

**Canadian Pharmacy Residency Board
Conseil canadien de la résidence en pharmacie**

Request for Accreditation Year 1 Pharmacy Residency

Policy Statement: *The rights of residents/health care workers/patients/public are respected by keeping all information pertaining to them confidential. The completion of this form is to be undertaken as a group self-assessment by the director, coordinator, current resident(s) and one preceptor.*

New Program

Renewal

The information provided here will assist both the CPRB survey team and the organization in the evaluation of the residency training program. The program residency director, coordinator, or administrative assistant is to send the CPRB Surveyors the survey documents in an electronic format. The CPRB Coordinator (cprb@cshp.ca) will contact you to coordinate the transfer of documents. The lead surveyor will contact you to confirm receipt of the documents.

Please check this box to indicate your agreement with the following statement:

Request is hereby made for accreditation of our pharmacy residency program. We accept and understand the principles and requirements expressed in the residency accreditation process of the Canadian Pharmacy Residency Board (CPRB).

Name of Health Care Organization:

Address:

City: Province: Postal Code:

Phone: Fax:

Please list the training facilities/campuses that deliver greater than or equal to 60 residency training days, if more than one campus is involved:



Joint Program? Yes No

Name of Primary Partner

Name of Secondary
Partner

Do you have a contractual arrangement or signed agreement

Yes

No

University Affiliation? Yes No

Name:

Do you have an affiliation agreement?

Yes

No

Do you have an agreement with the university?

Yes

No

Date Request
Completed:

Completed by:

Chief Executive Officer Name:	<input type="text"/>	Email:	<input type="text"/>				
Director Name:	<input type="text"/>	Email:	<input type="text"/>	Signature:	<input type="text"/>	CSHP Membership #:	<input type="text"/>
Coordinator Name:	<input type="text"/>	Email:	<input type="text"/>	Signature:	<input type="text"/>	CSHP Membership #:	<input type="text"/>
Coordinator Name:	<input type="text"/>	Email:	<input type="text"/>	Signature:	<input type="text"/>	CSHP Membership #:	<input type="text"/>
Preceptor Name:	<input type="text"/>	Email:	<input type="text"/>	Signature:	<input type="text"/>		
Resident Name:	<input type="text"/>	Email:	<input type="text"/>	Signature:	<input type="text"/>	CSHP Membership #:	<input type="text"/>
Resident Name:	<input type="text"/>	Email:	<input type="text"/>	Signature:	<input type="text"/>	CSHP Membership #:	<input type="text"/>

II. Demographic Data for Each Facility/Campus in Which Residency Training Occurs (add additional pages if necessary)

(For Yes/No or multiple-choice questions, please indicate your response with an X)

Facility/Campus name:																
Teaching Hospital	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Community Hospital	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other (specify)																
Number of Beds																
Ambulatory Care Services	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
List Areas of Clinical Pharmacy Services (Inpatient and Ambulatory)																
Staffing (FTE¹)																
Pharmacists																
Management																
Regulated Pharmacy Technicians																
Support Personnel (Pharmacy assistants, clerical, porter/aide, etc.)																
Total FTE																
Pharmacist on Call																
Hours of Pharmacy Service per Week ²																

1. FTE: Full Time Equivalent (i.e., equivalent of a full-time employee)
 2. Total number of hours pharmacy is open per week with at least one pharmacist physically present

III. Drug Distribution System (add additional pages if necessary)

(For Yes/No or multiple-choice questions, please indicate your response with an X)

Facility/Campus name:							
Unit-dose drug distribution service	Yes, all units		Yes, all units		Yes, all units		Yes, all units
	Yes, most units		Yes, most units		Yes, most units		Yes, most units
	Yes, some units		Yes, some units		Yes, some units		Yes, some units
	No		No		No		No
Narcotic and controlled substance ward stock (floor-stock) system	Yes, all units		Yes, all units		Yes, all units		Yes, all units
	Yes, most units		Yes, most units		Yes, most units		Yes, most units
	Yes, some units		Yes, some units		Yes, some units		Yes, some units
	No		No		No		No
Controlled ward stock (floor-stock) system	Yes, all units		Yes, all units		Yes, all units		Yes, all units
	Yes, most units		Yes, most units		Yes, most units		Yes, most units
	Yes, some units		Yes, some units		Yes, some units		Yes, some units
	No		No		No		No
Intravenous admixture service	Yes, all units		Yes, all units		Yes, all units		Yes, all units
	Yes, most units		Yes, most units		Yes, most units		Yes, most units
	Yes, some units		Yes, some units		Yes, some units		Yes, some units
	No		No		No		No

III. Drug Distribution System (cont'd)

(For Yes/No or multiple-choice questions, please indicate your response with an X)

Facility/Campus name:																			
Sterile product compounding service NAPRA compliant?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					
Extemporaneous nonsterile product compounding service	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					
Investigational drug service	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					
System for safe handling and use of drug samples	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					
System for distribution of emergency medications (including antidotes)	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					
System for safe and effective management of inventory	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					
Outpatient drug distribution service	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No					

III. Drug Distribution System (cont'd)

(For Yes/No or multiple-choice questions, please indicate your response with an X)

Automation							
Facility/Campus name:							
Computerized physician order-entry (CPOE)	Yes, all units		Yes, all units		Yes, all units		Yes, all units
	Yes, most units		Yes, most units		Yes, most units		Yes, most units
	Yes, some units		Yes, some units		Yes, some units		Yes, some units
	No		No		No		No
Computerized medication administration records (cMAR)	Yes, all units		Yes, all units		Yes, all units		Yes, all units
	Yes, most units		Yes, most units		Yes, most units		Yes, most units
	Yes, some units		Yes, some units		Yes, some units		Yes, some units
	No		No		No		No
Electronic medication administration records (eMAR)	Yes, all units		Yes, all units		Yes, all units		Yes, all units
	Yes, most units		Yes, most units		Yes, most units		Yes, most units
	Yes, some units		Yes, some units		Yes, some units		Yes, some units
	No		No		No		No
Automated dispensing cabinets (ADC)	Yes, all units		Yes, all units		Yes, all units		Yes, all units
	Yes, most units		Yes, most units		Yes, most units		Yes, most units
	Yes, some units		Yes, some units		Yes, some units		Yes, some units
	No		No		No		No

III. Drug Distribution System (cont'd)

(For Yes/No or multiple-choice questions, please indicate your response with an X)

Facility/Campus name:																				
Hospital information system (e.g., EPIC, OACIS)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>			
Bar-coded delivery / administration of medications (closed loop medication system)	<input type="checkbox"/>	Yes, all units			<input type="checkbox"/>	Yes, all units			<input type="checkbox"/>	Yes, all units			<input type="checkbox"/>	Yes, all units			<input type="checkbox"/>	Yes, all units		
	<input type="checkbox"/>	Yes, most units			<input type="checkbox"/>	Yes, most units			<input type="checkbox"/>	Yes, most units			<input type="checkbox"/>	Yes, most units			<input type="checkbox"/>	Yes, most units		
	<input type="checkbox"/>	Yes, some units			<input type="checkbox"/>	Yes, some units			<input type="checkbox"/>	Yes, some units			<input type="checkbox"/>	Yes, some units			<input type="checkbox"/>	Yes, some units		
	<input type="checkbox"/>	No			<input type="checkbox"/>	No			<input type="checkbox"/>	No			<input type="checkbox"/>	No			<input type="checkbox"/>	No		
Additional comments on drug distribution system (i.e., challenges, developments to come):																				



IV. Adaptations of Residency Program during the COVID-19 Pandemic

Specify if any changes were made to the residency program curriculum during the COVID-19 pandemic.
Please be specific (i.e., cohort affected, rotations cancelled, new activities to meet educational outcomes, etc.).

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc. If desired, add links to documents)
QUALIFICATIONS	2.1					
ORGANIZATION Pharmacy residency programs shall be operated in organizations whose governing bodies, senior management, professional staff, and employees collaborate to seek excellence and have demonstrated substantial compliance with professionally developed and nationally applied criteria.	2.1.1					
<ul style="list-style-type: none"> ● The organization shall meet accreditation standards, regulatory requirements, and other applicable standards. <ul style="list-style-type: none"> a) An organization that participates in offering a pharmacy residency shall be accredited by Accreditation Canada, if eligible for such accreditation; b) A college, school or faculty of pharmacy that participates in offering a pharmacy residency program shall be accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP); c) Other organizations that participate in offering a pharmacy residency shall have demonstrated substantial compliance with applicable professionally developed and nationally applied standards; d) The organization’s accreditation status from the applicable credentialing body and most recent survey report shall be available for review by the residency accreditation survey team. 	2.1.1.1					
<ul style="list-style-type: none"> ● Two or more organizations working in cooperation may jointly provide a pharmacy residency program. <ul style="list-style-type: none"> a) The organizations shall have contractual arrangement(s) or signed agreement(s) that clearly define their respective responsibilities for all aspects of the residency program and that delineate the name of the jointly offered program for the purposes of conferring a residency certificate or credential. Such contract(s) or agreement(s) shall be available for review by the accreditation survey team; 	2.1.1.2					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>b) Each organization governed by such a contract or agreement shall meet the Requirements of Standard 2.1.1. One organization shall be designated the primary partner and shall be responsible for all aspects relating to accreditation, including but not limited to applying for accreditation, paying fees, responding to accreditation survey reports, and acting as the point of contact with CPRB or its designates;</p> <p>c) In the event that the primary partner delegates day-to-day responsibility for the residency program to its partner organization (or one of its practice sites), the partner organization (or its practice site, as applicable) shall submit routine reports to the primary partner, and a method of on-site inspection by a representative of the primary partner shall be in place to ensure that the terms of the agreement are being met;</p> <p>d) All reports and inspections shall be documented and signed by representatives of all parties bound by the contract or agreement and shall be available for review by the accreditation survey team.</p>						
<ul style="list-style-type: none"> The organization, or the primary partner defined in the agreement for a jointly offered residency program, shall maintain authority for the program and responsibility for its quality. 	2.1.1.3					
<ul style="list-style-type: none"> The organization shall adhere to CPRB Accreditation Policies and Procedures, including adherence to the rules of the Pharmacy Residency Application and Matching Service (PRAMS). 	2.1.1.4					
<ul style="list-style-type: none"> The organization shall have sufficient resources to ensure that the educational goals and outcomes of the program are met. Evidence for sufficiency of resources shall include: <ul style="list-style-type: none"> a) a patient population and opportunities for professional practice experience to satisfy the requirements of the residency program; [...] 	2.1.1.5					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>b) program administration staff, professional and technical pharmacy preceptors, and administrative support staff to ensure program stability and delivery, to provide adequate supervision of trainees, and to support continuous quality improvement of the program;</p> <p>c) non-academic support for residency trainees, consisting (at a minimum) of workspace, equipment commensurate with that made available to pharmacist employees of the organization, access to library and drug information resources, and counselling and advisory assistance.</p>						
<ul style="list-style-type: none"> The organization shall support the development of relationships between the department and other areas of the organization, as well as affiliated academic institutions or their faculties (departments), for the purposes of advancing collaborative instruction that promotes interprofessional models of training and of advancing research and patient care. Evidence for such support shall include: <ul style="list-style-type: none"> a) administrative endorsement of initiatives such as collaborative research, joint projects, and committee work; b) sharing or exchange of instructional staff or space for patient care, research, or education purposes; 	2.1.1.6					
<ul style="list-style-type: none"> The organization shall provide teaching and learning environments that promote residents' safety and freedom from intimidation, harassment, and other forms of abuse. 	2.1.1.7					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>DEPARTMENT Pharmacy residencies shall be operated in departments that have demonstrated a commitment to education and that provide an exemplary environment conducive to the goals and outcomes of the residency program.</p>	2.1.2					
<ul style="list-style-type: none"> The department shall operate the residency program in a manner that ensures that attainment of the competencies (educational outcomes) of the program takes precedence over any services that the organization may obtain from the resident. 	2.1.2.1					
<ul style="list-style-type: none"> The department shall provide experience in a broad range of pharmacy services. <ul style="list-style-type: none"> a) Scheduling of residents on a duty (service) roster is acceptable, provided that the activities of the duty (service) roster are in keeping with the objectives of the pharmacy residency. Tasks related to the duty (service) roster shall be assessed in a manner similar to the assessment of other academic requirements of the residency program (e.g., as part of the formal longitudinal assessment), and the department shall not assign the resident to perform repetitive tasks solely to meet its service needs. 	2.1.2.2					
<ul style="list-style-type: none"> The department shall be led and managed by a professionally competent, legally qualified director who provides effective leadership and management for the achievement of short- and long-term goals of the department and the organization relating to delivery of pharmacy services medication use. Evidence for the director' leadership and management shall include: <ul style="list-style-type: none"> a) a departmental mission or vision statement; b) a document articulating the scope and depth of pharmacy services, including available staff to deliver such services; c) documentation of the department's involvement in education of staff (e.g., orientation; in-service training, continuing professional development) and students (e.g., entry level or post-entry level professional or technical trainees); [...] 	2.1.2.3					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
d) organizational structure of the department; e) short and long-term goals; and, f) a quality improvement plan.						
<ul style="list-style-type: none"> The department should have evidence of a spirit of collegiality; should demonstrate mutual understanding and agreement among preceptors and administrators on the mission, goals and objectives of the residency program; and should accept the responsibilities necessary to achieve the objectives of the residency program. Evidence for these departmental characteristics shall include: <ul style="list-style-type: none"> a) active participation of preceptors and administrators on the residency advisory committee (see requirement 2.1.3.6); b) a defined method to ensure adequate learning resources for pharmacy residents. 	2.1.2.4					
<ul style="list-style-type: none"> The department shall form an integral part of the care delivery system within the organization in which the residency program operates. <ul style="list-style-type: none"> a) Pharmacy services are of a scope and quality commensurate with identified needs of all patients served by the organization; b) The department is involved in the overall planning of patient care services; c) Pharmacy services extend to all areas of the organization where medications for patients are prescribed, dispensed, administered, and monitored; d) Pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used, including special access and investigational drugs, except where those responsibilities are assigned to another party through legal agreements. 	2.1.2.5					
<ul style="list-style-type: none"> The department (if applicable) shall provide a safe and effective drug distribution system for all medications used within the organization, in a manner consistent with the patient population(s) being served, organizational needs, [...] 	2.1.2.6					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>and patient safety considerations.</p> <p>a) The drug distribution system, if provided, meets all applicable accreditation and provincial regulatory standards.</p>						
<ul style="list-style-type: none"> ● The department shall provide patient care services in a manner consistent with organizational and patient safety needs. <ul style="list-style-type: none"> a) Pharmacists are important members of the interprofessional teams that deliver care in areas where residency training is provided; b) Pharmacists are responsible for identifying, preventing and resolving drug therapy problems for individual patients and/or groups of patients; c) Pharmacists participate prospectively in the design and implementation of pharmaceutical care plans; including medication-therapy monitoring plans d) Pharmacists work collaboratively with other team members to review the appropriateness and safety of medication orders; e) Pharmacists document all significant patient care recommendations and resulting actions, treatment plans, and/or progress notes in the appropriate section of the patient's health record or the organization's clinical information system, or another system with equivalent purpose (e.g., drug information or investigational drugs service); f) Pharmacists provide written and oral consultations regarding medication-therapy selection and management for patients whose care they are managing; g) Management by pharmacists of diseases and/or medications is consistent with applicable laws, regulations, and practice-site policy; h) A system to support continuity-of-care is used routinely; i) The quality of services provided in areas where residency training is completed is assessed routinely. 	2.1.2.7					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<ul style="list-style-type: none"> • The department shall provide or make available essential drug information resources to allow the safe and optimal use of medications, as evidenced by: <ul style="list-style-type: none"> a) demonstrated ability to respond to drug information inquiries from the organization’s healthcare providers (or others, as applicable); b) participation in the development of medication-use and safe medication practice policies and procedures; c) reporting and monitoring of medication incidents and accidents (including reporting of adverse drug events) followed by development and implementation of appropriate modifications to the medication-use system to limit these negative outcomes; d) promotion and facilitation of the optimal use of medications through development of medication-related documents (such as educational tools, protocols, and order sets), active participation in continuing medical education for the organization’s healthcare providers, and dissemination of recommendations following medication-use evaluations. 	2.1.2.8					
<ul style="list-style-type: none"> • The department shall work in collaboration with the organization and its other healthcare providers to advance the safety and quality of the medication use system. 	2.1.2.9					

V. Self-Assessment

Compliance Scale: N/A = not applicable N = not compliant P = partial compliance C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
		N/A	N	P	C	

RESIDENCY PROGRAM ADMINISTRATION The residency program shall be directed by pharmacists who hold to high professional ideals and who have the desire and aptitude to teach and administer the program.	2.1.3					
<ul style="list-style-type: none"> The residency program shall be administered and directed by a professionally competent person (the program director) who is: <ol style="list-style-type: none"> recognized by the organization as a member of the administrative team that is responsible for leading and managing the department; administratively responsible and fully accountable for the residency program, including compliance with CPRB Accreditation Standards and program policies and procedures. 	2.1.3.1					
<ul style="list-style-type: none"> The program director may delegate: <ol style="list-style-type: none"> coordination of the program to one or more qualified program coordinators; administration responsibilities to one or more qualified persons; preceptor responsibilities to other qualified persons. 	2.1.3.2					
<ul style="list-style-type: none"> The program director shall: <ol style="list-style-type: none"> have recognition from peers or professional organizations for leadership in the profession; have administrative experience of at least 2 years' duration, where administrative experience is interpreted to mean experience as a director, manager, coordinator, supervisor, senior or lead clinician, course master (coordinator), or faculty section head; have demonstrated ability to supervise, teach, and mentor residents, through past or present participation as a preceptor, tutor, course coordinator, or professor; hold membership in the Canadian Society of Hospital Pharmacists. 	2.1.3.3					
<ul style="list-style-type: none"> The program coordinator shall: <ol style="list-style-type: none"> have completed an accredited pharmacy residency [...] 	2.1.3.4					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>(CPRB or American Society of Health-System Pharmacists [ASHP] Commission on Credentialing) or equivalent advanced practice (post-licensure) training in the field of pharmacy (e.g., Fellowship, Doctor of Pharmacy as a second professional degree, advanced [year 2] pharmacy residency, Master’s degree in advanced pharmacotherapy) OR certification in a defined area of practice (where such certification is available from a recognized organization) OR equivalent experience, where equivalent experience is interpreted as 3 years’ experience:</p> <p>b) have relevant pharmacy practice experience;</p> <p>c) hold membership in the Canadian Society of Hospital Pharmacists.</p>						
<ul style="list-style-type: none"> ● The program director shall ensure that administrative responsibilities for the residency program are assigned and fulfilled in the areas of (at a minimum): <ul style="list-style-type: none"> a) development and maintenance of policies and procedures for the residency program; b) strategic planning for the residency program and its operations; c) acquisition of resources to support and advance the residency program; d) marketing, recruitment, and admission of individuals qualified to undertake residency training; e) support, training, and supervision of residents, as well as consideration for their safety and wellness (e.g., when carrying out educational activities involving travel, patient encounters, house calls, after-hours consultations in isolated service areas); f) support, training and supervision of preceptors; g) development of academic content and educational approach for the residency program; h) program assessment (continuous quality improvement);[...] 	2.1.3.5					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<ul style="list-style-type: none"> i) assessment of learners (in terms of attainment of educational outcomes); j) maintenance of program archives (records); k) monitoring of resident attendance and degree of preceptor oversight (e.g., during rotations; longitudinal service; fulfillment of duty (service) roster assignments; non-rotational experiences such as courses and committee service). 						
<ul style="list-style-type: none"> ● A residency advisory committee shall be in place to provide general oversight of and guidance on the design and operation of the program, with the following characteristics: <ul style="list-style-type: none"> a) The committee’s terms of reference, meeting minutes, and associated documents (e.g., position papers, projects.) shall be available for review by the accreditation survey team; b) The committee shall include representation from the program’s residents; if there is more than one resident in the program, at least one representative shall be elected by the group; c) The committee should include a representative from each participating site (facility or department) and each major component of the program; d) The committee shall include representation from primary preceptors; e) Committee members may be appointed or elected, and all members must be active participants on the committee, as evidenced by regular attendance at meetings; f) The committee shall have representation external to the department, interpreted as any qualified individual who does not have line accountability to the department, or a senior administrator to whom the department reports; g) The committee shall regularly communicate its deliberations and decisions to the department or organization; [...] 	2.1.3.6					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>h) Where two or more residency programs are operating within the same organization, the residency advisory committees shall regularly communicate with each other;</p> <p>i) Where two or more residency programs are operating within the same organization, one residency advisory committee may be aligned, integrated, or partnered with another residency advisory committee, so long as it can be demonstrated that the needs of the pharmacy residency program are being met;</p> <p>j) The committee shall ensure appropriate remediation or probation for any resident who is experiencing difficulties achieving the appropriate level of competence.</p>						

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
PRECEPTORS The resident shall be under the preceptorship of individuals who have the experience, desire, and aptitude to teach.	2.1.4					
<ul style="list-style-type: none"> • A preceptor shall have the knowledge, skills, and practice experience to act as a role model and to assist in the development of the resident’s skills. 	2.1.4.1					
<ul style="list-style-type: none"> • A defined process shall be in place for orientation of new preceptors. 	2.1.4.2					
<ul style="list-style-type: none"> • Continuing preceptor development shall be made available to all instructional staff. 	2.1.4.3					
<ul style="list-style-type: none"> • A qualified pharmacist shall be designated as the primary preceptor for each learning experience (hereafter referred to as a rotation). <ol style="list-style-type: none"> a) The primary preceptor shall be responsible for ensuring that a training plan is established and that all assessments are completed; b) Co-preceptors or secondary preceptors from pharmacy or from professions other than pharmacy may be appointed to assist in delivering the educational experience, but such preceptors shall be fully apprised of rotation objectives, the resident’s progress to date, and assessment expectations of the program; c) The primary preceptor shall develop specific goals and objectives for the resident, in consultation with the program director or program coordinator; d) The program director or program coordinator shall review rotation goals and objectives at least every 2 years. 	2.1.4.4					
<ul style="list-style-type: none"> • In each rotation, time shall be allocated for instruction, observation, and assessment of the resident. 	2.1.4.5					
<ul style="list-style-type: none"> • The preceptor shall review and confirm learning goals and objectives with the resident at the beginning of the rotation. 	2.1.4.6					
<ul style="list-style-type: none"> • The preceptor shall provide timely and regular feedback to, and assessment of, the resident. 	2.1.4.7					
<ul style="list-style-type: none"> • A defined process shall be in place for preceptor self-assessment and incorporation of constructive feedback provided by the [...] 	2.1.4.8					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
resident, program coordinator, program director, and (where applicable) other preceptors and members of the interprofessional team.						
<ul style="list-style-type: none"> A primary preceptor for the project component of the residency (see Standard 3.6) shall be assigned to the resident. 	2.1.4.9					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
RESIDENTS Pharmacy residents shall be individuals who hold to high professional ideals and who have a commitment to continued learning, beyond entry-level competencies.	2.1.5					
<ul style="list-style-type: none"> The resident shall demonstrate a commitment to the profession by adhering to standards and participating in healthcare professions regulation. <ul style="list-style-type: none"> a) The resident shall be registered as a pharmacist by the appropriate Canadian pharmacy regulatory authority; if not registered as a pharmacist at the time of application to the program, the resident shall become registered as a pharmacist at the earliest opportunity upon being admitted into the program; b) The resident shall be a member of the Canadian Society of Hospital Pharmacists. 	2.1.5.1					
<ul style="list-style-type: none"> The resident shall contribute actively and constructively to the mission, vision, goals, education, and quality improvement initiatives of the residency program and the department. 	2.1.5.2					
<ul style="list-style-type: none"> The resident shall be committed to making active use of constructive feedback provided by preceptors, the program coordinator, and the program director. 	2.1.5.3					
<ul style="list-style-type: none"> The resident shall exhibit appropriate professional behaviours and relationships in all aspects of practice, including technology-enabled communication, reflecting honesty, integrity, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality. 	2.1.5.4					
<ul style="list-style-type: none"> The resident shall demonstrate a commitment to excellence in all aspects of practice and to active participation in collaborative care and service delivery. 	2.1.5.5					
<ul style="list-style-type: none"> The resident shall demonstrate a commitment to the well-being of other healthcare professionals to foster optimal patient care, and shall promote a culture that recognizes, supports, and responds effectively to colleagues in need. 	2.1.5.6					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<ul style="list-style-type: none"> The resident shall be responsible and accountable for acquiring all competencies of an accredited pharmacy residency. 	2.1.5.7					
<ul style="list-style-type: none"> The resident shall engage in the continuous improvement and enhancement of his or her professional activities through ongoing learning of the following nature: <ul style="list-style-type: none"> a) developing, monitoring, and revising a personal learning plan to enhance professional practice; b) regularly analyzing their performance, using various data and other sources to identify opportunities for learning and improvement; c) engaging in collaborative learning to contribute to collective improvements in practice. 	2.1.5.8					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
PROGRAM PLANNING & OPERATIONS	2.2					
ADMISSIONS CRITERIA, POLICIES AND PROCEDURES The program shall use formal criteria, policies, and procedures for evaluation, ranking and admission of qualified applicants to the residency program	2.2.1					
<ul style="list-style-type: none"> Each applicant’s qualifications for acceptance into the residency program shall be evaluated using an established, formal, criteria-based process. 	2.2.1.1					
<ul style="list-style-type: none"> The program director and program coordinator shall be responsible for selection of applicants who qualify for admission to the program. <ul style="list-style-type: none"> a) Applicants may be offered benefits (including awards, bursaries, and/or return of service contracts or agreements or equivalent); however, an applicant’s acceptance or rejection of such benefits shall not influence the decision on admission to the residency program, nor shall it influence the decision regarding a resident’s graduation from the residency program; b) Applicants who are accepted into the program shall receive a letter outlining their acceptance. All terms and conditions (e.g., pre-requisite or concurrent coursework, internships, structured practical training) shall be clearly outlined in the letter of offer/admission. 	2.2.1.2					
<ul style="list-style-type: none"> A resident’s acceptance of an offer of admission to the program shall be documented in writing before the residency program begins. 	2.2.1.3					
<ul style="list-style-type: none"> A formal process shall be in place to assess the prior learning of each resident before the residency program begins 	2.2.1.4					
<ul style="list-style-type: none"> The start and end date of the resident’s course of study shall be defined before the resident’s entry into the program. <ul style="list-style-type: none"> a) A full-time residency shall be defined as a minimum of 52 weeks of continuous training (including approved leave or vacation); [...] 	2.2.1.5					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>b) Residency training may occur on a part-time basis, however such a program shall be composed of a minimum of 52 weeks training (including approved leave or vacation not exceeding that which would be offered in a full-time program) offered over not more than 24 months, and breaks in residency training shall not exceed 45 working days;</p> <p>c) The residency period may be shortened when a resident has been given credit for prior learning, as per Requirement 2.2.1.5 (below);</p> <p>d) Non-residency days shall be clearly defined at the beginning of the program, and educational benefits to the resident shall take priority over services provided by the resident.</p>						
<ul style="list-style-type: none"> • A program that grants credit for prior learning outside of an accredited residency program, or allows transfer of credit for rotations completed with another accredited residency program, shall: <ul style="list-style-type: none"> a) grant credit in an amount not exceeding 25% of the total residency training period, interpreted to mean not more than 25% of the total residency days required to achieve the full-time or part-time program as defined in Requirement 2.2.1.4; b) have well-defined and documented processes in place for granting prior learning credit and/or transfer credit; c) have a policy in place that specifies the impact of granting credit with regard to either <ul style="list-style-type: none"> i. reducing the duration of the residency or ii. maintaining the duration of the residency by providing additional program content d) maintain documentation that provides evidence to support the decision to grant credit; [...] 	2.2.1.6					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
e) retain documentation in the resident’s training record regarding the program requirements for which prior learning credit or transfer credit was granted; f) award transfer credit only for learning objectives or rotations completed at another accredited residency program within 24 months before entering the program that is granting transfer credit.						
<ul style="list-style-type: none"> The program shall have a policy defining the due date for the written report of the resident’s project (as per Standard 3.6). The due date shall be not more than 90 days beyond completion of the scheduled residency term. 	2.2.1.7					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
EDUCATIONAL APPROACH The residency program shall use a systematic process to design, plan and organize an academic program to facilitate the resident's achievement of the intended educational outcomes.	2.2.2					
<ul style="list-style-type: none"> ● The program director shall oversee development of learning goals and objectives for the residency program. <ul style="list-style-type: none"> a) Learning goals and objectives shall address content that supports all required educational outcomes of the pharmacy residency; b) Learning objectives shall be clearly written, outcome-oriented, observable, and measurable. 	2.2.2.1					
<ul style="list-style-type: none"> ● Rotations shall be selected to enable residents to meet all required educational outcomes of an accredited pharmacy residency. <ul style="list-style-type: none"> a) Learning goals and objectives shall be assigned to each rotation; b) The program coordinator and/or preceptor of each rotation shall write a detailed description (outline) of each learning experience. 	2.2.2.2					
<ul style="list-style-type: none"> ● The residency program should use instructional methods (e.g., observational, case study, seminars) and delivery formats (e.g., longitudinal versus block scheduling, simulation, distance technology) that will provide the optimal learning environment to achieve the educational outcomes. 	2.2.2.3					
<ul style="list-style-type: none"> ● Residency activities shall provide: <ul style="list-style-type: none"> a) broad exposure to contemporary pharmacy services for the prescription, use, and management of medications in the treatment of patients; b) opportunities to develop interprofessional collaborative practice skills alongside other members of the health care team; c) opportunities to develop skills to work effectively with patients, other healthcare professionals, administrators, educators, students, researchers, and change leaders; [...] 	2.2.2.4					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
d) opportunities to develop critical thinking, ethical and scientific reasoning, problem-solving, decision-making, time management, practice management, self-directed learning, teaching, professionalism, change management and leadership skills.						
<ul style="list-style-type: none"> ● There shall be a defined process for initial selection, ongoing review, and support of the residency project (as per Standard 3.6): <ul style="list-style-type: none"> a) There shall be a defined process for solicitation, evaluation, and approval of project topics; b) The time allotted for the residency project shall not exceed 10 weeks (interpreted as 50 residency days); c) The scope of the project shall be such that it does not interfere significantly with other rotations; d) A pharmacist affiliated with the department shall be designated the primary preceptor for each project; e) A process shall be in place to provide ongoing review, support, and feedback to the resident. 	2.2.2.5					
<ul style="list-style-type: none"> ● In planning (scheduling) the program syllabus, an individualized plan shall be developed for each resident at the commencement of that resident's program <ul style="list-style-type: none"> a) Based on the assessment of the resident's prior learning, baseline knowledge, skills, attitudes, competencies, and interests, a broad written plan for the resident's program shall be developed, which will include customized learning goals and activities. The plan should build on the resident's strengths and address the areas for development; b) The resident shall be given, at the beginning of the residency program, a detailed schedule of all planned rotations; c) Residency experiences shall be structured to provide a systematic approach to enhancing the resident's problem-solving and decision-making skills; d) Each resident shall provide service within a team (e.g., clinic, unit, consult service) that supports development of [...] 	2.2.2.6					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>interprofessional collaborative practice skills to optimize patient safety;</p> <p>e) Individualization of a resident’s experiences to account for specific interests must not interfere with achievement of the program’s learning goals and objectives;</p> <p>f) The department shall balance the assignment of resident activities to meet program outcomes with concerns for patient safety and the resident’s well-being;</p> <p>g) Scheduling of experiences need not be limited to the systems and services of the organization that operates the residency program; however, the training environment of each rotation should meet the requirements described in this Standard (i.e. Standard 2.2.2);</p> <p>h) The schedule should be written in sufficient detail to give the resident a clear understanding of each activity in a rotation or across a series of rotations;</p> <p>i) The level of responsibilities and the degree of supervision assigned during each rotation shall be consistent with the skill levels of the resident.</p>						
<ul style="list-style-type: none"> ● A formal process shall be in place to orient the resident to the residency program, the department, and the organization. 	2.2.2.7					
<ul style="list-style-type: none"> ● When the course of study begins, the resident shall receive a manual that provides a comprehensive description of the residency program and contains, at a minimum, the following elements: <ul style="list-style-type: none"> a) expectations of residents and preceptors; b) Intended educational outcomes of the program; c) Description (learning goals and objectives) of each rotation available to the resident; d) Description (learning goals and objectives; schedule) of the formal academic curriculum (e.g., mandatory coursework, mandatory academic half-days or full days); e) Criteria for completion of the program; [...] 	2.2.2.8					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
f) Policies concerning professional, family, and sick leave and the effect such types of leaves will have on the resident's ability to complete the program; g) Policies governing scheduling of residency experiences, including duty (service) roster shifts if applicable; h) Procedures for assessments of the resident, preceptor, program coordinator, and program director; i) Procedures for evaluation of the training site (rotation) and residency program; j) Processes for remedial action if there are deficiencies in the resident's progress; k) Processes that shall be used to address all discrepancies in assessment; l) Policies governing intimidation and harassment and other forms of abuse.						

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>ASSESSMENT AND EVALUATION OF RESIDENTS AND PROGRAM COMPONENTS</p> <p>The pharmacy department shall operate the program in a manner that reflects the principles of continuous quality improvement.</p>	2.2.3					
<ul style="list-style-type: none"> ● An ongoing review process shall be in place to: <ol style="list-style-type: none"> a) Assess the resident’s performance (formative and summative); b) Evaluate the preceptor’s performance; c) Evaluate the performance of the program coordinator and the program director; d) Evaluate rotations and learning environments (e.g., instructional delivery methods, facilities, personnel, and other resources) to ensure that they are used with optimal effectiveness and are conducive to developing the highest level of practice; e) Evaluate overall performance of the residency program. 	2.2.3.1					
<ul style="list-style-type: none"> ● The resident shall use a learning portfolio or equivalent to facilitate self-assessment and provide evidence of skill development over the course of the program. <ol style="list-style-type: none"> a) The learning portfolio should include preceptor assessments, monthly reports, quarterly or other summative assessments, self-assessments, career objectives, clinical activities during the rotations, awards, projects, and other documentation relating to a resident’s progress throughout the duration of the residency program. 	2.2.3.2					
<ul style="list-style-type: none"> ● Feedback on and discussion of the assessments and evaluations shall be conducted in an open and collegial atmosphere, allowing for an unbiased discussion of the strengths and weaknesses of the resident, the preceptor, the instructors/teachers, and the overall operation of the program, while respecting the confidentiality of all parties. 	2.2.3.3					
<ul style="list-style-type: none"> ● The resident shall be assessed on development of competencies associated with the program. 	2.2.3.4					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<ul style="list-style-type: none"> Assessment tools that are competency and criteria-based and that reflect the intended outcomes shall be available for all learning experiences in the program and/or rotations in the program. 	2.2.3.5					
<ul style="list-style-type: none"> Residents shall be informed promptly when serious concerns exist, and they shall be given an opportunity to correct their performance. 	2.2.3.6					
<ul style="list-style-type: none"> With respect to the assessment process for residents, the program shall ensure that the following conditions are met: <ol style="list-style-type: none"> There is a process for assessment and documentation of longitudinal development of competencies; <ol style="list-style-type: none"> Assessment of the resident will include feedback from a variety of people, including other healthcare professionals, peers, supervisors, and patients and their families. Assessment of the resident will incorporate direct observation of the resident in a variety of settings. Longitudinal assessment of a resident’s progress shall be ongoing throughout the program and shall be facilitated by direct interaction for this purpose between the resident and the program director and program coordinator, at least twice within the residency year; The resident shall perform written self-assessments based on the learning objectives established for each rotation, to assist the resident in identifying any objectives that were not met during the rotation; <ol style="list-style-type: none"> A resident shall review the self-assessment with the preceptor (with or without the program director or program coordinator) at the time of regularly scheduled assessments. The resident’s achievements shall be regularly assessed in terms of the program and the learning goals and objectives of the rotation; [...] 	2.2.3.7					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<ul style="list-style-type: none"> i. The assessment shall relate to the resident’s progress in achieving goals and learning objectives. ii. Subjective criteria such as personality traits should be considered only in relation to their effect on achieving goals and objectives. iii. A midpoint assessment should be completed for each rotation. iv. For each rotation, a written final self-assessment shall be completed by the resident and a written final assessment shall be completed by the preceptor. The final assessment shall be conducted within one week of completion of the rotation. The assessment meeting shall be conducted by the preceptor for each rotation or by the program director or program coordinator, with input from the preceptors. v. A written record of the final assessment of each rotation or residency requirement (e.g., for program requirements completed using a format other than a rotation) shall be maintained and shall be reviewed with the resident and signed by the program coordinator and/or program director. 						
<ul style="list-style-type: none"> ● With respect to preceptors, an ongoing review process shall be in place that: <ul style="list-style-type: none"> a) Shall obtain feedback from the resident through the following means: <ul style="list-style-type: none"> i. The resident shall complete a written evaluation of the preceptor, and feedback shall be provided to the preceptor in a timely fashion. ii. The resident shall evaluate the preceptor on the basis of the preceptor’s knowledge, skills and attitudes as a role model and teacher. b) Shall provide for the program director and/or program coordinator to review and signoff on all evaluations of the preceptor and the rotation in a timely fashion; [...] 	2.2.3.8					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
c) Shall provide an effective mechanism to give preceptors and instructors/teachers in the program honest and timely feedback on their performance.						
<ul style="list-style-type: none"> With respect to the program director and program coordinator, a process shall be in place to evaluate and provide feedback concerning their roles, as well as the role of any site coordinators (as applicable), in coordinating and supporting the residency program <ul style="list-style-type: none"> a) Residents' feedback shall be incorporated into the evaluation process of the program director and program coordinator. 	2.2.3.9					
<ul style="list-style-type: none"> With respect to the rotation and training environment, an ongoing review process shall obtain feedback from the resident <ul style="list-style-type: none"> a) At the end of the rotation (at a minimum), the resident shall complete a written evaluation of the rotation, based on its structure and content and on the degree to which the learning objectives were met; b) The written evaluation shall be discussed with the preceptor in a timely fashion. 	2.2.3.10					
<ul style="list-style-type: none"> With respect to the overall performance of the residency program, the program shall have a process that meets the following objectives: <ul style="list-style-type: none"> a) To incorporate assessment and evaluation of the resident, preceptor, program coordinator, program director, and rotations (training environments) as part of the program's continual review and improvement process; b) To communicate a resident's continual progress in achieving the program's intended outcomes, both from one preceptor to the next preceptor and from one rotation to the next rotation (to allow individualization of each rotation on the basis of previous experience); c) To address discrepancies of assessment (e.g., disagreement about an assessment or feedback [...]) 	2.2.3.11					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
provided by a preceptor); d) To remedy the situation if deficiencies in the progress of the resident are noted; e) To assess the achievement of the intended educational outcomes of the program: and, f) To assess early withdrawals from the residency program.						
<ul style="list-style-type: none"> ● The program shall maintain appropriate documentation regarding each residency trainee for a period of one full accreditation cycle (until the next on-site survey), including, at a minimum: <ul style="list-style-type: none"> a) Documentation of the evaluation, ranking and admission of qualified applicants to the program, as defined in Standard 2.2.1; b) the resident’s learning portfolio or equivalent (see Requirement 2.2.3.2a for content); c) the resident’s activities/schedule. 	2.2.3.1 2					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
PROGRAM COMPLETION The organization shall attest to the requirements for completion of the residency program.	2.2.4					
<ul style="list-style-type: none"> ● Criteria shall be in place to define successful completion of the program. <ul style="list-style-type: none"> a) Successful completion of the program shall reflect the final status of the resident and shall not be an average over the entire residency; b) Assessment regarding the resident’s successful attainment of program requirements shall be based on the views of preceptors directly involved in the resident’s education and shall not be the opinion of a single individual. 	2.2.4.1					
<ul style="list-style-type: none"> ● The organization shall recognize those who have successfully completed the residency program by providing a transcript and/or by awarding an appropriate certificate of residency. <ul style="list-style-type: none"> a) A residency certificate shall not be issued to any individual who has failed to complete the prescribed program or to meet the intent of this Standard (2.2.4). 	2.2.4.2					
<ul style="list-style-type: none"> ● The organization shall maintain, in perpetuity, a record of: <ul style="list-style-type: none"> a) All individuals who successfully complete the program, in the form of (at minimum) a copy of the resident’s transcript letter and/or residency certificate; b) All individuals who are unsuccessful in completing the program; c) The academic years for which accreditation was granted. 	2.2.4.3					
<ul style="list-style-type: none"> ● Accredited programs should grant the ACPR (Accredited Canadian Pharmacy Resident) designation to residents who successfully complete the residency program. 	2.2.4.4					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
RESIDENCY PROGRAM COMPETENCIES (Educational Outcomes)	3.0					
Provide Evidence-Based Patient Care as a Member of Interprofessional Teams The resident shall be proficient in providing evidence-based pharmacy care as a member of interprofessional teams.	3.1					
<ul style="list-style-type: none"> ● The resident is proficient in pharmacy practice <ul style="list-style-type: none"> a) Places high priority on, and is accountable for, selecting and providing pharmacy services that are appropriate to the patient; b) Applies knowledge of clinical and pharmaceutical sciences relevant to pharmacy practice and healthcare practice in general; c) Effectively carries out professional duties; d) Demonstrates the ability to proactively communicate issues to affected stakeholders, including patients and their families, and to resolve those issues, when possible. 	3.1.1					
<ul style="list-style-type: none"> ● The resident shall integrate best available evidence into decision-making, by: <ul style="list-style-type: none"> a) Demonstrating proficiency in identifying, selecting, and navigating resources; b) Accurately appraising the literature as it relates to the clinical situation(s); c) Integrating evidence into decision-making. 	3.1.2					
<ul style="list-style-type: none"> ● The resident shall work effectively with other health care professionals, by: <ul style="list-style-type: none"> a) Establishing and maintaining inter- and intra-professional working relationships for collaborative care; b) Recognizing overlap and sharing of responsibilities with other pharmacists and with healthcare providers in other professions for episodic or ongoing care of patients; c) Actively participating with other care providers in making care decisions; d) Demonstrating respect for colleagues and members of inter- and intra-professional teams; [...] 	3.1.3					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<ul style="list-style-type: none"> e) Recognizing when care should be handed over to another team member; f) Demonstrating effective, safe transfer of care during care transitions between different settings or stages, and during transitions of care responsibility, using oral, written and electronic communication as appropriate. 						
<ul style="list-style-type: none"> ● The resident shall engage in respectful, empathetic, compassionate, non-judgmental, culturally safe, tactful conversations with patients, communities, populations, and members of the healthcare team. 	3.1.4					
<ul style="list-style-type: none"> ● The resident shall advocate for the patient in terms of meeting the patient's health-related needs. 	3.1.5					
<ul style="list-style-type: none"> ● The resident shall incorporate principles of shared decision-making into his/her practice and shall be governed by the patient's desired outcome of therapy. 	3.1.6					
<ul style="list-style-type: none"> ● The resident shall place a high priority on, and be accountable for, selecting and providing care to patients who are most likely to experience drug-related problems. 	3.1.7					
<ul style="list-style-type: none"> ● The resident shall perform patient-centered clinical assessments and establish care plans for individual patients by: <ul style="list-style-type: none"> a) Establishing a respectful, professional, ethical relationship with the patient; b) Confirming or establishing goals of care; c) Identifying and prioritizing drug-related problems; d) Eliciting a history and performing assessments in an organized, thorough and timely manner; e) Gathering, appraising and accurately interpreting relevant patient information from appropriate sources, including the patient, the family or caregivers, other health professionals, and the health record; f) Preparing a care plan that includes consideration of the patient's goals and the roles of other team members; g) Implementing the care plan; h) Proactively monitoring drug therapy outcomes, and [...] 	3.1.8					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
revising care plans on the basis of new information; i) Documenting and sharing, verbally and in writing, information about the care being provided, complying with legal, regulatory, and organizational requirements or any additional measures that will optimize clinical decision-making, patient safety, confidentiality, and privacy.						

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>MANAGE AND IMPROVE MEDICATION USE SYSTEMS The resident shall demonstrate a working knowledge of medication use systems, as well as the roles of pharmacy personnel and other care providers within the system, in order to manage and improve medication use for individual patients and groups of patients.</p>	3.2					
<ul style="list-style-type: none"> The resident shall be able to relate the advantages and limitations of key components of the medication-use system used to provide medication to patients. Examples may include but are not limited to unit dosing, traditional dispensing, computerized medication administration records, e-prescribing, clinical decision-support tools, bar-code administration, compounding and intravenous and/or oncology admixture services. 	3.2.1					
<ul style="list-style-type: none"> The resident shall work in cooperation with pharmacy, nursing and medical staff, as well as other members of the organization's team, to improve medication use for individual patients and groups of patients. 	3.2.2					
<ul style="list-style-type: none"> The resident shall demonstrate an understanding of the policies and procedures used to prepare and dispense medications in accordance with patient's needs. 	3.2.3					
<ul style="list-style-type: none"> The resident shall demonstrate an ability to assess medication orders and to identify and resolve problems. 	3.2.4					
<ul style="list-style-type: none"> The resident shall demonstrate the ability to clarify medication orders with prescribers and document such clarifications appropriately. 	3.2.5					
<ul style="list-style-type: none"> The resident shall demonstrate the use of safe medication practices. 	3.2.6					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
EXERCISE LEADERSHIP The resident shall apply leadership and management skills to the professional practice environment in which the residency program is operated.	3.3					
<ul style="list-style-type: none"> The resident shall demonstrate an understanding of the differences between management and leadership. 	3.3.1					
<ul style="list-style-type: none"> The resident shall demonstrate responsibility for and shall look for opportunities to improve upon, patient care and safety throughout the residency. 	3.3.2					
<ul style="list-style-type: none"> By completing an administrative project (distinct from the project described in Standard 3.6), the resident shall demonstrate <ol style="list-style-type: none"> Knowledge with respect to at least one of the following areas: <ol style="list-style-type: none"> Governance and organizational structure (e.g., roles of the pharmacy management team and various departments) Human resources Financial management Continuous quality improvement Visioning and strategic, operational, and project planning Change management Ethical and legal frameworks and standards of practice Administrative problem solving; Effective communication (verbal and written). 	3.3.3					
<ul style="list-style-type: none"> The resident shall demonstrate respect for, pride in and commitment to the profession, through both appearance and actions. 	3.3.4					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
EXHIBIT ABILITY TO MANAGE ONE’S OWN PRACTICE OF PHARMACY The resident shall apply skill in the management of his/her own practice of pharmacy, to advance his/her own learning, to advance patient care, and to contribute to the goals of the program, department, organization, and profession.	3.4					
<ul style="list-style-type: none"> The resident shall consistently demonstrate efforts to refine and advance critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/interprofessional skills that are the hallmarks of practice leaders and mature professionals. 	3.4.1					
<ul style="list-style-type: none"> The resident shall manage his/her own practice and career, setting priorities to establish healthy work-life balance, and shall implement processes to ensure personal practice improvement. 	3.4.2					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<p>PROVIDE MEDICATION AND PRACTICE-RELATED EDUCATION The resident shall effectively respond to medication- and practice-related questions and shall educate others.</p>	3.5					
<ul style="list-style-type: none"> The resident shall respond effectively and in a timely manner to medication- and practice-related questions received from others, by: <ol style="list-style-type: none"> Accurately interpreting medication-and practice-related questions; Conducting a systematic literature search; Critically appraising literature; Formulating a response; Communicating, verbally and in writing, responses to questions. 	3.5.1					
<ul style="list-style-type: none"> The resident shall present effective education to a variety of audiences (e.g., patients, students, other pharmacy residents, healthcare professionals [including students of those professions], the public and other stakeholders) and in a variety of instructional settings (e.g., seminars, lectures, case presentations, patient interactions). <ol style="list-style-type: none"> The resident shall create an effective training/teaching plan that enables successful delivery of instruction to and completion of learning goals by the learner, within the specified timeframe, by: <ul style="list-style-type: none"> Defining learning goals and objectives Selecting the instructional format and instructional media Communicating effectively with a variety of audiences when appropriate, creating and carrying out an assessment plan that aligns with the learning goals The resident shall promote a safe learning environment for the learner; The resident shall ensure that patient safety is maintained when learners are involved in patient care. 	3.5.2					
<ul style="list-style-type: none"> The resident shall demonstrate skill in the four roles used in practice-based teaching in a variety of settings which shall include patient-care settings: [...] 	3.5.3					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
<ul style="list-style-type: none"> a) Direct instruction b) Modeling c) Coaching d) Facilitation 						
<ul style="list-style-type: none"> • The resident shall demonstrate scholarly writing skills in all written work, including but not limited to the written report of the project. 	3.5.4					

V. Self-Assessment

Compliance Scale:

N/A = not applicable

N = not compliant

P = partial compliance

C = Substantial Compliance

STANDARD/Requirement(s)	REFER TO:	Evidence (completion mandatory)				
		N/A	N	P	C	Identify supporting evidence (i.e., name the applicable policies, tools, etc.)
DEMONSTRATE PROJECT MANAGEMENT SKILLS The resident shall use effective project management skills to undertake, conduct and successfully complete a project related to pharmacy.	3.6					
<ul style="list-style-type: none"> The resident shall be involved in project development and in data collection, analysis, and interpretation. 	3.6.1					
<ul style="list-style-type: none"> The resident shall prepare a written report of the project in a format suitable for publication in a peer-reviewed journal. 	3.6.2					
<ul style="list-style-type: none"> The resident shall present and defend the outcomes of the project. 	3.6.3					

Last updated June 2023

FINAL - Year 1 CPRB Request for Accreditation (2018 Standards) – 2022 version