shpaResidency Program

SHPA Residency Programs

Accreditation Toolkit

2022

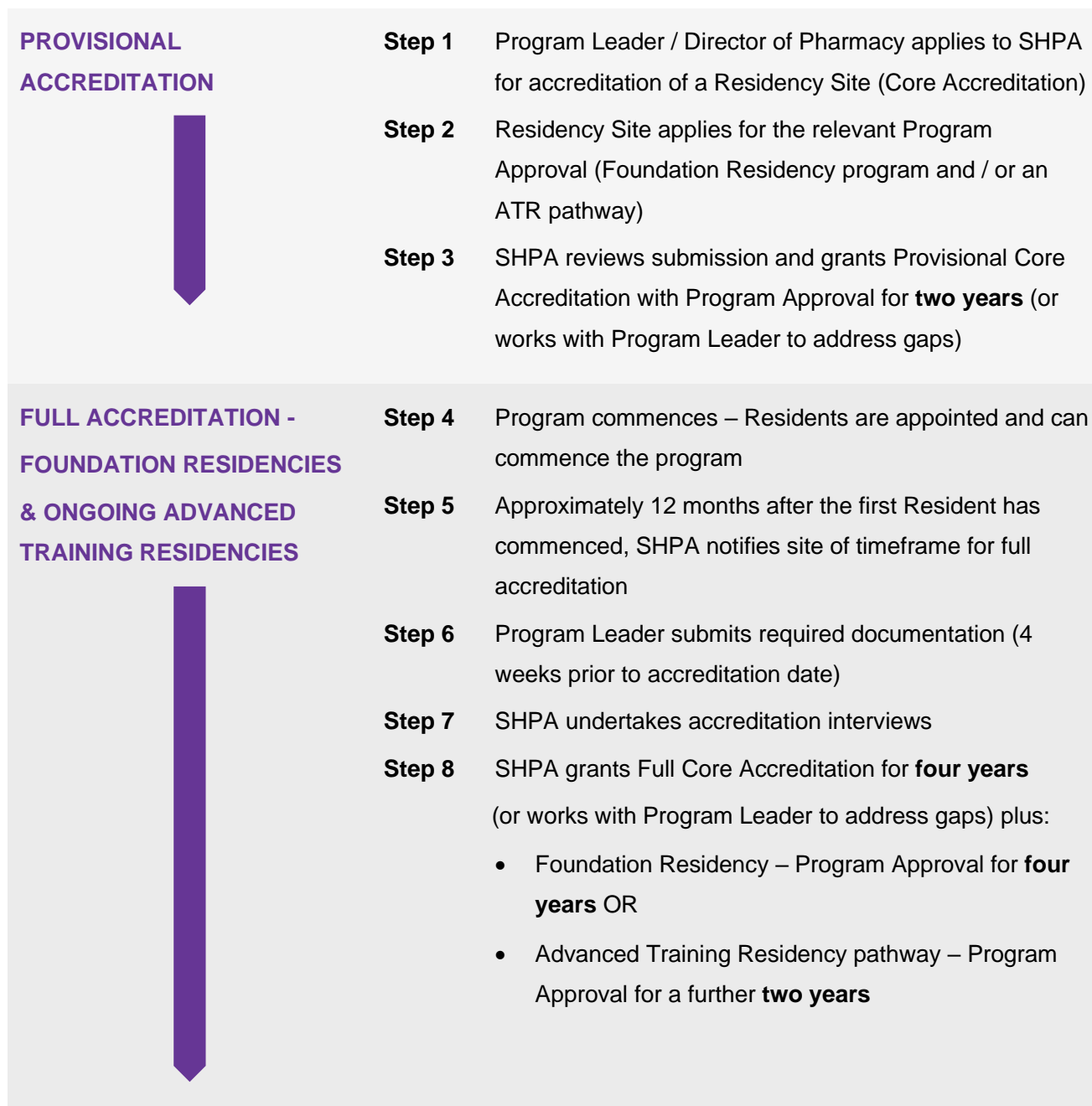## PURPOSE

The SHPA Residency Programs Accreditation Toolkit provides guidance to pharmacy departments on the process of becoming SHPA-accredited to deliver a Residency Program. The Toolkit should be used in conjunction with the *SHPA Accreditation Standards for Pharmacy Residency Programs*.

ACCREDITATION PROCESS FOR RESIDENCY PROGRAMS (SITES ACCREDITED AFTER 2020)

PROVISIONAL ACCREDITATION		
	Step 1	Program Leader / Director of Pharmacy applies to SHPA for accreditation of a Residency Site (Core Accreditation)
	Step 2	Residency Site applies for the relevant Program Approval (Foundation Residency program and / or an ATR pathway)
	Step 3	SHPA reviews submission and grants Provisional Core Accreditation with Program Approval for **two years** (or works with Program Leader to address gaps)

FULL ACCREDITATION - FOUNDATION RESIDENCIES & ONGOING ADVANCED TRAINING RESIDENCIES		
	Step 4	Program commences – Residents are appointed and can commence the program
	Step 5	Approximately 12 months after the first Resident has commenced, SHPA notifies site of timeframe for full accreditation
	Step 6	Program Leader submits required documentation (4 weeks prior to accreditation date)
	Step 7	SHPA undertakes accreditation interviews
	Step 8	SHPA grants Full Core Accreditation for **four years** (or works with Program Leader to address gaps) plus:
		• Foundation Residency – Program Approval for **four years** OR
		• Advanced Training Residency pathway – Program Approval for a further **two years**

APPLICATIONS FOR ADVANCED TRAINING RESIDENCY PATHWAY PROGRAM APPROVAL

Sites applying for Advanced Training Residency pathway program approval will be asked to indicate whether the program will be delivered

- As a 'once off' pathway (i.e., for a specific AT Resident)

- On an ongoing basis (i.e., AT Residents will be appointed regularly into the pathway)

Program approval for 'once off' pathways will be granted for two years only.

Approval for ongoing Advanced Training Residency programs will be granted for an initial two-year period with a further two years being approved following full accreditation.

FULL ACCREDITATION PROCESS

The aim of Full Accreditation is to ensure that the Residency Programs are being delivered according to the *SHPA Accreditation Standards for Pharmacy Residency Programs* and that the experience and training of Residents is satisfactory. There are two main aspects to Full Accreditation:

1. SUBMISSION OF DOCUMENTATION

SHPA is aware that programs are delivered in busy departments by staff with multiple competing priorities. SHPA has endeavoured to ensure that documentation that needs to be submitted is, where possible, a collation of already existing documents.

Documents required:

☐	1	Update of hospital setting (number of patient beds in the hospital, patient demographics, overview of pharmacy services provided)	NB: Only if significantly updated since Provisional Accreditation
☐	2	Orientation guide for Residents or Residency manual (Foundation Residency only)	Most recent version
☐	3	CVs of relevant staff	If there have been changes to key staff

			(Program Leaders, Rotation Preceptors/Mentors, Directors/Deputy Directors of Pharmacy)
☐	4	Minutes or Evidence of Program Governance by Residency Leadership Group	Provide frequency of meetings (submit at least two meeting minutes as evidence of frequency) and membership structure (Terms of Reference if available)
☐	5	Evidence of active education program for staff at Residency Site	E.g., CE Calendar, online training tools
☐	6	Research output of Pharmacy Staff at Home Site: list of abstracts / research presentations / posters over previous 12 months	Need not be exhaustive

You will be asked to submit the required documentation at least four weeks in advance of the accreditation interviews online to SHPA via a webform link that will be provided by the Assessment Panel.

2. ACCREDITATION INTERVIEWS

SHPA will work with Program Leaders to set up a suitable time for accreditation interviews.

SHPA will organise an Assessment Panel, with up to three members of staff with experience in accreditation and / or professional development.

During this process, SHPA will request Program Leaders' assistance with organising brief (30 minute) virtual interviews with:

Foundation Residency	Advanced Training Residency
Program Leader	
Selected Residents (ideally one 1st year and one 2nd year Foundation Resident;	Advanced Training Resident

Selected Preceptors / Mentors (total of two)	Advanced Training mentor
Directors of Pharmacy (if required)	

FULL ACCREDITATION OUTCOME

Within 4 weeks of completion of the accreditation interviews, SHPA staff will draft a report which will be sent to Program Leaders. The Program Leader will have two weeks to reply to the draft report with any factual corrections. A final report and accreditation certificate will then be issued by SHPA.

RE-ACCREDITATION OF RESIDENCY SITES

Residency sites will be required to complete re-accreditation before the end of their initial full accreditation period. The process for re-accreditation will be the same as for initial full accreditation.

SHPA will contact the Residency site approximately eight months prior to the expiration date to discuss the timeframe for re-accreditation.

For Core program and Foundation Residency re-accreditation, a fee of $900 (ex. GST) will apply.

For re-accreditation of Advanced Training Residency pathways, the fee structure is outlined below:

Number of ATR pathways re-accredited / year	Fee (ex. GST)
1-2	$300
3-5	$400
6-8	$500
>8	$600

Payment of this fee will be required prior to the site being provided with their final report and re-accreditation certificate.

QUESTIONS AND FEEDBACK

Please email **residency@shpa.org.au**

Appendix 1

ACCREDITATION PROCESS FOR SITES GRANTED FOUNDATION RESIDENCY ACCREDITATION PRIOR TO 2020

PROVISIONAL ACCREDITATION FOR FOUNDATION RESIDENCY	**Step 1**	Program Leader applies to SHPA for accreditation of a new Residency Program
	Step 2	SHPA reviews submission and grants "Provisional Accreditation" or works with Program Leader to address gaps
FULL ACCREDITATION FOR FOUNDATION RESIDENCY (granted prior to 2020)	**Step 3**	Program commences – Residents are appointed and can commence the program
	Step 4	At least 12 months after the first Resident has commenced, SHPA notifies site of timeframe for accreditation
	Step 5	Program Leader submits required documentation (4 weeks prior to accreditation date)
	Step 6	SHPA undertakes accreditation interviews
	Step 7	SHPA grants Full Accreditation for **up to five years** (or works with Program Leader to address gaps)
NEW APPLICATION FOR ADVANCED TRAINING RESIDENCY (ATR) PATHWAY APPROVAL	**Step 8**	Residency Site applies for Program Approval for an Advanced Training Residency (ATR) pathway
	Step 9	SHPA reviews submission and grants approval or works with Program Leader to address gaps
	Step 10	Provisional approval of ATR pathway granted for **two years**

Sites granted Full Accreditation for Foundation Residency prior to 2020 will be recognised as having

1) Full Core Accreditation and **2)** Foundation Residency Program Approval for the duration of their existing accreditation. These sites applying for ATR pathway/s accreditation will have their applications

reviewed by SHPA for Program Approval of the individual pathway/s with accreditation durations as outlined above.

Appendix 2

CORE ACCREDITATION APPLICATION QUESTIONS

Core Accreditation is the accreditation of the site at which all residencies will be undertaken. It establishes the criteria a hospital pharmacy department must meet to become an SHPA-accredited Residency Site. A pharmacy department 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.

Core accreditation is required for a site to run Foundation and/or Advanced Training Residency programs.

The SHPA accreditation standards for pharmacy Residency Programs 2020 provide detail of the standards which underpin the Residency program and should be referred to when completing this application.

Your responses and documents submitted as part of this application will be what SHPA use consider your site(s) suitability to run an SHPA Residency Program. The application is comprehensive and requires a number of documents to be uploaded.

Residency program details

Option A: For single-site hospitals – provide the name of the hospital to be accredited as a Residency site

Option B: For health services with more than one hospital (select the relevant option below):

☐ I am applying to accredit individual hospital as Residency sites. Other hospitals and location within the health service are considered rotation sites.

☐ I am applying to accredit the entire health service as a single Residency site. The Program Leader will retain effective contrail of the development and training needs across the network.

If option B: list names of hospital OR the health service for accreditation

➢ Describe the process the pharmacy management team uses to ensure currency of Pharmacy Board registration of its staff members *(accreditation standard 1.1)*

➢ Describe the hospital setting *(accreditation standard 1.2)*

Include information such as: number of patient beds in your hospital, the pharmacy services offered and high-level patient demographics. Be sure to describe any unique characteristics or affiliations of your department that may offer a 'local flavour' to the residency program.

Example 1: The Good Patient Care hospital is a public principal referral hospital in metropolitan Brisbane, Queensland of approximately 700 beds. It forms the main centre across the Good Patient Care network of three hospitals. The hospital has one of Australia's busiest emergency and trauma centres, the second largest Intensive Care Unit in Australia and is home to multiple state-wide services. The hospital houses Queensland's only heart and lung transplant service, the Queensland Adults Burn Service and the Queensland Melanoma Service. Patients come to Good Patient Care hospital for speciality services like comprehensive cancer care, respiratory medicine, cardiology and cardiovascular services and in patient and community psychiatry care.

Example 2: Far Out Rural Referral hospital is a public acute group C hospital (AIDH peer group classification) located in rural South Australia. It offers a broad range of services, including general medical, surgical, and obstetric services across 150 beds. It also has an emergency service. The hospital supplies outreach services and visiting health clinics for three aboriginal communities in the region. It has a strong connection to community and is supported by active local fundraising. The hospital has won quality awards for its transitional care and community liaison.

➢ Describe the makeup of your Residency leadership group *(accreditation standard 2.1)*

The Residency Leadership Group is a group of staff who provide consultation, guidance and oversight of a residency program or programs. The Group should include relevant Program Leaders, senior pharmacy staff, preceptors and (in future) former residents. It may also include non-pharmacist staff e.g. a medical or nursing representative experienced in clinical education. Staff titles are sufficient rather than staff member names for this application.

Teaching and interdisciplinary involvement

➢ Provide an outline of the in-house education programs (e.g., pharmacy CE, journal club) over the last 6-12 months (upload education calendar) *(accreditation standard 2.2)*

➢ Who manages/coordinates the educational programs in the department (include name and title)?

➢ Provide an outline of your hospital pharmacy department's overall participation in key hospital committees and working groups *(accreditation standard 2.3)*

Examples could include membership/participation on committees such as medication safety committees, clinical review committees, hospital research or ethics committees. Consider including any commendations arising from NSQHS Standards accreditation.

➢ Provide examples of your staff commitment to the betterment of the profession and hospital pharmacy practice through active involvement in professional committees, research, SHPA or other external advisory groups *(accreditation standard 2.4)*

Make specific comments of those staff who might be key Residency Program staff.

➢ Describe the ward-based peer-learning training opportunities for pharmacy staff (e.g. ward teaching sessions, case-based discussions) *(accreditation standard 3.1, 3.5)*

➢ Describe your existing commitment to student education and training

➢ Describe any additional links with universities (in addition to taking students)

➢ Describe the opportunities available to staff to provide or participate in interdisciplinary activities (nursing, medical, allied health) *(accreditation standard 3.2, 3.5)*

Examples could include ward meetings, ward rounds, in-service education, medical staff and students, nursing staff, patient and community education e.g. cardiac rehabilitation classes. Make specific comments on how often clinical pharmacists and future residents would participate in these activities.

Research

➢ Describe your department's commitment to continuous quality improvement including any audit programs and/or quality initiatives *(accreditation standard 3.3)*

➢ Describe any practice research your department has been involved in the last 2 years

- ➤ Describe any current research projects

- ➤ Upload up to five key examples of conference presentations (posters or oral) and/or peer viewed published papers (please compile to one document)

- ➤ Give details of any key staff who have research experience

- ➤ How does your hospital pharmacy department support research?

Leadership and management

- ➤ Describe leadership and management training opportunities for staff, and how a Resident can be involved in developing skills outside of clinical expertise *(accreditation standard 3.4)*

Staff

- ➤ What clinical educator resources are available in the department? *(accreditation standard 3.6)*

- ➤ Describe your existing orientation process for pharmacist staff rotating to a new area *(accreditation standard 4.2)*

For example, is an orientation manual provided? Are there defined learning objectives for the rotation? Is a 'shadowing' , program offered (where the new pharmacist may shadow a more experienced staff member)? Do you plan to change this process for your Residents?

- ➤ Describe the workspace that you intend to allocate to Residents *(accreditation standard 4.3)*

e.g. Is there a dedicated work area available in the pharmacy department e.g. hot desk arrangement/allocated desk? Is there a computer available to allow literature review and other clinical/research work?

- ➤ What clinical resources will be available to Residents?

e.g. Online/hard copy texts and references

- ➤ What existing programs/arrangements do you have to support staff? *(accreditation standard 4.4)*

e.g. Employee assistance program, psychological support, clinical educator for learning and development needs, buddy program for new staff.

Professional development

- ➤ Outline the types of performance evaluation tools and assessment you currently utilise in your hospital pharmacy department e.g. ClinCAT, mini-PAT, mini-CEX, 360 feedback *(accreditation standard 5.1, 5.3)*

- ➤ Describe how these tools are used, including by who and when, as part of an overall professional development plan for staff

- ➤ How often do staff performance appraisals occur? *(accreditation standard 5.2)*

- ➤ Provide evidence/examples of performance evaluation documentation (de-identified)

- ➢ ClinCAT will be a Resident evaluation requirement as part of the program. Do you have a ClinCAT evaluator on staff? *(accreditation standard 5.4)*

  Yes/No

Appendix 2

FOUNDATION RESIDENCY PROGRAM ACCREDITATION APPLICATION QUESTIONS

Foundation Residency Program Approval establishes the program specific requirements for an SHPA accredited Residency Site to deliver a residency pathway. This stage of accreditation determines whether a Residency Site's program is suitable based on its compliance with program-specific attributes and requirements. The SHPA accreditation standards for pharmacy Residency Programs 2020 provide detail of the standards which underpin the Residency program and should be referred to when completing this application. Your responses and documents submitted as part of this application will be what SHPA use consider your site(s) suitability to run an SHPA Residency Program. The application is comprehensive and requires a number of documents to be uploaded.

➢ How many Residents do you expect to commence in your Foundation Residency Program?

➢ When do you expect them to commence (month, year)?

➢ How do you plan to appoint Residents to your program?

➢ Upload draft Resident position description *(accreditation standard 1.4, 3.1)*

➢ Upload your departmental organisational structure including proposed reporting lines for Residents

➢ Describe how you will preserve the overall residency experience in times of staff shortages? *(accreditation standard 1.5)*

Staff

The Residency Program should have a defined Program Leader. The Residency Program Leader is a senior pharmacist with demonstrable experience in clinical pharmacy and clinical education who is responsible for the organisation and delivery of the Residency Program. The Program Leader must be able to demonstrate core skills in supervision, teaching and mentoring of foundation level staff, as well as a high level of clinical pharmacy expertise.

➢ What is the name of your Residency Program Leader? *(accreditation standard 2.1)*

➢ Upload their curriculum vitae *(accreditation standard 2.1, 2.2)*

➢ Provide information on the staffing structure for clinical pharmacy services *(accreditation standard 1.4)*

Outline A) total number of beds per category and B) FTE clinical pharmacists allocated to each category:

Category 1. Specialist Units (e.g. haematology, medical oncology, renal medicine)

Category 2. Medical bed type (e.g. general medical units, gastroenterology, respiratory medicine)

Category 3. Surgical bed type (e.g. general surgical units, breast surgery, cardiothoracic surgery)

Category 4. Palliative care

Category 5. Minimal changes to medicines anticipated (e.g. ENT, obstetrics, gynaecology)

Category 6. Longer stay admissions (e.g. Drug & Alcohol, Non-acute geriatric)

Additional rotation sites

The breadth of Resident experiences may be offered at a one or more Rotation Sites in addition to the primary Residency Site. A 'Rotation Site' is a site, other than the Residency Site, at which part of the Residency Program is undertaken.

➢ Will residents at your site be required to undergo a rotation elsewhere? *(accreditation standard 1.2)*

   Yes/No

➢ If Yes, what pharmacy practice will residents be engaged in when away from the home site, and for what time?

➢ Provide the learning objectives for this rotation

➢ How will they align with the home program rotations? *(accreditation standard 2.3)*

➢ Upload any planned timetable/provisional program that demonstrates the rotation site linkages with the home program *(accreditation standard 1.3)*

Curriculum

SHPA requires Residency Programs to ensure Residents spend six months in a medical rotation (for example, across general medicine, cardiology, respiratory, infectious diseases, etc.), six months in a surgical rotation (for example, across general surgery, cardiothoracic surgery, breast and gynaecological surgery, colorectal surgery, orthopaedic surgery, etc.), six months in an operational role (for example across inpatient/discharge and outpatient dispensary, clinical trials, manufacturing, medicines information, etc.) and one elective rotation.

➢ Provide details of how you propose to structure your clinical and operational rotations to meet the accreditation requirements *(accreditation standard 1.1)*

➢ Upload any planned timetable/provisional program *(accreditation standard 3.2)*

➢ Upload your residency orientation manual *(accreditation standard 4.1)*

➢ Upload your rotation(s) learning objectives *(accreditation standard 5.2)*

Professional development

➢ Is your program able to facilitate participation in Residency specific professional development activities for your Residents and Residency Program Leaders? *(accreditation standard 4.2)*

   Yes/No

➢ Is your program able to provide a ClinCAT evaluation for each Resident's rotation? *(accreditation standard 5.1)*

Yes/No

Appendix 4

ADVANCED TRAINING RESIDENCY PROGRAM APPROVAL APPLICATION QUESTIONS

Advanced Training Residency Program Approval establishes the program specific requirements for an SHPA accredited Residency Site to deliver a residency pathway. This stage of accreditation determines whether a Residency Site's program is suitable based on its compliance with program-specific attributes and requirements.

Program approval is required for each Advanced Training Residency pathway a site intends to run.

The SHPA accreditation standards for pharmacy Residency Programs 2020 provide detail of the standards which underpin the Residency program and should be referred to when completing this application.

Your responses and documents submitted as part of this application will be what SHPA use consider your site(s) suitability to run an SHPA Residency Program. The application is comprehensive and requires a number of documents to be uploaded.

➢ In which practice area are you intending to conduct the ATR? *(accreditation standard 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.

➢ How often do you intend to conduct an ATR in this practice area?

     ○ Once only (i.e. for a specific AT Resident)

     ○ On an ongoing basis

Staff

➢ Have you identified or appointed an AT Resident for the ATR pathway?

Yes/No

➢ If Yes, please provide their name and details of their suitability to take part in the ATR *(accreditation standard 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)

➢ If you haven't yet identified or appointed an AT resident, please outline how you intend to select appropriate candidates *(accreditation standard 3.1)*

➢ Provide information on the staffing structure for ATR practice area *(accreditation standard 1.2)*

➢ What is the name of your Residency Program Leader? *(accreditation standard 2.1)*

➢ Upload their curriculum vitae *(accreditation standard 2.1)*

➤ Have you identified a suitable AT Mentor? *(accreditation standard 2.2)*

Yes/No

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 mentor submits evidence demonstrating suitable experience (as assessed by SHPA).

➤ If Yes, submit the proposed AT Mentor's CV and Advancing Practice credentials - OR - in the absence of credentials, provide evidence demonstrating suitable experience (see criteria)

➤ Have you identified a suitable external mentor? If Yes, please provide the mentor's job title and workplace *(accreditation standard 2.3)*

The AT Resident and Residency Site are required to nominate an external mentor, in addition to the primary pharmacist mentor stipulated above.

Curriculum

➤ Provide details of how you propose to structure the Resident's workplan to meet the accreditation requirements *(accreditation standard 1.3, 1.4)*

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.

➤ Upload any planned timetable/provisional workplan *(accreditation standard 3.2)*

➤ Upload your residency orientation manual *(accreditation standard 4.1)*

➤ What opportunities will the Resident have in performance review/line management responsibilities? *(accreditation standard 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.

➤ Is the Resident required to complete any additional local credentialing in order to practice in this ATR? *(accreditation standard 2.4)*

Yes/No

AT Residents practicing in specialised areas may be required to complete local credentialing, as stipulated by the Standards of Practice for pharmacists in those areas and/or by the relevant ATR Practice Area Framework.

➤ If Yes, please provide details of the credentialing/assessment package

Professional development

➢ Is your program able to facilitate participation in Residency specific professional development activities for your Residents and Residency Program Leaders? *(accreditation standard 4.2)*

Yes/No

➢ Is your site able to provide ClinCAT evaluations as part of the requirements of the ATR program? *(accreditation standard 5.1)*

Yes/No