

Canadian Hospital Pharmacy Residency Board



Accreditation Standards

January 2010

Canadian Society of Hospital Pharmacists © 2009
Société canadienne des pharmaciens d'hôpitaux © 2009

Canadian Hospital Pharmacy Residency Board
Conseil canadien de la résidence en pharmacie d'hôpital
30 impasse Concourse Gate, Unit/unité 3
Ottawa, Ontario
K2E 7V7
Telephone 613-736-9733
Fax 613-736-5660
www.cshp.ca

Acknowledgements:

The CHPRB Accreditation Standard 2010 draws heavily from works published by other pharmacy education and accreditation bodies, including the Association of Faculties of Pharmacy of Canada (AFPC), the Canadian Council for Accreditation of Pharmacy Programs (CCAPP), and the Accreditation Council for Pharmacy Education (ACPE). CHPRB wishes to acknowledge in particular the support and good counsel of the American Society of Health-System Pharmacists Commission on Credentialing and the Commission's generous permission to adapt their documents for the Canadian context.

Table of Contents

	Page
1.0 Introduction	
1.1 Definition	4
1.2 Purpose of the Standard	4
1.3 Purpose of Pharmacy Practice Residencies	4
2.0 Standards for Program Administration	
2.1 Qualifications	5
2.1.1 Organization	6
2.1.2 Department	8
2.1.3 Residency Program Administration	8
2.1.4 Preceptors	9
2.1.5 Residents	10
2.2 Program Planning and Operation	10
2.2.1 Admission Criteria, Policies and Procedures	10
2.2.2 Educational Approach	11
2.2.3 Evaluation	13
2.2.4 Program Completion	15
3.0 Standards for Residency Program Competencies (Educational Outcomes)	
3.1 Provide Direct Patient Care as a Member of Interprofessional Teams	15
3.2 Manage & Improve Medication Use Systems	16
3.3 Exercise Leadership	16
3.4 Exhibit Ability to Manage One's Own Practice	16
3.5 Provide Medication- and Practice-Related Education	17
3.6 Demonstrate Project Management Skills	17
4.0 Bibliography	18

1. INTRODUCTION

1.1 Definition

The Canadian Hospital Pharmacy Residency Board (CHPRB) defines a residency in pharmacy practice (subsequently referred to as “pharmacy practice residency”) as an organized, directed, accredited program that builds upon competencies of an accredited entry level pharmacy professional degree program. The pharmacy practice residency focuses on direct patient care, pharmacy operations, project management and personal practice aspects of pharmacy practice. Canadian pharmacy residencies have their roots in hospital pharmacy practice; however, contemporary pharmacy practice residences are delivered in diverse practice settings. Pharmacy practice residencies develop leadership skills that can be applied to any position in any practice setting.

1.2 Purpose of the Standard

CHPRB Accreditation Standards for Pharmacy Practice Residencies outline the basic criteria to be used in evaluating such programs in organizations applying for accreditation by the CHPRB. The CHPRB Accreditation Standards will be uniformly applied to all pharmacy practice residency programs in Canada who apply for accreditation. The Accreditation Standards are based in part upon the current Standards of Practice developed by the Canadian Society of Hospital Pharmacists (CSHP). The accreditation process uses these Standards of Practice to evaluate the pharmacy services within the organization. The accreditation process considers the evaluation of both the residency program and the pharmacy services. Each standard is followed by a description of the requirements, where applicable, to meet the standard. Throughout the Accreditation Standards, where the auxiliary verb “shall” is used, an absolute requirement is implied. The use of “should” denotes a recommended guideline for compliance. Within this Standard, the term(s):

- “**organization**” refers to the corporate entity that owns and operates the residency program.
- “**primary partner**” refers to the organization that is primarily responsible for a jointly offered residency program.
- “**department**” refers to the organizational structure for oversight and/or provision of pharmacy services, as applicable to the organization in which the residency program operates.
- “**organization**”, “**department**”, “**coordinator**”, “**preceptor**”, “**pharmacist**”, “**pharmacy technician**” and “**resident**”, where expressed in singular, shall also read as plural.

It is the organization's responsibility to award the certificate of residency and to confer any associated credential. In accrediting a residency program, the CHPRB does not presume to certify the individual resident. Reference may be made in the residency certificate to its accredited status in accordance with the provisions of the CHPRB Accreditation Standards.

1.3 Purpose of Pharmacy Practice Residencies

The purpose of a pharmacy practice residency is:

- To refine professional competence in direct patient care, through supervised practice under the guidance of model practitioners, pharmacy operational services and project management gained during study in an accredited pharmacy professional degree program.
- To refine personal practice skills.
- To develop leadership skills that can be applied in any position and in any practice setting

Educational outcomes of a pharmacy practice residency include minimally:

- a) Providing evidence-based direct patient care as a member of interprofessional teams
- b) Managing and improving the medication-use process;
- c) Exercising leadership
- d) Exhibiting skill in managing one's own practice of pharmacy;
- e) Providing medication and practice-related education; and,
- f) Demonstrating project management skills

2. STANDARDS FOR PROGRAM ADMINISTRATION

2.1 Qualifications

2.1.1 Organization

Standard

Pharmacy practice residencies shall be conducted in organizations whose governing bodies, senior management, professional staff and employees have collaborated to seek excellence and have demonstrated substantial compliance with professionally developed and nationally applied criteria.

Requirement(s)

1. The organization that provides the residency program shall meet accreditation standards, regulatory requirements, and other nationally applicable standards:
 - a) A health care organization that participates in offering a pharmacy practice residency shall be accredited by Accreditation Canada.
 - b) A college, school or faculty of pharmacy that participates in offering a pharmacy practice residency shall be accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP).
 - c) Other practice settings that participate in offering a pharmacy practice residency shall have demonstrated substantial compliance with applicable professionally developed and nationally applied standards.
 - d) The organization's accreditation status and most recent survey report shall be available for review by the accreditation survey team.
2. Two or more organizations working in cooperation may jointly provide a pharmacy practice residency:
 - a) The organizations shall have contractual arrangement(s) or signed agreement(s) that define clearly the responsibilities for all aspects of the residency program and that delineate the name of the jointly offered program for the purposes of conferring a residency certificate or credential. Such contract(s) or agreement(s) shall be available for review by the accreditation survey team.
 - b) Each organization governed by the agreement shall meet the Requirements of Standard 2.1.1. One organization shall be designated the primary partner, and shall be responsible for all aspects relating to Accreditation, including but not limited to the application for accreditation, payment of fees, responding to accreditation survey reports, and acting as the point of contact with CHPRB or its designates.
 - c) In the event that the primary partner delegates day-to-day responsibility for the residency program to its partner organization (or one of their practice sites), the partner organization (or its practice site as applicable) shall submit routine reports to the primary partner and a method of on-site inspection by a representative of the primary partner shall be in place to insure that the terms of the agreement are being met.
 - d) All reports and inspections shall be documented and signed by representatives of all parties bound by the contract (agreement) and shall be available for review by the accreditation survey team.
3. The organization that provides the residency program, or the primary partner defined in the agreement of a jointly offered residency program, shall maintain authority for the program and responsibility for its quality.
4. The organization shall adhere to CHPRB Accreditation Policies and Procedures, including adherence to the rules of the Residency Matching Service.

5. The organization that provides the residency program shall have sufficient resources to achieve the educational goals and outcomes of the program, as evidenced by:
 - a) A patient population base and professional practice experience opportunities to satisfy the requirements of the residency program,
 - b) Program administration staff, professional and technical pharmacy preceptors, and administrative support staff to ensure program stability and delivery, provide adequate supervision of trainees, and to support continuous quality improvement of the program,
 - c) Non-academic support for residency trainees, to consist minimally of workspace, equipment commensurate with that made available to pharmacist employees of the organization, library/drug information access, and counseling/advising assistance.
6. The organization shall support the development of relationships between the pharmacy department and other areas of the organization, as well as affiliated academic institutions or their faculties (departments) for the purposes of advancing collaborative instruction that promotes interprofessional models of training and to advance research and patient care, as evidenced by administrative endorsement of initiatives such as collaborative research or projects, committee work, or sharing or exchange of instructional staff or space for patient care, research or education purposes.

2.1.2 Department Standard

Pharmacy practice residencies shall be conducted in pharmacy departments that have demonstrated a commitment to education and that provide an exemplary environment conducive to residency training.

Requirement(s)

1. The department shall conduct the residency program in a manner that will ensure that the educational benefits to the resident take precedence over other services the organization may obtain from the resident.
2. The department shall provide experience in a broad range of pharmacy services.
 - a) Participation by the resident in both direct patient care and pharmacy operational activities of the department is essential in pursuing this goal; therefore, on-the-job experience should be scheduled for this purpose.
 - b) The department shall not assign the resident to perform repetitive tasks solely to meet its service needs. This requirement does not preclude the limited scheduling of residents on the staff pharmacist duty roster, provided that it is in keeping with the objectives of the standards and that such service is fully accounted toward and evaluated in like manner as other academic requirements of the residency program.
3. The department shall be led and managed by a professionally competent, legally qualified pharmacist who provides effective leadership and management for the achievement of short- and long-term goals of the pharmacy and organization relating to pharmacy practice, pharmacy services delivery, and medication use. Documents describing the leadership and management of the department that shall be available for review by the accreditation survey team are:
 - a) A mission (vision) statement,
 - b) A well-written document that describes the scope and depth of pharmacy services including available staff to deliver such services,
 - c) The scope and depth of the department's involvement in education of staff (e.g., orientation; in-service; continuing professional development) and students (e.g., entry level or post-entry level professional/technical)
 - d) The pharmacy organizational structure,
 - e) Short and long-term pharmacy goals, and/or a pharmacy quality improvement plan.
4. The department should have evidence of a spirit of collegiality, demonstrate mutual understanding and agreement among the preceptors and administrators on the mission, goals and objectives of the residency program, and accept the responsibilities necessary to achieve the objectives of the residency program.

5. The department shall be an integral part of the care delivery system at the organization in which the residency program is conducted, as evidenced by:
 - a) A scope of pharmacy services provided to patients that is based upon an assessment of pharmacy functions needed to provide care to all patients served by the organization.
 - b) Services of a scope and quality commensurate with identified patient needs.
 - c) Involvement in the overall planning of patient care services.
 - d) Pharmacy services that extend to all areas of the organization in which medications for patients are prescribed, dispensed, administered, and monitored.
 - e) Pharmacists who are responsible for the procurement, preparation, distribution, and control of all medications used including special access and investigational drugs, except where those responsibilities are assigned to another party through legal agreements.
6. The department shall provide a safe and effective drug distribution system for all medications used within the organization in a manner consistent with the patient population(s) being served, organizational needs, and patient safety considerations, as evidenced by:
 - a) A unit-dose drug distribution service.
 - b) An intravenous admixture and sterile product service.
 - c) An investigational drug service.
 - d) An extemporaneous compounding service.
 - e) A system for the safe use of drug samples and emergency medications (including antidotes)
 - f) A narcotic and controlled substance ward stock (floor-stock) system.
 - g) A controlled ward stock (floor-stock) system.
 - h) An outpatient drug distribution service.
 - i) A system for the safe and effective management of pharmaceuticals inventory.
 - j) A system to evaluate routinely the quality of the pharmacy service provided.
7. The department shall provide direct patient care services in a manner consistent with the organizational and patient (safety) needs, as evidenced by:
 - a) Availability of essential drug information services, minimally to consist of: developing and maintaining a formulary; responding to drug information inquiries from the organization's healthcare providers; participation in the development of medication use and safe medication practice policies; and, incident (including adverse drug events) monitoring and reporting.
 - b) Pharmacist (and where applicable, pharmacy technician) membership on interdisciplinary teams in the patient care areas associated with the residency program.
 - c) Prospective participation of pharmacists in the development of individualized treatment plans for patients of care areas associated with the residency program.
 - d) Identification of medication-related problems.
 - e) Review of the appropriateness and safety of medication orders.
 - f) Design and implementation of medication-therapy monitoring plans.
 - g) Pharmacist documentation of 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.
 - h) Pharmacist written and oral consultations regarding medication-therapy selection and management.
 - i) Patient disease and/or medication management by pharmacists that is consistent with laws, regulations, and practice site policy.
 - j) A system to support continuity-of-care.
 - k) A system to evaluate routinely the quality of direct patient care services provided.
8. The department shall work in collaboration with the organization and its other healthcare providers to advance the safety and quality of the medication use system.

2.1.3 Residency Program Administration

Standard

Pharmacists who hold to high professional ideals and have the desire and aptitude to teach and administer the program shall direct the residency program.

Requirement(s)

1. The residency program shall be administered and directed by a professionally competent pharmacist (hereafter referred to as the "program director") who is:
 - a) Recognized by the organization as a member of the pharmacy administrative team that is responsible to lead and manage the department
 - b) Administratively responsible and fully accountable for the residency program, including compliance with Accreditation Standards, Policies and Procedures
2. The program director may delegate:
 - a) Coordination of the program to a residency coordinator
 - b) Preceptor responsibilities to other qualified pharmacists
 - c) Preceptor responsibilities to qualified pharmacy technicians (restricted to learning experiences in pharmacy operational services)
3. In the absence of the program director, the residency coordinator shall serve as the program director.
4. The program director and coordinator shall have:
 - a) Completed a pharmacy practice residency or have equivalent experience; equivalent experience is interpreted as three years experience in a broad range of pharmacy operational, clinical and/or administrative pharmacy practice.
 - b) Administrative experience in pharmacy practice of at least two years duration; administrative experience is interpreted to mean experience as a director, manager, coordinator, supervisor, senior pharmacist or lead clinical pharmacist.
 - c) Active membership in the Canadian Society of Hospital Pharmacists.
5. The program director shall ensure that residency program administrative responsibilities are assigned and fulfilled, minimally in the areas of:
 - a) Development and maintenance of residency program policies and procedures
 - b) Strategic planning for the residency program and its operations
 - c) Acquisition of resources to support and advance the residency program
 - d) Marketing, recruitment, and admission of individuals qualified to undertake residency training
 - e) Resident support, training and supervision
 - f) Preceptor support, training and supervision
 - g) Residency program academic content and educational approach
 - h) Program and learner evaluation (continuous quality improvement; attainment of educational outcomes)
 - i) Program archives (records)
6. An Advisory Committee shall be in place to provide general oversight and guidance to the design and operation of the program.
 - a) The committee terms of reference, minutes and associated documents (e.g., position papers, projects, etc) shall be available for review by the accreditation survey team.
 - b) The committee shall have representation external to the department, interpreted as any qualified individual who does not have line accountability to the department, or a senior administrator to whom the department reports.
 - c) The committee shall have input from a preceptor and a pharmacy resident involved in the current year of the program.
 - d) The committee should have representation from another health profession that provides residency (or similar experiential) training.

2.1.4 Preceptors

Standard

The resident shall be precepted by qualified pharmacists or, in the case of learning experiences in pharmacy operations, qualified pharmacy technicians who have the experience, desire and aptitude to teach.

Requirement(s)

1. A preceptor shall have the knowledge, skills and practice experience to act as a role model and to assist in the development of the resident's skills.
 - a) A defined process shall be used for orientation of new preceptors
 - b) Continuing preceptorship development shall be made available to all instructional staff
2. A primary preceptor shall be designated for each rotation.
 - a) The primary preceptor shall be responsible to ensure that a training plan is established and that all assessments are completed.
 - b) Co-preceptors or secondary preceptors from professions other than pharmacy may be appointed to assist in the delivery of the educational experience, but such preceptors shall be fully apprised of rotation objectives, resident's progress to date, and assessment expectations.
 - c) The preceptor shall develop specific goals and objectives for the resident in consultation with the program director or coordinator. Rotation goals and objectives shall be reviewed annually.
 - d) The program director or a designated pharmacist manager should serve as the primary preceptor for program activities related to the leadership and management
3. Time shall be allocated for instruction, observation and assessment of the resident in each rotation.
4. The preceptor shall review and confirm learning goals and objectives with the resident at the beginning of the rotation.
5. The preceptor shall provide timely and regular feedback to, and assessment of, the resident.
6. The preceptor shall be committed to self-assessment and making active use of constructive feedback provided by the resident, coordinator, program director, and (where applicable) other preceptors.

2.1.5 Residents

Standard

Pharmacy practice residents shall be individuals who hold to high professional ideals and who have a commitment to continued learning beyond entry-level competencies.

Requirement(s)

1. The resident shall be eligible for registration as a pharmacist by a Canadian pharmacy regulatory authority.
2. The resident shall be a member of CSHP.
3. The resident shall contribute actively and constructively to the mission (vision), goals, education, evaluation and quality improvement initiatives of the residency program and the department.
4. The resident shall be committed to self-assessment and making active use of constructive feedback provided by preceptors, the coordinator and program director.
5. The resident shall be responsible and accountable for acquiring all outcome competencies of an accredited pharmacy practice residency.
 - a) Providing evidence-based direct patient care as a member of interprofessional teams
 - b) Managing and improving the medication-use process;
 - c) Exercising leadership
 - d) Exhibiting skill in managing one's own practice of pharmacy;
 - e) Providing medication and practice-related education; and,
 - f) Demonstrating project management skills

2.2 Program Planning and Operation

2.2.1 Admissions Criteria, Policies and Procedures

Standard

The program shall use formal criteria, policies and procedures for evaluation, ranking and admission of qualified applicants to the residency program.

Requirement(s)

1. The resident's qualifications for acceptance into the residency program shall be evaluated using an established, formal, criteria-based process.
2. The Residency Program Director and Coordinator shall be responsible for selection of applicants who qualify for admission to the program.
 - a) Residency applicants may be offered benefits (including awards, bursaries, and/or return of service contracts or agreements or equivalent); however, an applicant's acceptance or rejection of such benefits shall not influence the decision to admit a candidate to the residency program, nor have an influence on the decision regarding a resident's graduation from the residency program.
 - b) Residents who are accepted into the program shall receive a letter outlining their acceptance to the program including all terms and conditions.
3. The start and end date of the resident's course of study shall be defined prior to the resident's entry to the program.
 - a) A full-time residency shall be defined as a minimum 52 week continuous training period (including approved leave/vacation).
 - b) Residency training may occur on a part-time basis, however such a program shall be composed of a minimum of 52 weeks training (including approved leave/vacation not exceeding that which would be offered in a full-time program) offered over not more than 24 months, and breaks in residency training shall not exceed 45 working days.
 - c) Non-residency days shall be clearly defined at the beginning of the program, and educational benefits to the resident shall take priority over services.
4. A formal process shall be in place to assess prior learning of each resident prior to the beginning of the residency program.
5. A program that grants credit for prior learning outside of an accredited residency program, or transfer credit recognizing rotations completed at another accredited residency program shall:
 - a) Grant credit in an amount not exceeding 25% of the total residency training period, interpreted to mean not more than 25% of the total residency days required to achieve the full-time or part-time program as defined in Standard 2.2.1.3
 - b) Have a well defined and documented process(s) in place for granting prior learning credit and/or transfer credit.
 - c) Maintain documentation that provides evidence to support the decision to grant credit
 - d) Retain documentation in the resident's training record regarding the program requirements for which prior learning credit/transfer credit was granted
 - e) Award transfer credit only for learning objectives or rotations completed at another accredited residency program within 24 months prior to entering the Program which is granting transfer credit.
6. A resident's acceptance of the appointment to the program shall be documented in writing prior to the beginning of the residency program.

2.2.2 Educational Approach

Standard

The program shall use a systematic process to design, plan and/or organize an academic program that facilitates a resident's achievement of the intended educational outcomes.

Requirement(s)

1. A formal process shall be in place to orient the resident to the residency program, the department and the organization.
2. At the commencement of the course of study, a resident shall receive a manual(s) that provides a comprehensive description of the full-time and/or part-time residency program, to consist minimally of:
 - a) Expectations of residents and preceptors
 - b) The intended educational outcomes of the program
 - c) Learning goals and objectives for each residency rotation available to the resident
 - d) Criteria for successful completion of the program
 - e) Policies concerning professional, family, and sick leave and the effect such leaves shall have on the resident's ability to complete the program.
 - f) Policies governing scheduling of residency experiences, including service shifts
 - g) Procedures for resident, preceptor, coordinator, director, training site (rotation), and program evaluation
 - h) Processes for remedial action if deficiencies in the progress of the resident are noted
 - i) Processes that shall be used to address all discrepancies in assessment
3. The program shall use a variety of instructional methods (e.g., observational, case study, seminar, etc) and experiences in the delivery of the residency program.
4. There shall be a defined process for initial selection, ongoing review and support of all residency project(s).
 - a) There shall be a defined process for solicitation, evaluation, and approval of project topics.
 - b) The time allotted for residency project(s) shall not exceed ten (10) weeks (interpreted as 50 residency days).
 - c) The scope of the project(s) shall be such that it does not interfere significantly with other rotations.
 - d) A pharmacist affiliated with the department shall be designated the primary preceptor of the project.
 - e) A process shall be in place to provide ongoing review, support, and feedback to the resident.
5. An individualized plan shall be developed for each resident at the commencement of his/her program.
 - a) Based on the assessment of prior learning, a broad written plan for the resident's program shall be developed, setting forth goals, as well as a schedule of activities for achieving those goals. The plan should build on the resident's strengths and address the areas for development.
 - b) Residency experiences shall be structured to provide a systematic approach to enhance problem-solving and decision-making skills with progression to more complex problems within each rotation and throughout the residency year.
 - c) Individualization of a resident's experiences to account for specific interests must not interfere with achievement of the program's educational goals and objectives.
6. In planning (scheduling) a resident's course of study:
 - a) The department shall balance the assignment of resident activities to meet program outcomes with concerns for patient safety and the resident's well being.
 - b) Scheduled activities shall reflect the predetermined goals and learning objectives that will permit the resident to meet all required competencies of an accredited pharmacy practice residency.
 - c) The schedule should be written in sufficient detail to give the resident a clear understanding of each activity in a rotation or across a series of rotations.
 - d) Scheduling of experiences need not be limited to the systems and services of the organization that conducts the residency program; however, the training environment should meet the requirements described in this Standard and not more than twenty-five percent of the resident's activities (interpreted in terms of the residency training period as defined in Standard 2.2.1) shall take place outside the organization.

7. Residency activities shall provide:
 - a) A broad exposure to contemporary pharmacy services for the prescription, use, and management of medications in the treatment of patients.
 - b) Opportunities to establish relationships with patients
 - c) Opportunities to work collaboratively with others in the health system
 - d) Opportunities to develop interpersonal skills to work and communicate effectively with patients, pharmacy staff, and other health professionals
 - e) Opportunities to develop critical thinking, scientific reasoning, problem-solving, decision-making, time management, self-directed learning, teaching, professionalism, and leadership skills.
8. Objectives for the residency program shall be developed and provided to the resident at the beginning of the program.
 - a) Learning goals and objectives shall relate to all required educational outcomes of a pharmacy practice residency:
 - (i) Providing evidence-based, pharmacy direct patient care as a member of interdisciplinary teams
 - (ii) Managing and improving the medication use process
 - (iii) Exercising leadership
 - (iv) Exhibiting skill in managing one's own practice of pharmacy
 - (v) Providing medication- and practice-related education
 - (vi) Demonstrating project management skills
 - b) Learning objectives shall be clearly written, outcome-oriented and measurable.
 - c) The level of responsibilities and the degree of supervision assigned should be consistent with the skill levels of the resident.

2.2.3 Evaluation

Standard

The pharmacy department shall conduct the program in a manner that reflects the principles of continuous quality improvement.

Requirement(s)

1. An ongoing review process shall be in place to evaluate (formative and summative):
 - a) Resident performance
 - b) Preceptor performance
 - c) Coordinator and program director performance
 - d) The rotation and training environment
 - e) The residency program
2. The resident shall use a learning portfolio or equivalent to facilitate self-assessment and provide evidence of skill development over the course of the program.
 - a) The learning portfolio should include preceptor assessments, monthly reports, quarterly or other summative assessments, self-assessments, career objectives, clinical activities during the rotations, awards, projects, and other documentation relating to a resident's progress throughout the duration of the residency program.
3. With respect to the evaluation process for residents, the program shall ensure that:
 - a) Assessment of a resident's progress shall be continuous and ongoing throughout the program.
 - b) The resident shall perform written self-assessments based on the learning objectives established for each rotation, in order to assist the resident in identifying any objectives that were not met during the rotation.
 - i. A resident's self-assessment shall be reviewed with the resident by the preceptor with or without the program director/coordinator at the time of regularly scheduled evaluations.
 - c) The resident's achievements shall be regularly assessed in terms of the program and rotation learning goals and objectives.
 - i. The assessment shall relate to the resident's progress in achieving goals and learning objectives.
 - ii. Subjective criteria such as personality traits should be considered only in relation to their effect on achieving goals and objectives.
 - iii. A final evaluation shall be completed for each rotation. A midpoint evaluation should be completed for each rotation. The final evaluation should be conducted within 1 week of completion of the rotation. The evaluation meeting shall be conducted by the preceptor for each rotation or by the program director/coordinator with input from the preceptors.
 - iv. A written record of the final evaluation 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 residency coordinator and/or director.
4. With respect to preceptors, an ongoing review process shall be in place that:
 - a) Shall obtain feedback from the resident
 - i. The resident shall complete a written evaluation of the preceptor and feedback shall be provided to the preceptor in a timely fashion.
 - ii. The resident shall evaluate the preceptor on the basis of his/her knowledge, skills and attitudes as a role model and teacher.
 - b) Shall provide for the residency director and/or coordinator to review and signoff on all evaluations of the preceptor and the rotation in a timely fashion.

5. With respect to the program director and coordinator, a process shall be in place to evaluate and provide feedback with respect to his or her role(s) in coordinating and supporting the residency program.
 - a) Resident feedback shall be incorporated into the coordinator and program director evaluation process.
6. With respect to the rotation and training environment, an ongoing review process shall obtain feedback from the resident.
 - a) The resident shall complete a written evaluation of the rotation based on the structure, content and the degree to which the learning objectives were met.
 - b) The written evaluation shall be discussed with the preceptor.
7. The program shall have a process:
 - a) That incorporates resident, preceptor, coordinator, director, and rotation (training environment) evaluations as part of the continual review and improvement process of the program
 - b) To communicate a resident's continual progress in achieving the program's intended outcomes from one preceptor to the next preceptor, and from one rotation to the next rotation (in order to individualize each rotation based on previous experiences).
 - c) To address discrepancies of assessment
 - d) To remediate if deficiencies in the progress of the resident are noted
 - e) To assess the achievement of the intended educational outcomes of the program
 - f) To assess early withdrawals from the residency program
8. The program shall maintain appropriate documentation regarding each residency trainee for a period of one full accreditation cycle (until the next on-site survey), including minimally:
 - a) Documentation of the evaluation, ranking and admission of qualified applicants to the program, as defined in Standard 2.2.1
 - b) Resident's activities/schedule;
 - c) Resident's self-evaluations;
 - d) Evaluation of the resident for all rotations, and other program requirements completed using a format other than a rotation (e.g., projects, seminars, written learning objectives for presentations, drug information papers or manuscripts, etc)
 - e) Experience records of each resident (e.g., monthly, quarterly or biennial reports);

2.2.4 Program Completion

Standard

The requirements for successful completion of the residency program shall be attested to by the organization.

Requirement(s)

1. Criteria shall be in place to define successful completion of the program.
2. The organization shall recognize those who have successfully completed the residency program by providing a transcript and/or awarding an appropriate certificate of residency.
 - a) A residency certificate shall not be issued to any individual who has failed to complete the prescribed program or to meet the intent of this Standard.
3. The organization shall maintain, in perpetuity, a record of:
 - a) All successful candidates of the program, minimally in the form of a copy of the resident's transcript letter and/or residency certificate.
 - b) All unsuccessful candidates of the program
 - c) The academic years for which accreditation was granted.
4. Accredited programs should grant the ACPR (Accredited Canadian Pharmacy Resident) designation to residents who successfully complete the residency program.

3.0 RESIDENCY PROGRAM COMPETENCIES

3.1 Provide Direct Patient Care as a Member of Interprofessional Teams

Standard

The resident shall be proficient in providing evidence-based direct patient care as a member of interprofessional teams.

Requirement(s)

1. The resident shall work respectfully, cooperatively and collaboratively with other health care providers in the provision of direct patient care.
2. The resident shall advocate for the patient relating to the meeting of their health-related needs and shall be governed by the patient's desired outcome of therapy.
3. The resident shall place a high priority on, and be accountable for, selecting and providing care to patients who are most likely to experience drug-related problems.
4. The resident shall:
 - a) establish a respectful, professional, ethical relationship with the patient
 - b) demonstrate the ability to reliably prioritize drug-related problems
 - c) demonstrate the ability to interview patients or where applicable, their caregivers, in an organized, thorough and timely manner
 - d) demonstrate the ability to reliably gather all relevant patient information from appropriate sources (e.g., the health record, other health professionals, patients, caregivers, etc)
 - e) accurately appraise the literature, analyze patient information including physical assessment data, interpret relevant diagnostic tests and apply principles of pharmacokinetics and pharmaceuticals to design and document pharmacy patient care plans
 - f) demonstrate reliably the ability to proactively communicate healthcare issues to the prescriber and/or patient and to make recommendations to resolve those healthcare issues
 - g) demonstrate the ability to proactively monitor drug therapy outcomes and to revise care plans based upon new information
 - h) provide continuity of care
 - i) demonstrate an ability to routinely communicate care plans both verbally and in writing, using appropriate formats

3.2 Manage and Improve Medication Use Systems

Standard

The resident shall demonstrate a working knowledge of medication use system(s), as well as pharmacy and other care provider roles within the system, in order to manage and improve medication use for individual patients and groups of patients.

Requirement(s)

1. The resident shall be able to relate the advantages and limitations of key components of the medication use system with respect to the patient, the department and the organization, including but not limited to unit dose, traditional system, computerized medication administration records, computerized physician order entry, clinical decision-support tools, bedside barcode administration, and intravenous and/or oncology admixture services.
2. The resident shall work in cooperation with pharmacy, nursing and medical staff, as well as with other members of the organization's team, to improve medication use for individual patients and groups of patients.
3. The resident shall demonstrate an ability to prepare and dispense medications according to organizational policies and procedures.
4. The resident shall demonstrate an ability to identify, analyze and resolve problems relating to a broad range of drug products, medication orders, and drug distribution issues, as evidenced by:
 - a) Assessing medication orders for appropriateness using the medication profile, allergy history and patient information available.
 - b) Demonstrating the ability to accurately transcribe a medication order onto the medication profile or health record.
 - c) Demonstrating the ability to clarify medication orders with prescribers.
5. The resident shall demonstrate a working knowledge of safe medication practices.

3.3 Exercise Leadership

Standard

The resident shall apply leadership and management skills to contribute to the goals of the program, department, organization and profession.

Requirement(s)

1. The resident shall demonstrate an understanding of the differences between management and leadership.
2. The resident shall apply knowledge of a management principle or area (e.g., organization, human resources, resource utilization, pharmacoeconomics, communications, continuous quality improvement, change management, and/or patient safety) as well as organizational structure (e.g., roles of the pharmacy management team, departments) to complete an activity or project, or to propose a solution to a problem.
3. The resident shall demonstrate respect for, pride in and commitment to the profession through both appearance and actions.

3.4 Exhibit Ability to Manage One's Own Practice of Pharmacy

Standard

The resident shall apply skill in the management of his/her own practice of pharmacy, to advance his/her own learning, to advance patient care, and to contribute to the goals of the program, department, organization and profession.

Requirement(s)

1. The resident shall consistently demonstrate efforts to refine and advance critical thinking, scientific reasoning, problem-solving, decision-making, time management, communication, self-directed learning, and team/interprofessional skills that are the hallmarks of practice leaders and mature professionals.

3.5 Provide Medication- and Practice-Related Education

Standard

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

Requirement(s)

1. The resident shall respond effectively and in a timely manner to medication- and practice-related questions:
 - a) receive drug information requests;
 - b) conduct a literature search systematically;
 - c) critically appraise literature;
 - d) formulate a response;
 - e) communicate, verbally and in writing, responses to requests;
2. The resident shall present effective education to a variety of audiences.
 - a) The resident shall organize instructional content, write learning goals and objectives, communicate effectively with a variety of audiences, use instructional media, and self-evaluate when preparing and presenting educational seminars.
3. The resident shall demonstrate skill in the four roles used in practice-based teaching:
 - a) direct instruction;
 - b) modeling;
 - c) coaching; and
 - d) facilitation
4. The resident shall demonstrate scholarly writing skills.

3.6 Demonstrate Project Management Skills

Standard

The resident shall use effective project management skills to undertake, conduct and successfully complete a project related to pharmacy practice.

Requirement(s)

1. The resident shall be involved in project development, data collection, analysis and interpretation.
2. The resident shall prepare a written report of the project in a format suitable for publication in a peer-reviewed journal.
3. The resident shall present and defend the outcomes of the project.

4. BIBLIOGRAPHY

1. Accreditation Council for Graduate Medical Education. Educational Outcomes for Graduate Medical Education. Available: <http://www.acgme.org> Accessed February 14, 2006.
2. Accreditation Council for Graduate Medical Education. Institutional Requirements; Accreditation Council for Graduate Medical Education; 2003. Available: <http://www.acgme.org> Accessed December 18, 2005.
3. Accreditation Council for Pharmacy Education. Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree, January 15, 2006. Available: <http://www.acpe-accredit.org/standards/default.asp> Accessed February 14, 2006.
4. American College of Clinical Pharmacy. American College of Clinical Pharmacy's Vision of the Future: Postgraduate Pharmacy Residency Training as a Prerequisite for Direct Patient Care Practice. *Pharmacotherapy* 2006; 26: 722-33. Available: <http://www.accp.com/position.php#opinions>
5. American Society of Health-System Pharmacists. 1999 ASHP National Residency Preceptors Conference: Mentoring for excellence. *Am J Health-Syst Pharm* 1999; 56:2454-7.
6. American Society of Health-System Pharmacists. ASHP Regulations on Accreditation of Pharmacy Residencies; American Society of Health-System Pharmacists, 2003. Available: <http://www.ashp.org> Accessed December 18, 2005.
7. Anon. Pharmacy residency training in the future: a stakeholder's roundtable discussion. *Am J Health-Syst Pharm* 2005; 62: 1817-20.
8. ASHP Commission on Credentialing. ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency programs. Available: <http://www.ashp.org> Accessed February 14, 2006
9. ASHP Commission on Credentialing. Required and Elective Educational Outcomes, Educational Goals & Educational Objectives for Postgraduate Year One (PGY1) Pharmacy Residency Programs. Available: <http://www.ashp.org> Accessed February 14, 2006.
10. Association of Faculties of Pharmacy of Canada. Educational Outcomes for a Baccalaureate Pharmacy Graduate in Canada. May 25, 1998. Available: <http://www.afpc.info/content.php?SectionID=4&Language=en> Accessed December 18, 2005.
11. Association of Faculties of Pharmacy of Canada. Educational outcomes for an entry level PharmD graduate in Canada. Available: <http://www.afpc.info/content.php?SectionID=4&Language=en> Accessed February 14, 2006.
12. Association of Faculties of Pharmacy of Canada. Educational outcomes for a post-baccalaureate Doctor of Pharmacy graduate in Canada, June 12, 1999. Available: <http://www.afpc.info/content.php?SectionID=4&Language=en> Accessed February 14, 2006.
13. Batalden P, et al. General competencies and accreditation in graduate medical education. *Health Affairs* 2002; 21: 103-111.
14. Bruening KS, Mitchell BE, Pfeiffer MM. 2002 Accreditation Standards for Dietetics Education. *Journal of the American Dietetic Association* 2002; 102: 566-77.
15. Canadian Council for Accreditation of Pharmacy Programs. Accreditation Standards and Guidelines for the Baccalaureate Degree Program in Pharmacy, January 2005 (Revised). Available: <http://www.ccapp-accredit.ca/index.php> Accessed February 14, 2006.
16. Canadian Council for Accreditation of Pharmacy Programs. Accreditation Standards for Entry Level Pharmacy Degree Programs. Available: <http://www.ccapp-accredit.ca/index.php> Accessed February 14, 2006.
17. Canadian Hospital Pharmacy Residency Board. CHPRB Accreditation Standards, 2006. Available: http://www.cshp.ca/programs/residencyTraining/Surveyinfo_e.asp
18. Canadian Pharmacists Association. Blueprint for Action for the Pharmacy Profession in Canada. Draft Framework. Pharmacy Stakeholder Consensus Workshop, Ottawa June 21-22, 2006.

19. Canadian Society of Hospital Pharmacists. Standards of Practice. Canadian Society of Hospital Pharmacists, Ottawa, Ontario. Available: http://www.cshp.ca/programs/residencyTraining/Surveyinfo_e.asp
20. Charap MH, et al. Internal medicine residency training in the 21st century: aligning requirements with professional needs. *Am J Med* 2005; 118: 1042-6.
21. Cowan DT, Norman I, Coopamah VP. Competence in nursing practice: a controversial concept – a focused review of literature. *Nurse Education Today* 2005; 25: 355-362.
22. Davenport CA. How frequently should accreditation standards change? *New Directions Higher Ed* 2001; 113: 67-82.
23. Executive of the Hospital Pharmacy Residency Forum of Ontario. Position paper on the role of hospital residency programs in clinical training and professional development in the era of the proposed entry-level doctor of pharmacy program. *Can J Hosp Pharm* 2006; 59: 210-3.
24. Fitzgibbons JP, Bordley DR, Berkowitz LR, Miller BW, Henderson MC. Redesigning residency education in internal medicine: a position paper from the Association of Program Directors in Internal Medicine. *Ann Intern Med* 2006; 144: 920-6.
25. Government of Canada. Interprofessional Education for Collaborative Patient-Centred Practice Health Human Resource Strategy. Available: http://www.hc-sc.gc.ca/hcs-sss/hhr-rhs/strateg/interprof/index_e.html Accessed December 18, 2005.
26. Health Council of Canada. Modernizing the Management of Health Human Resources in Canada: Identifying Areas for Accelerated Changes, November 28, 2005. Available: http://healthcouncilcanada.ca/en/index.php?option=com_content&task=view&id=58&Itemid=9 Accessed February 14, 2006.
27. Hill LH, Delafuente JC, Sicat BL, Kirkwood CK. Development of a competency-based assessment process for advanced pharmacy practice experiences. *Am J Pharm Educ* 2005; 70 (01) Article 1. Available: www.ajpe.org
28. Human Resources Development Canada and Canadian Pharmacists Association. A Situational Analysis of Human Resource Issues in the Pharmacy Profession in Canada, Detailed Report, July 2001. Available: http://www.pharmacists.ca/content/about_cpha/whats_happening/Government_Affairs/pdf/final_draft.pdf Accessed December 18, 2005.
29. Institute of Medicine. Health professions education: a bridge to quality. Washington, DC: The National Academies Press; 2001.
30. Institute of Medicine. Preventing Medication Errors. Washington, DC: The National Academies Press; 2006.
31. Knoer SJ, Rough S, Gouveia WA. Student rotations in health-system pharmacy management and leadership. *Am J Health-Syst Pharm* 2005; 62: 2539-41.
32. National Association of Clinical Nurse Specialists. Guidelines for clinical nurse specialist education. *Clinical Nurse Specialist* 2004; 18: 285-7.
33. Romanelli F, Smith KM, Brandt BF. Teaching residents how to teach: a scholarship of teaching and learning certificate program (STLC) for pharmacy residents. *Am J Pharm Educ* 2005; 69(02): Article 20. Available: www.ajpe.org
34. Romanow RJ. Health Care Renewal: Building on Values. Commission on the Future of Health Care in Canada, Final Report. November 2002. Available: <http://www.hc-sc.gc.ca/english/care/romanow/index1.html> Accessed December 18, 2005.
35. Singh R, Naughton B, Taylor JS, et al. A comprehensive collaborative patient safety residency curriculum to address the ACGME core competencies. *Med Educ* 2005; 39: 1195-1204.
36. Smith KM, Trapskin PJ, Armitstead JA. Adoption of duty-hour standards in a pharmacy residency program. *Am J Health-Syst Pharm* 2005; 62: 800-3.
37. Spielman AI, Flumer T, Eisenberg ES, Alfano MC. Dentistry, nursing and medicine: a comparison of core competencies. *J Dental Educ* 2005; 69: 1257-69.
38. Yanchick VA. Greater implementation of competency guidelines in the pharmacy curriculum needed. *Am J Pharm Educ* 2005; 69(02): Article 36. Available: www.ajpe.org
39. Frank JR, Brien S. (Ed). *The Safety Competencies: Enhancing Patient Safety across the Health Professions*. First Edition. Ottawa; Canadian Patient Safety Institute; 2008. Available: www.patientsafetyinstitute.ca