

Lower Mainland Pharmacy Services
PHARMACY PRACTICE RESIDENCY PROGRAM



**Residency Advisory Council (RAC)
Terms of Reference**

CPRB 2.1.3 Residency Program Administration

Standard

Pharmacists who hold to high professional ideals and have the desire and aptitude to teach and administer the program shall direct the residency program.

Requirement(s)

6. An Advisory Committee shall be in place to provide general oversight and guidance to the design and operation of the program.
 - a) The committee terms of reference, minutes and associated documents (e.g., position papers, projects, etc) shall be available for review by the accreditation survey team.
 - b) The committee shall have representation external to the department, interpreted as any qualified individual who does not have line accountability to the department, or a senior administrator to whom the department reports.
 - c) The committee shall have input from a preceptor and a pharmacy resident involved in the current year of the program.
 - d) The committee should have representation from another health profession that provides residency (or similar experiential) training.

Purpose

1. To provide direction and oversight to the LMPS Pharmacy Practice Residency Program in an advisory role to the Program Coordinator.
2. To maintain a link between individual training sites and the regional residency program leadership.
3. To review the curriculum of the program on an ongoing basis to ensure CPRB standards are met.
4. To ensure primary residency training sites have access to pharmacy staff knowledgeable about the residency program and who can assist in meeting site-specific needs.
5. To provide a forum for discussion of residency program issues arising at individual sites.
6. To promote innovation in the curriculum and learning strategies used in the residency program.
7. To monitor the progress of the residents towards completion of the program, and to advise on corrective and supportive measures if difficulties are identified. This will

- be discussed when resident peers are not in attendance.
8. To support continuous quality improvement of the program.

RAC Membership

- LMPS Residency Program Coordinator (Chair)
- LMPS Residency Program Director
- LMPS Chief Residents
- Representatives from “residency major teaching sites” (e.g.: Vancouver General Hospital, St. Paul’s Hospital, Royal Columbian Hospital, Surrey Memorial Hospital, BC Children’s and Women’s Hospital, Lion’s Gate Hospital)
- Representatives from other “sites/practice areas where residency training occurs”. Site representatives are individuals with direct involvement in the residency program and a commitment to its ongoing improvement.
- External Members (e.g.: UBC Project Lead for Advancing Institutional Pharmacy Experiential Learning in BC; Director of Research & Evaluation, Fraser Health; Clinical Dietician Educator, Fraser Health)
- CPRB Liaison – ex-officio member

The composition of the RAC should include representation from Clinical Administration (e.g.: Clinical Coordinator), Operations (e.g.: Distribution/Operations Coordinator or Director) and clinical preceptors.

Role of RAC Members

1. Attend and participate in RAC meetings when they occur.
2. Assist the LMPS residents while on-site with program-related questions or issues as they arise and/or as requested by the Program Coordinator.
3. It is expected that RAC members will contribute to the progression and leadership of the residency program within their capabilities.

Duration of Membership

Membership on the council is for 2 years beginning and ending on September 1. Terms are renewable at the discretion of the Chair.

Meeting Frequency and Mode

In-person meetings with teleconferencing available.
Meetings will be scheduled every 4 months in September, January, and May.

Quorum

No formal quorum rules will be enacted as the Council’s role is advisory to the Program Coordinator.