

CCAPP

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

200 – 1765 West 8th Avenue, Vancouver, BC, Canada, V6J 5C6
Phone (604) 676-4230 • Fax (604) 676-4231 • Website: www.ccapp-accredit.ca

ACCREDITATION

STANDARDS AND GUIDELINES

FIRST PROFESSIONAL DEGREE IN PHARMACY PROGRAMS

- 1. Baccalaureate**
- 2. Doctor of Pharmacy (PharmD)**

POST-BACCALAUREATE PHARMACY PROGRAM

- 1. Doctor of Pharmacy (PharmD)**

(n.b. the post-bacc PharmD standards are not included with the draft distributed for external comment)

Version: 5 October 2007



TABLE OF CONTENTS

| | | |
|--------------------------------------------------------|------------------------------------------------------------------|-----|
| PREFACE | | i |
| ACKNOWLEDGMENTS | | iii |
| FIRST PROFESSIONAL DEGREE IN PHARMACY PROGRAMS | | |
| STANDARDS FOR MISSION, PLANNING, AND EVALUATION | | |
| Standard No. 1. (FPDBAC/FPDPD) | Faculty of Pharmacy Mission, Goals and Objectives | 1 |
| Standard No. 2. (FPDBAC/FPDPD) | Strategic Planning | 2 |
| Standard No. 3. (FPDBAC/FPDPD) | Evaluation of Faculty Effectiveness | 3 |
| STANDARDS FOR ORGANIZATION AND ADMINISTRATION | | |
| Standard No. 4. (FPDBAC/FPDPD) | Faculty and University Environment | 6 |
| Standard No. 5. (FPDBAC/FPDPD) | Faculty and University Relationships with External Organizations | 7 |
| Standard No. 6. (FPDBAC/FPDPD) | Faculty Organization and Administration | 8 |
| Standard No. 7. (FPDBAC/FPDPD) | Responsibilities of Faculty Leaders | 10 |
| Standard No. 8. (FPDBAC/FPDPD) | Financial Resources and Management Practices | 11 |
| STANDARDS FOR FACULTY AND STAFF | | |
| Standard No. 9. (FPDBAC/FPDPD) | Faculty and Staff: Quantitative Factors | 13 |
| Standard No. 10. (FPDBAC/FPDPD) | Faculty and Staff: Qualifications | 14 |
| Standard No. 11. (FPDBAC/FPDPD) | Faculty and Staff: Development and Evaluation | 16 |
| STANDARDS FOR FACILITIES AND LEARNING RESOURCES | | |
| Standard No. 12. (FPDBAC/FPDPD) | Physical Facilities | 18 |
| Standard No. 13. (FPDBAC/FPDPD) | Library and Learning Resources | 19 |
| STANDARDS FOR STUDENTS | | |
| Standard No. 14. (FPDBAC/FPDPD) | Admission Policies and Procedures | 21 |
| Standard No. 15. (FPDBAC) | Pre-Pharmacy Requirements | 24 |
| Standard No. 15. (FPDPD) | Pre-Pharmacy Requirements | 24 |
| Standard No. 16. (FPDBAC/FPDPD) | Student Services | 24 |
| Standard No. 17. (FPDBAC/FPDPD) | Program Information | 26 |
| Standard No. 18. (FPDBAC/FPDPD) | Student Representation | 27 |
| Standard No. 19. (FPDBAC/FPDPD) | Student/Faculty Relationships | 28 |
| STANDARDS FOR THE ACADEMIC PROGRAM | | |
| Standard No. 20. (FPDBAC) | Educational Outcomes | 30 |
| Standard No. 20. (FPDPD) | Educational Outcomes | 30 |
| Standard No. 21. (FPDBAC/FPDPD) | Curriculum Responsibility | 31 |
| Standard No. 22. (FPDBAC/FPDPD) | Curriculum Structure | 32 |
| Standard No. 23. (FPDBAC/FPDPD) | Curriculum Core – Knowledge, Skills, Attitudes, Values | 33 |

| | | |
|---------------------------------|--------------------------------------------------------|----|
| Standard No. 24. (FPDBAC) | Curriculum Core – Practice Experiences | 35 |
| Standard No. 24. (FPDPD) | Curriculum Core – Practice Experiences | 38 |
| Standard No. 25. (FPDBAC/FPDPD) | Teaching and Learning Processes | 42 |
| Standard No. 26. (FPDBAC/FPDPD) | Assessment of Student Learning and Student Progression | 43 |

POST-BACCALAUREATE DOCTOR OF PHARMACY PROGRAM
(n.b. Not included in the Version for External Comment)

| |
|-----------------|
| Standard No. 2 |
| Standard No. 3 |
| Standard No. 4 |
| Standard No. 6 |
| Standard No. 8 |
| Standard No. 9 |
| Standard No. 10 |
| Standard No. 11 |
| Standard No. 15 |
| Standard No. 16 |
| Standard No. 19 |
| Standard No. 20 |
| Standard No. 24 |

GLOSSARY

46

(n.b. Version for External Comment does not include any of the following Addenda)

ADDENDUM A AFPC “*Educational Outcomes for a Baccalaureate Pharmacy Graduate in Canada (May 1998)*”
http://www.afpc.info/downloads/1/Outcomes_Undergrad_1998.pdf

ADDENDUM B AFPC “*Educational Outcomes for the Entry Level PharmD Degree Graduate in Canada (May 2007)*”
http://www.afpc.info/downloads/1/Entry_level_PharmD_outcomes_AFPC_AGM2007.pdf

ADDENDUM C AFPC “*Educational Outcomes for a Post-Baccalaureate Doctor of Pharmacy Graduate in Canada (Jun 1999)*”
http://www.afpc.info/downloads/1/Outcomes_PharmD_1999.pdf

ADDENDUM D NAPRA “*Professional Competencies for Canadian Pharmacists at Entry to Practice (Mar 2007)*”
<http://www.napra.org/pdfs/professional/competencies.pdf>

PREFACE

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

The mission of the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) is to evaluate the quality of pharmacy professional degree programs in Canadian universities and to promote continued improvement of such programs.

These Accreditation Standards and Guidelines reflect those professional and educational attributes identified by the Council as essential for either of the two first professional degree in pharmacy programs offered by universities in Canada: the baccalaureate (FPDBAC) and the doctor of pharmacy (FPDPD), and for the education of advanced trained clinical practitioners in post-baccalaureate doctor of pharmacy programs (P-BACPD). The Standards recognize that a quality pharmacy education is dependent on a variety of components, including general knowledge, basic and professional sciences, and professional practice experience.

The goals and objectives of the first professional degree in pharmacy curriculum should embrace the scope of contemporary practice responsibilities as well as emerging roles that ensure the rational and safe use of drugs in the individualized care of patients. The Council therefore, believes in the preparation of competent graduates who have the ability to provide pharmacist care and, together with other health care providers, can contribute to the making of decisions to ensure that services are effective and that the community is involved in improving the health of its residents. Consequently, pharmacists must have a broad understanding of health, the factors that contribute to a healthy community, and the structure and role of the health system. As well, they must have the ability to manage and evaluate information and the skills needed to advocate on behalf of individuals and the community.

Pharmacists must be culturally competent and understand how patient needs and practice skills are influenced and shaped in pharmacy sites and other health care settings where Canadian society embraces diversity. They must be able to become trusted and respected members of the communities in which they work, develop skills in judgement and public relations, and provide support to students and new health providers. They must practice with compassion, empathy and integrity and they must be able to work in interdisciplinary teams and be adaptable enough to work in a variety of settings.

It is the Council's view that the educational outcomes established for a professional degree program in pharmacy should strive to achieve the entrance-to-practice competencies specified by the appropriate licensing authority. A Faculty¹ of Pharmacy or a regulatory authority may establish additional educational outcomes, for example outcomes related to a liberal education and research. However, the public and students are entitled to demand that the graduates of

¹ Faculty also means School or College

the first professional degree in pharmacy programs can demonstrate they have mastered the entrance-to-practice competencies. Since licensing of pharmacists by the provincial regulatory authority relies on the educational outcomes of graduates, it is important for the Faculty and provincial regulatory authority to have a close working relationship.

Design of the First Professional Degree (FPD) in Pharmacy Accreditation Standards

Since 2007, two forms of the first professional degree in pharmacy have been offered by Canadian universities to meet entry-to-practice requirements established by the provincial and territorial pharmacy regulatory authorities. Most Canadian pharmacy schools have established professional programs and curricula that have traditionally awarded the baccalaureate degree upon completion (FPDBAC). In recent years, several schools have discontinued the baccalaureate program and have introduced extensive revisions to the curriculum resulting in the award of the doctor of pharmacy as the first professional degree in pharmacy (FPDPD).

The first professional degree in pharmacy standards are designed to reflect the educational philosophy and intent expressed in two AFPC documents: "*Educational Outcomes for a Baccalaureate Pharmacy Graduate in Canada—May 1998*" (Addendum A) and "*Educational Outcomes for the Entry Level PharmD Degree Graduate in Canada--May 2007*" (Addendum B). Both of these documents are considered an integral part of these Standards. The two sets of educational outcomes make reference to the "*Model Standards of Practice (2003)*" and the "*Professional Competencies for Canadian Pharmacists at Entry to Practice—March 2007*" (Addendum D) developed by the National Association of Pharmacy Regulatory Authorities (NAPRA). Hence, the linkage between entrance-to-practice competencies established by licensing authorities, educational outcomes developed by the Faculties, and the accreditation standards established by CCAPP, is maintained.

For the purposes of accreditation, there are a limited number of distinct differences in the two first professional degree in pharmacy programs offered in Canada. Both programs are designed to meet national entry to practice requirements for pharmacists, and as such, are expected to provide very similar educational environments and experiences to students. Therefore, the Canadian Council for Accreditation of Pharmacy Programs has introduced accreditation standards that recognize the essential unique features of the two degree offerings. However, *in toto, the Council has attempted to reinforce the seamless and similar character of the two forms of the first professional degree in pharmacy for most of the accreditation standards.* Because of the similar entry to practice objective of these two programs, CCAPP has adopted a format for the design of the accreditation standards that retains common elements where the standards must be identical, and indeed, except for a few areas, reinforces the notion that there are no compelling reasons for standards to significantly differ.

In the standards that follow, the designation "FPDBAC/FPDPD" in the title of the standard, indicates that the standard and its descriptive guidelines applies uniformly to programs offering either the baccalaureate or doctor of pharmacy credential. A standard (or guideline) in which only the designation "FPDBAC" or "FPDPD" appears in the title identifies standards where there are differing requirements between the two degree programs. In the 2008 version of the CCAPP accreditation standards, different requirements will apply in the following areas: Standard 15 (Pre-Pharmacy Requirements), Standard 20 (Educational Outcomes), and

Standard 24 (Curriculum Core—Practice Experiences). Thereafter, in subsequent editions of the standards, the Council will gather stakeholder feedback to monitor the need to further differentiate the two first professional degree standards or consider revisions to harmonize accreditation requirements.

Design of the Post-Baccalaureate Doctor of Pharmacy Program Standards (P-BACPD)

Post-baccalaureate (or second professional degree in pharmacy) programs leading to the doctor of pharmacy (PharmD) either as a graduate degree or advanced professional program, have been offered at some universities in Canada since the early 1990s. These programs have been established to develop advanced clinical practice skills in those already holding credentials, registration, or licensure as a pharmacist. These programs are typically focused on building additional knowledge depth, refined skills, and expertise in order to practice as a pharmacist at a level beyond that expected from a pharmacist in entry to practice, generalist settings. The P-BACPD standards are designed to reflect the educational philosophy and intent expressed in the AFPC document: "*Educational Outcomes for a Post-Baccalaureate Doctor of Pharmacy Graduate in Canada—June 1999*" (Addendum C)

In the standards that are used to evaluate post-baccalaureate doctor of pharmacy programs (P-BACPD), the standards in place for either first professional degree (FPD) in pharmacy programs (FPDBAC or FPDPD) also apply to the educational environment for post-baccalaureate (or second professional degree in pharmacy) programs unless there are comments in the standards to the contrary.

ACKNOWLEDGMENTS

The Canadian Council for Accreditation of Pharmacy Programs acknowledges, with thanks, the assistance and support provided by the Accreditation Council on Pharmacy Education, Inc. (ACPE) and by Dr. Peter Vlases, Executive Director and staff of ACPE.

These Standards and Guidelines are based on the Accreditation Council for Pharmacy Education (ACPE) *Accreditation Standards and Guidelines for the Professional Programs in Pharmacy Leading to the Doctor of Pharmacy Degree* effective July 1, 2007 (and including earlier versions). Permission has been given by ACPE for CCAPP to adapt and revise the ACPE standards to meet contemporary pharmacy educational expectations in Canada effective July 1, 2008.

STANDARDS FOR MISSION, PLANNING, AND EVALUATION

Standard No. 1. (FPDBAC/FPDPD)² Faculty of Pharmacy Vision, Mission and Values

The Faculty must have a published statement of its vision, mission, and values in the areas of education, research and other scholarly activities, pharmacy practice, and service. These statements must be congruent with the mission of the University and have the support of central administration. The statements should include a fundamental commitment to the preparation of its students to enter the practice of pharmacy with competencies necessary to be a medication resource professional responsible for drug therapy outcomes, the advancement of pharmacy and its contributions to society, and the pursuit of research and scholarship. This statement should demonstrate sensitivity to the importance of cultural competency in the care of patients by pharmacists.

Guideline 1.1

The Faculty's vision for pharmacy practice, research, and education should be aligned with the profession's vision for practice, research, and education.

Guideline 1.2

The Faculty should have a vision for education, practice, research, and other scholarly activities that is congruent with the mission of the university and commits faculty and students to fostering innovation through basic and applied research, innovation in education and the development of improved practice models. It should commit to a standard of excellence. The national and international influence, reputation and impact of the Faculty in each of the major components of its mission should be assessed in its evaluation plan (Standard No. 3).

Guideline 1.3

The Faculty's mission statement should address the educational philosophy of the professional degree program in preparing graduates with a thorough foundation in the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences and their application to practice to enter the pharmacy profession and to contribute positively to its evolution.

² FPDBAC - First Professional Degree in Pharmacy Program as the Baccalaureate
FPDPD - First Professional Degree in Pharmacy Program as the Doctor of Pharmacy

Guideline 1.4

The Faculty's mission should foster an environment for teaching and learning that respects and promotes the diversity of people, values the diversity of faculty role models, and attends to the needs of diverse learners. It should facilitate the ability of students to work and communicate effectively with colleagues, patients and other health professionals.

Guideline 1.5

The Faculty's values should include a stated commitment to a culture that respects and reflects contemporary pharmacy practice and the vision for its future, attaches importance to scientific advancement, promotes development of interprofessional learning and collaborative practice and embraces quality assurance and continuous quality improvement.

Guideline 1.6*

For new program initiatives and alternate pathways to degree completion, the Faculty must ensure that the initiatives are consistent with the university's and Faculty's vision, mission and values; the same commitment is demonstrated to all students, irrespective of program pathway or geographic location; and resources are allocated in an equitable manner.

Standard No. 2. (FPDBAC/FPDPD) Strategic Planning

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

Guideline 2.1

The planning process should occur regularly and provide for broadly-based input from faculty, students, practitioners, provincial and territorial regulatory authorities, and other key stakeholders or constituent groups. The process should consider financial and academic planning within the context of societal and professional changes occurring and contemplated.

Guideline 2.2

The planning process should include the review and revision, when necessary, of the Faculty's vision, mission statement and values. Review of the goals and objectives should be inclusive, involving administrators, faculty, students, and practitioners and other key stakeholders.

Guideline 2.3*

A substantive change that involves new program initiatives (such as alternate program pathways to degree completion, including geographically dispersed campuses and distance-learning activities) should result from documented needs and be included in the strategic planning process, ensuring adequate lead time for development.

Standard No. 3. (FPDBAC/FPDPD) Evaluation of Faculty Effectiveness

The Faculty must establish and maintain systems that measure and evaluate the extent to which its mission, goals and objectives are being achieved, and to provide information to support planning and decision-making in the Faculty. Performance indicators and data should be used to systematically evaluate the performance of the Faculty and to contribute to its continuous quality improvement. Experimental or innovative approaches to substantive elements of the Faculty's operations should be adequately planned and coupled with an appropriate evaluation system. Evaluation should ensure that the Faculty is responsive to changes in pharmacy practice and the health care system.

Guideline 3.1

The evaluation plan must describe a continuous and systematic process of evaluation for the major operations of the Faculty such as its academic programs, admissions, and faculty performance and development. Research and scholarly activities, professional and community service objectives, and clinical service should also be components of the overall evaluation effort. The plan must be evidence-based and embrace the principles and methodologies of continuous quality improvement.

Guideline 3.2

The general features of the evaluation plan should include: the identification of indicators that will be used to measure performance or achievement in a program or activity; the expected standard of performance or achievement; the tools or source for data that will be used or collected to measure the indicator; the

frequency of data collection; a description of the process to analyze the data and determine deviations from expected performance; the implementation of corrective or remedial responses to programs, activities or services to improve effectiveness; and a communications process to inform faculty, students, preceptors, the profession and other interested parties of significant evaluation of Faculty effectiveness activities.

Guideline 3.3

A comprehensive evaluation plan must be supported by adequate resources to accomplish its work. The overall evaluation effort of a Faculty should be directed at a senior level of the organization guided by a committee or task groups and with input from key stakeholders such as faculty, staff, students, representatives from the profession and others. The individual responsible for overseeing the evaluation work in each major program or activity should be identified, Timelines for completion of the various steps in the evaluation plan should also be determined.

Guideline 3.4

Where possible, the Faculty should use recognized standards such as those from benchmarking reviews, best practices, or other peer national or international measures when setting expected levels of performance or achievement. Standardized instruments or survey tools should be used where available, to facilitate peer comparisons of Faculty effectiveness in specific areas with other universities. The expertise and resources of the university's Institutional Research and Analysis Office or similar group should be used to assist the Faculty's evaluation work.

Guideline 3.5

Information regarding the effectiveness of the professional program in pharmacy, particularly in the form of aggregate student achievement of the defined educational outcomes, should be gathered systematically from sources such as students, employers, the provincial regulatory authority(ies), professional staff of affiliated practice facilities, and from a variety of other practitioners. The results from all forms of student assessments, student exit interviews, student self-assessments, preceptor evaluations, degree completion rates and attrition data, employer surveys, and standardized licensure examinations should be appropriately employed in the evaluation system of the Faculty.

Guideline 3.6

The academic program as a whole, including curricular content, individual courses, teaching methods, and assessment strategies should be evaluated with respect to curricular goals. The responsiveness of the curriculum to changes in pharmacy practice, the health care system, and educational technologies should be confirmed through a systematic evaluation plan. The evaluation plan should ensure that an educational setting is in place that supports the development of professional competencies in students and that maximizes the student educational experience. Evidence should exist that aggregate data of student achievement of educational outcomes is applied to modify or revise the academic program.

Guideline 3.7*

The evaluation plan must include information that will allow comparison and establishment of comparability of alternative program pathways to degree completion, including geographically dispersed campuses and distance-learning activities.

STANDARDS FOR ORGANIZATION AND ADMINISTRATION

Standard No. 4. (FPDBAC/FPDPD)

Faculty and University Environment

The Faculty must be located in a university with an academic health sciences center that comprises, at a minimum, medicine and nursing programs. If the university does have these other academic units, the Faculty must establish a formal relationships with the medical and nursing programs at another university within the geographic region.

The Faculty's position in the university's organizational structure and its administrative reporting relationships must be comparable to those of other health science Faculties and ensure that the dean³ and faculty are appropriately involved and advised of university activities and developments. Within university policies, the Faculty must be granted autonomy by the university that includes responsibility and authority for administration of the professional program in pharmacy, curriculum design and instructional methods, selection of faculty, enrolment levels, admission and progression of students. The dean should have ready access to the University president and/or other university officials charged with final responsibility for the Faculty.

The University must support the development of suitable relationships between the Faculty and other academic and service units of the university for instruction, research, and patient care.

Guideline 4.1

The Faculty's reporting relationship to the university official holding final responsibility for the academic mission of the university must be direct and depicted in the university's organizational chart.

Guideline 4.2

The Faculty must have autonomy, within university policies and procedures and state and federal regulations, in the following areas: program evaluation; definition and delivery of the curriculum; development of bylaws, policies and procedures; admissions and progression policies; faculty and staff recruitment, development, evaluation and retention.

³ Dean also means Director

Guideline 4.3

The Faculty should participate in the governance of the University by serving on University committees in a manner consistent with the needs of the institution, in general, and the welfare of the Faculty.

Guideline 4.4

In addition to providing adequate financial and physical resources to ensure the stability of the Faculty, the University should provide, or make arrangements for, adequate support services including personnel; registrar and business offices; book store; printing services; institutional research; fundraising and development; alumni relations; housekeeping and maintenance; communications and information technology; research support; international liaison; student counselling and health services.

Guideline 4.5

The University should facilitate interprofessional health science education. Pharmacy students should benefit from collaboration with students in other health science programs in activities such as practice experiences and integrated small group learning activities.

Standard No. 5. (FPDBAC/FPDPD) Faculty and University Relationships With External Organizations

University support to the Faculty must be provided for affiliations, collaborations, and partnerships external to the university necessary to advance the academic, research, practice, and service missions of the Faculty.

Guideline 5.1

Relationships, collaborations and partnerships between the Faculty and University-affiliated health care organizations should promote integrated educational, research and service activities, provide a clearly understood relationship between service and educational units, provide the necessary blend of educational and patient care activities, and ensure that appropriate authority for the control and supervision of academic activities is vested in the Faculty.

Guideline 5.2

University-affiliated health care teaching facilities must be available to the professional program in pharmacy. Appropriate relationships should exist

between the Faculty, the health care facilities, and the pharmacy services of the health care facilities. The educational programs, students and personnel of the Faculty should complement the pharmacy services of the health care facilities. The Faculty should provide support to the development of post-graduate training programs, such as residencies and fellowships in affiliated health care facilities.

Guideline 5.3

Formal agreements signed by authorized representatives of the parties should be developed to codify the nature and intent of the relationship, collaboration, or partnership; the legal liability of the parties; and the financial arrangements (if any). The agreements should provide for periodic collaborative review.

Guideline 5.4

The Faculty should collaborate with provincial and territorial regulatory authorities with respect to practice requirements, practice standards, qualifications of practice experience sites, and continuing professional development. The relationship between the Faculty and the provincial and territorial regulatory authorities should facilitate collaboration in meeting professional, educational and societal needs.

Standard No. 6. (FPDBAC/FPDPD) Faculty Organization and Governance

The Faculty must be organized in a manner that facilitates the accomplishment of its mission, goals and objectives. The leadership of the Faculty must provide for a Dean, who serves as the chief administrative and academic officer. The Faculty's organizational and administrative structure should clearly identify lines of authority and responsibility. The Faculty must have a defined and functioning governance structure which has been developed by faculty consensus in accordance with university regulations. An environment of collegiality must exist and there must be evidence of a mutual understanding and agreement among faculty, the Dean and other administrators on the mission, goals and objectives of the Faculty.

Guideline 6.1

Where the Faculty is organized into departments, divisions, or other sub-units, administrative leaders, such as Chairs or Heads, should be invested with the authority and resources necessary to discharge their responsibilities. Departments, divisions, or other sub-units should be evaluated on the basis of their goals and objectives, including the effectiveness of their contribution to the professional program in pharmacy and the Faculty as a whole.

Guideline 6.2

The Faculty should adopt, consistent with University policies and procedures, a system of governance that clarifies faculty and administrative responsibilities in policy development and academic program oversight. Opportunity should be afforded for all faculty to participate in the governance system of the Faculty and in sub-units where they exist. The Faculty should ensure a system for communications among all of its components and for informing alumni and other interested parties of its work.

Guideline 6.3

The faculty should meet with suitable regularity, and a committee structure should exist to assist in the work of the Faculty. Committees should aim for fair representation of constituent groups taking into account the nature of its activities. Inclusion of students, part-time faculty, and pharmacy practitioners should be considered, where appropriate. Minutes of faculty meetings and records of committee actions should be maintained and be readily accessible

Guideline 6.4

Criteria should be established and a mechanism should be in place for the development and periodic review of the dean and other administrative leadership of the Faculty. The review process should be broadly-based, including students and practitioners.

Guideline 6.5

The Faculty must have policies and procedures, with contingencies, that address potential systems failures, whether such failures are technical, physical, human resource, curricular, or financial.

Guideline 6.6*

Alternate program pathways must be integrated into the Faculty's regular administrative structures, policies, and procedures (including planning, oversight, and evaluation), and must be supervised by an administrator who is part of the Faculty. The Faculty must ensure that workflow and communication among administration, faculty, staff, preceptors, and students engaged in distance-learning activities are maintained. The Faculty must retain ultimate responsibility for the academic quality and integrity of distance-learning activities and the achievement of expected and unexpected outcomes, regardless of any contractual arrangements, partnerships, or consortia for educational or technical services.

Standard No. 7. (FPDBAC/FPDPD) Responsibilities of Faculty Leaders

The Dean must be qualified to provide leadership in pharmacy education, in research and scholarly activities, and in practice. The Dean should demonstrate progressive and constructive academic and professional leadership, and effectively unite and inspire faculty and students toward achievement. In concert with other administrative leaders and the faculty, the Dean is responsible for: development, articulation, implementation and evaluation of the mission goals and objectives; recruitment, retention, and development of a competent faculty and staff; development, evaluation, quality improvement of the educational, research and practice programs; development and maintenance of programs for the recruitment and admission of qualified students; establishment and implementation of standards for academic performance and progression; resource acquisition; and representing academic pharmacy to both campus and to external constituencies.

Guideline 7.1

The Dean should be qualified to provide leadership in pharmacy education, in research and scholarly activities, and practice. Among indices of positive and effective leadership of the Dean are: a commitment to teaching and research, including pedagogy and scholarly concern for the profession generally, and pharmacy practice, in particular; a sustained record of scholarship; active participation in the affairs of professional or scientific societies; development of positive relationships with alumni; and assertive advocacy on behalf of the Faculty to the University administration.

Guideline 7.2

To accomplish these responsibilities, the dean must have the assistance and full support of the administrative leaders of the Faculty's organizational units and adequate staff support. In instances where the dean is assigned other substantial administrative responsibilities within the university, arrangements for additional administrative support to the office of the dean must be made to ensure effective administration of the affairs of the Faculty.

Guideline 7.3

The responsibilities of the administrative leaders of departments, divisions, or other sub-units that may exist, such as Chairs or Heads, should include advancing the respective discipline(s), mentoring and developing faculty, ensuring effective delivery of the respective course offerings, managing operations and budgetary affairs, and setting and evaluating goals and objectives consistent with the Faculty's mission and as a part of the Faculty's systematic planning and assessment. The administrative leaders should be a part of the

Faculty's leadership team and should play a key role in the development and improvement of the professional program in pharmacy and in the achievement of the other elements of the Faculty's defined mission, goals and objectives.

Guideline 7.4

The dean is responsible for compliance with CCAPP's accreditation standards, policies, and procedures. In the event that remedial action is required to bring the Faculty into compliance, the dean must take the necessary steps to ensure compliance in a timely and efficient manner. In this regard, the dean should seek advice and consultation from CCAPP, as needed.

Standard No. 8 (FPDBAC/FPDPD)

Financial Resources and Management

The Faculty should have adequate financial resources so that continuing operation of the professional program in pharmacy is ensured at an acceptable level. A budget should be available that provides for all programmatic needs, including faculty resources, materials and supplies, faculty development, and evaluation for purposes of program effectiveness. Enrolments should be established and managed by the Faculty in harmony with resource capacities. Financial resources are necessary to provide for appropriate and well-maintained physical facilities. The University and the Faculty should develop and maintain a broad base of financial support. The Faculty should augment budgetary resources with programs of private giving and other extramural support for purposes of programmatic development and enrichment.

Guideline 8.1

The resources to deliver the professional program must be sufficient to allow the Faculty to achieve its stated mission and should include appropriate support for educational resources, the experiential or clinical teaching sites, and student aid. An uncommitted reserve of resources should be available to address unexpected issues.

Guideline 8.2

The Faculty must operate with a budget that is planned, developed, and managed in accordance with sound and accepted business practices. Financial resources must be deployed efficiently and effectively.

Guideline 8.3

The Faculty's university or provincial government grant per pharmacy student should reflect the costs to deliver the professional program and should be

determined in a manner comparable to that used for the other health profession units at the University.

Guideline 8.4

Enrollment must be planned and managed in line with resource capabilities, including tuition and other fees. Programs experiencing substantive changes in scope or student numbers should develop business plans, including revenue and expense *pro forma* for the time period over which the change will occur and beyond.

Guideline 8.5

The Faculty, with the support of the university, should develop and maintain a broad base of financial support, including a program to acquire extramural funds through private giving, endowment income, grants, contracts, and other fund-raising mechanisms. Resources obtained from extramural sources should be free of restrictions that may interfere with sound educational and ethical policies, and such resources should be used in a manner that supports and maintains the integrity of the mission of the Faculty.

Guideline 8.6

The dean must report to CCAPP, in a timely manner, any budget cuts or other financial factors that could negatively affect the quality of the professional degree program or other aspects of the mission of the Faculty.

Guideline 8.7*

The Faculty must ensure that funds are sufficient to maintain equivalent facilities (commensurate with services and activities) across all program pathways. Such funding should include regular technological updates. The Faculty's initiatives should not adversely affect its administrative effectiveness, result in faculty overload, or cause undue financial stress or instability. New methods of educational delivery should be cost-effective; however, financial considerations such as developing economies of scale should not overshadow the requirement to develop academically effective educational experiences.

STANDARDS FOR FACULTY AND STAFF

Standard No. 9 (FPDBAC/FPDPD) Faculty and Staff: Quantitative Factors

The Faculty must have sufficient human resources, including faculty, support and administrative staff, to effectively deliver and evaluate the professional program, while protecting time for faculty development, research and other scholarly activities, service and clinical practice. The faculty consists of individuals who have a range of academic credentials, full-time or part-time appointments, and who serve with or without compensation.

A critical nucleus of full-time faculty in the respective pharmaceutical science disciplines and in each area of the professional curriculum is required. This nucleus may be complemented by part-time faculty cross or joint-funded faculty positions with affiliates, post-doctoral personnel, and voluntary faculty. Voluntary faculty should have adjunct or other appropriate academic titles.

The Faculty must have a faculty to student ratio sufficient to effectively deliver and evaluate the academic program in pharmacy and must be determined in a manner similar to the funding models used to allocate human resources to the other health profession units of the university.

The Faculty must provide adequate resources for the professional and support components of the practice experience program in a manner proportionate to that provided for the individualized clinical education and assessment of other health profession students at the university.

Guideline 9.1

Within the members of the full-time faculty, there should be an appropriate mix and balance of academic titles and experience within each discipline. The full-time faculty and staff may be complemented by part-time, cross or joint-funded and voluntary faculty should have adjunct status or another appropriate academic title or defined position.

Guideline 9.2

The number of full-time faculty must be sufficient, without the need for a major contribution from the Faculty's administrators, to ensure time for the range of duties typically assigned to faculty.

Guideline 9.3

The student-to-preceptor ratio for the practice experience components of the curriculum should be adequate to provide individualized instruction, guidance, and evaluative supervision, and to comply with provincial or territorial regulatory requirements. Important factors to be considered are the number of students each preceptor is assigned during the pharmacy practice experiences, particularly those during the advanced pharmacy practice experiences, the nature of the practice setting, and the character of instructional delivery.

Guideline 9.4

Adequate staff resources, such as administrative assistants, secretaries, student services personnel, teaching assistants, laboratory technicians, and information and communication technology personnel, should be provided to allow effective operation of the Faculty and delivery of the core curriculum.

Guideline 9.5

Adequate quantitative strength of the faculty and staff should be ensured through capacity planning, as well as recruitment and retention strategies that take into account substantive program changes, retirements, potential illness, and the time needed to prepare for responsibilities in the program. All faculty should have adequate time, commensurate with their teaching experience and familiarity with the subject matter, to prepare course work before the start of a class. Practice faculty should have adequate time to develop experiential practice sites prior to student assignment.

Standard No. 10. (FPDBAC/FPDPD) Faculty and Staff: Qualifications

The faculty and staff must be committed to the mission of the Faculty and possess the qualifications, credentials and expertise in the components of the professional program in pharmacy for which they are responsible. Faculty must be knowledgeable about the Faculty's educational philosophy and be skilled in the application of contemporary educational methods. Faculty, individually and collectively, should demonstrate a commitment to the goals and objectives of the professional program in pharmacy, to the advancement of the profession, and to the pursuit of research and other scholarly activities.

Guideline 10.1

Full-time faculty should hold the earned terminal degree appropriate to their responsibilities in the program. Faculty in the sciences should have doctoral

education and, to foster scholarship and research, postdoctoral research training or equivalent experience. Pharmacy practice faculty should possess additional professional training (residency, fellowship, or equivalent experience) and either have, or be working toward advanced credentials relevant to their practice and teaching responsibilities. Faculty should show evidence of scholarship and publication.

Guideline 10.2

The Faculty must ensure that the faculty composition, including any contributions from internal and external relationships, encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement. Faculty should provide students both content and perspectives unique to their discipline and critical to problem solving and lifelong learning. Faculty, regardless of their discipline, must have a reasonably firm understanding of pharmacy practice in the most common practice settings and the future direction of the profession. To ensure understanding of the foundations of the curriculum and foster collaborative teaching and research, faculty should have a general awareness of the scholarship and research of their colleagues in other academic disciplines.

Guideline 10.3

Faculty members with teaching responsibilities in the pharmacy practice areas of the core curriculum should be involved in the provision of direct patient care and professional services to patients and must hold professional registration in the discipline. These activities not only contribute to the maintenance and enhancement of the skills of practice, but are also of fundamental importance in the modelling of those skills and professionalism to students. In practice experiences involving direct patient care, it is necessary to have practice faculty who are role models of professional attributes and behaviours so as to effectively mentor, monitor, and evaluate students.

Guideline 10.4

The faculty must have the capability and continued commitment to be effective teachers. Effective teaching requires knowledge of the discipline, effective communication skills, and an understanding of pedagogy, including construction and delivery of the curriculum. Faculty should deploy educational technologies and techniques that support various modes of educational delivery (e.g., simulations and case studies) and evaluation (e.g., test construction and clinical performance assessments). Educational support systems should be provided to

practitioners serving as voluntary faculty in the pharmacy practice experience component of the curriculum.

Guideline 10.5

Faculty should generate and disseminate knowledge through scholarship. Scholarship, including the scholarship of teaching, should be evident and demonstrated by productive research and other scholarly activities, such as contributions to the scientific, professional, and educational literature; publication of books and review articles; and successes in securing extramural funding to support research and other scholarly activities. The Faculty must foster an environment that encourages contributions by the faculty to the development and transmission of knowledge and should contribute to the advancement of knowledge and to the intellectual growth of students through scholarship. The Faculty is encouraged to provide, or be affiliated with institutions that provide, postgraduate education and training, including accredited residency and fellowship programs.

Guideline 10.6

To support the development of professional values in students and an understanding of issues affecting the profession of pharmacy, faculty and administrators should actively participate in pharmacy professional and scientific organizations.

Guideline 10.7

Extramural funding to faculty members should not create a conflict of commitment nor result in a loss of accountability to the Faculty and its professional program in pharmacy.

Guideline 10.8*

Faculty, instructors, and teaching assistants involved in distance education should be qualified not only to provide instruction in their subject areas but should also be qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning.

Standard No. 11. (FPDBAC/FPDPD) Faculty and Staff: Development and Evaluation

There must be meaningful professional development opportunities for full-time, part-time and volunteer faculty, and staff, consistent with their respective responsibilities.

The professional development activities should further skills in the teaching and assessment of students. Additionally, the professional development activities should assist faculty in efforts to become and remain productive scholars, practitioners, and administrators.

Established criteria and a defined process must exist for the measurement of performance of all faculty and staff. Faculty must be regularly evaluated for quality and effectiveness utilizing criteria appropriate to the responsibilities of each faculty member and the academy. Evaluation processes for faculty should involve administrative review, peer review, student evaluations, and where appropriate, tenure and promotion reviews.

Guideline 11.1

The Faculty must have or provide support for programs and activities for faculty and preceptor continuing professional development as educators, researchers, scholars, administrative leaders, and practitioners commensurate with their responsibilities in the program.

Guideline 11.2

Faculty should continually document and evaluate their individual and collective performance. It is essential that faculty assume responsibility for continuously improving their own teaching, scholarship, and service activities. The use of portfolios as faculty self-assessment instruments is encouraged.

Guideline 11.3

The faculty evaluation process should take into account, and appropriately recognize, efforts of faculty who have senior administrative appointments in the Faculty or University, in professional or scholarly organizations, or who make contributions toward advancement of the professional development of students, in activities such as academic advising, career pathway counselling, and student organization advising.

Guideline 11.4

The periodic review of the dean and other administrative leaders of the Faculty should include input from administrators, faculty, students, and preceptors.

STANDARDS FOR FACILITIES AND LEARNING RESOURCES

Standard No. 12. (FPDBAC/FPDPD) Physical Facilities

The Faculty's primary physical facility and those at other sites where students and faculty are located must be adequate and appropriately equipped to achieve the mission and goals. Facilities must be allocated to anticipate growth in enrolment in all academic programs, for new faculty and staff, and for new research and practice activities. The dean must be given reasonable authority to control utilization of the physical facilities allocated to the Faculty.

Guideline 12.1

The physical facilities of the Faculty and at other sites where students are located should be adequate to achieve the Faculty's stated mission. Essential physical facilities include administrative and faculty offices, teaching and research laboratories, lecture rooms, small classrooms or conference rooms, student amenities, and program support areas.

Guideline 12.2

The physical facilities should be adequately equipped, well-maintained, provide a reasonably attractive environment for teaching and learning, and meet federal, provincial and local legal standards for disabled individuals. The teaching facilities, including general and specialized laboratories, and practice simulation facilities should be sufficient in number and adequate in size to accommodate the student body.

Guideline 12.3

Equipment for laboratory work should be available so as to provide individual learning experiences and should be available in a quantity sufficient so that each student has opportunity for participation.

Guideline 12.4

Physical facilities, instrumentation, information technology resources, supplies and services should be adequate to support all the activities of the Faculty.

Guideline 12.5

Offices for faculty should provide privacy for study and for counselling and advising students. Adequate facilities should be available for support staff,

including space for clerical and receptionist duties, copying services, and the housing of equipment and supplies.

Guideline 12.6

Adequate space should be provided for student activities and organizations, such as meeting rooms, study areas, and lounges. Appropriate resources should be available to support a favourable environment for student life.

Guideline 12.7*

Commensurate with the numbers of students, faculty and staff, and the activities and services provided, branch or distance campuses should have or have access to physical facilities of comparable quality and functionality as those of the main campus.

Standard No. 13 (FPDBAC/FPDPD) Library and Learning Resources

The Faculty must ensure access for all faculty, preceptors and students to library and learning resources. These resources must be sufficient to support all educational and scholarly activities in accord with the Faculty's mission and goals. Information technology and internet access must be available and distributed in sufficient quantity and quality.

Guideline 13.1

The library, learning resources, and information technology should satisfy generally accepted standards and practices for libraries that serve health science programs.

Guideline 13.2

The library should be under the direction of a professional librarian and a good working relationship should exist with the Faculty.

Guideline 13.3

A faculty liaison or committee should be established to ensure adequacy of the collection and services, and appropriate integration of library resources into the teaching program.

Guideline 13.4

An organized program should exist to acquaint students with the effective and efficient use of the library as well as with the use of information storage and retrieval techniques.

Guideline 13.5

Remote access technologies and mechanisms that facilitate utilization of library information from off-campus and experiential program teaching sites should be available. Search capabilities, document delivery services, and other methods for access to materials not in the collection should be available and taught to students.

Guideline 13.6

Experiential program preceptors and clinical training sites must be recognized as authorized users and provided complimentary online access to library electronic collections, journals and databases as part of the Faculty's support to external clinical faculty.

Guideline 13.7

Student and faculty opinions should be sought regarding the adequacy of library resources, and estimates of utilization of available library resources by students and faculty should be obtained so as to foster improvement.

STANDARDS FOR STUDENTS

Standard No. 14. (FPDBAC/FPDPD) Admission Policies and Procedures

The Faculty must establish criteria, policies, and procedures for admission to the professional program in pharmacy. These criteria, policies, and procedures must be published in clearly stated terms, made available to students and prospective students, and periodically reviewed.

Admissions criteria must include the satisfactory completion of post-secondary, pre-professional requirements of such length and quality so as to provide the necessary scientific foundations and general education and to prepare for and meet the requirements of the professional programs in pharmacy. Admissions criteria should use measures of achievement in the stipulated pre-professional requirements and other post secondary undertakings. The criteria should set performance expectations for such other standardized tests, evaluations, or interviews, that the Faculty considers being useful in selecting students who have the potential for success in the professional program.

The Faculty must produce and make available to students and prospective students admissions, transfer credit and course-waiver policies, based on rational procedures and defensible assessments.

The dean is responsible for managing enrollment in alignment with available physical, financial, faculty, staff, practice site, preceptor and administrative resources. The dean and the faculty must share the final responsibility for enrollment and selection of students.

Guideline 14.1

Students may be admitted to the professional degree program under an early assurance program. In such an admissions arrangement, a formal and published agreement should exist between the Faculty and the associated institution(s), if any, or directly with the student. The early assurance student should be admitted to the professional degree program contingent upon successful completion of entrance requirements and application procedures.

Guideline 14.2

Admissions criteria, policies and procedures should take into account necessary scholastic accomplishments, as well as other desirable qualities that support the student's potential to become a self-directed lifelong learner and an effective professional. In-person standardized interviews of applicants, including

evaluation of verbal communication skills, understanding of the pharmacy profession, and commitment to patient care, should be part of the admission process. Written communication skills also must be assessed in a standardized manner.

Guideline 14.3

Criminal and other activities that may restrict the student's ability to access experiential sites or potentially affect the student's eligibility for future registration with a provincial or territorial regulatory authority, by reason of provincial or federal law, should be identified. Policies and procedures in accord with those of the university should be in place and available, under which students will be advised of the types of disclosures they may be required to make prior to admission and during the professional degree program, what background checks they may be subject to prior to admission and during the professional degree program, and the potential adverse consequences resulting from these disclosures or background checks.

Guideline 14.4

The admissions process must include performance expectations for admission tests, evaluations, and interviews used in selecting students that are appropriate considerations in the determination of those applicants who have the potential for success in the professional degree program within the expected timeframe.

Guideline 14.5

A recruitment program should be established to provide a pool of well-qualified and diverse applicants for the available positions. Admission criteria, policies, and procedures must not be compromised regardless of the size and quality of the applicant pool.

Guideline 14.6

As a component of its evaluation program, the Faculty should undertake studies to correlate admissions criteria, policies, and procedures with student achievement in the professional degree program and performance in professional practice.

Guideline 14.7

The Faculty must implement policies and procedures for the evaluation of the equivalency of educational courses (preprofessional or professional) prior to admission or transfer to the professional degree program.

Guideline 14.8

The Faculty should establish transfer credit and course waiver or challenge policies consistent with University policies. Credits toward completion of the professional program in pharmacy should be transferable among CCAPP accredited degree programs, where appropriate

Guideline 14.9*

Colleges and schools should assess through admissions counseling procedures whether a student who will be learning at a distance has the self-motivation, commitment, skills, and competencies to benefit from and succeed in a distance-learning environment. Information gained should be used to update future admission and recruitment policies and decisions. All students admitted into distance-learning programs or pathways should possess the basic technological knowledge and skills to use the equipment utilized in the program. Where the effectiveness of new program initiatives has not yet been determined, initial course, pathway, or program enrollments should be limited and increased gradually until the effectiveness of the initiative is established. Consultation with CCAPP must occur at least six months before recruiting students into new pathways or programs.

Guideline 14.10*

For colleges or schools with nontraditional curricular pathways, for example, pathways for graduates of a CCAPP-accredited baccalaureate in pharmacy program or for students in multiple professional degree program pathways, admission criteria and transfer credits should be customized in accordance with the results of a candidate's individualized assessments. Requisites may only be waived based upon an educationally sound assessment of the professional competencies (as set forth in Standard 20) that may have been achieved through continuing pharmacy education, other postgraduate education and training, and previous pharmacy practice experience.

Guideline 14.11*

Colleges and schools offering multiple professional degree program pathways must establish and implement policies and procedures for students who request to transfer credits or who wish to change from one program pathway to another.

Standard No. 15. (FPDBAC)**Pre-Pharmacy Requirements**

Normally, at least **one year** or the equivalent of college or university-level coursework is necessary to prepare for entrance to the professional program in pharmacy.

Guideline 15.1 (FPDBAC)

The preprofessional educational requirements should include basic sciences, such as general chemistry, organic chemistry, biological sciences, mathematics, information and communication technologies, and physical sciences. Moreover, sufficient general education, defined as humanities, behavioral sciences, social sciences, and communication skills, should be provided in the preprofessional requirements to encourage the broadening of intellectual powers and interests and to facilitate the development of professional practitioners capable of understanding a culturally diverse society and their role in it as health care providers. Elements of general education also may be attained concurrently or integrated with the curriculum for the professional degree program.

Standard No. 15. (FPDPD)**Pre-Pharmacy Requirements**

Normally, at least **two years** or the equivalent of college or university-level coursework is necessary to prepare for entrance to the professional program in pharmacy.

Guideline 15.1 (FPDPD)

The preprofessional educational requirements should include basic sciences, such as general chemistry, organic chemistry, biological and **biomedical** sciences (**with a focus on human processes and diseases**), mathematics, information and communication technologies, and physical sciences. Moreover, sufficient general education, defined as humanities, behavioral sciences, social sciences, and communication skills, should be provided in the preprofessional requirements to encourage the broadening of intellectual powers and interests and to facilitate the development of professional practitioners capable of understanding a culturally diverse society and their role in it as health care providers. Elements of general education also may be attained concurrently or integrated with the curriculum for the professional degree program.

Standard No. 16. (FPDBAC/FPDPD) Student Services

An organizational element within the Faculty should be devoted to student affairs. The administrative office responsible for this organizational element should provide leadership in the development and provision of student services. This office is

responsible for producing and making available information concerning the professional program and other Faculty materials of importance to current students, prospective students and alumni. This office should also take an active role in the design of the orientation program for new students and should provide support to curricular activities intended to develop professional attitudes, ethics and behaviours and to otherwise foster the professionalization of students.

Guideline 16.1

The Faculty should ensure that the organizational element devoted to student services that manages systems to oversee and coordinate student affairs, activities and services, maintenance of records, assist with financial aid, provide orientation programs, ensure access to health services, organization of academic advising and career-pathway counselling, verification of completion of degree requirements, and linkage with University student services.

Guideline 16.2

The Faculty must have an ordered, accurate, and secure system of student records. Student records must be confidential and maintained in compliance with university policies and provincial or federal freedom of information and protection of privacy legislation. Students should be informed of their right of access to their own records.

Guideline 16.3

The Faculty should demonstrate that reasonable efforts are made to assist students in obtaining financial aid.

Guideline 16.4

The University should ensure access to health services for students. Appropriate immunization requirements and guidelines for prevention of the transmission of communicable diseases, should be established as well as a means for ensuring that such requirements are met to the satisfaction of the Faculty and experiential practice sites.

Guideline 16.5

A policy on non-discrimination in student admission, progression, and other student affairs that covers race, religion, gender, sexual orientation, national origin, age, disability, or discrimination by any other criteria defined by human rights legislation should exist.

Guideline 16.6

The Faculty should provide for student needs for academic advising and for personal and career-pathway counselling. Advisor and counsellor training programs, adequate personnel, and other support should be provided. Personal counselling should be made available through University resources or by other arrangements.

Guideline 16.7

The Faculty should offer a structured orientation program prior to the start of the formal curriculum. It should be designed to introduce new students to the curricular format and to the teaching and learning philosophy of the program, the Faculty expectations of students as members of the professional community, and to provide socialization opportunities with members of the profession.

Standard No. 17. (FPDBAC/FPDPD) Program Information

The Faculty must produce and make available to students and prospective students a complete and accurate description of the professional degree program, including its current accreditation status.

Guideline 17.1

A current catalogue and/or other documents or resources should be available which include the following: the mission, goals and objectives of the professional program in pharmacy; the curriculum plan, courses, and credit hours; admission and progression criteria and policies; student responsibilities for travel, accommodation and other expenses while assigned to distant experiential practice sites; the types of disclosures students may be required to make prior to admission or during the professional degree program, what background checks they may be subject to prior to admission or during the professional degree program, and the potential adverse consequences resulting from the disclosures or background checks; off-campus curricular requirements; graduation requirements; tuition and fees, including refund policies; policies and administration of awards and scholarships, accommodations available for students with disabilities, harassment policies, human/civil rights policies, the ombudsperson, anti-violence policies, graduation and placement rates; current accreditation status of the program; and expectations for attitudes, values, traits, and ethics as put forth by the profession.

Guideline 17.2*

Admissions policies, procedures, and practices must fully and clearly represent the conditions and requirements related to distance learning, including full disclosure of any requirements that cannot be completed at a distance. Colleges and schools offering multiple program pathways should assess appropriate tuition and fees for facilities and services rendered. An explanation of tuition and fee differences between pathways or differences in facilities and services between pathways should be available upon request.

Standard No. 18. (FPDBAC/FPDPD) Student Representation

The Faculty must have student representation on appropriate committees and policy development activity in the Faculty. Students must be given the opportunity to communicate with faculty through established administrative channels or meetings. The Faculty must provide evidence that student opinion is sought in program development and evaluation. Moreover, the Faculty must demonstrate that student input is systematically encouraged and considered in order to foster active student participation in the development and improvement of the professional program.

Guideline 18.1

The Faculty should have a student government as well as suitable committees, such as a student/faculty relations committee, to develop student leadership and professionalism, to ensure a forum for student dialogue, and to ensure adequate communication of student opinions and perspectives.

Guideline 18.2

The Faculty should have a student government in place and provide support to the activities of student chapters of recognized professional organizations. *Ex-officio* faculty representation on all student governance bodies and student chapters should be invited. These groups should be encouraged to develop student leadership, provide forums for student dialogue, and to ensure adequate communication of student opinions and perspectives.

Guideline 18.3

Instruments and techniques, such as student evaluation questionnaires and exit interviews, should be systematically employed for purposes of obtaining student opinions of faculty, curriculum, and other aspects of the professional program in pharmacy. The evaluative data so obtained should be systematically applied for purposes of continuous quality improvement. The Faculty should indicate to

students the outcomes of their participation in the systematic program evaluation process.

Guideline 18.4*

Students should be provided with equitable representation regardless of the program pathway in which an individual student may be enrolled.

Standard No. 19. (FPDBAC/FPDPD) Student/Faculty Relationships

The Faculty must provide an environment and culture that promotes professional behaviour and harmonious relationships among students, faculty, administrator, preceptors and staff. Faculty, administrators, preceptors and staff must be committed to developing professionalism, fostering leadership and serving as positive role models

Faculty should mentor students in their academic pursuits, nurture a positive attitude about the provision of pharmacy care, encourage inquisitiveness, make referrals to appropriate resources for career exploration, and encourage student involvement in affairs of the profession.

Guideline 19.1

The Faculty must develop, via a broadly based process, a policy consistent with university policies on student, faculty, preceptor, and staff professionalism that define expected behaviors and consequences for deviation from the policy, as well as due process for appeals.

Guideline 19.2

The Faculty should support student participation in provincial and national pharmacy, scientific, and other professional organizations.

Guideline 19.3

The Faculty should implement strategies and programs to strengthen the professional culture of the student experience in areas such as scientific inquiry, scholarly concern for the profession, the relevance and value of research, and postgraduate education and training through guest lecturers, participation in curricular and extracurricular activities, service learning, and other beneficial activities, such as white coat ceremonies and student-developed codes of conduct, honour codes, and policies to guide student body relationships with the pharmaceutical industry with respect to the receipt of gifts or other benefits.

Guideline 19.4

The Faculty should evaluate, through the results of surveys, focus groups or other means, whether relationships among students, faculty, administrators, preceptors, and staff are harmonious.

Guideline 19.5

Student interactions with faculty, administrators, preceptors, and staff should be facilitated through formal and informal activities. To foster harmonious relationships and positive role models, the Faculty should encourage faculty guidance for student committees and attendance by faculty, administrators, preceptors, and staff at student functions, both professional and social. Student interactions with residents and fellows, and informal mentoring of students by residents or fellows, should be encouraged.

STANDARDS FOR ACADEMIC PROGRAMS

Standard No. 20. (FPDBAC)

Educational Outcomes

The Faculty must offer an organized program of study with defined educational outcomes intended to prepare its graduates for the practice of pharmacy in primary care, institutional, specialized or advanced practice settings. Knowledge, skills, attitudes, and values developed in graduates should ensure optimal medication therapy outcomes and advance the profession. Students who achieve these educational outcomes will be prepared for contemporary and future practice. The curriculum should evolve so that graduates are able to meet the needs of the changing Canadian health care system. The importance of life-long learning should be reflected as an integral theme of the curriculum.

The intended learning outcomes for students in the professional program must address the AFPC “*Educational Outcomes for a Baccalaureate Pharmacy Graduate in Canada*” (May 1998 - Addendum A http://www.afpc.info/downloads/1/Outcomes_Undergrad_1998.pdf) and should define the level of responsibility expected of students for patient care activities at significant milestones during practice experiences.

Guideline 20.1 (FPDBAC)

The academic program should also provide sufficient content for the achievement of professional competencies necessary to the practice of pharmacy and to satisfy educational requirements for registration as a pharmacist in the province or territory of the university or as outlined in National Association of Pharmacy Regulatory Authorities “*Professional Competencies for Canadian Pharmacists at Entry to Practice*”. (March 2007 Addendum D - <http://www.napra.org/pdfs/professional/competencies.pdf>)

Guideline 20.2* (FPDBAC)

All pathways offered for a specific program or degree credential must ensure that the educational outcomes described in Standard No. 20 are addressed in the design of each pathway.

Standard No. 20. (FPDPD)

Educational Outcomes

The Faculty must offer an organized program of study with defined educational outcomes intended to prepare its graduates for the practice of pharmacy in primary care, institutional, specialized or advanced practice settings. Knowledge, skills,

attitudes, and values developed in graduates should ensure optimal medication therapy outcomes and advance the profession. Students who achieve these educational outcomes will be prepared for contemporary and future practice. The curriculum should evolve so that graduates are able to meet the needs of the changing Canadian health care system. The importance of life-long learning should be reflected as an integral theme of the curriculum.

The intended learning outcomes for students in the professional program must address the AFPC "Educational Outcomes for Entry-Level Doctor of Pharmacy Graduates in Canada" (May 2007 - Addendum B - http://www.afpc.info/downloads/1/Entry_level_PharmD_outcomes_AFPCAGM2007.pdf) and should define the level of responsibility expected of students for patient care activities at significant milestones during practice experiences.

Guideline 20.1 (FPDPD)

The academic program should also provide sufficient content for the achievement of professional competencies necessary to the practice of pharmacy and to satisfy educational requirements for registration as a pharmacist in the province or territory of the university or as outlined in National Association of Pharmacy Regulatory Authorities "Professional Competencies for Canadian Pharmacists at Entry to Practice". (March 2007 Addendum D - <http://www.napra.org/pdfs/professional/competencies.pdf>)

Guideline 20.2* (FPDPD)

All pathways offered for a specific program or degree credential must ensure that the educational outcomes described in Standard No. 20 are addressed in the design of each pathway.

Standard No. 21. (FPDBAC/FPDPD) Curriculum Responsibility

The Faculty's curriculum committee or similar body must be responsible for the planning, design, organization, delivery, and improvement of the curriculum. The curriculum plan must define the expected learning outcomes to be achieved by students, the sequencing and integration of content, instructional strategies and the assessment standards and methods by which student learning will be measured and confirmed. All curricular pathways must effectively facilitate student development and achievement of professional competencies.

Guideline 21.1

A curriculum committee or similar body should be responsible for all matters relating to the design and delivery of the professional curriculum. This oversight shall include definition of curricular goals and structure, educational outcomes, course content, instructional and assessment strategies, and continuous curriculum evaluation for quality improvement. The curriculum must comply with university policies and CCAPP accreditation standards. The committee should be composed of faculty, students and representatives from the profession or as permitted by university policies.

Guideline 21.2

The curriculum committee or equivalent must have adequate resources to serve as the central body for the management of orderly and systematic reviews of curricular structure, content, process, and outcomes, based on assessment data.

Standard No. 22. (FPDBAC/FPDPD) Curriculum Structure

Normally, the professional degree program in pharmacy must be a minimum of four academic years, or the equivalent number of hours or credits.

Guideline 22.1

The curriculum must include didactic course work to provide the desired scientific foundation and sustained structured practice experiences through all years of the professional program. A capstone activity, work experience or research project may be included to supplement the other required components.

Guideline 22.2

Considerations in the design of the curriculum should include sequencing and integration of content; coordination of instruction across faculty disciplines; confirmation or mapping of instructional content with intended educational outcomes; faculty awareness of curriculum objectives and teaching responsibilities across the program; interdisciplinary strategies for reinforcement of basic science, clinical science and pharmacy practice curriculum content; opportunities for elective courses to supplement the defined educational objectives of the professional program; coordination of instructional methods and assessment strategies across the program; and the development of standard course syllabi.

Guideline 22.3

The curriculum may provide opportunity for a limited selection of elective courses by students. However, such opportunities should enhance defined educational outcomes and a cohesive, comprehensive and rigorous curricular core must be preserved.

Standard No. 23. (FPDBAC/FPDPD) Curriculum Core - Knowledge, Skills, Attitudes and Values

The curriculum must provide the student with knowledge and activities to develop the skills, values and attitudes necessary for pharmacy care. It must provide a thorough foundation necessary for the achievement of professional competencies. A balance must exist among the four areas of the core curriculum: biomedical sciences; pharmaceutical sciences; behavioural, social and administrative sciences; and clinical sciences. All components of the curriculum must be integrated, reinforced, and advanced throughout the professional program,

Guideline 23.1

The biomedical sciences should provide the basis for understanding and treating humans in health and disease and should include content in anatomy, biochemistry, immunology, microbiology, molecular and cell biology, physiology, and pathophysiology. Instruction provided in these areas by other academic units of the University should be developed in accord with the goals and objectives for the curriculum in pharmacy.

Guideline 23.2

The pharmaceutical sciences should be of such depth, scope, timeliness, quality, sequence, and emphasis to provide foundation for and support to the intellectual and clinical objectives of the professional program in pharmacy. The pharmaceutical sciences should provide the basis for understanding the use of medicines in maintaining health and treating disease. Content should include medicinal chemistry, pharmacology, toxicology, pharmaceuticals (encompassing the physical/chemical principles of dosage forms and drug delivery systems), biopharmaceuticals, pharmacokinetics and pharmaceutical biotechnology.

Guideline 23.3

The behavioural, social, and administrative pharmacy sciences should provide the basis for understanding and influencing human behaviour in health and disease, the management process in pharmacy, pharmacy and health care

systems, the drug safety system, the causes and prevention of medical errors, and the role of governments in the planning, funding and delivery of health care services. Content should include biostatistics, epidemiology, health care economics, pharmacoeconomics, the profession of pharmacy, ethical and professional standards of practice, cultural diversity, healthcare systems, business and practice management.

The behavioural, social, and administrative pharmacy sciences area should attend to the knowledge, skills, and abilities necessary to the efficient and effective management of patient-centred practice. This should support the socialization of the pharmacist into the professional role and aid in the development of ethical, critical thinking and problem-solving skills. This should also include the design and operation of public and third party prescription drug programs, administrative and management activities related to personnel, marketing and finances, and the administrative and management matters related to drugs and supplies. In addition, the behavioural and social pharmacy sciences should support pharmaceutical care to diverse patient populations in a culturally competent manner. The role of the pharmacist to advocate for patients and policy initiatives to improve the health care system should be addressed.

Guideline 23.4

The clinical sciences component should provide a basis for the understanding and development of skills necessary for the delivery of competent care to, or on behalf of patients in primary care and specialized settings. Clinical pharmacy practice therefore represents the additional skills, techniques, values, attitudes and knowledge important to the provision of comprehensive, effective, and safe pharmacy care to patients.

Content should include clinical pharmacokinetics, collaborative care with other health providers, complementary and alternative medicines, compounding, diagnostic and point-of-care testing, disease state management, dispensing and prescription processing, drug abuse and dependency, drug information including drug literature evaluation, drugs in pregnancy, emergency first care, evidence-based decision making, geriatrics, health promotion and disease prevention, immunization, information technology and practice support tools, medication administration, nutrition, pediatrics, patient assessment and outcomes monitoring, patient and professional communications, patient health information and documentation of care, pharmacy law and regulatory issues, pharmacotherapeutics, physical assessment, medication prescribing or therapy management (i.e. the initiation, continuation or modification of prescriptions) by pharmacists, pharmacist's role in public health, medication and patient safety practices, and self care/non-prescription drug use.

Guideline 23.5

When content is integrated across disciplines, the core knowledge base and outcomes for each discipline should be provided in adequate depth, scope, and emphasis to ensure attainment of the desired competencies.

Guideline 23.6

Where instruction is provided by other academic units of the university, these areas must be developed in accordance with the professional degree program's curricular goals and objectives. Appropriate liaison mechanisms must be established to ensure effective instructional delivery and to ensure assessment and achievement of the educational objectives of the professional degree program.

Standard No. 24. (FPDBAC)

Curriculum Core - Practice Experiences

Practice experiences must be of adequate intensity, breadth, structure and duration so as to achieve the defined educational outcomes. The practice experiences must integrate, reinforce and advance the knowledge, skills, attitudes and values developed through the other components of the professional program. They must include introductory and formative experiences during the program and a sustained period of experiences to conclude the program. The practice experiences must include direct interaction with diverse patient populations in a variety of practice settings. Students must be able to contribute to patient care provided by interprofessional teams that include pharmacists. Student tasks during all stages of experiential learning must contribute meaningfully and productively to the professional activities of the practice site and must not require excessive oversight from the preceptor. All practice experiences must be under the supervision of pharmacist preceptors. The aggregate of practice experiences must ensure that all educational outcomes and entry to practice competencies are met by students prior to the completion of the academic program. Practice experiences may be structured under co-op arrangements provided the Faculty ensures that co-op site and preceptor selection criteria, program-defined educational outcomes, and student assessment procedures are established and verified in a manner similar to traditional experiential placements.

Early and mid-program practice experiences must involve at least **four weeks (160 hours)** of student placement in practice sites and may be supplemented with additional volunteer activities, service learning or other forms of community-engaged learning

The sustained period of required concluding practice experiences near the end of the program must involve at least **twelve weeks (480 hours)** of fulltime, student placement in practice sites.

Guideline 24.1 (FPDBAC)

Early and mid-program practice experiences must be offered in community and institutional practice settings for purposes of developing professional skills in students and active learning. Practice experiences should be organized as a curricular progression so as to support growth in the student's capabilities. The student activities in early and mid-program practice experiences should be synchronized with, and focus on refinement of skills introduced in the classroom or practice laboratory. Experiences may be designed in conjunction with didactic courses or as a discrete experiential offering.

Guideline 24.2 (FPDBAC)

Concluding practice experiences near the end of the program should provide active participation and in-depth experiences to refine practice skills and to develop, in a graded fashion, the level of confidence, judgement, efficiency and responsibility needed for independent practice. Concluding practice experiences should not present new or added core knowledge or professional skills to students. Rather, the concluding practice experiences should be structured to permit students to integrate and apply core knowledge and techniques initially presented in the classroom or laboratory, in the provision of competent patient care at the practice site. Students should provide direct patient care under the supervision of pharmacist role models. Practice experiences should enhance teamwork and communication skills with patients, colleagues and other professionals. The total of the practice experiences must provide the opportunities to develop proficiency in all competencies required for entry to pharmacy practice.

Guideline 24.3 (FPDBAC)

Required practice experiences should orient students to the continuity of care structure of the Canadian health care system and contribute to the development of patient care skills performed by pharmacists in the hospital or institutional environments, community pharmacies, long term care and ambulatory care clinics. The practice experiences should give students the opportunity to develop proficiency in providing pharmacist care to adult and pediatric patients for the the most common health problems or diagnoses seen in the primary care, acute care and long term care settings. It is permissible to assign students to brief dispensing or drug distribution-oriented experiences at selected practice sites. However, the dominant purpose of the experiential program must address the development of direct patient care practice skills in students.

Guideline 24.4 (FPDBAC)

An adequately resourced administrative office assisted by appropriate external advice from the professional community should be in place to manage the selection of all experiential program practice sites and preceptors and for the implementation of quality assurance procedures for this component of the core curriculum.

Guideline 24.5 (FPDBAC)

Selection criteria should be defined to ensure the placement of students in practice sites that meet any requirements set by regulatory authorities for student training; that are committed to supporting the teaching process; and that are recognized for consistent, high standards of pharmacy care. Sites must have adequate personnel, resources, practices and systems in place to support student training and skills development. If online information resources and databases normally used by students are not already located at the pharmacy practice site, it is the responsibility of the university to provide the site with access to its collections and resources. Sites must be able to ensure access to a patient population with adequate depth and diversity. Pharmacy students must be provided access to patients and facilities in affiliated teaching hospitals or academic health sciences centres to the same extent and support offered to students in the other health science programs of the university.

Guideline 24.6 (FPDBAC)

The quality assurance process should include development of experiential objectives and recommendation of practice activities and tasks to support student achievement of overall educational outcomes and competencies; provision of orientation and training tools to assist new and experienced preceptors; development of standardized student assessment procedures; monitoring of assessment consistency across preceptors; reviewing of student evaluations and feedback of preceptors and practice sites; and all other activities necessary to evaluate and ensure the goals of the experiential program are being met.

Guideline 24.7 (FPDBAC)

The preceptor to student ratio at each stage of the practice experience curriculum should ensure adequate individualized instruction, guidance, supervision and assessment.

Guideline 24.8 (FPDBAC)

Preceptors and other clinical faculty employed by the experiential sites should be offered or be eligible for an appropriate academic appointment to recognize their critical role in the education of students. Such appointments should permit promotion in the relevant category according to established criteria such as duration of service to the educational mission of the Faculty, professional contributions, scholarship, and performance in teaching

Guideline 24.9 (FPDBAC)

The authority, privileges, obligations and responsibilities of the Faculty and the experiential practice sites should be formalized in affiliation or contractual agreements or other statements of understanding, preferably as part of master agreements between the teaching site and the university for all its health science programs. Agreements should provide for sufficient advance notice of termination by either party to permit the development of alternate arrangements, should these become necessary. Agreements should also address student-related matters such as access to health services at the site, liability and insurance coverage, criminal record background checks, student disclosures, immunization policies, patient confidentiality and privacy of records, and professional conduct expectations.

Standard No. 24 (FPDPD)

Curriculum Core - Practice Experiences

Practice experiences must be of adequate intensity, breadth, structure and duration so as to achieve the defined educational outcomes. The practice experiences must integrate, reinforce and advance the knowledge, skills, attitudes and values developed through the other components of the professional program. They must include introductory and formative experiences during the program and a sustained period of experiences to conclude the program. The practice experiences must include direct interaction with diverse patient populations in a variety of practice settings. Students must be able to contribute to patient care provided by interprofessional teams that include pharmacists. Student tasks during all stages of experiential learning must contribute meaningfully and productively to the professional activities of the practice site and must not require excessive oversight from the preceptor. **Most** practice experiences must be under the supervision of pharmacist preceptors. The aggregate of practice experiences must ensure that all educational outcomes and entry to practice competencies are met by students prior to the completion of the academic program. Practice experiences may be structured under co-op arrangements provided the Faculty ensures that co-op site and preceptor selection criteria, program-defined educational outcomes, and student assessment procedures are established and verified in a manner similar to traditional experiential placements.

Early and mid-program practice experiences must involve at least **five weeks (200 hours)** of student placement in practice sites and may be supplemented with additional volunteer activities, service learning or other forms of community-based learning

The sustained period of required and elective concluding practice experiences near the end of the program must involve at least **thirty-six weeks (1440 hours)** of fulltime, student placement in practice sites.

Guideline 24.1 (FPDPD)

Early and mid-program practice experiences must be offered in community pharmacies and in institutional **and other health care** settings for purposes of developing professional skills in students and active learning. Practice experiences should be organized as a curricular progression so as to support growth in the student's capabilities. The student activities in early and mid-program practice experiences should be synchronized with, and focus on refinement of skills introduced in the classroom or practice laboratory. Experiences may be designed in conjunction with didactic courses or as a discrete experiential offering.

Guideline 24.2 (FPDPD)

Concluding practice experiences near the end of the program should provide active participation and in-depth experiences to refine practice skills and to develop, in a graded fashion, the level of confidence, judgement, efficiency and responsibility needed for independent practice. Concluding practice experiences should not present new or added core knowledge or professional skills to students. Rather, the concluding practice experiences should be structured to permit students to integrate and apply core knowledge and techniques initially presented in the classroom or laboratory, in the provision of competent patient care at the practice site. Students should provide direct patient care under the supervision of pharmacist role models. Practice experiences should enhance teamwork and communication skills with patients, colleagues and other professionals. The total of the practice experiences must provide the opportunities to develop proficiency in all competencies required for entry to pharmacy practice.

Guideline 24.3 (FPDPD)

Required concluding practice experiences should orient students to the continuity of care structure of the Canadian health care system and contribute to the development of patient care skills performed by pharmacists in the hospital or institutional environments, community pharmacies, long term care and

ambulatory care clinics. The practice experiences must give students the opportunity to develop proficiency in providing pharmacist care to adult and pediatric patients for the the most common health problems or diagnoses seen in the primary care, acute care, long term care, rural and remote practice settings. It is permissible to assign students to brief dispensing or drug distribution-oriented experiences at selected practice sites. However, the dominant purpose of the experiential program must address the development of direct patient care practice skills in students, including those skills required for medication management or prescribing by pharmacists.

Guideline 24.4 (FPDPD)

A variety of elective practice site opportunities should be offered to students to enrich the experiential program, to provide insight to career and practice options, to expose students to health care services and pharmacy practice at the international level, and to enable the student to develop an understanding of the role of other providers, health care agencies and professional organizations in the health care system. Elective experiences are expected to provide a learning environment for students to meet specific educational outcomes or professional competencies referenced in Standard No. 20 (FPDPD) and are to be conducted to a similar standard of educational quality, rigor and assessment as required experiences. Elective experiences must not exceed 12 weeks (480 hours) of the total time allotted for the concluding practice experiences.

Guideline 24.4 (FPDPD)

An adequately resourced administrative office assisted by appropriate external advice from the professional community should be in place to manage the selection of all experiential program practice sites and preceptors and for the implementation of quality assurance procedures for this component of the core curriculum.

Guideline 24.5 (FPDPD)

Selection criteria should be defined to ensure the placement of students in practice sites that meet any requirements set by regulatory authorities for student training; that are for committed to supporting the teaching process; and that are recognized for consistent, high standards of pharmacy care. Sites must have adequate personnel, resources, practices and systems in place to support student training and skills development. If online information resources and databases normally used by students are not already located at the pharmacy practice site, it is the responsibility of the university to provide the site with access to its collections and online resources. Sites must be able to ensure access to a patient population with adequate depth and diversity. Pharmacy

students must be provided access to patients and facilities in affiliated teaching hospitals or academic health sciences centres to the same extent and support offered to students in the other health science programs of the university.

Guideline 24.6 (FPDPD)

The quality assurance process should include development of experiential objectives and recommendation of practice activities and tasks to support student achievement of overall educational outcomes and competencies; provision of orientation and training tools to assist new and experienced preceptors; development of standardized student assessment procedures; monitoring of assessment consistency across preceptors; reviewing of student evaluations and feedback of preceptors and practice sites; and all other activities necessary to evaluate and ensure the goals of the experiential program are being met.

Guideline 24.7 (FPDPD)

The preceptor to student ratio at each stage of the practice experience curriculum should ensure adequate individualized instruction, guidance, supervision and assessment.

Guideline 24.8 (FPDPD)

Preceptors and other clinical faculty employed by the experiential sites should be offered or be eligible for an appropriate academic appointment to recognize their critical role in the education of students. Such appointments should permit promotion in the relevant category according to established criteria such as duration of service to the educational mission of the Faculty, professional contributions, scholarship, and performance in teaching

Guideline 24.9 (FPDPD)

The rights, privileges, obligations and responsibilities of the Faculty and the experiential practice sites should be formalized in affiliation or contractual agreements or other statements of understanding, preferably as part of master agreements between the teaching site and the university for all its health science student teaching activities. Agreements should provide for sufficient advance notice of termination by either party to permit the development of alternate arrangements, should these become necessary. Agreements should also address student-related matters such as access to health services at the site, insurance coverage, criminal record background checks, student disclosures, immunization policies, patient confidentiality and privacy of records, and professional conduct expectations.

Standard No. 25. (FPDBAC/FPFPD)**Teaching and Learning Processes**

The Faculty must use and integrate teaching and learning methods that have been shown through evaluation of the academic program to produce graduates who become competent pharmacists. Instructional strategies and technologies must support the needs of diverse learners. The program must provide opportunities for interprofessional interaction with students and faculty from other health profession programs that are designed elements of the required curriculum. The education process must develop critical thinking and problem-solving skills in students and must enable them to become self-directed, life-long learners.

Guideline 25.1

Students should be encouraged to assume and assisted in assuming responsibility for their own learning (including assessment of their learning needs; development of personal learning plans, and self-assessment of their acquisition of knowledge, skills, attitudes, and values and their achievement of desired competencies and outcomes)..

Guideline 25.2

The development of critical thinking, problem-solving, and oral and written communication skills should be supported through the application of information and other instructional technologies, laboratory experiences, practice- and decision-support tools, case studies, guided group discussions, problem-based learning cases, and simulations and other practice based exercises. Instructors should employ active learning strategies and encourage students to ask questions wherever possible. Where appropriate, these techniques should involve actual or standardized patients, pharmacists, and other health care professionals.

Guideline 25.3

Required interprofessional learning experiences should be designed within the curriculum to facilitate the development of patient care communications, teamwork, and problem-solving skills, and to broaden the understanding of pharmacy students about the roles and competencies of other health professionals. These experiences should be offered through the professional program, preferably in small group settings or in skills laboratories, and as part of the experiential program.

Guideline 25.4

The educational process should promote the development of life-long learning habits through emphasis on active, self-directed learning and the fostering of ethical responsibility for maintaining and enhancing professional competence.

Guideline 25.5

Colleges and schools are encouraged to experiment in the design and delivery of the curriculum. Development of innovative program pathways, courses, or teaching methods should be based on sound educational principles or the best evidence in educational practice. The Faculty must evaluate the effectiveness of its curricular innovations through its assessment activities.

Guideline 25.6

The educational program should promote a culture of professionalism, collegiality, civility, and respect among faculty, students and staff within the work environment. Students must adhere to a formal code of professional conduct at all times while enrolled in the pharmacy program and must be apprised of expectations and of the consequences of violations to the code. This conduct includes, but is not limited to, respect for patient confidentiality and privacy, and unethical academic behaviour such as plagiarism and other forms of academic dishonesty, as defined by the University's policies and procedures.

Guideline 25.7*

For programs employing distance-learning technologies, synchronous or asynchronous delivery techniques should be used, as needed, to keep learners actively participating with the information, instructor, and each other. The outcomes of the distance-learning activities must be appropriate for the student population and achievable through distance study. Interaction of students across campuses or program pathways should be stimulated and encouraged. Outcomes that are not appropriate for distance study (such as physical assessment or compounding skills) should be taught using other educational methods.

Standard No. 26. (FPDBAC/FPDPD)

Assessment of Student Learning and Student Progression

The Faculty must establish principles and methods for the formative and summative assessment of student achievement. A variety of valid and reliable assessment methods must be systematically and sequentially applied throughout the professional

program in pharmacy. Assessments must measure cognitive learning and the mastery of practice skills and should address the values and attitudes that contribute to desired professional behaviours. Assessment methods must measure student performance in all of the professional competencies in accord with educational outcomes.

The Faculty should establish and publish criteria, policies, and procedures for academic progression as well as for academic probation, dismissal, and readmission. The student's responsibilities and rights to due process, including appeal mechanisms, should be published and made available.

Guideline 26.1

The system of student assessment utilized by the Faculty should foster self-initiated learning. Testing procedures should reflect the integration and application of principles, critical thinking, and problem solving by students rather than short-term retention or memorization of specific details or isolated facts.

Guideline 26.2

A variety of assessment methods should be used to measure student performance and achievement of the educational outcomes. Periodic examinations should be used to measure student progress and integrated learning at key points during the academic program as part of a summative assessment strategy. The strengths, weaknesses, reliability and validity of each assessment tool should be known to faculty and testing should follow sound test construction, administration, and security practices.

Guideline 26.3

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

Guideline 26.4

Student portfolios should also be employed to document students' progressive achievement of the competencies throughout the curriculum and the practice experiences. The portfolios should be standardized and include student self-assessment, as well as faculty and preceptor assessments of the educational outcomes.

Guideline 26.5

An ongoing monitoring system of student performance is necessary for the early detection of students in academic difficulty. The Faculty should intervene expeditiously and provide a system of access for necessary student services, such as tutorial support or faculty advising.

Guideline 26.6

The Faculty's progression policies for students should consider assessments of professional behavior and academic integrity.

Guideline 26.7*

The Faculty offering multiple professional degree program pathways must ensure that all students have a comparable system of access of individualized student services.

DRAFT

GLOSSARY

Assessment

Processes for grading (formal and non-formal), examining and other activities related to measuring learning and skill development in the individual student.

Dean

Also means Director.

Diversity Policy

Policy that ensures non-discrimination on the basis of race, religion, gender, sexual orientation, national origin, disability, or by any other characteristic defined under provincial or federal human rights legislation.

Educational Outcomes

"An outcome is an ability resulting from the integration and mobilization of a set of effectively used resources (skills, attitudes and knowledge)". This definition was prepared by the Université de Montréal Faculté de pharmacie.

Evaluation

Systematic collection and interpretation of evidence, leading, as part of a process to judge the effectiveness or value of the educational program or any component of the operational structure of a Faculty.

Faculty

Also means School of Pharmacy, College of Pharmacy, Faculty of Pharmaceutical Sciences, Faculty of Pharmacy at a university.

Guidelines

Guidelines are provided for guidance and/or interpretation of the standard's intent and purpose. Guidelines are also presented to illustrate ways and means of complying with standards. They assist Faculties of Pharmacy to demonstrate compliance with standards and they assist evaluation teams in the determination of a Faculty's compliance with standards.

Mission, Goals and Objectives

A mission statement defines the long-range purposes or aims that the Faculty of Pharmacy strives to sustain year after year. Goals define the end results to be achieved; taken collectively, goals embody the mission of the Faculty. Objectives refer to those relatively short-term conditions to be achieved within a given period of time that are measurable evidence of progress toward achievement of the goals of the Faculty.

Outcomes Expectations

Established performance descriptions that are realistic, quantifiable and measurable.

Outcomes Assessment

The process of gathering and analyzing information about achievement of established outcomes expectations for purposes of affirmation or to provide the basis for improvement.

Pharmacist Care (Pharmaceutical Care)

This model of patient-centered practice requires the pharmacist to identify or influence the desired health outcomes of an individual patient, and determine those outcomes that can be achieved by the appropriate use of medication. The desired health outcomes are determined by the patient, while the drug-related needs are determined collaboratively by the patient and the pharmacist, and other health care professionals, as necessary. To fully determine the patient's drug-related health outcomes requires the establishment of a special caring relationship (i.e. covenantal) between the patient and the pharmacist. Once the appropriate therapeutic course of action is determined to achieve the drug-related health outcomes, the pharmacist and the patient must agree on their relative responsibilities in implementing and monitoring the resulting therapeutic plan, for the benefit and the safety of the patient.

Practice Experiences

The term includes structured activities frequently referred to as “experiential learning”, “clinical experiences”, “clinical rotations”, “clerkships”, “practicum”, “studentships”, “structured practice experience program”, “cooperative work study programs”, etc. The descriptor “early” refers to practice experiences that are incorporated into the first to third years of the conventional academic program, while the terms “concluding”, “late” or “final” are used to describe practice experiences in the fourth or final year of the professional program. The practice experience core curriculum should be developed as a continuum of competency-building activities throughout the program of study.

Professional Competencies

Professional attributes including knowledge, skills, abilities and attitudes necessary to the educational preparation for the general practice of pharmacy.

Standards

Accreditation standards reflect professional and educational outcomes, processes, structures, and qualities identified by the Council as essential to the professional program in pharmacy leading to the baccalaureate in pharmacy degree. The use of the word “should” indicates that CCAPP considers an attribute to be necessary to ensure a quality program. Compliance with standards equates to accreditation of the professional program in pharmacy. Based upon the several evaluative steps in the accreditation process, the CCAPP determines compliance with standards and an appropriate accreditation status for the program.