked Not Met Standard.</p>
Within current scope of practice	<p>✓ Indicate if the cycle is within your current scope of practice by selecting the appropriate tick box.</p> <p>In considering CPD cycles for inclusion in your portfolio, you should take account of the range of your current scope of practice and environment.</p> <p style="color: red;">Ensure that you tick the correct box as, if selected for assessment, an inaccuracy in this element may result in your portfolio being marked Not Met Standard.</p>
Relevant to safe and effective practice of pharmacy	<p>✓ Indicate if the cycle is relevant to the safe and effective practice of pharmacy by selecting the appropriate tick box.</p>

REFLECTION	
1. I identified the following specific learning need(s) ...	<p>Specific is the key word.</p> <ul style="list-style-type: none"> • Make a clear statement of learning intent followed by specific learning needs; <i>For example: "I need to learn / to know / to gain knowledge of / to improve / to understand / to find out about / to familiarize myself with..."</i> • A statement of learning could be, for example, <i>"I need to learn about the use of in the treatment of patients with"</i> • Keep your learning needs focused and limited to two or three. • Ensure that learning needs are specific, precise, succinct and measurable; • Avoid ambiguous statements such as "the main issue" or "the latest development", etc.
2. I wanted to learn about this because (give context for learning activity/ies) ...	<ul style="list-style-type: none"> • Briefly describe the circumstances/context that led to you identifying the learning need(s); <i>For example:</i> <i>"I discovered, on reading an article in the Pharmaceutical Journal on the risk factors associated with heart disease, that I need to learn more about ..."</i> <i>"A patient presented with the classic symptoms of .. and I needed to source guidance about ..."</i> <i>"A pharmacy contractor decided to run a smoking cessation campaign within the store, so I need to know ..."</i> • General statements such as "I feel I need to know ..." are insufficient and should be accompanied by further explanation.

PLANNING	
<p>3. I plan/planned to complete the following learning activity/activities to meet the identified learning need(s). (Please describe the learning activity/activities and the planned completion date(s).</p>	<ul style="list-style-type: none"> • Identify a specific and achievable completion date for the learning activity/ies; • Give specific information about the planned learning activity/ies. Generalisations such as “I will attend a workshop” are not acceptable. specific details are required; <p>For example:</p> <p><i>“I plan to order and complete the NICPLD distance learning package ‘Evidence-based Management of Diabetes’.” (Scheduled)</i></p> <p><i>“I plan to attend the ‘1st International Meeting on Pulmonary Hypertension’ in Belfast on xx/xx/xx.” (Scheduled)</i></p> <p><i>“I identified the as a resource for information on the use of for this patient.” (Unscheduled)</i></p> <ul style="list-style-type: none"> • Do not include within your cycle, any activity that would constitute an application of learning eg delivering training, writing an SOP, etc. • All dates for completion of CPD learning must fall within the date parameters of the current CPD year.

ACTION											
All fields must be completed unless marked as optional.											
4. In meeting the identified learning need(s), I completed the following learning activity/activities.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">Activity</td> <td style="padding: 5px;">✓ Give full details of each learning activity eg Reading document ABC, etc. The detail should be such that the assessor can source the learning activity.</td> </tr> <tr> <td style="padding: 5px;">Hours</td> <td style="padding: 5px;">✓ State the number of hours spent on this specific activity. Do not include any hours for activity which constitutes the application of learning as, if selected for assessment, an inaccuracy in this element may result in your portfolio being marked Not Met Standard.</td> </tr> <tr> <td style="padding: 5px;">Start date</td> <td style="padding: 5px;">✓ State the activity start date</td> </tr> <tr> <td style="padding: 5px;">End date</td> <td style="padding: 5px;">✓ State the activity end date</td> </tr> <tr> <td style="padding: 5px;">Evidence upload</td> <td style="padding: 5px;">This is optional at present</td> </tr> </table>	Activity	✓ Give full details of each learning activity eg Reading document ABC, etc. The detail should be such that the assessor can source the learning activity.	Hours	✓ State the number of hours spent on this specific activity. Do not include any hours for activity which constitutes the application of learning as, if selected for assessment, an inaccuracy in this element may result in your portfolio being marked Not Met Standard.	Start date	✓ State the activity start date	End date	✓ State the activity end date	Evidence upload	This is optional at present
	Activity	✓ Give full details of each learning activity eg Reading document ABC, etc. The detail should be such that the assessor can source the learning activity.									
	Hours	✓ State the number of hours spent on this specific activity. Do not include any hours for activity which constitutes the application of learning as, if selected for assessment, an inaccuracy in this element may result in your portfolio being marked Not Met Standard.									
	Start date	✓ State the activity start date									
	End date	✓ State the activity end date									
	Evidence upload	This is optional at present									
	Add additional activity lines until all activities for the cycle have been included.										
	Evidence List (Mandatory)	✓ List the evidence that you can provide to demonstrate your participation in this learning activity. Documentary evidence should be verifiable by a third party, where appropriate.									
	Summary of what has been learned	<p>Provide a brief summary of <u>what</u> you have learned. It is not adequate to state <u>that</u> you have learned without giving specific details. Listing or summarising course contents or activity undertaken is not acceptable.</p> <ul style="list-style-type: none"> ✓ Give a summary, with specific detailed examples, of learning clearly related to each of the identified learning needs; ✓ Avoid generalisation – be specific; ✓ Ensure that sufficient detail has been provided to demonstrate depth of learning and that you have completed the learning; ✓ Relate the learning to the identified learning need(s). 									

EVALUATION	
5. Having met the specific learning need(s) identified, my practice has changed or will change as follows:	<ul style="list-style-type: none"> • Give a clear example of how learning has or will be implemented – or – how your practice has changed or will change as a result of the learning undertaken; • Give sufficient depth of information to demonstrate an impact on your practice; • State when and how you applied or will apply the new learning. <p>For example:</p> <p><i>“I have applied my learning by preparing and delivering a lecture on medication safety to hospital pharmacists. The material studied provided many useful examples of medication errors and drug calculations, which I included in my lecture.” (Direct Evaluation)</i></p> <p>Or</p> <p><i>“I plan to apply my learning by preparing and delivering a lecture on medication safety to hospital pharmacists. The material studied will provide many useful examples of medication errors and drug calculations, which I plan to include in my lecture.”</i></p>
6. I confirm that the identified learning need(s) has/have been fully addressed in this CPD cycle.	<ul style="list-style-type: none"> • Select the relevant tick box. <p>Having clearly identified specific learning need(s) at the Reflection stage, you should ensure that you have mapped the learning need(s) from reflection, through the planning, action and evaluation stages.</p>
Confirmation of Direct or Simulated/Future evaluation	<ul style="list-style-type: none"> • Select either the “direct” or “simulated/future” evaluation tick box. <p>Your selection of “direct” or “simulated / future” evaluation must reflect the application of your learning described in (5) above.</p> <p>Ensure that you select the correct tick box as, if selected for assessment, an inaccuracy in this element may result in your portfolio being marked Not Met Standard.</p>
Confirmation of your Scope of Practice	<ul style="list-style-type: none"> • Select as appropriate
Recently returned to practice	<ul style="list-style-type: none"> • Select as appropriate
Change in scope of practice	<ul style="list-style-type: none"> • Select as appropriate

(All exemplars are previously assessed successful cycles)

Scheduled Exemplar 1 Community Pharmacy

Cycle Name	Update on Weight Management
Scheduled	Yes <input checked="" type="checkbox"/>
This learning activity is within my current scope of practice	Yes <input checked="" type="checkbox"/>
This learning activity is relevant to the safe and effective practice of pharmacy	Yes <input checked="" type="checkbox"/>
All criteria are essential and must be completed successfully for the cycle to meet the required standard.	
REFLECTION	
1. I identified the following specific learning needs(s) ...	<ul style="list-style-type: none"> • What weight management products are available and who they would be suitable for; • Counselling techniques that would be appropriate when dealing with the sensitive issue of weight management; • Appropriate advice that should be given to patients when asked about assisting weight loss.
2. I wanted to learn about this because (give context for learning activity/activities)...	I have increasingly been asked for advice in relation to weight loss. These requests have been more numerous as summer approaches and obesity has been highlighted as the greatest public health problem of the 21st century due to its contribution to other health issues such as diabetes and heart disease. I need to know and have the appropriate information to help my customers succeed and ensure they receive the correct support and advice.
PLANNING	
3. I plan/planned to complete the following learning activity/activities to meet the identified learning need(s). (Please describe the learning activity/activities and the planned completion date(s)).	<p>I plan to review general sale, over the counter and prescription only medicine weight management products.</p> <p>I will also complete the NICPLD printed course 'Weight Management – Understanding the Causes, Prevention, Assessment and Management of Obesity'.</p> <p>I planned to complete these activities by 01 April 2022.</p>

ACTION	
4. In meeting the identified learning need(s), I completed the following learning activity/activities	
Activity	Research GSL, OTC and POM products available to support weight management.
Hours	2.5 hrs
Start date	01/02/22
End date	01/02/22
Evidence Upload (optional)	Uploaded – Notes and downloads from internet.
Evidence List (mandatory). Please list your evidence in support of this cycle.	Notes and downloads from internet.
Activity	Complete NICPLD printed course 'Weight Management - Understanding the Causes, Prevention, assessment and Management of Obesity'. (link)
Hours	10 hrs
Start date	22/03/22
End date	25/03/22
Evidence Upload (optional)	Uploaded
Evidence List (mandatory). Please list your evidence in support of this cycle.	NICPLD Certificate of Completion
Total Time	12.5 hrs
Summary of what has been learned in relation to the identified learning need(s).	<p>In summary, I learned the following:</p> <ul style="list-style-type: none"> • Products stocked for weightloss cannot be used for patients under 18 years or for pregnant or breast-feeding women; • Adios (GSL) – herbal aid, cannot be used by anyone taking oral anticoagulants or by anyone who has a thyroid disorder. • XLS Medical (GSL) – 2 types available, a fat binder or carb blocker which reduces the calories absorbed from either dietary fat or carbohydrates. • Lineslim (GSL) – contains garina ambogia a fruit that supports weight control by helping you eat less. • Slim Fast (GSL) – meal replacement.

	<ul style="list-style-type: none"> • Orlistat (60mg P/120mg POM) – inhibits breakdown of dietary fat and is contraindicated in people with chronic malabsorption of cholestasis. • it is important to assess a patient's readiness for change using the stages of change model. Combining this with motivational interviewing using open questions, reflecting on what the patient has said, and attempting to identify resolutions to barriers - change can be achieved. • the mainstay of weight loss is increasing exercise to the minimum daily recommended of 30 mins for adults and 60 mins for children, eating 3 regular meals of correct portion size and constitution, healthy snacks e.g. fruit and drinking 2L of water.
EVALUATION	
<p>5. Having met the specific learning need(s) identified, my practice has changed or will change as follows:</p>	<p>I have applied my learning when I counselled a patient in relation to losing weight. I used the stages of change model to find where they were in the planning stage and if they required guidance on how they should proceed. I explained the importance of physical activity and used the eat well plate to describe a balanced diet, containing 5 main food groups to show the proportion of each that constitutes a well-balanced diet.</p> <p>Bread, Rice and Potatoes – 1/3 of daily volume.</p> <p>Fruit and Vegetables – 1/3 of daily volume.</p> <p>Milk and dairy products – 1/6 of daily volume.</p> <p>Meat, Fish, Eggs and Beans – up to 1/6 of daily volume.</p> <p>Foods high in fat and/or sugar – no more than 1/12 of daily volume.</p> <p>The customer thanked me for the support they received and said they would consider the advice given when planning their meals for the week.</p>
<p>6. I confirm that the identified learning need(s) has/have been fully addressed in this CPD. (Please "X" the box as confirmation).</p>	<p>Yes <input checked="" type="checkbox"/></p>

Your selection of “direct” or “simulated/future” evaluation (tick boxes below) must reflect the application of your learning described in (5) above.			
This CPD cycle has been directly evaluated within my current practice and environment (minimum of 75% of cycles submitted).		Yes <input checked="" type="checkbox"/>	
or			
This CPD cycle has been evaluated using simulated practice or to a situation in future practice (Max 25% of cycles submitted).		Yes <input type="checkbox"/>	
In which pharmacy sector(s) do you work? Please “X” all relevant boxes.			
Community	X	Hospital	
Pharmacy Prescriber	X	Industry	
Primary Care/Practice		Academia	
Training		Other	
I have recently returned to practice (within the last 12 months).		Yes <input type="checkbox"/>	
I have changed my scope of practice within the last 12 months.		Yes <input type="checkbox"/>	

Scheduled Exemplar 2 Hospital Pharmacy

Cycle Name	Pre-filled Syringes
Scheduled	Yes
This learning activity is within my current scope of practice	Yes
This learning activity is relevant to the safe and effective practice of pharmacy	Yes
All criteria are essential and must be completed successfully for the cycle to meet the required standard.	
REFLECTION	
1. I identified the following specific learning needs(s) ...	<p>I need to learn about:</p> <ul style="list-style-type: none"> the benefits of using pre-filled syringes to improve safety; and the barriers to introducing pre-filled syringes to practice.
2. I wanted to learn about this because (give context for learning activity/activities)...	I am involved in obtaining “ready to administer” injectable magnesium sulphate – one strength would present in a pre-filled syringe, and also “ready to administer” insulin 50 units in a 50ml syringe.
PLANNING	
3. I plan/planned to complete the following learning activity/activities to meet the identified learning need(s). (Please describe the learning activity/activities and the planned completion date(s)).	<p>I plan to attend the annual conference in London on Injectable Medicines where two speakers discuss the benefits of pre-filled syringes and the barriers to their introduction.</p> <p>I plan to complete this activity by 10 October 2021.</p>
ACTION	
4. In meeting the identified learning need(s), I completed the following learning activity/activities	
Activity	Attended the national annual injectable conference in London entitled ‘Changing practice to improve safety.’
Hours	4 hrs
Start date	03/10/21
End date	03/10/21
Evidence Upload (optional)	None uploaded

Evidence List (mandatory). Please list your evidence in support of this cycle.	Certificate of attendance. Hand-outs with annotated notes.
Summary of what has been learned in relation to the identified learning need(s).	<p>In summary I learnt the following in relation to my identified learning needs.</p> <p>Benefits of prefilled syringes are:</p> <ul style="list-style-type: none"> • they contain the correct drug and the correct label. There is wide variability in concentration of products made up at ward level. • there is less contamination with their use • it saves nurses' time on a busy ward • a more stable presentation of the product formulation • can guide choice of medicine and strength, clinician more likely to use prefilled product if available. <p>Barriers to introducing pre-filled syringes are:</p> <ul style="list-style-type: none"> • the change management process can be challenging due to the time and effort involved in making the change • stability data - absent or short expiry date • cost – additional costs can impact on other areas of the budget for the Trust • QA mechanism needs to be robust in order to detect and prevent any quality issues with the product before it reaches the patient • logistics with packaging - waste / storage, are any modifications required to current storage arrangements • manufacturer concerns e.g. licensing, compatibility of devices, quality of label, scalability, availability and continuity.
EVALUATION	
5. Having met the specific learning need(s) identified, my practice has changed or will change as follows:	I have used my knowledge of the advantages of pre-filled syringes to develop a business case for their introduction to the Trust. The business case was accepted for funding by the Trust in early 2022.
6. I confirm that the identified learning need(s) has/have been fully addressed in this CPD. (Please "X" the box as confirmation).	Yes <input checked="" type="checkbox"/>
Your selection of "direct" or "simulated/future" evaluation (tick boxes below) must reflect the application of your learning described in (5) above.	
This CPD cycle has been directly evaluated within my current practice and environment (minimum of 75% of cycles submitted).	Yes <input checked="" type="checkbox"/>

or			
This CPD cycle has been evaluated using simulated practice or to a situation in future practice (Max 25% of cycles submitted).		Yes <input type="checkbox"/>	
In which pharmacy sector(s) do you work? Please "X" all relevant boxes.			
Community		Hospital	x
Pharmacy Prescriber		Industry	
Primary Care/Practice		Academia	
Training		Other	
I have recently returned to practice (within the last 12 months).		Yes <input type="checkbox"/>	
I have changed my scope of practice within the last 12 months.		Yes <input type="checkbox"/>	

Scheduled Exemplar 3 Hospital Pharmacy

Cycle Name	Infection Control Training
Scheduled	Yes
This learning activity is within my current scope of practice	Yes
This learning activity is relevant to the safe and effective practice of pharmacy	Yes
All criteria are essential and must be completed successfully for the cycle to meet the required standard.	
REFLECTION	
1. I identified the following specific learning needs(s) ...	<p>I need to ensure that my knowledge of Infection control in the Hospital environment is up to date. I specifically need to learn:</p> <ul style="list-style-type: none"> • what are the recommended standard infection control precautions I need to use when working in a clinical area within the hospital. • how can I identify patients who have additional precautions in place due to an increased risk of infection. • what additional precautions do I need to take when working in the area of a patient known to be an infection risk e.g. MRSA.
2. I wanted to learn about this because (give context for learning activity/activities)...	I need to learn about this because the staff team has a responsibility to ensure they are complying with the Trust Infection Control Policy and as I regularly work in a clinical area I need to ensure my knowledge is up to date.
PLANNING	
3. I plan/planned to complete the following learning activity/activities to meet the identified learning need(s). (Please describe the learning activity/activities and the planned completion date(s)).	<p>I plan to attend Tier 2 Infection Prevention and Control Training provided by the Trust Infection Control Nurse at a hospital in the Trust.</p> <p>I plan to attend this training by the end of February 2022.</p>
ACTION	
4. In meeting the identified learning need(s), I completed the following learning activity/activities	
Activity	Attended Trust Tier 2 Infection Prevention and Control Training session

Hours	1 hr
Start date	22 February 2022
End date	22 February 2022
Evidence Upload (optional)	Uploaded
Evidence List (mandatory). Please list your evidence in support of this cycle.	Trust Certificate of Attendance
Summary of what has been learned in relation to the identified learning need(s).	<p>I attended the Infection Control training session which was specifically tailored for Pharmacy staff by a Senior IPCN in the Trust. The session consisted of a presentation, practical demonstration of hand washing technique, and question and answer session.</p> <p>In summary I learnt the following in relation to my identified learning needs:</p> <ul style="list-style-type: none"> • the standard precautions I need to take when working in a clinical area include disinfecting my hands with alcohol gel, regularly washing my hands using soap and water in the correct way (as demonstrated by the IPCN), complying with the 'bare below the elbow' policy i.e. no long sleeved clothes to be worn and no jewellery. Nails should be kept short and no nail varnish to be worn. • patients who have been classified as high infection risk will be in either cohort bays or single rooms. There will be a laminated 'Infection Risk' sign on the room/bay door to identify them. Their medical notes will also be marked with an infection control sticker. • on entering the room/bay of a patient with 'Infection Risk' sign I must put on a yellow apron and gloves. These should be disposed of before leaving the area and hands washed.
EVALUATION	
5. Having met the specific learning need(s) identified, my practice has changed or will change as follows:	<p>I have applied my learning when working in the ward environment in the following ways:</p> <ul style="list-style-type: none"> • using Cutan® gel to disinfect my hands on entering and leaving the ward and between working with every patient. Ensuring I comply with 'bare below the elbow policy' by not wearing any jewellery to work - I had sometimes

	<p>forgotten to remove my watch at work but am now doing this.</p> <ul style="list-style-type: none"> actively looking for 'Infection Risk' signage before entering any bays/patients rooms ensuring that I always wear appropriate PPE e.g. gloves when working with infected patients. <p>Employing these measures means I am complying with the Trust Policy on Infection Prevention and Control and minimising risk to patients.</p>	
6. I confirm that the identified learning need(s) has/have been fully addressed in this CPD. (Please "X" the box as confirmation).	Yes <input checked="" type="checkbox"/>	
Your selection of "direct" or "simulated/future" evaluation (tick boxes below) must reflect the application of your learning described in (5) above.		
This CPD cycle has been directly evaluated within my current practice and environment (minimum of 75% of cycles submitted).	Yes <input checked="" type="checkbox"/>	
or		
This CPD cycle has been evaluated using simulated practice or to a situation in future practice (Max 25% of cycles submitted).	Yes <input type="checkbox"/>	
In which pharmacy sector(s) do you work? Please "X" all relevant boxes.		
Community	Hospital	x
Pharmacy Prescriber	Industry	
Primary Care/Practice	Academia	
Training	Other	
I have recently returned to practice (within the last 12 months).	Yes	<input type="checkbox"/>
I have changed my scope of practice within the last 12 months.	Yes	<input type="checkbox"/>

Scheduled Exemplar 4 Academia

Cycle Name	Medicines Safety
Scheduled	Yes
This learning activity is within my current scope of practice	Yes
This learning activity is relevant to the safe and effective practice of pharmacy	Yes
All criteria are essential and must be completed successfully for the cycle to meet the required standard.	
REFLECTION	
1. I identified the following specific learning needs(s) ...	<p>I specifically need to learn about:</p> <ul style="list-style-type: none"> • the common types of medication errors that occur; • why they occur; and • the most frequent drugs that are involved.
2. I wanted to learn about this because (give context for learning activity/activities)...	I have been asked to give a lecture to hospital pharmacists on medicines safety issues.
PLANNING	
3. I plan/planned to complete the following learning activity/activities to meet the identified learning need(s). (Please describe the learning activity/activities and the planned completion date(s)).	<p>I plan to study the NICPLD e-learning course "Improving Medicines Safety".</p> <p>I plan to complete this by the end of April 2022.</p>
ACTION	
4. In meeting the identified learning need(s), I completed the following learning activity/activities	
Activity	Completed the NICPLD e-learning course "Improving Medicines Safety"
Hours	8 hrs
Start date	24/04/22
End date	24/04/22
Evidence Upload (optional)	Uploaded
Evidence List (mandatory). Please list your evidence in support of this cycle.	MCQ printout & lecture slides

<p>Summary of what has been learned in relation to the identified learning need(s).</p>	<p>I learnt the following in relation to my learning needs:</p> <ul style="list-style-type: none"> • medication incidents can occur during the prescribing, dispensing and administration of medicines. The most frequent types of medication incidents reported to the NRLS involve wrong doses, omitted or delayed medicines, and wrong medicines. • medication errors occur for a number of reasons including: misplaced decimal points, calculation errors, misinterpreted abbreviations, similar names and packaging, illegible writing, distractions, incorrect medication histories and transcription/communication errors. A study in the Irish Medical Journal found that approximately 5% of hospital prescriptions are illegible. • research by the Institute for Safe Medication Practices in the United States showed that the majority of medication errors resulting in death or serious injury were caused by a small number of high-risk medicines: insulin, opiates, intravenous strong potassium and anticoagulants.
<p>EVALUATION</p>	
<p>5. Having met the specific learning need(s) identified, my practice has changed or will change as follows:</p>	<p>I have applied my learning by preparing and delivering a lecture on medication safety to hospital pharmacists. The material studied provided many useful examples of medication errors and drug calculations, which I included in my lecture.</p>
<p>6. I confirm that the identified learning need(s) has/have been fully addressed in this CPD. (Please "X" the box as confirmation).</p>	<p>Yes <input checked="" type="checkbox"/></p>
<p>Your selection of "direct" or "simulated/future" evaluation (tick boxes below) must reflect the application of your learning described in (5) above.</p>	
<p>This CPD cycle has been directly evaluated within my current practice and environment (minimum of 75% of cycles submitted).</p>	<p>Yes <input checked="" type="checkbox"/></p>
<p>or</p>	
<p>This CPD cycle has been evaluated using simulated practice or to a situation in future practice (Max 25% of cycles submitted).</p>	<p>Yes <input type="checkbox"/></p>

In which pharmacy sector(s) do you work? Please "X" all relevant boxes.			
Community		Hospital	
Pharmacy Prescriber		Industry	
Primary Care/Practice		Academia	x
Training		Other	
I have recently returned to practice (within the last 12 months).	Yes <input type="checkbox"/>		
I have changed my scope of practice within the last 12 months.	Yes <input type="checkbox"/>		

Scheduled Exemplar 5 Community Pharmacy

Cycle Name	Diabetes MUR
Scheduled	Yes
This learning activity is within my current scope of practice	Yes
This learning activity is relevant to the safe and effective practice of pharmacy	Yes
All criteria are essential and must be completed successfully for the cycle to meet the required standard.	
REFLECTION	
1. I identified the following specific learning needs(s) ...	I specifically need to learn about: <ul style="list-style-type: none"> a. the drugs used in the management of patients with Type 1 diabetes. b. how to identify signs of hypoglycaemia, and c. how to treat a hypoglycaemic attack.
2. I wanted to learn about this because (give context for learning activity/activities)...	I need to learn about this because I wish to offer Diabetes MUR in Community Pharmacy. I need to ensure I am accredited to deliver this service.
PLANNING	
3. I plan/planned to complete the following learning activity/activities to meet the identified learning need(s). (Please describe the learning activity/activities and the planned completion date(s)).	I plan to attend the regional NICPLD course on Diabetes - supporting the delivery of MURs in Coleraine. I plan to complete this activity on the 13 May 2022.
ACTION	
4. In meeting the identified learning need(s), I completed the following learning activity/activities	
Activity	NICPLD course on Diabetes MUR at Riddell Hall
Hours	2 hrs
Start date	13/05/22
End date	13/05/22
Evidence Upload (optional)	None uploaded

Evidence List (mandatory). Please list your evidence in support of this cycle.	Attendance certificate and PowerPoint presentation with handwritten notes
Summary of what has been learned in relation to the identified learning need(s).	<p>I have learnt the following in relation to my identified learning needs:</p> <p>a. Insulin therapy can be broken down to 5 types, rapid-acting insulin analogues, soluble insulins, intermediate and long-acting insulins, prolonged action insulin analogues and biphasic insulin. Specifically, I learnt:</p> <ul style="list-style-type: none"> • rapid acting insulin reduces the need for snacking between meals. • short acting insulin can be associated with nocturnal hypoglycaemia. • prolonged action analogues reduce the rate of minor episodes of hypo's or nocturnal hypos. Plus there is less weight gain. • biphasic insulins reduce the daily number of injections, but there is less flexibility as ratio of mixes is fixed. <p>b. Hypos are caused by too much insulin, missed/late meals, excessive energy expenditure, alcohol and warm weather. Alcohol can mask symptoms of a hypo by inhibiting gluconeogenesis in the liver. Early warnings include hunger pangs, shaking, pallor and sweating. Cognitive dysfunction includes mood changes, vagueness and uncoordinated movements.</p> <p>c. Use a quick acting sugar - ideally a liquid. 100ml lucozade/ 4/6 dextrose sweets/200mls coke/ 25g pod of glucogel or about 5 soft sweets. Repeat after 5-10 minutes. If patient is unconscious give glucagon IM/SC/IV.</p>
EVALUATION	
5. Having met the specific learning need(s) identified, my practice has changed or will change as follows:	I will apply my new learning when I undertake Diabetes MUR. I will be able to counsel all type one diabetics on their insulin regimen, encourage adherence and awareness of managing hypoglycaemic episodes.
6. I confirm that the identified learning need(s) has/have been fully addressed in this CPD. (Please "X" the box as confirmation).	Yes <input checked="" type="checkbox"/>

Your selection of “direct” or “simulated/future” evaluation (tick boxes below) must reflect the application of your learning described in (5) above.			
This CPD cycle has been directly evaluated within my current practice and environment (minimum of 75% of cycles submitted).	Yes <input type="checkbox"/>		
or			
This CPD cycle has been evaluated using simulated practice or to a situation in future practice (Max 25% of cycles submitted).	Yes <input checked="" type="checkbox"/>		
In which pharmacy sector(s) do you work? Please “X” all relevant boxes.			
Community	x	Hospital	
Pharmacy Prescriber		Industry	
Primary Care/Practice		Academia	
Training		Other	
I have recently returned to practice (within the last 12 months).	Yes	<input type="checkbox"/>	
I have changed my scope of practice within the last 12 months.	Yes	<input type="checkbox"/>	

Scheduled Exemplar 6 Industry

Cycle Name	Elemental Impurities
Scheduled	Yes
This learning activity is within my current scope of practice	Yes
This learning activity is relevant to the safe and effective practice of pharmacy	Yes
All criteria are essential and must be completed successfully for the cycle to meet the required standard.	
REFLECTION	
1. I identified the following specific learning needs(s) ...	<p>I specifically need to learn:</p> <ol style="list-style-type: none"> a. what are elemental impurities? b. how can elemental impurities be introduced into pharmaceutical drug products? c. why do elemental impurities need to be controlled in drug products? d. how will the new ICH guidance control elemental impurities in drug products?
2. I wanted to learn about this because (give context for learning activity/activities)...	<p>I need to learn about this because the new ICH Guideline on Elemental Impurities (ICH Q3D) comes into force for new products from June 2016 and all pharmaceutical drug products on the market must comply with the guideline from December 2017. I will need to be aware of how this new guidance will affect current and new Marketing Authorisations in order to comply with ICH Q3D within the appropriate timeframe.</p>
PLANNING	
3. I plan/planned to complete the following learning activity/activities to meet the identified learning need(s). (Please describe the learning activity/activities and the planned completion date(s)).	<p>I plan to read and review:</p> <ol style="list-style-type: none"> a. ICH Q3D "ICH Harmonised Guideline: Guideline for Elemental Impurities Q3D; 16 Dec 2014" b. EMA/CHMP/QWP/109127/2015"CHMP: Elemental Impurities in Marketed Products, Recommendations for Implementation" <p>I plan to complete the activities by 27 March 2022.</p>

ACTION	
4. In meeting the identified learning need(s), I completed the following learning activity/activities	
Activity	Read and reviewed Guideline ICH Q3D
Hours	3.5 hrs
Start date	03/03/22
End date	03/03/22
Evidence Upload (optional)	Upload
Evidence List (mandatory). Please list your evidence in support of this cycle.	Uploaded
Activity	Read and reviewed EMA/CHMP/QWP/109127/2015
Hours	0.5 hrs
Start date	05/03/22
End date	05/03/22
Evidence Upload (optional)	Upload
Evidence List (mandatory). Please list your evidence in support of this cycle.	Uploaded
Summary of what has been learned in relation to the identified learning need(s).	<p>1. I have learnt the following in relation to my identified learning needs:</p> <ol style="list-style-type: none"> a. Elemental impurities are metal impurities in pharmaceutical drug products b. Elemental Impurities can be introduced into drug products from several sources such as metal catalysts, metal reagents used during synthesis of the API and excipients, impurities from manufacturing equipment, process water or from the container closure system c. Until now these elemental impurities have been limited by the E.P. test to a limit of 10ppm. However, this is not now considered to be adequate to control levels of potentially toxic elements and needs to be replaced by new analytical methods using modern instrumentation. d. ICH Q3D imposes limits for a total of 24 heavy metals used in pharmaceuticals based on classification of metal residues

	<p>in four categories depending on their risk to human health.</p> <p>Class 1 - significant toxicity e.g. lead. Class 2 - toxicity is based on route of administration e.g. cobalt. Class 3 - relatively low toxicity e.g. nickel. Class 4 - low inherent toxicity e.g. zinc.</p> <p>This ICH guidance ensures that Marketing Authorisation Holders (MAHs) have a responsibility to conduct a risk assessment for each product, identifying all potential sources of metal contamination. The risk assessment should form the basis for a control strategy that is able to ensure compliance with the permitted daily exposures to each metal, as per ICH Q3D. A variation may be required to the MA.</p>
EVALUATION	
<p>5. Having met the specific learning need(s) identified, my practice has changed or will change as follows:</p>	<p>I will apply my need learning in the following scenario:</p> <p>I will be responsible for co-ordinating the collation of risk assessments for Elemental Impurity content for each licensed product for which we are MAH. In addition, once the risk assessments are collated, I and my colleagues will be responsible for assessing each risk assessment, in line with ICH Q3D, to evaluate if any addition action such as a variation to the licence is required. My new learning allows me to understand the requirements of the ICH legislation and to allow me to understand more fully how we can ensure compliance.</p>
<p>6. I confirm that the identified learning need(s) has/have been fully addressed in this CPD. (Please "X" the box as confirmation).</p>	<p>Yes <input checked="" type="checkbox"/></p>
Your selection of "direct" or "simulated/future" evaluation (tick boxes below) must reflect the application of your learning described in (5) above.	
<p>This CPD cycle has been directly evaluated within my current practice and environment (minimum of 75% of cycles submitted).</p>	<p>Yes <input type="checkbox"/></p>
or	
<p>This CPD cycle has been evaluated using simulated practice or to a situation in future practice (Max 25% of cycles submitted).</p>	<p>Yes <input checked="" type="checkbox"/></p>

In which pharmacy sector(s) do you work? Please "X" all relevant boxes.			
Community		Hospital	
Pharmacy Prescriber		Industry	x
Primary Care/Practice		Academia	
Training		Other	
I have recently returned to practice (within the last 12 months).	Yes <input type="checkbox"/>		
I have changed my scope of practice within the last 12 months.	Yes <input type="checkbox"/>		

Unscheduled Exemplar 1 Community Pharmacy

Cycle Name	Looking after your team's mental health
Unscheduled	Yes
This learning activity is within my current scope of practice	Yes
This learning activity is relevant to the safe and effective practice of pharmacy	Yes
All criteria are essential and must be completed successfully for the cycle to meet the required standard.	
REFLECTION	
1. I identified the following specific learning needs(s) ...	I specifically need to learn: I identified the following learning need- I see a lot of people stressed at work and I wanted to see if it was stress, anxiety or depression, and how best I could help the team with these symptoms and where to point them to get help. Specifically I want to learn how to best approach this subject with them and how to talk to them about it.
2. I wanted to learn about this because (give context for learning activity/activities)...	I want to learn about this because a lot of the team are very stressed at work and I want to know where to point them to get help and how to approach the subject with them.
PLANNING	
3. I plan/planned to complete the following learning activity/activities to meet the identified learning need(s). (Please describe the learning activity/activities and the planned completion date(s)).	I plan to complete the following learning activity: I plan to read the module on CPD from the pharmacy magazine entitled: Looking after your team's mental health. I plan to look at the websites mind.org and rethink.org. I plan to do this by 6/3/2022.

ACTION	
4. In meeting the identified learning need(s), I completed the following learning activity/activities	
Activity	Read the article entitled: Looking after your team's mental health
Hours	2
Start date	06/03/22
End date	06/03/22
Evidence Upload (optional)	
Evidence List (mandatory). Please list your evidence in support of this cycle.	I read the article on looking after your team's mental health and made notes on it. I also looked up the websites that it recommended in the article such as mind.org.uk and rethink.org.
Summary of what has been learned in relation to the identified learning need(s).	I have learnt to approach the subject with members of the team using the mnemonic SHUSH: - show you care, focus on the other person and what they are saying. -have patience- don't rush to fill gaps when they speak and be non-judgmental in your listening. -use open questions- don't use your own views, use responses like "tell me more". -say it back- check your understanding by repeating it back to them. -have courage- follow their cues in the conversation.
EVALUATION	
5. Having met the specific learning need(s) identified, my practice has changed or will change as follows:	I will be able to approach members of my team who I feel are struggling in work. I will be able to speak to them using the SHUSH mnemonic. In work this week I had a conversation with a member of staff who was struggling to hit targets at work. I was able to ask her questions to see if she was OK. I started by asking if she was OK and then used open questions to see what she was feeling. I was able to point her in the direction of the website mind.org. She thanked me for listening to her and said that the website had helped her.
6. I confirm that the identified learning need(s) has/have been fully addressed in this CPD. (Please "X" the box as confirmation).	Yes <input checked="" type="checkbox"/>

Your selection of “direct” or “simulated/future” evaluation (tick boxes below) must reflect the application of your learning described in (5) above.	
This CPD cycle has been directly evaluated within my current practice and environment (minimum of 75% of cycles submitted).	Yes <input checked="" type="checkbox"/>
or	
This CPD cycle has been evaluated using simulated practice or to a situation in future practice (Max 25% of cycles submitted).	Yes <input type="checkbox"/>

In which pharmacy sector(s) do you work? Please “X” all relevant boxes.			
Community	<input checked="" type="checkbox"/>	Hospital	<input type="checkbox"/>
Pharmacy Prescriber	<input type="checkbox"/>	Industry	<input type="checkbox"/>
Primary Care/Practice	<input type="checkbox"/>	Academia	<input type="checkbox"/>
Training	<input type="checkbox"/>	Other	<input type="checkbox"/>
I have recently returned to practice (within the last 12 months).	Yes <input type="checkbox"/>		
I have changed my scope of practice within the last 12 months.	Yes <input type="checkbox"/>		

Unscheduled Exemplar 2 Primary Care/Practice Pharmacy Prescriber

Cycle Name	Management of Overuse of/Addiction to Benzodiazepines, Z-drugs and Gabapentinoids
Unscheduled	Yes
This learning activity is within my current scope of practice	Yes
This learning activity is relevant to the safe and effective practice of pharmacy	Yes
All criteria are essential and must be completed successfully for the cycle to meet the required standard.	
REFLECTION	
1. I identified the following specific learning needs(s) ...	I now need to learn about the following specific aspects- Firstly with regards to Benzodiazepines and Z-drugs- - The risks of prescribing - The risks of reducing/stopping - Situations where more long-term prescribing is more appropriate and reducing/stopping is less appropriate/more risky -Schedules for tapering these medicines safely with aim of ensuring a minimal impact on patients in terms of withdrawal effects. For Gabapentinoids - Risks of prescribing and cautions for use - Conditions/situations where prescribing is licensed and appropriate - Schedules for tapering these medicines safely with aim of ensuring a minimal impact on patients in terms of withdrawal effects - Situations where switches to alternative medicines may be appropriate and how to go about this.
2. I wanted to learn about this because (give context for learning activity/activities)...	I attended the presentations outlined below with no specific, pre-set learning needs. Since attending these sessions, the information they covered has become vital to aspects of my upcoming work in both of my GP practices. I have been approached by the GP partners in 1 of the practices in which I work to do some work in regards to the reduction of Gabapentinoids with the aim of stopping these drugs in relevant patients. This has arisen due to prescribing in this area being highlighted in our recent HSCB prescribing visit as being one of the highest in the federation. In the other practice that I work in, we have recently commenced rolling

	out the HSCB benzodiazepine and Z-drug reduction scheme. I will be heavily involved in this project over the upcoming months in terms of assisting the specialist nurse with reduction regimes, drug switching and organising instalment prescriptions at the correct times through liaising with patients and the local Community Pharmacies. This involvement has been accentuated by the fact that the regular specialist reduction Pharmacist is due to go off on maternity leave imminently and has yet to be replaced.
PLANNING	
3. I plan/planned to complete the following learning activity/activities to meet the identified learning need(s). (Please describe the learning activity/activities and the planned completion date(s)).	I attended the following presentations with no pre-set, specific learning needs prior to attending - ***** GP Federation Practice-based learning Zoom Session on the Management of Overuse of/Addiction to Benzodiazepines, Z-drugs, Gabapentinoids and Opioids by *****- 2/2/22. - Presentation on the Management of Chronic Pain during our ***** GP Pharmacist Team Meeting - 25/8/21.

ACTION	
4. In meeting the identified learning need(s), I completed the following learning activity/activities	
Activity	Attendance at ***** GP Federation Practice-based learning Zoom Session on the Management of Overuse of/Addiction to Benzodiazepines, Z-drugs, Gabapentinoids and Opioids by *****
Hours	2
Start date	25/08/2021
End date	25/08/2021
Evidence Upload (optional)	
Evidence List (mandatory). Please list your evidence in support of this cycle.	Copy of the handout received and notes taken (not attached)
Summary of what has been learned in relation to the identified learning need(s).	In terms of Benzodiazepines and Z-drugs I learnt that most prescribing of these drugs tends to be off licence as they are often being used for medium to long term use yet they are licensed for short-term use only and latest guidance states that only drugs within these groups that have a short half-life should be

prescribed. I improved my knowledge of the MHRA advice published in March 2020- stating that extreme caution should be taken when co-prescribing with opioids due the additive CNS depressant effects of these drug classes thereby increasing the risk of sedation, respiratory depression, coma and death. I now know that there is evidence that Benzodiazepines/Z-drugs can cause cognitive and psychomotor impairment (dose dependent) but there is no clear evidence of these drugs causing Alzheimer's Disease- the only conclusion that has been made to date is that short-term/appropriate use will not lead to Alzheimer's. For patients currently on Benzodiazepines/Z-drugs, I learnt of the importance of considering the risks of continuing (as described above) vs the risks of stopping which include- withdrawal, fleeing treatment, seeking inappropriate drugs from alternative sources e.g. Etizolam or Alprazolam which are much more potent and have been linked to several drug-related deaths in Scotland. I gained an appreciation of 3 types of situation where ongoing/longer-term prescribing of these drugs is defensible-

1. In psychiatric illness including- resistant, persistent anxiety, panic disorder or generalised anxiety disorder- all often under CMHT.

2. In current Benzodiazepine users where attempts have been made to taper to stop along with significant support and withdrawal symptoms have proved to be persistent/debilitating/intolerable.

3. Patients on harm reduction treatment- often under CMHT. In terms of how to taper Benzodiazepines to zero-

I now know that a flexible tapering schedule is very important to reduce the risk of withdrawal symptoms. I learnt that there is a lack of evidence for medicines to assist with withdrawal from Benzodiazepines e.g. Pregabalin or Carbamazepine. Regime options include- - Direct tapering - Direct tapering then later switching to an equivalent dose of Diazepam- to reduce the risk of withdrawal symptoms - Switching to an equivalent dose of Diazepam from the outset before reducing. I learnt that it is important to cross-taper if switching from Lorazepam to Diazepam (1mg Lorazepam is equivalent to 10mg Diazepam). I learnt that a normal tapering schedule would be to reduce the dose by 5-10% every 1-2 weeks or reduce by one eighth of the dose every 2 weeks. The

reduction should be slowed at lower doses and titrated according to the severity of withdrawal symptoms. I gained a worked example of this, i.e. the general protocol used by the ***** GP Federation Benzo reduction scheme- - Switch to the equivalent dose of Diazepam - Reduce by 2mg fortnightly until on 4mg daily of Diazepam - Reduce by 1mg per month to stop. In terms of Z-drugs, I learnt that Zolpidem 10mg/Zopiclone 7.5mg are equivalent to Diazepam 5mg. However on reduction the Z-drug is only usually converted to an equivalent Diazepam dose if the patient is having withdrawal issues as this method leads to a much slower reduction to stop over 16-20 weeks. I now know that the daily dose of Z-drug is usually reduced by half every 2 weeks and the target dose of when to stop is when the patient has been taking Zopiclone 1.875mg or Zolpidem 2.5mg for at least the previous 2 weeks. For Gabapentinoids- I learnt that there are growing concerns regarding several aspects of the prescribing and use of this drug class. I now know that clinical benefits have been overstated in the past leading to widespread overuse of these drugs- often for indications/conditions where no benefit will be seen e.g. lower back pain, sciatica, spinal stenosis or episodic migraine. There is increasing evidence of the risk of addiction to these drugs- particularly Pregabalin and the increased role in drug related deaths, particularly in conjunction with opioids / benzodiazepines alongside Pregabalin doses of >300mg per day (sharp increase to 77 drug related deaths primarily caused by Pregabalin in N.I. in 2019). I learnt that there is an increased risk of suicide, particularly in patients on prescribed and non-prescribed Pregabalin along with many other problematic side effects. I also now know that safety in pregnancy is not established with latest MHRA guidance suggesting there is a possible increased risk in congenital malformations when used. I also now know that although Gabapentin/Pregabalin are licensed for neuropathic pain e.g. post-herpetic neuralgia or Diabetic neuropathy, Pregabalin has now been removed from the NI formulary (since June 2021) for prescribing in this area amid the concerns stated above. I also learnt about the following examples of cautions on the use of Gabapentinoids- particularly Pregabalin- in the following groups of patients, which should encourage reduction to stop or avoiding their initiation- - Those at risk of CV compromise - Those at risk of suicide - Those with renal impairment -

	<p>Those at risk of falls (can cause dizziness, somnolence) - In opioid dependent patients (should ideally be avoided due to increased overdose risk and risk of respiratory depression). In terms of reducing Gabapentinoids to stop, I learnt that rapid reduction is justified if there is clear evidence of attempts to divert/obtain illicit supplies. I now know that in practice that the tapering schedule may need to be adjusted depending on the individual's response and risk. I now know that for Gabapentin the maximum daily rate of reduction should be 300mg/week while for Pregabalin it should be 50-75mg per week. A temporary halt should be made in tapering down in preference to re-escalating the dose if the patient is struggling with the reduction. I also gained a useful tip to use for patients on a Gabapentinoid (particularly Pregabalin) and an SSRI who have neuropathic pain e.g. Diabetic neuropathy. A useful strategy can be to switch the SSRI to Duloxetine (direct switch possible) and then reduce the Gabapentinoid to stop as Duloxetine can have a positive effect in neuropathic pain and is licensed for Diabetic neuropathy.</p>
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EVALUATION

<p>5. Having met the specific learning need(s) identified, my practice has changed or will change as follows:</p>	<p>The knowledge gained from the 2 presentations described above has allowed me to become heavily involved in the Benzodiazepine reduction programme in one of the GP surgeries that I work in. The ***** Pharmacist has just gone on ***** leave and a temporary replacement is still to be put in place therefore I have worked with the Specialist Nurse to provide advice to her on reduction regimes including switching to equivalent doses of Diazepam and when to cross taper when doing this e.g. Lorazepam to Diazepam. I have also dealt with numerous queries on reduction regimes and dosing from patients and Community Pharmacies- particularly surrounding the issue of instalment prescriptions when reducing with the aim of stopping. The knowledge gained has allowed me to commence opportunistic Pregabalin reductions in patients e.g. during medication reviews. I have regularly found withdrawal symptoms appearing with Pregabalin reduction so have therefore tended to opt for slow reduction regimes of 25-50mg reduction per fortnight. At each stage I have been checking the patients' tolerance of the regime and encouraging them at each stage in terms of benefits of reducing with the aim</p>
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	of stopping. I have also performed a GP system search of all patients currently prescribed Pregabalin in one of the practices I work in. I have contacted a small group of patients so far regarding taking steps to reduce Pregabalin with the aim of stopping- prioritising patients on higher doses and those who are prescribed concomitant CNS depressing agents such as opioids. I would like to gain an improved knowledge of how to deal with difficult questions or issues surrounding medication tapering and hope to address this learning need by attending an upcoming Federation PBL session on this matter in May 2022.
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6. I confirm that the identified learning need(s) has/have been fully addressed in this CPD. (Please "X" the box as confirmation).	Yes <input checked="" type="checkbox"/>
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Your selection of "direct" or "simulated/future" evaluation (tick boxes below) must reflect the application of your learning described in (5) above.

This CPD cycle has been directly evaluated within my current practice and environment (minimum of 75% of cycles submitted).	Yes <input checked="" type="checkbox"/>
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or

This CPD cycle has been evaluated using simulated practice or to a situation in future practice (Max 25% of cycles submitted).	Yes <input type="checkbox"/>
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In which pharmacy sector(s) do you work? Please "X" all relevant boxes.			
Community		Hospital	
Pharmacy Prescriber	x	Industry	
Primary Care/Practice	x	Academia	
Training		Other	
I have recently returned to practice (within the last 12 months).		Yes <input type="checkbox"/>	
I have changed my scope of practice within the last 12 months.		Yes <input type="checkbox"/>	

Portfolio Assessments

Selection Process

CPD portfolios are submitted by 31 May each year unless otherwise directed by Council. Council directs the Registrar in relation to the size of the overall assessment sample – usually 10% of submitted portfolios.

The process for selecting portfolios for assessment is a combined approach with a focused selection and a random selection which includes, but is not limited to:

- a random selection of a proportion of all CPD portfolios submitted;
- all, or a random selection of a proportion of late CPD submissions;
- a random selection of a proportion of portfolios submitted by pharmacists who have recently re-joined the Register, having not practiced as a pharmacist for a period of 12 months or more; and
- a random selection of a proportion of portfolios submitted by pharmacists who have changed their scope of practice within the CPD year.

Assessment Process

Once the selection process is complete, the selected portfolios are randomly assigned to our team of independent CPD Assessors (IAs).

Portfolios are identified by an ID number only to ensure that the identity of the registrant is unknown to the assessor.

The assessment process is as follows:

Annual Portfolio	Assessment Outcome	Next Steps
Assessment 1 1 st IA	Portfolio meets standard	No further steps
	Portfolio does not meet standard	Moves to Verification Assessment
Verification 2 nd IA	Portfolio meets standard (IAs' differ)	Moves to Arbitration Assessment
	Portfolio does not meet standard (IAs' agree)	Moves to Reassessment 1
Arbitration 3 rd IA Binding result	Portfolio meets standard	No further steps
	Portfolio does not meet standard	Moves to Reassessment 1

The Annual Portfolio assessment results are released as soon as the above assessments have completed.

Assessment registrants are emailed advise that results and assessor feedback are available on ROL

Registrants will be informed if have entered into Reassessment 1 because:

- their portfolio did not meet standard; or
- their portfolio statistics were found to be inaccurate; and, after deductions were made in terms of hours and/or percentages, their portfolio statistics fell below the required submission criteria.

Registrants who have moved to Reassessment 1 are required to submit a new portfolio comprising 3 CPD cycles totalling 10 hours within a period of 9 weeks. (CPD learning must be undertaken from the start of the new CPD year – 01 June).

Reassessment 1	Assessment Outcome	Next Steps
Assessment 1 1 st IA	Portfolio meets standard	No further steps
	Portfolio does not meet standard	Moves to Verification Assessment
Verification 2 nd IA	Portfolio meets standard (IAs' differ)	Moves to Arbitration Assessment
	Portfolio does not meet standard (IAs' agree)	Moves to Reassessment 2
Arbitration 3 rd IA Binding result	Portfolio meets standard	No further steps
	Portfolio does not meet standard	Moves to Reassessment 2

Registrants who have moved to Reassessment 2 are required to submit a new portfolio comprising 3 CPD cycles totalling 10 hours within a period of 9 weeks. (CPD learning must be undertaken from the start of the new CPD year – 01 June).

Reassessment 2	Assessment Outcome	Next Steps
Assessment 1 1 st IA	Portfolio meets standard	No further steps
	Portfolio does not meet standard	Moves to Verification Assessment
Verification 2 nd IA	Portfolio meets standard (IAs' differ)	Moves to Arbitration Assessment
	Portfolio does not meet standard (IAs' agree)	Moves to Registrar
Arbitration 3 rd IA Binding result	Portfolio meets standard	No further steps
	Portfolio does not meet standard	Moves to Registrar The decision as to the next steps for the registrant is at the discretion of the Registrar. Next steps may include the commencement of the statutory process to remove the registrant's name from the Register.

To meet standard, CPD portfolios that are assessed must achieve a mark of 50% or more in terms of cycles and hours – see Table 6 below.

Table 6: Assessment Outcomes

Assessment Result	Outcome	Action
At least 50% of cycles met standard and those cycles contained at least 50% of all CPD hours submitted.	Portfolio met standard	No further action required
At least 50% of cycles met standard and those cycles contained less than 50% of all CPD hours submitted.	Portfolio did not meet standard	The registrant will move to the next stage: Assessment 1 → Reassessment 1 Reassessment 1 → Reassessment 2 Reassessment 2 → Registrar's Decision
Less than 50% of cycles met standard.	Portfolio did not meet standard	The registrant will move to the next stage: Assessment 1 → Reassessment 1 Reassessment 1 → Reassessment 2 Reassessment 2 → Registrar's Decision

Consensus Guidance For Assessment of CPD Portfolios CPD year 2021/22 onward

CRITERIA	BEST PRACTICE	ACCEPTABLE PRACTICE	NOT ACCEPTABLE PRACTICE
<p>C1: Did the pharmacist identify a specific learning need(s)</p>	<p>Clear statement of learning intent followed by bulleted specific learning needs.</p> <p>Specific, precise, succinct, measurable.</p> <p>No ambiguity.</p>	<p>Review/update/revisit plus at least one specific learning need identified.</p> <p>Specific means that there is enough detail to identify a clear learning need. For example: 'I want to learn more about xx..' with specific details.</p> <p>Assessor to provide feedback on best practice.</p>	<p>Review/update/revisit without any specific learning need identified.</p> <p>Ambiguous statements such as '...the main issue...' '...the latest development...' '...the key issue...' with no specific details.</p> <p>Assessor to provide feedback on best practice.</p>
<p>C2: Did the pharmacist describe why they wanted to learn about this (the context for the learning activity)?</p>	<p>Learning is contextualised with a clear trigger/prompt for the learning need.</p>	<p>'I feel I need to know more about.....' with an explanation of the underlying source of the emotion.</p> <p>Assessor to provide feedback on best practice.</p>	<p>No clear explanation of why they wanted to learn/how they identified the learning need.</p> <p>'I feel I need to know more about...' without further explanation.</p> <p>Assessor to provide feedback on best practice.</p>

CRITERIA	BEST PRACTICE	ACCEPTABLE PRACTICE	NOT ACCEPTABLE PRACTICE
<p>C3: Did the pharmacist describe the learning activity/activities they plan to complete to meet the learning need(s)</p>	<p>Full details* relating to the learning activity that would allow an assessor to independently source that specific learning activity.</p> <p>*Please note that specific names of colleagues are not required – job titles are sufficient to demonstrate the expertise of the tutor.</p> <p>Completion date or timeframe should be stated.</p>	<p>Less detailed information e.g. 'A workshop', 'article', 'courses', 'internet search'.</p> <p>However, further detail must be present within the CPD cycle or could be obtained from the evidence declared e.g. Presentation copy, margin notes in document etc.</p> <p>Within the CPD cycle, full details* are provided relating to at least one learning activity that would allow an assessor to independently source that specific learning activity.</p> <p>Other learning activities do not have full details provided within the cycle.</p> <p>Assessor to provide feedback on best practice.</p>	<p>Less detailed information e.g. 'A workshop', 'article', 'courses', 'internet search' but no further detail is present in the cycle.</p> <p>Assessor to provide feedback on best practice.</p>

CRITERIA	BEST PRACTICE	ACCEPTABLE PRACTICE	NOT ACCEPTABLE PRACTICE
<p>C4: Did the pharmacist include a summary of the related activities they have completed to meet the learning need(s) identified</p>	<p>Full details* relating to each learning activity that would allow an assessor to source the learning activity plus completion of date, time and evidence.</p> <p>*Please note that specific names of colleagues are not required – job titles are sufficient to demonstrate the expertise of the tutor.</p> <p>Brief summary with examples of personal learning in relation to each learning need.</p> <p>Summary relates to learning need(s).</p> <p>Summary contains specific detailed examples (multiple) of personal learning.</p>	<p>Full details* relating to at least one learning activity that would allow an assessor to independently source the learning activity plus completion of date, time and evidence.</p> <p>[Please note that generic titles such as a website address or NICE guidance along with therapeutic topic area is sufficient].</p> <p>Less detailed information about at least one learning activity but further details available elsewhere in cycle plus completion date, time and evidence.</p> <p>A summary of learning that does not relate to the learning need (will not meet Criteria 6).</p> <p>At least one specific example of personal learning achieved.</p> <p>Specific means that there is enough detail to identify at least one clear learning outcome with no ambiguity. E.g. I now know more about this subject is not sufficient on its own.</p> <p>Assessor to provide feedback on best practice.</p>	<p>No learning activity identified. Only recorded application to practice.</p> <p>Not applicable (NA) recorded in evidence section of activity table. Date/time/evidence sections of activity table not completed.</p> <p>Very generic phrases – ‘the internet’, ‘a workshop’ which would not allow an assessor to independently source the learning.</p> <p>No personal learning demonstrated or lack of sufficient depth of learning identified.</p> <p>Summary of contents of learning activity.</p> <p>Assessor to provide feedback on best practice.</p>

CRITERIA	BEST PRACTICE	ACCEPTABLE PRACTICE	NOT ACCEPTABLE PRACTICE
<p>C5: Did the pharmacist evidence how their practice has changed or will change after meeting the specific learnings identified?</p>	<p>Clear example of implementing learning/changing practice.</p> <p>Demonstration of transition as a result of learning activity (now I can).</p> <p>Specific example of how the learning has been applied or will be applied to future practice (note that max 25% of cycles can evaluate learning outcomes using simulated practice or application in future practice or sectors).</p>	<p>Less specific example of how the learning has been applied or will be applied in future practice. 'I use/will use this in my practice/future practice by/when/if.....'.</p> <p>However, there must be at least some specific information to identify how it would be applied for example in a specific scenario if it arose.</p> <p>'I feel that I can now....' but with justification as to why the individual feels that way. Narrative must include some detail on how they feel they would apply the learning.</p> <p>Assessor to provide feedback on best practice.</p>	<p>"I feel that I can now..." with no justification as to why the individual feels that way.</p> <p>Generic statement relating to use in practice/future practice e.g. "I use/will use this in my practice/future practice" but without details of when and how they apply/will apply their new learning.</p> <p>Assessor to provide feedback on best practice.</p>
<p>C6: Is it evident that the learning need(s) identified has/have been fully addresses within the specific cycle</p>	<p>Each learning need is clearly mapped through reflection, planning, action and evaluation stages of the cycle.</p>	<p>At least one learning need is identifiable as being mapped through reflection, planning, action and evaluation stages of the cycle.</p> <p>Assessor to provide feedback on best practice.</p>	<p>No single learning need can be mapped through all stages of the cycle.</p> <p>Assessor to provide feedback on best practice.</p>

CRITERIA	BEST PRACTICE	ACCEPTABLE PRACTICE	NOT ACCEPTABLE PRACTICE
<p>C5: Did the pharmacist evidence how their practice has changed or will change after meeting the specific learnings identified?</p>	<p>Clear example of implementing learning/changing practice.</p> <p>Demonstration of transition as a result of learning activity (now I can).</p> <p>Specific example of how the learning has been applied or will be applied to future practice (note that max 25% of cycles can evaluate learning outcomes using simulated practice or application in future practice or sectors).</p>	<p>Less specific example of how the learning has been applied or will be applied in future practice. 'I use/will use this in my practice/future practice by/when/if.....'.</p> <p>However, there must be at least some specific information to identify how it would be applied for example in a specific scenario if it arose.</p> <p>'I feel that I can now....' but with justification as to why the individual feels that way. Narrative must include some detail on how they feel they would apply the learning.</p> <p>Assessor to provide feedback on best practice.</p>	<p>"I feel that I can now..." with no justification as to why the individual feels that way.</p> <p>Generic statement relating to use in practice/future practice e.g. "I use/will use this in my practice/future practice" but without details of when and how they apply/will apply their new learning.</p> <p>Assessor to provide feedback on best practice.</p>
<p>C6: Is it evident that the learning need(s) identified has/have been fully addresses within the specific cycle</p>	<p>Each learning need is clearly mapped through reflection, planning, action and evaluation stages of the cycle.</p>	<p>At least one learning need is identifiable as being mapped through reflection, planning, action and evaluation stages of the cycle.</p> <p>Assessor to provide feedback on best practice.</p>	<p>No single learning need can be mapped through all stages of the cycle.</p> <p>Assessor to provide feedback on best practice.</p>

Feedback statements

From Assessor to Registrant following assessment of portfolio

GENERAL FEEDBACK FOR THE CYCLE OVERALL

- This cycle has not met the required acceptable criteria. The Pharmaceutical Society of Northern Ireland provides resources on its website to aid Registrants in completing their CPD and providing support to ensure cycles meet the required criteria. Registrants are encouraged to review the resources available before further cycle submissions.
- This cycle is an excellent example of best practice in CPD cycle submission.
- This cycle has no identified learning need(s) and, therefore, could have been recorded as an unscheduled learning cycle.
- When recording CPD activities, Registrants should remember the key pieces of information required at the four stages of the cycle:

Reflection

Record the learning need and how it was identified.

Planning:

Plan an activity to meet the learning need. Set realistic, appropriate and achievable objectives and make the learning time-limited.

Action:

Provide a summary of what was learned in the course of the learning activity and include examples of personal learning, sufficient enough with clear examples to show a depth of learning.

Evaluation:

Evaluate if each learning need has been met and whether practice has changed or will change. Give specific examples of the impact of the CPD learning on professional practice either now or at some stage in the future.

- This cycle has been incorrectly recorded as an “unscheduled learning cycle” instead of a “scheduled learning cycle”._Unscheduled learning is unplanned and unexpected. Scheduled learning is planned and intentional. The time between reflection, planning, action and evaluation can be very quick but it should still be recorded as a scheduled cycle. For example, deciding to look up a drug that one is unfamiliar with during the dispensing process is still a scheduled learning cycle, as a clear learning need was established (reflection), an action was planned to look it up (planning), something was learned (Action) and then put into practice (evaluation).
- All CPD activities should be undertaken and recorded within the CPD year to which the CPD portfolio period relates, that is, 1st June to the 31st May in the given submission year.
- When recording CPD information, Registrants should not include any information which might identify an individual to the assessor. Job titles, places of work and company names should remain vague. This is to protect the Registrants anonymity with the nominated peer assessor.

REFLECTION

Criteria 1:

- This cycle has not met Criteria 1.
- In the Reflection stage, it is **best practice** to make a clear statement of learning intent followed by specific learning needs.
- In the Reflection stage, Registrants should identify SPECIFICALLY what needs to be learnt — this will result in subsequent entries in the planning, action and evaluation stages becoming more relevant and focused.
- In the Reflection stage, aim to break big topics into smaller, achievable chunks of learning. This will result in subsequent entries in the planning, action and evaluation stages becoming more relevant and focused.
- In the Reflection stage, using verbs such as 'review', 'update', 'learn about', or 'revisit' without identifying a specific learning does not meet the acceptable criteria.
- In the Reflection stage, it is **best practice** to ensure learning needs are specific, precise, succinct, and measurable. Ambiguous statements such as “the main issue”, “the latest development”, “the key issue” following by a non-specific statement does not meet acceptable criteria.

Criteria 2:

- This cycle has not met Criteria 2.
- In the Reflection stage, it is **best practice** to contextualise learning with a clear trigger/prompt for the learning need.
- In the Reflection stage, it is best practice to record how the learning need was identified. No clear explanation of why the Registrant wanted to learn/how a need was identified does not meet acceptable criteria.
- In the Reflection Stage, no context/circumstances that lead to the identified learning need(s) has been documented.
- Documenting, 'I feel I need to know more about...' or similar wording without further explanation does not meet acceptable criteria.

PLANNING

Criteria 3:

- This cycle has not met Criteria 3.
- In the Planning stage, **best practice** is to plan an appropriate activity to meet the identified learning need with a specific and achievable completion date identified.
- In the Planning stage, Registrants should clearly document any learning activity or activities that they plan to undertake. It is best practice to provide full details relating to the learning activity that would allow an assessor to source the learning activity independently.
- Generic vague planned activities such “a workshop/article/course” but with no further information detailed either in the planning section or elsewhere in the cycle does not meet acceptable criteria.
- In the Planning stage, Registrants should only provide details of the planned CPD learning activity and not an activity that would be undertaken as a consequence of the CPD learning. For example, delivering training, developing a protocol, etcetera belongs in the evaluation stage as this is an application of learning.

ACTION

Criteria 4:

- This cycle has not met Criteria 4.
- In the Action stage, all fields in the activity table (date/time/evidence sections) must be fully completed. Acceptable forms of evidence, for example a course certificate, personal notes, etcetera must be noted in the evidence column. However, the uploading of evidence, at present, is optional. Registrants should keep this evidence as assessors may ask for this to be submitted to demonstrate the cycle was completed.
- Recording "N/A" in the evidence column does not meet acceptable criteria.
- In the Action stage, it is best practice to provide full details relating to each learning activity completed that would allow an assessor to source the learning activity. For example, "online course" without reference to where or who is delivering that course does not meet acceptable criteria.
- Claiming CPD hours for an activity which is an application of CPD learning to one's practice does not meet acceptable criteria. For example, delivering training or developing a protocol based on one's learning belongs in the evaluation stage.
- In the Action stage, Registrants should record what was learnt as a result of undertaking the learning activity and relate this specifically to EACH of the identified learning needs in the reflection stage.
- Recording information relating to the application of learning does not belong in the action stage. This information belongs in the evaluation stage of the cycle - when the CPD activity has been completed.
- In the Action stage, it is not acceptable to record completing a test or assessment, for example, an MCQ, as a learning activity. This is an application of learning completed as a result of undertaking the CPD activity.
- It is best practice to provide a brief summary (with specific examples) of personal learning clearly related to EACH of the identified learning needs. It is insufficient to state broad generic statements of what has been learned without specifics. Registrants must summarise what has been learned showing sufficient depth of learning to justify the hours claimed. For example, the summary of learning might include: "I learned that the common side effects of drug X are ..." instead of: "I learnt about the side effects of Drug X" without specific examples of those side effects to demonstrate the learning.
- This cycle does not provide a summary of learning in sufficient depth to demonstrate the registrant has completed the learning and therefore does not meet acceptable criteria.
- It is not sufficient or acceptable to simply provide a crude list or summary of contents of a course or activity which was undertaken or completed.

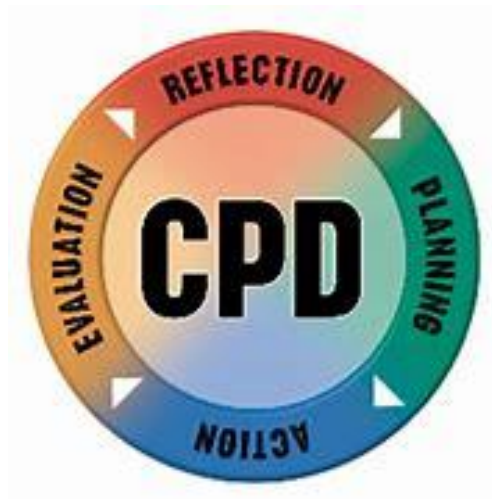
EVALUATION

Criteria 5:

- This cycle has not met Criteria 5.
- It is **best practice** to provide a clear example of how learning has been implemented or will be implemented OR how practice has changed or will change as a result of learning undertaken. It should provide a depth of information which clearly shows an impact on practice.
- Documenting “I feel that I can now” with no justification of why the Registrant feels that way does not meet acceptable criteria.
- Generic statements relating to the use in practice or in future practice but without details of when and how they apply or will apply the new learning does not meet acceptable criteria.
- No clear application to practice or change in practice either now or in the future is identified in this cycle and thus it does not meet acceptable criteria.
- In Evaluation, the registrant has mentioned implementing or how they will implement learning not referenced previously as part of their learning need(s) in the Reflection or Action Stage.
- The registrant has ticked that they have applied their knowledge already in practice but indicated in the Evaluation Stage that it applies to future practice. The registrant should ensure that they accurately tick whether learning has already been applied or whether it applies to future practice.
- The registrant has ticked that they have not yet applied their knowledge in practice but indicated in the Evaluation Stage that it has already been applied to current practice. The registrant should ensure that they accurately tick whether learning has already been applied or whether it applies to future practice.

Criteria 6:

- This cycle has not met Criteria 6.
- Specific learning needs were not identified at the reflection stage and thus the Registrant is unable to demonstrate which learning need(s) have been addressed within the cycle. Therefore it does not meet acceptable criteria.
- It is best practice for Registrants to clearly map ALL learning needs through the reflection, planning, action and evaluation stages of the cycle.
- The registrant has not clearly mapped each of the learning needs through the reflection, planning, action and evaluation stages of the cycle. At least one learning need is required to be mapped through all four stages for the cycle to meet acceptable criteria.



FREQUENTLY ASKED QUESTIONS

Updated August 2022

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1. What is Continuing Professional Development (CPD)?

CPD is a career-long process which involves the tracking and documenting of skills, knowledge and experience gained by the pharmacist. It helps pharmacists to keep their practice and proficiency up to date, maintains standards and improves confidence in the profession.

2. Who should do CPD?

CPD is a legal requirement for all registered pharmacists in Northern Ireland. Every registered pharmacist must meet the requirements of Standard 5 of the Pharmaceutical Society NI's Code – to maintain and develop professional knowledge, skills and competence.

An annual CPD submission and declaration must be made to the Registrar by 31 May, or other date as instructed by the Council of the Pharmaceutical Society NI, except for those pharmacists who have been granted an exemption by the Registrar through the Extenuating Circumstances process (see points 15 & 18 of the [CPD Framework 2021](#))

3. What are the CPD requirements of the Pharmaceutical Society NI?

The [CPD Framework 2021](#) sets out the requirements and conditions that must be met in respect of a registrant's CPD portfolio and the circumstances in which a registrant can be regarded as having failed to comply with the CPD Framework.

4. What if I work in different areas/sectors of pharmacy?

Your CPD activity must be relevant to your current scope of practice. If, for example, you work in academia most of the time but occasionally undertake locum work in community pharmacy, your CPD cycles and portfolio must contain CPD activity relevant to both areas of practice.

5. How do I submit my CPD portfolio?

Instructions on all aspects of the recording and submission of CPD can be found on your ROL CPD homepage.

6. Can I amend or edit my CPD cycles once I've allocated them to my portfolio?

Yes, up to the submission deadline, you can access your submitted portfolio to make amendments, ensuring that you resubmit your portfolio before the deadline.

7. Will my CPD portfolio record be assessed by the Pharmaceutical Society NI?

The Council of the Pharmaceutical Society NI decides the overall percentage of portfolios to be assessed each year. However, a combined approach of random and focused selection will be used. This will include:

- all, or a random selection of a proportion of late CPD submissions;
- a random selection of a defined proportion of portfolios submitted by pharmacists who have changed their scope of practice in the past year; and
- a random selection of a proportion of portfolios submitted by pharmacists who have recently rejoined the Register having not practiced as a pharmacist for a period of 12 months or more.

It is possible that a registrant may be selected for assessment in consecutive years. Should this happen, there is no appeal and the selection remains unchanged.

Early submission of a CPD portfolio may be required for some Restoration or Re-join applications. All such portfolios will be assessed.

8. What if I am living/working outside Northern Ireland?

CPD applies to **all** pharmacists on the Register.

If you are not resident in Northern Ireland, you must still comply with CPD requirements in order to retain your registration with the Pharmaceutical Society NI.

9. What if I am retired but still undertake a small amount of locum work?

CPD applies to **all** pharmacists on the Register.

CPD requirements apply to you if you undertake pharmacy work of any kind, irrespective of the number of hours you work, to ensure that you continue to maintain and develop knowledge and skills appropriate to your role.

10. What if I am on a career break/unemployed?

If you are on a career break/unemployed, you can make an Extenuating Circumstances application. The Registrar will review the circumstances and make her decision accordingly.

11. What if I am working overseas?

CPD applies to **all** pharmacists on the Register.

CPD requirements apply to you, irrespective of the geographical location of their employment, to ensure that you continue to maintain and develop knowledge and skills appropriate to your role.

12. What if I am registered with the Pharmaceutical Society NI but have not been practising as a pharmacist?

CPD applies to **all** pharmacists on the Register.

CPD requirements apply to you, irrespective of whether you have been practising as a pharmacist, to ensure that you continue to maintain and develop knowledge and skills appropriate to your role.

13. I want to join the Register but I have not been registered as a pharmacist in over 12 months. What will my CPD requirement be when I join the Register?

A pharmacist applying to join the Register, who has not been registered as a pharmacist within the last 12 months, will be required to make an early CPD submission for assessment.

This requires the pharmacist to submit 3 CPD cycles, totalling a minimum of 10 hours, undertaken in the current CPD year (i.e. CPD activity undertaken since 01 June). Upon joining the Register, you will be advised of your submission deadline by the CPD Department.

14. I was removed from the Register for CPD non-compliance. What will my CPD requirement be if I want to be restored to the Register?

A pharmacist applying to be restored to the Register, having been removed from the Register for CPD non-compliance, will be required to submit a CPD portfolio totalling a minimum of 30 hours and a minimum of 4 CPD cycles.

The Registrar will decide whether submission of the CPD portfolio will be required prior to completion of registration or within a given timeframe after completion of registration and you will be advised accordingly.

Upon being restored to the Register, you will be advised of your submission deadline by the CPD Department.

15. I withdrew from the Register and now want to rejoin. What will my CPD requirement be when I rejoin the Register?

A pharmacist applying to rejoin the Register, having voluntarily withdrawn from the Register during a previous CPD year, but having failed to submit a CPD portfolio for that year, will be required to make a full CPD portfolio submission within 2 months of rejoining the Register.

Upon rejoining the Register, you will be advised of your submission deadline by the CPD Department.

A pharmacist applying to rejoin the Register, having voluntarily withdrawn from the Register during a previous CPD year, having submitted a CPD portfolio for that year, will not be required to make an early CPD submission.

16. What if I am dual registered but spend most of my time working in another jurisdiction?

CPD applies to **all** pharmacists on the Register.

CPD requirements apply to you, irrespective of whether you are dual registered and have been practising as a pharmacist in another jurisdiction, to ensure that you continue to maintain and develop knowledge and skills appropriate to your role. CPD activity can be undertaken in any jurisdiction.

Dual registrants must comply with the CPD requirements, including the form and manner of submission, of each regulator.

17. How do I know if I am eligible to apply for Extenuating Circumstances?

If you are unsure if you are eligible to apply for Extenuating Circumstances, you should refer to points 17 – 25 in the [CPD Framework 2021](#) where generally accepted and unaccepted circumstances are detailed.

Applications for Extenuating Circumstances must be made via ROL and must be supported by the required documentary evidence only – no evidentiary substitutes will be accepted.

The operational deadline for receipt of applications is 30 April each year.

Should extenuating circumstances occur after the operational deadline, a late application can be made and may be considered at the Registrar's discretion.

18. What happens if I miss the CPD submission deadline?

If you fail to submit a CPD portfolio by the submission deadline, having failed to provide the Registrar with a 'reasonable excuse', you will be non-compliant with the CPD Framework.

The submissions portal may be opened for an extended period of 7 days to facilitate late submissions. All, or a random selection of, late submissions will be selected for assessment.

Where a registrant fails to submit a CPD portfolio by the end of the 7-day extension period, the Registrar will follow the statutory procedure to have the name of the registrant removed from the Register, as set out by Articles 5-8 of the Regulations [\[The Council of the Pharmaceutical Society of Northern Ireland \(Continuing Professional Development\) Regulations \(Northern Ireland\) 2012\]](#).

19. When can I submit my CPD portfolio?

Portfolios can be submitted on ROL from 09:00 on 01 April until midnight on 31 May.

If you are unable to access ROL, you should advise the Registrar of your situation via the CPD department (cpd@psni.org.uk). The Registrar will review your request and you will be notified of her decision by email. If your request to submit a hard copy portfolio is granted, you will be provided with the requisite proforma and instructed as to the submission process.

20. What type of activities should I include in my CPD portfolio?

In considering CPD cycles for inclusion in their portfolios, pharmacists should take account of the range of their current scope of practice and working environment. This includes the amount of time spent acting in an annotated role or in an educational supervisor (formerly pre-registration tutor) role.

21. What feedback will I receive on my CPD portfolio?

A feedback report will be provided on ROL for portfolios that have been assessed by a CPD Assessor.

Feedback is more detailed for portfolio records that have not met the standard and less detailed for portfolio records that have met the standard.

Feedback is formative and will focus on the parts of the CPD cycle where improvements might be made.

22. Can the Pharmaceutical Society NI check my CPD portfolio for me before I submit it?

This facility is not available from the Regulator.

The Pharmacy Forum NI offers facilitation support to registrants. For details, contact the Pharmacy Forum NI on 028 9032 6927.

23. Who can access my CPD ROL account?

Only the registrant will have access to their ROL account unless express permission for them is given for another party.

When your CPD portfolio has been submitted, the Pharmaceutical Society NI will have full access to the CPD portfolio. If your CPD portfolio is selected for assessment, the CPD Assessor Team will have access to the portfolio.

24. If I apply to withdraw from the Register, will I be required to submit CPD?

The operational deadline for receipt of a correctly completed application to Withdraw from the Register (with a removal date of no later than 31 May) is midnight on 10 May. Late applications will only be considered at the discretion of the Registrar.

Registrants who have not made such an application by the operational deadline will be required to meet all CPD requirements for the CPD year.

25. What happens if my CPD portfolio is assessed and doesn't meet the standard?

If, at assessment, your portfolio does not meet the standard, you will enter into the remedial stage of the annual CPD process – Reassessment 1.

For Reassessment 1, you will have 9 weeks to submit 3 new cycles, totalling a minimum of 10 hours and undertaken since 01 June. This submission will be assessed against the published criteria by a CPD assessor. You will be advised of the date and time when the portal will close for your Reassessment 1 submission by the CPD Department.

If your Reassessment 1 portfolio does not meet the standard, you will enter into Reassessment 2. You will have a further 9 weeks to submit 3 new cycles, totalling a minimum of 10 hours and undertaken since 01 June. This submission will be assessed against the published criteria by a CPD assessor. You will be advised of the date and time when the portal will close for your Reassessment 2 submission by the CPD Department.

If your Reassessment 2 portfolio does not meet the standard, the Registrar may initiate steps to remove your name from the Register under Article 3 of the CPD Regulations.

26. Will I have access to my CPD cycles from previous years when Membership Online is defunct?

Yes, all CPD activity recorded on Membership Online will be transferred to your ROL homepage.

CPD Facilitation Service

Pharmacy Forum NI offers a CPD Facilitation Service for those registrants who are seeking assistance with their CPD portfolio.

Pharmacy Forum – Tel: 02890 326 927.