COLLEGE OF PHARMACISTS OF MANITOBA

Continuing Competency Matters

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May 23, 2025: *Continuing Competency Matters*

The College of Pharmacists of Manitoba (CPhM) is introducing *Continuing Competency Matters;* a regular update focused on the evolution of the Continuing Competency Program. As outlined in CPhM's 2025-2027 Strategic Plan, CPhM is committed to updating the program to ensure it is evidence-based and meets the requirements of the *Regulated Health Professions Act (RHPA)*.

In early 2024, the Quality Assurance Committee conducted a comprehensive review of continuing competency approaches used by pharmacy regulators across Canada. This foundational work led to the engagement of Dr. Nancy Winslade, an expert in health professions education, research, and consulting to guide the revisions of the CPhM Continuing Competency Program.

A pharmacist by training, Dr. Winslade brings over 30 years of experience and holds a Master's in Health Professions Education and a PhD focussed on community pharmacists' improvement in quality care. She has played a key role in shaping pharmacy education, including work on the University of Toronto's early BScPhm and PharmD programs, and has led national initiatives such as the Canadian Forces Physician Assistant Recertification Program and the Saskatchewan College of Pharmacy Professionals' Competency Assurance Program. Reflecting on her work with CPhM, Dr. Winslade shares:

"It is an exciting time to be working with CPhM as continuing competency programs across the professions are transitioning to supporting practitioners in their quest to continuously improve their practice in concrete ways that align with health system goals. A tagline I like that captures these principles is *Empowering Pharmacists, Competence that Counts* and I look forward to collaborating with Manitoba pharmacists as we put these principles into action."

Stay tuned for future updates and opportunities to get involved through communications channels including the Friday Five, quarterly Newsletters, and a dedicated Continuing Competency Matters webpage.

June 6, 2025: *Continuing Competency Matters*

On May 28, 2025, the College of Pharmacists of Manitoba's (CPhM) Quality Assurance Committee held its first meeting with Dr. Nancy Winslade, CPhM's Continuing Competency Consultant.

The Committee discussed the challenges practitioners from a range of health profession face as they aim to provide quality care throughout their careers. The conversation focused on the types of Continuing Competency Programs that can support practitioners in their efforts.

Guided by the principles of **Empowering Pharmacists, Competence that Counts,** the Committee also explored additional principles including:

- CPhM and pharmacists are not alone in their need to modify their Continuing Competency Program as all regulated health professions in Manitoba face the same requirements of the Regulated Health Professions Act (RHPA).
- Shared Health's definition of quality care provides a strong foundation for shaping what quality pharmacist and pharmacy team care means in Manitoba.
- Relying on this province-wide definition aligns pharmacist's practice quality with that of the other regulated health professions, ensuring a common goal and purpose of care.

The discussion emphasized the need for Continuing Competency Programs to support pharmacists' use of their daily practice experiences to guide learning. It also acknowledged system-level factors, such as workload, staffing, and evolving expectations, that can influence a competent pharmacist's capacity to perform to their fullest ability in daily practice.

To build on this work, a sub-group of the Committee will meet over the summer to review best practices in Continuing Competency Programs from across Canada and around the world. These findings will help inform potential future directions for CPhM's program.

As this work progresses, registrant feedback will be a priority. Watch future editions of Friday Fives and Continuing Competency Matters for updates and opportunities to get involved.

June 19, 2025: *Continuing Competency Matters*

The Continuing Competency sub-group of CPhM's Quality Assurance Committee is being finalized, with monthly meetings organized to review best practices, develop initial proposals for the revised continuing competency program, and begin planning for registrant review and feedback.

Earlier work by the Quality Assurance Committee identified challenges faced by many regulatory authorities who relied on continuing education (CE) as the focus of continuing competency programs. Given the evidence that such programs have limited impact on practitioner's daily practice, changes to CE-based continuing competency programs are being required to meet regulatory authorities' legislated mandates.

A common challenge across professions is ensuring changes maximize the usefulness of continuing competency programs to registrants as they aim to provide quality care throughout their careers, while minimizing new or additional requirements.

These priorities align with Shared Health's definition of quality, which takes a broader view of what is important in quality practice. For CPhM, traditional measures, such as pharmacy teams

outcomes from targeted services like vaccinations or UTI management, or as integrated dispensing, remain important indicators of quality.

As patients are at the centre of care, their views on the care and services they receive from pharmacy teams are also highly valued when determining quality care. Patient Rated Experience Measures (PREMS) are being evaluated across provinces and countries to assess their value in supporting quality pharmacy practice.

Finally, recognizing the importance of pharmacy professionals' well-being – such as finding meaning and satisfaction in their work – shows the need for continuing competency programs that reduce burdensome work while supporting pharmacists and pharmacy teams in their efforts to provide quality care.

Stay tuned as work continues!

July 4, 2025: *Continuing Competency Matters*

Work on revisions to CPhM's Continuing Competency Program (CCP) continues, with an update provided to CPhM Council and the first meeting of the Quality Assurance Subgroup. In both, discussions focused on two key realities that must be addressed when revising the CCP:

- CPhM's anticipated regulatory mandate under the Regulated Health Profession Act (RHPA) for a CCP to maintain the competence of members and to enhance the practice of pharmacists, and
- pharmacy professionals being overwhelmed by increasing practice demands.

The second point highlights the importance of pharmacists and pharmacy team members' well-being, such as finding meaning and satisfaction in their pharmacy work, as a way to reduce burnout. This reinforces the need to avoid simply adding new requirements to the revised CCP.

Discussions included potential ways to re-purpose existing programs to meet CPhM's regulatory mandate, opportunities to lighten workload associated with existing programs, and options for improving documentation and reporting requirements under the revised CCP.

Another focus is aligning the CCP with best practices from other health professions. For example, by supporting pharmacy professionals and pharmacy teams to use information from their own daily practice as the basis for continuing education and practice improvement.

The Subgroup members, including community and hospital pharmacists and pharmacy technicians, provided valuable insights into the realities of daily practice. The group brainstormed ideas to maximize value, minimize administrative burden, and improve engagement with the CCP.

This work is ongoing with the next Subgroup meeting scheduled for mid-July.

July 18, 2025: *Continuing Competency Matters*

The Subgroup of CPhM's Quality Assurance (QA) Committee recently met to review the requirements and supporting evidence for various models of continuing competency programs.

Consistent with recent presentations to the QA Committee and CPhM Council, the Subgroup supported the use of a widely accepted definition of competency:

The habitual and judicious use of communications, knowledge, technical skills, clinical reasoning, emotions, values and reflection in daily practice for the benefit of the individual and community being served. (1)

This definition reinforces the importance of pharmacy professionals performing safely and effectively in their day-to-day practice. Subgroup feedback also emphasized that the Continuing Competency Program (CCP) should focus on supporting registrants in improving the quality of their daily practice, rather than solely ensuring all registrants meet minimum requirements.

This shift allows all pharmacy professionals to engage in meaningful practice improvement, rather than concentrating efforts on identifying those few who may not meet practice standards. With this direction in mind, the QA Subgroup summarized its task as 'recommending a revised CCP that assures the continuous improvement in the quality of pharmacist's performance in daily practice'.

This work is part of the ongoing development of a CCP that aligns with CPhM's regulatory mandate while supporting pharmacy professionals. The Subgroup will continue to explore options that balance meaningful improvement, with future updates to come as work progresses.

1. Epstein RM, Hundert EM. Defining and Assessing Professional Competence. JAMA. 2002;287(2):226.

August 1, 2025: *Continuing Competency Matters*

As work on revising the Continuing Competency Program (CCP) continues, the Quality Assurance Subgroup has reviewed and clarified five key criteria that must be considered when developing and implementing the program. These criteria are essential to ensuring the CCP is effective, meaningful, and feasible for pharmacy professionals (1):

i. Validity – Does the program measure and support the development of important aspects of pharmacist's quality of practice?

ii. Reliability– Is the program fair and consistent across different days, sites, situations?

iii. Feasibility– Are the necessary resources available to CPhM to implement the program within reasonable timeframes? Is it also realistic for registrants to complete the program's requirements?

iv. Acceptability–From CPhM's perspective, this means the program is feasible and meets regulatory requirements. For registrants, acceptability also includes whether the program feels meaningful and supports them in their efforts to improve their practice.

v. Impact– Does the program lead to desired changes in practice? Does it avoid unintended negative consequences, especially given the high workload and limited time pharmacy professionals face?

These criteria will help ensure the CCP not only supports improving practice but also remains practical and achievable. This aligns with ongoing feedback that the program must help pharmacy professionals improve quality of care without creating unnecessary burden.

Future Friday Fives will review options and the value they could bring to CPhM's revised CCP.

1. Van der Vleuten CPM. The Assessment of Professional Competence: Developments, Research and Practical Implications. Advances in Health Sciences Education. 1996;1(1):41-67.

Aug 29, 2025: *Continuing Competency Matters*

In previous *Continuing Competency Matters* the requirements for Continuing Competency Programs (CCP) were reviewed and two realities facing the College of Pharmacists of Manitoba (CPhM) and pharmacy professionals were highlighted:

1. CPhM must have a CCP in place to maintain the competence of registrants and to enhance the practice of the regulated health profession. From the criteria reviewed in the last *Continuing Competency Matters*, such a program must be valid, reliable, feasible for CPhM to administer, and have a positive impact on pharmacy practice.
2. Pharmacy registrants are overwhelmed by current practice realities. From the criteria reviewed, the revised CCP must be feasible for registrants, acceptable in terms of any increase in regulatory requirements, and valuable in supporting improvements in practice.

From the perspective of pharmacy provincial regulatory authorities (PRA), registrants may find it useful to know what changes are being made to CCP across Canada. The most common change has been to modify the expectations around continuing education (CE). Evidence shows self-directed CE has little impact on improving the quality of practice (1), leading most PRA to transition CE to incorporate continuing professional development (CPD) principles. This shift requires pharmacy professionals to reflect on their practice, identifying areas of improvement and the learning required to make these improvements (e.g Quebec Order of Pharmacists). Many PRA have pharmacy professionals complete a structured self-assessment of their performance in selected areas of practice to identify areas of improvement (e.g CPhM) (e.g. Ontario College of Pharmacists).

Some PRA also include self-reflection to identify how learning impacts practice (e.g. BC College of Pharmacists), while others (e.g. Saskatchewan College of Pharmacy Professionals) require evidence of CPD learning being implemented into practice. This requirement is also consistent with CCP programs in countries such as the UK (UK General Pharmaceutical Council). Most PRA have also increased and made documentation requirements more structured to match the

shift to CPD, including requirements to document structured self-assessment, self-reflection, and where relevant, evidence of implementation of learning into practice.

Most PRA complete annual audits of CPD documentation submitted by pharmacy professionals, either randomly or selectively, to ensure that registrants are meeting CE / CPD requirements (e.g. BC, Saskatchewan, Manitoba). The Alberta College of Pharmacy uses evaluation of CPD documentation as a screen to flag registrants who require additional evaluation (ACP CCP Manual 2025). Even if not used as a screen, PRA also typically require additional assessments on a cyclical basis for all or selected registrants.

In the next *Friday Five,* we will review how PRA integrate requirements for CPD and CPD documentation into their overall CCP.

1. Davis D, O'Brien MA, Freemantle N et al. Impact of formal continuing medical education: do conferences, workshops, rounds, and other traditional continuing education activities change physician behavior or health care outcomes? JAMA. 1999. Sept 1;28

Sept 12, 2025: *Continuing Competency Matters*

In the last *Continuing Competency Matters* the changes in continuing education that most pharmacy provincial regulatory authorities (PRA) have made were reviewed, including the shift towards continuing professional development (CPD), emphasizing reflection and increasing documentation requirements.

Best practices in CPD from other health professions add the additional step of requiring registrants to use measures of the quality of their own practice within a CPD cycle (1). Ideally this means registrants use existing practice quality data from third parties such as, for medicine in Manitoba, their performance on the Primary Care Quality Indicators (Manitoba Primary Care Quality Indicators).

Unfortunately, practicing pharmacists do not have routine access to their individual or pharmacy-level performance data. In fact, few evidence-based quality indicators specific to pharmacy have been identified and measured. The Ontario College of Pharmacists has explored the relative performance rates on indicators measuring appropriateness of dispensed medications, medication-related hospital visits, medication reviews post discharge, patient-reported experiences and member experience (OCP Quality Indicators 2022). However, pharmacists and pharmacies did not know their scores, making it difficult to use the data to guide CPD or practice improvement.

Green Shield Canada developed their Pharmacy Quality Rating in 2017 that provided pharmacy-specific relative performance on quality indicators developed primarily by Pharmacy Quality Solutions in the USA (Green Shield Indicators 2019). (CPhA on Green Shield). However, it was limited to pharmacies participating in Green Shield's program, and the phase 3 emphasis on reimbursement levels was argued to shift focus from quality to pay for performance.*

Some quality-of-care indicators used by other health providers and health systems could be adapted for pharmacy. The Saskatchewan College of Pharmacy Professionals (SCPP), in

collaboration with the University of Saskatchewan Faculty of Pharmacy, is currently developing and evaluating the use of patient feedback for community pharmacies and colleague/peer feedback for hospital pharmacists as possible quality-of-care measures to help pharmacists identify areas for practice improvement (SCPP CAP update), (SCPP PREMs PEER). Since there are no systems in Canada that routinely access the required data and report it to community pharmacies as performance feedback for practice improvement, SCPP is also developing resources that offer practical examples of how pharmacists can use their experiences in daily practice to guide their CPD (SCPP examples).

For registrant's perspective, members of the QA Committee have provided feedback on perceived feasibility, acceptability, and potential impact of these best practices. However, additional feedback from practicing pharmacists – especially from community pharmacists – is needed to better understand current practice realities and needs. CPhM is, therefore, looking for pharmacists practicing in community pharmacy (at least one day per week on a regular basis) to participate in one of two Focus Group discussions with consultant Nancy Winslade. We are looking for a range of participants from different pharmacy types, locations, and roles, including both staff pharmacists and managers/owners.

Dates being considered are Oct 22, 23, 27 and 28 and each session will run for 1.5 hours in the evening. If you are interested in participating, please use this link to submit your information for consideration: https://forms.office.com/r/vj7qwA6j0F

* The current reporting and status of Green Shield's Initiative is unclear.

1. Sherman L, Aboulsoud S, Len-Borque R et al. An overview of global CME/CPD Systems. Medical Teacher. 2024;46(11):1428-1440 (see page 1437).

Sept 26, 2025: *Continuing Competency Matters*

In previous Continuing Competency Matters, we reviewed how most pharmacy provincial regulatory authorities (PRA) have shifted their continuing education (CE) requirements towards continuing professional development (CPD), including more structured documentation. Although most PRA have minimum annual CE/CPD requirements*, the Ontario College of Pharmacists (OCP) has taken a different approach, removing the requirement for registrants to complete a minimum number of CE/CPD on a yearly basis (OCP CE requirements). This does not mean completing CE is not expected. Instead OCP explains that individual learning needs are unique and variable, and that registrants are responsible for identifying their own learning needs, choosing the activities that help achieve their learning goals, and applying their learning to practice. OCP also still requires registrants to document their learning in a learning portfolio to assist registrants with tracking their progress and determining if their learning goals have been achieved (OCP Learning Portfolio).

Like a number of PRA, OCP requires registrants to complete a self-assessment to identify their learning needs (OCP QA Program). OCP has also introduced online, open-book assessments for practicing pharmacists that evaluate their current core knowledge and ability to apply clinical

knowledge, current legislation, ethics and scope of practice to patient care scenarios (OCP Knowledge Assessment). Such an assessment can both serve as the assurance PRA require that individual registrants have maintained their core knowledge and their ability to apply this knowledge, and as an aide for registrants to identify their learning needs for CE.

For OCP, practising pharmacists must complete the online assessment approximately every five years when requested by OCP (OCP Connections Nov 2021). Over the past two years, nearly 3500 pharmacists completed the assessment annually (OCP Annual Report 2024), (OCP Annual Report 2023).

OCP is not alone in using such assessments within their regulatory programs. In the USA, medical regulators have historically used high stakes testing to provide evidence of CC (1). This testing approach in the US continues although it is transitioning to a model of longitudinal testing vs testing every 10 years (see family medicine as an example: ABFM longitudinal exam option). Note that these tests are in addition to ongoing CE and professional development requirements within both family medicine and the medical specialities in the USA.

Historically in Canadian pharmacy, the College of Pharmacists of BC included clinical knowledge assessments as one option for pharmacists to select as part of their RxCare Professional Development and Assessment Program in the early 2000s. Interestingly, in the early stages, approximately 60% of pharmacists chose the single knowledge assessment over completing a Learning and Practice Portfolio (BC Council minutes 2003). Over time, BC and other PRA transitioned their clinical knowledge assessments to performance-based assessments via on-site practice reviews. The next Continuing Competency Matters will review these formats of assessments.

As mentioned in the last Continuing Competency Matters, CPhM is looking for practising community pharmacists to participate in one of two Focus Group discussions with our consultant (Nancy Winslade) on potential revisions to the CCP. We are looking for a range of pharmacy types and locations and would like to obtain the viewpoints of both staff pharmacists and managers/owners. Dates being considered are Oct 22, 23, 27 and 28 and each session will run for two hours in the evening. Thank you to those pharmacists who have already indicated their interest in participating. We are continuing to seek participants, in particular managers / owners, so if you are interested in participating, please use this link to submit your information for consideration: https://forms.office.com/r/vj7qwA6j0F

* Some PRA, including CPhM, currently have legislated requirements for minimum CE/CPD requirements.

1. Hawkins R, Ogrinc G, Ramin SM. American Board of Medical Specialties and New Standards for Continuing Certification. JAMA. 2022:327(17):1645-6.

Oct 10, 2025: *Continuing Competency Matters*

In recent *Continuing Competency Matters* we reviewed that most pharmacy provincial regulatory authorities (PRA) have modified their continuing competency programs (CCP) by

emphasizing continuing professional development (CPD), including requiring minimum annual continuing education (CE), increasing documentation requirements, and auditing of submitted documentation. The Ontario College of Pharmacists (OCP) has taken an alternate approach by removing both minimum CE requirements and auditing of CE/CPD documentation. Completion of CE and maintenance of a learning portfolio continue to be expected of registrants, but there are no minimum requirements or routine submission of portfolios.

A second modification by most PRA is an assessment of individual registrant's daily practice performance on a regular basis. Registrants can be selected for additional assessment through several methods, including: randomly over a specific period (typically over a five-year cycle) (Nova Scotia Peer Feedback), based on results of previous practice assessments (Alberta Annual Report), flagging due to issues with CE / CPD submissions (Alberta Competence Assessments)*, or via specified risk factors. For example, OCP is currently selecting pharmacists for practice assessment who have never completed a practice assessment or who have not completed one within the past eight years (OCP Practice Assessment).

In the health professions, such practice assessments typically occur in one of three ways:

1. peer review and discussion of patient cases / charts / documentation;
2. on-site observation of registrants during daily practice;
3. coaching of registrants following audit and feedback of registrants' practice performance through 360 feedback.

The first type of assessment includes a review of the quality and completeness of documentation within the patient charts and a process of chart-stimulated-recall where registrants are asked to explain, expand upon, or describe specific actions related to the relevant patient (Chart Stimulated Recall). For instance, OCP requires registrants to submit specific documentation in advance and completes the discussion remotely (OCP Practice Assessment documents). On-site assessments often combine this type of assessment with direct observation of completion of professional tasks (BC Pharmacist Practice Review).

During both of these types of assessment, PRA focus on specific competencies and standards of practice, usually providing registrants with their assessment topics and processes in advance (e.g., OCP Cmty Practice Assessment, PEI Practice Assessment, BC Community Practice Assessment, Quebec Pharmacist Inspection).

As these programs consistently focus on offering registrants an opportunity to identify areas for practice improvement, registrants are provided feedback and learning supports prior to reassessment. OCP offers unsuccessful registrants a quality assurance (QA) coach for a half-day interactive session followed by an onsite (vs remote) reassessment by a difference advisor (OCP do not meet standards). If the registrant is unsuccessful on the second practice assessment, they are referred for a QA assessment by a College-appointed peer QA assessor.

Similarly, when the College of Pharmacists of British Columbia's compliance officers observe unmet standards or guidelines, they can assign standardized action items that registrants must

complete typically within 30 days (BC Action Items). Upon completion of all action items, the registrant's review is complete (BC after practice review).

It is important to note that success rates are expected to be high on practice assessments. For instance, in 2024 OCP reported that 90% of pharmacists and 98% of pharmacy technicians were successful on their initial practice reviews (OCP 2024 Annual Report).

In the next *Continuing Competency Matters*, we will address the best practice approach to audit and feedback of registrant performance. Future editions will provide potential CCP models for CPhM that are based on best practices informed by feedback from pharmacists practicing in Manitoba.

* **Update: The Alberta College of Pharmacists has made the decision to no longer use assessment of the quality of submitted CPD records to identify registrants who require additional support or assessment.**

Oct 24, 2025: *Continuing Competency Matters*

In earlier versions of *Continuing Competency* Matters, the best practice of using quality data from registrants' own practices to guide their continuing professional development (CPD) was addressed. Ideally, this data is routinely collected by an unbiased third party and available to registrants for their use in CPD.

National CPD requirements for physicians across Canada require a portion of the required CPD credits to be based on such quality data. The College of Family Physicians of Canada's MAINPRO requires Certified Assessment credits in which analysis of data, including providing or receiving feedback, stimulates self-reflection and leads to practice improvement (CFPC MAINPRO). The Royal College of Physicians and Surgeons of Canada has a similar requirement, referred to as Feedback and Improvement CPD (RCPSC MOCOMP).

In addition to meeting national CPD requirements, physicians must also fulfill their provincial medical regulatory authority's requirements for continuing competency (CC), quality assurance, or quality improvement*. These provincial requirements are often designed so physicians can meet both the provincial CC and national CPD requirements via the same activities.

For the quality data-based programs, collection, review, and use of 360° feedback from patients, peers, and non-physician colleagues is a common requirement administered by the Medical Council of Canada (MCC) (MCC 360). Feedback from 25 patients, 8 physician peers, and 8 non-physician colleagues is reported to MCC, which creates an individualized report and provides a coaching session to facilitate understanding and analysis of the feedback and develop strategies for improvement in areas of need. This approach is based on research documenting health professional's benefit from coaching if performance feedback is to lead to practice improvement (R2C2 Feedback Model).

The College of Physicians and Surgeons of Ontario (CPSO) also uses coaching to support practice improvement through their Quality Improvement Program (CPSO QI Program). On a

cyclical basis, physicians are required to complete this program. In addition to discussing a chart review with a trusted peer, CPSO also requires physicians to use their own practice-level data to identify areas for improvement and offers coaching to support the physician's development of practice improvement plans.

Most pharmacy provincial regulatory authorities have adopted principles of feedback and coaching in their cyclical practice assessments. The Saskatchewan College of Pharmacy Professionals (SCPP) is the first to include third-party quality assessment data as part of their cyclical Competency Assurance program (SCPP CAP). Ongoing SCPP work via Masters projects has started to address the lack of validated practice quality measures in pharmacy by developing patient feedback tools for community pharmacy practice and peer feedback for hospital pharmacy. Ideally, these and other practice quality measures will be further developed to support pharmacy professionals in their efforts to continually improve their quality of pharmacy practice.

Future editions of *Continuing Competency Matters* will provide potential CCP models for CPhM, developed from best practices and informed by ongoing Focus Group feedback from practicing pharmacists in Manitoba.

* The terminology used to refer to programs that aim to ensure the continuing quality of practice varies across provinces and professions.

November 21, 2025: *Continuing Competency Matters*

As addressed in earlier *Continuing Competency Matters,* the College of Pharmacists of Manitoba (CPhM) has a regulatory requirement to have "a continuing competency program in place to maintain the competence of the members and to enhance the practice of the regulated health profession" (RHPA).*

There are two components of this requirement in the Continuing Competency Program (CCP):

1. To maintain the competence of pharmacists; and
2. To enhance the practice of pharmacists.

Historically, both components were addressed through Continuing Education (CE) requirements based on the idea that if health professionals maintained their competence, they would incorporate changes into their practice. This would, therefore, enhance the practice of the regulated health profession.

However, developments in the conception of 'competence' and 'performance' have led to competence being associated with the knowledge, skills, attitudes and abilities of individual practitioners, while performance encompasses both practitioner competence and the impact of the practice environment, health-care system, payment structures etc (1). This understanding recognizes the many factors that affect a competent practitioner's ability to practice to their full capability.

With this perspective, maintaining competence has become associated with an individual practitioner's maintenance of the knowledge, skills, and abilities required for practice. Enhancing practice has become associated with Continuous Quality Improvement (CQI), which considers both the individual practitioner's competence and the system within which they practice.

Quality indicators are the basis for CQI, measuring both the outcomes of quality health care (e.g. health outcomes, patient-reported experiences, and practitioner well-being) and the processes of quality health care (e.g. care that is effective, safe, person-centred, accessible, and equitable).

As discussed in previous *Continuing Competency Matters* (Friday Five Sept 12, 2025), (Friday Five Oct 24, 2025), best practices in Continuing Professional Development (CPD) align with CQI by having practitioners use their performance on quality indicators to identify areas for improvement, analyze strategies for change, and measure the impact of improvement initiatives. As also discussed, in other health professions, practitioners have routine access to their performance on quality indicators as measured by health quality organizations, regulatory authorities and/or health authorities.

However, in pharmacy, performance information on quality outcome and process indicators is not available from similar organizations. As a result, CPD has not yet evolved to best practices and CQI has been isolated to focus on the single health quality process indicator of medication safety via medication incident management. In fact, within pharmacy, the term CQI has become synonymous with medication incident management.

New pharmacy quality indicators are being developed and validated, however, like the Saskatchewan College of Pharmacy Professional's Patient-reported-experience Measures (PREM) for community pharmacy, and peer/non-pharmacy colleague feedback for hospital pharmacists. Ontario and Quebec have evaluated the use of administrative health data, including records of dispensing and pharmacist professional services provision, to create and report performance on selected community pharmacy quality measures (2-4).

Expanding this work to Manitoba would allow the integration of these quality measures and pharmacy CQI programs, aligning with the broader CQI programs in other health professions. Doing so would emphasize that quality in pharmacists' practice goes beyond medication incident management.

Integrating additional quality measures with medication safety measures would also clarify the relationships among CPD, Continuing Competence (CC), CQI, and medication incident management, with the goal of minimizing duplication of regulatory expectations and maximizing value for practicing pharmacists.

Applying best practice principles of audit and feedback across quality indicators within the CQI program would include coaching to help pharmacists interpret performance feedback, analyze errors, and develop strategies for improvement.

Practising pharmacists provided their perspectives and feedback on the CCP revisions being considered by CPhM at a Focus Group on October 28th. Their insights are invaluable and have

been incorporated into ongoing discussions by CPhM. Many thanks to those practising pharmacists who contributed via the Focus Group.

* Current regulations include requirement for specific number of hours of CEU. The new legislation does not have this requirement.

1. Rethans JJ, Norcini JJ, Baron-Maldonado M et al. The relationship between competence and performance: implications for assessing practice performance. *Med Educ* 2002;36(10):901-9.
2. Winslade N, Taylor L, Shi S et al. Monitoring community pharmacist's quality of care: a feasibility study of using pharmacy claims data to assess performance. *BMC Health Services Research* 2011;11(12) (Winslade et al 2011)
3. Winslade N, Eguale T, Tamblyn R. Optimising the changing role of the community pharmacist: a randomized trial of the impact of audit and feedback. *BMJ Open* 2016;6:3010865 (Winslade et al 2016).
4. Torabi A, Chu C, Aziz Y et al. Evaluating regional and temporal variations in quality indicators for opioid initiation and pharmacy medication reviews in Ontario: A population-based repeated cross-sectional study. *Can Pharm J* 2025;158(5):294-301 (Torabi et al 2025).

Friday Five December 5, 2025: *Continuing Competency Matters*

As mentioned in the November 21st *Continuing Competency Matters*, a Focus Group (FG) of community pharmacists and managers met on October 28th to provide practice insights and feedback on potential revisions to the College of Pharmacists of Manitoba's (CPhM) Continuing Competency Program (CCP). Seven pharmacists met with CPhM's external consultant, and an anonymized summary of issues and preferences was shared with FG members and the Quality Assurance Committee.

A dominant theme discussed was the current practice environment in some community pharmacies and concerns that competent pharmacists are unable to practice to their full capability. FG members' feedback indicated a relief that CPhM is aware of these concerns as addressed in the 'dual reality' discussions in early *Continuing Competency Matters.*

FG participants determined that CPhM's CCP must be revised to incorporate best practices used across regulated health professions. Challenges were identified with the current minimum CEU-based program, noting that CEU completion does not equate to competency, quality of practice, or patient safety. For example, Continuing Education (CE) selection is often not based on accurate self-assessment of practice-related learning needs, but rather based on access and ease, and a rush to meet CPhM requirements. FG members also emphasized that learning would be better if it was 'goal-specific' based on their own practice needs. But they recognized the difficulty all health professionals have in accurately self-assessing their practice quality to identify learning needs and acknowledged the value of receiving performance feedback to assist them. They also emphasized that not all learning is via formal CE and often occurs informally when addressing patient-specific issues.

Regarding CPhM's regulatory requirement for the CCP to 'maintain pharmacist's competence' to practice, FG members preferred an on-line assessment of core pharmacy practice knowledge / knowledge application to fulfill this requirement, similar to the model used by the Ontario College of Pharmacists (OCP). A practice-based assessment either completed remotely or on site, a method used for all registrants (e.g. OCP) or for selected registrants (e.g. BC), was the next most supported option. No FG members selected audit and assessment of increased documentation for completed CE/CPD.

For CPhM's second regulatory requirement of 'enhancing the practice of pharmacists', FG members supported using their performance on important quality measures to guide continuous quality improvement (CQI) and being assisted by coaches to help interpret performance feedback and develop improvement strategies. The use of patient-reported feedback (e.g. PREMS), analysis of complex medication incidents, or evaluation of quality of dispensing based on DPIN-data were considered as potential quality measures.

The QA Committee continues to review the detailed feedback from the FG as revisions to the CCP are evaluated.

CPhM and the QA Committee thank the members of this initial FG for their feedback and insights. Please watch for future *Continuing Competency Matters* for updates and additional opportunities to provide input.

January 30, 2026: *Continuing Competency Matters*

As reported in the last *Continuing Competency Matters*, community pharmacists' feedback was obtained in October 2025 about potential revisions to the College of Pharmacists of Manitoba's (CPhM) Continuing Competency Program (CCP). This feedback, along with practice insights, were reviewed by both the Quality Assurance Committee and CPhM Council. These discussions emphasized that practicing pharmacists and CPhM are aligned on achieving the common goal of providing quality care.

CPhM continues to focus on practice realities while reviewing all components of the current Quality Assurance program to ensure integration and avoid duplication. Updates were also provided to the Quality Assurance Committee and Council on CCP revisions across provincial pharmacy regulatory authorities. This includes that the Alberta College of Pharmacists (ACP) is moving away from routinely relying on a peer audit of submitted CE/CPD records to determine if CCP standards are met.

ACP's CCP revisions, along with updates to CCP programs across regulatory authorities for pharmacy and other health professions, will be considered by CPhM.

Given the value of the pharmacist's feedback, CPhM is again seeking community pharmacists to participate in one or two Focus Group discussions with our consultant (Nancy Winslade). CPhM is looking for a range of pharmacy practice types and locations, and perspectives from both staff pharmacists and pharmacy managers/owners. Dates being considered are February 18, 19, 23 or 24, and March 16-19th. Each session will run for two hours in the evening. Please

use this link to submit your information for consideration: https://forms.office.com/r/8FLKtWW0FU

February 13, 2026: *Continuing Competency Matters*

Thank you to those pharmacists who have indicated an interest in participating in Focus Groups to discuss revisions to the College of Pharmacists of Manitoba's (CPhM) Continuing Competency Program (CCP). We are continuing to seek additional practicing pharmacists to participate, including both staff pharmacists and pharmacy managers / owners. The evening of March 16th is the date of highest availability, although February 19 and 24 remain possibilities. Please use the link at the bottom of the page to indicate your interest in participating.

Previous *Continuing Competency Matters* have discussed the potential value of using patients' views on the care and services they receive from pharmacy teams as measures of care quality. As Focus Group participants and Quality Assurance Committee members asked several questions about Patient-Reported Experience Measures (PREM), the following clarifications are provided:

1) PREMs do **not** focus on factors such as speed, cost or drug availability as these are not consistent with the professional standards that define quality pharmacist care.
2) PREMs also do **not** focus on patients' general satisfaction with their pharmacist or care provided at the pharmacy. This is because patient general satisfaction can be high if patients have low expectations for care and specific services from pharmacists.
3) PREMs **do** focus on asking patients about their experiences receiving care and specific pharmacists' services and the way these were provided. For care and specific services, patients might be asked if the pharmacist(s):
    - **a)** explained what results they should expect from their medications and when these should occur,
    - **b)** explained possible side effects and what they should do if these occurred,
    - **c)** provided useful recommendations about how to take their medications,
    - **d)** helped them select non-prescription medications,
    - **e)** administered flu or covid vaccinations.

    For how services were provided, patients might be asked if the pharmacist(s):
    - **a)** discussed their medications in a way that was easy to understand,
    - **b)** were respectful of them, their culture and gender,
    - **c)** involved them in decision making as much as they wished,
    - **d)** ensured no one else could overhear the discussions about their health.
4) PREMs do **not** ask patients to provide feedback on their perception of a pharmacist's knowledge or medication-expertise, but some do include questions about the patient's confidence in their pharmacist(s). For example, how confident the patient is that the pharmacist(s):
    - **a)** dispensed their medications correctly,
    - **b)** provided accurate information about their medications.

5) PREMs also often ask patients one or two overall questions such as the degree of their agreement with:
    a) This pharmacist makes me more confident that I can manage my own medications and health,
    b) I would recommend this pharmacist to a friend or family member.

This latter question is known as the Friends & Family question, and is included in the PREMs used by the College of Registered Nurses of Manitoba in the patient feedback component of their CCP (Manitoba Nursing CCP).

The potential use of PREMs by CPhM for their CCP will be a topic of discussion at the upcoming Focus Group.

February 27, 2026: *Continuing Competency Matters*

We want to hear your perspectives!

Participation is still needed for the upcoming Focus Group with the College of Pharmacists of Manitoba's external consultant for the Continuing Competency Program (CCP).

While several pharmacists have registered, additional practicing pharmacists are encouraged to participate to ensure a range of perspectives from both staff pharmacists and pharmacy managers/owners, and pharmacy practice types and locations.

Focus group dates being considered are **March 16, 2026** or **March 19, 2026,** from 7-8:30 p.m.

Interested community pharmacists and pharmacy managers/owners are invited to use this link to indicate their interest: https://forms.office.com/r/8FLKtWW0FU

Your participation will help inform the ongoing CCP revisions.

April 24, 2026: *Continuing Competency Matters*

As discussed in the January and February Continuing Competency Matters, a second focus group met in March to discuss potential revisions to the College of Pharmacists of Manitoba's (CPhM) Continuing Competency Program (CCP). A small group of pharmacists representing diverse practice settings and responsibilities discussed why CPhM must update their CCP and how a CCP applicable to the full scope of pharmacy professionals' practices could be developed. CPhM thanks the participants for their time and insights.

The Quality Assurance Committee is currently reviewing the feedback and the questions raised by the focus group and are considering further opportunities to gather feedback from additional pharmacy professionals on the proposed revisions to the CCP. Preliminary plans include a webinar likely to be held the week of May 19-22, 2026.

Keep an eye on future Continuing Competency Matters for information on this webinar, how you can provide your feedback to CPhM about the revised CCP, and the focus groups results.

May 8, 2026: *Continuing Competency Matters*

Registration for the upcoming information webinar on the Continuing Competency Program (CCP) is now open. This webinar is dedicated to presenting current recommendations being considered by the Quality Assurance (QA) Committee for changes to CPhM's CCP and to answer any questions pharmacy professionals have relating to the CCP.

All pharmacy professionals are encouraged to attend the webinar and are advised to read all editions of the Continuing Competency Matters Friday Five articles prior to the May 20th webinar: https://cphm.ca/update/continuing-competency-program-project-publications-archive/

When: Wednesday, May 20, 2026, 7:00 p.m.
Where: Live webinar (recording available after for those unable to attend)
Presenters: Dr. Nancy Winslade, lead consultant, Anu Okunnu Sampson, Chair QA Committee, Pat Trozzo, QA Committee member

Click here to register: https://us06web.zoom.us/webinar/register/6417780766246/WN_5LKzZ8-oQkaTfHSAy93-Cw#/registration

All participants will be invited to complete a survey upon completion of the webinar (either live participation or recording) to seek feedback / input on the developing CCP. Survey details will follow upon completion of the webinar and will remain open until Sunday, June 7, 2026.

May 22, 2026: *Continuing Competency Matters*

On May 20, 2026, the College of Pharmacists of Manitoba (CPhM) hosted the first information webinar for the Continuing Competency Program (CCP) project. This initial webinar was designed to provide information to pharmacy professionals regarding the changes being considered to the CCP and the feedback received to date, to answer registrant's questions about the proposed changes, and to obtain registrant's feedback via a follow-up survey.

During the hour-long webinar, Chair of Quality Assurance (QA) Committee Anu Okunnu Sampson, QA Committee member Pat Trozzo and consultant Dr. Nancy Winslade discussed the current recommendations being considered by the QA Committee and answered questions.

The prerecorded webinar and associated supporting resources are available through the Registrant Portal, via the announcement section.

All participants have been invited to complete a survey following the webinar (either live participation or recording) to seek feedback / input on the developing CCP. Survey access is available upon completion of the webinar and will remain open until Sunday, June 7, 2026.

As initial follow-up to the questions asked by participants at the live webinar, additional information about the Ontario College of Pharmacist's (OCP's) existing

Knowledge Assessment program is available here: https://ocpinfo.com/pharmacy-professionals/quality-assurance-program/knowledge-assessment/. Tabs on the right side of this page provide additional information on the assessment blueprint and OCP recommendations for preparing for the assessment. Certain information is available only to OCP pharmacy professionals, however, such as sample questions. As CPhM develops the pilot testing of the Maintenance of Competence Assessment , sample questions will be made available to those pharmacists volunteering and selected to participate in the fall pilot project. Watch upcoming Friday Fives for more information on this pilot project.

If you have any questions regarding the webinar or the CCP, please feel free to email info@cphm.ca

June 5, 2026: *Continuing Competency Matters – Feedback Reminder*

The purpose of Continuing Competency Programs (CCP) is to give the public confidence that healthcare professionals maintain the knowledge, skills and competence required to practice safely and effectively throughout their careers. To achieve this, numerous professions require their members to pass assessments on a regular basis.

On May 20, 2026, the College of Pharmacists of Manitoba (CPhM) hosted the first information webinar for the CCP Project. This webinar was designed to provide information to pharmacy professionals regarding the changes being considered to the CCP, to answer registrant's questions regarding the proposed changes, and to obtain registrant's feedback via a follow-up survey. For those who could not attend the webinar, the recording and associated supporting resources are available through the Registrant Portal, via the announcement section.

As a reminder, all participants have been invited to complete a survey after watching the live or recorded webinar. Survey access is available upon completion of the webinar and will remain open until Sunday, June 7, 2026.

If you have any questions regarding the webinar or the CCP, please email info@cphm.ca.

June 19, 2026: *Continuing Competency Matters*

Thank you to everyone who attended the webinar regarding the potential revisions to CPhM's Continuing Competency Program (CCP) on May 20, 2026. Additionally, thank you to those who submitted their insights on the proposed revisions via emailed letters and through the feedback survey, all of which are being considered by the Quality Assurance Committee (QA Committee). Although received feedback represents less than 5% of registered CPhM pharmacy professionals, the QA Committee is completing an analysis of the survey responses and comparing them with the insights provided via the Q&A, feedback from the two Focus Groups that ran in the fall of 2025 and spring of 2026, and discussions with the Canadian Society of Health System Pharmacists (CSHP) Manitoba Branch in May 2026. Based on this analysis, the principles outlined in the webinar and the current evidence / best practices, the QA

Committee will present their finalized recommendations to CPhM Council for the **Visionary CCP Framework.**

The QA Committee is also considering the best method for providing feedback and responses to those who asked questions at the webinar, provided emailed submissions, answered the survey and/or participated in the Focus Groups. This consideration is complicated by the fact that only approximately 50% of the survey respondents reviewed *Continuing Competency Matters* prior to providing their responses in the feedback survey. Analysis confirms that responses were influenced by whether the information had been reviewed or not, with a number of respondents indicating that they were not aware of the evidence and best practices supporting the proposed changes to the CCP. As highlights of this evidence and the rationale / principles being followed by the QA Committee have been included in *Continuing Competency Matters*, if readership among survey respondents is low, then further information provided via *Continuing Competency Matters* may not be effective nor efficient. Development of a FAQ will occur once CPhM Council decisions for the final recommended **Visionary CCP Framework** are complete, with notification of availability via both *Continuing Competency Matters* and on the registrant-only webpage on the CPhM website.

July 17, 2026: *Continuing Competency Matters*

As discussed in previous *Continuing Competency Matters*, the College of Pharmacists of Manitoba (CPhM) Quality Assurance (QA) Committee has reviewed and considered feedback on the initial changes proposed for the Continuing Competency Program (CCP). The QA Committee followed a series of principles both when developing the proposed CCP changes and when reviewing this feedback.

These principles are as follows (illustrated below (https://cphm.ca/continuing-competency-program-project/visionary-continuing-competency-program-framework-and-principles/attachment/principles-for-cphm-visionary-continuing-competency-program-framework/)):

- Foundational principle: historically, CCPs have included a range of programs such as continuing education, on-site assessments, and OSCE-type assessments. Best practices continue to evolve, and CPhM's revised CCP will include evidence-informed, best practices that fulfill CPhM's regulatory requirements.
- Core principles take into consideration pharmacists' engagement and workload:
    - Value existing pharmacists' activities: integrate CPhM requirements, such as Safety IQ, into the revised CCP and recognize learning in daily practice;
    - Limit additional requirements: ensure additions are feasible for CPhM to administer and for pharmacists to complete in daily practice;
    - Lighten where possible: review current CCP requirements and eliminate or lighten.

- Building principles emphasize that CPhM and pharmacists have a common goal of quality pharmacy practice:
    - Respect pharmacists' commitment to quality practice;
    - Support pharmacists' efforts to continuously enhance their practice by facilitating use of practice data and coaching for success.
- Apex principle is clarity: clear, direct statements of what pharmacists must do to fulfill CCP requirements.

Based on these principles and the feedback received, the QA Committee revised the recommended CCP changes to focus on a visionary CCP framework that can be used as a guide for the steps necessary to develop, evaluate, and implement the revised CCP. CPhM Council approved the Visionary CCP Framework in late June, and work is now underway to update the CPhM webpage Q&A, and to develop visual representations and descriptions of the program. Registrants will be updated via subsequent *Continuing Competency Matters and via the* https://cphm.ca/continuing-competency-program-project/#Publications as this information becomes available.

As an initial response to feedback, the QA Committee emphasizes that the CCP is a **program** comprised of several components that work together to enable CPhM to fulfill their regulatory responsibilities. The Knowledge Application Assessment (KAA) is only one component, and the revised **Visionary CCP Framework shifts from single KAA on a five-year cycle towards longitudinal** assessment, as briefly described in the https://cphm.ca/friday-five/friday-five-september-26-2025/#ContinuingCompetencyMatters. More information will be provided and registrants can refer to the American Board of Family Medicine https://www.theabfm.org/continue-certification/exam/(ABFM Longitudinal Assessment) for descriptions.

The second component of the Visionary CCP Framework is Continuous Quality Improvement that integrates Safety IQ or medication incident management, to avoid duplication, minimize additional requirements, and value existing efforts. This component allows pharmacists to focus on their individual practice needs, including those working in speciality practices.

Pilot testing of the CCP components has also been included in the development and evaluation plan, with the webinar describing the upcoming KAA pilot that is being targeted to run in the early fall of 2026. Offered with the support of the Ontario College of Pharmacists (OCP), CPhM will be seeking up to 85 practising pharmacists (63 community, 18 hospital and 4 other practice sites) to participate in the pilot project. Individual results on the pilot will be unknown to CPhM with only anonymized, aggregate scores reported, and pharmacists who complete the pilot will be awarded accredited CEU.

More detail will be available in the next *Continuing Competency Matters.* Pharmacists wishing to participate or interested in receiving more information about the pilot can click here: https://forms.office.com/r/3LMpyVAT8d

Please note that the current call for volunteers for CCP pilot is only open to **full registered practicing pharmacists**. Currently, CPhM does not fully regulate pharmacy technicians. Once CPhM transitions under *The Regulated Health Professions Act*, CPhM will have a similar responsibility to assure competency of pharmacy technicians, like with registered pharmacists.

July 31, 2026: *Continuing Competency Matters Pilot Project Update – Knowledge Application Assessment*

Thank you to those pharmacists who have already indicated interest in the pilot project on the Knowledge Application Assessment.

Registrant feedback has emphasized that the pilot project should **not** occur during the influenza and COVID-19 vaccination period of mid-October to mid-December. To avoid these dates, the pilot project would run either mid-September to mid-October, or be shifted to January to February of 2027. Timing of this pilot project is being finalized, and updates will be provided as soon as decisions have been made.

We are continuing to seek interested pharmacists, so please click on the following link if you wish to participate or are interested in receiving more information: https://forms.office.com/r/3LMpyVAT8d.