

AdPha Resident Training Program Framework 2024

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Glossary of terms

Australian & New Zealand College of Advanced Pharmacy (ANZCAP) – recognises the specialty skills and experience of pharmacy practitioners across Australia and New Zealand as Residents, Registrars and Consultants. Recognition is based on the competencies within the National Competency Standards Framework for Pharmacists in Australia, 2016.

Curriculum – the structured training plan for a Resident candidate encompassing the knowledge, skills, experience and behaviours required to perform as an ANZCAP Pharmacist Resident. 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 Resident Training Program rotation where the Resident candidate is based in an area outside of the core rotation practice areas. The Resident Training Program 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 Resident candidates with a broader set of clinical knowledge and skills. The level of support and supervision provided to the Resident candidate is expected to be equivalent across all four rotations.

Resident Training Program – a two-year structured training program at an accredited workplace designed to support pharmacists to develop their practice from general practice towards ANZCAP Pharmacist Resident recognition.

Resident candidate – a pharmacist, generally newly registered or new to hospital pharmacy practice, who is undertaking the structured Resident Training program.

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

Resident Training Program Lead – a senior pharmacist with demonstrable experience in clinical pharmacy and clinical education who is responsible for the organisation, delivery and review of AdPha Resident and/or Registrar Training Program(s) at the organisation.

Resident Training Program Site – the workplace at which the Resident candidate undertakes their training program. The site must have current Core Accreditation for Training Programs with AdPha (or current accreditation for Foundation Residency granted prior to 2020) and Resident Training Program Approval.

Core Accreditation – (outlined in AdPha Accreditation Standards for Pharmacy Training Programs, 2024) 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 AdPha's standards with respect to staff development and

education to become an AdPha-accredited Resident Training Program Site.

Program Approval – (outlined in AdPha Accreditation Standards for Pharmacy Training Programs, 2024) stage 2 of accreditation which determines whether the individual program is suitable based on program-specific attributes and requirements. Program Approval includes the Resident Training Program and individual Registrar Training Program pathways.

Rotation – a period of time spent in a specific area of hospital pharmacy practice. For Resident candidates – a rotation is equivalent to 26 weeks (6 months) of full-time employment.

Rotation Site – a site, other than the Resident Training Program site, at which part of the Resident Training Program is undertaken. The Rotation Site is required to have a defined Preceptor but is not required to meet the overall standards. Resident candidates may spend no more than 50% of their training program at a Rotation Site.

Workplan – the rostered plan for the Resident candidate at the Resident Training Program Site. The workplan should outline the areas the Resident candidate is rostered to, and the expected duration spent in those areas.

Introduction

The AdPha Resident Training Program provides a two-year structured workplace training program supporting pharmacists to achieve recognition as an ANZCAP Pharmacist Resident using the [National Competency Standards Framework for Pharmacists in Australia 2016](#).

The Resident Training Program Framework outlines:

- The core features necessary for a pharmacy department to deliver a Resident Training Program
- The defined activities and workplace-based assessments to support and demonstrate a Resident candidate's attainment of knowledge, skills, experiences, and behaviours at the required performance level.

ANZCAP Pharmacist recognition consists of three recognition stages (Resident, Registrar and Consultant). Examples of pharmacist characteristics and skills at each stage are outlined below.

Please note, these are indicative examples only, there will be practitioners at each of the performance levels below who have different characteristics.

Residents should demonstrate the required competency, knowledge and skills for ANZCAP Pharmacist Resident recognition by the end of the two-year training program.

ANZCAP Pharmacist Resident

- Has at least 2 years of general, foundation post-registration experience
- Has generalist experience and skills in pharmacy practice
- Provides direct services and education to patients, pharmacy staff (including students, intern pharmacists) and other healthcare professionals
- May be involved in research projects in collaboration with research supervisors and more experienced staff
- Has an understanding of organisational and clinical governance and participates in working groups / committees

ANZCAP Pharmacist Registrar

- Has at least 3-7 years post-registration experience, with at least 2 years of experience in their defined practice area
- Provides input into service / program delivery and is beginning to influence local

practice

- Contributes to the review and development of policies and guidelines
- Has acknowledged expertise in their practice area at a local level
- Involved in education beyond the immediate team, which may include input in undergraduate coursework development and facilitating CPD activities (seminars, workshops, presentations) for the pharmacy profession / other health professionals
- Experience in research as a project lead / supervisor, and may include establishing interprofessional links
- Responsible for the training, orientation and performance development of staff (pharmacists, technicians) – role may include line manager / team leader responsibilities
- Provides input into risk management and responds to local level incidents

ANZCAP Pharmacist Consultant/Fellow

- Has at least 5 years of experience in the defined practice area, and often more than 10 years of experience
- Recognised as a leader in the defined practice area nationally or internationally
- Representative on local and external committees and special interest groups
- Leads and shapes the service delivery for the defined practice area in the workplace / organisation, and carries accountability for service provision in their practice area
- Experienced in leadership and management of staff and / or service, including resource allocation and recruitment
- Key responsibilities in developing guidelines and strategies at a local level and beyond
- Sets standards of practice and reviews key performance indicators
- Oversees the training and performance of team members and has an impact on the design and delivery of education programs on a state-wide or national level
- Acts as research project supervisor or peer reviewer

Core features

Program site set-up

Requirement	Timeframe
<p>The pharmacy department / Training Program Site at which the Resident candidate is to be employed is AdPha-accredited with</p> <ul style="list-style-type: none">• Core Accreditation and• Resident Training Program Approval (or Foundation Residency Program approval prior to 2023 or Foundation Residency Accredited prior to 2020) <p><i>Program Rules / Prerequisites for Training Program home site – refer to the AdPha Accreditation Standards for Pharmacy Training Programs – 1) Core Accreditation and 2) Resident Training Program Approval</i></p>	Estimated timeframe for accreditation: 2 to 4 weeks
Resident Training Program Site selects Resident candidate(s) based on local recruitment policies.	Resident Training Program Site-dependent
The Resident candidate and Resident Training Program Leader will maintain AdPha membership for the period of the Resident Training Program.	

Workplan requirements for Resident candidates

The Resident Training Program must be situated at a home site (Resident Training Program Site) which offers a contemporary pharmacy service and exposure to the range of medical and surgical presentations highlighted in the curriculum.

Sites will develop a workplan for Resident candidates which will enable the Resident candidate to acquire and demonstrate the competency, skills and knowledge outlined within this Framework through practice-based learning and professional development opportunities. Resident candidates are expected to demonstrate the competency and knowledge for ANZCAP Pharmacist Resident recognition by the end of the two-year training program.

Workplans may be modified to suit the structure and needs of the organisation and the needs of the Resident candidate, following the guidance and requirements given below.

The duration of the workplan is 24 months if working on a full time equivalent (FTE) basis. Where individuals are working part-time, the program can be extended accordingly on a pro rata basis (see Resident Training Program Rules). The workplan should include all usual

amounts of leave: up to 5 weeks of annual leave, public holidays and sick leave.

Rotation Descriptions	Duration
<p>Core rotation: Operations</p> <p>The operations rotation is designed to provide the Resident candidate with experience in hospital pharmacy dispensing, distribution and/or manufacturing procedures.</p> <p>Suitable practice areas for this rotation are:</p> <ul style="list-style-type: none"> • Dispensary (inpatient, outpatient) • Non-sterile manufacturing • Aseptic and/or cytotoxic manufacturing 	6 months
<p>Core rotation: Medical</p> <p>Suitable practice areas for the medical rotation include:</p> <ul style="list-style-type: none"> • General medicine • Geriatric medicine • Cardiology • Endocrinology • Gastroenterology • Neurology • Respiratory medicine • Paediatrics • Rheumatology • Dermatology <p>To support consolidation of practice and consistency in exposure, Resident candidates should spend at least 3 months of their medical rotation in a defined practice area.</p>	6 months
<p>Core rotation: Surgical</p> <p>Suitable practice areas for the surgical rotation include:</p> <ul style="list-style-type: none"> • General surgery • Breast surgery • Cardiothoracic surgery • Colorectal surgery • Upper GIT surgery • Head and neck surgery • Neurosurgery • Orthopaedics • Plastic and reconstructive surgery 	6 months

<ul style="list-style-type: none"> • Urology • Vascular surgery <p>To support consolidation of practice and consistency in exposure, Resident candidates should spend at least 3 months of their surgical rotation in a defined practice area.</p>	
<p>Elective rotation</p> <p>The elective rotation is intended to provide the Resident candidate with experience in an area that:</p> <ul style="list-style-type: none"> • May be unique to the health service • Offers exposure to different clinical pharmacy services than previous rotations (e.g., patient acuity, clinical/hospital setting) • Allows the Resident candidate to develop a broader set of knowledge and professional skills <p>Medical and surgical rotation areas are also suitable as breadth rotations.</p> <ul style="list-style-type: none"> • Other examples include: • Rural/remote rotation • Emergency • Mental Health/Psychiatric Services • Palliative care • Rehabilitation • Geriatric medicine • Exposure to outpatient clinics • Day oncology • Medicines information • Clinical trials 	6 months

Cover/relief rotation – Resident Training Program sites wishing to implement a cover / relief rotation as an elective rotation must notify AdPha and provide supporting information addressing the following conditions:

- Identification of an appropriate senior pharmacist as the rotation preceptor, such that the preceptor maintains contact and oversight of the Resident candidate's performance for the entirety of the rotation
- Provision of a rotation learning plan with clear objectives and activities to structure the Resident candidate's experience
- Consideration of the Resident candidate's prior experience to ensure they have appropriate skills and knowledge to undertake a cover/relief rotation
- The rotation roster should be mapped in advance against the department's planned leave arrangements and provide as much consistency in the Resident

candidate's exposures as possible – day-to-day unplanned leave cover should be avoided

Mixed rotations – AdPha supports Resident Training Program sites providing 'mixed' rotations for their Resident candidates (e.g., half-time surgical, half-time dispensary) provided:

- This structure suits the workplace AND
- Is not detrimental to the professional development of the Resident candidate across both practice areas AND
- The overall experience in each area is equivalent to six months of full-time work

Resident cover from designated rotation or practice area – AdPha recognises the need for pharmacy departments to reallocate work and staff in times of unplanned leave

- Departments should avoid pulling Resident candidates from their designated rotation or practice area for longer than one day, or more than one occasion in a fortnight. This is particularly important where Resident candidates are required to cover across different practice areas (e.g. providing in dispensary whilst undertaking a surgical rotation)
- If longer periods of cover are required, the Program Leader should inform AdPha immediately
- AdPha will advise the Training Program site on whether an extension to the Resident candidate's rotation or program is required

Resident Candidate application process

Resident Training Program Sites will be responsible for recruiting their Resident candidate(s) – prospective Resident candidates should refer to the individual pharmacy department's position description and application process.

Program commencement

The Resident Training Program Leader (or delegate) at the Resident Training Program Site will:

- provide induction and orientation to the Resident candidate and outline their expected roles and responsibilities
- outline steps the department will take to support the Resident candidate's wellbeing throughout the program. This may include
 - assisting with the planning of key activities over the calendar year, to distribute the workload,

- encouraging the forward planning of leave (including annual leave, study leave, accrued / rostered days off), as practical, to encourage necessary rest and recovery,
- awareness of the Pharmacist Support Service:
<https://supportforpharmacists.org.au/>

The Resident Training Program Leader, and Resident candidate(s) will register with AdPha. Registration provides access to ANZCAP and AdPha online resources, discussion forums and a submissions and tracking tool for training program requirements.

AdPha and the Resident Training Program Lead will have the ability to track progress of the Resident candidate via the ANZCAP digital platform.

Periods of absence or leave from program and changing programs

Resident candidates may take a period of leave for up to 12 months provided they have approval from their workplace to resume the program upon return.

- Resident candidates wishing to take a period of leave must notify AdPha in writing, including their manager's support for continuation of the program.
- At AdPha's absolute discretion, this leave may be extended for personal, health or family reasons.
- Continuation of the program beyond a period of leave is up to the discretion of the Training Program site, based on local recruitment policies and contract durations.

Program Completion

Once the Resident candidate has completed all required assessments (outlined below), the Program Lead will review their portfolio in ANZCAP and sign the Program Lead Declaration to confirm all program requirements have been fulfilled. Resident candidates will then be issued with a certificate of completion for the AdPha Resident Training Program and will receive ANZCAP Pharmacist Resident recognition.

AdPha will not grant 'partial' completion of the program. Resident candidates who wish to change programs must ensure that both programs are willing to make this transition, and that all aspects of the program can be continued at the new workplace, including rotations, research programs and other requirements. It is the Resident candidate's responsibility, when changing programs, to ensure that the workplace is able to make appropriate adjustments to facilitate program completion.

Resident Training Program Assessment and Activities Framework

Direct patient care pathway activity	All other pathways (indirect patient care, operational) activity	Competencies addressed	ANZCAP Learning Experiences required for inclusion to the Resident Recognition Portfolio
<p>ClinCAT® Objective: To facilitate peer evaluation of a Resident candidate’s performance through a snapshot of their day-to-day practice.</p> <p>Description of activity: extended observation of a Resident candidate’s practice (usual daily workflow) followed by feedback session. Conducted by a certified ClinCAT-® evaluator. Duration of observation can be 1- to 2-hours or longer for the evaluator to obtain a sufficient overview of the Resident candidate’s usual practice.</p> <p>Frequency: Once per rotation (total 4 across the training program)</p>		<p>1.5.1 – Apply expert knowledge and skills 1.5.2 – Use reasoning and judgment 1.5.3 – Demonstrate accountability and responsibility 1.5.4 – Use professional autonomy 2.2.2 – Engage in teamwork and consultation 2.3.1 – Use appropriate communication skills</p>	<p>ANZCAP Learning Experience: Collaborative Professional Practice Assessment tool (x 4)</p>
<p>Mini-CEX Objective: To facilitate exploration of the Resident candidate’s critical thinking and problem-solving skills.</p> <p>Description of activity: Direct observation/assessment of a Resident candidate’s practice in the clinical setting. Duration of activity: 20-30 minutes (including feedback).</p> <p>Frequency: Five times within each clinical (or direct patient care)</p>	<p>Direct Observation of Procedural Skills (DOPs) Objective: To facilitate exploration of the Resident candidate’s critical thinking and problem-solving skills.</p> <p>Description of activity: Direct observation/assessment of a Resident candidate’s practice. Duration of activity: 20-30 minutes (including feedback).</p> <p>Frequency: Five times within the operational (or indirect patient care) rotations</p>	<p>1.5.1 – Apply expert knowledge and skills 1.5.2 – Use reasoning and judgment 1.5.3 – Demonstrate accountability and responsibility 1.5.4 – Use professional autonomy 2.3.1 – Use appropriate communication skills</p>	<p>ANZCAP Learning Experience: Collaborative Mini-CEX (x 15) AND Collaborative DOPs (x 5)</p>

Direct patient care pathway activity	All other pathways (indirect patient care, operational) activity	Competencies addressed	ANZCAP Learning Experiences required for inclusion to the Resident Recognition Portfolio
<p>rotation</p> <p>Examples include:</p> <ul style="list-style-type: none"> observing a direct Resident candidate-patient interaction assessing the Resident candidate's clinical review of a patient, problem solving and decision-making process <p>The Registrar Training Program Pathway Specific Frameworks each contain a knowledge and skills guide which outline expected resident knowledge and skills. Resident candidates and collaborators are recommended to use the available frameworks to guide expected level of knowledge and skills for resident candidates in related direct and indirect patient care rotations.</p> <p>Note: Some activities for indirect patient care / operational pathways may be observed as a Mini-CEX (if the focus of the activity is centred on the Resident</p>	<p>Examples include:</p> <ul style="list-style-type: none"> Dispensing and distribution; Compounding services: observing a team huddle / meeting; allocation of tasks and coordinating workflow; error / risk management Medication safety, medicines evaluation, stewardship: observing process of responding to a non-formulary request; management of stock shortage; error / risk management; conducting an audit; writing or reviewing a policy, procedure or guideline. Medicines information: observing an episode of taking a complex MI enquiry and formulating a response, with a focus on procedural elements. Activity assesses history taking, communication skills, problem solving skills and clinical judgement, organisation, time management, professionalism Clinical trials: observing Resident candidate coordinates a clinical trial 		

Direct patient care pathway activity	All other pathways (indirect patient care, operational) activity	Competencies addressed	ANZCAP Learning Experiences required for inclusion to the Resident Recognition Portfolio
candidate's application of clinical skills in an episode of patient care).	initiation process / CRA visit / trial closure		
<p>Case-based discussion</p> <p>Objective: To assess the Resident candidate's problem solving and clinical judgement, application of knowledge through the review of a case / scenario which involved the Resident.</p> <p>Description of activity: Discussion between Resident candidate and preceptor on a retrospective case that was managed by the Resident candidate – what occurred, reasons for actions. Duration of activity: 30-40 minutes (including feedback).</p> <p>Frequency: Once per medical, surgical & breadth rotation (direct patient or indirect patient care areas) (total 3 across the training program)</p>		<p>1.5.1 – Apply expert knowledge and skills 1.5.2 – Use reasoning and judgement 1.5.3 – Demonstrate accountability and responsibility 1.5.4 – Use professional autonomy 2.2.2 – Engage in teamwork and consultation 2.3.1 – Use appropriate communication skills 4.7.5 Apply and monitor standards of practice</p>	<p>ANZCAP Learning Experience: Collaborative Case Based Discussion (x 3)</p>
<p>Reflective log</p> <p>Objective: To demonstrate the Resident candidate's reflective skills and ability to learn from past experiences.</p> <p>Description of activity: Written reflections based on the Gibbs' reflective cycle, a model to assist with reflecting on experiences and learning through the exploration of a given situation.^{1,2}</p> <p>Frequency: Minimum three reflections per rotation (total 12 across the training program)</p> <p>¹Gibbs G. Learning by Doing: A guide to teaching and learning methods (1988) [Internet]. Oxford: Oxford Centre for Staff and Learning Development, Oxford Brookes University; 2013</p>		<p>1.5.1 – Apply expert knowledge and skills 1.5.2 – Use reasoning and judgement 1.5.3 – Demonstrate accountability and responsibility 1.5.4 – Use professional autonomy 2.2.2 – Engage in teamwork and consultation 2.3.1 – Use appropriate communication skills 4.1.3 – Display self-motivation, an innovative mindset and motivate others 4.7.5 Apply and monitor standards of</p>	<p>ANZCAP Learning Experience: Autonomous Reflective Report (x 12)</p>

Direct patient care pathway activity	All other pathways (indirect patient care, operational) activity	Competencies addressed	ANZCAP Learning Experiences required for inclusion to the Resident Recognition Portfolio
<p>[cited 2019 Jun 3]. 134 p. Available from: https://thoughtsmostlyaboutlearning.files.wordpress.com/2015/12/learning-by-doing-graham-gibbs.pdf</p> <p>²The University of Edinburgh. Reflection toolkit: Gibbs' reflective cycle [Internet]. Scotland UK: The University of Edinburgh; 2019 [updated 2019 Mar 20; cited 2019 Jun 3]. Available from: https://www.ed.ac.uk/reflection/reflection-toolkit/reflecting-on-experience/gibbs-reflective-cycle</p>		<p>practice</p> <p>5.1.4 Link practice and education</p>	
<p>Multisource feedback / mini-PAT</p> <p>Objective: To provide feedback on routine performance and impact of the Resident candidate's services / practice.</p> <p>Frequency: Once per rotation (total 4 across the training program)</p> <p>Examples of suitable peer assessors include:</p> <ul style="list-style-type: none"> • pharmacy (staff within and external to the organisation) – immediate supervisor, Director of Pharmacy / Associate Directors, other pharmacists, students, intern pharmacists, pharmacy assistants / technicians, Foundation Residents • medical staff – consultant, registrar, resident medical officer, medical intern • nursing staff – Nurse Unit Manager, Nurse Team Leader • allied health professionals • research department staff • pharmaceutical company representatives • safety, quality and governance officers • clinical trials team – e.g., clinical research associates, principal investigators, clinical trials nurses and support staff • university / faculty staff 		<p>1.5.1 – Apply expert knowledge and skills</p> <p>1.5.2 – Use reasoning and judgement</p> <p>1.5.3 – Demonstrate accountability and responsibility</p> <p>1.5.4 – Use professional autonomy</p> <p>2.2.2 – Engage in teamwork and consultation</p> <p>2.3.1 – Use appropriate communication skills</p> <p>4.1.3 – Display self-motivation, an innovative mindset and motivate others</p>	<p>ANZCAP Learning Experience:</p> <p>Collaborative Peer Assessment (x 4)</p>
<p>Case study presentation</p>		<p>1.5.1 – Apply expert knowledge and skills</p>	<p>ANZCAP Learning Experience:</p>

Direct patient care pathway activity	All other pathways (indirect patient care, operational) activity	Competencies addressed	ANZCAP Learning Experiences required for inclusion to the Resident Recognition Portfolio
<p>Objective: To demonstrate the Resident candidate’s communication skills in presenting a case and providing a set of learning objectives to a larger group / audience. The case should also demonstrate the Resident candidate’s problem solving and clinical judgement, application of knowledge.</p> <p>Description of activity: Case presentation to the pharmacy department or other health professionals (nurses, medical staff, allied health). Feedback / evaluations of the presentation should be obtained from the audience if possible. Presentation must be fully developed by the Resident candidate. Collaborator may a preceptor, program lead or other health professional.</p> <p>Frequency: once per training program</p>		<p>1.5.2 – Use reasoning and judgement 1.5.3 – Demonstrate accountability and responsibility 1.5.4 – Use professional autonomy 2.3.1 – Use appropriate communication skills 5.1.3 – Contribute to continuing professional development of others</p>	<p>Collaborative Case Presentation (x 1)</p>
<p><u>Participation in committee or working group</u></p> <p>Objective: To facilitate opportunities for the Resident candidate to be involved in departmental or organisational committees or working groups.</p> <p>Description of activity: The Resident candidate will actively participate in the committee or working group, ideally for the duration of their Resident Training Program or, if this is not possible, for a period long enough for them to understand the purpose of the committee or working group and contribute to their activities.</p> <p>Depending on the Resident Training Program Site, meeting ‘observer’ rather than membership status may be negotiated.</p> <p>Collaborator may be a preceptor, program lead or other health</p>		<p>2.2.2 – Engage in teamwork and consultation 2.3.1 – Use appropriate communication skills 4.3.1 – Inspire a strategic vision and common purpose 4.3.2 – Foster initiative and contribute to innovation, improvement and service development 4.3.3 Encourage, influence and facilitate change 4.7.2 – Support and assist implementation of healthcare priorities 4.7.4 – Contribute to professional activities planning with consideration of strategic</p>	<p>ANZCAP Learning Experience: Collaborative Direct Observation of Non-Clinical Skills (DONCS) (x 1)</p>

Direct patient care pathway activity	All other pathways (indirect patient care, operational) activity	Competencies addressed	ANZCAP Learning Experiences required for inclusion to the Resident Recognition Portfolio
<p>professional who is also a member of the committee or working group.</p> <p>Frequency: once per training program (longitudinal/variable duration)</p>		<p>context</p> <p>4.7.7 – Contribute to effective management of risk, including threats to service continuity</p>	
<p>Research Report</p> <p>The Resident candidate will:</p> <ul style="list-style-type: none"> • conduct a quality improvement project or audit – the Resident candidate may undertake the project with guidance from a research supervisor or team. <ul style="list-style-type: none"> ○ the Resident candidate is expected to make substantial contributions to the project as appropriate, through development of the research protocol, ethics application, or the acquisition or analysis of data (or a combination of the above project elements) <p>The majority of the quality improvement project or audit should occur during the 2-year Resident Training Program.</p> <p>Collaborator may be a member of the research project team e.g., preceptor or research supervisor.</p> <p>Frequency: once per training program (longitudinal)</p>		<p>1.5.1 – Apply expert knowledge and skills</p> <p>2.2.2 – Engage in teamwork and consultation</p> <p>2.3.1 – Use appropriate communication skills</p> <p>4.3.1 – Inspire a strategic vision and common purpose</p> <p>4.3.2 – Foster initiative and contribute to innovation, improvement and service development</p> <p>4.3.3 – Encourage, influence and facilitate change</p> <p>4.3.4 – Serve as a role model, coach and mentor for others</p> <p>4.7.2 – Support and assist implementation of healthcare priorities</p> <p>4.7.3 – Undertake project management</p> <p>4.7.4 – Contribute to professional activities planning with consideration of strategic context</p> <p>5.2.1 – Establish research partnerships</p> <p>5.2.2 – Identify gaps in the evidence-base</p> <p>5.2.3 – Undertake critical evaluation activities</p>	<p>ANZCAP Learning Experience:</p> <p>Collaborative Research Activity (x 1)</p>

Direct patient care pathway activity	All other pathways (indirect patient care, operational) activity	Competencies addressed	ANZCAP Learning Experiences required for inclusion to the Resident Recognition Portfolio
		5.2.4 – Design and deliver research projects to address gaps in the evidence base and identify areas for innovation and advances in practice 5.2.5 – Supervise others undertaking research 5.3.3 – Apply research and evidence in practice	
<p><u>Research submission</u></p> <p>Objectives: To provide Resident candidates with the opportunity to prepare either</p> <ol style="list-style-type: none"> 1. An abstract for submission to a conference OR 2. A presentation of their research or a case study at a conference or symposium OR 3. A research manuscript or research article for publication in a journal <p>Description of activity: The Resident candidate will prepare a manuscript for submission to an appropriate journal and/or an abstract for submission to a conference.</p> <p>The content of the submission may be findings from either:</p> <ul style="list-style-type: none"> • their Resident Training Program QI project/audit • a case study they have been involved in OR • previous research, QI projects/audit projects that they have been involved in prior to the Resident Training Program commencing (e.g. during internship or undergraduate training) <p>AdPha will facilitate opportunities for Resident candidates to publish through AdPha publications such as Pharmacy GRIT (Research</p>		1.5.1 – Apply expert knowledge and skills 2.3.1 – Use appropriate communication skills 4.1.3 – Display self-motivation, an innovative mindset and motivate others 5.1.3 – Contribute to continuing professional development of others 5.2.2 – Identify gaps in the evidence-base 5.2.3 – Undertake critical evaluation activities 5.2.4 – Design and deliver research projects to address gaps in the evidence base and identify areas for innovation and advances in practice 5.2.5 – Supervise others undertaking research 5.3.3 – Apply research and evidence in practice	ANZCAP Learning Experience: Conference research activity (x 1)

Direct patient care pathway activity	All other pathways (indirect patient care, operational) activity	Competencies addressed	ANZCAP Learning Experiences required for inclusion to the Resident Recognition Portfolio
<p>Reflections).</p> <p>Frequency: once per training program</p>			
<p><u>Teaching of students</u></p> <p>Objective: To provide Resident candidates with informal teaching and supervision opportunities.</p> <p>Description of activity: The Resident candidate will have supervisory or educational responsibilities for students or interns. This may include formal education sessions, undertaking assessments (i.e., CBD) or other activities as appropriate.</p> <p>Collaborator may be a preceptor and/or program lead.</p> <p>Frequency: minimum once per training program</p>		<p>2.3.1 – Use appropriate communication skills</p> <p>4.1.3 – Display self-motivation, an innovative mindset and motivate others</p> <p>4.3.4 – Serve as a role model, coach and mentor for others</p> <p>4.6.4 – Develop personnel and promote improved performance</p> <p>5.1.2 – Conduct education and training consistent with educational practice</p> <p>5.1.3 – Contribute to continuing professional development of others</p>	<p>ANZCAP Learning Experience:</p> <p>Collaborative supervision report (x 1)</p>
<p><u>Seminar attendance</u></p> <p>Objective: To support the Resident candidate’s professional development</p> <p>Description of activity: Resident candidates are expected to attend AdPha’s Extension Seminar in Clinical Medication Management during their first year of the Resident Training Program.</p> <p>In their second year, Resident candidates may attend an AsPha seminar relevant to their learning plan or a seminar held by another organisation provided the amount of content provided is similar to that of AdPha (approx. 14-16 hours of content)</p>		<p>Competency standards as appropriate for the individual seminars attended.</p>	<p>ANZCAP Learning Experience:</p> <p>Conference/Seminar report (x 2)</p>

Direct patient care pathway activity	All other pathways (indirect patient care, operational) activity	Competencies addressed	ANZCAP Learning Experiences required for inclusion to the Resident Recognition Portfolio
Frequency: Once a year (total 2 across the training program)			

Resident candidates are encouraged to join AdPha’s Specialty Practice groups in General Medicine, Surgery and Perioperative Medicine, Dispensing and Distribution and/or Compounding Services to support their learning in the core rotations.

Resident candidates may also wish to join additional groups relevant to their elective rotation or areas of particular interest to them.

Note: The Resident Training Program does not preclude a Resident candidate from completing or commencing external courses of study (e.g. post-graduate degree) concurrent to the program, though overall workload issues must be taken into consideration.

Resident Training Program Assessment Summary

The Resident candidate will complete the Resident Training Program requirements via the ANZCAP digital platform. The ANZCAP platform allows Resident Training Program requirements to be completed as Learning Experiences (LX) and saved in the LX Library.

AdPha will review the submitted evidence to ensure minimum requirements of the program have been met.

Resident candidates will be issued with a certificate of AdPha Resident Training Program completion once all documents have been submitted along with the signed Resident Training Program completion declaration. Resident candidates will also receive ANZCAP Pharmacist Resident recognition.

A summary of the Resident Training Program Assessments mapped to the ANZCAP Learning Experience is listed below:

Resident Training Program Assessment	ANZCAP Learning Experience*
Attendance at conferences / seminars (x 2)	Conference/Seminar report (x 2)
ClinCATs ® (x 4)	Professional Practice Assessment tool (x 4)
Mini-CEX (x 15)	Collaborative Mini-CEX (x 15)
DOPS (x 5)	Collaborative DOPS (x 5)
Case-based discussion (x 3)	Collaborative Case-based discussion (x 3)
Case study (x 1)	Collaborative Case Presentation (x 1)
Reflective logs (x 12)	Autonomous Reflective Report (x 12)
Multi-source peer feedback/Mini-PAT reports (x 4)	Collaborative Peer Assessment (x 4)
Research Report (QI project/audit) (x 1)	Collaborative Research Activity (x 1)
Research Submission (x 1)	Conference Research Activity (x 1)
Evidence of teaching (student / learner feedback)	Collaborative Supervision Report (x 1)
Evidence of involvement in committees of working groups	Collaborative Direct Observation of Non-Clinical Skills (DONCS) (x 1)
Total 50 Assessments/Learning Experiences	

* Site specific Resident Training Program templates may be used and included in the relevant ANZCAP Learning Experience.

Appendix 1: Sample schedule of evaluations

These tables provide a sample schedule of Resident Training Program assessments and evaluations across the four rotations. Program sites may use this as a guide for their Resident candidates.

ROTATION – CLINICAL (x 3)					
Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
		ClinCAT			
Mini-CEX	Mini-CEX		Mini-CEX	Mini-CEX	Mini-CEX
	Reflection		Reflection		Reflection
				Mini-PAT	
		Case-Based Discussion			
ROTATION – OPERATIONAL (x 1)					
Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
		ClinCAT			
DoP	DoP		DoP	DoP	DoP
	Reflection		Reflection		Reflection
				Mini-PAT	

Longitudinal or once only assessments across the Resident Training Program:

- Case Study (minimum once per resident training program)
- Seminar attendance (yearly)
- Participation in committees or working groups
- Teaching of students/interns
- Research Report (QI project/audit)
- Research submission

Appendix 2: Tools & templates

Mini-CEX

Objective: To facilitate exploration of the Resident candidate's critical thinking and problem-solving skills during a clinical case.

Description of Activity: Direct observation assessment of a Resident candidate's practice in the clinical setting. Examples include: observing a direct Resident candidate-patient interaction, assessing the Resident candidate's clinical review of a patient and decision-making process.

Duration of activity: 20-30 minutes (including feedback).

Frequency: Five times within each clinical (or direct patient care) rotation; surgical, medical & breadth (total 15 across the 2-year program)

ANZCAP Learning Experience: Collaborative Mini-CEX

Collaborator: Resident Training Program lead or rotation preceptor

Supporting evidence to upload with ANZCAP Learning Experience: n/a*

*Site/organisation specific Resident Training Program Mini-CEX templates may be used in place of the ANZCAP digital LX to record Mini-CEX assessment criteria and feedback. These alternative templates should be uploaded in the additional evidence section of the ANZCAP Learning Experience.

Direct Observation of Procedural Skills (Dops)

Objective: To facilitate exploration of the Resident candidate's critical thinking and problem-solving skills during an operational or indirect patient procedure or case.

Description of Activity: Direct observation assessment of a Resident candidate's practice while completing a procedural skill. Examples include: observing triaging or workflow management, observing the dispensing or manufacturing processes, assessing the Resident candidate's information gathering and decision-making skills. Duration of activity: 20-30 minutes (including feedback).

Frequency: Five times within the operational rotation

ANZCAP Learning Experience: Collaborative DOPs

Collaborator: Resident Training Program Lead or rotation preceptor

Supporting evidence to upload with ANZCAP Learning Experience: n/a*

*Site/organisation specific Resident Training Program DOP templates may be used in place of the ANZCAP digital LX to record DOP assessment criteria and feedback. These alternative templates should be uploaded in the additional evidence section of the ANZCAP Learning Experience.

Case-Based Discussion

Objective: To assess the Resident candidate's problem solving and clinical judgement, application of knowledge through the retrospective review of a case/scenario which involved the resident candidate.

Description of Activity: Discussion between the Resident candidate and the Preceptor or Program Leader on a retrospective case that was managed by the Resident candidate – what occurred, reasons for actions. Duration of activity: 30–40 minutes (including feedback).

Frequency: Once within each clinical (or direct patient care) rotation; surgical, medical & breadth (total 3 across the 2-year program).

ANZCAP Learning Experience: Collaborative Case Based Discussion

Collaborator: Resident Training Program Lead or rotation preceptor

Supporting evidence to upload with ANZCAP Learning Experience: n/a*

*Site/organisation specific Resident Training Program CBD templates may be used in place of the ANZCAP digital LX to record CBD assessment criteria and feedback. These alternative templates should be uploaded in the additional evidence section of the ANZCAP Learning Experience.

Reflective Log

Objective: To demonstrate the Resident candidate's reflective skills and ability to learn from past experiences.

Description of Activity: Reflections should use the Gibb's reflective model to guide the Resident candidate's exploration of the event and what they feel they have learnt and any challenges. **Frequency:** 3 reflections per rotation (total 12 across the 2-year program).

ANZCAP Learning Experience: Autonomous Reflective Report

Collaborator: n/a – reflections are an autonomous learning experience and should be completed independently without the need for a collaborator.

Supporting evidence to upload with ANZCAP Learning Experience: n/a*

*Site/organisation specific Resident Training Program CBD templates may be used in place of the ANZCAP digital LX to record CBD assessment criteria and feedback. These alternative templates should be uploaded in the additional evidence section of the ANZCAP Learning Experience.

Multi-Source Peer Feedback

Objective: To provide anonymous feedback from a range of multi-disciplinary peers on routine performance and impact of the Resident candidate's services/practice.

Description of Activity: Examples include: Mini-PAT, 360 review, peer review. Refer to the document: Mini-PAT instructions for use.

Frequency: Once per rotation (total 4 across the 2-year program)

ANZCAP Learning Experience: Collaborative Peer Assessment

Collaborator: Resident Training Program lead, line manager or rotation preceptor. Resident candidate and collaborator to engage in debrief discussion on the feedback within the report.

Supporting evidence to upload with ANZCAP Learning Experience: File containing the 360/Peer Review/Mini-PAT report.

ClinCAT

Objective: Use of the ClinCAT process to facilitate peer evaluation of a Resident candidate's performance through a snapshot of their day-to-day practice.

Description of Activity: 1- to 2-hour observation of a resident candidate's practice (usual daily workflow) followed by feedback session.

Frequency: Once per rotation (total 4 across the 2-year program)

ANZCAP Learning Experience: Professional Practice Assessment tool

Collaborator: Conducted by a credentialed AdPha clinCAT evaluator.

Supporting evidence to upload with ANZCAP Learning Experience: Full AdPha clinCAT document (or completed Professional Development Plan pages accepted).

Case study

Objective: To demonstrate the Resident candidate's communication skills in presenting a case and providing a set of learning objectives to a larger group/audience. The case should also demonstrate the Resident candidate's problem-solving skills, clinical judgement and application of knowledge.

Description of Activity: Case study presentation to the pharmacy department or other health professionals (nurses, medical staff, allied health). Presentation must be fully developed by the Resident candidate.

Frequency: Once per training program.

ANZCAP Learning Experience: Collaborative Case Presentation

Collaborator: Resident Training Program lead or rotation preceptor who is present at the presentation.

Supporting evidence to upload with ANZCAP Learning Experience: Copy of the presentation slides or presentation notes.

Participation in Committees or Working Groups

Objective: To facilitate opportunities for the Resident candidate to gain insight into organisational governance, risk management and local policy and program development.

Description of Activity: The Resident candidate will have an active involvement in a governance committee or working group (e.g. one that aligns with National Safety and

Quality Health Service (NSQHS) Standards, ACSQHC safety and quality areas, strategic goals of the organisation or department). Active involvement may include: preparation of agenda items or meeting minutes, contribution to meeting discussions, presentations.

Frequency: Longitudinal – variable period of at least 6 months of the 2-year program.

ANZCAP Learning Experience: Collaborative Direct Observation of Non-Clinical Skills (DONCS)

Collaborator: Resident Training Program lead or a senior pharmacist also a member of the committee.

Additional evidence to upload with ANZCAP Learning Experience: agendas or minutes (appropriately de-identified) which document the Resident candidate's attendance and role. An alternative is a written one-paragraph summary from the Resident candidate, describing the group or committee, the resident candidate's role and the impact of their contribution on the committee/organisation/patients/practice.

Teaching of Students

Objective: To enhance the Resident candidate's clinical teaching and supervision skills and ability to facilitate learning experiences for others.

Description of activity: The Resident candidate will have supervisory (for a least 1 week) or educational responsibilities for students or interns. This may include formal education sessions, undertaking assessments (i.e., CBD) or other activities as appropriate.

Frequency: Minimum of once per training program

ANZCAP Learning Experience: Collaborative Supervision Report

Collaborator: Resident Training Program lead, rotation preceptor or senior education pharmacist.

Additional evidence to upload with ANZCAP Learning Experience: Feedback from student or evidence of teaching delivered to students.

Attendance at Conferences / Seminars

Objective: To support the Resident candidate's professional development.

Description of Activity: Resident candidates are required to attend:

- The AdPha Extension Seminar (or Masterclass if deemed appropriate by the Program Lead) in Clinical Medication Management in the first year and
- An AdPha Extension Seminar or Masterclass relevant to their CPD plan in the second year

Other professional organisation seminars may replace the AdPha seminar in the second year of the program only if:

- The replacement seminars have an equivalent number of hours of learning

- The seminars are workshop-based or focused on interactive learning
- The seminars relate to the Resident candidate's identified areas of development

Frequency: Twice per training program (one seminar per year).

ANZCAP Learning Experience: Autonomous Conference/Seminar Report

Collaborator: n/a - conference/seminar reports are an autonomous learning experience and should be completed independently without the need for a collaborator

Additional evidence to upload with ANZCAP Learning Experience: Completion certificate for seminar or conference

Research Report (QI Project/Audit)

Objective: The Resident candidate is expected to be actively involved in an audit or quality improvement project under the direction of a project lead/supervising pharmacist and gain sufficient exposure to the core features of research protocols and research governance.

Frequency: Once per training program (longitudinal)

ANZCAP Learning Experience: Collaborative Research Activity

Collaborator: Resident Training Program lead, senior research pharmacist or senior pharmacist supervising the research.

Additional evidence to upload with ANZCAP Learning Experience: Written research report (2 – 3 pages in length) that includes the following sections; introduction/background, aim, research questions, method, results, discussion and conclusion.

Research Submission

Objective: To provide the Resident candidate with an understanding of how to share research findings/experiences with peers outside of their organisation. This may be completed in a variety of ways such as:

- An abstract for submission to a conference OR
- A presentation of their research at a conference or symposium OR
- A research manuscript or research article for publication in a journal

Examples:

- Submitting an abstract for AdPha Medicines Management or other national conference
- Presenting at the AdPha Resident of the Year Heats
- Presenting at the AdPha Queensland Branch Residency Showcase
- Submitting an article for AdPha GRIT Research Reflections

Description of Activity:

The content of the submission may be findings from either:

- their Resident Training Program QI project/audit OR
- a case study they have been involved in OR
- previous research, QI projects/audit projects that they have been involved in prior to the Resident Training Program commencing (e.g. during internship or undergraduate training)*

*The research may have occurred prior to the Resident Training program, however the submission for this activity should occur during the Resident Training program period.

Frequency: Once per training program (longitudinal)

ANZCAP Learning Experience: Conference Research Activity

Collaborator: n/a - conference research activities are an endorsed learning experience and do not require a collaborator as the content has been peer-reviewed or peer-accepted.

Additional evidence to upload with ANZCAP Learning Experience: A copy of the abstract, presentation, article or manuscript presented or submitted. If available a copy of the acknowledgement email of submission or involvement.