Canadian Pharmacy Residency Board

Canadian Society of Healthcare-Systems Pharmacy | Société canadienne de pharmacie dans les réseaux de la santé

Annual Updates to Accreditation Standards for Year 1 Pharmacy Residencies[i] and Advanced (Year 2) Pharmacy Residencies[ii]

Canadian Pharmacy Residency Board
Conseil canadien de la résidence en pharmacie
30 impasse Concourse Gate, Unit/unité 27
Ottawa, Ontario
K2E 7V7
Telephone 613-736-9733
Fax 844-438-9397
www.cshp.ca

Contents

2021 Updates

Year 1 Standards

Standard	Year of update	Programs will be accredited against these updates	2018 Original Wording	New Wording (changes in bold)	Why was the change made?
2.1.2.2a	2021	On or after July 1 2022	…..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, and the department shall not assign the resident to perform repetitive tasks solely to meet its service needs.	…..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.	The standard currently states that If service shifts are a requirement of the residency program (or a condition of acceptance into the residency program) then these shifts should be assessed. For clarity, an assessment example was added.
2.2.3.7.d.iv	2021	On or after July 1 2022	A written final assessment shall be completed for each rotation……	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 intent of the standard is that both the resident and preceptor each complete a **written** final assessment. The wording of the standard was amended to clarify this.
3.5.2	2021	On or after July 1 2022	The resident shall provide effective education to a variety of audiences (e.g. 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).	The resident shall provide 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**)."	Wording amended as a reminder that medication and practice-related education can occur in the presence of patients. "Patients" and "patient interactions" were added as examples of audiences and instructional settings, respectively.
3.5.3	2021	On or after July 1 2022	The resident shall demonstrate skill in the four roles used in practice-based teaching:	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:...**	Residency training takes place in practice-based environments. At such, there should be opportunity for the resident to demonstrate at least one of the four roles in a practice-based setting in order to meet this standard. (i.e. the roles cannot all be demonstrated in only faculty-based courses or labs.)

Year 2 Standards

Standard	Year of update	Programs will be accredited against these updates	2016 Original Wording	New Wording (changes in bold)	Why was the change made?
2.1.2.2a	2021	On or after July 1 2022	…..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, and the department shall not assign the resident to perform repetitive tasks solely to meet its service needs.	…..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.	The standard currently states that If service shifts are a requirement of the residency program (or a condition of acceptance into the residency program) then these shifts should be assessed. For clarity, an assessment example was added.
2.1.3.4, 2.1.3.5, 2.1.3.6	2021	On or after July 1 2022	2.1.3.4 The residency coordinator shall: a) have recognition from peers or professional organizations for leadership in the profession; b) have completed an accredited pharmacy residency (CPRB or American Society of Health-System Pharmacists [ASHP] Commission on Credentialing) or equivalent advanced practice (postlicensure) 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 PhD) OR certification in the defined area of practice (where such certification is available from a recognized organization) OR equivalent experience, where equivalent experience is	2.1.3.4 The residency coordinator(s) shall: a) have recognition from peers or professional organizations for leadership in the profession; b) have completed an accredited pharmacy residency (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 PhD) *OR* certification in the defined area of practice (where such certification is available from a recognized organization) *OR* equivalent experience, where equivalent experience is interpreted	For some Year 2 programs, the "assistant" (e.g. lead preceptor, co-coordinator), will be the person with expertise and an active practice in the defined area of practice. The standard was clarified to indicate that the assistant shall hold the same qualifications as the residency coordinator (refer to 2.1.3.4c and e) 2.1.3.5 and 2.1.3.6 were amended to clarify qualifications and responsibilities of residency director, residency coordinator and assistant.

			interpreted as three years' experience (in departments where the coordinator or director does not have experience in the defined area of practice, an assistant who is an expert in the practice area should be engaged); c) have an active pharmacy practice in the defined area of practice of the residency; d) hold membership in the Canadian Society of Hospital Pharmacists; and e) have made contributions to advancing pharmacy practice in the defined area of practice 2.1.3.5 Either the program director or the residency coordinator shall be a recognized pharmacy leader in the defined area of practice. 2.1.3.6 The program director shall ensure that administrative responsibilities for the residency program are assigned and fulfilled, in the areas of (at a minimum): a-k	as three years' experience; **c)** have **expertise with** an active practice in the defined area of practice of the residency ***OR* must appoint an assistant (e.g. lead preceptor, co-coordinator, etc), who is an expert with an active practice in the defined area of practice of the residency and meets conditions listed in a,b above and d below.** d) hold membership in the Canadian Society of Hospital Pharmacists; **e)** have made contributions to advancing pharmacy practice in the defined area of practice ***OR* must appoint an assistant (e.g. lead preceptor, co-coordinator, etc), who has made contributions to advancing pharmacy practice in the defined area of practice and meets conditions listed in a,b,c,d above.** 2.1.3.5 **At least one of** either the program director, the residency coordinator, ***OR* the appointed residency assistant** shall be a recognized as a leader in the profession with an active practice in the defined area of practice. 2.1.3.6 The program director shall ensure that administrative responsibilities for the residency program are assigned and fulfilled **by whoever is the most qualified (between assistant vs. coordinator vs. director),** in the areas of (at a minimum): a-k.	

2.1.4.4d	2021	On or after July 1 2022	The primary preceptor shall develop specific goals and objectives for the resident, in consultation with the program director or coordinator. The residency director and the Year 2 RAC shall review rotation goals and objectives at least every two years.	The primary preceptor shall develop specific goals and objectives for the resident **and shall review them at least every 2 years,** in consultation with the program director and coordinator. The residency director, Year 2 RAC **and assistant (if applicable), shall approve** rotation goals and objectives at least every two years.	Amended to clarify responsibilities of primary preceptor vs. residency director and RAC.

2022 Updates

Year 1 Standards

Standard	Year of update	Programs will be accredited against these updates	2018 Original Wording	New Wording (changes in bold)	Why was the change made?
1.4	2022	On or after July 1, 2023	The CPRB also acknowledges that the health inequities experienced by Canada's Indigenous peoples require special consideration […] to promote curricular content that advances the process of reconciliation with Canada's First Nations, Métis, and Inuit peoples	The CPRB also acknowledges that the health inequities **experienced by Indigenous peoples living in Canada** require special consideration […] to promote curricular content that advances the process of reconciliation **with First Nations, Métis, and Inuit peoples living in Canada**	Corrected to remove possessive phrasing.

Year 2 Standards

Standard	Year of update	Programs will be accredited against these updates	2016 Original Wording	New Wording (changes in bold)	Why was the change made?
1.4	2022	On or after July 1, 2023	Absent	Addition of section 1.4 from the Year 1 standards, with the same changes as done in 2022, that is: The CPRB also acknowledges that the health inequities **experienced by Indigenous peoples living in Canada** require special consideration […] to promote curricular content that advances the process of reconciliation **with First Nations, Métis, and Inuit peoples living in Canada**	Corrected to remove possessive phrasing.

2023 Updates

Year 1 Standards

Standard	Year of update	Programs will be accredited against these updates	2018 Original Wording	New Wording (changes in bold)	Why was the change made?
2.1.1.1d	2023	On or after July 1, 2024	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.	The organization's accreditation status from the applicable credentialing body shall be available for review by the residency accreditation survey team.	A copy of the organization's accreditation certificate/status will be accepted as proof of accreditation. It will no longer be necessary to send a copy of the organization's accreditation report with the pre-survey documents.
2.1.5.8c	2023	On or after July 1, 2024	Engaging in collaborative learning to contribute to collective improvements in practice.	Engaging in collaborative learning to **continuously improve personal practice and contribute to collective improvements in practice.**	Wording modified for clarity.
2.2.2.6g	2023	On or after July 1, 2024	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)	2.2.2.6g 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 **shall** meet the requirements described in this Standard (i.e., Standard 2.2.2) **2.2.2.6h The program shall have a formal process to demonstrate that the training environment meets with program's policies, procedures and educational outcomes.** **Previous 2.2.2.6h and 2.2.2.6i will be re-numbered to 2.2.2.6i and 2.2.2.6j, respectively.**	Wording modification for clarity. In addition to meeting the requirements of this Standard, the program shall have a way of ensuring that the external training environment meets the educational requirements of the program and adheres to the program's applicable policies and procedures (e.g., preceptor onboarding, assessment processes/forms, etc.)
2.2.3.1a	2023	On or after July 1, 2024	Assess the resident's performance (formative and summative);	Assess the resident's performance (formative and summative) **including achievement of personal and program-specific goals and learning objectives;**	Wording modified for clarity.

2.2.3.4	2023	On or after July 1, 2024	The resident shall be assessed on development of competencies associated with the program.	The resident shall be assessed on development of competencies associated with the program. **This shall include documented evidence to support assessment of resident's performance.**	Documentation provides evidence that the resident has attained a competency.
2.2.3.7di	2023	On or after July 1, 2024	The assessments shall relate to the resident's progress in achieving goals and learning objectives.	The assessments shall relate to the resident's progress in achieving **personal, program and rotation-specific goals and learning objectives.**	Wording modified for clarity.

Year 2 Standards

Standard	Year of update	Programs will be accredited against these updates	2016 Original Wording	New Wording (changes in bold)	Why was the change made?
2.1.1.1d	2023	On or after July 1, 2024	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.	The organization's accreditation status from the applicable credentialing body shall be available for review by the residency accreditation survey team.	A copy of the organization's accreditation certificate/status will be accepted as proof of accreditation. It will no longer be necessary to send a copy of the organization's accreditation report with the pre-survey documents.
2.2.2.5g	2023	On or after July 1, 2024	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. Scheduling of experiences outside the defined area of practice shall not exceed 25% of a resident's total residency days.	**This standard will be divided into two components:** **2.2.2.5g** 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 **shall** meet the requirements described in this Standard. **2.2.2.5h The program shall have a formal process to demonstrate that the training environment meets with program's policies, procedures and educational outcomes.** **2.2.2.5i** Scheduling of experiences outside the	The original standard addresses two different aspects. As such, it was separated for clarity (2.2.2.5g and 2.2.2.5i). In addition to meeting the requirements of this Standard, the program shall have a way of ensuring that the external training environment meets the educational requirements of the program and adheres to the program's applicable policies and procedures (e.g., preceptor onboarding, assessment processes/forms, etc.)

				defined area of practice shall not exceed 25% of a resident's total residency days. **(2.2.2.5j** is the previous 2.2.2.5h)	
2.2.3.1a	2023	On or after July 1, 2024	An ongoing review process shall be in place to assess a) the resident's performance;	An ongoing review process shall be in place to assess a) the resident's performance, **including achievement of personal and program-specific goals and learning objectives**;	Wording modified for clarity.
2.2.3.3	2023	On or after July 1, 2024	The resident shall be assessed on development of competencies associated with the program.	The resident shall be assessed on development of competencies associated with the program. **This shall include documented evidence to support assessment of resident's performance.**	Documentation provides evidence that the resident has attained a competency.
2.2.3.6di	2023	On or after July 1, 2024	The assessment shall relate to the resident's progress in achieving goals and learning objectives.	The assessment shall relate to the resident's progress in achieving **personal, program and rotation-specific goals and learning objectives**.	Wording modified for clarity.

2024 Updates

Year 1 Standards

Standard	Year of update	Programs will be accredited against these updates	2023 Original Wording	New Wording (changes in bold)	Why was the change made?
2.1.2.7e	2024	On or after July 1, 2025	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).	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).	The word "all" was removed because it is an absolute term that would not allow pharmacist judgement/ flexibility in hospital policies in documenting significant patient care recommendations.
2.1.3.6j	2024	On or after July 1, 2025	2.1.3.6 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. j) The committee shall ensure appropriate remediation or probation for any resident who is experiencing difficulties achieving the appropriate level of competence.	2.1.3.6 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. j) The committee shall ensure appropriate remediation or probation for any resident who is experiencing difficulties achieving the appropriate level of competence. **At a minimum, the residency advisory committee shall approve the remediation or probation policy which defines the role of the residency advisory committee,**	It was unclear how programs would demonstrate compliance with this standard. Additional details were added for clarity.

				the program coordinator and the program director. The residency advisory committee shall also be informed of residents requiring remediation/ probation and their outcomes.	

Year 2 Standards

Standard	Year of update	Programs will be accredited against these updates	2023 Original Wording	New Wording (changes in bold)	Why was the change made?
2.1.2.7f	2024	On or after July 1, 2025	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, where applicable to the residency's defined area of practice (e.g., drug information or investigational drugs service).	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, where applicable to the residency's defined area of practice (e.g., drug information or investigational drugs service).	The word "all" was removed because it is an absolute term that would not allow pharmacist judgement/ flexibility in hospital policies in documenting significant patient care recommendations.
2.1.3.8i	2024	On or after July 1, 2025	2.1.3.8 An Advanced (Year 2) Pharmacy Residency Program Advisory Committee (Year 2 RAC) shall be in place to assist the residency program director and coordinator in the planning, organization, and supervision of the program. i) The committee shall organize appropriate remediation or probation for any resident who is	2.1.3.8 An Advanced (Year 2) Pharmacy Residency Program Advisory Committee (Year 2 RAC) shall be in place to assist the residency program director and coordinator in the planning, organization, and supervision of the program. i) The committee shall ~~organize~~ **ensure** appropriate remediation or probation for any resident who is	It was unclear how programs would demonstrate compliance with this standard. Additional details were added for clarity.

			experiencing difficulties meeting the appropriate level of competence.	experiencing difficulties meeting the appropriate level of competence. **At a minimum, RAC shall approve the remediation or probation policy which defines the role of RAC, the program coordinator and the program director. RAC shall also be informed of residents requiring remediation/ probation and their outcomes.**	

2025 Updates

Year 1 Standards

Standard	Year of update	Programs will be accredited against these updates	2024 Original Wording	New Wording (changes in bold)	Why was the change made?
1.5	2025	On or after July 1, 2026	N/A	**Special Note Regarding Planetary Health and Health Systems Sustainability:** **The Canadian Pharmacy Residency Board (CPRB) acknowledges the growing imperative that our health systems must be sustainable both in terms of resource utilization and in terms of environmental impact. Health systems are significant contributors to plastic and pharmaceutical waste and greenhouse gas emissions. There is ethical and moral responsibility for health providers to minimize these impacts through system change initiatives and everyday actions. The CPRB encourages residency programs to incorporate aspects of planetary health and sustainability into residency program curricula and activities.**	The addition of this special statement is to encourage residency programs to begin thinking about and innovating ways to incorporate planetary health and sustainability into their program curricula and activities.
2.2.4.4	2025	On or after July 1, 2026	Accredited programs should grant the ACPR (Accredited Canadian Pharmacy Resident) designation to residents who successfully complete the residency program.	Accredited programs **shall** grant the ACPR (Accredited Canadian Pharmacy Resident) designation to residents who successfully complete the residency program.	Wording modified for clarity and to ensure accredited programs understand they must grant, and residents may use the ACPR designation once the resident has successfully completed the requirements of the residency program as defined by the program.

3.5.3	2025	On or after July 1, 2026	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: a) direct instruction; b) modelling; c) coaching; d) facilitation.	The resident shall demonstrate **skill** in **all** four roles[1] used in practice-based teaching in a variety of settings. **At least one of b, c or d shall be demonstrated in a patient-care setting:** a) Direct instruction **when learners need background or foundational content** b) Modelling, **including "thinking out loud," so learners can "observe" critical thinking skills** c) Coaching **including effective use of verbal guidance, feedback, and questioning, as needed** d) **Facilitating* a learning experience by allowing learner independence. This can involve indirect monitoring of performance.** ***Facilitating includes recognizing when a learner is ready to perform a particular task(s) and/or skill(s) independently.** **Examples:** **1. In a patient care setting, the learner has been previously observed counselling a patient on a specific medication and is able to perform this task satisfactorily with no or minor corrective feedback needed. As such, the learner can perform this task independently, while the resident**	A more detailed description of the four roles was incorporated to assist programs with interpretation of the standard and to provide context regarding how programs could demonstrate this standard.

				facilitates this learning experience by being available if needed and debriefing with the learner afterwards. **2. In a small group learning experience, the resident demonstrates facilitating by allowing the group to work independently and assisting their growth by asking questions and guiding their thinking.** [1] Adapted from ASHP PGY1 and PGY2 Competency Areas (Effective July 1, 2023)	

Year 2 Standards

Standard	Year of update	Programs will be accredited against these updates	2024 Original Wording	New Wording (changes in bold)	Why was the change made?
1.5	2025	On or after July 1, 2026	N/A	**Special Note Regarding Planetary Health and Health Systems Sustainability:** **The Canadian Pharmacy Residency Board (CPRB) acknowledges the growing imperative that our health systems must be sustainable both in terms of resource utilization and in terms of environmental impact. Health systems are significant contributors to plastic and pharmaceutical waste and greenhouse gas emissions. There is ethical and moral responsibility for health**	The addition of this special statement is to encourage residency programs to begin thinking about and innovating ways to incorporate planetary health and sustainability into their program curricula and activities.

				providers to minimize these impacts through system change initiatives and everyday actions. The CPRB encourages residency programs to incorporate aspects of planetary health and sustainability into residency program curricula and activities.	
2.2.4.4	2025	On or after July 1, 2026	Accredited programs should grant the ACPR2 (Accredited Canadian Pharmacy Resident – Year 2) designation to residents who successfully complete the residency program.	Accredited programs **shall** grant the ACPR2 (Accredited Canadian Pharmacy Resident – Year 2) designation to residents who successfully complete the residency program.	Wording modified for clarity and to ensure accredited programs understand they must grant, and residents may use the ACPR2 designation once the resident has successfully completed the requirements of the residency program as defined by the program.
3.4.2	2025	On or after July 1, 2026	The resident shall enable the learning of students, other pharmacy residents, other healthcare professionals (including students of those professions), the public, and other stakeholders: a) Promote a safe learning environment for the learner. b) Ensure that patient safety is maintained when learners are involved. c) Collaboratively identify the learning needs of others and prioritize their learning outcomes. d) Create an effective learning/teaching plan that enables successful delivery and completion by the learner in the available timeframe (by selecting the instructional format and instructional media, organizing/	The resident shall enable the learning of students, other pharmacy residents, other healthcare professionals (including students of those professions), the public, and other stakeholders: a) Promote a safe learning environment for the learner. b) Ensure that patient safety is maintained when learners are involved. c) Collaboratively identify the learning needs of others and prioritize their learning outcomes. d) Create an effective learning/teaching plan that enables successful delivery and completion by the learner in the available timeframe (by selecting the instructional format and instructional media, organizing/ sequencing the	A more detailed description of the four roles was incorporated to assist programs with interpretation of the standard and to provide context regarding how programs could demonstrate this standard.

			sequencing the instructional content, defining learning goals and objectives, and creating an assessment plan that aligns with the learning goals and objectives). e) Demonstrate the effective selection of an appropriate teaching role (e.g., direct instruction, coaching, facilitation, role modeling) and f) Demonstrate effective feedback and assessment	instructional content, defining learning goals and objectives, and creating an assessment plan that aligns with the learning goals and objectives). e) **Select the appropriate teaching role[1] that meets their learner's educational needs:** i. **Direct instruction when learners need background or foundational content** ii. **Modelling when learners have sufficient background knowledge to understand the skill being modeled.** iii. **Coaching when learners are prepared to perform a skill under supervision** iv. **Facilitating when learners have performed a skill satisfactorily under supervision** f) Demonstrate effective skill **within the selected role:** **i. Direct instruction when learners need background or foundational content** **ii. Modelling, including "thinking out loud," so learners can "observe" critical thinking skills** **iii. Coaching, including effective use of verbal guidance, feedback, and**	

				questioning, as needed **iv. Facilitating* a learning experience by allowing learner independence. This can involve indirect monitoring of performance.** ***Facilitating includes recognizing when a learner is ready to perform a particular task(s) and/or skill(s) independently.** **Examples:** **1. In a patient care setting, the learner has been previously observed counselling a patient on a specific medication and is able to perform this task satisfactorily with no or minor corrective feedback needed. As such, the learner can perform this task independently, while the resident facilitates this learning experience by being available if needed and debriefing with the learner afterwards.** **2. In a small group learning experience, the resident demonstrates facilitating by allowing the group to work independently and assisting their growth by asking questions and guiding their thinking.**	

				g) Demonstrate effective feedback and assessment [1] Adapted from ASHP PGY1 and PGY2 Competency Areas (Effective July 1, 2023)	

2026 Updates

Year 1 Standards

Standard	Year of update	Programs will be accredited against these updates	2025 Original Wording	New Wording (changes in bold)	Why was the change made?
1.3	2026	On or after July 1, 2027	Assessment • The estimation of the nature, quality, or ability of a person or thing, typically in an ongoing and process-oriented fashion, with a focus on identifying areas for improvement; for example, assessment would typically be used to describe a pharmacy resident's performance during a rotation as a component of a longitudinal process	Assessment • The estimation of the nature, quality, or ability of a person or thing, typically in an ongoing and process-oriented fashion, with a focus on identifying areas for improvement; for example, assessment would typically be used to describe a pharmacy resident's performance during a rotation as a component of a longitudinal process. • **CPRB recognizes that in French "assessment" and "evaluation" are interchangeable using the term "évaluation".**	The addition to the definition of "assessment" was to recognize that "assessment" and "evaluation" are interchangeable in French.
			Organization • The corporate entity that operates the residency program (e.g., hospital, community pharmacy, family health team, health authority or region)	Organization • The corporate entity that operates the residency program (e.g., hospital, community pharmacy, family health team, health authority or region, **faculty of pharmacy).**	The change made to the definition of "Organization" was to recognize the different entities in which a residency program operates.
			Primary preceptor • The individual who is responsible for develo ping learning goals and objectives aligned with the residency program's intended outcomes and who ensures that the resident is supervised in all aspects of the rotation and associated learning activities.	**Preceptor** • **A qualified individual who provides supervision during rotations and facilitates the application of theory to practice for residents.** • **CPRB recognizes that in French "chargés d'enseignement clinique", "cliniciens**	The definition of "Primary preceptor" was replaced with the definition of "Preceptor" and is to recognize the different terms used to designate preceptor. The responsibilities of the primary preceptor are included in Standard 2.1.4.

				associés" are applicable.	
			Program coordinator • The individual accountable for planning, organizing, and executing tasks to ensure effective management of the residency program	Program coordinator ***** ***** The terms "coordinator", "department", "organization", "pharmacist", "preceptor", and "resident", where expressed in singular, shall also be read as plural.	The addition of the "*" to the definition of "Program Coordinator" is to draw attention to the note under the definitions table that there can be more than one person who is responsible for the coordination of activities at one or multiple sites.
			Program director • The individual who is accountable for the strategic planning and oversight of the residency program	Program director ***** ***** The terms "coordinator", "department", "organization", "pharmacist", "preceptor", "resident", and "director" where expressed in singular, shall also be read as plural.	The addition of the "*" to the definition of "Program director" is to draw attention to the note under the definitions table that this role can be filled by one or more individuals.
			N/A	**Residency Certificate** • **An official document issued to a resident who has successfully completed the residency program.**	The addition of a definition of "Residency Certificate" is to be inclusive of different types of official documents that are issued to residents upon completion of their programs.
2.1.1.4	2026	On or after July 1, 2027	The organization shall adhere to CPRB Accreditation Policies and Procedures, including adherence to the rules of the Pharmacy Residency Application and Matching Service (PRAMS).	The organization shall adhere to CPRB Accreditation Policies and Procedures, including adherence to the rules of the Pharmacy Residency Application and Matching Service (PRAMS). **University administered programs are permitted to follow their own established admission processes.**	This addition has been made to be inclusive of university administered programs.
2.1.3.1	2026	On or after July 1, 2027	The residency program shall be administered and directed by a professionally competent person (the program director) who is:	The residency program shall be administered and directed by a professionally competent person (the program director) who is: a) recognized by the	This change has been made to more inclusive as this person may not necessarily be a member of a

			a) recognized by the organization as a member of the administrative team that is responsible for leading and man aging the department; b) administratively responsible and fully accountable for the residency program, including compliance with CPRB Accreditation Standards and program policies and procedures.	organization as a member of the administrative team that is responsible for leading and managing the department **who has formal leadership responsibilities and accountability within the organization**; b) **who is** administratively responsible and fully accountable for the residency program, including compliance with CPRB Accreditation Standards and program policies and procedures.	pharmacy department.
2.1.3.6c	2026	On or after July 1, 2027	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. c) The committee should include a representative from each participating site (facility or department) and each major component of the program.	A residency advisory commi ttee shall be in place to provide general oversight of and guidance o n the design and operation of the program, with the following characteristics. c) The committee should include a representative from each **site or groups of sites** (facility or department) **that host residents on a regular basis**.	This addition was made to accommodate situations where there are multiple coordinators per site and to allow for one representative from each site or group of sites who is responsible for obtaining comments from the other site coordinators and communication information.
2.2.2.2	2026	On or after July 1, 2027	Rotations shall be selected to enable residents to meet all required educational outcomes of an accredited pharmacy residency. 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	Rotations **and other educational experiences** shall be selected to enable residents to meet all required educational outcomes of an accredited pharmacy residency. a) Learning goals and objectives shall b e assigned to each rotation. b) The program coordinator and/or preceptor of each rotation shall write a	This addition was made to reflect that other educational experiences (e.g. university courses) contribute to the educational outcomes.

			(outline) of each learning experience.	detailed description (outline) of each learning experience.	
2.2.2.6g	2026	On or after July 1, 2027	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. 6. In planning (scheduling) the program syllabus, an individualized plan shall be developed for each resident at the commencement of that resident's program. 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 shall meet the requirements described in this Standard (i.e., Standard 2.2.2).	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. 6. In planning (scheduling) the program syllabus, an individualized plan shall be developed for each resident at the commencement of that resident's program. 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 **external** rotation shall meet the requirements described in this Standard (i.e., Standard 2.2.2).	This addition was made to reflect expectations for assessing external rotations.
2.2.3	2026	On or after July 1, 2027	The pharmacy department shall operate the program in a manner that reflects the principles of continuous quality improvement.	The **program shall be run** in a manner that reflects the principles of continuous quality improvement.	This change was made to be more inclusive to programs where it may not be a pharmacy department that is responsible for continuous quality improvement.
2.2.3.7d.ii	2026	On or after July 1, 2027	With respect to the assessment process for residents, the program shall ensure that the following conditions are met: d) The resident's achievements shall be regularly	With respect to the assessment process for residents, the program shall ensure that the following conditions are met: d) The resident's achievements shall be regularly assessed in terms of the program	This addition was made to the requirement to ensure programs have a clearly defined explanation of what constitutes successful completion of a rotation.

			assessed in terms of the program and the learning goals and objectives of the rotation. i. The assessments shall relate to the resident's progress in achieving personal, program and rotation-specific 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 1 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	and the learning goals and objectives of the rotation. i. The assessments shall relate to the resident's progress in achieving personal, program and rotation-specific goals and learning objectives. ii. **Clear criteria shall exist to define successful completion of a rotation.** iii. Subjective criteria such as personality traits should be considered only in relation to their effect on achieving goals and objectives. iv. A midpoint assessment should be completed for each rotation. v. 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 1 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	

			input from the preceptors. v. A written record of the final assessment for 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.	preceptors. vi. A written record of the final assessment for 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.	

Year 2 Standards

Standard	Year of update	Programs will be accredited against these updates	2025 Original Wording	New Wording (changes in bold)	Why was the change made?
1.3	2026	On or after July 1, 2027	Organization • The corporate entity that owns and operates the residency program (e.g., hospital, community pharmacy, family health team, health authority or region) Primary preceptor • A qualified individual who is responsible for developing learning goals and objectives aligned with the residency program's intended outcomes and who ensures that a resident is supervised in all aspects of the	Organization • The corporate entity that owns and operates the residency program (e.g., hospital, community pharmacy, family health team, health authority or region) **Preceptor** • **A qualified individual who provides supervision during rotations and fa cilitates the application of theory to practice for residents.** • **CPRB recognizes that in French "chargés d'enseignement clinique", "cliniciens associés" are**	The changes made to the definition of "Organization" was to recognize the different entities in which a residency program operates. The definition of "Primary preceptor" was replaced with the definition of "Preceptor" and is to recognize the different terms used to designate preceptors. The responsibilities of the primary preceptor will be added to Standard 2.1.4.

			rotation and associated learning activities.	**applicable.**	
			Coordinator The individual accountable for planning, organizing, and executing tasks to ensure effective management of the residency program.	Program coordinator ***** ***** The terms "coordinator", "department", "organization", "pharmacist", "preceptor", and "resident", where expressed in singular, shall also be read as plural.	The addition of the "*" to the definition of "Program Coordinator" is to draw attention to the note under the definitions table that there can be more than one person who are responsible for the coordination of activities at one or multiple sites.
			Program director The individual who is accountable for the strategic planning and oversight of the residency program.	Program director ***** ***** The terms "coordinator", "department", "organization", "pharmacist", "preceptor", "resident", and "director" where expressed in singular, shall also be read as plural.	The addition of the "*" to the definition of "Program director" is to draw attention to the note under the definitions table that this role can be filled by one or more individuals.
			N/A	**Residency Certificate** • **An official document issued to a resident who has successfully completed the residency program.**	The addition of a definition of "Residency Certificate" is to be inclusive of different types of official documents that are issued to residents upon completion of their programs.
2.1.3.1	2026	On or after July 1, 2027	The residency program shall be administered and directed by a professionally competent healthcare professional (hereafter referred to as the "program director") who is administratively responsible and fully accountable for the residency program, including compliance with these Accreditation Standards and with Accreditation Policies and Procedures.	The residency program shall be administered and directed by a professionally competent healthcare professional (hereafter referred to as the "program director") **who has formal leadership responsibilities and accountability within the organization, and** who is administratively responsible and fully accountable for the residency program, including compliance with these Accreditation Standards and with Accreditation Policies and Procedures.	This change has been made to more inclusive as this person may not necessarily be a member of a pharmacy department.

2.1.3.8c	2026	On or after July 1, 2027	An Advanced (Year 2) Pharmacy Residency Program Advisory Committee (Year 2 RAC) shall be in place to assist the residency program director and coordinator in the planning, organization, and supervision of the program. c) The committee should include a representative from each participating site (facility or department) and each major component of the program.	An Advanced (Year 2) Pharmacy Residency Program Advisory Committee (Year 2 RAC) shall be in place to assist the residency program director and coordinator in the planning, organization, and supervision of the program. c) The committee should include a representative from each participating site **or groups of sites** (facility or department) and each major component of the program.	This addition was made to accommodate situations where there are multiple coordinators per site and to allow for one representative from each site or group of sites who is responsible for obtaining comments from the other site coordinators and communication information.
2.2.2.2	2026	On or after July 1, 2027	Rotations shall be selected to enable residents to meet all required educational outcomes of an accredited advanced (year 2) pharmacy residency and to cover the scope of the defined area of practice. a) Learning goals and objectives shall be assigned to each rotation. b) The residency program director and/or preceptor of each rotation shall write a detailed description (outline) of each experience.	Rotations **and other educational experiences** shall be selected to enable residents to meet all required educational outcomes of an accredited advanced (year 2) pharmacy residency and to cover the scope of the defined area of practice. a) Learning goals and objectives shall be assigned to each rotation. b) The residency program director and/or preceptor of each rotation shall write a detailed description (outline) of each experience.	This addition was made to reflect that other educational experiences (e.g. university courses) contribute to the educational outcomes.
2.2.2.5g	2026	On or after July 1, 2027	In planning (scheduling) the program syllabus, an individualized plan shall be developed for each resident at the commencement of the resident's program. g) Scheduling of experiences need not be limited to the systems and services of the organization that operates the residency program;	In planning (scheduling) the program syllabus, an individualized plan shall be developed for each resident at the commencement of the resident's program. 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	This addition was made to reflect expectations for assessing external rotations.

			however, the training environment of each external rotation shall meet the requirements described in this Standard.	**external** rotation shall meet the requirements described in this Standard.	
2.2.3	2026	On or after July 1, 2027	The pharmacy department shall conduct the program in a manner that reflects the principles of continuous quality improvement.	The **program shall be run** in a manner that reflects the principles of continuous quality improvement.	This change was made to be more inclusive to programs where it may not be a pharmacy department that is responsible for continuous quality improvement.
2.2.3.6d.ii	2026	On or after July 1, 2027	With respect to the assessment process for residents, the program shall ensure that the following conditions are met: d) The resident's achievements shall be regularly assessed in terms of the program and the learning goals and objectives of the rotation. i. The assessment shall relate to the resident's progress in achieving personal, program and rotation-specific 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 written final assessment shall be completed for each rotation. The final assessment shall be	With respect to the assessment process for residents, the program shall ensure that the following conditions are met: d) The resident's achievements shall be regularly assessed in terms of the program and the learning goals and objectives of the rotation. i. The assessment shall relate to the resident's progress in achieving personal, program and rotation-specific goals and learning objectives. ii. **Clear criteria shall exist to define successful completion of a rotation** iii. Subjective criteria such as personality traits should be considered only in relation to their effect on achieving goals and objectives. iv. A written final assessment shall be completed for each rotation. The final assessment shall	This addition was made to the requirement to ensure programs have a clearly defined explanation of what constitutes successful completion of a rotation.

			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 coordinator, with input from the preceptors. iv. 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 reviewed with the resident and signed by the preceptor, the resident, and the program director and/or coordinator.	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 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 reviewed with the resident and signed by the preceptor, the resident, and the program director and/or coordinator.	

[i] (May 2018 version)
[ii] (May 2016 version)