

*The Canadian Council for Accreditation of
Pharmacy Programs*

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

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**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 evaluate the quality of pharmacy professional degree programs in Canadian universities and pharmacy technician programs to promote continued improvement of such programs.

These Accreditation Standards reflect those professional and educational attributes identified by the Council as essential for programs intending to develop practicing clinical patient-focused pharmacists. They are not appropriate for programs that are focused on the development of pharmacists intended for careers in industry or for degrees focused on pharmaceutical sciences. The Standards address both Baccalaureate in Pharmacy degree programs and Doctorate of Pharmacy programs. It is expected that these will serve during a transition period as programs adjust their curricula.

The 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 a quality pharmacy education is dependent on a variety of components, including general knowledge, basic and professional sciences, and professional practice experience. The goals and objectives of the pharmacy curriculum should 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. The Council therefore, believes in the preparation of competent graduates who have the ability to be medication-therapy experts and, together with other health care providers, can contribute to the making of decisions to ensure that services are effective and that the community is involved in improving the health of its residents. Consequently, pharmacists 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, they 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 who have different values, beliefs, and customs. They 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. They must practice with compassion,



empathy and integrity and they must be able to work in intra and interprofessional teams and be adaptable enough to work in a variety of settings. It is the Council's view that the educational outcomes established for a professional degree program in pharmacy should encompass the entrance-to-practice competencies specified by the appropriate licensing authority. A Faculty of Pharmacy or a regulatory authority may establish additional educational outcomes. However, the public and students are entitled to demand that the graduates of a professional degree program can demonstrate they have mastered the entrance-to-practice competencies. 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 these documents are considered an integral part of these Standards.

Glossary:

Course or courses – may also mean modules, phases, blocks of material or other organization of learning

Dean – refers to Dean or Director

faculty – academic staff who are part of a "Faculty"

Faculty – academic unit such as a Faculty, College or School

Interprofessional – refers to both intraprofessional and interprofessional

Weeks related to practice experiences – full time of approximately 40 hours per week

PLEASE NOTE – the information in italics is provided for consideration during the development of your comprehensive self-study document.

When a Faculty of Pharmacy is to be evaluated for purposes of accreditation the process begins with an in-depth analysis of its strengths and weaknesses. The comprehensive internal review involves the collation and review of information on faculty and student achievements and educational outcomes which demonstrate the program's success in attaining its objectives. The comprehensive internal review, therefore, encompasses judgments based on observed performances as well as more precise, quantitative measurements. The comprehensive internal review should provide program description and analysis, present findings and conclusions, appraise strengths and weaknesses and, where deficiencies exist, outline steps necessary for improvement.

As well as being a component of the accreditation process, comprehensive internal review findings serve as catalysts for improvement and provide the framework for strategic planning.

ORGANIZING FOR THE COMPREHENSIVE INTERNAL REVIEW

Your Application should be sent to the CCAPP office at least six months prior to the site visit.

It is recommended that the comprehensive internal review process be initiated at least 6 to 8 months prior to the dates scheduled for the site visit evaluation. The comprehensive internal review documents should be completed in sufficient time to permit distribution to evaluation team members at least TWO MONTHS prior to the dates for the site visit evaluation.

A special committee should be convened to develop and implement the comprehensive internal review process. The committee should be broadly-based to include administrative officers of the Faculty, faculty members, students, the profession and alumni (i.e. it is important to get by-in and solicit feedback from many stakeholders). It is recommended that an individual other than the Dean of the Faculty serve as chair of the comprehensive internal review committee. Wherever possible, the committee should have an appropriate staff person assigned to process and collate the information required by the various subgroups working on specific parts of the assessment.

COMPREHENSIVE INTERNAL REVIEW REPORT

Generally, in the comprehensive internal review report and for each standard, facts and findings (ideally presented in table format) should be analyzed to determine strengths and areas of improvement. It is recommended that an average page limit of 3-4 pages per standard be used. Appropriate referencing to supportive information (data, procedures and policy) should be provided with the text, and the supporting documents attached as appendices.

EVALUATING A FACULTY

Certain Standards are considered "critical Standards" and are identified by the number "3" in the 'Accreditation Standards for the First Professional Degree in Pharmacy Programs'. These Standards are considered to be critical in the determination of an accreditation decision. They carry a weighting of 3 points. Other standards carry a lesser weighting of 2 or 1. A score is calculated and the "CCAPP Accreditation Decision Tree" (Appendix 1) is then utilized. The Decision Tree identifies the length of the accreditation decision as well as an outline of procedures that are followed for each accreditation decision.

You may be asked, at a later date, for further information if the external report indicates there are standards for which you may not be in compliance. A specific plan of action, along with a stated timetable, may also be requested at that time to assure compliance with the CCAPP Standards.

While a Faculty may wish to informally judge its compliance (i.e. 'met', 'not met', 'partially met') with CCAPP standards during its internal review process, the final documents submitted to CCAPP site visit evaluation team members —should not include the Faculty's opinion of its compliance with the Standards.

EXECUTIVE SUMMARY

On completion of the self-study, an executive summary should be prepared summarizing the general strengths and weaknesses under each Section (3-4 pages only) and placed at the front of your self-study document.

I: Institution Setting and Governance

A: University Structure and Commitment

In this section it is important to include an evaluation of the effectiveness and enumerate the strengths and weaknesses of the existing administrative organization in terms of function and performance.

Standard 1: The Faculty must be located in a University within an academic health sciences network or establish a close relationship with such a network of health care facilities that have an academic mission towards research and other scholarly activities.

3

Criterion 1.1: At a minimum the other health sciences programs must include Medicine and Nursing. If the University does not have these programs, the Faculty must establish a formal alliance at another university within close proximity.

Criterion 1.2: The University must demonstrate a commitment to research and other scholarly activities through appropriate infrastructure.

Examples of Evidence:

- Description of the commitment to research and other scholarly activity by the University and by the Faculty to the faculty members.
- Graduate programs
- Opportunities for student involvement in research.
- Research funding over the past 5 years.

Standard 2: The Faculty must have 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.

2

Criterion 2.1: Relationships with partners: The University must support the development of suitable relationships between the Faculty and other academic and service units of the University and health care facilities for instruction, research and patient care.



Criterion 2.2: Policies: Relationships, collaborations and partnerships required, supported or encouraged by the University must be informed by policies, formal and informal agreements or affiliations that fully describe the terms and conditions expected or imposed on the Faculty, its faculty and staff, and students and on the internal or external organizations, agencies, bodies, or facilities.

Criterion 2.3: Conflict of Interest: Policies and Procedures to address potential conflicts of interest, and professional conduct and ethics, must be in place.

Examples of Evidence:

- Description of the Faculty's relationship to the University official holding final responsibility for the academic mission of the University.
- University structure and how this supports the relationships with health sciences coordinating bodies and councils.
- Description of relationships with health care facilities.
- Evidence of interprofessional collaboration and education.
- Conflict of interest policies, disclosure policies, development policies, policies regarding acceptance of gifts and benefits by individual faculty, staff and students.
- Availability of University-affiliated health care teaching facilities to the professional program in Pharmacy.
- Existence of formal agreements signed by authorized representatives to codify the nature and intent of the relationship, collaboration, or partnership;

Standard 3: The University has integrated and endorsed the concept of interprofessional education and collaboration in practice. 2

Criterion 3.1: The University must demonstrate an awareness and understanding of interprofessional education for interprofessional collaboration.

Criterion 3.2: The University must enable relationships that support interprofessional learning.

Criterion 3.3: Organizational structures and processes must be in place to support interprofessional education.

Criterion 3.4: Interprofessional education must be recognized as a valuable teaching strategy for inter-program collaboration.

Examples of Evidence:

- Communications strategies are in place to facilitate awareness and understanding of interprofessional education for interprofessional collaboration
- Evidence is present of an institutional structure to support strategic planning and delivery of interprofessional education
- Evidence of resources allocated to support interprofessional aspects of education is available

- Dedicated time, space and funding are available for interprofessional education through, for example, an office or faculty member dedicated to interprofessional education
- Evidence that collaboration among student groups, possibly a chapter of the National Health Sciences Students Association, is supported and encouraged

B. Faculty Organization and Leadership

If the Faculty is departmentalized, divisionalized or has informal groupings, each subunit should have its own goals and objectives. It is important to describe how these integrate with the goals and objectives of the Faculty. Be sure to evaluate the effectiveness of the existing administrative organization in terms of function and performance.

Standard 4: The Faculty must have a vision and mission aligned with that of the University in education, practice, research and other scholarly activities. 1

Examples of Evidence:

- Documentation of the alignment of the vision and mission of the University with that of the Faculty.
- Documented support of the Faculty by senior university administration.

Standard 5: The professional degree in pharmacy program must be housed in a unit that is equivalent to a Faculty, College, or School and be headed by a Dean or Director. It is expected that the unit's degree of autonomy is the same as other faculties or schools at the University 3

Examples of Evidence:

- Reporting policies
- Process for curricular design and approval
- Procedure for faculty appointments

Standard 6: The Faculty must be organized in a manner that facilitates the accomplishment of its mission and progress towards its vision. 2

Examples of Evidence:

- Faculty organizational and administrative structure with lines of authority and responsibility
- Defined governance structure, developed through faculty consensus in accordance with University regulations

- Position descriptions
- Committee structure and responsibilities
- Evaluation procedures and data for the effectiveness of the structure

Standard 7: The Faculty must engage with federal/provincial/territorial (FPT) regulatory authorities and other professional bodies, with respect to practice requirements, practice standards and health human resource planning. This relationship should facilitate meeting professional, educational and societal needs.

2

Examples of Evidence:

- Documentation of interactions with the regulatory authorities and other professional bodies
- Faculty participation in the activities of the regulatory authority
- Regulatory authority participation in Faculty activity
- Joint activities
- University support for these initiatives

Standard 8: The Dean must be an individual who has the educational background, professional qualifications and relevant experience to lead the professional program, research and scholarly mission and practice activities of the Faculty of Pharmacy.

2

Examples of Evidence:

- Curriculum vitae and job description of the Dean
- Criteria for appointment and review of the Dean

C. Strategic Planning and Evaluation

It is important in this section to address the process used by the Faculty to assess how well the mission, goals and objectives of the Faculty are being achieved.

The Faculty's Strategic Plan should be a free-standing, self-contained document. It should be provided as a separate document and not included as part of this section of the comprehensive internal review.



Standard 9: The Faculty must engage in a broadly-based, systematic planning process and have a current strategic plan that facilitates achievement of the Faculty’s mission, goals and objectives. Plans and planning processes must have the support and cooperation of the University administration.

3

Criterion 9.1: The planning process must occur regularly and provide for broadly-based input from faculty, students, practitioners, FPT regulatory authorities, alumni, and other key stakeholders or constituent groups. The process should consider financial, programmatic and academic planning within the context of professional changes occurring and anticipated.

Criterion 9.2: There must be evidence that 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
- The strategic planning procedures used by the Faculty, including the participants and their affiliations
- Discussion on how the plan addresses the context of professional changes and documentation provided by professional pharmacy organizations
- Description of integration with the University plan
- Examples of senior administration support

Standard 10: The Faculty must establish and maintain systems that measure and evaluate the extent to which its mission, goals and objectives are being achieved, and provide information to support planning and decision-making in the Faculty.

2

Examples of Evidence:

- Indicators used to measure performance or achievement in a program or activity
- The expected standard of performance or achievement
- The tools or sources for data used 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 was gathered
- Communications processes to inform faculty, students, preceptors, the profession and other interested parties of Faculty performance or achievements

Standard 11: Support for interprofessional education and interprofessional practice must be embedded in Faculty documentation such as policies and strategic directions.

2

Examples of Evidence:

- The mission of the Faculty signals its commitment to graduate collaborative practitioners
- Interprofessional education experiences are embedded in the curriculum
- The Faculty's strategic plan contains a goal for interprofessional teaching and learning

II: Resources

It is important to provide an assessment of the resources in relation to organizational structure, faculty, staff, student body, and academic programs offered by the faculty.

A. Faculty and Staff

Standard 12: The Faculty must have sufficient human resources, including appropriately qualified faculty, support and administrative staff, to effectively deliver and evaluate the professional program.

3

Criterion 12.1: Within each discipline and curricular area there must be an appropriate mix, depth and balance of faculty members with appropriate academic titles and experience. The full-time faculty may be complemented by part-time, cross-appointed or jointly-funded faculty, as well as preceptors and voluntary faculty with adjunct status or other appropriate academic titles.

Examples of Evidence:

- Inventory of faculty
- Curriculum vitae including documentation of professional credentials and expertise related to their area of program delivery
- Workload reports that reflect teaching, research and administrative responsibilities
- Composition of the Faculty as it relates to the relevant disciplines within the biomedical, pharmaceutical, social/behavioural/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement
- Involvement in provision of direct patient care and professional services to patients by the professional practice faculty members
- Involvement of faculty in generating and disseminating knowledge through scholarship



Criterion 12.2: There must be adequate and 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
- Organizational charts
- Description of the types of available services at the Faculty and those provided centrally at the University

Criterion 12.3: Faculty members must be evaluated in accordance with University policies, using multiple sources of information, with reference to clearly outlined criteria.

Examples of Evidence:

- Written policies and procedures for faculty evaluation.
- University policies related to the process of performance review in the areas of teaching, research and service

Criterion 12.4: There must be evidence of University support for professional development opportunities for faculty and staff, consistent with their respective responsibilities and their enhancement of teaching and assessment of students.

B. Financial Resources

Standard 13: The Faculty must have adequate financial resources so that continuing operation of the professional programs and other elements of the Faculty mission are fulfilled.

3

Examples of Evidence:

- Description of the procedures used 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 salaries, materials and equipment, faculty development, curricular development, program facilities, and the facilitation of scholarly activities of the faculty and outcomes of these procedures
- Support for the programs goals and needs
- Support for the continuing operation of the program at an appropriate level
- Significant changes in the budget over the past five years
- Current and future human resource pharmacy workforce planning needs
- Admission class size
- Operating grant per student

- Comparative per student funding for the other health profession programs at the University and benchmark data from other pharmacy Faculties in Canada
- Availability of, and support to, clinical teaching placement sites sufficient for all components of the academic program
- Description of how the financial resources to deliver the professional program are informed by collaborative government, University and Faculty consultation

Standard 14: The Faculty, with the support of the University, must have access to diverse financial support, including development activities to facilitate enrichment of the program.

1

Examples of Evidence:

- Documentation of funds obtained
- Initiatives for fund-raising
- Description of how these funds are distributed and used

C. Physical Facilities

Standard 15: The physical facilities of the Faculty and those at other University sites where students and faculty are located, must be adequate and appropriately equipped to achieve the stated mission.

3

Examples of Evidence:

- General, practice and simulated facilities sufficient so that both individual and team learning experiences occur and that each student has the opportunity to participate
- Documentation of adequate space, instrumentation, information technology resources, supplies and services to support all activities of the Faculty
- Office space for faculty that provides privacy for study and for counselling students
- Adequate facilities for support staff including space for clerical and receptionist duties, copying services, and the housing of equipment and supplies
- Examples of space provided for student activities and organizations
- Description of how your facilities meet legal standards for disabled individuals

D. Information Resources

Standard 16: The Faculty must ensure access for all faculty, preceptors and students to library and learning resources that is sufficient in quantity and quality to support all educational and scholarly activities in accordance with the Faculty's mission and goals.

2

Examples of Evidence:

- Description of the library, its holdings and its adequacy with respect to the program
- Identity and qualifications of the professional librarian that supports the program
- Faculty liaison or committee that ensures appropriate integration of library resources into the teaching program
- Student access to the library
- Student access to electronic information resources including journals, databases and other learning resources
- Programs for acquainting the 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
- Student and faculty opinions on the adequacy of library resources
- Estimates of utilization of available library resources by students and faculty

Criterion 16.1: The Faculty should ensure availability of remote access technologies and mechanisms that facilitate utilization of library information from off-campus and experiential program teaching sites.

Examples of Evidence:

- Description of search capabilities
- Documentation of on-line access for sites and preceptors
- Document delivery services, and other methods for access to materials not in the collection

Criterion 16.2: The Faculty and University should recognize experiential program preceptors and clinical training sites as authorized users and provide them, consistent with legal restrictions, with online (complimentary) access to library electronic collections, journals and databases as part of the Faculty's support to external clinical faculty.

III: Students

An evaluation of the overall state of student/faculty relations and the overall level of student satisfaction with the Faculty of Pharmacy program should be included.

A. Student Services and Activities

Standard 17: Within the Faculty, there must be an administrative structure devoted to student services.

2

Criterion 17.1: The Faculty must have an ordered, accurate and secure system of student records, that are maintained in accordance with University policies and FPT privacy legislation.

Examples of Evidence:

- Record systems that manage, oversee and coordinate student records and affairs.
- Policies and procedures regarding the collection and release of information

Criterion 17.2: Student services personnel within the Faculty must be appropriately trained to provide necessary services, and be familiar with the range of support services available at the University to refer students as appropriate.

Examples of Evidence:

- Description of training provided to student services personnel within the Faculty
- Provision of information about financial aid
- Facilitation of access to health services
- Procedures for immunizations and for meeting the requirements of the experiential practice sites
- Provision of academic advising and career-pathway counselling
- Policies pertaining to human rights legislation
- Orientation programs prior to the start of the formal curriculum
- Policies for student accommodation

Standard 18: The Faculty must have student representation on relevant Faculty committees.

2

Examples of Evidence:

- Committee terms of reference and membership

Standard 19: The Faculty must have suitable mechanisms to develop student leadership and professionalism, forums for student dialogue, and must ensure adequate communication of student opinions and perspectives.

1

Examples of Evidence:

- Existence of student government within the Faculty
- Faculty representation on student governance bodies
- Description of forums for student dialogue, and ways to ensure adequate consideration of student opinions and perspectives
- Systematic evaluation procedures (including such things as questionnaires, exit interviews) for the purpose of evaluating faculty, curriculum and other aspects of the professional program
- Continuous quality improvement activities and feedback to the students

Standard 20: The Faculty must have adequate space for student activities and organizations.

1

Examples of Evidence:

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

Standard 21: The Faculty must provide an environment and culture that promotes professional behaviour and harmonious relationships among students, faculty, administrators, preceptors and staff.

2

Criterion 21.1: The Faculty must have, via a broadly-based process, a student code of conduct (consistent with University policies on student, faculty, preceptor, and staff professionalism) that defines expected behaviours and consequences for deviation from the code, as well as due process for appeals. The students must be made aware of the code of conduct and process for appeals.

Examples of Evidence:

- Code of conduct and procedures regarding its communication and application
- Evidence of student understanding of the expectations and consequences of violations to the code
- Evidence of individual student acceptance of the code and consequences of violations
- Evidence of enforcement of the code

Criterion 21.2: The Faculty must support student participation in provincial, regional and national pharmacy, scientific, and other professional organizations and activities.

Examples of Evidence:

- Policies for attendance
- Financial support

Criterion 21.3: The Faculty must implement 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, and policies to guide student body relationships with the pharmaceutical industry with respect to the receipt of gifts or other benefits.

B. Admissions

Standard 22: The Faculty must establish criteria, policies, and procedures for admission to the professional program in pharmacy. [Applicants should be aware that the English/French requirements for licensure may be different to those required for entrance to the University. Licensure to practice in a province requires meeting the language proficiency requirements established for the profession by the government in that particular province.]

3

Criterion 22.1: Admissions criteria must 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. For example, basic and biomedical sciences (general chemistry, organic chemistry, biological sciences, mathematics, information and communication technologies, and physical sciences); general education (humanities, behavioural sciences, social sciences, and communication skills)
- Established levels of expected academic achievement in the pre-professional requirements

Criterion 22.2: In addition to academic requirements, admissions criteria must include other devices or tools that are designed to assess the suitability of candidates to enter the profession of pharmacy.

Examples of Evidence:

- Assessment methods such as (but are not limited to): the results of in-person standardized interviews of applicants; evaluation of verbal and/or written communication skills; evaluation of an understanding of the pharmacy profession; or evaluation of the commitment to patient-focused care
- Defined essential skills relevant to performance expectations in the academic program and subsequent practice of a pharmacist that could assist a potential applicant to accurately gauge their interest and suitability for the field of pharmacy. This document could also be used in identifying required skills that could impede applicants with certain disabilities (even with appropriate accommodations) from fully acquiring the competencies defined for graduates.
- Level of expected performance on other standardized tests
- Application of NAPRA language criteria
- Criminal record and child abuse registry check
- Immunization requirements

Criterion 22.3: The Faculty must develop and publish their mechanism for the weighting of admission criteria and the data that are used to determine offers of admission.

Examples of Evidence:

- Website locations for information provided to applicants
- Admission policies and procedures
- Printed materials

Standard 23: The Faculty must establish a recruitment program to provide a pool of well-qualified applicants.

1

Examples of Evidence:

- Recruitment materials
- Description of recruitment events or communications
- Description of the method used to determine quality and diversification in the current student enrolment and results of that determination

IV: Academic Program

It is important to include a clear curriculum map and how the mapping was done (relative to the AFPC Educational Outcomes and the NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice).

If practice experiences are structured under co-op arrangements, the Faculty must ensure that the co-op site and preceptor selection criteria, program-defined educational outcomes, length of practice experiences, and student assessment procedures are established and verified in a manner equivalent to traditional experiential placements.

A. Curriculum Management

Standard 24: The Faculty must have a curriculum committee and/or related bodies that is/are responsible for the planning, design, organization and improvement of the curriculum.

3

Criterion 24.1: The committee(s) must be composed of faculty, students and representatives from the profession or membership as permitted by University policies.



Criterion 24.2: Curricular oversight by the relevant committee(s) must include a definition of curricular goals and structure, educational outcomes, course content, instructional and assessment strategies, and continuous curriculum evaluation for quality improvement.

Criterion 24.3: The relevant committee(s) must have adequate resources to serve as the central body for the management of orderly and systematic reviews of curricular structure, content, process, and outcomes, based on assessment data.

Criterion 24.4: The relevant committee(s) must establish appropriate liaison mechanisms with units and instructors who come from outside the Faculty to ensure effective instructional delivery and to ensure assessment and achievement of the educational objectives of the professional degree program.

Examples of Evidence:

- Committee structures and terms of reference
- Minutes
- Correspondence or agreements with other Faculties or academic units
- Description of how assessment data are used

B. Educational Outcomes and General Curriculum Design

Standard 25: The professional program in pharmacy must be based on an organized educational framework and continuous quality monitoring which will facilitate development of graduates to be medication therapy experts, able to provide optimal drug therapy through patient-centred care.

3

Criterion 25.1: The intended outcomes must be based on the current AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy and must prepare graduates to meet the current National Association of Pharmacy Regulatory Authorities “Professional Competencies for Canadian Pharmacists at Entry to Practice”.

Examples of Evidence:

- Outline of educational outcomes and entry-to-practice competencies adopted by the program
- Curriculum mapping to educational outcomes or matrix of outcomes and expected level of achievement, linked to course objectives and, most importantly, to experiential activity objectives

Criterion 25.2: The Faculty must develop a framework for continuing program quality assessment and improvement.

Examples of Evidence:

- List of recurrent measurements, including their frequency and sectors of impact*, organized in a systematic way as to obtain data on program strengths and aspects needing improvement
- Documents detailing the indicators measured for the different sectors of impact* to track program quality over time

Criterion 25.3: The curriculum, and any subsequent changes to it, must be documented and evaluated against the required educational outcomes and competencies.

Examples of Evidence:

- Table summarizing the changes made to the program over the years and the measurement or data that triggered these changes
- List of changes made to the program and assessment of the impact on the desired educational outcomes

Standard 26: The professional degree program in pharmacy must be a minimum of four academic years, or the equivalent number of hours or credits, including a series of core courses, practice experiences and interprofessional educational experiences.

3

Examples of Evidence:

- Curriculum summary showing both horizontal and vertical sequencing and integration of material
- Curriculum map showing how outcomes/competencies are met
- Descriptive material outlining the curriculum structure

C. Core Curriculum - Knowledge and Skills

Standard 27: The core curriculum must include a balance of coursework in biomedical sciences, pharmaceutical sciences, behavioural, social and administrative sciences, and clinical sciences and practice skills.

3

Criterion 27.1: The curriculum must include foundational content in the biomedical sciences that provides the basis for understanding health promotion and disease prevention, and should include (but is not limited to) content in anatomy, biochemistry, immunology, microbiology, molecular and cell biology, physiology, and pathophysiology (any or all of which can be started in the pre-pharmacy program and extended in the professional program).



Examples of Evidence:

- Documents showing course content

Criterion 27.2: The curriculum must include content in the pharmaceutical sciences of such depth, scope, timeliness, quality, sequence, and emphasis to provide foundation for and support to the intellectual and clinical objectives of the professional program in pharmacy. This should include but is not limited to medicinal chemistry, pharmacology, toxicology, pharmaceuticals, biopharmaceuticals, pharmacokinetics, pharmaceutical biotechnology and pharmacogenomics.

Examples of Evidence:

- Documents showing course content, topics and learning outcomes

Criterion 27.3: The curriculum must include content in the behavioural, social, and administrative pharmacy sciences that provides the basis for understanding and influencing management processes in pharmacy, pharmacy and health systems, the drug safety system, the causes and prevention of health system (including medication) errors, and the role of governments in the planning, funding and delivery of health care services. This should include but is not limited to content in the profession of pharmacy, biostatistics, pharmacoepidemiology, health care economics, pharmacoconomics, ethical and professional standards of practice, cultural diversity, health systems, business and practice management.

Examples of Evidence:

- Documents showing course content, topics and learning outcomes

Criterion 27.4: The curriculum must include a clinical sciences component that provides for the understanding and acquisition of the knowledge and development of the skills necessary for the delivery of competent care to, or on behalf of, patients throughout the health care system. This should include, but is not limited to content in clinical pharmacokinetics, complementary and alternative medicines, drug abuse and dependency, drugs in pregnancy, emergency first care, geriatrics, health promotion and disease prevention, immunization, information technology and practice support tools, medication administration, nutrition, pediatrics, pharmacy law and regulatory issues, pharmacotherapeutics, the pharmacist's role in public health, the pharmacist's role in primary care, medication and patient safety practices, and self care/non-prescription drug use.

Examples of Evidence:

- Documents showing course content, topics and learning outcomes



Criterion 27.5: Clinical practice skills must be developed through appropriate environments such as practice, laboratory or simulation experiences. This should include but is not limited to collaborative care with other health care providers, compounding, diagnostic and point-of-care testing, disease state management, dispensing and prescription processing, drug information provision including drug literature evaluation (including assessment of primary and tertiary sources), evidence-based decision making, patient assessment and outcomes monitoring, patient and professional communications, patient health information and documentation of care, physical assessment, and medication prescribing or drug therapy management by pharmacists.

Examples of Evidence:

- Course materials showing activities and assessments in clinical skills

D. Core Curriculum - Practice Experiences

Standard 28: Practice experiences must be of adequate intensity, breadth, structure and duration so as to achieve the defined educational outcomes, and must integrate, reinforce and advance the knowledge, skills, attitudes and values developed through the other components of the professional program, including collaboration and teamwork. 3

Criterion 28.1: The curriculum must include practice experiences where students can develop the appropriate clinical skills to assist a variety of patients, including the management of patients with acute illnesses and/or chronic conditions in primary care, long-term care, critical or emergency care, and those in the transitions between levels of care.

Criterion 28.2: Student tasks during all stages of experiential learning must contribute meaningfully and productively to direct patient care and the professional activities of the practice site at a level appropriate for the student's year of study.

Examples of Evidence:

- Examples of direct patient care activities
- Practice experience manuals
- Assessment forms
- Description of practice experience goals, objectives and outcomes which describe patient care activities
- Outlines of various rotations/activities at various sites
- Feedback from practice sites

Criterion 28.3: All practice experiences must be under the supervision of appropriate qualified preceptors.

Examples of Evidence:

- List of preceptors and their qualifications, linked to practice activities as appropriate
- Preceptor training materials

Criterion 28.4a: The academic program leading to the Bachelor of Science in Pharmacy degree must include a total of 16 weeks (minimum) (640 hours) of practice experiences. The total hours of practice experiences must provide the opportunity to develop proficiency in all competencies required for entry-to-practice pharmacy practice.

Criterion 28.4b: For the Bachelor's degree, early and mid-program practice experiences must involve at least four weeks (160 hours) of student placement in practice sites and may be supplemented with additional volunteer activities, service learning or other forms of community-engaged learning.

Criterion 28.4c: For the Bachelor's degree, a sustained period of required concluding practice experiences near the end of the program must involve at least twelve weeks (480 hours) of fulltime, student placement in practice sites.

Criterion 28.4d: The academic program leading to the PharmD first professional degree must include a total of forty weeks (minimum) (1600 hours) of practice experiences. The total hours of practice experiences must provide the opportunity to develop proficiency in all competencies required for entry to pharmacy practice.

Criterion 28.4e: For the PharmD (first professional degree) program, early and mid-program practice experiences must involve at least eight weeks (320 hours) of student placement in practice sites and may be supplemented with additional volunteer activities, service learning or other forms of community-engaged learning.

Criterion 28.4f: For the PharmD (first professional degree), a sustained period of required concluding practice experiences near the end of the program must involve at least twenty-four weeks (960 hours) of fulltime, student placement in practice sites.

Examples of Evidence:

- Documentation that early and mid-program practice experiences are offered in primary care and institutional practice settings for purposes of developing professional skills in students and that they are organized as a curricular progression so as to support growth in the student's capabilities.
- Documentation that student activities in early and mid-program practice experiences are synchronized with, and focus on refinement of skills introduced in the classroom or practice laboratory (experiences may be designed in conjunction with didactic courses or as a discrete experiential offering).
- Documentation of concluding practice experiences near the end of the program and their provision for active participation and in-depth experiences to refine practice skills and to develop, in a graded fashion, the level of confidence, judgement, efficiency and responsibility needed for independent practice (concluding practice experiences should



not present new or added core knowledge or professional skills to students rather the concluding practice experiences should be structured to permit students to integrate and apply core knowledge and techniques initially presented in the classroom or laboratory, in the provision of competent patient care at the practice site)

- Mapping of practice experiences to NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice (March 2014).

Standard 29: The Faculty must ensure that there are adequate personnel, resources, practices, and systems in place to support student learning and skills development at the practice sites selected for student practice experiences, and those practice experience sites must meet relevant regulatory requirements.

2

Examples of Evidence:

- Policies related to selection of sites and preceptors
- Appropriate licenses
- Practice credentials
- Description of educational programs or development
- Models of supervision
- Outcome measures
- Practice activities
- Schedules
- Measurement of assessment consistency across preceptors and practice sites

Criterion 29.1: The Faculty must provide evidence of working collaboratively with other health sciences programs of the University, as well as practice experience sites, to ensure that pharmacy students are provided access to patients and facilities, support and work tools at the level necessary to achieve intended educational outcomes and expected patient care service deliverables.

Criterion 29.2: Practice sites must be able to provide interprofessional collaborative learning environments.

Criterion 29.3: The Faculty must have established criteria and training for preceptors and preceptors must be committed to supporting the teaching process.

Examples of Evidence:

- Preceptor orientation and education program (for both new and experienced preceptors)

Criterion 29.4: The Faculty must have established criteria for selection of practice sites.

Criterion 29.5: The model of supervision at each stage of the practice experience curriculum must ensure adequate oversight, coordination, guidance, instruction, and assessment of each student.

Criterion 29.6: The practice site must have appropriate amenities to support student learning.

Standard 30: An adequately resourced administrative office or system must be in place to manage the experiential program including practice sites and preceptors, and the quality assurance program for the practice experiences.

2

Examples of Evidence:

- Staffing for this office or system
- Preceptor orientation and training program (for both new and experienced preceptors)
- Standards or criteria for selection and evaluation of preceptors and practice sites

Criterion 30.1: The administrative office or system must be led by an individual or individuals with appropriate qualifications or expertise in selection, development and evaluation of practice sites, and assessment of student performance

Criterion 30.2: The Faculty must establish a quality assurance program for the practice experiences component of the curriculum.

Examples of Evidence:

- Practice experiences materials such as manuals, on-line materials, assessment methods
- Results of student evaluations of practice experiences
- Outline of quality assurance and improvement processes

Standard 31: Appropriate formalized affiliation or contractual agreements must be in place between the University and the experiential site to outline the authority, privileges, obligations and responsibilities of the Faculty and the Site.

1

Examples of evidence

- Examples of the legal support available

Criterion 31.1: Agreements should address student-related matters such as access to health services at the site, liability, insurance coverage, criminal record background checks, student disclosures, immunization policies, patient confidentiality and privacy of records, and professional conduct expectations.



Criterion 31.2: Preceptors and other clinical faculty employed by the experiential sites should be offered or be eligible for an appropriate academic appointment to recognize their critical role in the education of students. Such appointments should permit promotion in the relevant category according to established criteria.

Criterion 31.3: Agreements should provide for sufficient advance notice of termination by either party to permit the development of alternate arrangements, should these become necessary.

Examples of Evidence:

- Examples of agreements
- Description of any academic appointments in place

E. Interprofessional and Intraprofessional Education

Standard 32: The program must provide elements within the required curriculum for interprofessional interaction with students and faculty from other health profession programs.

2

Criterion 32.1: The curriculum must include required interprofessional learning experiences to facilitate the development of patient care communications, teamwork, and problem-solving skills, and to broaden the understanding of pharmacy students about the roles and competencies of other health professionals, including pharmacy technicians.

Criterion 32.2: Interprofessional learning experiences must be offered throughout the professional program, and may include variable modalities such as small group settings, skills simulations, case discussions, and as part of the experiential program.

Criterion 32.3: The interprofessional learning experiences must be designed to develop a set of required competencies, and appropriate assessment strategies must be employed to ensure that graduates meet the competencies.

Examples of Evidence:

- Support for interprofessional education and interprofessional practice embedded in the Faculty's strategic plan and curriculum
- Evidence that interprofessional learning is mandatory for students in the health sciences
- Evidence that interprofessional education is recognized as a valued teaching strategy
- Faculty development opportunities for preceptor interprofessional continuing professional development
- Descriptions of engagement of students in interprofessional activities
- A list of interprofessional team members and role models and an indication of how they accomplish the identified interprofessional learning objectives/outcomes

- Descriptions of the interprofessional competency framework adopted by the University and its academic units, interprofessional competencies, the interprofessional curriculum and/or activities
- Interprofessional course materials

F. Teaching and Learning Processes

Standard 33: The Faculty must use and integrate a variety of teaching and learning methodologies that have been shown through evaluation of the academic program to produce graduates who have met the required educational outcomes.

3

Criterion 33.1: The curriculum and program design must include an overall plan of teaching and learning strategies, integrated with appropriate assessment strategies.

Criterion 33.2: Teaching strategies and technologies must support the needs and learning styles of diverse learners, while appropriately developing the knowledge, skills, attitudes and judgment required of the pharmacy graduate.

Examples of Evidence:

- Description of teaching and learning processes in the curriculum and methods used to evaluate their appropriateness
- Development of critical thinking, problem-solving, and oral and written communication skills supported through the application of information and other instructional technologies, laboratory experiences, practice- and decision-support tools, case studies, guided group discussions, problem-based learning cases, and simulations and other practice based exercises (where appropriate, these techniques should involve actual or standardized patients, pharmacists, and other health care professionals)
- Promotion of the development of life-long learning habits through an emphasis on active, self-directed learning and the fostering of ethical responsibility for maintaining and enhancing professional competence
- Procedures for student to assume responsibility for their own learning (including assessment of their learning needs)
- Development of personal learning plans, and self-assessment of their acquisition of knowledge, skills, attitudes, and values and their achievement of desired competencies and outcomes
- Teamwork and collaboration examples

G. Assessment of Student Learning and Student Progression

Standard 34: The Faculty must establish principles and methods for the formative and summative assessment of student achievement. 3

Criterion 34.1: A variety of valid and reliable assessment methods must be systematically and sequentially applied throughout the professional program in pharmacy.

Criterion 34.2: Psychometrically sound, objective structured or performance based assessments must be used in the overall assessment plan at regular intervals in a student's progression through the program to confirm achievement of educational outcomes and professional competencies.

Criterion 34.3: The Faculty must employ appropriate methods to document students' progressive achievement of the educational outcomes and competencies throughout the curriculum and the practice experiences.

Examples of Evidence:

- Reliable and valid assessment instruments that measure cognitive learning and the mastery of practice skills, values and attitudes that contribute to desired professional behaviours
- Demonstration of the effectiveness of assessment tools

Standard 35: The faculty must establish and publish criteria, policies, and procedures for academic progression as well as for academic probation, dismissal, appeals, and readmission. 2

Examples of Evidence:

- An ongoing monitoring system of student performance for the early detection of students in academic difficulty
- Expedient intervention and system of access for necessary student services, such as tutorial support or faculty advising
- Websites or calendar entries
- Description of policies and procedures