College of Pharmacists of British Columbia





## PDAP PORTAL TUTORIAL



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# Continuing Education (CE) Requirements

The College's Professional Development and Assessment Program (PDAP) helps to ensure that pharmacy professionals continue to provide safe and effective pharmacy care. As part of the requirements to renew as a full practicing pharmacist/pharmacy technician in British Columbia, registrants must successfully complete the quality assurance program called the Professional Development and Assessment Program (PDAP). Registrants will not be able to renew as a full registrant until their Continuing Education (CE) requirements have been satisfied.

Registrants must use the PDAP Portal to complete and submit their annual CE. To fulfill the CE requirements for renewal, pharmacists/ pharmacy technicians must:

- successfully complete at least 15 hours of learning activities documented on a minimum of 6 Learning Records of which a minimum 5 hours must be accredited learning, (supporting documentation needs to be provided as part of the Learning Record(s) it pertains to). Retain all original supporting documentation for at least 2 years from your registration renewal deadline;
- complete a minimum of 3 hours of learning related to Indigenous Cultural Safety, Cultural Humility, and Anti-racism (ICSH/AR). These hours count toward the existing 15-hour annual CE requirement and can be accredited or non-accredited learning activities;
- complete all learning activities in the most recent 12 months of their registration renewal date.

For the PDAP Portal, follow the steps below:

- 1. Go to <u>www.bcpharmacists.org</u>
- 2. Select *"eServices"* and follow the login prompts
- 3. Select the "PDAP" tab and then select the "PDAP Portal"
- 4. Click on "Complete Learning Records" and select "Add New Learning Record"



# Learning Record Form

Learning Record	
	Print
PLAN	
1. What is your learning goal(s)? (Required)	
2. Identify your primary motivation in choosing this learning goal(s). (Required) Salect One	4
ACT	
Activity #1:	
3. What were your learning activities? (Required)	lete 🖸
Type of Learning Activity:	gend
Select One	~
Provider:	
CEUs:	
This activity is related to Indigenous cultural safety, cultural humility, and anti-racism (Required) Yes  No Activity Details: (Required)	
Date Completed: Accredited Hours: Non-Accredited Hours: Documentation: (Required for accredited learning) Retain all original supporting documentation for at least 2 years from your registration renewal deadline.	
Upload Documentation	
Add New Activity	
Total Accredited Hours Entered: 0 Total Non-Accredited Hours Entered: 0	
REFLECT	
4. What did I learn in relation to my goal(s) and/or how will/have I used this learning? (Required)	
5. What future learning goal did this activity trigger for you? (optional)	
6. My personal notes on this activity. (optional)	
7. Would you be willing to have your Learning Record used as an example? O Yes  No	
Back Save Changes	



# Plan

### **Learning Goals**

Learning Record	
	Print
PLAN	
1. What is your learning goal(s)? (Required)	
<ol> <li>Identify your primary motivation in choosing this learning goal(s). (Required)</li> <li>Select One</li> </ol>	/2

• Specify what you want to achieve (your goal).





## **Primary Motivation**

Learning Record	
	Print
PLAN	
1. What is your learning goal(s)? (Required)	
2. Identify your primary motivation in choosing this learning goal(s). (Required)	•

- Click on the drop-down menu.
- Select the main reason that motivated you to identify this learning goal.

Examp	le	
	2. Identify your primary motivation in choosing this learning goal(s). (Required) Select One	
	Self assessment using the questionnaire from the college Changes in the regulatory or policy-related environment Specific patient cases or practice-related problems Information requests from patients, colleagues, or other health professionals	
	Changes in practice or clinical guidelines Participation in writing, research, teaching Other	





### **Type of Learning Activity**

• Click on the drop-down menu to select the appropriate type of learning activity. If you select *"Other"*, provide a description in the *"Activity Details"* section below.

np	le
	Type of Learning Activity: Select One
	Select One
	Live program Self-study program
	Reading materials Workplace learning
	Other

## **Course Title, Provider and CEUs**

3. What were your learning activities? (Required)	Delete
Type of Learning Activity.	Legen
Select One	· · · · · · · · · · · · · · · · · · ·
ourse Title:	
rovider:	
EMs:	
his activity is related to Indigenous cultural safety, cultural humility, and anti-racism (Required)	
O Yes 🖲 No	
Activity Details: (Required)	
and and a second s	
vate Completed:	
ate Completed:	
Date Completed:	art 2 years from your registration renowal deadline
Date Completed: Incredited Hours:Non-Accredited Hours: Hocumentation: (Required for accredited learning) Retain all original supporting documentation for at le	ast 2 years from your registration renewal deadline.
Date Completed: Accredited Hours: Non-Accredited Hours: Documentation: (Required for accredited learning) Retain all original supporting documentation for at le	ast 2 years from your registration renewal deadline.
Date Completed: Non-Accredited Hours: Non-Ac	ast 2 years from your registration renewal deadline.

• Record the course title, provider and the number of eligible CEUs, if applicable.

## Indigenous cultural safety, cultural humility, and anti-racism (ISCH/AR) Learning

Activity #1:		-
3. What were your learn	ing activities? (Required)	Delete C
Type of Learning Activity		Legen
Select One	*	- Coyern
Course Title:		
Provider:		
CEUs:		
0 This activity is related to	o Indigenous cultural safety, cultural humility, and anti-racism (Required)	
0 This activity is related to Ves  No Activity Details: (Require	o Indigenous cultural safety, cultural humility, and anti-racism (Required)	
0 This activity is related to Yes No Activity Details: (Require	o Indigenous cultural safety, cultural humility, and anti-racism (Required) ed)	
0 Mis activity is related to Yes No Activity Details: (Requir Date Completed:	o Indigenous cultural safety, cultural humility, and anti-racism (Required)	
0 Mis activity is related to Yes No Activity Details: (Requir Date Completed: Accredited Hours:	o Indigenous cultural safety, cultural humility, and anti-racism (Required) ed) Non-Accredited Hours:	
0 This activity is related to Yes No Activity Details: (Requir Date Completed: Accredited Hours: Documentation: (Requir	ed for accredited learning) Retain all original supporting documentation for at least 2 years from your registration renewal deadline.	
0 Yes No Activity Details: (Requir Date Completed: Accredited Hours: Documentation: (Requir	o Indigenous cultural safety, cultural humility, and anti-racism (Required) ed Non-Accredited Hours: ed for accredited learning) Retain all original supporting documentation for at least 2 years from your registration renewal deadline.	
0 This activity is related to Yes No Activity Details: (Require Date Completed: [ Accredited Hours: [ Documentation: (Require & Upload Documentation	ed) Non-Accredited Hours: ed for accredited learning) Retain all original supporting documentation for at least 2 years from your registration renewal deadline.	

• Indicate whether this learning activity is related to *Indigenous cultural safety, cultural humility, and anti-racism* by selecting <u>Yes</u> or <u>No</u>.



### **Activity Details**

activities? (Required)	Delete 🔾
	Legend
	×
	1
Non-Accredited Hours:	
(as according learning) Botain all original supporting documentation for at least 2 year	ur from your registration renowal deadline
or accreated learning) Retain an original supporting documentation for at least 2 yea	its from your registration renewal deadline.
g (n ))	g activities? (Required) indigenous cultural safety, cultural humility, and anti-racism (Required) ) Non-Accredited Hours:

• Record specific details including name of program, name of colleague or expert, internet sites used, type of rounds, etc. for all types of learning activities.



## Add New Activity

Activity #1:	-
What were your learning activities? (Required)	Delete 🕄
and a second s	1 and and
ype of Learning Activity:	Legent
ourse Title:	
rovider:	
EUs:	
his activity is related to Indigenous cultural safety, cultural humility, and anti-racism (Required) ) Yes () No ctivity Details: (Required)	
	1
ate Completed:	
ccreated hours: Non-Accreated hours:	
ocumentation: (Required for accredited learning) Retain all original supporting documentation for at least 2 years from your registration renewal deadline	е.
Ldd Naw Lefwity	

• Click on the "Add New Activity" button to enter more learning activities.

*Note:* A Learning Record can have one or more activities. The **"Total Accredited Hours"** and **"Total Non-Accredited Hours"** are calculated automatically after you **"Submit"** your Learning Record(s).



## Learning Activity Date

ACTIVITY #1.	
. What were your learning activities? (Required)	Delete
vne of Learning Activity:	Legend
Select One	⊂ogen V
Course Title:	
Provider:	
EUs:	
0	
Activity Details: (Required)	
Data Complated:	
Condited Hours: New Accredited Hours:	
ocumentation: (Required for accredited learning) Retain all	original supporting documentation for at least 2 years from your registration renewal deadline.
L Upload Documentation	
2 Upload Documentation	

- Record date(s) of your learning activity. Learning activities must occur within the last 12 months prior to your renewal date to be considered current.
- Click on *"Date Completed"* field. A pop-up calendar will appear.
- Select the date you completed your learning and then click "Done".

Example	te Completed:						-	
	0	)	Mar		20	19	•	9
	SI	<u>и М</u>	10	ти		m	Fr	Sa
							1	2
		3	4	5	6	7	8	9
	1	.0	11	12	13	14	15	16
	1	.7	18	19	20	21	22	23
	2	24 3	25	26	27	28	29	30
	3	81						
	_							_
							Do	ne



### Learning Activity Hours

#### **Accredited Learning**

Accredited learning activities have been reviewed using stringent criteria to ensure they are of high quality, unbiased, and clearly identify learning objectives for participants. Accredited programs indicate the number of accredited hours assigned, and identify the accrediting body (such as CCCEP, UBC CPPD, ACPE, MAINPRO, etc.). Supporting documentation that states the registrant's name, the accrediting body, the number of accredited hours assigned, the date of completion, date accreditation is valid until, etc. is received upon successful completion.

**Note:** Continuing Education Units (CEUs) are assigned by the accrediting body to a specific learning activity. The "conversion" of CEUs into accredited hours varies between different accrediting bodies. You should confirm with the course provider the number of hours the completed activity is accredited for.

#### Non-Accredited Learning

Non-accredited hours are accumulated through informal learning. If you are doing self-study or on the job training, this will be classified as non-accredited hours.



- For accredited learning, document the hours the activity is accredited for under the *"Accredited Hours"* field. Any additional time spent beyond what the activity is accredited for, can be recorded as *"Non-Accredited Hours"* field using increments of 0.25 hours.
- For non-accredited learning, you can document the actual time spent on the learning activity using increments of 0.25 hours.



### **Supporting Documentation**

#### Accredited Learning

Uploading supporting documentation including certificates, letters of completion, or school transcripts is required to provide confirmation of successful completion of accredited learning activity.

#### Non-Accredited Learning

Uploading supporting documentation is not required for non-accredited learning. You may choose to upload a photocopy of the cover of your reading material, flyer advertising an event you attended, an email verifying a meeting or conversation for your own record-keeping purposes.



- Click on "Upload Documentation".
- Click on *"Choose File"* to select your desired file for upload. After your document is selected from your computer, click on *"Upload File(s)"*. The portal accepts common text and image file types such as .pdf, .txt, .doc, .docx, .jpeg, .jpg, .gif, .png.

*Note:* Supporting documentation must be uploaded for all accredited learning activities. You may upload more than one file per learning activity. *Retain all original supporting documentation for at least 2 years from your registration renewal deadline.* 



# Reflect

### What Did You Learn/ Application of Your Learning

	REFLECT
<	4. What did I learn in relation to my goal(s) and/or how will/have I used this learning? (Required)
	5. What future learning goal did this activity trigger for you? (optional)
	6. My personal notes on this activity. (optional)
	7. Would you be willing to have your Learning Record used as an example? Yes  No Back Save Changes

• Record the specific learning or development that occurred as a result of your learning activity; including details on how you have implemented/may implement what you learned into your practice. How has the learning activity been useful?

Į	Ex	a	m	pl	e																											
4	1. V	Nh ea	nat o	did 1 a	I   10	eai ta	<b>m i</b> i bout	• •	elat io-i	ion Ider	to tic	my əl	y g hor	oal(	<b>s)</b> es	and and	l/o how	rh /t	i <mark>ow</mark> hey	will are	/ s	have I imilar	to	ed t	thi h	i <mark>s learni</mark> normones	pr	<b>? (Req</b> roduced	uir by	ed) the	human	body.



## **Future Learning (Optional)**

1	REFLECT
4	. What did I learn in relation to my goal(s) and/or how will/have I used this learning? (Required)
5	What future learning goal did this activity trigger for you? (optional)
6	. My personal notes on this activity. (optional)
7	<ul> <li>Would you be willing to have your Learning Record used as an example?</li> <li>♥ Yes ● No</li> </ul>
	Back Save Changes

• *Optional:* Document any other professional development you have planned in this area.

Example
5. What future learning goal did this activity trigger for you? (optional) Just about anything but a lot more neuropathic pain gels and BHRT dosing, oral as well as transdermal.



REFLECT	
4. What did I learn in relation to my goal(s) and/or how will/have I	used this learning? (Required)
5. What future learning goal did this activity trigger for you? (option	nal)
	ß
6. My personal notes on this activity. (optional)	
My personal notes on this activity. (optional) Would you be willing to have your Learning Record used as an ex	ample?
© Yes ⊛ No	
Back Save Changes	

• **Optional:** Use this area to record personal notes that relate to this Learning Record (i.e. future reading, name of presenter, colleague, etc.).

E	xample
	6. My personal notes on this activity. (optional)
	** Check new NAPRA Guideline to be released in 2021**

• Select *"Save Changes"* at the bottom of the Learning Record Form:

R	REFLECT
4.	What did I learn in relation to my goal(s) and/or how will/have I used this learning? (Required)
5.	What future learning goal did this activity trigger for you? (optional)
6.	My personal notes on this activity. (optional)
7.	Would you be willing to have your Learning Record used as an example?
	Back Save Changes

• The Learning Record is now added onto the PDAP Portal; title and status is displayed.



# Learning Record Status

A Learning Record may be:

#### **In Progress**

Required information is missing from specific fields. Learning Record cannot be "Submitted".

Add New Record Delete Record(s) Submit					
Show 25 V entries					Search:
Goal / Development Opportunity	<b>A</b>	Hrs.	\$	ICSH Learning	Status 🔶
#1:To learn about head lice in children	2.00		Yes		IN PROGRESS
Showing 1 to 1 of 1 entries					Previous 1 Next
Add New Record Delete Record(s) Submit					

### Complete

All required information has been entered. Learning Record can be "Submitted".

Add New Record Delete Record(s) Submit						
Show 25 🗸 entries						Search:
	Goal / Development Opportunity	<b>A</b>	Hrs.	\$	ICSH Learning	Status 🔶
#1:To learn about head lice in cl	hildren	2.00		Yes		COMPLETE
Showing 1 to 1 of 1 entries						Previous 1 Next
Add New Record Delete Record(s) Submit						

### **Submitted**

*"Submitted"* Learning Records cannot be edited. Please email <u>prodev@bcpharmacists.org</u> for assistance with *"Submitted"* Learning Records.

Add New Record Delete Record(s) Submit							
Show 25 V entries						Search:	
	Goal / Development Opportunity	<ul> <li>Hrs.</li> </ul>	÷	ICSH Learning	÷	Status	÷
#1:To learn about head lice in	children	2.00	Yes		SU	BMITTED	
Showing 1 to 1 of 1 entries						Previous	1 Next
Add New Record Delete Record(s) Submit							



# Submitting a Learning Record

To "Submit" a Learning Record:

• Click on the box on the left hand side and press "Submit".

Add New Record Delete Record(s) Submit								
Show 25 🗸 entries					Search:			
	Goal / Development Opportunity	<b>A</b>	Hrs.	÷	ICSH Learning	$\stackrel{\wedge}{=}$	Status	÷
#1:To learn about head lice in children				Yes		COMPLETE		
Showing 1 to 1 of 1 entries           Add New Record         Delete Record(s)         Submit					I	Previous 1	Next	

• Continue entering and *"Submitting"* your Learning Records until the minimum requirements have been satisfied.

The following will be displayed on your device screen once the CE requirements have been satisfied.

## Example

#### **Minimum Requirements Satisfied**

Total Submitted Learning Records: 7 / (6 minimum) Total Submitted Accredited Learning Hours: 6 / (5 minimum) Total Submitted Learning Hours: 17.00 / (15 minimum) Total Submitted Learning Hours for Indigenous cultural safety, cultural humility, and anti-racism: 5.00 / (3 minimum)



# Making Changes to a Learning Record

Learning Records "In progress" or "Complete" can be edited and/or deleted.

### **Edit a Learning Record**

• Click on the title to open the Learning Record and edit information as needed. Remember to *"Save Changes"*.

#### **Delete a Learning Record**

• Select the Learning Record to be deleted by clicking on the box on the left-hand side and press "Delete Record(s)".

Add New Record Delete Record(s) Submit								
Show 25 🗸 entries						Searc	ch:	
	Goal / Development Opportunity	<b>A</b>	Hrs.	\$	ICSH Learning	÷	Status	\$
#1:To learn about head lice in children				Yes		COMPLETE		
Showing 1 to 1 of 1 entries							Previous 1 No	ext

*Note: "Submitted"* Learning Records cannot be edited or deleted.

Please email prodev@bcpharmacists.org for editing or deleting "Submitted" Learning Records.