

*The Canadian Council for Accreditation of
Pharmacy Programs*

**ACCREDITATION STANDARDS
for
CANADIAN
FIRST PROFESSIONAL DEGREE
IN PHARMACY PROGRAMS**



**The Canadian Council for Accreditation of Pharmacy Programs
Le Conseil canadien de l'agrément des programmes de pharmacie**

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PREFACE

Accreditation is the public recognition accorded to a professional program that meets established professional qualifications and educational standards through initial and periodic evaluation. Accreditation concerns itself with both quality assurance and program enhancement. It applies to programs and is to be distinguished from certification or licensure, which applies to individuals.

The Mission of The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) is to grant accreditation awards to Pharmacy and Pharmacy Technician programs that meet the Standards set by CCAPP and to promote continued improvement of those educational programs for pharmacy practitioners and pharmacy technicians.

These Accreditation Standards address Baccalaureate in Pharmacy degree programs and First Professional Degree Doctorate of Pharmacy programs. The Standards reflect professional and educational attributes identified by CCAPP and stakeholders as essential for Canadian programs that intend to develop practicing, clinical, patient-focused pharmacists. The Standards are not appropriate for programs that intend to develop pharmacists for careers in industry, for degrees focused on pharmaceutical sciences, and for degrees granted in countries outside Canada. As Canada moves inexorably closer to the goal of graduating all pharmacists with a First Professional Degree Doctorate of Pharmacy, the need for accreditation of Baccalaureate in Pharmacy degree programs will end. The Guidelines document, which accompanies this Standard, describes the sunset dates for accreditation of Baccalaureate in Pharmacy degree programs in Canada.

These Accreditation Standards embrace the philosophy that program graduates should have acquired general and special knowledge - general to avoid the constraints of too narrow a perspective, and special to provide a basis for critical professional evaluations. The Standards recognize that pharmacy education of high quality will depend on multiple components, including general knowledge, basic and professional sciences, and professional practice experience. The pharmacy curriculum is expected to embrace the scope of contemporary practice responsibilities as well as emerging roles that ensure the rational and safe use of drugs in the individualized care of patients. CCAPP believes in the preparation of competent graduates who have the ability to be medication-therapy experts and who, together with other health care providers, can contribute to making decisions to ensure that services are effective and that the community is involved in improving the health of its residents. Consequently, pharmacy graduates must have a broad understanding of health, the factors that contribute to a healthy community, and the structure and role of the health system. As well, graduates must have the ability to manage and evaluate information, and the skills needed to advocate on behalf of individuals and the community.



Pharmacists must be able to work with people of different cultures with diverse values, beliefs, and customs. Pharmacists must be able to become trusted and respected members of the communities in which they work, develop skills in judgment and public relations, and provide support to students and new health providers. Pharmacists must practice with compassion, empathy, and integrity. Pharmacists are expected to work in intra- and interprofessional teams, and be adaptable enough to work in a variety of settings. It is CCAPP's view that the educational outcomes established for a professional degree program in pharmacy should encompass the entry-to-practice competencies specified by the appropriate licensing authority. The public is entitled to demand that the graduates of a professional degree program can demonstrate they have mastered the entry-to-practice competencies for that profession, but this does not prevent a Faculty of Pharmacy or a regulatory authority from establishing additional educational outcomes. Since licensing of pharmacists by the provincial regulatory authority relies on the educational outcomes of graduates, it is important for the Faculty and provincial regulatory authority to have a close working relationship. These Standards are designed to reflect the educational philosophy and intent of the "Mission Statement for Pharmacy Education in Canada" of the Association of Faculties of Pharmacy of Canada (AFPC) and the "Educational Outcomes for First Degree Professional Degree Programs in Pharmacy (Entry-to-Practice Pharmacy Programs) in Canada" established by that body. Both documents are considered an integral part of these Standards. The document entitled "CCAPP Guidance for the Accreditation Standards for the First Professional Degree in Pharmacy Programs", which contains a glossary and additional information about accreditation procedures and key elements of a self-study, is intended to be utilized in conjunction with the "CCAPP Accreditation Standards for the First Professional Degree in Pharmacy Programs".

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Part I: Academic Program

A. *Educational Outcomes*

Standard 1: The professional program in pharmacy is based on an organized educational framework that facilitates development of graduates with competencies to meet the entry-level scope of practice.

Criterion 1.1: Intended outcomes are based, at a minimum, on the current AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy and the current National Association of Pharmacy Regulatory Authorities “Professional Competencies for Canadian Pharmacists at Entry to Practice”. The graduate demonstrates an understanding of and is able to perform the pharmacist patient care process (collect, assess, plan, implement, follow up, evaluate, collaborate, document, communicate).

Examples of Evidence:

- Outline of educational outcomes and entry-to-practice competencies adopted by the program
- Curriculum mapping of educational outcomes or matrix of outcomes linked to course materials and expected level of achievement
- Graduation rate
- Success rate in national board examinations where applicable

Criterion 1.2: Students demonstrate practice-readiness that enables them to provide patient care as a collaborative member of a care team before starting culminating direct patient care required practice experiences.

Examples of Evidence:

- Description of the assessment methods utilized to confirm student readiness for collaborative practice
- Description of the professional activities that students are entrusted to perform during early, middle and culminating required practice experiences
- Description of the limits to entrusted professional activities due to federal or provincial laws, regulations and/or practice standards
- Mapping of entrusted professional activities to educational outcomes and contemporary practice responsibilities
- Evaluation, by students, preceptors and care team members, of the level of entrustability during practice experiences (e.g., observation only, direct supervision, reactive/indirect supervision, intermittent supervision, general direction)

Criterion 1.3: The curriculum educational framework and any subsequent changes are documented and evaluated against the required educational outcomes and competencies.

Examples of Evidence:

- Evaluation of the changes made to the program and the impact on educational outcomes

B. Learning Environment

Standard 2: The Faculty provides an environment and culture that promotes professional behaviour and harmonious relationships among students, and between students and faculty members, administrators, preceptors and staff.

Criterion 2.1: The Faculty has a student code of conduct that defines expected behaviours and consequences for deviation from the code. The code is consistent with University policy. Students are aware of the code of conduct and the process for appeals.

Examples of Evidence:

- Code of conduct and procedures regarding its communication and application
- Evidence of enforcement of the code through specific examples
- Incorporation of the code in student assessments
- Data from student surveys and assessments that indicates understanding of the code or ability to apply the code

Criterion 2.2: The Faculty supports student participation in provincial, regional and national pharmacy, scientific, and other professional organizations and activities.

Examples of Evidence:

- Policy for attendance
- Financial support
- Documentation of attendance at such events

Criterion 2.3: The Faculty implements strategies and activities to strengthen the professional culture of the student experience.

Examples of Evidence:

- Participation in professional curricular and extracurricular activities
- Service learning, volunteer experiences, community-engaged scholarship, social accountability or similar initiatives
- Participation in student-inspired interprofessional activities
- Other professional activities, such as white coat ceremonies and student-developed codes of conduct, honour codes, etc.
- Policy to guide student body relationships with the pharmaceutical industry with respect to the receipt of gifts or other benefits



C. Curriculum

Standard 3: The professional degree program in pharmacy has a minimum of four academic years, or the equivalent number of hours or credits, including a series of core courses, practice experiences and interprofessional experiences that support educational outcomes.

Criterion 3.1: The academic program leading to the Bachelor of Science in Pharmacy degree includes a total of 16 weeks (minimum) (640 hours) of practice experiences. The total hours of practice experiences provides the opportunity to develop proficiency in all competencies required for entry-to-practice pharmacy practice.

Criterion 3.1a: Early and mid-program practice experiences involve at least four weeks (160 hours) of student placement in direct patient care practice. Those experiences may be supplemented with additional volunteer activities, service learning or other forms of community-engaged learning.

Criterion 3.1b: The sustained period of required concluding practice experiences near the end of the program involves at least twelve weeks (480 hours) of full-time direct patient care practice.


Criterion 3.2: The academic program leading to the PharmD first professional degree includes a total of forty weeks (minimum) (1600 hours) of practice experiences. The total hours of practice experiences provides the opportunity to develop proficiency in all competencies required for entry to pharmacy practice.

Criterion 3.2a: Early and mid-program practice experiences involve at least 320 hours (8 weeks) of student placement in direct patient care practice. Those experiences may be supplemented with additional volunteer activities, service learning, or other forms of community-engaged learning.

Criterion 3.2b: The sustained period of required concluding practice experiences near the end of the program involves at least thirty-two weeks (1280 hours) of which at least twenty-four weeks (960 hours) comprises full-time direct patient care practice.

Examples of Evidence:

- Description of program general design and changes in design over the last 5 years
- Evaluation of design to meet educational outcomes
- Analysis of hours relative to requirements for placements
- Documentation of direct patient care service hours



Criterion 3.3: The Faculty ensures that the professional program includes diversity of required and elective courses, practice experiences, and intra- and inter-professional educational experiences that incorporate different levels of patient acuity, and an organized progression in the level of expected performance that supports growth in students' capabilities to meet educational outcomes.

Examples of Evidence:

- Details of program design
- Description of how the organization of foundational content, practice experiences, and interprofessional educational experiences address achievement of educational outcomes and program goals
- Evaluation of composition of and diversity within the curriculum (e.g., foundational content, practice skills, practice experiences)

Standard 4: The curriculum includes foundational content in: biomedical, pharmaceutical, behavioural, social, and administrative pharmacy sciences; clinical sciences including clinical practice skills; practice experiences; and intra- and inter-professional collaborative practice skills. The curriculum addresses outcomes and competencies to develop graduates that are capable of carrying out care provider, communicator, collaborator, leader-manager, health advocate, scholar and professional roles.

Criterion 4.1: The curriculum has content of sufficient depth, scope, timeliness, quality, sequence and emphasis to provide the foundation for the full scope of contemporary pharmacy practice responsibilities as well as emerging roles.

Examples of Evidence:

- Methods utilized to determine needs for foundational content
- Outline of foundational content, for example: anatomy, biochemistry, immunology, microbiology, molecular and cell biology, physiology, pathophysiology, medicinal chemistry, pharmacology, toxicology, pharmaceuticals, biopharmaceutics, pharmacokinetics, pharmaceutical biotechnology, pharmacogenomics, behavioural, social, administrative pharmacy sciences, profession of pharmacy, biostatistics, pharmacoepidemiology, health care economics, pharmacoeconomics, ethical and professional standards of practice, compounding, collaboration, communication, Indigenous cultural competency, cultural diversity, global citizenship, health systems planning, leadership, business and practice management, pharmacy law and regulatory issues, pharmacy informatics, pharmacotherapeutics, selfcare/non-prescription drug use, patient safety, patient education, professional learning and development, and quality improvement.

- Mapping of course content to educational outcomes and program goals
- Evaluation of integration of foundational content with other aspects of the curriculum (e.g. practice skills, practice experiences)

Criterion 4.2: Practice skills are developed to achieve educational outcomes through laboratory, simulation, and practice-based experiences.

Examples of Evidence:

- Outline of practice skills, for example: collaborative care, diagnostic and point-of-care testing, disease state management, dispensing and prescription processing, drug information, literature evaluation, evidence-based decision making, collaboration and shared decision-making, patient assessment, outcomes monitoring, patient and professional communications, accessing patient health information, documentation of care, physical assessment, administration of drugs by injection, prescriptive decision-making, medication therapy management
- Methods utilized to determine needs for the practice skills curriculum
- Mapping of practice skills to educational outcomes and contemporary practice responsibilities
- Achievement of educational outcomes

Criterion 4.3: The curriculum develops student leadership and professionalism.

Examples of Evidence:

- Examples of leadership development activities for students
- Documentation of leadership positions held by students
- Documentation of student professionalism during on and off campus activities

Standard 5: Practice experiences are of adequate intensity, breadth, structure, duration and variety so as to achieve educational outcomes. Practice experiences are acquired in high quality practice settings in a variety of care sectors, involving patients with a variety of healthcare service needs. Experiences integrate, reinforce and advance the knowledge, skills, attitudes and values developed through the other components of the professional program, including collaboration and teamwork.

Criterion 5.1: The curriculum includes practice experiences where students develop clinical skills necessary to assist a variety of patients with acute illnesses and/or chronic conditions in primary (community, ambulatory, home care), acute, and long-term care/personal care home settings in urban, rural/remote and marginalized communities, and patients in transition between care sectors or service locations. Each student acquires practice experience in primary care (community, ambulatory, home care) and acute care over the course of his/her program.

Examples of Evidence:

- Outline of practice sites, for example: practice sites providing primary care, acute care, long term care; rural, urban practice sites
- Analysis of practice experiences needed to meet curricular requirements
- Mapping of practice experiences to educational outcomes, competencies and contemporary practice responsibilities
- Evaluation of practice experiences, patients, and sectors of care and how these experiences address educational outcomes
- Proportion of students engaged in practice experiences offered in the curriculum, demonstrating breadth of practice exposure over the duration of the program
- Assessment of student access to practice experiences needed to meet the Standard

Criterion 5.2: Student tasks at all stages of experiential learning contribute meaningfully, productively, and safely to direct patient care and other professional activities of the practice site at a level appropriate to the student's level of preparedness and year of study.

Examples of Evidence:

- Mapping of student tasks to year of study, educational outcomes and contemporary practice responsibilities
- Evaluation, by students and preceptors, of student tasks, contributions, and preparedness and ability to contribute meaningfully, productively and safely to care delivery

Standard 6: The curriculum includes required intra- and interprofessional learning experiences, offered throughout the professional program, to enable a graduate to provide patient care as a collaborative member of a care team.

Criterion 6.1: Experiences address content to develop the expected competencies for intra- and interprofessional care and collaborative practice. Experiences are integrated throughout the professional program.

Examples of Evidence:

- Outline of content areas, for example: communication, teamwork, group dynamics, problem solving, negotiation, etc.
- Methods utilized to determine needs for intra- and inter-professional curriculum
- Evaluation of how the interprofessional competency framework adopted by the University and its academic units, interprofessional competencies, the interprofessional curriculum and/or activities is integrated within the program
- Evaluation, by students, faculty members, and preceptors, of intra- and inter-professional educational activities as it relates to expected outcomes
- Proportion of students engaged in intra- and inter-professional educational activities offered in the curriculum



D. Teaching, Learning, and Assessment

Standard 7: The Faculty utilizes a variety of teaching, learning and assessment methodologies to produce graduates who meet the required educational outcomes.

Criterion 7.1: The program includes an overall plan of instructional design that supports the needs of diverse learners while developing the knowledge, skills, behaviours and judgment required of the pharmacy graduate at entry to practice.

Examples of Evidence:

- Process to determine learning needs and teaching methods
- Instructional design outline that describes teaching and learning strategies utilized in the program, for example: large group, small group, simulation, laboratory experience, case discussion, practice experience
- Evaluation by students, faculty members and preceptors, of teaching and learning strategies

Criterion 7.2: A variety of assessment methods are systematically and sequentially applied throughout the program to provide formative and summative feedback to students, and to confirm students' achievement of educational outcomes.

Examples of Evidence:

- Examples of assessment methods utilized: formative, summative, self, or peer
- Mapping of teaching, learning, and assessment strategies to achievement of educational outcomes
- Outline of the reliable and valid assessment instruments utilized to measure cognitive learning and the mastery of practice skills, values and attitudes that contribute to achievement of educational outcomes
- Evidence of the effectiveness of assessment tools to achieve educational outcomes
- Evaluation of assessment methods utilized in the program, by students, faculty members and preceptors

Criterion 7.3: The Faculty utilizes criteria, policy, and procedures for academic progression, academic probation, dismissal, and readmission in accordance with University policy. Student responsibilities and rights to due process, including appeal mechanisms, are published and made available.

Examples of Evidence:

- Procedures utilized to document students' progressive achievement of the educational outcomes and competencies throughout the curriculum
- Process utilized to monitor student performance for the early detection of students in academic difficulty

- Evidence of expeditious intervention and access to student services, such as tutorial support or faculty advising
- Evidence of policy and procedures, website or calendar entries.
- Examples of remediation programs and outcomes
- Evaluation of assessment methodologies and student success in the program

Part II: Governance and Program Management

A. University Structure and Commitment

Standard 8: The Faculty is located in a University within an academic health sciences network or has a close relationship with a network of health care facilities that have an academic mission toward research and other scholarly activities.

Criterion 8.1: At a minimum, the other health sciences programs include Medicine and Nursing with whom the Faculty has effective collaborations. If the University does not have these programs, the Faculty has a formal alliance at another university within close proximity.

Examples of Evidence:


- Documentation to demonstrate effective collaboration with Medicine, Nursing and other health sciences programs where applicable

Criterion 8.2: The University demonstrates a commitment to research and other scholarly activities through appropriate infrastructure, in order to create an environment of scholarship for faculty members and students.

Examples of Evidence:

- Descriptions of scholarly projects shared across health sciences programs
- Description of research and other scholarly activity by the University and by the Faculty
- Number and types of post-graduate programs
- Opportunities for student involvement in research
- Key performance indicators that measure research productivity

Standard 9: The Faculty has University support for affiliations, collaborations, and partnerships (internal and external to the University) necessary to advance the education, research, clinical practices, and service missions of the Faculty.



Criterion 9.1: The University supports the development of suitable relationships between the Faculty and other academic and service units of the University and practice settings in order to provide an appropriate environment for education, research and patient care.

Examples of Evidence:

- University structure or the unit in which the Faculty resides, and how this supports the relationships with health sciences coordinating bodies

Criterion 9.2: Relationships, collaborations and partnerships required, supported or encouraged by the University are informed by policy, formal and informal agreements or affiliations that fully describe the terms and conditions expected or imposed on the Faculty, its faculty members and staff, and students and on the internal or external organizations, agencies, bodies, or facilities.

Examples of Evidence:

- Examples of how issues are addressed between partners
- Availability of University-affiliated health care teaching facilities to the professional program in Pharmacy
- Existence of formal agreements to codify the nature and intent of the relationship, collaboration, or partnership

Criterion 9.3: Policies, procedures, and documentation are in place to address actual, potential, or perceived conflict of interest, professional misconduct and breach of ethics.

Examples of Evidence:

- Conflict of interest, disclosure and development policy; policy regarding acceptance of gifts and benefits by individual faculty members, staff and students
- Examples of how the conflict of interest policy has been utilized
- Professional conduct policy

Standard 10: Formalized affiliation or contractual agreements are in place between the University and practice sites to outline the authority, privileges, obligations and responsibilities of the Faculty and the practice site.

Criterion 10.1: Agreements or other Faculty/Regulatory College/University policies that address student-related matters such as access to health services at the practice site, liability, insurance coverage, criminal records and abuse registry checks, student disclosures, immunization policy, patient confidentiality and privacy of records, and professional conduct expectations. Agreements provide for sufficient advance notice of termination by either party to permit the development of alternative arrangements where necessary.

Examples of Evidence:

- Examples of the legal support provided by the University
- Examples of formalized affiliation or contractual agreements between the Faculty and the practice site
- Contingency procedures that are utilized in the event a practice site withdraws from a placement commitment (e.g., job action, public health emergency, business closure, etc.)

Criterion 10.2: Preceptors and other clinical faculty members employed by the practice sites are offered or are eligible for an appropriate academic appointment to recognize their critical role in the education of students. Such appointments permit promotion in the relevant category according to established criteria where possible within existing University policy and collective agreements.

Examples of Evidence:

- Description of academic appointments in place

Criterion 10.3: Formalized agreements are in place for faculty members who provide services at a practice site either as a preceptor on an intermittent basis, as a term or permanent member of a practice site team, or as a researcher.

Examples of Evidence:

- Examples of letters of secondment or appointment to the staff of a practice site's department or clinical program, memoranda of understanding, clinical educator agreements, or similar.

Standard 11: The University has integrated and endorsed the concept of interprofessional education and collaboration in practice.

Criterion 11.1: The University enables relationships that support interprofessional learning.


Examples of Evidence:

- Evidence that collaboration among student groups is supported and encouraged
- Evidence of resources allocated to support interprofessional education is available
- Dedicated time, space and funding are available for interprofessional education

Criterion 11.2: Organizational structures and processes are in place to support interprofessional education.

Examples of Evidence:

- Evidence of the effectiveness of procedures and processes in place to support interprofessional education



Criterion 11.3: Interprofessional education is recognized as a valuable teaching responsibility within the academic health sciences.

Examples of Evidence:

- Examples of how interprofessional education scholarship has been valued in the promotion/tenure process

B. Faculty Organization and Leadership

Standard 12: The Faculty has a vision and mission aligned with that of the University in education, practice, research and other scholarly activities.

Examples of Evidence:

- Documentation that faculty members, staff and students are aware of how the Faculty's vision and mission statement aligns with the University's

Standard 13: The professional degree in pharmacy program is housed in a unit that is equivalent to a Faculty, College, or School.

Criterion 13.1: A Dean/Director heads the Faculty, College or School that offers the pharmacy program.

Examples of Evidence:

- Description of the unit within the University's overall organizational structure

Criterion 13.2: The unit's degree of autonomy is the same as other faculties or schools at the University.

Examples of Evidence:

- Description of budgeting processes relative to other health sciences faculties
- Reporting policy of the Dean/Director
- Process for curricular approval is the same as for other units in the university
- Procedure for faculty appointments is the same as for other units in the university

Standard 14: The Faculty is organized in a manner that facilitates the accomplishment of its mission and progress towards its vision.

Criterion 14.1: A Faculty governance structure is in place.

Examples of Evidence:

- Documentation of the Faculty governance structure, developed through faculty member consensus in accordance with University regulations
- Faculty organizational and administrative structure with lines of authority and responsibility
- Committees' structure and responsibilities

Criterion 14.2: The Faculty governance structure facilitates accomplishment of the mission and vision.

Examples of Evidence:

- Examples of how decisions are made in the context of the governance structure
- Evaluation of the governance structure's effectiveness in accomplishing the mission, vision and strategic plan

Criterion 14.3: The governance structure ensures that students are represented in relevant Faculty committees.

Examples of Evidence:

- Committee terms of reference and membership
- Opinions from students on their involvement

Standard 15: The Faculty engages with federal/provincial/ territorial (FPT) regulatory authorities and other bodies with respect to practice requirements, practice standards and health human resource planning. This relationship facilitates meeting professional, educational and societal needs.

Examples of Evidence:

- Documentation of interactions with the regulatory authorities and other professional bodies on specific issues
- Faculty participation in the activities of the regulatory authority and health care planning and health services delivery bodies
- Participation of regulatory authority and other health planning and health services delivery bodies in Faculty activities

Standard 16: The Faculty, under the leadership of a Dean/Director, fulfills its mandate in its professional program, research and scholarly mission.

Examples of Evidence:

- Examples of the Dean/Director's role in supporting change, innovation and quality improvement activities
- Criteria for appointment and review of the Dean/Director
- Job description of the Dean/Director

C. Planning and Evaluation

Standard 17: The Faculty has a current strategic plan that is systematically reviewed and updated to facilitate the achievement of the Faculty's mission, vision, goals and objectives. Plans and planning processes have the support and cooperation of the University administration.

Criterion 17.1: The planning process provides for broad-based input from faculty members, students, practitioners, FPT regulatory authorities, alumni, and other key stakeholders or constituent groups. The process considers financial, programmatic and academic planning within the context of professional changes occurring and anticipated.

Examples of Evidence:

- Description of the participants and outcomes related to the current strategic plan.

Criterion 17.2: The Faculty's strategic plan is current and has the support of senior University administration.

Examples of Evidence:


- Copy of the Faculty's strategic plan
- Description of the planning cycle for the next strategic plan
- Discussion about how the plan addresses the context of professional changes
- Description of alignment with the University plan
- Examples of senior administration support

Standard 18: The Faculty establishes and maintains systems that measure and evaluate the extent to which the mission, vision, goals and objectives are achieved.

Criterion 18.1: The Faculty's strategic plan is incorporated into operational activities.

Examples of Evidence:

- Communication processes to inform faculty members, students, preceptors, the profession and other interested parties of Faculty performance or achievements



Criterion 18.2: The Faculty establishes and maintains systems that provide information to support planning and direction that inform necessary changes.

Examples of Evidence:

- Performance indicators utilized to measure the progress or achievement in a program or activity (performance measures correspond to the strategic plan)
- The expected standard of performance or achievement
- The tools or sources for data utilized or collected to measure the indicator
- The frequency of data collection
- Description of the process to analyze the data and determine deviations from expected performance
- Examples of decisions made in response to data that were gathered

Standard 19: Interprofessional education and collaborative practice is embedded in Faculty policy and/or strategic plans.

Criterion 19.1: The policy and/or strategic plan includes the evaluation of interprofessional education.

Examples of Evidence:

- The mission of the Faculty signals its commitment to graduate collaborative practitioners
- The Faculty's policy and/or strategic plan contains a goal for interprofessional teaching and learning
- Demonstrated efforts toward achieving the goals for interprofessional learning
- Evidence of specific indicators utilized to evaluate interprofessional education

D. Admissions

Standard 20: The Faculty utilizes published criteria, policy, and procedures to admit students to the professional program in pharmacy. Applicants are informed that the English/French requirements for licensure may be different to those required for entrance to the University and that licensure to practice in a province requires meeting the language proficiency requirements established for the profession by the government in that particular province.

Criterion 20.1: Admissions criteria include the satisfactory completion of post-secondary, pre-professional course requirements in general education and basic and biomedical sciences.

Examples of Evidence:

- Pre-professional courses or requirements chosen to allow the students to be successful in the pharmacy program
- Established levels of expected academic achievement in the pre-professional requirements

Criterion 20.2: Admissions criteria assess the suitability of candidates to enter the profession of pharmacy.

Examples of Evidence:

- Assessment methods such as (but not limited to): results of standardized interviews of applicants; evaluation of verbal and/or written communication skills; evaluation of an understanding of the pharmacy profession; evaluation of the commitment to patient-focussed care
- Defined essential skills relevant to performance expectations in the academic program and subsequent practice of a pharmacist that could assist a potential applicant, with appropriate accommodations, if necessary to accurately gauge interest and suitability for the field of pharmacy
- Level of expected performance on other standardized tests
- Criminal record and abuse registry check(s)
- Immunization requirements

Criterion 20.3: The admission criteria and data that are utilized to determine offers of admission are made public.

Examples of Evidence:

- Website location(s) for information provided to applicants
- Admission policy and procedures
- Printed materials

Standard 21: A recruitment program is available to attract a diverse pool of well-qualified applicants.

Examples of Evidence:

- Recruitment materials
- Description of recruitment events or communications
- Description of the method utilized to determine quality and diversity in the current student enrolment and results of that determination
- Assessments of how the applicant pool and successful candidates reflect the diversity of people in the communities



E. Continuous Quality Assurance of the Program

Standard 22: A governance structure within the Faculty directs and supports the design, development, implementation, formative assessment, and review of a curriculum that satisfies the educational outcomes required for the professional program in pharmacy.

Criterion 22.1: The governance structure comprises faculty members, students and representatives from the profession or membership as permitted by University policy.

Examples of Evidence:

- Current membership list
- Terms of reference, structure, and reporting relationships within the Faculty
- Samples of minutes of meetings

Criterion 22.2: Regular systematic reviews of curricular content, structure, process, and outcomes are conducted:

- a) Evaluation of processes by which the program utilizes collected information and evaluation data to improve the quality of the various components of the program
- b) Evaluation of each component of the program, within the Faculty and at each practice site, to ensure that the educational objectives are being met
- c) Evaluation of resource allocation to ensure that resources and facilities are being utilized with optimal effectiveness across all components of the program
- d) Evaluation of faculty members, with evidence that faculty members receive feedback in a timely manner
- e) Evaluation of the effectiveness of liaison relationships between units, faculty/staff members, preceptors, and persons who come from outside the Faculty to support delivery of the curriculum
- f) Evaluation of the quality of the different learning environments (e.g., classroom, online, simulation lab, etc.)
- g) Evaluation of the outcomes of the education program, which includes but is not limited to:
 - i. Measurements of student performance, including range and type of variation in student performance across practice sites and education experiences
 - ii. Feedback from recent graduates who are able to reflect on their training having acquired a perspective on requirements of clinical practice
 - iii. Feedback from employers regarding competence of recent graduates in practice
 - iv. Feedback from National Board Examinations
- h) Development and implementation of plans to take action to correct or improve results

Examples of Evidence:

- Action plans to correct or improve academic outcomes with linkages to the curriculum map
- Documentation of how the curriculum map is updated and utilized
- Evaluation, quality plan, or quality improvement initiative progress and final reports
- Table summarizing the changes made to the program since the last on-site survey and evaluation data that triggered the changes
- Minutes of meetings at which evaluation is coordinated, planned, data are reviewed, or recommendations for improvement that arise are considered or approved for implementation
- Terms of reference for committee(s) responsible for continuous quality improvement
- Correspondence or agreements with other Faculties or academic units, or entities outside the University
- Evidence of disciplinary measures upon a graduate in the first two years after graduation that are made public by a regulatory authority
- Changes in practice experiences over the last 5 years
- Results of students' evaluations of practice experiences

Part III: Resources

A. Student Services

Standard 23: Students are supported and have a positive, safe, inclusive, non-discriminatory, inspiring experience while enrolled in the professional program of pharmacy.

Criterion 23.1: The Faculty has a just culture.


Examples of Evidence:

- Student opinion surveys document the evolving just culture of the Faculty
- Action plans are developed when surveys reveal gaps in just culture

Criterion 23.2: The Faculty has an ordered, accurate and secure system of student records that is maintained in accordance with University policy and privacy legislation.

Examples of Evidence:

- Record systems that manage, oversee, and coordinate student records and affairs
- Policy and procedures regarding the collection and release of information
- Changes in record systems over the last five years
- Audit of compliance and/or record of breaches as permitted by privacy legislation



Criterion 23.3: Students have access to financial aid and health services, orientation programs, academic advising and career-pathway counselling, housing, accommodation of needs governed by legislation, and services to meet requirements of the practice sites.

Examples of Evidence:

- Description of the types of student services available at the Faculty and those provided centrally at the University
- Percentage of students who withdraw from the program or delay completion
- Number of pharmacy students receiving financial aid per year
- Waitlist to access student services
- Barriers to accessing student services
- Feedback from students on adequacy of advising and counselling services
- Percentage of students who require a change of placement due to available housing
- Number of needs accommodation requests and number met
- Description of orientation, advising made available to student

Criterion 23.4: Student services personnel within the Faculty are qualified and trained appropriately to provide information about and referral to necessary services.

Examples of Evidence:

- Description of training provided to student services personnel within the Faculty

Criterion 23.5: Students, staff, faculty members and preceptors are aware of conditions under which they may register a complaint.

Examples of Evidence:

- Information available to students, staff, faculty members and preceptors about the process to follow to register a complaint
- Turnaround time for investigation and resolution of complaints
- Evidence that complainants have been made aware of the outcome of the investigation

B. Human Resources

Standard 24: The Faculty has sufficient human resources, including appropriately qualified faculty members, support and administrative staff, and preceptors to effectively deliver and evaluate the professional program.

Criterion 24.1: Within each discipline and curricular area there are appropriate diversity and depth of skills and experience among faculty members with academic title. Full-time faculty members may be complemented by part-time, cross-appointed or jointly-funded faculty members, and preceptors and voluntary faculty members with adjunct status or other appropriate academic title.



Examples of Evidence:

- List of faculty members including credentials, and roles and responsibilities within the professional program
- Summary of preceptors including credentials, practice area, and location of practice
- Documentation of teaching, research and administrative responsibilities of faculty members
- Involvement of faculty members in provision of direct patient care and professional services to patients
- Involvement of faculty members in generating and disseminating knowledge through scholarship
- Evaluation of changes in human resources over the past 5 years

Criterion 24.2: There is an adequate amount of appropriately skilled staff resources, such as: administrative assistants; secretaries; student services personnel; teaching assistants; laboratory instructors; and, information and communication technology personnel.

Examples of Evidence:

- Number and skills of administrative, secretarial and technical personnel
- Position descriptions and roles
- Organizational charts
- Justification of changes in human resources over the last five years
- Feedback from faculty members, students and staff on adequacy of staff resources

Criterion 24.3: The Faculty utilizes established criteria for selection of, and processes for, orientation and training for preceptors. Preceptors are committed to supporting the teaching process.

Examples of Evidence:

- Initial orientation and education offered to preceptors who are new to the experiential program
- Ongoing development program for preceptors who have worked previously with the experiential program, especially when major changes are made to placement expectations, assessment practices or expected learning outcomes
- Description of educational programs or development
- Evaluation of preceptor criteria, selection and training

Criterion 24.4: There is evidence of University support for professional development opportunities for faculty members, staff and preceptors, consistent with their respective responsibilities as it relates to teaching and assessment of students.

Examples of Evidence:

- Policy related to professional development and training
- Documentation of professional development and training completed by faculty members, staff and preceptors over the last two years
- Evidence of budget and expenditure for faculty and staff member development

- Evaluation of professional development and training needs, including support to achieve professional development/training program outcomes

Criterion 24.5: Faculty members, staff and preceptors are evaluated in accordance with Faculty policy, using multiple sources of information with reference to clearly outlined criteria. The Faculty performance evaluation policy is consistent with University policy.

Examples of Evidence:

- Evidence of adherence to written policy and procedures for faculty member, staff and preceptor evaluation
- University policy related to the process of faculty evaluation/performance review in the areas of teaching, research and service
- Documentation of reviews completed within the last two years

C. Practice Site Resources

Standard 25: The Faculty selects practice sites where student learning and skills development are adequately managed, supported and supervised. Practice sites meet relevant regulatory requirements.

Criterion 25.1: The Faculty has an administrative office or system led by an individual or individuals with appropriate qualifications or expertise in selection and evaluation of practice sites, and assessment of student performance.

Examples of Evidence:


- Staffing, responsibilities and organizational chart for this office or system
- Evidence of meeting requirements of practice sites where defined in formal and informal agreements

Criterion 25.2: The Faculty utilizes criteria for selection of practice sites.

Examples of Evidence:

- Criteria and/or policy related to selection of practice sites
- Compliance to the criteria and/or policy related to selection of practice sites
- Evaluation of practice environments as it relates to criteria for patient/client mix, pharmacy service model, direct patient care services and professionalism
- Description of the mechanism by which information about practice sites is maintained current

Criterion 25.3: The Faculty provides evidence of working collaboratively with practice sites and other health sciences programs of the University to ensure that student pharmacists are provided access to patients and facilities, support, and practice tools at the level necessary to achieve intended educational outcomes and expected patient care service deliverables.



Criterion 25.3a: The Faculty works collaboratively with practice sites and other health professions programs to make intra- and/or inter-professional care/collaborative practice environments available to student pharmacists.

Examples of Evidence:

- Description of interprofessional learning environments
- Evaluation of access to interprofessional learning environments in practice sites

Criterion 25.3b: The Faculty works collaboratively with practice sites to ensure that the practice site has appropriate amenities to support student learning.

Examples of Evidence:

- Description of amenities required at the sites to achieve program outcomes
- Evaluation of resources at practice sites in which students are placed
- Evaluation of practice environments as it relates to workspace and equipment needed to undertake practice experiences
- Evidence that feedback is provided to practice sites that do not meet (one or more) criteria


Criterion 25.3c: The Faculty works collaboratively with practice sites and other health sciences programs to ensure that a suitable model(s) of supervision is in place at each stage of the practice experience curriculum so that students have adequate oversight, coordination, guidance, instruction, assessment, and feedback. Qualified preceptors oversee all practice experiences.

Examples of Evidence:

- Evidence of support provided by the Faculty related to capacity-building in experiential placement sites
- Models of supervision and preceptorship
- Evaluation of models by students and preceptors
- Measurement of assessment consistency across preceptors and practice sites
- Description of support provided by the Faculty to practice sites with respect to preceptor supervision of students
- Extent to which other health sciences programs provide student preceptorship
- List of preceptors and their qualifications, linked to practice activities as appropriate

D. Financial Resources

Standard 26: The Faculty has adequate financial resources so that continuing operation of the professional programs and other elements of the Faculty mission are fulfilled.



Criterion 26.1: University and Faculty consultation informs decisions about the required financial resources to deliver the professional program.

Examples of Evidence:

- Description of the procedures utilized in determining the program budget
- Current program budget including details of revenues and expenditures
- Description of the procedures for assessing the adequacy of financial resources for faculty and staff member salaries, materials and equipment, faculty member development, curricular development, program facilities, and the facilitation of scholarly activities of the faculty members and outcomes of these procedures
- Significant changes in operational funding over the past five years
- Evaluation of current and future human resource needs to operate the program
- Comparative per student funding for the other health profession programs at the University and benchmark data from other pharmacy faculties in Canada
- Evaluation of financial resources supporting the program

Standard 27: The Faculty, with the support of the University, has access to diverse financial support to improve its program, including development/advancement activities to facilitate enrichment of the program.

Examples of Evidence:

- Documentation of funds obtained
- Development/advancement plans
- Initiatives for fund-raising
- Evaluation of how these funds are distributed and utilized

E. Physical Facilities and Infrastructure

Standard 28: Physical facilities and infrastructure of the Faculty and those at other University sites where students and faculty members are located are adequate and appropriately equipped to achieve the stated mission.

Criterion 28.1: The physical facilities and infrastructure are well-maintained, provide a contemporary environment for teaching and learning, and meet legal standards for disabled individuals. All teaching facilities are sufficient in number and adequate in size to accommodate the student body.

Examples of Evidence:

- Description of physical facilities and infrastructure such as classroom, laboratory, and simulation teaching/learning environments, and the infrastructure that supports those environments
- Office space for faculty members that provides privacy for study and for counselling students
- Description of facilities for support staff including space for clerical and receptionist duties, copying services, and the housing of equipment and supplies
- Evaluation of physical facilities and infrastructure including feedback from students, faculty members and staff on quality and quantity of those resources

Standard 29: The Faculty provides space for student activities and organizations.

Examples of Evidence:

- Documentation of the facilities available to students
- Student statements regarding the quality of space


F. Information Resources

Standard 30: The Faculty ensures access for all faculty members, preceptors and students to library and information resources that are sufficient in quantity and quality to support all educational and scholarly activities in accordance with the Faculty's mission and goals.

Criterion 30.1: On- and off-campus access to library resources is available to students, faculty members and preceptors.

Examples of Evidence:

- Evaluation of integration of library and information technology resources into the teaching program
- Evaluation of the range and type of access to journals, databases, and other learning resources
- Learning programs for acquainting students with the effective and efficient use of the library, both physical and electronic, as well as with the use of information storage and retrieval techniques
- Opinions of students, faculty members and preceptors on the adequacy of library resources

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- Estimates of utilization of available library resources by students and faculty members
 - Feedback from students, faculty members and preceptors on reliable access to library and information resources.
 - Document delivery services, and other methods for access to materials not readily available online

Criterion 30.2: Access to information technology and systems essential for pharmacy practice is available to students and faculty members in simulated practice environments and in practice sites.

Examples of Evidence:

- Demonstration of the range and type of information system access, and scope of information to which students and faculty members have access when in simulated practice environments and in practice sites
- Policy that describes how access to information technology in simulated practice environments and in practice sites is managed
- Learning programs for acquainting students and faculty members with information systems utilized in simulated practice environments and in practice sites
- Access to help desk support for information resources and systems utilized in simulated practice environments and in practice sites
- Evaluation of student access to information resources and systems in practice sites