

BC PHARMACY YEAR 1 RESIDENCY PROGRAMS

Standards for Program Administration

June 2023



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The BC Pharmacy Year 1 Residency Standards, hereafter referred to as the “BC Year 1 Standards”, are maintained by the members of the BC Pharmacy Residency Programs Committee (PRPC), in consultation with the BC Pharmacy Directors Council and BC Pharmacy Residency Program Directors. The BC Year 1 Standards are applied jointly with the Canadian Pharmacy Residency Board (CPRB) Year 1 Accreditation Standards and the policies of the individual institution(s) and programs as a guide for the operations of the Residency Programs.

The BC Pharmacy Year 1 Residency Program Standards for Program Administration shall be made available to and reviewed with the incoming Year 1 residents at the start of each residency year.

A. DEFINITIONS & ROLES

Pharmacy Year 1 Residency Program

The purpose of a Pharmacy Year 1 Residency, as stated in the CPRB Year 1 Standards, is:

- To develop pharmacists’ patient care skills to the proficient level. This is a progression beyond the competent level expected at completion of the first professional degree.
- To achieve the following competencies under the guidance of model practitioners that can be applied to any practice setting:
 - Provide evidence-based patient care as a member of interprofessional teams
 - Manage and improve medication use systems
 - Exercise leadership
 - Exhibit ability to manage one’s own practice of pharmacy
 - Provide medication- and practice-related education
 - Demonstrate project-management skills

The individual health authority establishes and operates the Residency Program, hires the resident and applies for CPRB residency accreditation. The individual Residency Program is responsible for the assessment and evaluation of the resident.

British Columbia’s Pharmacy Residency Programs Committee

Refer to the current BC PRPC Terms of Reference.

Canadian Pharmacy Residency Board

The CPRB acts on behalf of the Canadian Society of Hospital Pharmacists (CSHP) to establish and validate accreditation standards that govern pharmacy residency programs across Canada. These standards outline the basic criteria used to evaluate programs seeking accreditation by the CPRB, and are based, in part, on the Standards of Practice developed by CSHP.

The University of British Columbia

The BC Pharmacy Year 1 Residency Programs are affiliated with, but not jointly offered by, the UBC Faculty of Pharmaceutical Sciences. This relationship establishes credibility and recognition of the individual programs and provides support for the operation of the residency programs.

As part of this affiliation, the UBC Faculty of Pharmaceutical Sciences:

- Provides a liaison to sit as a member on the BC PRPC
- Provides website space for residency program information
- Provides administrative support to the interview process
- Registers Year 1 residents under the classification of BC pharmacy residents
- Acknowledges the successful completion of the Year 1 Residency Program on the resident's university transcript
- Collaborates, in partnership with the BC PRPC and CSHP-BC Branch, in sponsoring the BC Resident Research Night
- Collaborates, in partnership with the BC PRPC and CSHP-BC Branch, in sponsoring the BC Resident Information Night
- Holds the BC PRPC account and provides assistance in the management of financial resources
- Supports the evidence-informed decision making sessions and teaching rotations by providing classroom space, facilitators and preceptors

Program Director

The Director of Pharmacy or another member of the administrative team responsible for leading and managing the Pharmacy Department for the health authority is to serve as the Residency Program Director. As such, the Program Director is administratively responsible and accountable for the Program as outlined in the CPRB Accreditation Standards.

Program Coordinator

The Program Coordinator plans and coordinates the Residency Program. The Coordinator oversees the quality, assessment and improvement in the Program.

Responsibilities of the Program Coordinator include:

- Recruitment and selection of residents
- Identification of resident rotations and preceptors
- Preparation of the residency schedule
- Regular review of rotation evaluations of and by residents
- Oversight of residents' progress on their research projects
- Regular progress meetings with residents
- Oversight of residents' preparation for BC-wide case (as applicable) and research project presentations
- Facilitation of residents' achievement of the requirements for successful completion of the Program (as outlined below in Section B.1)
- Provision of ongoing support, guidance, education, and mentorship to preceptors
- Provision of ongoing evaluation and a quality improvement process for the Program

B. BC YEAR 1 STANDARDS

1. CRITERIA FOR SUCCESSFUL COMPLETION OF THE YEAR 1 RESIDENCY PROGRAM

Residents are expected to complete the Program over a 52-week period from the first day of the residency. The final completion of all experiences and residency-related tasks/assignments shall be allotted an additional 4 weeks.

The criteria for successful completion of the Year 1 Residency Program are as follows:

The resident must demonstrate (through the normal assessment process) foundational skills in the following domains to the satisfaction of the Program Director and Coordinator:

- Evidence-based direct patient care
- Medication use systems
- Leadership
- Managing one's own practice of pharmacy
- Medication and practice-related education
- Project management

The resident shall be responsible and accountable for acquiring all skills and competencies of an accredited Year 1 pharmacy residency.

These skills should be fostered according to the requirements listed in the CPRB Year 1 Accreditation Standards.

- a) The resident must demonstrate the ability to function as an independent pharmacy practitioner. The resident will be assessed on their ability to increasingly demonstrate independent problem solving skills throughout the Program.
- b) The resident shall exhibit appropriate professional behaviours and relationships in all aspects of practice, including technology-enabled communication, reflecting honesty, integrity, commitment, compassion, respect, altruism, respect for diversity, and maintenance of confidentiality.
- c) The resident must present one formal patient-focused presentation. The Coordinators will evaluate the resident's performance on a pass/fail basis using criteria outlined in the Competency-Based Evaluation for Resident Case Presentations. If the resident fails, they will be required to deliver another patient-focused presentation either to the BC residency group or another preceptor group at the discretion of the Program Coordinator.
- d) A project manuscript of sufficient quality and in a format suitable for a peer-reviewed journal publication must be submitted to the Program Coordinator within 4 weeks from the last day of the residency. It is expected that the manuscript has met the project preceptor's approval prior to submission to the Program Coordinator. Ultimately, the final manuscript must be completed to the satisfaction of the Program Coordinator.

- e) The resident must participate in the annual BC Pharmacy Residency research event and deliver both an oral and poster presentation of their residency research project. Written and verbal feedback on the poster presentation will be provided by a select group of evaluators.
- f) The resident must successfully complete and pass a Comprehensive Oral Assessment (COA). The COA is designed to evaluate the resident's ability to systematically review a patient case, create a comprehensive pharmacy care plan, and present and defend their findings and recommendations to a panel of examiners. The panel of examiners comprises the Program Coordinator and at least one active preceptor selected by the Program Coordinator. Residents are evaluated on a pass/fail basis and will have a maximum of three opportunities within the residency year to pass the COA. Successful completion of the COA is a mandatory requirement for program completion. (Please refer to "Comprehensive Oral Assessment - A Resident's Guide" for the successful completion criteria.)

If the above criteria and all CPRB competencies are met, the resident will be invited to the BC-wide convocation ceremony for the graduating year.

Performance Expectations of Residents on Direct Patient Care Rotations

Residents should meet the expected level of performance on each rotation and show progress through rotations and across the year. The resident will be supported to meet the level of performance for each rotation.

If a resident is not progressing towards expected level of performance in their individual direct patient care rotations and/or longitudinally across the course of their residency, the resident will be provided support to address these deficiencies.

If the resident does not meet the expected level of performance, to support their progress they will meet with the preceptor(s) and Program Coordinator and create a learning plan. The resident will be required to complete a remedial clinical rotation. The remedial rotation will be in a clinical area that will provide ample opportunity to address the resident's specific learning deficiencies and be preferably precepted by a different preceptor. Evaluation of the resident during this remedial rotation will be based on the same criteria used for all other clinical rotations. At the end of the remedial rotation residents are required to meet the expected level of performance. If the resident fails to meet expectations by the end of the remedial rotation to the satisfaction of the Program Coordinator, the resident will be terminated from the Program in consultation with the Program's Human Resources department.

At the discretion of the Program Coordinator, the remainder of the Program may be adjusted (e.g., selection or timing of other rotations) to reflect the ongoing learning needs of the resident.

The Program Coordinator may consult with members of the PRPC or their Health Authority Human Resources consultant for additional guidance/support.

Professionalism Expectations of Residents

Residents are expected to practice in an ethical manner and in accordance with the College of Pharmacists of BC Code of Ethics. They shall practice with honesty and integrity, and respect patients and other health care team members. Residents' public actions represent not only themselves but also their respective health authority, residency program and UBC. Residents are to adhere to all policies relating to confidentiality, communication and professionalism. Residents are expected to adhere to health authority policies concerning confidentiality and communication, including the use of social media.

Residents are expected to practice in a manner that demonstrates professional accountability. This includes, but is not limited to:

- Fulfilling professional commitments and assignments in a diligent and timely manner
- Prioritizing activities to fulfill all responsibilities in a timely manner
- Being punctual
- Communicating with preceptors and/or Program Coordinator when unable to meet deadlines, complete tasks or arrive on time
- Responding to and incorporating feedback on ways to improve
- Accepting responsibility for their recommendations

Residents are expected to demonstrate initiative within the practice setting. This includes, but is not limited to:

- Taking initiative to learn, enhance skills and integrate knowledge
- Evaluating their practice and knowledge to identify areas for continuing professional development
- Seeking clarification on feedback when needed to identify strengths and limitations in their competence/performance

If a resident does not demonstrate a commitment to excellence and professional behaviours in their residency-related activities (e.g., rotation activities, project management activities, interactions with patients/preceptors/mentors/team members), they will be required to meet with the Program Coordinator and Program Director to ensure clear expectations and a corrective course of action are agreed upon. The Program Coordinator may consult with members of the PRPC or their Health Authority Human Resources consultant for additional guidance/support.

If the identified unprofessional behaviors do not improve, the resident may be terminated from the Program at the discretion of their Program Coordinator and Program Director.

Extenuating Circumstances

Sick Days

A resident who is sick shall notify the Program Coordinator (or designate) and the rotation preceptor before the start of the workday. A record of such leave shall be maintained and

applied towards allowed sick days according to each individual institution's policies. Given the longitudinal nature of competency development residents may not be required to make up sick days. Additional rotation days, assignments or schedule changes are at the discretion of the Program Coordinator.

Leaves of Absence

Leaves of absence shall be granted in compliance with the BC Employment Standards, the CPRB accreditation standards and the usual non-contract terms and conditions of the Health Authority. These leaves may include compassionate, special, pregnancy, parental court and medical leaves. The resident should contact their Program Coordinator as soon as such a situation/request arises.

The Program Coordinator is responsible, in consultation with rotation preceptors, for making judgments about whether outstanding program requirements and/or days lost to leave must be made up and how this is to occur. Payment for leaves of absence will be determined according to the policy of the resident's institution.

Program Extension

A resident may be granted additional time to complete the Program if there has been an extended leave for reasons beyond the resident's control (e.g. medical/health or other personal issues). Every effort will be made to provide alternate rotations for the resident to meet Program requirements. Any program extension is granted at the discretion of the Program Coordinator and Director and is done in consultation with the PRPC.

2. DISCIPLINE OF A PHARMACY RESIDENT

If a resident fails to meet the performance or professional expectations as outlined by the individual Program, the Program Coordinator and Director will meet with the resident to establish an individual plan of action for the resident.

The individual assessment and decision to terminate a resident, or allow the resident to continue the Residency Program, is the sole responsibility of the individual Program. The Program's decision is final. There is no appeal process through the Health Authority, University or PRPC.

3. COMMUNICATION WITH THE BC PHARMACY DIRECTORS COUNCIL AND RESIDENCY PROGRAM DIRECTORS

The PRPC is responsible for forwarding a copy of all PRPC meeting minutes to the BC Pharmacy Directors Council and the BC Pharmacy Residency Program Directors. The PRPC Chair will attend the BC Pharmacy Directors Council meetings as per the BC PRPC Terms of Reference (see Appendix A) and will otherwise serve as the official liaison.

4. FUNDING FOR YEAR 1 RESIDENCY PROGRAMS AND PRPC

Each participating institution provides funding for their residency positions. Funding for the PRPC operations and events is provided jointly by the Health Authorities. The PRPC is responsible for proposing a budget annually for approval by the BC Pharmacy Directors Council and for providing quarterly updates.