

Accreditation Standards of Clinical Pharmacy Education in Three Leading Countries

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The American Society of Health System Pharmacists (ASHP) is one of the leading organizations responsible for clinical pharmacy residency programs in the United States. It has created standards that outline requirements for the structure, organization, and evaluation of clinical pharmacy residency programs in the United States. In summary, the ASHP standards provide a comprehensive framework for clinical pharmacy residency programs in the United States. These standards cover all aspects of the program, including goals and objectives, organization and management, personnel, resources, curriculum, competency areas, assessment and feedback, resident recruitment and selection, resident benefits, rights, and responsibilities, accreditation and accountability, professional development, professionalism, diversity, equity, and inclusion, and continuous evaluation and quality improvement (1).

The Canadian Society of Hospital Pharmacists (CSHP) is accrediting clinical pharmacy residency programs in Canada. The CSHP has developed requirements for the structure, organization, and evaluation of residency programs in clinical pharmacy in Canada. In conclusion, the CSHP standards provide a comprehensive framework for residency programs in clinical pharmacy in Canada. These standards cover every aspect of the program, including its goals and objectives, organization and management, personnel, resources, curriculum, competency areas, assessment and feedback, resident recruitment and selection, resident benefits, rights and responsibilities, accreditation and accountability, and professional development. It covers nonstop. Its objectives are growth, professionalism, diversity, equality, and inclusion, continuous assessment and quality enhancement, interprofessional collaboration, and innovation and advancement (2).

The Australian Pharmacy Council (APC) is responsible for accrediting residency programs in clinical pharmacy in Australia. The APC has developed standards that define

the structure, organization, and evaluation requirements for clinical pharmacy residency programs in Australia. In conclusion, the APC standards provide a comprehensive framework for residency programs in clinical pharmacy in Australia. These standards cover every aspect of the program, including its goals and objectives, organization and management, personnel, resources, curriculum, competency areas, assessment and feedback, resident recruitment and selection, resident benefits, rights and responsibilities, accreditation and accountability, and professional development. It covers nonstop. Its components include development, professionalism, diversity, equality, and inclusion; continuous assessment and quality enhancement; interprofessional collaboration; and scientific activities (3).

Considering three sets of standards in detail from different perspectives, clinical pharmacy assistant standards created by ASHP, CSHP, and APC have many similarities in terms of their structure, content, and objectives. Each of these standards places significant emphasis on the provision of comprehensive training and educational opportunities for pharmacy assistants, with the ultimate goal of equipping them with the necessary skills for advanced practice in clinical pharmacy. Furthermore, all three sets of standards highlight the importance of implementing a well-structured and organized program that encompasses clear goals and objectives, competent personnel, sufficient resources, and a mechanism for continuous quality improvement. Nonetheless, it is important to note that there are also discernible differences among the three sets of standards, which will be explored in the subsequent analysis from various perspectives.

Purpose and objectives: The purpose and objectives of the clinical pharmacy residency programs are similar in the three sets of standards. All three emphasize the need to provide advanced training in clinical pharmacy, education, and research. However, the APC standards also highlight the need to promote the advancement of the pharmacy

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profession, while the CSHP standards emphasize the need to promote interprofessional collaboration, and the ASHP standards focus on developing competency in specific areas of pharmacy.

Curriculum and Competency Areas: The curriculum and competency areas described in the three sets of standards are similar in many ways, and all three emphasize the need for comprehensive training in pharmacy, patient care, education, and research. However, there are differences in the specific competency areas identified. For example, the ASHP standards emphasize the need for competency in specific areas of pharmacy practice, such as pharmacotherapy management and medication safety, while the CSHP standards emphasize the need for competency in training and the development of teaching skills. The APC standards highlight the importance of competence in research and scholarly activities.

Personnel: The personnel requirements described in the three sets of standards are similar in many respects. All three emphasize the need for qualified and experienced program managers and supervisors with appropriate qualifications and experience in their respective work fields. However, there are differences in the specific requirements for personnel. For example, the ASHP standards require that instructors have completed an accredited ASHP residency or equivalent experience, while the CSHP standards require that instructors have appropriate teaching and mentoring skills.

Assessment and Feedback: The assessment and feedback requirements described in the three sets of standards are similar in many respects. All three emphasize the need for a system to evaluate residents' performance, provide feedback, and monitor their progress. However, there are differences in the specific requirements for evaluation and feedback. For example, the ASHP standards require that residents receive feedback on their performance at least biweekly, while the CSHP standards require that residents receive feedback at regular intervals throughout the program.

Diversity, Equity, and Inclusion: Diversity, equity, and inclusion requirements are emphasized in all three sets of standards, with a focus on creating a welcoming and inclusive environment for all residents and promoting diversity in hiring and selection. However, the specific requirements for diversity, equity, and inclusion differ somewhat between the three sets of standards. For example, the ASHP standards emphasize the need to promote cultural competence and sensitivity to diverse patient populations, while the CSHP standards emphasize the need to promote a culture of diversity and inclusion in the program.

Continuous evaluation and quality improvement: The requirements for continuous evaluation and quality improvement are emphasized in all three sets of standards, with a focus on evaluating the effectiveness of the program and making changes as needed to improve it. However, the specific requirements for continuous assessment and quality improvement differ somewhat

between the three sets of standards. For example, the ASHP standards require that the program have a process for continuous quality improvement, including periodic review and evaluation of the program, while the CSHP standards emphasize the need for a comprehensive program evaluation every five years.

Interprofessional Collaboration: Interprofessional collaboration requirements are emphasized in the CSHP and APC standards, with a focus on creating opportunities for residents to collaborate with other health care professionals such as physicians, nurses, and allied health professionals. The ASHP standards do not explicitly address interprofessional collaboration but emphasize the importance of working in interdisciplinary teams to improve patient care.

Upon comparing these three sets of standards, it is clear that they have many similarities pertaining to the prerequisites of clinical pharmacy residency programs. Nevertheless, there are differences in specific requirements and emphasis on certain aspects of the program. For instance, the CSHP standards prioritize the promotion of interprofessional collaboration, whereas the ASHP standards place greater emphasis on specific competency areas. Additionally, the APC standards underscore the significance of engaging in research and scholarly activities.

A second criterion for comparison is the level of specificity each set of standards offers. The ASHP standards are the most comprehensive, with specific requirements for each aspect of the program, such as the minimal number of rotations and duration of the program. The CSHP standards are also fairly stringent, but they give individual plans more flexibility to tailor their coverage to the requirements of their residents. The APC standards are less specific and provide more general guidance, allowing individual programs to develop curriculum tailored to their specific requirements.

The ASHP standards may be most useful for program directors and supervisors because they provide a defined set of requirements and guidelines for developing and implementing a clinical pharmacy residency program. However, some may find the level of detail provided to be overly prescriptive, making it difficult for smaller programs or those with limited resources to satisfy the requirements.

From the perspective of a resident, the CSHP standards may be the most advantageous due to their emphasis on training and the development of teaching skills. This can equip residents with abilities that can be utilized throughout their careers. In addition to being advantageous, the APC's emphasis on research and scholarly activities can provide residents with opportunities to participate in research and contribute to the advancement of the pharmacy profession.

Consequently, despite the fact that the ASHP, CSHP, and APC standards share numerous similarities, there are distinctions in the specific requirements and emphasis

placed on various aspects of clinical pharmacy residency programs. Each set of standards has its own strengths and weaknesses, and individual programs may benefit from incorporating elements from each set into a program that meets the requirements of their residents and aligns with their goals and objectives.

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