

# Canadian Pharmacy Residency Board Proposed Revisions of Accreditation Standards for Year 1 Pharmacy Residencies

---

ALLAN MILLS, PHARMD (TRILLIUM HEALTH PARTNERS, MISSISSAUGA, ON)

CURTIS HARDER, PHARMD (VANCOUVER ISLAND HEALTH AUTHORITY, VICTORIA, BC)

FEBRUARY 14, 2017

# Agenda

---

1300-1315h – Orientation to the new standards

1315-1340h – Questions for discussion (comments invited electronically or over audio connection)

1340-1355h – Open discussion (questions/comments invited electronically or over audio connection)

1355-1400h – Summary and close

# CPRB Standards Group Members

---



**Peter Loewen**



**Lalitha Raman-Wilms**



**Curtis Harder**



**Allan Mills**



**Heather Kertland**



**Marc Perreault**



**Nancy Sheehan**



**Debbie Kwan**

# Background

---

## Last version of accreditation standards published in 2010

- Successful introduction – few clarifications and no edits requested
- Most programs have gone through two accreditation cycles with these Standards

## Changes prompting a revision

- Introduction of PharmD as first professional degree
- Publication of Advanced (Year 2) accreditation standards in 2016
- Evolution of clinical practice and practice context (shift away from focus on acute care)
- Shift in language associated with the adoption of the CanMEDS framework by AFPC

# Learning Outcomes

---

Providing evidence-based direct patient care as a member of interprofessional teams;

Managing and improving the medication use systems;

Exercising leadership;

Exhibiting the ability to manage one's own practice of pharmacy;

Providing medication- and practice-related education; and,

Demonstrating project management skills.

# Residency Training Context

---

Year 1 Pharmacy Residencies are still expected to be conducted in pharmacy departments

*Pharmacy residencies shall be conducted in departments that have demonstrated a commitment to education and that provide an exemplary environment conducive to the goals and outcomes of the program. (CPRB 2.1.2)*

- Department = organizational structure for oversight and/or provision of pharmacy services, as applicable to the organization in which the residency program operates (defined in glossary)

# Residency Training Context

---



Standards have been revised to allow for residency training in innovative, non-traditional pharmacy practice settings

*The department (if applicable) 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. (CPRB 2.1.2.6)*

SAME  
AS 2010

# Preceptorship

---

Preceptorship may be interprofessional in nature, but primary responsibility for preceptorship must fall to a pharmacist

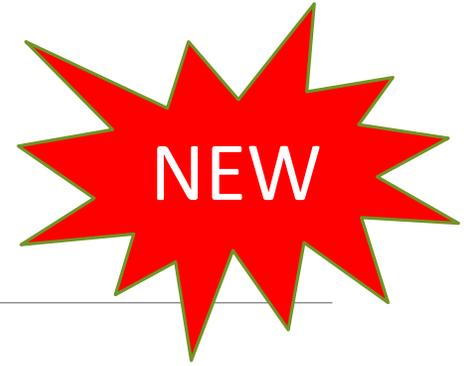
*(different from Year 2 residencies)*

*A primary preceptor shall be a qualified pharmacist designated for each learning experience (hereafter referred to as a rotation). (CPRB 2.1.4.4)*

- Co-preceptors or secondary preceptors from pharmacy or 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 of the program. (CPRB 2.1.4.4.b)

# Residency Advisory Committee

---



RACs can be shared by Year 1 and Year 2 programs

*Where two or more residency programs are operating, the residency advisory committees shall regularly communicate with each other. (CPRB 2.1.3.h)*

*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, so long as it can be demonstrated that the needs of the general (year 1) residency program are being met. (CPRB 2.1.3.i)*

# Added Details

---



Clearly stating that a quality improvement plan is required  
(CPRB 2.1.2.3f)

More details regarding essential drug information services  
(CPRB 2.1.2.8)

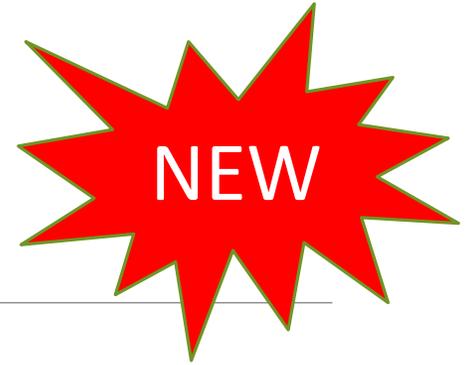
More details regarding the Program Director and Coordinator  
(CPRB 2.1.3.5)

Clarification regarding granting prior credit (CPRB 2.2.1.6)

Clarification of Individualized learning plan (schedule)  
(CPRB 2.2.2.5)

# Required Evidence

---



**An attempt to clearly list what is expected as “Required Evidence”**

**Trialed in 2 sections of the document for Standards where expectations can be clearly defined :**

- Organization Standard
  - In section 2.1.1 from subsection 4-5
- Department Standard
  - In section 2.1.2 from subsections 3-8

# Manage and Improve Medication Use Systems (CPRB 3.2)

---

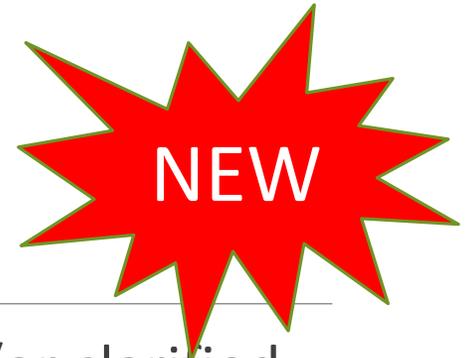


Residents are no longer required to prepare and dispense medications but are required to understand relevant policies and procedures

*The resident shall demonstrate an understanding of the policies and procedures used to prepare and dispense medications in accordance with their patient's needs. (CPRB 3.2.3)*

# Exercise Leadership (CPRB 3.3)

---



Requirements for leadership-related project have been revised and/or clarified

*Through completing an activity or project, the resident shall demonstrate*

- *Knowledge with respect to at least one of the following areas:*
  - *Governance and organizational structure (e.g., roles of the pharmacy management team, departments)*
  - *Human resources*
  - *Financial management*
  - *Continuous quality improvement*
  - *Visioning and strategic, operational, and project planning*
  - *Change management*
  - *Ethical and legal frameworks and standards of practice*
- *Administrative problem solving*
- *Effective communication (verbal and written)*

*(CPRB 3.3.3)*

# Updated Language

---



## **Enhanced definitions have been provided for:**

- Clinical environment
- Coordinator (definition and role)
- Evaluation
- Extra-clinical environment
- Primary preceptor
- Program Director
- Project Supervisor
- Project

# Updated Language

---



## **Assessment**

The estimation of the nature, quality, or ability of something or someone. It is typically ongoing and process-oriented and focuses on identifying areas for improvement.

## **Evaluation**

- The making of a judgment about the amount, number, or value of something or someone. It is typically summative and product-oriented and focuses on a final score(s).

# Assessment vs Evaluation

---

<b>Dimension of Difference</b>	<b>Assessment</b>	<b>Evaluation</b>
<b>Content:</b> timing, primary purpose	<i>Formative:</i> ongoing, to improve learning	<i>Summative:</i> final, to gauge quality
<b>Orientation:</b> focus of measurement	<i>Process-oriented:</i> how learning is going	<i>Product-oriented:</i> what's been learned
<b>Findings:</b> uses thereof	<i>Diagnostic:</i> identify areas for improvement	<i>Judgmental:</i> arrive at an overall grade/score

Duke University Academic Resource Centre

Accessed at <https://arc.duke.edu/documents/The%20difference%20between%20assessment%20and%20evaluation.pdf>  
on January 29, 2017



# Updated Language

---

## Canadian ~~Hospital~~ Pharmacy Residency Board

- The “Hospital” removed to reflect the movement away from hospital-centricity in clinical pharmacy training

## Pharmacy ~~Practice~~ Residency

- The “Practice” removed based on group consensus that this word no longer served a clear purpose as a descriptor

# Questions for Discussion

---

1. What should the name of the new Standards be now that we have Accreditation Standards for Advanced (Year 2) Pharmacy Residencies? (e.g., should the new standards incorporate the words, “General” and/or “Year 1”?)
2. Should the project management competency more explicitly include the notion of *research* as the type of project management work to be included in residency programs?
3. How do we apply these standards to the new graduating pharmacist?

# Questions for Discussion

---

4. For programs that grant credit for prior learning, should the resident be permitted to complete their residency in less time OR should the resident's program be a standard length but with adjusted rotational content?
5. Currently, programs across Canada have different expectations with regard to the timeline for completion of the project manuscript. Should the standards be more explicit with regard to these expectations and, if so, what is a reasonable timeline?
6. Any other questions that you have.