



May 10, 2021

CPRB Guiding Principles for Residency Programs in the Era of COVID Pandemic Planning

Previously, the Canadian Pharmacy Residency Board created guiding principles for residency training, which were specified to apply to the 2019-2020 residency year. Unfortunately, the pandemic effects have continued beyond this time which prompted another review of the original principles and consideration to extend these for the 2020-21 residency year.

CPRB, once again, wants to commend you all on your dedication to your residents, residency programs, pharmacy services, and patients.

CPRB recognizes that the pandemic has significantly impacted organizations across the country, and in turn impacted residency programs. Our role is to set residency standards and ensure that educational outcomes are met. CPRB maintains that all education outcomes (as defined in the Standards) are still mandatory as the overall guiding principle of this document. However, CPRB recognizes that programs need to be flexible in how these outcomes are achieved and thus consider a different approach to achieving these outcomes.

Resident Continuation in Program and Redeployment

1. Depending on the situation in each organization, programs can decide to continue their program as is, rearrange rotations, or pause the residency year and resume it later. In situations such as the current pandemic, we have defined no stipulations regarding the duration of the pause in a current full-time program.
 - a. A pause (i.e., defined as a hard stop to a residency program – residents no longer perform any residency activities) in the program may require an extension of the residency year to allow adequate time for attainment of all educational outcomes (see #3 below).
2. If the residency program is paused and there are casual shifts available, the resident may choose to support the workplace needs. These activities can be conducted without assessment but cannot count as part of the residency year. Please note if the program is not paused, any activities completed by the resident under the umbrella of the residency program require goals/ learning objectives, formal assessments, and documentation by a designated preceptor as outlined in the standards.
3. To determine the best course of action for each resident, an inventory of each resident's performance relative to the endpoint educational outcomes is necessary and shall be documented for each resident. It is recognized that some residents may have already achieved the required competencies before schedule end of their program. For the 2019-20 and 2020-21 year, programs may consider reducing the length of the residency year if the resident has met all the educational outcomes and documentation is retained. For residents who are experiencing performance difficulties or are in remediation, shortening of the overall residency time may not be feasible.
4. The specific criteria that programs must meet are governed by the standards and are identified with the verb "shall". Scheduling of residents is acceptable provided that the activities are in keeping with the objectives of the residency program. Programs have the flexibility to determine the activities needed to meet the program

requirements. Please see below for examples of situations that may or may not warrant redeployment as part of the residency program:

Residents who are nearing the end of their program and are progressing at/beyond the expected level of performance may be at a place where they are able to practice independently. For these residents,

- a. deploying them to practice as a clinical pharmacist under the preceptorship of a qualified preceptor is likely acceptable (in the form of a capstone or consolidation type rotation). If this is done, the residency program must ensure that normal rotation structures are in place including goals and objectives documents, regular assessment including a final written assessment, etc. The residents' longitudinal assessment should assist in determining readiness for redeployment.
- b. Residents who are experiencing difficulty, struggling clinically, behind the expected level of performance or those who are not yet at a place of practicing independently should not be redeployed as a clinical pharmacist. They should not be redeployed into a distribution role to count toward their residency completion at this point if they have already achieved those educational outcomes.
- c. For residents who are in difficulty or struggling, the most appropriate action may be to pause the residency and resume it once the resources are available to support the residents' development.

Residency Projects

1. Given that several hospital REB's have mandated changes to non-essential research, modifications to residency projects may need to be considered. For the 2019-20 and 2020-21 years, depending on how far the resident has completed their project, midway modifications can be made to the project, including revising the intention/ outcomes of the project, completing the project write-up without outcome data or limiting data analysis. In addition, for these years, programs will not be bound by the 90-day deadline for the written manuscript submission, allowing completion of the residency projects later. Regardless of the residency project adaptations, the resident must achieve all the requirements of the educational outcome focused around project management (Year 1) or research skills (Year 2). Any change to the original project must be documented for each resident (see #3).
2. CPRB identifies that this year's project completion dates may vary across the country. Programs are to identify if their current project deadline is feasible. If not, a completion date that works for their current situation is to be identified with the knowledge this date may change if the program is on pause or the program is impacted by other factors or continuation of the pandemic. Projects are to be completed at the programs' earliest convenience. Project outcomes/endpoints may be modified while ensuring the residency standards are still met.

Start Dates for Upcoming Year

Start dates for the upcoming residency year vary across the country and programs may decide to delay the start of their upcoming year. If a program decides to delay the start, the residency year duration for the incoming residents is to remain a minimum of 52 weeks.

Given that COVID-19 has impacted each organization and residency program differently, we ask that each program takes the lead to communicate with current and incoming residents of any changes to your current or

upcoming residency years. To facilitate communication among programs, program directors and coordinators are encouraged to use the residency program PSN. If you have not received an invite to this PSN, please contact [Desarae Davidson](#). Please note that posts and comments from the members of this PSN are not endorsed or evaluated for accuracy by the Canadian Pharmacy Residency Board.

Canadian Pharmacy Residency Board