



CCAPP  
ON-SITE EVALUATION GUIDE  
PHARMACY PROGRAMS  
2018



## **Purpose**

This Guide is designed to facilitate the conduct of accreditation surveys of pharmacy education programs. It is confidential and intended only for the eyes of evaluation team members.

## **CCAPP Mission and Goals**

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

## **Significance of Accreditation**

Accreditation is the public recognition accorded an academic 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 benefits of accreditation are many. CCAPP serves a number of constituencies including the schools, colleges or faculties of pharmacy or pharmacy technician programs and their institutions, students and prospective students, licensing and examination bodies, the profession of pharmacy, and the general public:

- For schools, colleges or faculties of pharmacy or pharmacy technician programs and their institutions, accreditation provides the stimulus for self-assessment and self-directed program improvement, a basis for decision-making about the investment of public or private funds, and the enhancement of reputation because of the public regard for accreditation.
- For students and prospective students, accreditation provides assurance that the educational program of an accredited school, college or faculty has been found to be satisfactory and meets approved standards.
- For pharmacy examination and licensing bodies, accreditation provides a reliable basis for making decisions concerning eligibility, examination content, and licensure either by examination or reciprocity.
- For the profession of pharmacy, accreditation provides a means for the participation of practitioners in setting the educational requirements for entering the profession, giving assurance that those who graduate will be adequately prepared for practice.
- For the general public, accreditation leads to the improvement of professional services as accredited programs modify their requirements to reflect changes in knowledge and pharmacy practice.

## **Accreditation Standards**

Accreditation Standards reflect professional and educational attributes identified by the Board as essential to a Pharmacy Program that operates in Canada or internationally. 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 pharmaceutical education is dependent on a variety of components including general knowledge, basic and professional sciences, and professional practice experience.

Accreditation is concerned with both quality assurance and program enhancement. The accreditation Standards are crucial to both these activities since they, in effect, define the outcomes expected of the education programs.

CCAPP has a standing committee charged with the responsibility of ensuring that the Accreditation Standards reflect contemporary pharmacy practice and pharmaceutical knowledge. Through this standing committee, CCAPP recognizes the importance of having a systematic approach to the regular review and revision of Standards to guard against stagnation of academic programs. CCAPP also recognizes that it is necessary to guard against specifying too narrowly what must be included in the actual curriculum. Each institution must be free to develop its program, taking advantage of local opportunities and available resources, and building upon the values, context and culture of its own school, college, or university. In fact, diversification and innovation are to be encouraged. CCAPP's aim is comparability of output and outcomes without necessarily having comparability of input and process.

General information about the accreditation process, accreditation award definitions, and the instructions provided to self-assessment teams is available in the CCAPP *Guidance for Accreditation Standards and Key Elements for Canadian First Professional Degree in Pharmacy Programs*. Accreditation surveyors are expected to review the *Guidance* document prior to the on-site survey.

## **On-Site Evaluation**

The purposes of the on-site evaluation are to:

1. Seek information/evidence to validate and supplement the Self-Assessment Report prepared by the faculty
2. Determine the feasibility of the Strategic Plan.
3. Prepare a report of findings from the visit.

### **Advance Preparation**

The on-site evaluation is an official investigation at the request of the University, of the Professional Pharmacy Program under review. As such, CCAPP surveyors are approved representatives of the

Canadian Council for Accreditation of Pharmacy Programs and all information gathered is confidential to the review process. Appropriate business attire should be worn for all sessions.

Surveyors receive a copy of the survey itinerary as well as the general and specific responsibilities that have been assigned. A copy of the school's Comprehensive Internal Review Report ("self-study") and Strategic Plan is provided to each surveyor at least 30 days before the site visit. Pre-survey readings range in length from 500-900 pages including appendices. Having this information in advance enables surveyors to read the self-study and to focus particular attention on the evidence presented for responsibilities (e.g., sections of the Standards) that have been assigned.

On arrival at the hotel on the day before the site visit starts, the evaluation team meets in an orientation session to review the itinerary, to make adjustments to the assignment of responsibilities, and to have a preliminary discussion of the documentation provided by the program. During this meeting, surveyors identify specific evidence that needs to be drawn out through interview questions for their areas of responsibility. Where several surveyors identify identical or similar specific evidence that is needed, the evaluation team decides when, during the itinerary, that evidence will be gathered.

The on-site evaluation follows a predetermined and highly structured itinerary that includes interviews with the dean, faculty, students, and administrators. At the conclusion of the visit, the evaluation team orally presents a summary of key findings to the University, College or School President and to the Dean/Coordinator responsible for the pharmacy or pharmacy technician program. These findings highlight areas of strength and opportunities for improvement that will appear, along with other findings, in the written report that is subsequently furnished to the institution.

### **Surveyor Responsibilities**

1. Be curious and ask well-considered questions:

Surveyors are responsible to audit and validate the self-assessment and strategic plan that the program has prepared. Triangulation of data, or asking the same question(s) in multiple sessions or of different individuals, is essential to confirm and validate the findings that will be presented in the written report. Therefore, surveyors are encouraged to ask questions even if in doubt as to the question's importance; all questions and resulting information are significant to the team's work. Where possible, open-ended questions should be used. The tone should be collegial, conversational and exploratory, seeking rather than demanding information or implying judgment.

Avoid making prescriptive statements or offering examples from your own institution or past experience. You are visiting a unique institution and such comparisons, while offered in a positive sense, may be misconstrued. This information may, however, be provided if requested by individuals from the host institution.

2. Assume the role of **Lead Surveyor** when asked to do so:

The Lead Surveyor is a CCAPP Board member who, as a member of the evaluation team, has the overall responsibility for an effective and efficient on-site survey. In some cases, the Lead Surveyor might need to request minor changes to the itinerary to facilitate gathering

information about questions identified during the orientation meeting. In other cases, the Lead Surveyor might need to request additional documents, solve problems arising from changes in availability of participants or rooms, or request changes to the participant roster for specific sessions. The Lead Surveyor is responsible to deliver the oral report at the conclusion of the visit. To assist in preparing the oral report, the Lead Surveyor records key strengths and opportunities identified over the course of all interviews. These notes are then used to facilitate development of a consensus statement among surveyors.

3. Assume the role of **Session Chair** when asked to do so:

Each surveyor, including the Lead Surveyor, is assigned the role of Session Chair for one or more sessions detailed in the itinerary. The Session Chair is responsible to perform general duties at the start of the session and then to facilitate and lead discussion rather than control the session. The Session Chair is also expected to serve as timekeeper for the session, to assure adherence to the itinerary. The Session Chair initiates discussion and questioning for the session. Other team members join in when they have comments and/or questions or when invited by the Session Chair. The Session Chair is expected to provide opportunity for all surveyors to participate in order to ensure all necessary information is reviewed.

Before initiating discussion and questioning for the session, the Session Chair is expected to carry out general duties involving the logistics for the assigned session:

- a) **Seating arrangement:** Ideally, the Session Chair should encourage surveyors to seat themselves in a fashion that permits discussion and interaction while at the same time alleviating the need for members of the evaluation team to search for one another in a mixed audience. The seating plan should avoid conveying the impression that surveyors are a jury. The seating plan should also bring as many participants “within the circle” as possible. This might require that the session chair requests people to move to seats around the table, if a table is being used, or to sit closer to the evaluation team members if the room is very large.
- b) **Introductions:** Welcome participants and provide a brief statement describing the evaluation team and its purpose, both in a general sense and relating to the specific session. Allow surveyors to introduce themselves. Even if introductions of the participants may have occurred as individuals assembled for the session, go around the room and have each participant introduce himself/herself and provide a brief statement of background and how the individual is involved in this particular group. This permits surveyors to note the location of key individuals in the room should questions need to be directed to those individuals specifically.
- c) **Ground Rules:** To allay concerns and set the stage for conversation that follows, relay the following ground rules:
  - i. The available time frame;
  - ii. The question/answer approach that will be used;
  - iii. That no statements will be attributed to individuals in findings or recommendations made by the surveyors;

Accreditation is about improving quality; therefore sharing with surveyors the ideas about improvement opportunities is highly valued (e.g., sharing of problems, concerns, unresolved issues).

4. Record notes to support preparation of the written report after the visit has concluded:

Each surveyor, including the Lead Surveyor, is assigned responsibility to prepare portions of the written report. Each surveyor must also be prepared to comments on the degree to which all standards and criteria have been met (not just the ones for which s/he is responsible to chair a session). Finally, at the request of the Lead Surveyor, each surveyor should be prepared to contribute to discussion about key strengths and opportunities for improvement that will be conveyed during the exit interview. To ensure that information is documented correctly in the written report and because a Session Chair may not be able to make notes while facilitating an interview session, it's helpful for other evaluation team members to make notes of key findings for their own reference and for discussion with others in the evaluation team.

The Lead Surveyor is aided greatly by team members who make note of areas that require further probing during interview sessions. When there are breaks in the interview sessions, team members have rapid exchanges about information gaps that have been resolved as well as those that remain so that subsequent sessions can focus on resolving the gaps. This approach helps to eliminate the need for additional information after the visit. It also enables the team to build a common understanding of the gaps that might exist.

5. Prepare and submit the assigned portion(s) of the written report on time. Additional information about this task is provided in the Evaluation Report section.

## **Exit Interviews**

The visit ends with an exit interview with the Dean of the Faculty, followed by an exit interview with the President and/or the Vice-President for Academic Affairs/Provost. These exit interviews provide the opportunity for the evaluation team to relate its findings prior to departure. The Lead Surveyor leads the exit meetings with support of the remainder of the evaluation team. The tone of these meetings is collegial. The evaluation team determines the details of the presentation in advance.

The general format for the exit interviews is as follows:

- a) A summary of the gains made in recent years or since the last evaluation.
- b) A summary of the strengths and opportunities for improvement that were identified by the self-assessment.
- c) A summary of the major findings of the evaluation team and a synopsis of the major points that need to be addressed in the view of the evaluation team.
- d) A summary of the major points of the Strategic Plan and the evaluation team's opinion of the feasibility of the Plan.

It should be noted that the accreditation process is to both identify areas of strength as well as gaps in compliance with CCAPP Accreditation Standards and Criterion. To avoid the impression that the sole

purpose of the visit was to find “problems”, there should be ample attention to the strengths of the program, the Faculty, and visit. The exit interviews should include all major issues noted by the evaluation team during the visit. There should be no surprises in the Survey Report that have not been mentioned by the team during the exit interviews. Evaluation team members are asked to make no recommendations and offer no advice for dealing with gaps that were identified by the evaluation team. Development of strategies to deal with gaps is the responsibility of the Faculty and the University. Surveyors are asked to avoid commenting on the merit, or acceptability to CCAPP, of strategies that are being contemplated to address gaps. The merit of solutions for gaps is best assessed after the solution has been implemented – ideally this information is submitted to the CCAPP Board in a Faculty’s Progress Report.

## **Evaluation Report**

The Board of Directors of The Canadian Council for Accreditation of Pharmacy Programs is responsible for determining the degree of compliance with the Accreditation Standards. Thus, the Evaluation Report is not an “accreditation report” but an interim, albeit important, evaluative step in the accreditation process. The evaluation team is asked to provide its opinion regarding the degree of compliance with each of the Standards and Criterion as the evaluation team understands and interprets them, and to provide comments to the Faculty and to the University on any gaps that were noted.

As indicated in the Exit Interview section, the accreditation process identifies gaps in compliance with CCAPP Accreditation Standards and Criterion and report writers must not provide recommendations for dealing with these deficiencies. The development of strategies to deal with identified deficiencies is the responsibility of the Faculty and the University.

The Evaluation Report is constructed for several audiences - the CCAPP Board, the Faculty, and university administrators. It comprises sections that correspond to the sections of the CCAPP Accreditation Standards. Each team member is assigned responsibility for drafting one or more sections using the following format:

- (a) Overview, General Comments and Major Issues - provides a brief introduction to the section,
- (b) Compliance with Standards and Criterion - provides comments and the evaluation team’s general opinions regarding the degree of compliance with each of the Standards and Criterion in the section under review. To facilitate preparation of the Report, each team member is provided with a word document containing the Standards and Criterion. Specific comments on each Standard and Guideline should be inserted immediately following the appropriate Standard or Criterion. The terms “**Met**”, “**Partially Met**”, or “**Not Met**” are used in reference to each Standard and Criterion.

Each team member is asked to complete his/her sections of the Evaluation Report within one month of the completion of the site visit. The Executive Director collates the various sections into a draft report that is transmitted to team members and to the Dean for comment. The final report is transmitted to the Dean, the University President and the Council. Decisions on compliance or noncompliance with CCAPP standards and the accreditation status of the program are subsequently made by the Council on the basis of the Self-Assessment Report, the Strategic Plan of the Faculty, the Evaluation Report, plus any additional communication from the institution.

## **Confidentiality**

The CCAPP maintains confidentiality with regard to all documentation received, its Evaluation Reports, and its accreditation decisions. The Evaluation Report is the property of the Board and the university. Information is not to be released to third parties without the approval of CCAPP and the University President or his designate.

All documentation received by surveyors, including notes taken during the site visit, is considered to be the property of CCAPP. Unless advised to the contrary by the CCAPP Executive Director, all documentation is to be shredded and electronic copies are to be deleted when the final report has been prepared for submission to the CCAPP Board and the Dean. Do not return materials to the university or to the CCAPP office.

## Specific Guidelines for Interview Sessions

### **1. Session with Dean/Director**

Generally, the on-site evaluation begins with an introductory session with the Dean/Director. This session may include other individuals, such as Associate and/or Assistant Deans, depending on the organizational structure and division of responsibilities. This introductory session is a good time to clarify information that may have been unclear in the Self-Assessment Report and other materials provided in advance of the visit. This may involve clarification of budgetary information, faculty numbers, and unique aspects of the curriculum for the professional program.

Areas to address include:

Area of questioning	Standard or Criterion
Progress made since the time of the last on-site survey	Standard 16
Faculty mission statement including how the Faculty's governance structure facilitates accomplishment of the mission. Probe for Faculty's degree of autonomy in relation to that of other faculties in the university.	Standard 13 Criterion 14.2
With regard to mission and strategic plan, the ways and means of assessing outcomes and assessments of whether stated objectives are consistent with the mission and appropriate in light of the professional program being offered	Criterion 18.2
Strengths and opportunities for improvement identified as a result of the accreditation self-assessment process	Standard 17 Standard 18
Resources needed to address the improvements identified as a result of the self-assessment and to support the strategic plan of the Faculty and the institution (probe for financial, personnel and clinical as well as other relevant resources)	Standards 23-30
Financial support (university as well as development/advancement activities) to support and facilitate enrichment of the program	Standard 26 Standard 27
Strategic plan, goals, and objectives for future development; processes for revising strategic plan in light of self-assessment findings	Standard 17
Collaborations with other health sciences Faculties and in particular with Medicine and Nursing	Standard 8
University support (including legal agreements, etc.) for relationships, collaborations and partnerships affecting faculty and the professional degree program	Standard 9 Standard 10
Policies, procedures, documentation to address actual, potential or perceived conflicts of interest, professional misconduct, breach of ethics by individual faculty members, staff,	Criterion 9.3
Dean's role in supporting change, innovation and quality improvement activities	Standard 16
Dean's general vision of the future of the Faculty and the program	Standard 16

### **2. Session with Executive Committee (Dean is not present)**

Many programs utilize an Executive Committee in Faculty governance as a means of communication and/or to provide advice and support to the Dean. This committee is often composed of the Dean, Associate and/or Assistant Dean(s), Department/Division Chairs, program director(s) and/or faculty representatives. In general, this session should focus on the structure and function (including effectiveness) of the Committee.

Areas to address include:

Area of questioning	Standard or Criterion
Executive Committee: composition/representation; how the committee was established/formed; role and functions of the Committee (probe for role related to mission, strategic planning, and collaboration/partnerships internal and external to Faculty/University including intra- and inter-professional education and collaboration).	Standard 9 Standard 11 Standard 14 Standard 16
Progress with regard to mission and strategic plan; role of the Executive Committee in decision-making related to initiatives linked to mission/strategic plan led or overseen by the Executive Committee as it relates to the Faculty overall and to the professional program being surveyed.	Standard 14
From the committee's perspective, how does the institution systematically ensure the achievement of stated goals and how are those decisions made? Probe for Faculty's degree of autonomy in relation to that of other faculties in the university.	Standard 13 Criterion 18.2
Strengths and opportunities for improvement identified as a result of the accreditation self-assessment process.	Standard 17 Standard 18
Effectiveness of the committee relative to stated role/functions (e.g., effectiveness as a means of communication between administration and faculty, etc.).	Standard 16 Standard 23-30
Strategic plan – role in developing goals and objectives; processes for revising strategic plan in light of self-assessment findings.	Standard 17
Collaborations with other health sciences Faculties and in particular with Medicine and Nursing.	Standard 8
Engagement with federal/provincial/territorial regulatory authorities with respect to practice requirements, practice standards and health human resource planning.	Standard 15
University support (including legal agreements, etc.) for relationships, collaborations and partnerships affecting faculty and the professional degree program.	Standard 9 Standard 10
Access to formalized agreements for faculty or staff who provide services at a practice site as a preceptor, member of a practice site team, or as a researcher	Criterion 10.3
Policies, procedures, documentation to address actual, potential or perceived conflicts of interest, professional misconduct, breach of ethics by individual faculty members, staff, students.	Criterion 9.3
Examples and perceptions of the Dean's role in supporting change, innovation and quality	Standard 16
General vision of the future of the Faculty and the program.	Standard 16

### 3. Session with the Strategic Planning Committee or Subcommittee

Each Faculty differs in how the responsibility for planning and monitoring of the strategic plan and continuous quality assurance of the curriculum is carried out. As a result, there may be considerable overlap between questions asked during this session, and questions asked of the Curriculum Committee

(Section 4) and the Evaluation Committee (Section 5). For example, some programs establish a Strategic Planning Committee at the direction of the Dean when a new strategic plan is needed and then the committee ceases activity until the plan needs to be renewed. This committee may have little or nothing to do with the ongoing work of evaluating the program’s educational outcomes or collating data for progress reporting purposes. Other Faculties reserve strategic planning functions for the Executive Committee and assign ongoing responsibility for designing, gathering, analyzing and reporting performance indicators to a standing committee such as the Curriculum Committee or one of its subcommittees. Still others have a committee charged with monitoring continuous quality assurance of the Faculty and the program (e.g., a Quality Team, an Evaluation team). Such a team may have responsibility for all, or only for a portion of the performance indicators related to the strategic plan (e.g., operational data may be collated by the Dean’s office). Since representatives who attend this meeting may wear multiple hats, it’s important to take time at the outset to understand the governance relationship between the strategic planning and evaluation processes of the Faculty.

With respect to the *Faculty and program*, this session should focus on the general structures and processes used to create the *strategic plan*, how performance indicators are selected and monitored in relation to the strategic plan, and how progress with the strategic plan is communicated.

With respect to the *curriculum*, this session should focus on how the governance structure confirms that the curriculum satisfies the *educational outcomes* required for the professional program in pharmacy, as well as the necessary *policy/structure/process for interprofessional education and collaborative practice*.

With respect to *performance indicators*, this session should clarify progress with indicators used to track performance in achieving the *strategic plan* as well as to evaluate the *educational outcomes and interprofessional education/collaborative practice*.

Areas to address include:

Area of questioning	Standard or Criterion
Description of committee membership and representation/area of focus (strategic planning versus program or curriculum evaluation; relationship of responsibilities between committees, if there is no oversight committee with responsibility for interprofessional education and collaborative practice as well as continuous improvement monitoring of both strategic plan and educational outcomes)	Criterion 17.1 Criterion 22.1
Probe for role of non-faculty committee members (e.g., students, practitioners, FPT regulatory authorities, alumni, other key stakeholders or interest groups)	Criterion 14.3 Criterion 17.1
Engagement with federal/provincial/territorial regulatory authorities with respect to practice requirements, practice standards and health human resource planning.	Standard 15
Description of the planning procedures used to develop the strategic plan	Standard 17
Description of how the strategic plan integrates with the University strategic plan	Criterion 17.2
Description of how the strategic plan addresses the Mission and Goals of the Faculty	Standard 18
Description of how the strategic plan and/or Faculty policy addresses interprofessional education and collaborative practice	Standard 19

Description of the indicators used to measure the educational outcomes and expected standard of performance or achievement	Standard 1 Criterion 18.2 Criterion 22.2
Description of indicators used to measure the interprofessional education and collaborative practice standard of performance or achievement	Standard 6 Criterion 19.1 Criterion 22.2
Description of process to analyze the data and determine deviations from expected performance.	Criterion 1.3 Criterion 18.2
Description of communication processes informing faculty, students, preceptors, the profession, and other interested parties about progress or achievements in a program or activity.	Criterion 18.1

#### 4. Session with Assessment Team/Committee

Each Faculty differs in how the responsibility for continuous quality improvement is assigned and carried out. As a result, there may be considerable overlap between questions asked during this session and those asked of the Strategic Planning Committee (Section 3), Curriculum Committee (Section 4) and the Evaluation Committee (Section 5). Ensure that input is received from representatives who did not attend the Strategic Planning session (Section 3). Use this session as an opportunity to clarify governance relationships between the strategic planning and evaluation processes of the Faculty, as well as responsibilities for communicating progress and outcomes to faculty members, students, and stakeholders external to the Faculty.

With respect to the *Faculty and program*, this session should focus on the general structures and processes used to create the *continuous quality improvement plan*, how performance indicators are selected and monitored in relation to that plan as well as the strategic plan.

With respect to the *curriculum*, this session should focus on how the Faculty confirms that the curriculum satisfies the *educational outcomes* required for the professional program in pharmacy, as well as the necessary *policy/structure/process for interprofessional education and collaborative practice*.

With respect to *performance indicators*, this session should clarify progress with indicators used to evaluate the *educational outcomes and interprofessional education/collaborative practice*.

Area of questioning	Standard or Criterion
Description of committee membership and representation/area of focus (strategic plan versus program versus curriculum evaluation). Probe for role of students, experience of representatives with respect to assessment and evaluation, and how representatives are appointed to this committee.	Criterion 14.3 Criterion 17.1 Criterion 22.1
Description of the structure and processes used to develop the Faculty's quality plan. Probe for how this relates to structures and processes that evaluate the program, the curriculum, and the educational outcomes.	Criterion 18.2 Standard 19 Standard 22
Description of the resources available to carry out assessment and/or evaluation responsibilities.	Standard 7 Standard 22
Description of processes used to develop the program's policy about academic progression.	Criterion 7.3

Description of how program uses collected information and evaluation data to improve the quality of the various components of the program.	Criterion 22.2a
Description of how the evaluation team knows that each component of the program is contributing optimally to achieving the intended educational outcomes.	Criterion 22.2b
Description of how the evaluation team knows that resources are being allocated to achieve optimal effectiveness across all components of the program.	Criterion 22.2c
Description of roles played as it relates to evaluation of faculty members. Probe for how faculty evaluation information is used to take action to correct or improve program results.	Criterion 22.2d
Description of how the effectiveness of liaison relationships between units, faculty/staff members, preceptors, and persons who come from outside the Faculty to support delivery of the curriculum is evaluated.	Criterion 22.2e
Description of how the quality of the learning environments (e.g., classroom, online, simulation lab, practice sites, etc.) is evaluated.	Criterion 22.2f
Description of how assessment and/or evaluation results have been used to improve student learning.	Standard 7
Description of how the evaluation team knows that students have attained the intended educational outcomes.	Criterion 22.2g
Description of how evaluation data has been used to take action to correct or improve results in the curriculum. Probe for actions related to program and actions related to Faculty operations overall. Probe for evaluation of actions taken, especially curriculum changes, on attainment of educational outcomes.	Criterion 1.3 Criterion 22.2h
Description of how the quality plan integrates with the Faculty's strategic plan and the Faculty Mission.	Standard 17 Standard 18
Description of how results of evaluation efforts are communicated to faculty members, students, and stakeholders that are external to the Faculty.	Criterion 18.1

## 5. Session with Vice-President (Academic)

### Session with Health Science Coordinator/Dean/Vice-President;

### Session with Cognate Health Science Deans

Sessions with the Vice-President (Academic) and/or the Health Sciences Coordinator/Dean/Vice-President provide an opportunity to ascertain the working relationships between the Dean of Pharmacy and his/her superiors. Similarly, a session(s) with the deans of medicine, nursing, dentistry or other cognate health sciences provide an opportunity to identify the degree of collaboration among the health sciences and/or problems that may exist. These sessions will tend to be less formal than some of the other sessions. The individuals being interviewed may not have seen the Faculty's Self-Assessment Report or Strategic Plan.

Areas to address include:

Area of questioning	Standard or Criterion
Degree of awareness of the Faculty's current program and strategic plan for the future, and the level of university support for the Faculty.	Standard 12 Standard 16 Criterion 17.2

Perception of the quality of the pharmacy program, its strengths and opportunities for improvement.	Criterion 18.2
Description of university-wide issues and future trends that may impact on the Faculty	Standard 8 Standard 9 Standard 10
Probe for information about senior level support in the areas of evaluating educational outcomes as well as interprofessional education and collaboration.	Criterion 11.1
Probe for information about senior level support for interdisciplinary teaching and research activities	Standard 9
Probe for information about senior level support for coordination of/addressing concerns about coordination of health sciences programs by the University	Criterion 8.1 Criterion 9.1

## 6. Session with Curriculum Committee

This session should provide an opportunity for detailed review of the curriculum for the professional program.

Areas to address include:

Area of questioning	Standard or Criterion
Description of the composition and function of the Curriculum Committee including the process utilized to revise existing courses/programs as well as the approval process for new courses/programs.	Criterion 18.2 Standard 22
Description of the committee's role/governance structure related to evaluating whether the educational outcomes have been achieved.	Standard 1 Standard 22
Discussion of the Faculty's mission from the Committee's perspective including description and assessment of how the institution systematically ensures the achievement of stated goals.	Criterion 7.1 Criterion 7.2
Detailed description of the pre-professional curriculum/program including general education and basic science components as well as the rationale for the inclusion of those components.	Standard 3 Standard 20.1
Detailed description of the instructional design of the professional curriculum/program, including rationale for the duration, sequencing and inclusion of specific content in relationship to established educational outcomes.	Standard 3 Standard 4 Standard 5 Standard 6
Probing regarding specific curricular areas and/or approaches listed in Standards 3-6. If not evident from materials provided in advance, detailed probing about curriculum in areas of: <ul style="list-style-type: none"> <li>• Cultural safety/ indigenous cultural competency</li> <li>• Self-awareness of one's own role, limits, responsibility and accountability for self-improvement</li> <li>• Pharmacy informatics</li> <li>• Compounding</li> <li>• Leadership and professionalism</li> <li>• Health advocacy</li> <li>• Development of entry-level capabilities for emerging roles (e.g., prescribing, lab test ordering, etc.)</li> <li>• Patient safety during handovers of care</li> <li>• Teaching and supervising others</li> </ul>	Standard 1 Standard 4

Probe for diversity of required and elective courses, intra- and inter-professional experiences, and practice experiences and that involve different levels of patient acuity and care sector.	Criterion 3.3 Criterion 5.1
Descriptions of curricular/program changes that have been made since the last evaluation, and changes that are being contemplated. Probe for curriculum re-mapping in relation to changes that have been or are being implemented.	Criterion 1.3
Discussion of educational techniques and technologies used. Probe for: <ul style="list-style-type: none"> <li>• Simulation content; compliance of simulation with criteria in Guidance document</li> <li>• Assessment and support practices for components delivered at a distance (for components that are being delivered using distance technology)</li> <li>• Ways and means to determine that student tasks at each stage of experiential education contribute meaningfully to patient care and are appropriate to student's level of preparedness</li> </ul>	Criterion 5.2 Standard 7
Discussion of ways that student performance is assessed and evaluated. Probe for criteria, policy and procedures for academic progression, academic probation, dismissal, and readmission.	Criterion 1.2 Criterion 7.1 Criterion 7.3
Discussion of ways that student performance is evaluated in relation to NAPRA competencies.	Criterion 1.1

## 7. Session with Practice Experience Team

This session is intended to follow up on the concerns you may have heard during the session with the Preceptors and the APPE Students. You will be filling in the gaps that might have occurred between the information provided by the self-study, the Curriculum Committee, Preceptors, and Students.

Area of questioning	Standard or Criterion
Description of the administrative office or system that is responsible for practice experiences. Probe for qualifications and expertise of individual or individuals who work in this team.	Criterion 25.1
Description of how practice experiences integrate, reinforce and advance capabilities that were developed during other parts of the program. Probe for information about intensity, breadth, structure, duration, and variety of practice experiences.	Criterion 3.1 Criterion 3.2 Standard 5
Description of the team's role as it relates to the governance structure/evaluation structure. Probe for who is responsible to evaluate when and whether educational outcomes have been achieved.	Standard 1 Standard 22
Description of structure, process and outcomes related to working with practice sites and other health professions programs as it relates to practice experiences (e.g., intra/interprofessional collaborative practice environments; amenities; suitable models of supervision).	Criterion 25.3
Policy versus actual practice related to assessment and confirmation of student practice- and team-readiness prior to culminating practice experiences.	Criterion 1.2
Policy versus actual practice related to student progression in practice experience courses/rotations; probe for methods of assessing progress between each culminating practice experience.	Criterion 1.2 Criterion 5.1 Criterion 5.2 Criterion 6.1

Discussion of educational techniques and technologies used. Probe for: <ul style="list-style-type: none"> <li>Simulation content; compliance of simulation with criteria in Guidance document</li> <li>Assessment and support practices for students who are on placement. Probe for differences if students are in another province or country.</li> <li>Ways and means to determine that student tasks at each stage of experiential education contribute meaningfully to patient care and are appropriate to student's level of preparedness.</li> </ul>	Criterion 5.2 Standard 7
Contingency procedures that are utilized in the event that a practice site withdraws from a placement commitment.	Criterion 10.1
Adequacy of the number of placement sites and qualified preceptors for the student enrolment.	Standard 24 Criterion 25.2
Processes for confirmation of preceptor qualifications, initial orientation, ongoing training, and evaluation.	Criterion 24.3 Criterion 24.4 Criterion 24.5
Extents to which students are supported and have a positive, safe, inclusive, non-discriminatory, inspiring experience during practice experiences. Probe for information about orientation of preceptors to just culture concepts and suitable models of supervision of students.	Criterion 23.1 Criterion 25.3c
Policy versus actual practice related to handling of student complaints that occur during practice experiences.	Criterion 23.5
Actions taken in practice experiences component of the program based on student and preceptor feedback and other evaluation data.	Criterion 22.2h
Perceptions about effectiveness of recruitment and admission policy as it relates to attracting students who will be successful in the program and the profession.	Standard 20

## 8. Session with IPE Committee

The IPE committee may be internal to the Faculty, or it may be a committee of the health sciences faculties or the university. This session seeks to find the extent of university support for interprofessional education and collaboration.

Areas to address include:

Area of questioning	Standard or Criterion
Description of how and when the IPE Committee was constructed. Probe for relationship between the Faculty's Curriculum and Evaluation Committees.	Standard 6 Standard 9 Standard 11
Description of IPE activities that have been instituted.	Standard 6
Description of Faculty(ies) and University support for IPE activities.	Standard 9 Standard 11
Outline of future goals for IPE. Probe for evaluation goals/measurement of educational outcomes.	Standard 6

## 9. Session with Student Affairs, Admissions Committee and Registrar

The evaluation team's visit includes a session with the individual(s) involved with the management of student affairs for the Faculty. This session should focus on all support services provided to students to assist them through the professional program.

Areas to address include:

Area of questioning	Standard or Criterion
Description of university-wide student affairs issues and future trends that may impact on the Faculty and its programs.	Standard 9
Application and admission, both at the pre-professional and professional program levels including any considerations relevant to the admission of specific types of students.	Standard 20
Admission requirements used to determine the suitability of candidates for the profession.	Standard 20
Criteria, policy and procedures for academic progression, academic probation, dismissal, and readmission.	Standard 23 Criterion 7.1 Criterion 7.3
Access to advising, records, financial aid and health services, housing, accommodation of needs governed by legislation, and counselling including career pathway counselling. Probe for similarities/differences if some or all of program is delivered at a distance (i.e.: student is never or rarely on campus).	Standard 23
Orientation to university or Faculty policy about just culture, academic and non-academic misconduct, conflict of interest policy, conditions under which a complaint may be registered and associated procedures including response/resolution timeframes monitoring.	Criterion 9.3 Standard 23
Availability of sufficient and skilled administrative and/or professional staff resources available for management and provision of student affairs.	Criterion 23.4 Criterion 24.2
Recruitment activities/materials. Probe for: <ul style="list-style-type: none"> <li>• Extent to which admissions criteria and data that are utilized to determine an offer of admission are made available to the public.</li> <li>• Adequacy and accuracy of disclosure of information provided to prospective and existing students.</li> </ul>	Standard 21

## 10. Session with Undergraduate Students

The session with students provides an opportunity for students to present their perspectives and concerns regarding the Faculty and its professional program. The institution is instructed that students are to be self-selected for participation in this session; it is important to verify exactly how this selection was made. It is helpful if students indicate their year in the professional program as a component of their introduction. It is also helpful to identify students who complete the majority or the entire program at a distance if program delivery is bi-modal.

The Faculty has been instructed to have the students prepare and provide a short presentation on the strengths and concerns statement prior to this session, and to have a designated spokesperson. It is important to involve students other than the spokesperson in the subsequent discussion, to determine the degree of agreement/support for the "official" student statement.

Areas to address include:

Area of questioning	Standard or Criterion
Degree of involvement of students in the self-assessment study and preparation of the strategic plan, internal review (self-study), program evaluation plan.	Criterion 14.3 Criterion 17.1 Criterion 22.1
Degree of awareness of, and support for, the Faculty's mission statement.	Standard 12
Breadth and support for student activities, organizations, governance, and involvement in governance activities of the Faculty. Probe for student impressions about their input as it relates to governance activities of the Faculty.	Standard 29
Access to advising, records, financial aid and health services, housing, accommodation of needs governed by legislation, and counselling including career pathway counselling. Probe for similarities/differences if some or all of program is delivered at a distance (i.e.: student is never or rarely on campus).	Standard 23
Clarify student orientation to and awareness of responsibilities related to just culture environment, academic and non-academic misconduct, conflicts of interest, conditions under which a complaint may be registered and complaint procedures including satisfaction with response/resolution timeframes monitoring.	Criterion 9.3 Standard 23
Comments/perceptions regarding the degree of supportiveness, positivity, inclusiveness, inspiration of the experience while enrolled in the program.	Standard 23
Comments about the curriculum in general.	Standards 3 Standard 4
Comments about experiential placement adequacy, policies, and practices.	Standard 5
Comments about interprofessional and intraprofessional education and collaborative practice opportunities.	Standard 6
Comments regarding administration, faculty and staff including accessibility, role modeling, fostering professionalism, demonstrating leadership and ethical behaviour, etc.	Criterion 4.3 Criterion 9.3 Standard 24
Comments about adequacy and reliability of information technology resources. <ul style="list-style-type: none"> <li>• Probe for library and IT support for portions of curriculum that are delivered at a distance.</li> <li>• Probe for accessibility and reliability of IT access in experiential education sites.</li> <li>• Probe for ease of use, reliability and satisfaction with online assessment/evaluation systems.</li> </ul>	Standard 24.5 Criterion 25.3b Standard 30
Perceptions about effectiveness of admission policy as it relates to students who will be successful in the program and the profession.	Standard 20
Extent to which recruitment practices, information, etc., were accurate and adequate with regard to admissions criteria, academic policy, progression policy, etc.	Standard 21
Strengths and opportunities for improvement of the Faculty as perceived by students. Suggested changes to the program that have not already been offered. Offer opportunity for students to ask questions about the accreditation process.	Standard that applies depends upon student responses

## 11. Session with Clinical Coordinators/Preceptors

This session is conducted as a group discussion rather than as visits to structured pharmacy practice sites utilized by the Faculty. There will be preceptors from both the IPPE and APPE training sites. This session is intended to explore the effectiveness of and concerns associated with the structured practical experience component of the professional program. Often the Faculty has plans for development in this area and it is important to determine the feasibility of any changes proposed. This session can also be used to gain an insight into how pharmacy practitioners view the quality and preparedness for practice of recent program students/graduates.

Areas to address include:

Area of questioning	Standard or Criterion
Description of how representatives were selected for this meeting. Ask each representative to describe role and duration of service in this area. Probe for participation of representatives on self-study, strategic planning and evaluation planning committees.	Criterion 17.1 Standard 24
Description of goals and objectives of the experiential rotation(s). Probe for extent to which preceptors contribute to development of goals and objectives. Probe for inter- and intra-professional learning opportunities.	Standard 5 Criterion 6.1
Description of how the Faculty assures standardization of experiences and subsequent evaluations of both student and site/preceptor performance.	Criterion 25.1
Criteria for being a preceptor. Probe for processes involving orientation, initial training, continuing professional development, and evaluation of preceptors.	Criterion 24.2 Criterion 24.3 Criterion 24.4
Awareness of just culture. Assessment of Faculty's culture as it relates to preceptors in their interactions with students, faculty members and staff.	Criterion 23.1
Probe for awareness about conditions under which a complaint can be registered and how complaints are handled.	Criterion 2.1 Criterion 23.5
Process to access academic appointment and promotion.	Criterion 10.2
Assessment of preceptor role in performing assessment/evaluation of student performance. Probe for effectiveness, efficiency and feelings about assessment responsibilities.	Standard 7
Perceptions about effectiveness of admission policy as it relates to admitting students who will be successful in the program and the profession.	Standard 20
Description of processes by which student readiness to provide patient care (i.e.: to perform the pharmacist patient care process) as a collaborative member of a care team is evaluated at each stage of required practice experiences. Perception of student readiness to provide direct patient care prior to stating culminating (final) year practice experiences in the program.	Criterion 1.1 Criterion 1.2
Assessment of students' team-readiness at the point of starting culminating (final year) practice experiences in the program. Probe for policy versus practice regarding academic progression.	Criterion 1.2 Criterion 7.3
Assessment of students in relation to NAPRA competencies.	Criterion 1.1
Assessment of the amount and quality of time that site faculty/preceptors spend with students.	Criterion 25.3c
Perception of whether student tasks (direct patient care as well as other professional tasks) at each stage of learning contribute meaningfully, productively and safely to services at site. Probe regarding entrusted professional activities.	Criterion 5.2

Assessment of the administrative relationship between the site and the Faculty: <ul style="list-style-type: none"> <li>nature of faculty/preceptors at the site (i.e., Faculty funded, shared positions, volunteer faculty, etc.)</li> <li>to make intra- and interprofessional care/collaborative practice opportunities available</li> <li>to ensure that students have access to appropriate amenities to support learning</li> <li>to ensure that a suitable model(s) of supervision are in place so that students have adequate oversight, coordination, guidance, instruction, assessment and feedback.</li> </ul>	Criterion 25.3
Assessment of the amount of library, information technology and administrative support provided to the preceptor by the Faculty, in order to carry out preceptoring tasks.	Standard 24 Criterion 25.1
Satisfaction with processes used to evaluate preceptors. Probe for feedback received from students, or Faculty.	Criterion 24.5
Communication processes to inform preceptors about Faculty strategic plan, performance, and achievements.	Criterion 18.1
Assessment of whether preceptors would hire a student pharmacist at the end of APPE.	Standard 1

## 12. Session with APPE Students:

This session will follow the meeting with the Preceptors. It is thus appropriate to follow-up on information gathered during that session. This session can also be used to gain an insight into how the students view the quality and their preparedness for the training that is required at this stage of their educational journey.

Areas to address include:

Area of questioning	Standard or Criterion
Description of how representatives were selected for this meeting. Probe for participation of representatives on self-study, strategic planning and evaluation planning committees.	Criterion 17.1 Standard 24
Description of goals and objectives of the experiential rotation(s). Probe for inter- and intra-professional learning opportunities.	Standard 5 Criterion 6.1
Satisfaction with intensity, breadth, structure, duration, and variety of practice experiences.	Criterion 5.1
Description of how the Faculty assures standardization of experiences and subsequent evaluations of both student and site/preceptor performance. Probe for processes used to track progress between APPE rotations.	Criterion 3.3 Criterion 25.1
Preparedness of preceptors. Probe for processes involving preceptor orientation, initial training, continuing professional development.	Criterion 24.2 Criterion 24.3
Awareness of just culture. Assessment of preceptor awareness of just culture as it relates to preceptors interactions with students. Probe for awareness about conditions under which a complaint about a preceptor or site can be registered and how complaints are handled.	Criterion 23.1
Satisfaction with handling of complaints and concerns associated with experiential placements.	Criterion 2.1 Criterion 23.5
Satisfaction with how readiness to provide patient care as a member of a collaborative team is <i>evaluated at each stage</i> of required practice experiences.	Criterion 7.2
Satisfaction with readiness, at the point of starting final year of practice experiences, to <i>provide direct patient care</i> (i.e.: to perform the pharmacist patient care process).	Criterion 1.2

Satisfaction with readiness, at the point of starting final year of practice experiences, to be a <i>contributing member of a collaborative care team</i> .	Criterion 1.2
Satisfaction with ability of graduates to meet NAPRA's entry to practice competencies.	Criterion 1.1
Perceptions about effectiveness of admission policy as it relates to students who will be successful in the program and the profession.	Standard 20
Assessment of the amount and quality of time that site faculty/preceptors spend with students.	Criterion 25.3c
Perception of whether student tasks (direct patient care as well as other professional tasks) at each stage of learning contribute meaningfully, productively and safely to services at site. Probe regarding entrusted professional activities.	Criterion 5.2
Assessment of the administrative relationship between the site and the Faculty as it affects students: <ul style="list-style-type: none"> <li>access at practice sites to appropriate amenities to support learning. Probe for student manuals, information technology, equipment, library, administrative support, work space, etc.</li> <li>model(s) of supervision that provide students with adequate oversight, coordination, guidance, instruction, assessment and feedback.</li> </ul>	Standard 24 Criterion 25.1 Criterion 25.3
Communication processes while students are on placement. Satisfaction with feedback received from preceptors and Faculty	Standard 25
Strengths and deficiencies in the academic program.	Standard 1

### 13. Sessions with Faculty/Staff:

During the course of the on-site visit, evaluation team members will meet with faculty and staff as a group and individually. These interviews provide the opportunity for faculty to have input into the evaluation processes. Be prepared for a wide variety of reactions from participants. Reactions might include very quiet/withdrawn behaviour that will require probing on the part of the team member, to very assertive/aggressive behaviour that will require restraint and/or redirection on the part of the evaluation team member. Some individuals may come to the interview with supplemental documentation and/or a prepared presentation. In this case, receive the information for transmittal to the rest of the evaluation team. In other cases, participants may present information that is not relevant to the work of the evaluation team – move the conversation along to relevant issues as quickly and smoothly as possible. The intent of these sessions is to verify statements and impressions provided in the self-study and earlier interview sessions.

Areas to address include:

Area of questioning	Standard or Criterion
Understanding and acceptance or support for the Faculty's mission statement	Standard 12
Role of individual faculty members and the unit to which they belong as it relates to achieving the strategic plan and the mission.	Standard 2
Role in completing the self-study; communication regarding the self-study (ability to comment or review prior to submission)	Standard 2
Perceptions regarding leadership and direction of the Dean, Associate and/or Assistant Dean(s), and/or Department/Division Chair.	Standard 2 Standard 16

Engagement with federal/provincial/territorial regulatory authorities with respect to practice requirements, practice standards and health human resource planning.	Standard 15
Assessment of the adequacy of communication, information flow and/or involvement with collegiate affairs	Standard 2
Access to continuing professional development, promotion, tenure, and research mentoring/support.	Standard 24
Access to formalized agreements for individuals who provide services at a practice site as a preceptor, member of a practice site team, or as a researcher	Criterion 10.3
Role in efforts to develop student professionalism (e.g., role modeling, mentoring, coaching, counselling, etc.).	Criterion 4.3
Discussion of the Faculty's efforts to evaluate the outcomes of the professional program particularly in the form of assessment of student achievement, in both a short-term and long-term sense.	Standard 22

#### 14. Survey of Physical Facilities and Equipment

Team members will tour and review physical facilities available in support of the Faculty and the program. Take note of the quantity, quality, currency, contiguity/configuration, allocation, utilization, and overall adequacy of space and equipment. This includes consideration of what is required to deliver the curriculum as well as to provide support for harmonious work of instructional and support personnel.

Area of observation/questioning	Standard or Criterion
Research laboratory facilities to support project and research activities of students and faculty members.	Standard 28
Professional practice laboratory facilities. If pharmaceuticals are present in the laboratory or simulator, clarify oversight requirements of the pharmacy regulatory authority (e.g., licensed pharmacist oversees versus licensed dispensary). Pay particular attention to the condition of aseptic compounding suites/simulators including associated equipment and supplies for operator safety, environmental protection and sterility of the product (re: compliance with NAPRA requirements). Note the accessibility and availability of technology necessary to carry out the learning objectives (e.g., computers, label printers, private counselling areas for physical assessment, etc.).	Standard 28 Standard 30
Simulation facilities in relation to the types of simulation that are carried out in the program (for simulation that is conducted external to the Faculty's professional practice laboratories, as in the case of interprofessional simulations, cardiopulmonary resuscitation, etc.).	Standard 28
Student work, study and collaboration spaces. Note availability of storage for individual student items as well as for student organizations. Note availability of spaces where intra and interprofessional collaboration occurs outside of scheduled coursework.	Standard 29