Canadian Pharmacy Residency Board



Annual Updates to Accreditation Standards for Year 1 Pharmacy Residencies¹ and Advanced (Year 2) Pharmacy Residencies

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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.)

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 interpreted as three	 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, where equivalent experience; experience; 	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.

			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.	c) have expertise with an active practice in the defined area of practice of the residency <i>OR</i> 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 <i>OR</i> 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.	
			2.1.3.6 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	2.1.3.5 At least one of either the program director, the residency coordinator, <i>OR</i> 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	The primary preceptor shall develop specific goals and	Amended to clarify responsibilities of primary

objectives for the resident,	objectives for the resident	preceptor vs. residency
in consultation with the	and shall review them at	director and RAC.
program director or	least every 2 years, in	
coordinator. The residency	consultation with the program	
director and the Year 2	director and coordinator. The	
RAC shall review rotation	residency director, Year 2	
goals and objectives at	RAC and assistant (if	
least every two years.	applicable), shall approve	
	rotation goals and objectives	
	at least every two years.	

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.

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.

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 renumbered 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.

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 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)	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.)
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,	The resident shall be	The resident shall be	Documentation provides
		2024	assessed on development	assessed on development	evidence that the resident has
			of competencies associated	of competencies associated	attained a competency.
			with the program.	with the program. This	, ,
				shall include documented	
				evidence to support	
				assessment of resident's	
				performance.	
2.2.3.6di	2023	On or after July 1,	The assessment shall relate	The assessment shall relate	Wording modified for clarity.
		2024	to the resident's progress in	to the resident's progress in	
			achieving goals and	achieving personal,	
			learning objectives.	program and rotation-	
				specific goals and	
				learning objectives.	

Standard	Year of update	Programs will be accredited against these updates	2023 Original Wording	New Wording (changes in bold)	Why was the change made?
3.5.3	2024	On or after July 1, 2025	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 the four roles* used in practice-based teaching in a variety of settings which shall include patient-care settings: a) direct instruction when learners need background content; b) models skills, including "thinking out loud," so learners can "observe" criticalthinking skills; c) coaches, including effective use of verbal guidance, feedback, and questioning, as needed; d) facilitates by allowing learner independence and using indirect monitoring of performance	Comment from program it is difficult to find facilitation opportunities for year 1 residents. Programs consistently fall short of this standard (particularly with practice-based facilitation). It is unclear to surveyors if programs really understand what this standard means. Change was made to provide clarity about what this standard means

Standard	Year of update	Programs will be accredited against these updates	2023 Original Wording	New Wording (changes in bold)	Why was the change made?
3.4.2	2024	On or after July 1, 2025	The resident shall facilitate the learning of students, other pharmacy residents, other healthcare professionals (including students of those professions), the public, and other stakeholders; e) Demonstrate effective selection of an appropriate teaching role (e.g. direct instruction, coaching, facilitation, role modelling) and demonstrate effective teaching within that role. f) Demonstrate effective feedback and assessment.	The resident shall enable the learning of students, other pharmacy residents, other healthcare professionals (Including students of those professions), the public, and other stakeholders; e) accurately assess the learner's skill level to select the appropriate teaching role that meets their educational needs: i. direct instruction when learners need background content ii. modeling 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 and f demonstrate effective teaching within the selected role: i. direct instruction when learners need background content ii. model skills, including "thinking out loud," so learners can	Programs consistently fall short of this standard (particularly with practice-based facilitation). It is unclear to surveyors if programs really understand what this standard means. Change was made to provide clarity about what this standard means

	"observe" critical- thinking skills iii. coaches, including effective use of verbal guidance, feedback, and questioning, as needed i) facilitates by allowing learner independence and using indirect monitoring of performance g Demonstrate effective feedback and assessment
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i (May 2018 version) ii (May 2016 version)