



*The Canadian Council for Accreditation of
Pharmacy Programs*

**STANDARDS for ACCREDITATION of
PHARMACY TECHNICIAN PROGRAMS IN CANADA
2012**

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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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Pharmacy Technician Accreditation Standards

A: Institutional Commitment

Standard 1: The institution must be committed from its highest level and aware of the role of the pharmacy technician and the responsibility they share with pharmacists in the practice of pharmacy in Canada.

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Evidence:

- Resources sufficient to enable the program to meet its accreditation requirements must be provided.
- Utilization of key professional documents within the program which promote the advancement of the profession (Examples include: *Moving Forward: Pharmacy Human Resources, CSHP 2015*); NAPRA's Pharmacy Technician Standards of Practice and Pharmacy Technician Competencies at Entry to Practice and, any and all communication from pharmacy regulatory authorities regarding the registration/certification of pharmacy technicians in their respective provinces.

Standard 2: The program must be responsive to stakeholders regarding its relevance to the pharmacy profession, practice sites and community or regional needs minimally by the establishment of a functioning Pharmacy Technician Program Advisory Committee (PTPAC) as well as documentation of other stakeholder relations.

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2.1 The committee must be composed of practitioners, both pharmacists and pharmacy technicians that practice in a variety of practice settings including institutional and community practice sites. In those provinces where pharmacy technicians are regulated, the committee must include a regulated (actively licensed) pharmacy technician. Program administrators, instructors must be ex-officio (non-voting) members of the committee only.

2.2 Terms of reference for the committee must be developed and must include, but not limited to, its purpose, composition, term of appointments, timing of meetings (minimum two per year) and reporting structure.

2.3 The Chair of the PTPAC must be selected from amongst the practitioners (not program staff or administrators).



2.4 The PTPAC must annually approve the curriculum to ensure it addresses the most recently published version of the National Association of Pharmacy Regulatory Authorities (NAPRA) Professional Competencies for Canadian Pharmacy Technicians at Entry-to-practice.

Evidence:

- List of the membership of the PTPAC, professional designation and their respective practice sites.
- Terms of reference, agendas, past minutes of PTPAC meetings.
- Examples of initiatives undertaken as a result of suggestions provided by the committee.
- Documentation of examples of contact with stakeholders including employers, faculties of pharmacy, other pharmacy technician programs, other health care disciplines, preceptors, etc.

Standard 3: The institution must display current information about important features of its pharmacy technician program on its website to stakeholders, professional and regulatory bodies, students and prospective applicants.

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Evidence:

- Up-to-date information about the pharmacy technician program on the institution's website must include the following: CCAPP accreditation award status, course titles (and hours/credits) for the curriculum; names and qualifications of faculty; admission requirements; description of teaching facilities for the program; tuition and other fees.
- Website link to the provincial pharmacy regulatory body (PRA).

B: Program Vision, Mission and Goals

Standard 4: The institution/program must be engaged in an ongoing systematic planning process and have a current strategic plan in place that recognizes the role of the pharmacy technician in the delivery of health care.

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4.1 The program's vision and mission must be congruent with a fundamental commitment to prepare its students to attain the competencies specified in the most current published version of the National Association of Pharmacy Regulatory Authorities (NAPRA) Professional Competencies for Canadian Pharmacy Technicians at Entry-to-practice.



4.2 The mission, vision and goals established for a program set forth the strategic plan for the program. The strategic plan is prepared in consideration of the required resources, processes, and educational outcomes for the program.

4.3 The program must have a published statement of its vision and mission that reflects the role of the pharmacy technician in the Canadian health care landscape.

Evidence

- Copies of the Program's Strategic plan, Vision, Mission and Goals.
- Description of the strategic planning processes used by the institution, and a discussion on how the plan addresses the changes in pharmacy practice

C: Organizational Structure, Governance and Coordination

Standard 5: The institution must have an organizational structure that clearly identifies lines of authority, responsibility and governance for the pharmacy technician program. 1

5.1 There must be a defined and functioning organizational structure for the institution.

Evidence:

- Copy of the organizational structure for the College and the Program.

5.2 If there are multiple campuses within the ownership of a private corporation or public institution, each campus must have a separate and unique governance structure and must hold a separate accreditation award.

Evidence

- Copy of the organizational structure for the program applying for accreditation.

Standard 6: The program must ensure effective coordination and administration of student education throughout the program. 2

6.1 Student education must be coordinated throughout the program, and the individual(s) responsible for program coordination must have successfully completed both parts of the Pharmacy Examining Board of Canada Qualifying Examination and must be appropriately credentialed in the province where the program is accredited.

Evidence:

- Designation of a Program Coordinator/Program Lead for the program.
- An organizational chart for the didactic and experiential program showing the reporting/ functional relationships of all personnel and program committees must be



available along with a listing of the person(s) with accountability for strategic planning for the program.

- Policies and procedures for proposing and approving changes to policies, curriculum course outlines, program evaluations and continuous quality improvement.

6.2 There must be role descriptions for the Program Coordinator/Program Lead and for faculty involved with program delivery.

6.3 The Program Coordinator/Program Lead must provide continuous coordination and be responsible for all aspects of the program.

Evidence:

- Provide roles and responsibilities of the Program Coordinator/Program Lead. If duties are shared, provide individual duties and policies related to coverage during absences etc.

D: Instructional Faculty and Support Personnel

Standard 7: The program must have sufficient human resources (including faculty, support and administrative staff) to effectively deliver the program and meet the goals and mission of the institution. 3

7.1 The program must utilize a direct patient care practicing pharmacist, appropriately credentialed in their respective province, to contribute to the development, review, revision and delivery of program content.

7.2 The program must have sufficient faculty with the relevant academic and professional qualifications and affiliations to fulfill their role in supporting student learning. All faculty assigned responsibility for the program deliver of practice related courses must be licensed pharmacists or registered pharmacy technicians who have successfully completed both parts of the qualify examinations of the Pharmacy Examining Board of Canada (PEBC) if pharmacy technician legislation is not in place in their respective province.

7.2.1. Pharmacology must be taught by an appropriately credentialed pharmacist or an individual with a recognized degree in pharmacology.

7.2.2. Instructors must demonstrate currency of practice in their area of teaching.

7.2.3. Sterile Products/Aseptic Technique must be taught by a pharmacist or pharmacy technician who demonstrates currency or certification of training in sterile techniques. Instructors must be able to show that their qualifications are validated as required by a recognized Canadian standard (e.g. CSHP or NAPRA Standard).



7.2.4. All non-pharmacy related courses must be taught by faculty with appropriate academic qualifications or credentials.

Evidence

- List of all full and part time faculty involved in program delivery including their professional and academic qualifications, professional affiliations.
- Details of course names and teaching hours for all faculty associated with the program.
- Contingency plan for pharmacy related courses if faculty assigned to courses are not available for any reason.
- Up to date curriculum vitae/résumés for all full and part time faculty involved with program delivery.
- Description of how the College hires faculty involved in program delivery including the most recent job posting/role profile used by the College for hiring.
- Role description for other faculty who teach related courses (e.g.: English/French, computer labs, communication, social sciences). Details of course names and teaching hours of all faculty involved with these courses.
- Description of the mechanisms that the College uses to ensure that the faculty involved in the program have the required and current experience necessary to deliver the content and fulfill the mission of the program.
- For each placement, list of preceptors, names and professional designation and the name of the pharmacy in which they work with students. Where preceptors change from year to year and such lists cannot be drafted, information about the pharmacist or pharmacy technician who is the contact.
- List of program related committees and current membership; provide their terms of reference, relevant meeting minutes, reports and action plans. (e.g.: curriculum committee, program promotions, program admissions).
- Current membership of any faculty liaison institutional committees (e.g.: College-wide Admissions, College- wide Promotions, College Council. Appeals, Health and Safety, Board of Governors/Directors).

7.3 The program must have the breadth and depth of a faculty group that is qualified and committed to teaching in the program. Sufficient faculty with appropriate qualifications and recent experience must be available to teach in each distinct curricular activity within the program. The faculty to student ratios must be sufficient to ensure that student learning is not compromised.

Evidence

- Description of the faculty-student ratio for didactic (Classroom) including any independent or seminar-based learning and for practice-based (Laboratory) courses.
- In situations where (a) support staff is/are involved in practice-related courses, the support staff/instructor to student ratio; and, (b) where both faculty and support staff



are involved in content delivery/practice the faculty and support staff-to-student ratio (team approach). Support staff teaching in these areas must be appropriately credentialed in their respective province.

- The time allotted to full-time faculty for (a) teaching preparation, (b) student evaluation, mentoring, and support; (c) program and curriculum development and updating to meet evolving demands of the profession including course content and evaluation methods; meeting with other faculty involved in program delivery; and, (d) other responsibilities.
- In those situations where the curriculum developer(s) or individual responsible for currency of the content and evaluation is not a faculty member in the program or is a coordinator/program lead with these responsibilities for more than one (1) program, description of how the College promotes the involvement of the faculty and support staff.
- Description of the process in place for evaluation of faculty and support staff.
- Faculty evaluation (and support staff where appropriate) forms and samples of completed performance reviews, e.g., student evaluations (names of student completing the form and the name of faculty/support staff to be blacked out and/or permission to review signed by the faculty/support staff), performance review summaries completed by administration for faculty (names of faculty/support staff to be blacked out and/or permission to review signed by the faculty/support staff).
- Description of how the College appoints short term faculty including part-time faculty and support staff and reviews/evaluates these individuals for re-appointment.
- Description of how the College ensures that the number and distribution of full and part-time faculty and support staff complement is sufficient to meet the requirements for the program and fulfill the mission of the program. Up to date human resources plan that ensures consistency and sustainability in all areas of instruction in the program.
- Evaluation of the sufficiency of the human resources (faculty) and identification of any required improvements and plans to address these.

7.4 There must be adequate administrative and support staff to meet the needs of the program.

Evidence

- List of support staff and their academic and professional qualifications and professional affiliations,
- List of course names and hours for all support staff involved with these courses.
- Brief description of their responsibilities within the program delivery (e.g.: sourcing/supplying the laboratory, assisting/supporting faculty and students during laboratory practice)
- Up to date curriculum vitae/résumés for all full and part time support staff involved with program delivery.
- Description of how the College hires support staff involved in program delivery including the most recent job posting/role profile used by the College for hiring.



- Role description for support staff (e.g.: computers, communication, social sciences). Details of course names and teaching hours of all faculty and staff involved with these courses.
- Description of how the College ensures that the number and distribution of full and part-time support staff complement involved in program delivery is sufficient to meet the requirements for the program and fulfill the mission of the program.
- Description of the process in place for the appointment, review/evaluation, and re-appointment or continuance of employment for support staff involved in program delivery.
- Support staff evaluation form and samples of completed performance reviews e.g.: student evaluations (names of student completing the form and the name of support staff to be blacked out and/or permission to review signed by the support staff), performance review summaries completed by administration for support staff (names of support staff to be blacked out and/or permission to review signed by the support staff).
- Description of how the College appoints short term support staff including part-time faculty and reviews/evaluates these faculty for re-appointment.
- Description of how the College ensures that the number and distribution of full and part-time support staff complement is sufficient to meet the requirements for the program and fulfill the mission of the program. Up to date human resources plan (support staff) that ensures consistency and sustainability in all areas of instruction in the program.
- Evaluation of the sufficiency of the human resources (support staff) and identification of any improvements needed and plans to address these.

Standard 8: The program must be committed to continuous professional development for all faculty and support staff involved in the delivery of the program. Faculty members must be involved in continuous professional development and provide evidence of membership in professional associations.

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Evidence:

- Membership in CPTEA and travel funding available for Program Coordinator/ Program Lead or faculty delegate to attend the annual meeting and conferences.
- Membership in any other professional organizations.
- Up-to-date professional development plan for faculty e.g., professional development opportunities available to faculty; faculty participation for the past two years; professional development budget for faculty and support staff; how faculty are encouraged and supported in implementing their own professional development plans.
- Description of the orientation or orientation program for new faculty and support staff
- Evaluation of the sufficiency of the professional development processes and plans for faculty and support staff and identification of any required improvements and plans to address these.



E: Learning Resources, Physical Facilities and Equipment

Standard 9: The physical facilities and equipment of the program must be adequate to achieve the program's stated mission and to support the outcomes of the program.

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9.1 Adequate space and resources for the functions of the administration, faculty members and support staff should be available. This should include offices for student amenities and for program and student support.

Evidence:

- The adequacy of physical facilities and equipment will be evaluated in relation to availability and student enrolment.
- Lists of: administration, faculty and support staff offices; office/meeting room space used for private academic counselling and advising; areas for student study and group projects; areas for students for personal care including cafeteria, washrooms and lockers; areas for personal counselling, financial aid and other student services where these are on site, or where personal counselling/health centres and other student-help services are not on-site, lists of community agencies that are available to students, and a brief overview of how the College facilitates student access to these services.
- Policies/descriptions of how the College respects diversity. e.g.: facility's accommodations for students accessibility, religious beliefs.
- Description of the safe and secure storage of student records and files (currently enrolled and no longer enrolled/graduated).
- Evaluation of the adequacy of storage space for office, classroom and equipment, instructional media, and for protection of confidentiality.

9.2 The lecture/didactic classrooms must be sufficient in number and adequate in size to accommodate the student body; and, these classrooms must have sufficient and appropriate equipment to support learning.

Evidence:

- The adequacy of classrooms will be evaluated in relation to availability and student enrolment. The program must provide evidence that the existing classrooms or scheduling of these classrooms is sufficient to meet the needs of the students.
- List of classrooms used by the pharmacy technician program, capacity of the didactic/lecture classrooms and whether these classrooms are dedicated to the program or shared with other programs.
- If classrooms are shared, description of the classroom usage and scheduling that ensures adequate opportunity for the pharmacy technician students including hours used by the pharmacy technician students, percentage of time used by the pharmacy technician students, and how accommodation of additional access to the classroom for additional learning is made for pharmacy technician students.



- Lists and brief details of the instructional media and learning resources available in lecture/didactic classrooms, e.g.: smart technology, whiteboards, audio-visual equipment; and digital or print photographic images.
- Details of maintenance programs and process for updating of the didactic/classroom equipment must be available.
- Evaluation of the sufficiency of the classroom(s) physical space, equipment and other resources and identification of necessary improvements and plans to address.

9.3 Where components of the program are delivered using distance education technology, participants must have access to information technology support. Electronic access to the library must also be provided. Contingency plans must be in place for information technology challenges that may occur.

Evidence:

- Library Access policies
- Contingency plans

Standard 10: The facilities and equipment of the practice laboratories must support the didactic, laboratory, and practice outcomes of the program.

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10.1 The practice laboratories must simulate current hospital and community practice. The laboratories must be secure, sufficient in number and adequate in size to accommodate the student body.

Evidence

- The adequacy of laboratories will be evaluated in relation to availability and student enrolment. If other programs use the laboratories, the program must provide evidence that the existing facilities are sufficient to meet the needs of the students.
- Number and capacity of laboratories (that is simulated community and hospital facilities).
- Information re capacity of the laboratory(ies), and whether the simulated hospital laboratory and community laboratory are one room, combined with the classroom or shared with other programs.
- Brief details and/or diagram(s) of the laboratory/ laboratories' layout including equipment position, and where appropriate, digital or print photographic images indicating where equipment is located.
- Description of how the laboratory (ies) physical layout and equipment contribute to simulated community and hospital practice, including patient simulations and practice experiences that support inter and intra professional practice activities.
- Description of the laboratory usage and scheduling and how this ensures adequate opportunity for the pharmacy technician students, e.g.: hours and/or the percentage of time allocated to the program, and accommodation for supervised and/or where safe unsupervised access to the laboratory for additional practice by pharmacy technician students.



- Evaluation of the sufficiency of the laboratory (ies) physical space and identification of any improvements needed and plans to remedy these.

10.2 Equipment for information technology work must be available in a quantity sufficient so that each student has an opportunity for active participation.

Evidence

- The adequacy of information technology equipment and supplies will be evaluated in relation to availability and student enrolment. The program must provide evidence that the existing technology is sufficient to meet the needs of the students.
- List of information technology equipment used by students (number of computers for general use and in the practice laboratories).
- List of pharmacy-related software/software licences.
- Other software/software licences.
- Evaluation of the sufficiency of the information technology resources and identification of any required improvements and plans to address these.

10.3 Print and/or other electronic knowledge resources must be current and available and readily accessible to the students, faculty and support staff.

Examples of Evidence

- The adequacy of knowledge resources will be evaluated in relation to availability and student enrolment. The program must provide evidence that the existing knowledge resources are sufficient to meet the needs of the students.
- Lists of current print and electronic knowledge resources available to students including (a) required textbooks and learning resources; (b) texts, journals and other pharmacy and health care related holdings available for student, faculty, and support staff use; (c) lists of audiovisual learning resources such as DVDs etc.; and (d) pharmacy related and other software used by the students. NOTE: The lists should include the knowledge resource name, title, edition/date of publication or release or in the case of journals, name of the journal and the currency of the licence for the journal.
- List of electronic websites used in the program e.g.: regulatory, government, pharmacy practice and health related.
- Description of mechanisms in place for students, faculty and support staff to access computers loaded with internet and pharmacy and health related databases/programs and access to electronic journals and other electronic resources.
- If used, e-CPS licences (number of licences and whether these are independent or shared among programs) If shared, how the students are guaranteed access for their use and commitment to continue and/or plan to implement e-CPS for students.
- Details of how the College ensures student access to computers with internet for pharmacy and health-related databases and their access to electronic journals and other electronic resources



- Brief description of how the faculty members promote student use of knowledge resources.
- Identification of the mechanisms in place to determine the sufficiency of the knowledge resources and identification of any required improvements and plans to address these.

10.4 Laboratories must have sufficient and appropriate equipment to support learning, including all mandatory current versions of reference materials that are required within a licensed pharmacy as governed by the provincial regulatory body.

Evidence:

- The adequacy of equipment and supplies will be evaluated in relation to availability and student enrolment. The program must provide evidence that the existing equipment is sufficient to meet the needs of the students.
- List of equipment in the laboratories and general categories of supplies available for student practice (e.g.: balances, medication carts, computers, printers)
- Lists of equipment and general supplies used to receive, prepare, label, and release non-sterile and sterile products, e.g.: in-laboratory computer(s) and printer(s); equipment used in preparing non-sterile and sterile products; specialized hospital/institutional equipment such as medication carts, unit dose/blister packaging, and hygienic, protective safety equipment.
- Information about and evaluation of the sufficiency of the hygienic, protective, and safety equipment including policies and procedures for personal protective equipment, WHMIS guidelines, proper drug and biohazard handling and disposal.
- Sufficient and appropriate drugs and/or simulated drugs.
- Description of how the program stores these, who is accountable and how the College ensures it meets provincial regulations for storage and security for the products. If alternatives to actual drugs are used, description of how the program provides students with opportunities for drug recognition.
- Details of the equipment maintenance program procedures for updating laboratory equipment and for renewing/replenishing supplies.
- Policies and procedures for establishing and maintaining Material Safety Data Sheets (MSDS) for supplies.
- Evaluation of the sufficiency of the laboratory equipment, supplies, and other resources and identification of any improvements needed and plans to address these.

10.5 The program must have a sufficient number of workstations with sufficient and appropriate equipment and supplies at each, and have operating primary engineering controls* (these do not have to be externally exhausted unless using biohazard products) to aseptically prepare sterile products.

*Example: laminar hood



Evidence:

- Documentation of the adequacy of equipment, supplies and workstations in relation to availability and student enrolment.
- Document adherence to the appropriate maintenance and inspection schedules of the primary engineering controls.

F: Academic Policies and Student Services

Standard 11: The program's admission policies, procedures and practices must be based upon specific selection criteria which are informed by the current scope of practice for pharmacy technicians and designed to determine the academic potential and suitability of the candidates to become a competent pharmacy technician.

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11.1 Criteria for admission must include academic preparation (minimum standard shall be completion of secondary school or equivalent, e.g., GED); upper level mathematics, English and/or French, biology, chemistry and computer skills, and other tools to determine the suitability of the applicant for the profession. If other evaluative tools are used for admissions, the tool must have confirmed reliability and validation for the profession. A statement is required regarding the need for a criminal record background check, immunization and other health-related requirements.

11.2 The program must have procedures in place for the review and recognition of credentials and other relevant experience of international pharmacy graduates, pharmacy technicians trained through non-accredited programs, and of other similarly-prepared applicants. A prior learning assessment (PLAR) must be part of the admission policies of the program and is not applicable to the experiential components of the program.

Evidence

- A PLAR policy must be in place that is consistent with contemporary PLAR practices according to Federal and Provincial standards and does not credit any course that was completed earlier than a duration that is more than twice the length of the original technician academic program.
- Where applicable, policies related to program laddering and articulation agreements.

11.3 Fluency requirements, on admission to the program, must be in alignment with provincial regulatory authority policies for all English or French as second language students.



Evidence:

- Admission Fluency Policy as per provincial regulatory authority.

11.4 The program must have policy and procedures in place for grading, promotion, academic honesty, professional behaviour, and health and safety.

Evidence

Policy (ices) related to:

- Grading and promotion.
- Learning contracts, a description of how these are used, and examples of learning contracts.
- Student appeals (informal and formal) and examples of any forms used for these appeals.
- Student complaints (informal and formal) and examples of any forms used for these complaints.
- Academic honesty.
- Professional conduct.
- Health and safety (college-wide and program specific, e.g.: laboratory/practice).

G: Academic Program

I: Curriculum

Standard 12: The program* must enable students to attain competencies specified in the NAPRA Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice and the Canadian Pharmacy Technician Educators Association (CPTEA) Educational Outcomes for Pharmacy Technician Programs in Canada. 3

* Note: A student must complete the program within five years of admission.

12.1 The program must provide a core curriculum that includes the following knowledge foundation and technical content components:

- i. Pharmaceutical science including content in pharmacology, toxicology, pharmaceuticals, non-prescription products, and medical terminology.
- ii. Pharmacy practice and social, behavioural and administrative pharmacy content and skills in order to meet the National Association of Pharmacy Regulatory Authorities (NAPRA) Professional Competencies for Canadian Pharmacy Technicians at Entry-to-practice. Specifically in the areas of: patient care (developing professional relationships, obtaining patient information, collaborating with pharmacists); product distribution (prescription processing, dispensing, product preparation, sterile and non-



- sterile compounding); practice setting (operations, inventory, record keeping); health promotion; using knowledge and making evidence-informed decisions; communications; inter and intraprofessional collaboration; ethics, law and regulatory issues, professionalism. Within these areas one must include calculations, pharmacy computer systems, institutional and community pharmacy practice, billing procedures, roles and responsibilities, standards of practice, patient focused or customer service, management practices, quality and safety practices, and information technology
- iii. Basic biomedical science courses including anatomy, physiology, and pathophysiology.
 - iv. Business software application courses and career development skills (e.g.: résumés, interviewing techniques and job search skills) are not to exceed 5% in total prior to placement at the practice site.

Evidence:

- Mapping the curriculum to the CPTEA Educational Outcomes for Pharmacy Technicians in Canada and the NAPRA Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice must be provided.
- Course Outlines for students must indicate the competencies and educational outcomes that will be met.
- One example of a completed and graded formative and a completed assessment tool. Further examples of completed and graded formative and summative assessment tools must be available on site.
- For each course provide the student pass rate and breakdown of grading, e.g., percentage of students who were successful and numbers/percentage of students in each grade.
- Relevant course manuals/handbooks and policies e.g., lab manual, lab health and safety manual, and/or dress and professional conduct policy (lab and placement).

12.2 The didactic program must be a minimum of 650 hours delivered over a minimum of 26 weeks plus the experiential component as defined under the Practice Experience Standard.

II. Practice Experience

Standard 13: The program must provide an integrated learning experience for students through experiential clinical sites in both institutional and community pharmacies.

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13.1 There must be clear evidence that the experiential component is integrated within the overall curriculum.



Evidence

- List of the placement partner pharmacies used in the past two years and the number of students the partner has accepted. In the instance of pharmacy partners that are new to the program, identification of this and the number of students that they are committed to accepting for the cohort currently in the program.
- Description of the process used for selecting experiential sites and the ongoing evaluation of the sufficiency and appropriateness of the site for student learning.
- Written agreements for each experiential site are required. Agreements must include at minimum:
 - Name of the pharmacy and of the College.
 - Roles and responsibilities of the placement partner and its representatives such as preceptors.
 - Roles and responsibilities of the College.
 - Dated and signed by the administrator at the appropriate level of administration or designate.
 - Active term of the agreement.

Note: The College must have enough placements (actual or agreements in principle) for all students enrolled in the program in order to be accredited; negotiations for agreements must not be dependent on first receiving accreditation.

- Up-to-date sustainability plan for maintaining these contracted student numbers.
- Separate and distinct training syllabus for community and hospital sites.
- Process for preceptor selection (preceptors must be appropriately credentialed) and orientation including any preceptor manuals used.
- Process used by the College to prepare/orient students to the placement including any student manuals used.
- Information about the supports/resources provided by the College to permit ongoing evaluation of students and of the placement sites.

13.2 Experiential practicum programs in institutional and community pharmacy practice must be of such breadth and duration to enable achievement of pharmacy technician competencies: 140 hours must be attained in an institutional setting and 140 hours in a community pharmacy setting. It is recommended that this experiential component be full time and defined as at least 35 hours per week in the practice site.

Evidence:

- The institutional component must expose the student to drug distribution systems.
- The student must also participate in, or observe, the preparation of sterile products.



III. Interprofessional and Intraprofessional Education

Standard 14: The program must provide opportunities for interprofessional and intraprofessional interaction with students and faculty from other health profession programs.

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14.1 The curriculum must include interprofessional learning experiences to facilitate the development of team work, problem-solving skills, and patient care communications to broaden the understanding of the students about the roles and competencies of other professionals.

Evidence:

- Description of how interprofessional education (IPE) is supported throughout the course curriculum.
- Course syllabus
- Description of how students are actively engaged in interprofessional education activities.
- Description of how students are assessed (knowledge, skills, attitudes, behaviours) on their collaborative encounters.

14.2 The curriculum must provide opportunities for intraprofessional (i.e. with pharmacists) interactions.

Evidence:

- Description of how interactions with practicing pharmacists are accomplished.
- Description of how the interactions are assessed.

IV. Student Assessment

Standard 15: The program must establish principles and methods for the formative and summative assessment of student achievement.

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15.1 There must be policies and procedures in place for formative and summative assessments of student learning in didactic and experiential settings. Assessments should measure cognitive learning, mastery of essential practice skills, and the ability to communicate effectively as a team member within a health care setting.

Evidence:

- The program's student assessment procedures ensuring consistency in the determination of achievement of educational outcomes and competencies among all program personnel and across all experiential sites.



- Examples of formative and summative assessment tools for both didactic and experiential learning. Further examples of completed and graded formative and summative assessment tools must be available on site.
- Calculations must be taught with a zero tolerance assessment
- The program provides student assessment forms to demonstrate that the students have met all of the CPTEA outcomes and NAPRA competencies.
- Description of other types of assessments that are used.

V. Program Evaluation: Continuous Quality Improvement

Standard 16: Evaluation of the program must occur systematically in order to monitor overall effectiveness, to enable the achievement of all educational outcomes and professional competencies in accord with the stated outcome expectations, and to provide a studied basis for improvement of the program.

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16.1 The program must have policies and procedures (methods and frequency) in place to evaluate the program. Evidence must exist to show outcomes evaluation and student achievement data are applied to modify or revise the program.

16.2 There must be a continuous quality improvement (CQI) process in place, including identification of a person responsible for the systematic analysis of the data. The ongoing evaluation process should include input from faculty, students, administrators, practitioners and other stakeholders, and the provincial regulatory authorities. The program as a whole, including curricular content and individual courses, should be evaluated with respect to the goals, objectives and key performance indicators.

Evidence:

- Key Performance Indicators (KPIs), where available, since the last accreditation including a comparison of the program against benchmarks and other pharmacy technician programs (KPIs is a term used to measure the success of a particular activity).
- Results of program reviews, course and program evaluations and college collected KPIs since the last accreditation and in the case of a new program, sample forms that will be used to collect data and information.
- The data must include, but is not limited to, results of the PEBC examinations including graduate pass rates and program averages in comparison to other programs, satisfaction surveys from the experiential sites and employers, and data from graduate surveys.



- The most recent history of the pass rate performance of all graduates who write the Pharmacy Examining Board of Canada (PEBC) qualifying examination (include the numbers or percentages of students graduating each year who write the examination and their collective pass rates).
- Brief description of the processes and resources dedicated to systematic this analysis of data.
- Policies and the processes used to collect this data and to ensure anonymity of individual informants/stakeholders.
- Documentation of program improvements implemented since the previous accreditation survey should be available including; copy of the previous program evaluation; copy of any follow-up evaluation report(s) or any evaluation report of the program revisit; evidence that action has been taken to meet any non-critical criteria that were not met in the previous evaluation; a process to monitor program compliance with accreditation standards on an ongoing basis; and evidence that any program changes to critical criteria have been reported to the CCAPP office.
- Brief reflective summary and evaluation of the adequacy and sufficiency of the program as a whole in meeting the vision, mission and goals.



Glossary

Appropriately Credentialed. Refers to an active practicing member (pharmacist or pharmacy technician) of their provincial regulatory authority for pharmacy.

CQI – a structured process to improve all aspects of the program on a continuing basis; an ongoing study to improve performance.

Direct Patient Care Practicing Pharmacist. Refers to a pharmacist who practices direct patient care on a daily basis.

Interprofessional Collaboration. Refers to the process through which pharmacists, pharmacy technicians, physicians, nurses and other health professionals actively practice their discipline to provide optimal patient care. - i.e. 'a process through which parties who see different aspects of a problem can constructively explore their differences and search for solutions that go well beyond their own vision of what is possible'

(Ref: Gray, B. (1989). Collaborations: finding common ground for multiparty problems. San Francisco: Jossey-Bass. P.5.; AIPHE)

Interprofessional Education. Interprofessional education (IPE) is the process by which we train individuals and teams to practice collaboratively. The most commonly cited definition of IPE states that it "occurs when two or more professions learn with, from and about each other to improve collaboration and quality of care. (See expanded reference examples in Appendix 3)

(Ref: Centre for the Advancement of Interprofessional Education.(2002). Defining IPE. <http://www.caipе.org.uk/about-us/defining-ipe/?keywords=principles>; The Accreditation of Interprofessional Health Education Initiative (www.aiphe.ca). AIPHE Interprofessional Health Education Accreditation Standards Guide, Phase 2).

KPI's – an actionable scorecard that keeps your strategy on track. KPI's enable you to manage, control and achieve desired results.

Primary Engineering Controls. Refers to an operational flow hood designed to prepare sterile products in an appropriately controlled environment.



Appendix 1:

Suggested template for organizing your Self-Study

The following is an example of a template used by one College for their organization of their Self-Study.

A: Institutional Commitment

Standard 1: The institution must be committed from its highest level and aware of the emerging role of the pharmacy technician and the responsibility they share with pharmacists in the practice of pharmacy in Canada

For each component of the standard, include the response from your College. At the end, include a critical reflection of your program, addressing areas identified for improvement. After the critical reflection, supporting documentation should be provided (labelled “Evidence”). If you are using website links, you can embed these in the write up or in the evidence section. Ensure the links are working links and the website information is available. Other evidence may be labelled with a reference number. File should be saved as pdf files (or scanned to pdf) and saved using the reference number as the file name. Each standard is best saved in a separate folder. The College response would be the first item in the folder and the supporting documentation follows.

Evidence:

(Examples only)

NAPRA Model Standards of Practice for Canadian Pharmacy Technicians
http://www.napra.org/Content_Files/Files/Model_Standards_of_Prac_for_Cdn_PharmTechs_Nov11.pdf

NAPRA Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice

Comp_for_CDN-PHARMTECHS_at_Entrytopractice_March2014_b.pdf



A: Institutional Commitment

Standard 2: The program must be responsive to stakeholders regarding its relevance to the pharmacy profession, practice sites and community or regional needs by the establishment of a functioning Pharmacy Technician Program Advisory Committee (PTPAC).

2.1 The committee must be composed of practitioners, both pharmacists and pharmacy technicians that practice in a variety of practice sites including institutional and community practice sites. In those provinces where pharmacy technicians are regulated, the committee must include a regulated (actively licensed) pharmacy technician. Program administrators, instructors must be ex-officio members of the committee only.

COLLEGE RESPONSE

2.2 Terms of reference for the committee must be developed and must include, but not limited to, its purpose, composition, terms of appointments, timing of meetings (minimum two per year) and reporting structure.

COLLEGE RESPONSE

2.3 The Chair of the PTPAC must be selected from amongst the practitioners (not program staff or administrators).

COLLEGE RESPONSE

2.4 The PTPAC must approve the curriculum, on an annual basis.

COLLEGE RESPONSE

Critical Reflection: **COLLEGE RESPONSE**

Evidence:

2.1a Pharmacy Technician Program Advisory Committee Members

2.2a Pharmacy Technician Program Advisory Committee – Terms of Reference

2.2b Pharmacy Technician Program Advisory Committee – Meeting Agendas for Jan 2013, Sept 2012, June 2012, Jan 2012

2.2c Pharmacy Technician Program Advisory Committee – Minutes for Jan 2013, Sept 2012, June 2012, Jan 2012



Appendix 2:

NAPRA Competency Mapping – CCAPP Example 2015

NAPRA Competencies	Course Code	Course Title	Learning Outcome	Assessment
1.1 Practice within legal requirements				
1.1.1 Apply legal requirements to practice, including federal and provincial/territorial legislation, policies, by-laws, and standards	PHR 101	Pharmacy Law	LO 1: Identify legal requirements to practice, including federal and provincial legislation, policies, by-laws, and standards. LO 2: Describe the Controlled Drugs and Substances Act	Test Assignment Final Exam
	PHR 105	Community Pharmacy Dispensing	LO 1: Process prescriptions and prepare pharmaceutical products for dispensing in compliance with current legislation and established standards, policies and procedures.	Labs OSPE
	PHR 201	OTC and Non Prescription Products	LO 1: Recognize and comply with current legislation, relevant to the pharmacy practice setting including restricted access, prescription, non-prescription, herbal, homeopathic and health care products.	Test Presentation Final Exam
	PHR 301	Hospital Pharmacy Practice	LO 1: Describe the legal requirements to practice in an institutional setting, including federal and provincial/territorial legislation, policies, by-laws, and standards.	Test Final Exam
1.1.2 Apply federal and provincial/territorial workplace, occupational health and safety and other related legislation to the practice setting.	PHR 202	Pharmacy Compounding	LO 1: Identify legislation, established standards, policies and procedures relevant to health and safety including the handling of hazardous products and the disposing of waste.	WHMIS Assignment
1.1.3 Apply federal and provincial/territorial privacy legislation to the collection, use, storage, disclosure and destruction of personal health information	PHR 101	Pharmacy Law	LO 3: Identify federal and provincial/territorial privacy legislation as it pertains to the collection, use, storage, disclosure, and destruction of personal health information	Test Final Exam



Appendix 3:

Interprofessional Education Resources

Useful Websites for IPE Competencies and Resources:

Canadian Interprofessional Health Care: <http://www.cihc.ca/>

Canadian Interprofessional Health Care (CIHC) National Competency Framework:
http://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

University of Western's IPE website (has great resources, case studies, role clarification, scenarios and videos):
<http://www.ipe.uwo.ca/>

Creighton University School of Pharmacy and Health Professions Website (videos, tools, cases, and useful links):
<http://spahp.creighton.edu/node/2174>

University of Toronto's Centre for Interprofessional Education website (check out their toolkits!):
<http://www.ipe.utoronto.ca/>

University of Toronto Toolkit:
<http://www.ipe.utoronto.ca/download/284/Manitoba%20Primary%20Care%20IP%20Toolkit.pdf?redirect=node/233>

University of Alberta's Health Sciences Council website (great resources under the Teaching and Learning section):
<http://www.hserc.ualberta.ca/TeachingandLearning.aspx>

Centre for the Advancement of Interprofessional Education <http://caipe.org.uk/>

Canadian Foundation for Healthcare Improvement: <http://www.cfhi-fcass.ca/Home.aspx>

Winnipeg Regional Health Authority Team Education Resources (easy to read one-page descriptions of each of the CIHC competency domains): <http://www.wrha.mb.ca/professionals/collaborativecare/resources.php>

Preceptor / Facilitator Training or Guidance:

An opportunity for potential preceptors to take a certificate course through the University of Western:
<http://www.preceptor.ca/>

To request a free account to the preceptor certificate course: <https://owl.uwo.ca/portal/site/!pep/page/0dd23a7e-2303-44a1-ad7d-3ebc46e1fa55>

University of Manitoba's Facilitator Guide: http://umanitoba.ca/programs/interprofessional/media/Module_2A.pdf
<http://news.umanitoba.ca/students-teaching-students-interprofessional-learning-in-health-care/>

Websites for Role Clarification:

Federation of Health Regulatory Colleges of Ontario:
<http://www.regulatedhealthprofessions.on.ca/WHOWEARE/default.asp>

University of British Columbia College of Health Discipline's Roles of Health Care Professionals Page:
<http://www.chd.ubc.ca/roles-and-responsibilities>

University of Western Ontario's Team Resources Page (more professions along right side):
<http://www.ipe.uwo.ca/Professionals/pharmacyTechnician.html>



Useful Videos:

Creighton University Videos (excellent for process): <http://spahp.creighton.edu/node/2175>

University of Toronto's Centre for Interprofessional Education Video Files Page: <http://www.ipe.utoronto.ca/tools-resources/video-files>

University of Alberta's Health Sciences Council Competency Videos:
<http://www.hserc.ualberta.ca/TeachingandLearning/VIPER/EducatorResources/CompetencyVideos.aspx>

University of Manitoba video on achieving intercollaboration and many other videos:
<http://umanitoba.ca/programs/interprofessional/tools/index.html>

"Teamwork in Healthcare": <https://www.youtube.com/watch?v=luLpITUkgO8>

"Cooperate, Coordinate, Collaborate" by John Gilbert, Project Lead and Chair for CIHC on CHSRF YouTube Page:
<https://www.youtube.com/watch?v=Ay-Bq67rglM>

"Patient-Centred Collaborative Care" by Carole Orchard from CIHC and Western University:
<https://www.youtube.com/watch?v=h7jHp5ooNec>

"Communication (Interprofessional Competency)" - University of Alberta YouTube Page:
<https://www.youtube.com/watch?v=vTOPE8hL708>

"Teams Work, Patients Win (Peterborough, ON)" by Health Council of Canada:
<https://www.youtube.com/watch?v=YipFWjZp2Jc>