The Canadian Council for Accreditation of Pharmacy Programs

GUIDANCE FOR THE ACCREDITATION STANDARDS AND KEY ELEMENTS FOR CANADIAN FIRST PROFESSIONAL DEGREE IN PHARMACY PROGRAMS

Effective January 2018

Acknowledgements:

The public is entitled to demand that the graduates of a professional degree program can demonstrate they have mastered the entry-to-practice competencies for that profession. For that reason, examples of evidence focus on educational outcome measures to the greatest extent possible, rather than structure, input or output measures of quality.

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Table of Contents

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.

This Guidance for the CCAPP Accreditation Standards for Canadian First Professional Degree in Pharmacy 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 or Criteria themselves.

THE ACCREDITATION PROCESS

Overview

CCAPP provides accreditation services to Canadian university pharmacy programs that voluntarily request evaluation of the First Professional Degree in Pharmacy Program. The responsibility to make a request for accreditation rests with the Dean/Director of the Pharmacy Program. In making the request the Dean/Director, and by extension the University accepts CCAPP accreditation principles, processes and requirements and agrees that the survey team will have authorization to request and review pertinent documents relating to the program that is being visited.

Accreditation site visits are normally conducted in the twelve months period before an accreditation term expires. Requests to defer a scheduled site visit will only be granted in exceptional circumstances, subsequent to a well-justified request from the university.

CCAPP Accreditation surveyors and Board members are required to disclose conflicts of interest with regard to, for example, the conduct of surveys (surveyors) and rendering Accreditation decisions (Board members). A surveyor or Board member would be considered to have a conflict of interest and would not conduct an accreditation survey at a program where s/he completed pharmacy education within the past five years, or if s/he practices or resides within the same geographic area. On occasion, the Board may send observers or surveyors-in-training to attend the on-site survey.

All information obtained through the accreditation of a pharmacy program remains confidential with observers, surveyors, surveyors-in-training, and the CCAPP Board. If best

practices are identified that could benefit other programs, CCAPP shares those best practices with others with consent of the Dean/Director or designate. Contents of the survey report are provided only to the Board, surveyors, the Dean/Director and through him/her, the University. Accreditation certificates, if issued, remain the property of CCAPP and must be returned to CCAPP if accreditation is withdrawn.

CCAPP makes public the list of accredited pharmacy programs and programs seeking accreditation status on its website. A reference by a pharmacy program or University regarding CCAPP Accreditation in certificates, catalogues, bulletins, communications, or other form of publicity must use the following statement: "The First Professional Degree in Pharmacy Program at [Name of University, Name of Faculty or College] is accredited by the Canadian Council for Accreditation of Pharmacy Programs."

New Schools and/or New Programs

An application for accreditation is needed when a new pharmacy degree program is developed at a school that did not previously deliver such a program. It would also be required when a CCAPP Accredited Bachelor of Science in Pharmacy program is being phased out and a new Doctorate in Pharmacy program as the First Professional Degree in Pharmacy is being implemented.

Upon application for accreditation, a new professional program in pharmacy may be granted one of two accreditation awards:
- Qualifying, if it is offered by a newly formed school of pharmacy; or,
- Provisional, if the school has a different program that is accredited by CCAPP.

Standards utilized in the initial review are the same as those used to review established programs; however, accreditation involves, in large measure, documentation and verification of planning in accord with standards and provision of reasonable assurances for a quality outcome.

Continuing Evaluation of Accredited Programs

CCAPP considers evaluation of accredited pharmacy programs to be a continuous process. Accordingly, the CCAPP Board requires the Dean/Director of the CCAPP Accredited program to submit a Progress Report at defined intervals to assist the CCAPP Board in evaluating the continued conformance of a program to the Accreditation Standards.

Accredited programs are re-examined by a site visit at a duration specified in the Accreditation Award letter. In the period between on-site surveys, the Board reserves the right to request additional information in accordance with Board policies. Based on the information obtained, the Board also reserves the right to carry out an additional on-site visit before the end of the term of accreditation indicated in the Accreditation Award letter. Additional costs associated with this visit may be the responsibility of the program.

The Dean/Director must notify the CCAPP CEO at the earliest opportunity if one or more of the following circumstances arise:

- An accredited program temporarily or permanently ceases to operate.
- The program's operation is transferred to another university, school or college.
- The program intends to change the degree that is awarded to graduates of the program.
- There is a major change to the program. Examples include, but are not limited to: change in program leadership, major turnover of faculty members, change in the school's financial status, major increase or reduction in student seats, etc.

In these cases, the CCAPP Board determines the need for re-survey at an earlier date, submission of a request for accreditation of a new program, or submission of a Progress Report.

Accreditation – a 5 Step Process

In a very general way, each school seeking accreditation is asked to define what it wants to achieve with its professional program – i.e. what is its mission – what are the intended outcomes? It is asked to demonstrate that it has a program and the resources to produce those outcomes. It is asked to have procedures for evaluating whether or not the desired outcomes are achieved. Finally, it is asked to have a plan for correcting deficiencies and for incorporating new ideas into its program. There are five steps in the accreditation process:

Step 1: The Application for Accreditation

The university prepares an application comprised of three sets of documents:

a. **Application for Accreditation:** Providing information on personnel, budgets, enrolment, etc.
b. **Self-Assessment Report** (also known as a "self-study"): Guided by the Examples of Evidence for each Standard, this report provides in-depth information about the school. The focus is on the present and the time since the last visit i.e. "where we have been and where we are".
c. **Strategic Plan:** the details of the school's most current plan. The plan focuses on "where we want to go and how we plan to get there".

Step 2: The On-Site Survey

The survey consists of a review of the program and the facilities in which the program is delivered.

The CCAPP CEO notifies the Dean/Director at the earliest opportunity, and preferably at least one year before a planned survey visit to confirm the survey dates. The CCAPP CEO determines the survey schedule and itinerary in consultation with the Lead Surveyor and the Dean/Director (or designate) of the school. Reminders about the timelines for submission of self-study documents, final itinerary and other information to facilitate surveyor travel is provided to the Dean/Director by the CCAPP CEO.

A four or five-member survey team comprising, at a minimum, a CCAPP board member, a Dean/Director, a pharmacy faculty member and the CCAPP CEO conducts the on-site survey. Every effort is made to include individuals with diverse expertise. The appropriate provincial regulatory authority (authorities) is (are) invited to appoint an observer to each site visit evaluation team. During the visit, the surveyors seek information to supplement and substantiate the Self-Assessment Report, determine the feasibility of the Strategic Plan, and prepare a draft report. The findings detailed in the report are based on the review of the Self-Assessment Report and the information gathered during the onsite survey. The report provides sufficient evidence as to whether components of the Standards are met, partially met, or not met. At the end of the survey visit, in a meeting with the Dean/Director and other invited participants as well as the senior university administrative team, the surveyors make a preliminary report of the extent to which the standards were met, partially met, and not met. These communications are preliminary because it is the Board, not the survey team, who ultimately determines the degree to which the standards have been met.

Step 3: Submission of the Final Report to the CCAPP Board

The Dean/Director receives a draft copy of the survey report shortly after the survey was conducted. The Dean/Director has an opportunity to provide a submission regarding factual errors that might require correction before the report is finalized. There is also an opportunity for the Dean/Director to provide additional information about progress in complying with Standards since the survey visit. Upon receipt of written comments from the Dean/Director, the CEO prepares a final report. The final report and any additional information about progress related to the Standard are submitted to the CCAPP Board.

Step 4: The Accreditation Award Decision

The CCAPP Board reviews the final report and makes a decision on the appropriate accreditation status to be granted the pharmacy school. The Board's review of the survey findings focuses on areas of compliance and non-compliance with CCAPP Standards. The accreditation award is determined by majority vote of the Board.

Accreditation awards reflect the degree to which the most current CCAPP Accreditation Standards are met. A range of accreditation awards is available (see Award Definitions). The award letter details the accreditation term, which will not exceed six years, as well as conditions, if applicable, associated with the accreditation award. An accreditation term normally ends on December 31 of the year specified in the award letter.

Step 5: Notification about the Accreditation Award

The university's president and the Dean/Director of the school are advised of the Board's decision and the accreditation status is published in the CCAPP Annual Directory.

ACCREDITATION AWARD DEFINITIONS (Figure 1)

Accreditation

- The program is accredited.
- The maximum term of Accreditation is six years, based on the extent to which the program meets the Standards.
- There is a requirement to submit a Progress Report at the interval specified in the accreditation letter.

Conditional Accreditation

- The program is accredited conditionally.
- Conditional Accreditation reflects that there are concerns about progress in addressing requirements of the Standards.
- The timing of a Progress Report will depend on the nature of the deficiencies. Subject to the receipt of a Progress Report and upon review of the extent to which deficiencies have been met, the Board may change the award to Accredited, if concerns have been adequately addressed, or Probation, if satisfactory progress has not been achieved.

Probationary Accreditation

- The program is accredited with probationary conditions.
- The maximum term of Probationary Accreditation is eighteen months. Probationary Accreditation reflects that the program fails to comply with standards, or the program has minimal or non-compliance to some Standards over two or more survey cycles that result in serious weaknesses in one or more major components of a program.
- Within six months of receiving notice of Probationary Accreditation, the institution is required to show cause why the probationary status should be rescinded or to present sufficient evidence of improvement, or plans for improvement, to warrant restoration of conditional accreditation or accreditation. It is the responsibility of the program and the university to address the non-compliance by submitting additional information, correcting the weaknesses in the deficient component, or considering whether the program should cease operation. The chief executive officer of the institution and the Dean/Director of the school are given due notice of the Board's decision to award Probationary Accreditation. It is important that all constituents understand that a major goal of CCAPP is to assist in the advancement and improvement of pharmacy education. Hence, should a program receive Probationary Accreditation status, it is important that the program and institution regularly seek CCAPP's advice on the appropriate course of action to be followed.
- Should the institution not demonstrate a commitment to rectifying identified deficiencies within one year after the six-month period given to show cause, the Board will withdraw Accreditation.

- The CCAPP Board may mandate an on-site survey with little advance notice to follow up a program with Probationary Accreditation status.
- The Dean/Director must immediately advise students in the program, those who have been admitted to but not yet started the program, and applicants to the program that a Probationary Accreditation award has been issued to the program.

Withdrawal of Accreditation

- Circumstances that would warrant withdrawal of accreditation are:
  - The program fails to meet the requirements of the Accreditation Standards.
  - Probationary Accreditation has been awarded and the program fails to address the required changes to achieve the basic structures, processes, and intended educational outcomes.
  - The accredited program is revised and no longer meets the requirements of the CCAPP Accreditation Standard (e.g., conversion to a program intended to develop pharmaceutical scientists).
  - The accredited program is without a graduate for a period of one year and has no registrants in the second consecutive year.
  - The program fails to submit progress reports to the CCAPP Board in a timely fashion.
  - False or misleading statements are made publicly about the status, condition, or category of CCAPP Accreditation.
  - The program has Accreditation Fees in arrears for a time period in excess of 120 days.
  - The program ceases to operate.
- Withdrawal of Accreditation becomes effective immediately. If there are students enrolled in the program who cannot be accommodated by other accredited programs, then Withdrawal of Accreditation becomes effective at the end of the academic year in order that enrolled students might obtain transfer credit if applicable.
- If a program has received a Withdrawal of Accreditation award, the school is required to submit a new request for accreditation and undergo re-evaluation to regain accreditation as described in the section New Schools and/or New Programs.
- The Dean/Director must immediately advise students in the program, those who have been admitted to but not yet started the program, and applicants to the program that a Withdrawal of Accreditation award has been issued to the program.
- The CCAPP CEO notifies the Pharmacy Examining Board of Canada and all Registrars of Canadian provincial pharmacy regulatory authorities that a Withdrawal of Accreditation award has been made.

ACCREDITATION AWARD DEFINITIONS: NEW SCHOOLS OR PROGRAMS (FIGURE 2)

Provisional Accreditation

- This definition applies to a new program that has students enrolled, but a class of students has not yet graduated. In other words, a Provisional Accreditation award denotes a program under development. The program is expected to mature in accord with stated plans and within a defined time period. Reasonable assurances are expected that the program will be eligible for other categories of accreditation as programmatic experiences are gained, generally, by the time the first class has graduated.
- A Provisional Accreditation award ends when the first admitted class has graduated. The program is required to apply for accreditation during the term of the Provisional Accreditation award.
- Graduates from a school that is awarded Provisional Accreditation are deemed by CCAPP to be graduates of an accredited program.

Qualifying Status

- This definition applies to a newly founded school that has appointed a Dean/Director with a program that has no students enrolled. The granting of a Qualifying Accreditation award confirms that a university's planning for the pharmacy program has taken into account CCAPP Standards and suggests reasonable assurances of moving to the next step – the award of Provisional Accreditation.
- The maximum term of Qualifying Accreditation is four years.
- Qualifying Accreditation status brings no rights or privileges of accreditation. The program is required to apply for accreditation during the term of the Qualifying Accreditation award. If the program fails to apply for accreditation during the term of the Qualifying Accreditation award but goes on to admit and graduate students during that same time frame, the students are not considered to be graduates of an accredited program.

PROGRESS REPORT

The CCAPP CEO communicates the type and frequency of written Progress Report submissions to the Dean/Director in the Accreditation Letter and follow-up communications.

A Progress Report needs to provide the Board with sufficient evidence of progress to address concerns raised around specific Standards, as well as highlight any major changes to the program since the last report.

The CCAPP Board reviews all Progress Reports that are submitted. As a result of the Board's review of the report, the Board will determine the necessary change (increase or decrease) to the accreditation term.

The Dean/Director receives a letter that describes the results of accreditation status deliberations arising from the Board's review of Progress Reports.

PREPARING FOR AN ACCREDITATION SURVEY VISIT

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 faculty and student achievements and educational outcomes since the last on-site survey 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 on-site survey to mitigate the gap.

Expected Timelines

1. At least **12 months** before the on-site survey:
   - Strike a committee, subcommittee or task force to prepare the Self Study.
   - The committee should comprise administrative officers of the school, faculty members, students, the profession, and alumni (i.e. it is important to get buy-in and solicit feedback from many stakeholders).
   - It is recommended that an individual other than the Dean/Director of the school 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 on-site survey:
   - Submit the Application for Accreditation to the CCAPP office.

3. At least **2 months** before the on-site survey:
   - Submit the Self Study documents to the CCAPP office.

4. At least **1 month** before the on-site survey:
   - 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.

GUIDANCE SPECIFIC TO A STANDARD

Standard 1: Educational Outcomes

CCAPP references the AFPC Educational Outcomes for first Professional Degree in Pharmacy Programs as the minimum educational outcomes to be attained by the program. Describe how the mapping was done relative to the AFPC Educational Outcomes and the NAPRA Professional Competencies for Canadian Pharmacists at Entry to Practice, or to institution-specific outcomes (if used). Ideally, provide a description of at least one example where the mapping process revealed opportunities to improve the curriculum.

If curriculum gaps are identified, provide a description of how the planned or implemented curriculum change maps against the required educational outcomes and competencies.

Minimally, provide the curriculum map for and articulate outcomes data that demonstrate students:

- Have an understanding of and the ability to perform the pharmacist patient care process (collect, assess, plan, implement, follow up, evaluate, collaborate, document, communicate).
- Demonstrate practice-readiness and team-readiness before starting culminating direct patient care required practice experiences. In other words, demonstrate that students are able to provide patient care as a collaborative member of a care team.
- If applicable to your program, list the entrusted professional activities (EPA) that students/graduates are expected to perform routinely. Include milestone definitions and attainment evidence in relation to those entrusted professional activities [1,2]

Standard 2: Learning Environment

In constructing your response, clearly differentiate curricular or co-curricular activities (e.g., experiences that are connected to the curriculum but are separated from academic courses and that involve all students) from activities that are extracurricular in nature (e.g., those that are outside of the regular curriculum and may or may not involve all students). Describe how the curricular activities contribute to achieving the educational outcomes.

Standard 3: Curriculum

CCAPP encourages experimentation in curriculum design and delivery that is grounded in sound educational principles and best practice evidence. This includes well-structured dual-degree programs in which elective transfer credit between programs, student workload and financial implications are managed in such a way that the dual-degree option enhances rather than detracts from achieving the intended educational outcomes for a First Professional Degree Program in Pharmacy. Consider using this section of the report to describe innovations in curriculum as well as formative assessments of the outcomes. Formative assessment of curriculum innovation should be done frequently enough that any necessary change to curriculum is made promptly.

While CCAPP values service learning as a structured experience, those hours of practical experience cannot be counted toward the required number of practice hours specified for early/mid-program or the sustained period of required concluding practice experiences near the end of the program.

CCAPP believes that students graduating from Canadian CCAPP-accredited programs are being prepared to commence practice in the Canadian healthcare system. Accordingly, required direct patient care experience that meets the minimum hours defined in this Standard, whether early/mid- program or in the sustained period of concluding practice experiences near the end of the program, must be acquired at Canadian practice sites. Elective experiential practice hours may be completed in any nation, with the understanding that the placement site, learning experience and preceptor is confirmed to have met the school's requirements before a student is assigned to the experience.

Standard 4: Curriculum

CCAPP defines simulated practice experiences as structured activities or events that closely mimic a pharmacy professional task and that involve a simulated patient (e.g., artificial models/manikins), standardized patient, or virtual patient (e.g., virtual reality avatar) in a realistically simulated practice environment. Simulated practice experiences may be interprofessional and/or intraprofessional in design.

To be considered appropriate, structured simulation experiences must:
   (1) Be structured around a set of specific learning objectives; and,
   (2) Involve structured assessments that are specific to pharmacy competencies and that can assure students have met the stated learning objectives, and
   (3) Be supervised by pharmacy educators or other appropriately trained faculty/facilitators.

Structured simulation may comprise up to 30% of the total required early and mid-program practice experiences, but only if the experience meets at least one of the following criteria:
   • Experience is difficult to achieve in actual practice because it is a high risk-low volume medical event (CPR; medication errors; medical emergencies);
   • The pharmacy professional task cannot be entrusted to a student because of regulatory limitations to student practice (prescribing; performing final checks of products before release to a patient; administration of drugs by injection; point of care lab testing).

For example, in a Doctorate in Pharmacy degree program, early/mid-program required direct patient care practice experiences could include up to 96 hours of simulated practice experiences related to high risk-low volume medical events and professional tasks that cannot be entrusted to a student.

Leadership and professionalism skills advance patient care and aid the advancement of the profession locally, regionally and nationally. In the context of this standard, leadership and

professionalism development evidence should go beyond documentation of student-led organizations or initiatives in extracurricular settings. Consider providing evidence of how leadership (or professionalism) is developed, for example, by incorporating specific learning outcomes into the curriculum, through reflective professional development retreats or journal clubs that focus on leadership or professionalism, or developing continuing professional development learning portfolios.

Standard 5: Curriculum

It is understood that culminating practice experiences, which may include capstone-style courses and activities, commence at the completion of all required didactic course work. CCAPP believes that students must gain experience dealing with patients from diverse backgrounds (urban, rural/remote, marginalized) across the lifespan (e.g., neonates, children, young adults, adults, older adults) in and in transition between care settings (community, ambulatory, home care, acute care, long term care/personal care/group home). This does not mean that each student must gain practice experience in each background, each lifespan and each care setting over the duration of the program – rather, the expectation is that the diversity of practice experiences over the entire course of study will be described in aggregate.

As stated in the Standards, each student is required to gain practice experience in primary care (defined as any community, ambulatory or home care setting) and acute care (defined as hospital care, which includes care delivered in an emergency department, long term care unit or ambulatory care clinic of the hospital) over the course of his/her program. A student's direct patient practice experiences should build upon one another over the course of the program; however, this does not mean that required practice experiences must always precede elective experiences. Specifically, CCAPP expects to see evidence that direct patient care required practice experiences offer students the ability to practice safely at the level expected for the student's level of preparedness (i.e., having achieved or exceeded milestones) and to the extent legally permitted (i.e., entrusted professional activities) rather than "tourist-ing" (primarily observing the practice of others), especially throughout the culminating practice experience portion of the program.

Students may complete early/mid-program or culminating practice experiences in an organization where they are employed, provided that their student and employee roles and performance assessment do not overlap. For example, in a large hospital or regional health authority, a student may be assigned to a service location and capacity that is distinctly different from the location and capacity associated with employment duties, provided that the individuals involved in the student's direct supervision and assessment are distinctly different from the individuals with whom the student works directly, especially if those individuals are involved in performance evaluation in the student's employment context.

Standard 6: Curriculum

To be most effective, intra- and interprofessional simulated or actual practice 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) is encouraged in order to learn how to become an effective, collaborative member of a patient care team.

Standard 7: Teaching, Learning and Assessment

Teaching strategies should be appropriate for course content. Best practice methods should be utilized to engage learners of all types and help students to make connections between what is taught in the classroom and what is expected/experienced in practice. Faculties are encouraged to confirm that assessment methods are aligned with learning objectives stated in course syllabi. To the greatest extent possible, assessment data should be gathered electronically to facilitate analysis that confirms student progress and the ongoing quality and comprehensiveness of pharmacy education.

Standards 8-11: University Structure and Commitment

Include an evaluation of the effectiveness and enumerate the strengths and opportunities for improvement of the existing administrative organization in terms of function and performance in achieving the educational outcomes.

Standards 12-16: Faculty Organization and Leadership

Include a copy of the mission and vision statements in the review. This section should also include a description of the evaluation of the effectiveness of the existing administrative organization in terms of function and performance in meeting the school's mission and vision.

Committee structures and membership reflect the value placed on shared governance. Minutes of meetings and committee actions are communicated appropriately within and external to the school. Students have a voice in the governance structure of the school, through representation on relevant committees.

Effective and timely engagement of alumni, employers, regulatory authorities, residency directors, and other practitioners is essential to advance curricular design, delivery and improvement. Faculties are encouraged to identify how their engagement efforts have enabled them to design and deliver a program that prepares graduates for contemporary pharmacy roles to meet the needs of the community (social accountability).

Standards 17-19: Planning and Evaluation

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 school's mission and vision. 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, staff, faculty and where applicable, persons external to the Faculty. CCAPP does not consider extension of the end date of a strategic plan to be a current strategic plan.

The Faculty's strategic plan should be a self-contained document that is submitted to CCAPP separately from the comprehensive formal review report. **Do not include the strategic plan as an appendix to the report**. Instead, in the comprehensive formal review report, provide a description of the strategic planning process used by the Faculty to assess how well the mission, vision and goals of the Faculty are being achieved and a summative reflection on progress attained since the last CCAPP survey visit.

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 quality plan doesn't need a lot of indicators. Consider some core indicators that you can trend over time and that provide a well-rounded picture of the program's operation. Consider including episodic indicators that demonstrate findings related to specific quality improvement concerns that you've investigated recently, if they're different from the core indicators.

o   **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, promotion/tenure, results of high stakes examinations, financial resources in relation to other schools of similar size and program type, satisfaction or exit surveys, etc.

o   **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.

To the extent possible, the description of your analysis of the indicator data, decisions about actions taken or not taken and the outcome, and reflections on the value of specific indicators for longitudinal trending of program or curriculum performance should be reserved for your response to Standard 22.

Standards 20-21: Admissions

Factors beyond academic scores should be taken into account when admitting individuals to a Faculty of Pharmacy. Processes should 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 a program's graduates.

Standard 22: Continuous Quality Assurance of the Program

Measurement of indicators for each evaluation element described in the Standard need not be done on an annual basis. In this section of the body of the report, describe the analysis of the indicator data, decisions about actions taken or not taken and the outcome, and reflections on the value of specific indicators for longitudinal trending of program or curriculum performance. Provide a copy of the quality plan as an appendix in the Self Study report. Evidence related to the evaluations that were conducted since the last survey visit should be placed into the appendices of the Self Study report, as should minutes of the committee responsible for oversight of the evaluation system.

Standards 23-30: Resources

In this section of the Self Study report, describe the assessment of each resource type is made in relation to organizational structure, faculty, staff, student body and academic programs offered by the Faculty.

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.

CCAPP recognizes the importance of interprofessional practice-based educational experiences that involve non-pharmacist preceptors from a healthcare team. Non-pharmacists may precept a small percentage of elective culminating practice experiences in Doctorate in Pharmacy degree programs if the non-pharmacist preceptor supports of the value of pharmacists on healthcare teams and the non-pharmacist preceptor has training and an ability to reliably assess the professional competencies expected of pharmacy graduates.

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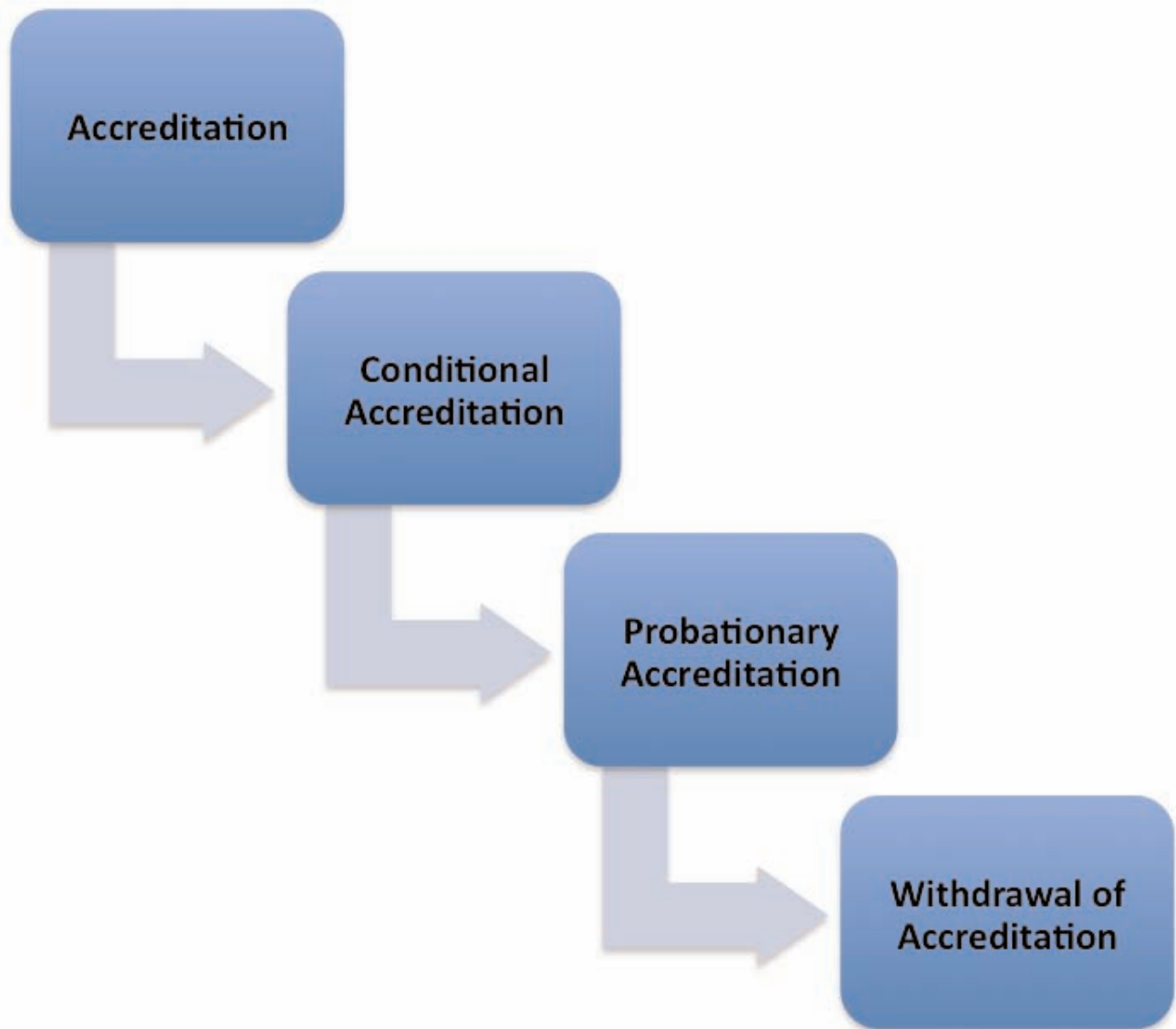
Figure 1: Hierarchy of Accreditation Awards

Figure 2: Hierarchy of Accreditation Awards: New Schools or Programs

Qualifying Status → Provisional Accreditation → Accreditation, Conditional Accreditation or Probationary Accreditation