

# Canadian Pharmacy Residency Board Advanced (Year 2) Pharmacy Residencies

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EDUCATION SESSION

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# Acknowledgements

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# Goals and Objectives

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By the end of the presentation, attendees will have an improved understanding of the Advanced (Year 2) Pharmacy Residency Accreditation Standards including:

1. operational and administrative considerations that are important for the successful development of accredited advanced residency programs, and
2. the anticipated development in designated competencies across this expanded continuum of learning

# Outline

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- Review the factors leading to the creation of the Advanced Pharmacy Residency Standards, the role of the standards and the expected program goals
- Discuss the expected organization of advanced residencies including the requirements for Preceptors, Coordinator(s), the Director and the resident.
- Overview the competencies

# Why Create Year 2 Standards?

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## Need

- Transition with advance practice outcomes
  - Further enhancement of clinical competencies leading to greater “clinical maturity”
  - Seen as a source of practice leadership: clinical faculty, practitioners for ‘advanced’ clinical roles, clinical leadership roles

## Demand

- Requested for over 10 years.
- Increased number of pharmacy graduates within Canada

# Role of Standards

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Canadian Pharmacy Residency Board (CPRB) creates residency standards to:

- Outline the basic criteria that need to be met in order to achieve program accreditation
- Support each program in meeting societal expectations regarding
  - The quality of the program
  - The quality of the graduate

# Quality of the Program

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Application of Standards ensure that...

- Qualified individuals are administering the program
- Qualified individuals are delivering the program
- Educational approach is consistent with the desired educational outcomes and evaluation methodology
- Accountabilities within programs are aligned and assigned
- Environment supports the residency program
- Quality improvement is embedded in the program

# Quality of the Graduate

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Application of Standards ensures achievement in predefined education competencies

- Ability to provide direct patient care as a member of an interprofessional team
- Ability to manage and improve medication use systems
- Ability to exercise leadership
- Ability to provide medication and practice related education
- Demonstration of Research Skills



# Advanced (Year 2) Pharmacy Residency Definition

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- Organized, directed, accredited program that builds on competencies of an accredited second professional degree or a pharmacy residency;
- Focuses on direct patient care, teaching and research. The APR increases the pharmacist's knowledge, skills, attitudes and competencies to allow for the interprofessional management of complex patient cases at a level beyond what is expected of a year 1 resident;
- Focuses on a defined area of practice;
- Develops interprofessional and leadership skills that can be applied to any position in any practice setting.

# Advanced Residency Standards Reinforce the Continuum of Learning

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Incorporate contemporary educational outcomes

- AFPC outcomes (CanMEDS 2015)
  - Care Provider (Medical Expert)
  - Communicator
  - Collaborator
  - Manager (Leader)
  - Advocate (Health Advocate)
  - Scholar
  - Professional
- Allows for a standard nomenclature and framework which can support interprofessional education and alignment of training

# Purpose of Advanced (Year 2) Pharmacy Residencies

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- Refine, through experiences in a defined area of practice under the guidance of expert practitioners, selected competencies that were gained during study in an accredited 2nd professional pharmacy degree program or a pharmacy residency program;
- Enhance inter- and intra-professional care to a level that will serve as a model for others;
- Develop and demonstrate leadership, change management, and demonstrate research skills that will enable graduates to improve medication use for individual patients and groups of patients;
- Educate others.

# Defined Area of Practice

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## Specific patient population

- Pediatrics, geriatrics, obstetrics, etc

## Specific system diseases

- Cardiology, oncology, infectious diseases, etc

## Specific type of practice environment

- Primary/ambulatory care, drug information, pharmacogenomics, etc

# Administrative Organization

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## Requirements:

- Changed language to make the standards applicable to more environments
- If there is a medication distribution system in place it needs to meet all standards and be safe and effective required only if applicable to the area of practice
- “The Organization” can refer to a hospital, community pharmacy, family health team, health authority, regional authority
- Multiple organizations can work together to deliver the residency

# Administrative Organization

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## Requirements:

- Organizations must be able to meet applicable standards and have the available resources for a residency program
  - Be accredited by Accreditation Canada or CCAPP
  - Appropriate patient population (defined area of practice) and workspace for the resident to work with
  - Clinical expertise in the defined area of practice

# Program Director

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- Expected to be a leader in the profession
  - Either the director or the coordinator need to be a recognized leader in the defined area of practice
- Shall ensure that
  - The administrative responsibilities are assigned
  - Coordination of the program is assigned
  - Preceptor responsibilities are assigned
  - There is an environment of inquiry and scholarship

# Program Coordinator

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- Expected to be recognized by peers as a leader in the profession
  - Active practice in the area
  - Advanced training
  - Contributions to area of practice
- Could work with an administrative partner



## PROGRAM DIRECTOR

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Leader in the profession;

Administrative experience  $\geq 2$  years;

Ability to supervise, teach and mentor residents;

Active membership in a professional society;

Sustained contribution to advancing practice.

## RESIDENCY COORDINATOR

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Leader in the pharmacy profession; and

Completed accredited pharmacy residency OR advanced pharmacy practice training OR received certification in the defined area of practice OR equivalent experience; and

Active pharmacy practice in the defined area of practice; and

Active member CSHP; and

Contributed to advancing pharmacy practice in the defined area of practice.

# The Residency Advisory Committee (RAC)

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- As with existing programs Advanced Residency program are expected to have a RAC
- Must include
  - Preceptors, resident(s) and internal and external stakeholders and advisors
  - If a program covers multiple sites representatives from each site should be included

# The Residency Advisory Committee (RAC)

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- Existing RAC infrastructure may be leveraged
  - “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”

# The Residency Advisory Committee (RAC)

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- Conditions apply
  - “avoids competition for learning resources and between advanced practice (Year 2) residents and pharmacy residents, pharmacy students and, other health professional trainees”

# Primary Preceptor

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- May be a pharmacist who shall have...
  - Completed an accredited advanced (year 2) pharmacy residency (CPRB or ASHP Commission on Credentialing) OR
  - a post-graduate clinical pharmacy degree (Pharm.D. degree as a second professional degree or MSc in advanced pharmacotherapy) OR
  - have received certification (when certification is available from a recognized organization) in the defined area of practice OR
  - have sufficient practice experience in the defined area of practice to have contributed to the defined area of practice.
- May be a non-pharmacist

# Primary Preceptor

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- May be another HCP who shall have...
  - Maintained an active practice in the defined area of practice, and have completed post-graduate training at an advanced practice or specialist level as defined for that profession OR
  - have received certification (when certification is available from a recognized organization) in the defined area of practice OR
  - have sufficient practice experience in the defined area of practice to have contributed to the defined area of practice.

# Primary Preceptor

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Regardless of background, the primary preceptor...

- Will have contributed to the defined area of practice
- Will be designated for every rotation and precept more than 50% of the training days
- Can be supported by a secondary preceptor as long as they apprise of objectives, resident progress to date and assessment expectations

# Evidence of Contributions to the Defined Area of Practice

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At least two of...

- Peer-reviewed publications
- Fundamental, clinical, or pharmacy practice research
- Presentations at scientific meetings
- Preparation and delivery of continuing professional development programs
- Development of innovative services or programs
- Teaching of undergraduate and/or graduate students
- Appointments to committees, boards, and/or working groups related to health and academic services
- Active participation in professional organizations
- Service as a reviewer or editor for a peer-reviewed publication



# Residents

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To qualify the resident shall have...

- successfully completed a advanced clinical pharmacy degree (Doctor of Pharmacy as a second professional degree or an MSc in advanced pharmacotherapy) OR
- an accredited pharmacy residency (CPRB; ASHP Commission on Credentialing)

The resident will demonstrate a desire to become an expert and leader in the residency's defined area of practice.

# The Program

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Parallels the organization and structure of the Year 1 residency program standards

- Minimum 52 week training program
  - Maximum allowable timeframe 24 months (includes leave/vacation)
  - Leave/vacation: maximum 15 days
- PLAR to assess prior learning
- Individualized plan
- Formal orientation to the program
- Standardized evaluation process
- Criteria for completion

# Educational Approach

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## Requirements

- Learning goals and objectives address content from a list of topics (e.g. diseases, conditions, client groups, service issues, etc.) in the defined area of practice;
- Learning experiences (rotations) shall be selected to cover the scope of the defined area of practice;
- Residents shall provide service with a team for an extended duration or on a recurring basis with a frequency that supports development of interprofessional collaborative practice skills to the highest level.

# Assessment and Evaluation

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Evaluation tools: competency- and criteria-based

Competency	Evaluation
Clinical skills	Direct observation
Attitudes and professionalism	Interviews with peers, supervisors, healthcare professionals, patients, families, etc.
Communication	Direct observation, review of written communication (e.g., consultation notes)
Inter- and intra-professional collaboration	Direct observation
Teaching	Direct observation of multiple educational formats (e.g., seminars, lectures, case presentations)
Individualization of patient care	Direct observation

# CPRB Accreditation

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Any interested program would...

- Adhere to CPRB Accreditation Policies and Procedures and RMS (matching service) Procedures
- Indicate their desire to be accredited
- Participate in an on-site survey

Accredited programs should grant the Accredited Canadian Pharmacy Resident-Advanced Year 2 (ACPR2)

Work under way to determine:

- The accreditation fees
- If the survey would be separate from any existing programs or be aligned with the survey for any existing surveys

# Competency Development

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# Provide Patient Care as a Member of Interprofessional Teams

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## Standard

- The resident shall demonstrate **expertise** in providing evidence-based pharmacy care as a member of inter-professional teams in the residency's **defined area of practice**.

## Requirement

- Residents are able to practice pharmacy at an expert level within their defined clinical scope of practice and expertise

# Manage and Improve Medication Use Systems

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## Standard

- The resident shall contribute to the improvement of medication use systems and pharmacy services in healthcare teams, organizations and systems

## Requirements

- Prepare tools to improve consistency/quality of care
- Use health informatics effectively to improve quality of patient care and improve safety
- Recognize, disclose, respond to adverse events, errors, near misses
- Analyze how human and system factors influence decision making and provision of services in the focused area of practice. Recognize and modify the approach to the issue.



# Exercise Leadership

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## Standard

- The resident shall **demonstrate leadership** in professional practice

## Requirements

- Demonstrate personal responsibility for and contribute to quality improvement of patient care and safety
- Contribute to strategies that improve the value of pharmacy care or health care delivery
- Facilitate changes to enhance pharmacy services outcomes, or health outcomes of groups of patients
- Achieve additional prescriptive authority or other expanded scope privileges
- Contribute to the body of professional knowledge

# Provide Medication and Practice-Related Education

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## Standard

- The resident shall effectively respond to medication- and practice-related questions, and educate others

## Requirement

- The resident shall respond effectively and in a timely manner to medication- and practice-related questions received from others
- The resident shall facilitate the learning of students, other pharmacy residents, other health professionals including students from other professions, the public and other stakeholders
  - Demonstrate effective selection of an appropriate teaching role and demonstrate effective teaching within that role
  - Demonstrate effective feedback and assessment

# Demonstrate Research Skills

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## Standard

- The resident shall demonstrate the research skills necessary to undertake, conduct and successfully complete a research project in the defined area of practice.

## Requirement

- Pose clinically and scientifically relevant questions and appropriately constructed questions;
- Explain and justify the rationale for the project;
- Critique the possible methods of addressing the question;
- Prepare a project proposal (including ethical considerations);
- Establish roles and responsibilities of project members;
- Collect data or oversee data collection, analyze and interpret data;
- Prepare a written report in a format suitable for publication in a peer-reviewed journal;
- Present and defend outcomes of the project.

# Questions and Feedback

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