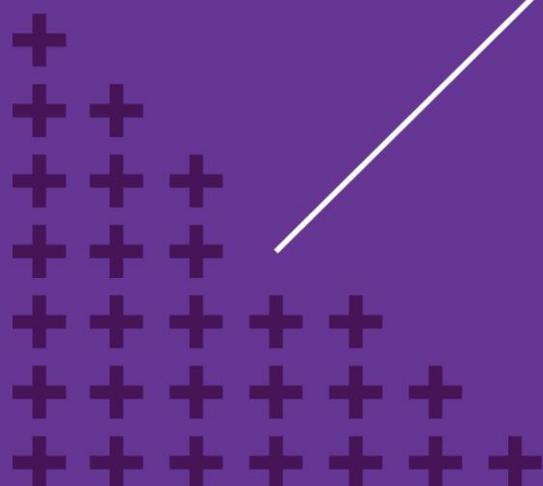
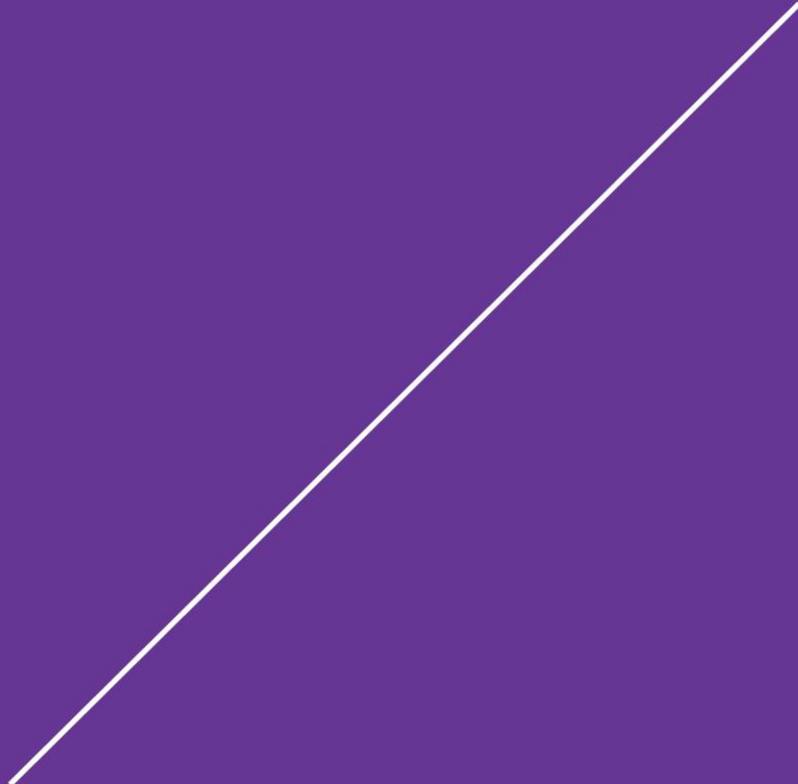
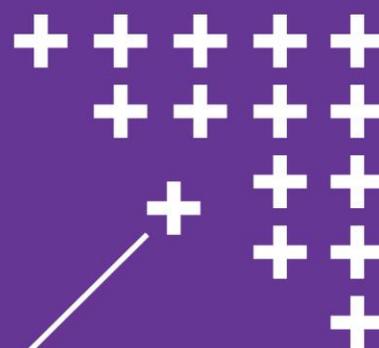


# shpa Residency Program



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## ACCREDITATION STANDARDS FOR PHARMACY RESIDENCY PROGRAMS

2020

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# SHPA ACCREDITATION STANDARDS FOR PHARMACY RESIDENCY PROGRAMS

## BACKGROUND

A formalised practitioner development process defines the pathway from undergraduate through to registration and progression to advancing practice (see: Figure 1).

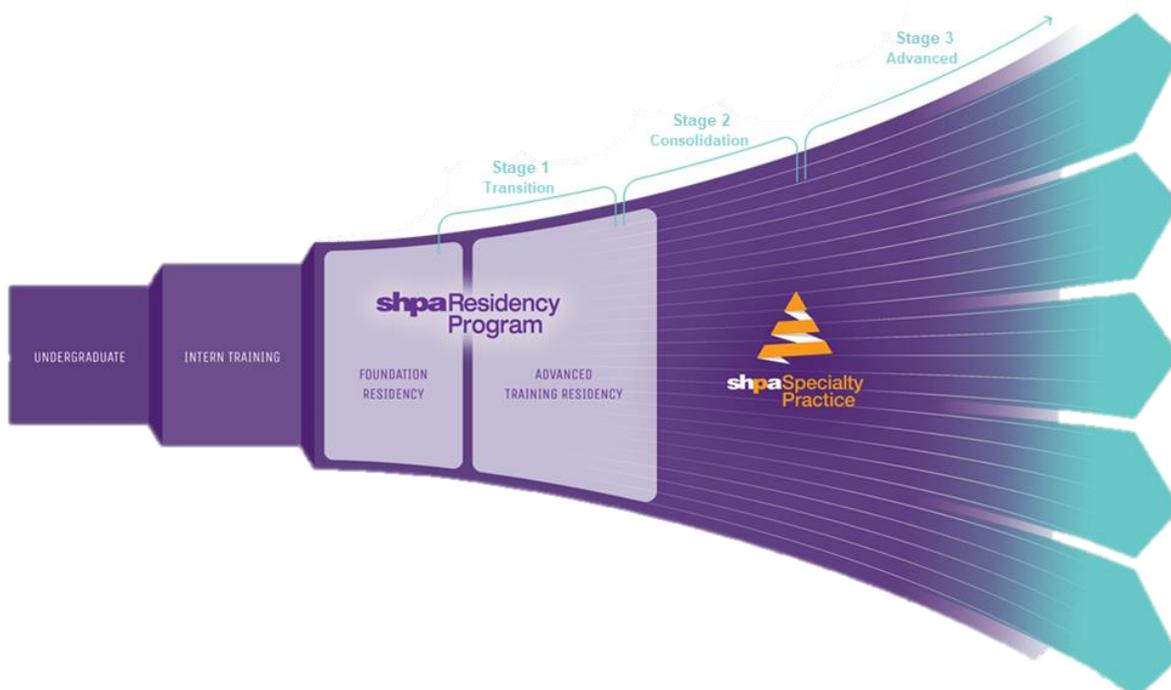
The existence of such a pathway signifies a mature profession. It is broad in its range of competence domains, covering aspects of professional practice and clinical proficiency, but also encompassing a commitment to leadership and management, and research and education skills development.

SHPA's Residency Programs establish a structured, formalised, supported and accredited national program for:

- Foundation training (for newly registered or new to hospital pharmacists, focusing on the development of a solid foundation of general practice), and
- Advanced training (for pharmacists with 3 or more years of post-registration experience and general foundation level expertise, seeking to expand their sphere of influence and solidify their practice in a defined area)

Each SHPA Residency Program is two years full time equivalent in duration.

**Figure 1.** Residency Programs within a pharmacist's professional development pathway



## PURPOSE

The purpose of this Standard is to establish criteria for Residency Programs and pharmacy departments to ensure their residency commitment is consistent with SHPA's expectations for training pharmacists to achieve professional competence in the delivery of patient-centred care and pharmacy services.

The Standard covers 5 domains:

- + Safe and socially accountable practice
- + Governance and quality
- + Program
- + Resident experience
- + Outcomes and assessment

The Standard is comprised of the following documents (outlining two stages of accreditation):

1. Residency – Core Accreditation (provisional or full accreditation): establishes the criteria a hospital pharmacy department must meet to become an SHPA-accredited Residency Site
2. Program Approval: establishes the program-specific requirements for an SHPA-accredited Residency Site to deliver a residency pathway
  - a. Foundation Residency program
  - b. Individual Advanced Training Residency (ATR) program pathways

## GLOSSARY OF TERMS

**Advanced Training (AT) Resident** – a pharmacist, with 3-7 years of hospital experience, performing at Advancing – Stage I (Transition Level) or equivalent, who is undertaking the ATR program. The ATR program may also be suitable for pharmacists with more than 7 years of experience if they are moving into a defined or specialised area of practice.

**Advanced Training (AT) Mentor** – a senior pharmacist responsible for regular coaching, mentorship and assessment of an AT Resident across their program. The AT Mentor is required to demonstrate performance at Advancing – Stage II (Consolidation Level) or above in the ATR practice area by formal credentialing or equivalent experience (as assessed by SHPA). The AT Mentor ideally is co-located with the AT Resident, however, for certain sites and programs, another arrangement may be found.

**Competency** – as per the National Competency Standards Framework for Pharmacists in Australia, 2016.

**Curriculum** – the structured training plan for a Resident encompassing the knowledge, skills, experience and behaviours required to perform at the required level of the Advanced Pharmacy Practice Framework. The curriculum is practice focussed and covers the range of enabling competencies across expert practice, communication, leadership and management, research and education domains.

**Elective Rotation** – a Foundation Residency program rotation where the Foundation Resident is based in an area outside of the core rotation practice areas. The Residency Site can consider areas of specialty

practice or experiences unique to the workplace as opportunities for the elective rotation. The purpose of the elective rotation is to provide Foundation Residents with a broader set of clinical knowledge and skills. The level of support and supervision provided to the Foundation Resident is expected to be equivalent across all four rotations.

**Foundation Resident** - a pharmacist, generally newly registered or new to hospital pharmacy practice, who is undertaking the structured Foundation Residency program.

**Multi-Hospital Program** – a Residency Program managed at a health service which has multiple hospitals/sites. Multi-Hospital Programs can be managed in one of the following ways:

1. Accrediting individual hospitals as Residency Sites upon application by the pharmacy department/Program Leader. Other hospitals and locations within the health service are considered Rotation Sites, with Residents rostered accordingly (see 'Rotation Sites'), or
2. Accrediting the entire health service as a single Residency Site and utilising physical or virtual visits to ensure the Program Leader retains effective control of development and training across the network, or
3. Dividing the Residency Program, with independent Program Leaders across hospitals within the health service. For reasons of Resident peer support, SHPA recommends against this option, unless there is no other effective way for the Program Leader to exercise their responsibilities. SHPA will consider that there are multiple Residency Sites, and each must undertake full accreditation independently.

**Portfolio** - a formal documentation of the Resident's training, achievements and experience in pharmacy. The Resident reflects on their evidence and achievements and demonstrates the impact of their actions against the Advanced Pharmacy Practice Framework (aligning their evidence with a performance level for each advanced practice competency).

**Preceptor** - a senior pharmacist who accepts responsibility for the day to day supervision/coaching, training and assessment of a Foundation Resident in a defined rotation. Residents are likely to have a different Preceptor for each rotation in the program.

**Residency Leadership Group** - a group of staff who provide consultation, guidance and oversight of the Residency Program/s. The Group should include relevant Program Leaders, senior pharmacy staff, Preceptors and, when possible, former Residents. Multidisciplinary membership is also encouraged to foster clinical education and research consultation and collaboration.

**Residency Program** - a two-year structured professional development plan for pharmacists designed to develop their practice along the Advanced Pharmacy Practice Framework performance levels.

- The Foundation Residency program – designed for early career pharmacists to develop their practice towards Advancing – Stage I (Transition Level) performance.
- Advanced Training Residency (ATR) – designed to develop a pharmacist's practice towards Advancing – Stage II (Consolidation Level) performance and facilitate specialisation. The aim of the ATR is to enable pharmacists to provide expert pharmaceutical care in their defined practice area.

**Residency Program Leader** - a senior pharmacist with demonstrable experience in clinical pharmacy and clinical education who is responsible for the organisation, delivery and review of SHPA Residency Programs at the institution/organisation.

**Residency Site** - the health service and its pharmacy department at which the Resident will spend the majority of time during the residency. The Residency Site accepts responsibility for the overall structure, curriculum and outcomes of the program. See 'Multi-Hospital Program' for management of Residency Sites in a health service with more than one hospital.

**Rotation** - a period of time spent in a specific area of hospital pharmacy practice.

- For Foundation Residents – a rotation is equivalent to 26 weeks (6 months) of full-time employment.

**Rotation Site** - a site, other than the Residency Site, at which part of the Residency Program is undertaken. The Rotation Site is required to have a defined Preceptor, but is not required to meet the overall standards. Foundation Residents may spend no more than 50% of their residency at a Rotation Site.

## **DOCUMENT 1. RESIDENCY – CORE ACCREDITATION**

**Stage 1 of accreditation whereby a pharmacy department or health service must demonstrate that the physical, departmental and cultural attributes of the department are aligned with SHPA's standards with respect to staff development and education to become an SHPA-accredited Residency Site.**

### **DOMAIN 1: SAFE AND SOCIALLY ACCOUNTABLE PRACTICE**

- 1.1** Residents must be registered to practice pharmacy in Australia through AHPRA and must maintain this registration throughout the period of their residency.
- 1.2** The clinical pharmacy services offered by the Residency Site are aligned with the requirements of the SHPA Standards of Practice for Clinical Pharmacy Services 2013. (See: [https://www.shpa.org.au/sites/default/files/uploaded-content/website-content/SOP/sop\\_clinical\\_pharmacy\\_s32-s34\\_chapter9.pdf](https://www.shpa.org.au/sites/default/files/uploaded-content/website-content/SOP/sop_clinical_pharmacy_s32-s34_chapter9.pdf))

### **DOMAIN 2: GOVERNANCE AND QUALITY**

- 2.1** The department should have a defined Residency Leadership Group responsible for providing guidance and direction to the delivery of accredited Residency Programs at the site.
- 2.2** In-house educational programs are monitored for their effectiveness and actively managed by key staff.
- 2.3** The pharmacy department is actively involved in hospital wide clinical governance such as NSQHS standards accreditation, clinical review committees, hospital research committees, medication safety committees etc.
- 2.4** The Residency Site should demonstrate a broad commitment to the betterment of the profession and hospital pharmacy overall through active involvement in external advisory groups, professional committees, presentation and publishing, and membership of professional bodies (e.g. SHPA).

### **DOMAIN 3: PROGRAM**

- 3.1** Teaching of pharmacists should occur routinely in clinical units/wards and the Residency Site must demonstrate ongoing commitment to professional development opportunities and experiential teaching and learning (e.g. through student placements, intern intakes, links with universities).
- 3.2** Pharmacy staff are actively involved in interdisciplinary patient care such as case conferences and service/ward meetings and ward rounds.
- 3.3** Residency Sites should have a commitment to continuous quality improvement and staff should have opportunities to engage in active programs of audit and quality improvement initiatives (e.g. drug use evaluations (DUEs)/medication-use evaluations (MUEs)). Residency Sites recognise the importance of practice research in driving change and improvement in patient care. The department should have an active research program with demonstrable research output and opportunities for Resident participation.
- 3.4** There is a commitment to development in other skills outside of clinical expertise e.g. in leadership and management (team leader roles, staff/resource allocation).
- 3.5** Staff at the Residency Site have opportunities to provide formal in-service education and training to members of the multi-disciplinary team (e.g. nursing, medical, allied health staff).

- 3.6** Pharmacy staff at the Residency Site have access to a clinical educator pharmacist, designated clinical educator or a named position with a component of their role defined as clinical education facilitation.

#### **DOMAIN 4: RESIDENT EXPERIENCE**

- 4.1** The hospital pharmacy department admits registered pharmacists to the Residency Program based on application and local recruitment policies. SHPA provides tools, resources and support for Residents, Preceptors/Mentors and Residency Sites, but is not responsible for appointment of Residents or management of human resource issues between Residents and Residency Sites.
- 4.2** The hospital pharmacy department provides orientation and training to all staff (including Residents) who are new to the organisation/department and upon their transition to a different practice area (e.g. staff rotations).
- 4.3** The Resident will be provided a suitable area to work, and access to appropriate and relevant technology (e.g. databases, clinical information systems, workstation).
- 4.4** The Residency Site has processes in place for identification of staff in need of support or additional assistance. This may include dealing with communication issues, learning difficulties, and health and social issues.

#### **DOMAIN 5: OUTCOMES AND ASSESSMENT**

- 5.1** Competency-based self and peer evaluation and feedback is integral to performance evaluation within the pharmacy department at the Residency Site.
- 5.2** Staff performance appraisals are conducted on at least an annual basis at the Residency Site.
- 5.3** Staff at the Residency Site have an opportunity to partake in peer-learning activities (such as case-based discussions, journal clubs, ward teaching sessions).
- 5.4** Pharmacists (including Residents) have access to a ClinCAT evaluator.

## **DOCUMENT 2. PROGRAM APPROVAL**

Stage 2 of accreditation which determines whether the individual program is suitable based on program-specific attributes and requirements. Program approval includes the Foundation Residency program and/or individual Advanced Training Residency program pathways.

### **A. FOUNDATION RESIDENCY PROGRAM**

#### **DOMAIN 1: SAFE AND SOCIALLY ACCOUNTABLE PRACTICE**

- 1.1** The Residency Program must be situated at a home site (Residency Site) which offers a contemporary pharmacy service and exposure to the range of medical and surgical presentations highlighted in the curriculum (i.e. the program must assure each Resident a six-month rotation [equivalent to 26 weeks of full-time employment] in each of the four core rotation areas: a medical specialty; a surgical specialty; operations/support; and an elective rotation of the site's choice). Individual programs are encouraged to include unique experiences that provides a 'local flavour' to a specific Residency Program. Sites that cannot offer some core experiences may partner with other sites to broaden the exposure of the Resident to all aspects of the curriculum.
- 1.2** The program must have a home site which takes primary responsibility for the management of the Resident(s) and the Residency Program. Other Rotation Sites may take part in a program, provided Residents do not spend more than 50% of the residency at these sites.
- 1.3** Rotation Sites do not need to fulfil all criteria in these standards, except the identification of a Preceptor at those sites.
- 1.4** The Resident is recognised as a team member with core responsibilities, defined workload and service expectations, with specific learning and development requirements. Guidance on Resident's responsibilities, including patient bed load, should be sourced from the SHPA Standards of Practice for Clinical Pharmacy Services.
- 1.5** Senior staff should avoid moving Residents from their required rotations for periods of cover.

#### **DOMAIN 2: GOVERNANCE AND QUALITY**

- 2.1** The Residency Program should have a defined Program Leader who demonstrates core skills in supervision, teaching and mentoring of foundation level staff, as well as a high level of clinical pharmacy expertise.
- 2.2** The Program Leader is directly responsible for the welfare and progression of the Resident(s) and delivery of the Residency Program. This pharmacist may be a designated clinical educator or a named position with a component of their role defined and resourced as clinical education facilitation.
- 2.3** The Program Leader retains effective control of the program across all sites and rotations and ensures Residents' experiences are equitable and meet the program requirements.
- 2.4** Each rotation must have a defined Preceptor for Residents in that rotation.
- 2.5** Preceptors must demonstrate expert professional practice and leadership in that specific rotation, and have skills in supervision, teaching and mentoring of foundation level staff.

**DOMAIN 3: PROGRAM**

- 3.1** The target participants for the Foundation Residency program are pharmacists in their foundation years or those new to hospital pharmacy practice.
- 3.2** The program is two years full time in duration. Pro-rata residencies may be undertaken as locally negotiated.

**DOMAIN 4: RESIDENT EXPERIENCE**

- 4.1** Upon appointment as a Resident, the Resident must be given an orientation to the Residency Program. The orientation must include an orientation manual that details the expectations of the Resident, inclusion of SHPA competency framework, details of assessment processes and an overview of the curriculum.
- 4.2** The Residency Program includes requirements to engage in specific online learning and development programs and attendance at specified learning and development courses and events. The Resident will be provided opportunities to participate in all requirements expected for the program.

**DOMAIN 5: OUTCOMES AND ASSESSMENT**

- 5.1** Residents have access to a ClinCAT evaluator for each rotation, in accordance with the assessment requirements of the program. If Rotation Sites do not have an evaluator on site, they must be supported by visits from an evaluator from the home site for the purposes of the residency.
- 5.2** Specific learning objectives/goals for each rotation are to be provided.

## **B. ADVANCED TRAINING RESIDENCY PROGRAM PATHWAYS**

### **DOMAIN 1: SAFE AND SOCIALLY ACCOUNTABLE PRACTICE**

- 1.1** Each Advanced Training Residency (ATR) pathway must have a defined practice area, which can be generalist or specialist in scope. Specialist pathways should be aligned to the SHPA Specialty Practice Streams.
- 1.2** The AT Resident is recognised as a team member with core responsibilities, defined workload and service expectations, with specific learning and development requirements. Guidance on Resident's responsibilities, including patient bed load, should be sourced from the SHPA Standards of Practice for Clinical Pharmacy Services.
- 1.3** The AT Resident's workplan should align strongly with the defined practice area, with at least 18 months of the 2-year program spent in a working environment directly linked to the defined practice area.
- 1.4** Residents should be rostered and provide services to areas relevant to their Advanced Training pathway and defined area of practice.
- 1.5** The work setting and roles and responsibilities of the AT Resident should be stipulated in the position description or in a document to supplement the position description.

### **DOMAIN 2: GOVERNANCE AND QUALITY**

- 2.1** The Residency Site should have a defined Program Leader who is responsible for overseeing the orientation of new AT Residents and Mentors to the program and Residency Program governance.
- 2.2** The Residency Site and SHPA agree on a suitable Advanced Training (AT) Mentor for the area of practice. The AT Mentor is required to demonstrate performance at Advancing – Stage II (Consolidation Level) or above with a practice area highly relevant to the proposed ATR. If Advancing Practice credentialing has not been obtained, SHPA may approve the program providing the proposed AT Mentor submits evidence demonstrating equivalent experience (as assessed by SHPA).

Models for the Mentor-AT Resident relationship are:

- The AT Mentor is a senior pharmacist currently engaged in the practice area within the organisation, who will be directly supervising the AT Resident
- If the organisation does not have a suitable senior pharmacist to lead the resident, an AT Mentor can be identified from another health network in Australia, preferably within the same state

One AT Mentor may provide support to more than one AT Resident if appropriate and practicable.

Sites or prospective AT Residents unable to identify a suitable AT Mentor should contact the SHPA for guidance around identifying suitable individuals.

- 2.3** The Residency Site is required to nominate an external mentor, in addition to the AT Mentor. The role of the external mentor is to provide external support and insight to the AT Resident's role in their practice pathway, as well as assurance that the AT Resident's performance is in line with expectations for staff in that area. This mentor should be a specialist medical practitioner or senior nursing staff for Residents with direct patient care or stewardship roles. Senior staff from other disciplines or a senior pharmacist external to the organisation would be suitable mentors for other ATR pathways (including but not limited to Leadership and Management, Education services, Compounding services).
- 2.4** AT Residents practicing in specialised areas may be required to complete local credentialing or competency assessments, as stipulated by the Standards of Practice for pharmacists in those areas

and/or by the relevant ATR Practice Area Framework. SHPA and the relevant Specialty Practice Stream Leadership Committee will review and approve the credentialing or competency assessments in the AT Resident's pathway and workplan, and provide guidance to any sites that lack a suitable local competency package.

### DOMAIN 3: PROGRAM

- 3.1** Prospective AT Residents are required to have completed an SHPA Foundation Residency, or obtained Stage I Advancing Practice credentialing, or have equivalent experience (defined as at least 2 years post-registration experience in an environment that provides suitable broad foundation experience for the relevant ATR practice area).
- 3.2** The program is two years full time in duration. Pro-rata residencies may be undertaken as locally negotiated.
- 3.3** The AT Resident's position in the site's organisational structure should enable the Resident to line manage other staff, where possible. This may include direct line management of pharmacists of a more junior grade, or significant responsibilities for the line management of interns or technicians. Where the AT Resident's position does not carry line management responsibilities for others, suitable alternatives include assisting senior staff in the department in performance management activities (if appropriate with the AT Resident's role and the department's standards), and promoting improved performance amongst team members.

### DOMAIN 4: RESIDENT EXPERIENCE

- 4.1** Upon appointment as a Resident, the Resident must be given an orientation to the Residency Program that details the expectations of the Resident, inclusion of SHPA competency framework, details of assessment processes and an overview of the curriculum.
- 4.2** The Residency Program includes requirements to engage in specific online learning and development programs and attendance at specified learning and development courses and events. The Resident will be provided opportunities to participate in all requirements expected for the program.
- 4.3** The Residency Site will provide the appointed AT Mentor and external mentor an overview of their role in the program and their relationship with the Resident.

### DOMAIN 5: OUTCOMES AND ASSESSMENT

- 5.1** Residents have access to a ClinCAT evaluator and staff trained in the use of workplace-based competency assessment tools in accordance with the assessment requirements of the program.
- 5.2** The panel for at least two final year assessments (at least one case/practice-based discussion and one mini-CEX/Direct Observation of Practice) will include an external pharmacist recognised as a leader or expert in the practice area and another health professional (e.g. physician, practice area manager).