

*The Canadian Council for Accreditation of
Pharmacy Programs*

**GUIDANCE FOR THE ACCREDITATION STANDARDS
AND KEY ELEMENTS FOR
CANADIAN PHARMACY TECHNICIAN PROGRAMS**

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

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PURPOSE

The Mission of The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) is to grant accreditation awards to Pharmacy and Pharmacy Technician programs that meet the Standards set by CCAPP and to promote continued improvement of those educational programs for pharmacy practitioners and pharmacy technicians. Accreditation is the public recognition accorded to a professional program that meets established professional qualifications and educational standards through initial and periodic evaluation. Accreditation concerns itself with both quality assurance and program enhancement. It applies to programs and is to be distinguished from certification or licensure, which applies to individuals. Nothing in the CCAPP Accreditation process for Canadian Pharmacy Technician Programs prevents individual programs from using more stringent requirements. For example, more stringent requirements would take precedence if the pharmacy profession regulatory authority in the province where the program operates has adopted more stringent requirements.

This Guidance for the CCAPP Accreditation Standards for Canadian Pharmacy Technician Programs was created to:

- (1) Provide assistance to programs seeking accreditation or reaccreditation, especially as it relates to submission of Self Study report materials in advance of an on-site accreditation survey team's visit
- (2) Provide clarification regarding the Standards, Criteria, and/or Required Evidence.

For information about CCAPP accreditation processes, including accreditation award definitions and progress report requirements as they relate to pharmacy technician programs, consult the CCAPP website.

PREPARING FOR AN ACCREDITATION SURVEY VISIT

“Self-study” (Self Study) findings serve as catalysts for improvement and provide the framework for strategic planning, so start your preparation with an in-depth analysis of your program's strengths and opportunities for improvement. Collate and review information on instructional staff and student achievements and educational outcomes since the last site visit that demonstrate your program's success in attaining its objectives. A well-developed self-study encompasses basic operating descriptors of input and output as well as qualitative and quantitative measures of performance related to educational outcomes. It provides:

- a succinct analysis of qualitative and quantitative measures of performance;
- a clear statement of findings and conclusions including reflective commentary about the strengths and opportunities for improvement; and
- where gaps exist, a description of the plan or measures already taken in advance of the site visit to mitigate the gap.

Expected Timelines

1. At least **12 months** before the site visit:
 - Strike a committee, subcommittee or task force to prepare the Self Study.
 - Consider who should be on the committee (e.g., administrative officers of the College, instructional staff, students, the profession, and alumni) in order to get buy-in and solicit feedback from a broad range of stakeholders).
 - If feasible, an individual other than the Program Director/Coordinator of the College should serve as chair of the committee.
 - It is highly recommended that the committee should have an appropriate staff person assigned to process and collate the information required by the various subgroups working on specific parts of the assessment.
2. At least **6 months** before the site visit:
 - Submit the Application for Accreditation to the CCAPP office.
3. At least **2 months** before the site visit:
 - Submit the Self Study documents to the CCAPP office.
4. At least **1 month** before the site visit:
 - In consultation with the CCAPP CEO, finalize the survey itinerary.

Format of the Self Study Report

Preparing the Self-Study Report: General Guidance

1. Provide an executive summary (overview and reflection) of the Program's strengths and areas of opportunity for improvement related to the Standards. Make this executive summary the first "chapter" of your self-study report.
2. For each Standard and Criterion, provide evidence (facts, findings), your analysis of that evidence relative to the Criterion, and your assessment of areas of strength and areas requiring improvement.
 - Limit your response to a maximum of 250 words per Criterion (maximum of 3-4 pages for most Standards).
 - Where possible and appropriate to the data being presented, use tables or charts. Use appropriate referencing to support information (data, procedures, policy, quality improvement indicator trends) described in the response.
3. Working with Adobe Pro the self-study responses for each standard and criteria should reference any appendices (simply using the name of the document rather than using numbers). All appendices should be hyperlinked within the self-study.

4. Your final submission should be one complete document with all appendices hyperlinked using Adobe Pro.
5. Once your self-study is submitted no further documentation will be accepted unless requested by CCAPP.
6. Submission of the self-study should be one complete printed copy sent to the CCAPP office (not including the appendices) and 4 USB copies. No other forms of submission will be acceptable.
7. A report that consists solely of appendices does not meet the requirements for a self-study. Ensure that you provide your analysis of the evidence in the body of the report and explain your assessment of areas of strength and areas requiring improvement.
8. While you might wish to informally judge your compliance to the Standards (e.g., 'met', 'not met', 'partially met'), the final documents submitted to CCAPP site visit evaluation team members –should not include your judgment regarding compliance with the Standards.

PREPARING THE SELF-STUDY REPORT: GUIDANCE SPECIFIC TO A STANDARD

Standard 1: Educational Outcomes

Criterion 1.1

CCAPP references the Canadian Pharmacy Technician Educators Association (CPTTEA) Educational Outcomes for Pharmacy Technician Programs in Canada and the National Association of Pharmacy Regulatory Authorities (NAPRA) Competencies for Canadian Pharmacy Technicians at Entry to Practice as the minimum educational outcomes to be attained by a program. Achievement of CPTTEA outcomes and NAPRA competencies is required for success on the PEBC Pharmacy Technician Board Qualifying Examination Part I and Part II and by extension, successful entry to the pharmacy technician profession (Figure 1).

In this section of the report, describe how curriculum mapping was done relative to the CPTTEA Educational Outcomes and the NAPRA Competencies. Provide the most current copy of your curriculum map in an appendix (label as Appendix 1.1).

In this Standard, level of achievement relates to a student's ability to attain the CPTTEA outcomes and NAPRA competencies as a result of a course objective. Level of achievement does not mean the grading system used by a program (e.g., meets, exceeds, or needs improvement,

etc.). There are many available models to define the expected level of achievement. If you have not previously identified the level of achievement that is expected with respect to course objectives, educational outcomes or competencies, select a method that makes the most sense and is the most practical for your program. Some examples of models that are commonly used to describe levels of achievement of students in the field of pharmacy are:

Dreyfus SE. The five stage model of adult skill acquisition. *Bulletin of Science Technology Society* 2004; 24: 177.

Novice, Advanced Beginner, Competent, Proficient, Expert

Miller GE. The assessment of clinical skills/competence/performance. *Academic Medicine* 1990; 65(9): S63-S67. (also known as Miller's Pyramid)

Knows (Knowledge), Knows How (Competence), Shows How (Performance), Does (Action)

In this section of the report, briefly describe the method you used to describe the expected level of achievement within the curriculum map. For example, if you used Miller's Pyramid and a letter code to indicate the level of performance within your curriculum map, describe what the letter code means (e.g., Knows/Knowledge = K; Knows How/Competence = KH, etc.).

Criterion 1.2

Most colleges generate baseline statistics (e.g., applications, admissions, progression and completion rates, student attainment, employment, etc.) at regular intervals to monitor the quality, quantity and effectiveness of the College and its programs. The Pharmacy Examining Board of Canada is a valuable source of statistics about graduates' understanding of and ability to perform the tasks that are within the scope of practice of a pharmacy technician. The pharmacy technician regulatory authority in the province where a program operates is also a useful source of statistics about graduates' understanding of and ability to perform the essential tasks of the pharmacy technician role (e.g., performance in Structured Practical Experience requirements; ability to secure licensure/registration).

In this section of the report, describe the completion (graduation) rate, by year, for students admitted to the Program since the last site visit. Describe how the information was obtained. Explain deviations from the expected rate. Describe how the information provides evidence that your graduates have met the requirements of the Standard. Describe data that show the success rate of your graduates in challenging the Pharmacy Examining Board of Canada Pharmacy Technician Qualifying Examination Part I (MCQ) and Part II (OSPE), by year, since the last site visit. Describe how this information provides evidence that your graduates have met the requirements of the Standard.

Consider describing data that show the extent to which your graduates have been successful in achieving registration/licensure with the regulatory body for pharmacy technicians in the province where the Program operates. Describe how this information provides evidence that your graduates have met or exceeded the requirements of the Standard.

Criterion 1.3

Each time you make a change to your course outlines you affect the curriculum. Each time you modify the curriculum you will undoubtedly need to adjust your course outlines. It's possible that these changes could cause some important learning outcomes to be deleted in error or for there to be unnecessary duplication of concepts within the curriculum. For those reasons, it is important to demonstrate that you are documenting and evaluating changes against the required educational outcomes and competencies at frequent intervals. One way to do this is to keep your curriculum map current. It is also important to evaluate the impact that the changes are having on your ability to prepare a graduate who is able to perform at the expected level.

In this section of the report, describe how you map and evaluate changes to your curriculum. Describe at least one example of when you mapped and evaluated a change in your curriculum. Describe the outcomes of this process. For example, if new curriculum gaps were identified, provide a description of how the planned or implemented curriculum change maps against the required educational outcomes and competencies.

Standard 2: Learning Environment

Criterion 2.1

Codes respecting academic conduct (e.g., cheating, plagiarism, attempts to tamper with examination materials or scores, impersonating another student during an examination, etc.) and non-academic conduct (e.g., harassment, responsible use of electronic media, respecting professional boundaries, compliance with criminal background disclosure, etc.) are foundational policies for every health professional education program. Procedures in such policies not only identify those who are responsible for administering the policy, but also processes for reporting and monitoring misconduct or violations of the code, the consequences should misconduct or violations occur, and the process by which the code is maintained current. Pharmacy technician programs are expected to develop graduates who are capable of meeting requirements to hold a pharmacy technician title in the province where a program operates. Persons entitled to call themselves Pharmacy Technician are expected to adhere to and uphold a code of ethics; however, in some colleges, the code of conduct does not include all conduct expected of a person who will be subject to the pharmacy technician profession's code of ethics.

In this section of the report compare the College’s code(s) of conduct relative to the pharmacy technician profession’s code. Describe how the Program has addressed deficiencies, if any, in terms of policy and procedures. Provide a copy of the College and, if different, the Program code of conduct policy in an appendix (label as Appendix 2.1). If non-academic conduct requirements are contained in separate College and/or Program policy, include it in Appendix 2.1.

In this section of the report, describe how you assess student compliance with aspects of the code of academic and non-academic conduct that are relevant to the Code of Ethics of the profession.

Criterion 2.2

There is no single best way to introduce students to local, provincial and national pharmacy organizations. CCAPP believes that it is essential for each program to prepare its graduates with information related to the nationally and provincially recognized processes becoming a member of the pharmacy technician profession.

In this section of the report, provide a list of the “who, what, when, where, and how” of activities that inform students about the requirements of the Standard (label as Appendix 2.2). Describe how each activity connects to the curriculum, the CPTEA educational outcomes, and the NAPRA competencies.

Note that attaching abstracts from guest speakers, attendance lists, poster presentations, copies of work done by students in support of an organization (e.g., participation on committees; comments submitted to the regulatory authority about an aspect of pharmacy technician practice standards, etc.) does not replace providing the list of activities that is called for in the Required Evidence for Criterion 2.2.

Standards 3 & 4: Curriculum

Criterion 3.1

CCAPP recognizes that there are many ways to construct a curriculum that prepares a student for entry to practice as a pharmacy technician. The program is made up of didactic, simulation and practice experience components (Standard 3 through Standard 5) as well as intra- and inter-professional experiences (Standard 6) that are organized in an effective sequence, with sufficient time devoted to didactic and simulation components before a student practices a skill in settings where there is a potential for impact on patients. This does not mean that all practical experience has to be delayed until all didactic and simulation components are completed. The program is designed so that a student is sufficiently prepared to safely practice the essential tasks associated with the role of a pharmacy technician before undertaking practice experiences.

Content of the didactic component starts with basic concepts and then moves to more complex information, concepts and skills. Simulation experiences are adequate in scope and duration in order to prepare a student to practice safely in a variety of settings. In addition, simulation experiences are arranged in a logical progression:

1. Observation (student observes instructor performing task)
2. Practice with constructive feedback in a simulation environment; and
3. Practice experience under the supervision of a preceptor in a pharmacy practice setting where patient care is provided.

In simulation environments, it might be necessary to learn and practice some skills in isolation (e.g., the individual skills needed to perform the task of compounding, etc.). By the end of the simulation experience, the student is expected to be able to perform each “isolated” skill in a sequential manner that is consistent with what would happen in an actual practice setting. A well-designed curriculum includes sufficient well-designed and appropriately sequenced (within the curriculum) simulation experiences so that preceptors do not have to provide primary instruction for skills associated with a pharmacy technician role during a student’s practice experience in their pharmacy, whether the practice experience occurs early, mid- or late in the program.

Programs are required to demonstrate that they have evaluated the didactic, simulation and practice experience components of the curriculum with respect to progression in the level of performance. There are many possible ways to provide evidence of progression. Consider how you might incorporate documentation about the intended progression of learning within a curriculum map: Where are concepts introduced? Where are those concepts practiced? At what level is the student expected to perform at that point in the program? Note that a copy of the progress sheet for each student in the program, with respect to completion of didactic, simulation and practice experience content does not constitute required evidence for progression within and across the curriculum

In this section of the report, describe the result of your evaluation of progression in the level of performance in the didactic, simulation and practice experience components of the curriculum. If you included the information about progression in the level of performance in the curriculum map (Appendix 1.1) that you provided as Required Evidence for Criterion 1.1, then simply reference that appendix here (there is no need to duplicate it).

Criteria 3.2 and 3.3

CCAPP has set a minimum number of hours for didactic and simulation components that make up a Canadian pharmacy technician program. This minimum requirement was established based on experience gained from over 10 years of conducting pharmacy technician accreditation and with consideration of pharmacy technician training requirements in other nations that have a similar scope of pharmacy technician practice and similar regulatory structures for the profession. CCAPP recognizes that many high quality Canadian pharmacy technician programs

include more hours of didactic and simulation content than the minimum required by CCAPP. It is the responsibility of each program to monitor how effectively the didactic and simulation components prepare students for success in completing practice experiences, meeting the educational outcomes and competencies upon graduation, and challenging the PEBC Pharmacy Technician Qualifying Examination Part I and Part II. Based on experiences to date and feedback from stakeholders, CCAPP is confident that the didactic and simulation component, if delivered in less than 26 weeks, would not provide sufficient time to develop the complex skills needed for pharmacy technicians to practice safely and confidently at entry to practice.

CCAPP encourages delivery of a curriculum over a time frame that is appropriate to the instructional design of the program, the needs of students, and the needs of society with respect to currency of a graduate's knowledge, skills and behaviours. Programs have the flexibility to design a program that is delivered over a longer timeframe than the minimum stated in the Standards. Self-paced or distance education components are to be completed within a reasonable maximum timeframe established by the program – that maximum timeframe respects the 26 weeks (minimum) requirement for didactic/simulation components. Programs are also encouraged to add educational outcomes beyond those required by CCAPP if appropriate to meet the needs of students and/or the needs for pharmacy technician services by the profession and the community they serve. When evaluating a program, consider including measures to confirm that the instructional design of the program (e.g., content delivery and sequencing over a defined timeframe) contributes effectively and efficiently to achieving the outcomes.

Experiences that provide students with the opportunity to develop proficiency in all competencies required for pharmacy technicians at entry to practice are essential components of a well-designed program. The amount of time spent in simulation and practice experience components must be documented. While CCAPP values service learning as a structured experience, those hours of practical experience cannot be counted toward the required number of practice experience hours. CCAPP recognizes that pharmacy legislation and practice settings vary from province to province. Those differences can affect the ability of students to practice the full range of pharmacy technician skills during practice experiences. In some cases, it is difficult to guarantee that important learning experiences (e.g., ethical reasoning, critical thinking, professionalism, etc.) will occur, and the student's response to those learning experiences will be assessed during practice-based experiences. Simulation experiences prepare students for the range of skills that will be performed frequently in practice. CCAPP encourages innovation in the use of simulation to achieve the competencies expected of pharmacy technicians at entry to practice. In addition to basic skill development, students are exposed to simulation involving:

- High risk/low occurrence situations that a pharmacy technician may experience in practice. Emergency requests for patient medication profiles, medication errors, compounding of hazardous medications and attempted diversion or robbery, etc., are examples that might fall into this category.

- Tasks within the pharmacy technician scope of practice that are restricted by province's act or regulations in such a way that a pharmacy technician student cannot perform the task in the real patient care setting. Depending on the scope of practice in your jurisdiction, examples that might fall into this category include checking of prescriptions or packaging done by others, providing service in a remote dispensary using distance technology when a pharmacist is not present (e.g., tele-pharmacy), performing point of care diagnostic tests if this falls within the scope of a pharmacy technician in your jurisdiction, etc.
- Roles or tasks that a pharmacy technician student is not permitted to perform for reasons of practicum site(s) policy. Examples that might fall into this category include aseptic compounding of hazardous drugs, high risk non-sterile compounding, etc.

In this section of the report, required evidence related to Criterion 3.2 may be presented together with the required evidence for Criterion 3.3. Provide a succinct list of didactic, simulation and practice experience requirements for graduation from your program in an appendix (label as Appendix 3.1). Make sure to indicate the total hours required for each of the following curriculum components: didactic; simulation; practice experience. When stating practice experience requirements, clearly indicate the total hours for each community-based and institution-based component. Within Appendix 3.1, provide the master schedule of didactic and simulation courses, including the start and end dates and total hours for each course. For practice experiences, include the start and end dates and total hours for each practice experience block/rotation/course. Do not include course outlines or syllabuses in Appendix 3.1. Express practice hours using the definition provided in the Glossary of Terms. For didactic courses and simulation experiences, provide a description of how didactic course hours and simulation/laboratory are calculated by the College/Program (e.g., for face-to-face delivery, for self-paced courses, and for hybrid courses). For example, some colleges define 1 lecture hour = 50 minutes for in-class delivery; other colleges define 1 lecture hour = 60 minutes for in-class delivery as well as self-paced, distance and hybrid delivery.

CCAPP encourages experimentation in curriculum design and delivery that is grounded in sound educational principles and best practice evidence. This includes well-structured self-paced, distance delivered or hybrid programs in which the mode and pace of delivery enhances rather than detracts from achieving the intended educational outcomes. CCAPP encourages programs to accept innovation opportunities especially as it relates to providing programs for individuals living in areas of Canada where accessibility to pharmacy technician education remains problematic (e.g., Indigenous, First Nations, Inuit and Metis communities; other communities where it has proven difficult to sustain a full-time accredited face-to-face program). Use distance education technology appropriately and effectively in teaching and/or assessing the specified objectives. Make sure that the technology is accessible and reliable for instructional staff and students. Formative assessment of curriculum innovation is done frequently enough that any necessary change to curriculum is made promptly. Be prepared to demonstrate the distance education technology in use in your program at the request of the survey team.

In this section of the report, consider describing innovations in curriculum as well as formative assessments of the outcomes. Describe the process for and frequency of formative assessment of curriculum innovations.

Criterion 3.4

Graduates of accredited pharmacy technician programs need to be current as it relates to educational outcomes and professional competencies. Examination and regulatory bodies may restrict entry to their processes if there is concern about currency of knowledge, skill and behaviour of applicants. Recognizing that circumstances within or beyond a student's control might result in difficulty completing the program in the usual timeframe, CCAPP requires that graduates complete the program within four years from the date of admission. This applies equally to hybrid programs and those that operate face-to-face (in person) exclusively.

In this section of the report, describe program completion statistics for students admitted to your program. Select mean or median statistics as appropriate and explain deviation, if any, from the expected measure. For example, if your program is designed to be completed in 2 years and the median completion time is 2 years with a range of 1.5 to 4 years, explain why some students take less time and others take more time than expected to complete the program.

Criterion 4.1 and Criterion 4.2

Development of practice knowledge in the areas defined in Standard 4 can take many forms. For example, improving knowledge of the role of the pharmacy technician in health promotion could involve initiatives at the College level (e.g., promotion of healthy living, safe medication practices, etc.) or as part of pharmacy profession or practice-based initiatives (e.g., campaigns involving influenza vaccination, smoking cessation, diabetes management, medication cabinet clean up, etc.). The development of foundational knowledge and skills is expected to be in relation to the responsibilities of a pharmacy technician at entry to practice. In other words, development of foundational knowledge about calculations is expected to favour pharmaceutical calculations rather than calculus; ethics involves the contexts within pharmacy practice settings; etc.

In this section of the report, provide the outlines or syllabuses that are the required evidence for Criterion 4.1 (didactic courses) and Criterion 4.2 (simulation and practice experience courses) in an appendix (label as Appendix 4.1). The outlines or syllabuses indicate the competencies and educational outcomes that are to be met by the student. Describe, with reference to the curriculum map (Appendix 1.1), how the content of the outlines or syllabuses meets the requirements of Criterion 4.1 and Criterion 4.2. Do not replicate Appendix 1.1 here. Include the list of all instructional staff involved in simulation activities, including academic and professional qualifications, in Appendix 4.1.

Criterion 4.2

Simulation experiences are selected appropriately so that students who have been exposed to the didactic component of a curriculum (e.g., the cognitive phase of skill development) are able to apply that knowledge. When students apply their knowledge, they link concepts and components into smooth action (the associative phase of skill development). With repeated practice, students refine these processes so that their skills become automatic behaviours (the autonomous phase of skill development). In simulation and practice environments, the skills that are selected for assessment include those that fall within the pharmacy technician scope of practice. Assessment tools provide evidence that the student has a sufficient level of skill to be trusted to carry out the task in an actual work environment (e.g., performing the final check of the prescription, receiving and transferring prescriptions, documenting care, providing instruction about medication devices, etc.). In other words, assessment is much more than a checklist of skills that a student needs to demonstrate – it’s about how well the student needs to demonstrate a particular skill in order to progress.

In this section of the report, explain the rationale for the choice of simulation experiences and describe how simulation activities and instructional staff involved in those activities meet the requirements of Criterion 4.2.1. Reference relevant outlines or syllabuses and the list of instructional staff involved in simulation that you provided in Appendix 4.1.

In this section of the report, as an appendix, provide not more than 6 representative examples of completed assessment forms (3 for simulation experiences and 3 for practice experiences) that evaluate the ability of a student to perform the scope of tasks of a pharmacy technician (label as Appendix 4.2). Among the 6 representative samples, include at least 2 on which feedback has been provided to the student during a culminating practice experience. Remember to de-identify (i.e.: black out) the student and assessor names. Explain connections/linkages between simulation experiences and practice experiences. Explain how information from completed assessment tools is used for the purpose of Criterion 4.2.

Standards 5 & 6: Curriculum

Criterion 5.1

CCAPP expects to see evidence that practice experiences offer students the ability to practice safely at the level expected for the student’s level of preparedness and to the extent legally permitted, rather than “tourist-ing” (primarily observing the practice of others) or performing only the scope of tasks of a pharmacy assistant or clerk, especially during culminating practice experiences.

In this section of the report, describe the results of evaluations that you have done to confirm that students are contributing in a meaningful, productive and safe manner to professional activities at practice sites. Explain how you assess students' ability to perform tasks at the entry to practice level of competence – for example, is the assessment process used for culminating experiences the same as the assessment process used for early or mid-program practice experiences? Describe the outcomes of those evaluations (e.g., what proportion of students meets or exceeds all assessment criteria?). If assessment forms used are the same as those provided in Appendix 4.2, then reference Appendix 4.2 in your explanation (you do not need to provide additional representative examples of assessment forms). If assessment forms used are different compared to those already provided in Appendix 4.2, then provide 6 representative examples of completed assessment forms in an additional appendix (label as Appendix 5.1). Among the 6 representative samples include 3 that involve simulation experiences and 3 that involve culminating practice experiences. Remember to de-identify (i.e.: black out) the student and assessor names.

Criterion 6.1

To be the most effective, intra- and inter-professional simulated or practice-based educational activities are conducted in “real time” face-to-face or using technology-mediated communication. Student interaction with a broad representation of healthcare professionals (e.g., nurse practitioners, dietitians, veterinarians, psychologists, podiatrists, dentists, physicians, and their respective students, etc.) is encouraged in order to learn how to become an effective, collaborative member of a patient care team.

In this section of the report, describe the intra- and inter-professional activities using an outline of the themes that are included and how they prepare a student to interact effectively with other pharmacy professionals and other health professionals. As stated in the Standard, provision of lectures by pharmacists or other health professionals is not sufficient evidence of intra- or inter-professional content or experiences. Describe the process for and result of evaluating intra- and inter-professional educational activities as it relates to expected outcomes.

Standard 7: Teaching, Learning and Assessment

Criterion 7.1

Teaching strategies are appropriate for course content. Best practice methods are used to engage learners of all types and help students to make connections between what is taught in the classroom and what is expected and experienced in practice.

In this section of the report, explain how the overall plan of instructional design meets the learning needs of students. Describe the teaching and learning philosophy of the college and program. Explain how new teaching methods and learning strategies are incorporated into the program. Describe how changes in methods and strategies are tracked. If the teaching and learning methods by which learners acquire the knowledge and/or skills are clearly evident in the course outlines or syllabuses provided in Appendix 4.1, then reference Appendix 4.1 in your explanation. If you do not list the teaching and learning methods (e.g., large group lecture, small group discussion, case discussion, pharmacy practice laboratory scenario, field trip, etc.) in the course outlines or syllabuses provided in Appendix 4.1, then provide an instructional design outline for your program as a separate appendix (label as Appendix 7.1).

Criterion 7.2

Assessments are required in each of the didactic, simulation and practice experience components of the program. You are encouraged to confirm that assessment methods are aligned with learning objectives stated in course outlines. To the greatest extent possible, gather assessment information electronically to make it easier to assemble evidence that confirms progression in the level of performance and the ongoing quality and comprehensiveness of pharmacy technician education.

Student assessments are ongoing, systematic, and assess a student's progress in achieving the intended outcomes and professional competencies. Frequent, constructive feedback gives students direction about how to improve. Evaluations are documented and kept on file in a secure location. Regardless of the mode of program delivery (e.g., distance, self-paced, hybrid, in person), for the purpose of awarding credit and graduating, the student who registered for and completed the didactic component of the program is verified to be the same person who completed the simulation and practice.

In this section of the report, explain the overall plan of student assessment in each of the didactic, simulation and practice experience components of the program. Explain how the student being assessed is confirmed to be the same student who is receiving credit and graduating. If the student assessment methods are clearly identified in the course outlines or syllabuses provided in Appendix 4.1, then reference Appendix 4.1 in your explanation. If you do not clearly identify the assessment methods (e.g., formative, summative; standardized or informal; self versus peer versus instructional staff; etc.) in the course outlines or syllabuses provided in Appendix 4.1, then include an assessment outline for each course in your program as a separate appendix (label as Appendix 7.2).

Correctly, accurately and reliably performing pharmacy calculations and checking are among the most critical skills for safe patient care and therefore, for success as a pharmacy technician. CCAPP recognizes that students need to be given the opportunity to learn from making errors and failing to identify errors. That being said, a student who has a high error rate will not be

welcome in practice experience sites. Similarly, a pharmacy technician graduate who has a high error rate in carrying out critical tasks may not be successful on one or more components of the *Pharmacy Examining Board of Canada Qualifying Examination for Pharmacy Technicians Part I and Part II*. Finally, a graduate with a high error rate will have difficulty completing the structured practical training that is required by most regulatory authorities. For those reasons, CCAPP requires that a student is assessed with a zero tolerance for error assessment at multiple and suitable time points in the curriculum, minimally as it relates to performing pharmacy calculations and checking that falls within the pharmacy technician scope of practice. The “who, what, where, when, why, how, how often” of assessments that have zero tolerance for error are to be determined by the program. Assessments are supported by procedures so that the assessments are:

- Reliable (consistency of assessment)
- Valid (measures the intended competencies)
- Equitable (assessment if done by a competent assessor using objective measures)
- Non-discriminatory (done for all persons for whom the assessment was designed)
- Transparent (procedures are available and used consistently, even though the timing of the assessment might not be announced in advance)

Ideally, at least one assessment simulates carrying out the skills under simulated normal working conditions in a busy dispensary, because, for example, poor lighting, noise, distractions, and pressure to complete the task quickly, etc., are associated with high error rates. Students who cannot meet zero tolerance for error assessments do not progress to practice experiences until the skill deficit is corrected. A pharmacy technician program prepares students for nationally recognized and provincially mandated examinations, certifications, validations and verification of competence that are associated with attaining a pharmacy technician title. To the extent possible and prior to graduation, students are exposed to assessment methods that are used in those examinations and performance evaluations.

In this section of the report, discuss how, in which components of the curriculum (e.g., didactic, simulation, etc.), and at what time points in the curriculum are the zero tolerance for errors assessments performed. Include a summary of the success rates, over time, of students who are assessed (e.g., by cohort, by graduating class, etc.). Do not provide copies of completed zero tolerance assessments for individual students.

Criterion 7.3

High quality programs exhibit transparency with respect to policy, criteria, and procedures used to monitor student progress toward program completion. Students know their responsibilities and rights to due process. Early intervention for students in academic difficulty can help students reach the level of performance required to complete a course or program.

In this section of the report, describe the procedures that are used to document students' progressive achievement of the educational outcomes and competencies throughout the curriculum. What is the process used to identify, at the earliest time point, if a student is in academic difficulty? Provide criteria, policy and procedures for academic progress, probation, dismissal, readmission, and non-academic misconduct in an appendix (label as Appendix 7.3). Describe how long it takes for a student to gain access to supportive services after academic difficulty is identified.

Standards 8-13: Governance Structure and Commitment

Criterion 8.1

Canadian pharmacy technician programs are conducted in public or private academic institutions. The College complies with requirements of the governmental agency that has responsibility for secondary or post-secondary education, private career colleges, etc., as appropriate to the education system of the province(s) where the program operates. The College demonstrates its understanding of the role of and need for pharmacy technicians. The College also has an understanding of the sufficiency of resources (e.g., human, financial, facilities, etc.) needed to meet the program's goals and accreditation requirements.

In this section of the report, discuss the adequacy of the operating budget in relation to program sustainability, in view of accreditation requirements. Reference the operating budget that was provided with the application for accreditation (do not replicate this information as an appendix).

Standard 9

The mission is a brief statement that talks primarily about what the program wants to do now (Why does your program exist?). The vision statement says what the program wants to be in the future (What is your program's aspiration?). The Program has a current mission and vision that is supported by and aligned with that of the College. The Program's mission and vision have clear linkages to the Program's strategic plan and quality plan. The Program's mission and vision are revisited at regular intervals to ensure that they remain congruent with that of the College, and that they continue to meet or exceed the expectations of the community that the pharmacy technician program serves.

In this section of the report, provide a copy of the program mission and vision as an appendix (label it Appendix 9.1). Explain how your program mission and vision is aligned with that of the College.

Criterion 10.1, Criterion 10.2

Reporting relationships within the Program and between the Program and the College are clearly defined. The Pharmacy Technician Program is supported by general administration that is used for other programs offered by the College (e.g., counselling, registrar, student placement officers, etc.).

In this section of the report, required evidence related to Criterion 10.1 may be presented together with the required evidence for Criterion 10.2. Describe the extent to which the organizational structure of the College and Program enables (or hinders) the operation of a high-quality pharmacy technician program. Provide a copy of the organizational chart of the College and the Program as an appendix (label it Appendix 10.1). If there are multiple campuses, explain the governance structure for each campus and provide an expanded organizational chart that includes the relationships between the Program and the multiple campuses in Appendix 10.1. In Appendix 10.1, make sure to show the reporting and functional relationships of the Program Coordinator/Leads, all personnel, and all program committees with respect to the didactic, simulation and practice experience components of the Program.

Criterion 10.3

CCAPP expects that instructional staff is familiar with, adheres to, and serves as role models as it relates to the conflict of interest policy or in the absence of such a policy, the Code of Ethics for their profession. Pharmacy technicians make important contributions that directly affect people in their community, province and country. In fact, pharmacy technicians have responsibilities for one of Canada's most costly aspects of the healthcare system: the purchase, preparation, distribution, and sale of medications and other health products. Pharmacy technicians also play education and leadership roles in the profession (e.g., committees that set practice standards; selection of drugs or devices stocked by a pharmacy, etc.). Members of the public expect and trust that pharmacy technicians will act in the best interest of patients. Professional codes of ethics clearly indicate that conflicts of interest must be identified, prevented and managed. Because pharmacy technician students enter programs at all stages of life, they might bring with them actual or potential conflicts of interest that are best managed during their course of study before attempting the transition to registration or licensure with a regulatory authority. Experiences in the program may also pose opportunities to develop new conflicts of interest, whether actual or perceived. For example, students sometimes seek support from pharmacies, businesses, or medication or device vendors for education events, celebrations, or personal use (e.g., devices for practicing skills, etc.). Students may interact with vendors during practice experiences and need knowledge about how to manage actual, potential or perceived conflict of interest.

In this section of the report, discuss how your college and program addresses actual, potential or perceived conflict of interest, professional misconduct, and breach of ethics among persons involved in the Program, including members of the student body. Provide copies of relevant policies as an appendix and reference the appendix in your discussion (label as Appendix 10.2; if multiple documents, label as Appendix 10.2.1, Appendix 10.2.2, etc.)

Standard 11

An accountable person is not only responsible for something – the accountable person is also expected to answer for actions and inactions. As a general rule, accountability cannot be shared but responsibility can. Organizational charts and job or role descriptions help CCAPP to understand who is accountable and who is responsible for a program. In many colleges, a senior leadership team member may choose to not delegate some responsibilities, such as budgeting or communicating with accreditation bodies, to a Program Coordinator/Lead. It is possible, but unlikely, that a senior leadership team member would have the qualifications, sufficient knowledge about the program, its curriculum and the intended experiences, or the time to devote to effective and continuous coordination of student experiences. Based on experience of accrediting pharmacy technician programs, CCAPP has determined that continuous coordination is essential to deliver a program that meets the Standards.

In this section of the report, required evidence related to Criterion 11.1 may be presented together with the required evidence for Criterion 11.2 and Criterion 11.3. Describe how the governance structure of the program provides for continuous coordination of student experiences. Provide a copy of the Program Coordinator/Lead's role or job description and her/his academic/professional resume as an appendix (label as Appendix 11.1). Don't forget to include evidence of the Program Coordinator/Lead's professional registration or licensure in Appendix 11.1. Describe the Program Coordinator/Lead's job in terms of hours worked relative to program coordination versus other commitments (e.g., professional development, training of instructional staff, teaching, etc.). Explain the procedure for approving changes to policy, curriculum, course outlines, program evaluations and quality improvement efforts.

Criterion 12.1 and Criterion 12.2

Effective and timely engagement of alumni, employers, regulatory authorities, instructional staff and students is essential to advance curricular design, delivery and improvement. A fully functioning Pharmacy Technician Program Advisory Committee (PTPAC) is essential for a pharmacy technician program of acceptable quality. Students are important stakeholders in the program and their presence at the PTPAC table sends a strong message about the value of student input into the program. Appropriate selection of the student representative and orientation of all PTPAC members are generally all that is required to add a student to the committee. Committee members are provided with appropriate orientation to their role on the PTPAC, including confidentiality and disclosure of conflicts of interest. The PTPAC does not use in camera (in private) agenda items to limit the participation of a well-selected student at its meetings.

In this section of the report, required evidence related to Criterion 12.1 may be presented together with the required evidence for Criterion 12.2. Explain how your college and/or program's efforts to engage alumni, employers, regulatory authorities, instructional staff and students have enabled you to design and deliver a program that

prepares graduates for contemporary pharmacy technician roles to meet the needs of the community. Explain how the PTPAC terms of reference and PTPAC membership provides the broad-based input needed to inform the curriculum and operation of your program. Provide all versions of the terms of reference, membership lists (including professional designation and work location) of each member of the PTPAC in relation to the terms of reference, and minutes of PTPAC meetings since the last site visit as an appendix (label as Appendix 12.1).

Criterion 12.3

Well chosen PTPAC members are a valuable source of information about changes in practice environments, standards, legislation, and pharmacy workforce supply that may warrant changes to a program. PTPAC members can also be a source of ideas or assistance in conducting program evaluations and quality improvement initiatives. An important role of most PTPAC is the review of program outcomes.

In this section of the report, list examples of initiatives undertaken as a result of suggestions provided by the PTPAC and briefly describe the outcomes of at least two of those initiatives.

Criterion 13.1

CCAPP believes that students graduating from CCAPP-accredited programs are being prepared to commence practice in the Canadian healthcare system. Accordingly, required practice experience that meets the minimum hours defined in this Standard is acquired at Canadian practice sites. For individuals who are completing a Canadian pharmacy technician training program while an enlisted member of the Canadian Forces, practice experience may be completed in any nation, with the understanding that the placement site, learning experience and preceptor is confirmed to have met the requirement to prepare the student to practice in a Canadian healthcare setting before a student is assigned to the experience. CCAPP believes that students need to gain practice experience in diverse settings (urban, rural/remote, marginalized) across the lifespan (e.g., neonates, children, young adults, adults, older adults) in and in transition between care settings (primary, acute, and long-term/personal care home). This does not mean that each student has to gain practice experience in all of these areas over the duration of the program. It also does not mean that the student has to work in the patient care environment (e.g., within a personal care home) in order to provide pharmacy services to that sector. Finally, it does not mean that the student is assigned to a pharmacy that provides service to only one of the sectors. Many pharmacies have developed areas of excellence, serving the veterinary community's needs for compounding, ward stock management for a corrections centre, or blister packaging for personal care home patients, etc., in addition to individual prescription services that fill most of the day's activities in a community pharmacy. Similarly, in some institutional settings, pharmacy technician services might be organized by function, which means that a student might practice a narrow scope of tasks (e.g., aseptic compounding, packaging, purchasing, etc.) for an extended period of time.

As stated in the Standards, each student is required, minimally, to gain experience in institutional practice and community practice over the course of the program so that the student can achieve the educational outcomes. The remaining hours of practice experience may be allocated to any pharmacy technician practice setting that achieves the intent of Standard 5. To the extent possible, a student's practice experiences build upon one another over the course of the program. Consider whether there is value in having an organized structure for students (e.g., middle or end of practicum conference) to share stories with other students about their experiences.

In this section of the report, provide a list of practice sites that provide community, institutional and where applicable, other types of practice experiences (label as Appendix 13.1). Indicate which sites have a legal agreement in place with your program/college. Provide relevant manuals/handbooks and policies in separate appendices (label as Appendix 13.1.1, Appendix 13.1.2, etc.) Describe how the range and types of experiences to which students are exposed over all practice experiences enables your program to meet the requirements of Standard 13. Explain how you try to achieve your program's criteria for the practice experience component with respect to intended intensity, breadth and diversity of experiences for each student. Do not provide a list of experiences for each student – rather, describe the diversity of practice experiences to which your whole group of students is exposed, perhaps by cohort, year of graduation, etc.

In this section of the report, describe the rationale for selecting particular practice experiences in relation to your program's criteria – for example, if your program requires one four-week institutional, one four-week community, and one three-week elective practice experience, what is the rationale for organizing the practice experiences in this manner and how is this contributing to achieving the intended outcomes. How did you decide what kinds of experiences would meet the elective requirement (e.g., as opposed to the community or institutional requirement)?

Criterion 13.2

Agreements between practice sites and the College provide clarity about responsibility about the relationship between the parties. Students need to be informed so that they are reasonably likely to be able to meet the educational outcomes and professional competencies expected at entry to practice. Information arising from agreements generally forms the basis for student orientation at the start of the program or prior to the first practice experience, or changes to admission practices. For example, if a student is doing a practice experience at a hospital pharmacy and gets a needle stick injury while compounding a sterile product, is the student supposed to get assistance from the College's student health services, or hospital's urgent care center, or the staff health department of the hospital? If a student declines the criminal records check or immunization requirements, will the practice site accept the student for a practice experience? Are there specific procedures you mutually agree to follow if there is job action (e.g., a strike), critical staffing shortage due to illness, pharmacy closure due to robbery or disaster, or if a public health emergency is declared, etc.

In this section of the report, describe the proportion of practice sites with which your college has a contractual agreement in place. This information should be provided in Appendix 13.1. Include a copy of the master template for your contractual agreement as an appendix (label it Appendix 13.2). Describe the contingency procedures that are in place should a practice site need to withdraw from its practice experience commitments.

Standards 14-15: Planning and Evaluation

Criterion 14.1 and Criterion 14.2

Strategic planning is a continuous process that is informed by periodic broad-based reflection and revision. CCAPP defines a current strategic plan as one that addresses short-term (e.g., three to five years) goals and objectives that are key to the advancement of all aspects of the program’s mission and vision. The Program’s strategic plan is a self-contained document that is submitted to CCAPP separately from the comprehensive formal review report. It lists what is expected to be accomplished, the action plan, and timelines. If the strategic plan is near the end of its lifespan, formal preparation leading to a renewed strategic plan has been scheduled and the process is known to student, instructional staff, and where applicable, persons external to the Faculty. CCAPP does not consider extension of the end date of a strategic plan, or a “to do” list without an action plan and timelines to be a current strategic plan.

In this section of the report, required evidence related to Criterion 14.1 may be presented together with the required evidence for Criterion 14.2. Describe the strategic planning process used by the Program to assess how well the mission, vision, and goals of the Program are being achieved. Include information about the “who, how, when, where” of the planning process. Make sure that the planning cycle for the next strategic plan is clearly described. Explain how the outcomes of the strategic plan respond to the needs of the community (communities) your program serves. Provide examples of College support for the strategic plan. Provide a summative reflection on progress attained with respect to the strategic plan(s) you’ve had in place since the last CCAPP survey visit. Reference the current strategic plan that was provided separately - do not include the strategic plan as an appendix to the report.

Criterion 15.1 and Criterion 15.2

Some performance indicators are measures used to demonstrate that one or more goals of the strategic plan have been achieved. Other performance indicators might relate to operational monitoring or quality improvement initiatives that are not mentioned in the strategic plan. CCAPP places equal weight on quantitative and qualitative performance indicators (measures, metrics) that provide valid, reliable evidence of curriculum quality and a program’s overall quality. A great performance evaluation plan (often called a Quality Plan) doesn’t need a lot of indicators. Consider collecting some core indicators that you can trend over time and that provide a well-rounded picture of the program’s operation – for example, consider including

some baseline student statistics as part of your core indicators. Consider including episodic indicators that demonstrate findings related to achievement of strategic plan goals, as well as measures related to specific quality improvement concerns that you've investigated recently, if they're different from the core indicators.

- **Core indicators** might include, but are not limited to measures of input, throughput, or output/outcomes that could be used to identify problems with student progression, problems with curriculum or learning experiences, problems with governance systems, problems with financial resources, etc. This might mean presenting data for admissions, results of high stakes examinations, financial resources in relation to other programs of similar size and program type, satisfaction or exit surveys, etc. Required evidence for some criteria in the Accreditation Standards can also be a source of ideas for core indicators.
- **Episodic indicators** are as varied as the quality improvement questions you've asked. Examples of episodic indicators might include measures to show the underlying cause(s) of effective or ineffective learning experiences, or success or failure of student progression. They might also include measures of the impact of a particular change (e.g., curriculum, teaching, assessment) on student performance, etc.

Every strategic plan, and Quality Plan for that matter, benefits from a communication plan that considers stakeholders within the College (including students) as well as stakeholders external to the College.

In this section of the report, required evidence related to Criterion 15.1 may be presented together with the required evidence for Criterion 15.2. List the performance indicators you have used and are using currently to measure the achievements of your program relative to the strategic plan. Describe your analysis of the indicator data, decisions about actions taken or not taken and the outcome. Reflect upon the value of specific indicators for monitoring progress toward achieving the strategic plan. If a performance indicator is not directly related to the strategic plan, do not discuss it here – instead, use that information for your response to Standard 18. Explain how students, the profession, instructional staff and other interested parties are kept up to date regarding your program's performance or achievements.

Standards 16 & 17: Admissions

Criterion 16.1, Criterion 16.2

Applicants possess qualifications (e.g., academic preparation, language and math proficiency, ability to comply with workplace and regulatory requirements, etc.) that make it reasonably likely that they will be able to achieve the educational outcomes and professional competencies at entry to practice. Ability to meet these qualifications ultimately has an impact on the safety of patients and the ability of practice sites to accept students for the practice experience component of a program.

Because the profession's language proficiency requirement is the same as the requirement for admission to a CCAPP accredited program, graduates of CCAPP accredited programs are not usually required to provide further evidence of language proficiency in order to challenge national board examinations or to move forward with registration or licensure after graduation.

To the extent possible, consider including requirements to support admission of a diverse student cohort that reflects the race, cultural heritage, ethnicity, religious affiliation, ancestry and place of origin, language, age, socioeconomic status, gender, sexual orientation, spirituality, and abilities (formerly referred to as dis-abilities) of individuals in Canadian communities that will be served by program graduates. Evaluate how well the admission criteria predict for success in the program and in the profession. For example, consider how well the admission criteria predict who will progress through one or more elements of the program at the expected pace, who will be successful in completing the program, or who will have success in challenging the national board examinations or securing employment? Answers to these and other evaluation questions can help to identify admissions criteria that are ineffective or invalid as well as criteria that are too restrictive.

In this section of the report, required evidence related to Criterion 16.1 may be presented together with the required evidence for Criterion 16.2. Describe the criteria by which all applicants are considered for admission to the program. Present your findings related to evaluation of the validity of criteria used when considering who will be admitted to the program. Explain the expected level of performance related to language proficiency admissions criteria. Describe statistics related to language proficiency of students admitted to the program since the last site visit (e.g., percentage of admitted students who meet the language proficiency criteria upon admission). Explain what has been done to improve the validity of admission criteria when gaps are identified.

Criterion 16.3

Recognition of prior learning (RPL) policy is current and aligned with contemporary federal and provincial standards. CCAPP uses the Canadian Association for Prior Learning Assessment (CAPLA) Quality Assurance for the Recognition of Prior Learning (RPL) in Canada Manual 2015 to confirm that the program's RPL practices meet Canadian guiding principles for quality RPL practice. RPL credit is awarded for what a student knows and is able to do in relation to the course/program outcomes – the learning that has resulted from formal education, work and/or volunteer experience, personal study, travel, training programs, community life, etc. RPL credit is not awarded for experience because experience by itself is not necessarily evidence that learning equivalent to the intended outcomes has been achieved. CCAPP does not recognize RPL credit awarded for learning contained in simulation and pharmacy practice experience components of a program, because simulation and practice experience components are expected to involve assessment of skills that are restricted to registered (or licensed) pharmacy technicians. Pharmacy practice knowledge and skills change rapidly; pharmacy professionals are required to provide evidence of continuing professional development to maintain licensure. Accordingly,

RPL credit is awarded only for learning that has been acquired recently. CCAPP does not recognize RPL credit awarded for courses completed earlier than a duration that is more than twice the length of the program.

In this section of the report, provide an overview of the “who, what, when, where, how” of your College/Program RPL policy and assessment methods. Include a reference to the location on the College/Program website where RPL information is made available to potential students. Provide a summary of the RPL credit, by course, which has been awarded to students since the last site visit. Differentiate which credits have been awarded as transfer credit versus those awarded through portfolio, challenge process assessment, external course/program assessment, or a combination of approaches.

Standard 17

Policy and process related to student recruitment, acceptance and enrolment is available. Student recruitment personnel and advertising (including information made available online by the College) gives the prospective applicant complete and accurate information about requirements for admission to the program and upon graduation, to the profession (e.g., by providing links to applicable examination or licensing bodies for the profession). Information provided during recruitment also indicates the total financial obligation that students will incur by participating in the program – potential applicants can access this information easily (e.g., on College website). Students are informed before enrolment about the need for and implications of declining to comply with immunization, criminal record and/or abuse registry checks, and/or verification and documentation of student identity (e.g., photo or biological identification that is required for students to attend off campus activities such as practice experiences or to identify students completing distance education or examinations).

In this section of the report, describe the process for recruiting students to your program. Reference the website location(s) for information that is provided to applicants. Ensure that the description provides information about pre-enrolment disclosure of tuition and other fees, recruitment events and communications. Provide a copy of the admission policy and procedures as an appendix (label as Appendix 16.1).

Standard 18: Continuous Quality Assurance of the Program

Criterion 18.1

Evaluation elements are present in the required evidence for most Standards. Measurement of indicators for each evaluation element described in the Standards need not be done on an annual basis. Consider making a plan so that each of the evaluation elements is done, in a logical sequence, at least once over the term of your accreditation award – this means that quality improvement will be a continuous activity rather than an impossible wall of work that needs to be done just before your accreditation award is due to expire.

In this section of the report, provide a copy of the quality plan as an appendix (label as Appendix 18.1). Describe the analysis of the performance indicator data that are the product of your quality plan, the decisions about actions taken or not taken as a result of those data, and the outcome(s). Reflect on the value of specific indicators for longitudinal trending of program or curriculum performance. Provide the minutes of the committee responsible for oversight of the evaluation system as well as evidence related to the evaluations that were conducted since the last survey visit into separate appendices (label as Appendix 18.1.1, 18.1.2, etc.). Providing the minutes of the evaluation committee or PTPAC alone does not meet the requirement for providing evidence. Make sure to discuss each of the 3 specific types of required evidence for Criterion 18.1 in the body of your response for Standard 18 (refer to Standard 18 for complete information about the required evidence).

- When discussing measurements of student performance and actions taken, reference student performance on the Pharmacy Examining Board of Canada examinations (reference the data already provided in Appendix 1.1 – do not attach it again). Don't forget to reflect on quality improvement actions taken or planned as a result of those data.
- When discussing feedback from recent graduates, explain how the information was obtained. For example, discuss how people were selected to provide feedback, the response rate to your invitation to provide feedback, questions that you asked, etc. Include reflection on quality improvement actions taken or planned as a result of that feedback.
- When discussing feedback from employers, clearly differentiate feedback that relates to competence of recent graduates who are working at the pharmacy technician scope of practice as opposed to recent graduates who are employed in other capacities (e.g., pharmacy assistant, pharmacy clerk, outside the field of pharmacy, etc.). Include reflection on quality improvement actions taken or planned as a result of that feedback.

Standard 19: Student Services

Criterion 19.1

Just culture, which is a foundational concept in contemporary society, means that there is a culture of trust, learning, and accountability. Some words that are associated with just culture include “supportive”, “equitable”, “inclusive”, “respectful”, and “psychological safety”.

“Psychological safety means a supportive work unit in which members believe that they can question existing practices, express concerns or dissent, and admit mistakes without suffering ridicule or punishment.⁵ Just culture tries to achieve a balance between not punishing an individual for making a mistake and addressing an individual's accountability for a mistake that was rooted in a wilful or malicious decision, action, or failure to take action.

In this section of the report, explain how a complaint can be registered and discuss the findings of student opinion surveys regarding the evolving just culture of your program. If gaps in just culture are identified, discuss actions that have already been taken and/or those that are planned to address the gaps.

Criterion 19.2, Criterion 19.3

Students thrive in environments where their safety and learning needs can be met. This means students have access to a range of services that guard privacy and health.

In this section of the report, required evidence related to Criterion 19.2 may be presented together with the required evidence for Criterion 19.3. Describe the student services that are available, including feedback from students about the adequacy of services. Describe how the security of student records is maintained.

Standards 20 & 21: Human Resources

Criterion 20.1, Criterion 20.2

Well trained, experienced instructional staff who are actively involved in maintaining the currency of their skills in actual practice settings and who meet the requirements to hold the title of pharmacy technician or pharmacist in the province where the program operates are responsible for teaching and student assessment.

In this section of the report, required evidence related to Criterion 20.1 may be presented together with the required evidence for Criterion 20.2. Describe how the College ensures that the program's instructional staff has the required and current experience needed to deliver the content and fulfill the mission of the program. In your description, clearly identify the person(s) who are responsible for curriculum oversight, delivery of practice-related courses, teaching pharmacology, and teaching aseptic compounding. Explain the contingency plan for pharmacy related courses in the event that the usual instructor is not available. In an appendix (label as Appendix 20.1), provide a list of all full time and part time instructional staff, their academic/professional qualifications teaching hours and employment status (e.g., e.g., 1.0 full time equivalent; 0.5 full time equivalent). In the same appendix, list the time allotted to each member of the instructional staff for the following duties: teaching preparation; student evaluation/mentoring/support; program and curriculum development/content or evaluation revisions to meet evolving needs of the profession; and, other responsibilities (e.g., professional development including maintaining currency of practice). Time allotted to teaching preparation, etc., can be described as time in hours or as a proportion/percentage of the full-time or part-time equivalent (e.g., a 0.5 full time equivalent instructor who spends 0.05 full time equivalents of that position revising and developing curriculum content). Do not attach the resume or curriculum vitae of instructional staff.

Criterion 20.3

CCAPP considers preceptors to be part of the program's instructional staff. In order to assist students in meeting the educational outcomes and professional competencies, preceptors need adequate orientation to the pharmacy technician program's goals, policy and procedures. Continuing professional development for preceptors, especially as it relates to their practice-based teaching and assessment role in the program, is the responsibility of the program. Programs are encouraged to work in collaboration with practice sites to develop and deliver continuing professional development for preceptors that meets program, preceptor and practice site needs. Programs advocate within college structures for resources to deliver continuing professional development to all instructional staff.

In this section of the report, describe how the College or Program supports the initial and ongoing training of preceptors. Describe how preceptors are kept up to date regarding changes to the program, the program's assessment practices, or expected learning outcomes. Attaching abstracts, advertisements, or program registration websites for educational programs offered to preceptors is not sufficient evidence for the purpose of this Standard. Explain the processes used to evaluate how well the preceptor selection criteria are working, and whether the training you've provided to preceptors prepares them to carry out the precepting role in support of your program.

Criterion 21.1

To remain current with professional issues, the Program Coordinator/Lead is a member of national pharmacy technician professional and education organizations.

In this section of the report, provide the required evidence related to the College's support for professional development of the Program Coordinator/Lead in the body of the report rather than as an appendix. Do not attach continuing professional development portfolios that might be required by the professional licensing body. Attaching a resume or curriculum vitae is not sufficient evidence of membership in CPTEA.

Criterion 21.2, Criterion 21.3

Members of the instructional staff are expected to maintain currency of practice and are also encouraged to become members of pharmacy technician professional and education organizations. All instructional staff is evaluated at regular intervals using an evaluation process that is consistent with College policy. For example, the program's processes for evaluation of preceptors (if different when compared to the processes used to evaluate lecturers or pharmacy practice laboratory teachers) should be consistent with evaluation policy of the College.

In this section of the report, required evidence related to Criterion 21.2 may be presented together with the required evidence for Criterion 21.3. Provide an overview of College practices regarding support of for professional development and processes for instructional staff evaluation/performance review in the body of the report rather than as an appendix. Do not attach College policies or continuing professional development portfolios that might be required by the professional licensing body. Describe the processes used to evaluate instructional staff, including the Program Coordinator/Lead if processes differ. Don't forget to include information about processes used to evaluate preceptors. Reflect on the extent to which the College demonstrates commitment to the requirements of Standard 21.

Standards 22-25: Practice Site, Physical Facilities and Infrastructure, and Information Resources

Criterion 22.1

Practice sites are licensed according to the requirements of the pharmacy regulatory authority in the province where the program operates. As detailed in agreements with practice sites, College, Program and practice site representatives have a shared accountability for coordination and oversight of student activities during practice experiences.

In this section of the report, explain how practice sites are selected to assist in delivering your program. Provide information about how you confirm the extent to which the practice sites you have used and are currently using meet the selection criteria. If there are gaps (e.g., not all sites meet all selection criteria), explain why students are assigned to practice sites that don't meet the criteria.

Criterion 22.2

Effective liaison relationships between the practice site, College and Program Coordinator/Lead are essential to ensure that students receive the intended educational experience, that student assessments are adequate, and that new opportunities for practice experiences can be incorporated into the program. Adequate management also means that the College and Program have reasonable confidence that students receive an effective and safe level of supervision by qualified preceptors during practice experiences. There is clarity about the model(s) of supervision provided by instructional staff (e.g., direct or indirect supervision; preceptors use observer teacher, preceptor teacher or supervisor teacher role; preceptor to student ratio, etc.) over the course of the practice experience. Procedures are in place for the Program Coordinator/Lead or designate to visit/review practice sites on a regular basis.

In this section of the report, explain how you evaluate the quality and quantity of student learning and skills development management, workspace, access to equipment and information technology needed by students, student support and

supervision at practice sites. Provide information about student feedback that has been provided as part of this evaluation and indicate what changes you've made, if any, as a result of that evaluation/student feedback. If employees of the College contribute to supervision of students in practice sites, describe the respective roles of the College employee and the practice site staff as it relates to student supervision.

Criterion 23.1

Physical facilities, equipment and supplies require frequent reassessment to ensure that they continue to support delivery of didactic and simulation components of the program.

In this section of the report, describe the findings of the 3 specific required evaluations listed in the Required Evidence (refer to Standard 23, Required Evidence). Clearly describe your findings about the extent to which your program has the space and resources to support the functions of the didactic, administrative and student life aspects of the program (e.g., student socialization, areas for study or professional organization meetings or group work, private areas for advising or coaching, etc.).

Criterion 24.1, Criterion 24.2, Criterion 24.3

Simulation facilities, equipment and supplies may be shared with other health education programs if the environment is equally realistic for the scenarios applicable to pharmacy technicians and professionals in the partnering program (e.g., a school of pharmacy's practice skills laboratory; a medical laboratory technician program's cleanroom environment, etc.). Simulation with actual equipment and supplies is strongly preferred. Equipment is inspected and cleaned, and supplies are refreshed as required by applicable pharmacy practice standards. In the absence of actual equipment (e.g., packagers, labelling systems, pharmacy information system software and hardware, etc.), suitable and realistic models/mock-up/simulators are expected; models/mock ups/simulators are inspected and cleaned and supplies are refreshed in a manner that authentically simulates what is required by applicable pharmacy practice standards. Procedures and simulation facility design (e.g., alarms, locks, video monitoring, etc.) ensure that actual or simulated medications and supplies are accessible only for purposes and when intended in the pharmacy technician curriculum. There is a monitoring system to prevent and detect diversion, misuse, tampering, or access to actual or simulated medications, chemicals, supplies and equipment by unauthorized persons. Risk management is a component of the decision-making process regarding equipment and supplies that are made available in simulation environments.

Simulation environments that contain medication and/or chemicals (e.g., actual or simulated) comply with the pharmacy regulatory authority and workplace safety requirements of the jurisdiction where the program operates. To the extent possible, simulation environments model/promote best practices for patient safety (e.g., Institute for Safe Medication Practices Canada storage and labeling practices for high alert drugs; adherence to lighting standards and distraction management in areas where checking is performed, etc.) and worker safety (e.g., worker safety requirements of the jurisdiction in which the program operates including Material

Safety Data Sheets and Hazardous Drugs Handling Sheets). For safety reasons, simulated medication and chemicals are preferred. When actual medication or chemicals are used, there is regular assessment of the hazard potential relative to the hazard controls available (e.g., air handling system, eye wash station, biological safety cabinet, personal protective equipment, flammable goods cabinet, availability of resuscitation equipment, etc.) and there is evidence of routine maintenance and inspection of the hazard controls.

In this section of the report, required evidence related to Criterion 24.1 may be presented together with the required evidence for Criterion 24.2 and Criterion 24.3. Describe the processes that are in place to evaluate the adequacy of your simulation environments, equipment and supplies. Describe the processes by which you ensure that simulation environments are accessible only for purposes and when intended in the pharmacy technician curriculum. Describe how you prevent and detect diversion, misuse, tampering or access to medications, chemicals and equipment by unauthorized persons. Describe the extent to which your simulation environments realistically simulate pharmacy regulatory standards and worker safety requirements. Include evidence of routine maintenance and inspection of primary engineering controls that are used when handling biohazardous substances. Describe the actions you've taken if you identified that there were opportunities to improve the number, size, security, and/or design of your simulation environments, and if equipment or supplies need to be improved. Describe the actions you've taken or plan to take to make improvements/manage risks as a result of your evaluation of the equipment, medications, chemicals, supplies, and hazard controls on hand.

Criterion 24.4

When conducting standardized competency assessment procedures to, for example, validate the aseptic compounding skills of a student, equipment and supplies (e.g., gloves, hand hygiene solutions, glove fingertip test paddles, fill test medium, etc.) which are used during the assessment meet the requirements of the competency assessment procedure. Aseptic compounding skill validation protocols require a functioning, certified laminar airflow hood in which to conduct the assessment; therefore, the program that includes validation of aseptic compounding skills of a student has that type of equipment on site or it makes arrangements to access a facility that has the required equipment in order to conduct assessments.

In this section of the report, describe the assessment process/protocol, supplies and equipment used to assess aseptic compounding skills. Provide an overview about and website links to the stakeholder or regulatory authority standard that is the reference for the process/protocol that you are using.

Criterion 25.1, Criterion 25.2

The pharmacy profession relies heavily on information technology and pharmacy informatics – so much so, in fact, that Canada Health Infoway has funded the development of an e-resource entitled Informatics for Pharmacy Students (available: <http://www.afpc-education.info/moodle/>). Students of the 21st Century are equally dependent on information technology to access course schedules, lecture notes, information about completion or submission of assignments, examination portals, and to communicate with instructional staff. Instructional staff require reliable access to information technology and library resources for teaching, teaching preparation, and student management. Distance education students are particularly vulnerable to disruptions of learning when information technology challenges occur.

In this section of the report, required evidence related to Criterion 25.1 may be presented together with the required evidence for Criterion 25.2. Describe the extent to which information technology support and portals meet the needs of students and instructional staff of the Program. Explain how information technology support and library access is made available, and what is the contingency plan when “computers are down”. Don’t forget to explain how preceptors, as members of the instructional staff, are provided access to library and information resources.

Summary of Appendices to Attach to the Self-Study Report

Appendix	Standard	Content
1.1	1	The most current copy of your curriculum map.
2.1	2	A copy of the College and, if different, the Program code of conduct policy. If non-academic conduct requirements are contained in separate College and/or Program policy, include it in Appendix 2.1
2.2	2	List of the “who, what, when, where, and how” of activities that inform students about nationally and provincially recognized processes becoming a member of the pharmacy technician profession.
3.1	3	List of all requirements for graduation from your program. Indicate the total hours required for each of the following curriculum components: didactic; simulation; practice experience. Within Appendix 3.1, provide the master schedule of courses, including start and end dates and total hours for each course). Do not include course outlines or syllabuses. Express practice hours using the definition provided in the Glossary of Terms.
4.1	4	Outlines or syllabuses for each didactic, simulation and practice experience course. The outlines or syllabuses indicate the competencies and educational outcomes to be met by the student. Include the list of all instructional staff involved in simulation activities, including academic and professional qualifications.
4.2	4	Not more than 6 representative examples of completed assessment forms (3 for simulation experiences and 3 for practice experiences) that evaluate the ability of a student to perform the scope of tasks of a pharmacy technician. Among the 6 representative samples, include at least 2 on which feedback has been provided to the student during a culminating practice experience. De-identify (i.e.: black out) the student and assessor names.
5.1	5	Provide Appendix 5.1 only if the assessment forms used to evaluate Criterion 5.1 are different compared to those already provided in Appendix 4.2. When providing Appendix 5.1, make sure that it contains not more than provide 6 representative examples of completed assessment forms. Among the 6 representative samples include 3 that involve simulation experiences and 3 that involve culminating practice experiences. De-identify (i.e.: black out) the student and assessor names.
7.1	7	If an outline of the teaching and learning methods used to enable learners to acquire the knowledge and/or skills is clearly evident in the course outlines or syllabuses provided in Appendix 4.1, then reference Appendix 4.1 (you do not need to submit an Appendix 7.1). If you did not list the teaching and learning strategies (e.g., large group lecture, small group discussion, case discussion, pharmacy practice laboratory scenario, field trip, etc.) in the course outlines or syllabuses provided in Appendix 4.1, then include an instructional design outline for your program (labelled as Appendix 7.1).
7.2	7	If the student assessment methods are clearly identified in the course outlines or syllabuses provided in Appendix 4.1, then reference Appendix 4.1 (you do not need to submit an Appendix 7.2). If you do not clearly identify the assessment methods (e.g., formative, summative; standardized or informal; self versus peer versus instructional staff; etc.) in the course outlines or syllabuses provided in Appendix 4.1, then include an assessment outline for your program (label as Appendix 7.2).

Appendix	Standard	Content
7.3	7	Criteria, policy and procedures for academic progress, probation, dismissal, readmission and non-academic misconduct.
9.1	9	Program mission and vision.
10.1	10	The organizational chart of the College and the Program. If there are multiple campuses, provide the chart for each campus. The organizational chart shows the reporting and functional relationships of the Program Coordinator/Leads, all personnel, and all program committees with respect to the didactic, simulation and practice experience components of the Program.
10.2	10	Relevant policies and procedures regarding conflict of interest, professional misconduct, and breach of ethics among persons involved in the program, including members of the student body. If multiple documents cannot be provided as a single appendix, label the individual policies as Appendix 10.2.1, Appendix 10.2.2, etc.
11.1	11	Role or job description, and the academic/professional resume of the Program Coordinator/Lead. Include information about the Program Coordinator/Lead's professional registration or licensure in this appendix.
12.1	12	All versions of the terms of reference, membership lists (including professional designation and work location) of each member of the PTPAC in relation to the terms of reference, and minutes of PTPAC meetings since the last site visit.
13.1	13	List of practice sites that provide community, institutional and where applicable, other types of practice experiences. Indicate which practice sites have a contractual agreement in place. Relevant practice experience manuals/handbooks and policies (label as Appendix 13.1.1, Appendix 13.1.2, etc.).
13.2	13	A copy of the master template for your legal agreement with practice sites.
16.1	16	A copy of the admission policy and procedures.
18.1	18	A copy of the quality plan (label as Appendix 18.1). Minutes of the committee responsible for oversight of the evaluation system as well as evidence related to the evaluations that were conducted since the last survey visit (label as Appendix 18.1.1, Appendix 18.1.2, etc.).
20.1	20	List of all full time and part time instructional staff, their academic/professional qualifications teaching hours and full time equivalent. For each member of the instructional staff, list the time allotted to each of the following duties: teaching preparation; student evaluation/mentoring/support; program and curriculum development/content or evaluation revisions to meet evolving needs of the profession; and, other responsibilities (e.g., professional development including maintaining currency of practice). Time allotted to teaching preparation, etc., can be described as time in hours or as a proportion/percentage of the full time equivalent.

GLOSSARY OF TERMS

College	The body responsible for making strategic and financial decisions regarding an educational program and awarding the credential to the graduate on successful completion of the requirements. CCAPP uses College (a proper noun) when it would otherwise use the name of the college; it uses college when referring to a college as an institution in general.	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i>
Conflict of interest	When a pharmacy technician’s self-interest or personal interest (e.g., interests of a family member, business partner, etc.) interferes with or has the potential to interfere with the pharmacy technician’s professional judgments or actions.	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i>
Credential	A qualification or achievement that indicates a person is suitable for something (e.g., a diploma, certificate, proof of graduation from an accredited program, etc.). The education systems of Canadian provinces vary, such as how a program is classified or the type of type of credential (e.g., diploma, degree, certificate, etc.) that is awarded upon graduation. For CCAPP’s purposes, “credential” means the evidence of qualification or achievement upon graduation that is applicable in province/territory where the pharmacy technician program operates.	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i>
Critical thinking	The mode of thinking about any subject in which the thinker improves quality of thinking by taking charge of the structures make up thinking and imposing intellectual standards upon them.	<i>Paul R, Elder L. The miniature guide to critical thinking concepts and tools. Dillon Beach: Foundation for Critical Thinking Press; 2010.</i>
Culminating practice experience	A pharmacy practice experience that occurs at the end of the program.	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i>
Culture	Sharing a collective identity, common history and experience, and shared beliefs, values, and norms.	<i>Smith WT, Roth JJ, Okoro O, Kimberlin C, Odedina FT. Disability in cultural competency pharmacy education. Am J Pharm Educ 2011;75(2):Article 26.</i>
Didactic	Teaching or instructing required theoretical knowledge directly from teacher to student in a way that does not require a simulation or practice-based setting, yet still making the knowledge logical, accessible, applicable and useful. The	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i>

	teacher selects the topic of instruction, controls the learning experience, and receives and evaluates the student's response to the instruction, reinforcing correct responses and providing feedback for incorrect ones. In common speech, didactic is often used to mean teaching by using lectures, group discussions, projects, etc.	<i>ASHP Guidance Document: Accreditation Standards for Pharmacy Technician Education and Training Programs. American Society of Health-System Pharmacists; Bethesda, MD: 2015.</i>
Ethical reasoning	Tools and understandings that a person uses to work out ethical issues and problems in an insightful way.	<i>Paul R, Elder L. The thinker's guide to understanding the foundations of ethical reasoning. Dillon Beach: Foundation for Critical Thinking Press; 2009.</i>
Experiential	See Practice experience	
Faculty	See Instructional staff	
Field of pharmacy	The totality of all possible capacities/roles and environments in which a pharmacy graduate serves society (e.g., administration, education, industry, direct patient care in any setting, FPT policy or health system support, health insurance, owner/operator, regulatory, scholarship, medication use system-related quality assurance activities, etc.).	<i>Pharmacy Examining Board of Canada. Available: http://www.pebc.ca/index.php/ci_id/3100/la_id/1.htm</i>
Hybrid	Delivery of didactic and/or simulation components using a combination of face-to-face (e.g., in person) and on-line programming to cover content described in one or more course outlines.	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i>
Instructional staff	The group of teachers who deliver the didactic, simulation and practice experiences of a pharmacy technician program. This means all individuals who are involved in teaching students in the program, regardless of job title within the system (e.g., faculty, instructors, sessional or guest lecturers, teaching assistants or aides, pharmacy practice laboratory instructors, preceptors, etc.). Faculty does not include non-teaching support staff such as counsellors, secretaries, information technologists, registration clerks, etc.	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i>
Interprofessional	Two or more professions working together collaboratively. Interprofessional is contrasted with the term interdisciplinary, which focuses on when two or more fields within the same profession interact.	<i>World Health Organization (WHO). Framework for action on interprofessional education & collaborative practice. Geneva SW: WHO; 2010. Available: http://www.who.int/hrb/resources/framework_action/en/ Accessed: October 12, 2016.</i>
Intraprofessional	When two or more fields within the same profession work together collaboratively (e.g., pharmacists and pharmacy technicians). Synonymous with the term interdisciplinary.	<i>World Health Organization (WHO). Framework for action on interprofessional education & collaborative practice. Geneva SW: WHO; 2010. Available: http://www.who.int/hrb/resources/framework_action/en/ Accessed: October 12, 2016.</i>

Just culture	“A phrase that refers to the principles for achieving a culture in which front line personnel feel comfortable with errors, including their own, while maintaining professional accountability...A just culture recognizes that competent professionals make mistakes and acknowledges that even competent professionals will develop unhealthy norms (shortcuts, "routine rule violations"), but has zero tolerance for reckless behavior.”	<p>Wachter RM, et al. (Eds). <i>AHRQ PSNet Patient Safety Network. Glossary. Agency of Healthcare Research and Quality. Available: https://psnet.abrq.gov/glossary/j</i></p> <p>Frankel AS, Leonard MW, Denham CR. <i>Fair and just culture, team behavior, and leadership engagement: The tools to achieve high reliability. Health Research and Educational Trust DOI: 10.1111/j.1475-6773.2006.00572.x</i></p>
Laboratory	See Pharmacy Practice Laboratory	
Learning objective	A narrow, specific statement of student-centred performance (knowledge, skill, behaviour) that contributes to achieving the goal of a course (“by the end of this course, the student will be able to...”); a statement that defines the Audience (who), Behaviour (what; an action verb with content), Condition (where, how, when) and Degree (how well) to which learning will be achieved in a course; performance described in the statement can be measured using an assessment method that is aligned with the verb used in the statement (e.g., Bloom’s, Krathwohl taxonomies)	Mager RF. <i>Preparing instructional objectives. 2nd Ed. Belmont CA: David S. Lake; 1984.</i>
Medication use system	A complex process that comprises recognizing an indication for medication therapy, access to medication, medication prescribing, medication order (prescription) processing including distribution and dispensing medications with appropriate patient advice, medication administration/adherence, effects monitoring, associated documentation and communication, and the evaluation and quality improvement of products and system performance.	MacKinnon NJ (Ed). <i>Safe and Effective: The Eight Essential Elements of an Optimal Medication-Use System. Ottawa ON: Canadian Pharmacists Association; 2007.</i>
Patient	Includes the patient and “...all those who are personally significant to the patient and are concerned with his or her care, including, according to the patient’s circumstances, family members, partners, caregivers, legal guardians, and substitute decision-makers.”	Frank JR, Snell L, Sherbino J (Eds). <i>CanMEDS 2015 Physician Competency Framework. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.</i>
Patient safety	Pursuit of actions that will ensure a patient’s freedom from the occurrence or risk of injury, danger or loss, including actions that use evidence-based best practices to optimize patient outcomes.	Frank JR, Brien S (Eds) on behalf of <i>The Safety Competencies Steering Committee. The Safety Competencies: Enhancing Patient Safety Across the Health Professions. Ottawa, ON: Canadian Patient Safety Institute; 2008.</i>

Pharmacy practice	All actions associated with patient care, which is the core of the discipline of pharmacy, including those that may not directly involve a patient (e.g., purchasing and inventory management, quality assurance activities, etc.).	<i>National Association of Pharmacy Regulatory Authorities (NAPRA/ANORP). Professional competencies for Canadian pharmacists at entry to practice. Ottawa, ON: NAPRA; 2014.</i>
Pharmacy practice laboratory (Pharmacy skills laboratory)	A simulation learning environment that enables students who have been exposed to the didactic component of a curriculum to apply that knowledge, linking concepts and components into smooth action and with repeated practice, refine skills so that they become automatic behaviours. The pharmacy practice laboratory supports the conduct of assessments that confirm student accomplishment of educational outcomes prior to practice in actual practice environments where patient safety is, or has the potential to be, put at risk.	<i>Begley K, Monaghan MS, Qi Y. Repeated testing to improve skills in a pharmacy practice laboratory course. Am J Pharm Educ 2013; 77: 130.</i>
Placement	See Practice Experience	
Practice hours	The duration, calculated using clock hours (60 minutes equals one hour), of scheduled attendance at the practice site for the purpose of completing requirements of a practice experience. For example, if the student is scheduled to be at the practice site from 9 a.m to 4:30 p.m., the student is credited with 7.5 practice hours for that shift.	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018. ASHP Guidance Document: Accreditation Standards for Pharmacy Technician Education and Training Programs. American Society of Health-System Pharmacists; Bethesda, MD: 2015.</i>
Pharmacy practice experience	Experience of defined duration during which a student performs the essential tasks of the role in an actual (not simulated) contemporary pharmacy practice setting and the student's ability to perform those tasks is supervised, directly observed, and evaluated by qualified individuals.	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i>
Practicum	See Practice Experience	
Preceptor	The individual or individuals who are responsible for oversight (direct and/or indirect supervision) of a student during a practice experience. Where a regulatory authority has assigned an alternate title for this role in their jurisdiction (e.g., mentor), in the Standard and its supporting documents the regulator's term takes precedence.	<i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i>
Prior learning assessment recognition (PLAR)	See Recognition of Prior Learning (RPL)	

Recognition of Prior Learning (RPL)	<p>Recognition of Prior Learning is a structured process involving evaluation and granting of credit for previous learning that is equivalent to the learning outcomes of one or more College courses or programs. Assessment of prior learning may include approaches such as assessment of educational documents for transfer credit, portfolio or evidence collection assessment, challenge process assessments (e.g., interviews, product assessments, examinations, skill demonstrations, assignments, etc.), and external course/program assessment.</p>	<p><i>Canadian Association for Prior Learning Assessment (CAPLA) Quality Assurance for the Recognition of Prior Learning (RPL) in Canada Manual 2015</i> http://capla.ca/rpl-qa-manual/</p>
School	See College	
Self-paced	<p>A proficiency-based model that permits a student to start and the complete didactic component on a schedule that meets the student's needs, often within certain restrictions and with certain definitions as to the method of time calculation (e.g., hours expended on learning), documentation of time expended on learning, and audit/monitoring of self-paced learning (e.g., for quality assurance purposes).</p>	<p><i>ecampus Ontario. Glossary of Terms. Accessed October 12, 2017. Available: https://www.ecampusontario.ca/glossary.</i></p>
Simulation	<p>Structured activities or events that closely mimic a pharmacy professional task, and that are conducted in a realistically simulated pharmacy practice environment in which assessments are conducted to demonstrate student accomplishment of educational outcomes prior to practice in actual practice environments where patient safety is, or has the potential to be, put at risk. A realistically simulated pharmacy practice environment is one that uses sufficient equipment and supplies, procedures for using equipment and supplies that are realistic to an actual work setting, and precautions that are taken to ensure that students have an effective and safe level of supervision in carrying out the assigned tasks. For safety and efficiency, simulations that involve interaction with a patient or prescriber use a simulated patient/prescriber (e.g., artificial models/manikins), standardized patient/prescriber, or virtual patient/prescriber (e.g., virtual reality avatar). Simulation experiences may be interprofessional and/or intraprofessional in design.</p>	<p><i>CCAPP. Guidance for Accreditation Standards and Key Elements for Canadian Pharmacy Technician Programs. Ibid; Toronto: 2018.</i></p> <p><i>ASHP Guidance Document: Accreditation Standards for Pharmacy Technician Education and Training Programs. American Society of Health-System Pharmacists; Bethesda, MD: 2015.</i></p>

Skills lab(oratory)	See Pharmacy practice laboratory	
Supervisor	A person who organizes a group and sees that it properly performs its mission. Supervisors often perform the same work as subordinates but do not have authority to hire, fire, discipline, or authorize significant policy or financial changes.	<i>Hall KW, McKerrrow R. Leadership and Management. In: Hindmarsh KW (Ed). Pharmacy Management in Canada. Mississauga ON: Canadian Foundation for Pharmacy; 2015.</i>

Figure 1: Relationship of Accreditation Standards to Milestones in Pharmacy Technician Development

