

# AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada 2017



Association of Faculties  
of Pharmacy of Canada

Association des facultés  
de pharmacie du Canada

## ACKNOWLEDGEMENTS

Members of the Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes Task Force included Jamie Kellar (Chair), Heidi Deal, Beverly FitzPatrick, Gilles Leclerc, Peter Loewen, Marie-Laurence Tremblay and Lavern Vercaigne. Donna Woloschuk was the Consultant who provided assistance for this project.

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- Association of Faculties of Medicine of Canada
- Canadian Council for Accreditation of Pharmacy Programs
- Canadian Council on Continuing Education in Pharmacy
- Canadian Pharmacists Association
- Canadian Society of Hospital Pharmacists
- Dalhousie University College of Pharmacy
- Memorial University School of Pharmacy
- National Association of Pharmacy Regulatory Authorities
- Ontario Pharmacists Association
- Pharmacy Association of Saskatchewan
- Pharmacy Examining Board of Canada
- St. Michael's Hospital Pharmacy Department
- University of Alberta Faculty of Pharmacy and Pharmaceutical Sciences
- University of British Columbia Faculty of Pharmaceutical Sciences
- Université Laval Faculté de pharmacie
- University of Manitoba College of Pharmacy
- Université de Montréal Faculté de pharmacie
- University of Saskatchewan College of Pharmacy and Nutrition
- University of Toronto Leslie Dan Faculty of Pharmacy
- University of Waterloo School of Pharmacy

The Association of Faculties of Pharmacy of Canada's Board of Directors approved the *Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada 2017* at the AFPC Annual Meeting, June 4, 2017.

## EXECUTIVE SUMMARY

The Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes (EOs) focus on what graduates are able to do at the end of a Baccalaureate or Doctorate program that is the first professional degree in pharmacy (i.e., entry-to-practice pharmacy degree programs). They signal curricular priorities and a framework for curriculum design without being overly prescriptive. The Educational Outcomes focus attention on outcomes that matter to patients, the profession of pharmacy and Canadian society. They aim to advance pharmacy education so that pharmacy graduates are prepared to meet the changing expectations of the communities they serve.

The APFC Task Force on Educational Outcomes was struck by the AFPC Council of Faculties in mid-2016 to revise the 2010 version and they completed their work in spring 2017. The result was the development of a revised set of educational outcomes for all entry-to-practice pharmacy programs in Canada, regardless of the degree offered (Bachelor of Science in Pharmacy or PharmD). The work was informed by feedback from focus group discussions with representatives from faculties of pharmacy in Canada and literature from pharmacy and the other health professions. The Task Force sought feedback on the draft documents from all pharmacy faculties across Canada, national and provincial pharmacy organizations and external stakeholders. The final document includes modifications based on the recommendations from these groups.

The 2017 version of the AFPC Educational Outcomes retains CanMEDS terminology (Royal College of Physicians and Surgeons of Canada) and draws from several concepts in CanMEDS 2015 role statements. It also draws upon concepts described in other sources. The 2017 Educational Outcomes represent a conceptual shift since publication of the 2010 EOs. In the 2010 version, the expression of each role was independent of and had no particular relationship to one another. In the 2017 version, the relationship of the roles to one another is based on provision of patient care (Care Provider), which is at the heart (core) of the discipline of pharmacy in Canada. To meet the expectations of patients and society, graduates must take an appropriate approach to the core of the discipline, which is pharmacy care. To provide the quality of pharmacy care required, graduates are able to approach pharmacy practice by skilfully integrating Communicator, Collaborator, Leader-Manager, Scholar and Health Advocate roles in their Care Provider role. In addition, graduates are educated to fulfill roles beyond those required of pharmacists, acknowledging that the goal of university education extends beyond solely preparing graduates to enter into pharmacy practice. AFPC believes that pharmacy graduates must be grounded in a professional identity when being a Care Provider. Accordingly, the conceptual shift is that the Professional role is not one among many roles; rather it is the overarching ethos of the discipline of pharmacy – the spirit that guides graduates’ practice and their approach to practice regardless of the type of practice in the field of pharmacy.

The 2017 Educational Outcomes are significantly different from previous ones in organizing structure. The EOs comprises multiple Role Statements: Care Provider, Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar and Professional. Within each Role Statement, the Key Competencies define what graduates need to achieve by the end of the program. These competencies focus on measurable behaviours that are the end product of the program. They reflect the expectation that there will be use or application of knowledge and skill acquired during the program. Enabling Competencies delineate specific sub-components of competencies that graduates need to achieve in order to attain the competency required at the end of the program. A complete listing of Concepts that underlie the EOs 2017 is available in each Role Statement. To support the EOs 2017, several documents are included in an Educational Outcomes 2017 User Manual: Orientation Resource – Conceptual Framework for Educational Outcomes for Canadian First Professional Degree Programs in Pharmacy; Crosswalk to Canadian Interprofessional Health Collaborative (CIHC) National Interprofessional Competency Framework; Sample Learning Objectives; and Glossary of Terms.

**SUMMARY: AFPC EDUCATIONAL OUTCOMES 2017 – ROLES and KEY COMPETENCIES**

| ROLE                        | DEFINITION  | KEY COMPETENCIES – Pharmacy Graduates are able to:   |
|-----------------------------|---|--|
| <b>CARE PROVIDER (CP)</b>   | As <b>Care Providers</b> , pharmacy graduates provide patient-centred pharmacy care by using their knowledge, skills and professional judgement to facilitate management of a patient’s medication and overall health needs across the care continuum. Care Provider is the core of the discipline of pharmacy.                                     | <p><b>CP1:</b> Practise within the pharmacist scope of practice and expertise.</p> <p><b>CP2:</b> Provide patient-centred care.</p> <p><b>CP3:</b> Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety.</p>  |
| <b>COMMUNICATOR (CM)</b>    | As <b>Communicators</b> , pharmacy graduates communicate effectively in lay and professional language, using a variety of strategies that take into account the situation, intended outcomes of the communication and diverse audiences.  | <p><b>CM1:</b> Communicate in a responsible and responsive manner that encourages trust and confidence.</p> <p><b>CM2:</b> Communicate in a manner that supports a team approach to health promotion and health care.</p>  |
| <b>COLLABORATOR (CL)</b>    | As <b>Collaborators</b> , pharmacy graduates work collaboratively with patients and intra- and inter-professional teams to provide safe, effective, efficient health care, thus fulfilling the needs of the community and society at large.   | <p><b>CL1:</b> Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</p> <p><b>CL2:</b> Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</p>   |
| <b>LEADER-MANAGER (LM)</b>  | As <b>Leaders and Managers</b> , pharmacy graduates engage with others to optimize the safety, effectiveness and efficiency of health care and contribute to a vision of a high-quality health care system.   | <p><b>LM1:</b> Contribute to optimizing health care delivery and pharmacy services.</p> <p><b>LM2:</b> Contribute to the stewardship of resources in health care systems.</p> <p><b>LM3:</b> Demonstrate leadership skills.</p> <p><b>LM4:</b> Demonstrate management skills.</p>  |
| <b>HEALTH ADVOCATE (HA)</b> | As <b>Health Advocates</b> , pharmacy graduates demonstrate care for individual patients, communities and populations by using pharmacy expertise to understand health needs and advance health and well-being of others.   | <p><b>HA1:</b> Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment.</p> <p><b>HA2:</b> Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.</p>   |
| <b>SCHOLAR (SC)</b>         | As <b>Scholars</b> , pharmacy graduates take responsibility for excellence by applying medication therapy expertise, learning continuously, creating new knowledge and disseminating knowledge when teaching others.  | <p><b>SC1:</b> Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery.</p> <p><b>SC2:</b> Integrate best available evidence into pharmacy practice.</p> <p><b>SC3:</b> Contribute to the creation of knowledge or practices in the field of pharmacy.</p> <p><b>SC4:</b> Teach other pharmacy team members, the public and other health care professionals including students.</p> |
| <b>PROFESSIONAL (PR)</b>    | As <b>Professionals</b> , pharmacy graduates take responsibility and accountability for delivering pharmacy care to patients, communities and society through ethical practice and the high standards of behaviour that are expected of self-regulated professionals. The Professional role is the overarching ethos of the discipline of pharmacy. | <p><b>PR1:</b> Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care.</p> <p><b>PR2:</b> Able to recognize and respond to societal expectations of regulated health care professionals.</p> <p><b>PR3:</b> Committed to self-awareness in the management of personal and professional well being.</p>  |

## INTRODUCTION

The Association of Faculties of Pharmacy of Canada (AFPC) Task Force on Educational Outcomes was struck by the AFPC Council of Faculties in mid-2016 and completed their work in Spring 2017. The result was the development of a revised set of educational outcomes for all entry-to-practice pharmacy programs in Canada, regardless of the degree offered (Bachelor of Science in Pharmacy or PharmD). The work was informed by feedback derived from focus group discussions with two groups of representatives from faculties of pharmacy in Canada (Cor, 2016) and literature from pharmacy and the other health professions. Feedback called for the following actions:

- Minimize redundant key competencies and enabling competencies between role statements
- Describe outcomes that are measurable and achievable within a 4-year pharmacy program, to support curriculum design, evaluation and quality improvement efforts
- Create outcomes that can be supplemented by support materials over the lifespan of the document
- Make connections between existing content in the foundational sciences and how it helps to achieve the outcomes
- Simplify the Care Provider competency
- Incorporate Leader concepts in the Manager role; frame competencies as entry level supervisor or manager capabilities rather than fully fledged manager (post-entry level) competencies
- Apply consistent terminology and provide a glossary rather than footnotes for ease of reading.

The Task Force sought feedback on the draft documents from all Faculties of Pharmacy across Canada and stakeholders internal and external to the field of pharmacy in Canada. The final document includes modifications based on the recommendations from these groups.

### Purpose

The AFPC Educational Outcomes focus on what graduates are able to do at the end of a Baccalaureate or Doctorate program that is the first professional degree in Pharmacy. They signal curricular priorities and a framework for curriculum design without being overly prescriptive. The Educational Outcomes focus attention on outcomes that matter to patients, the profession of pharmacy and Canadian society. They aim to advance pharmacy education so that pharmacy graduates are prepared to meet the changing expectations of the communities they serve.

This 2017 version of the AFPC Educational Outcomes retains CanMEDS terminology and draws from several concepts in CanMEDS 2015 role statements (Frank et al, 2015). Recognizing that the CanMEDS 2015 competency framework is primarily intended for post-graduate rather than undergraduate medical education and that the competencies are further delineated by milestone statements, the Task Force has chosen to also draw upon concepts described in other sources. Specifically, the AFPC Educational Outcomes 2017 draw upon concepts in current Australian (Stupans et al, 2015), United Kingdom (General Pharmaceutical Council, 2011) and American (Medina et al, 2013) pharmacy educational outcomes, as well as key source documents produced by the Canadian Patient Safety Institute (Frank & Brien, 2008; CPSI Teamwork and Communications Working Group, 2011), Canadian Interprofessional Health Collaborative (CIHC 2010), Interprofessional Education Collaborative (USA) (IEC Expert Panel,, 2011; IEC, 2016) and National Association of Pharmacy Regulatory Authorities (NAPRA, 2014).

## Conceptual Framework

This version of the AFPC Educational Outcomes represents a conceptual shift since publication of the AFPC Educational Outcomes 2010. In the 2010 version, the expression of each role was independent of and had no particular relationship to one another. This sometimes led to challenges when applying the educational outcomes to curriculum design. In the 2017 version, the relationship of the roles to one another is based on:

- Provision of patient care (**Care Provider**), which is at the heart (**core**) of the discipline of pharmacy in Canada. In other words, by the end of the program, **graduates are able to provide patient care**.
- To meet the expectations of patients and society, graduates must take an appropriate approach to the core of the discipline, which is pharmacy care. To provide the quality of pharmacy care required by Canadian society (NAPRA), **graduates are able to approach pharmacy practice by skilfully integrating Communicator, Collaborator, Leader-Manager, Scholar and Health Advocate roles** in their Care Provider role. Acknowledging that the goals of a university education extend beyond preparing graduates to enter pharmacy practice, it is expected that graduates will also be able to integrate and apply these supporting roles in any other role that is assumed after graduation.
- AFPC believes that pharmacy graduates must be grounded in a **Professional** identity when being a Care Provider who approaches practice through the integration and application of Communicator, Collaborator, Leader-Manager, Health Advocate and Scholar roles. Accordingly, the conceptual shift is that the **Professional** role is not one among many roles; rather it is the **overarching ethos of the discipline of pharmacy** – the spirit that guides graduates' practice and their approach to practice regardless of the type of practice in the field of pharmacy.

### Summary

The goal of First Professional Degree Programs in Pharmacy in Canada is to graduate **Care Providers** who use their **Medication Therapy Expertise** to benefit patients, communities and populations. Skilful integration of **Communicator, Collaborator, Leader-Manager, Health Advocate and Scholar** knowledge, skills and behaviours enables graduates to provide care collaboratively as members of intra- and inter-professional teams, provide care for Canada's diverse patient populations, contribute to the improvement of health quality and patient safety and effectively manage their practice of pharmacy and supervise highly technological pharmacy workplaces. In carrying out the Care Provider, Communicator, Collaborator, Leader-Manager, Health Advocate and Scholar roles, graduates demonstrate the **Professional** skills and personal attributes expected of Canadian pharmacists as described by the profession (NAPRA). In addition, graduates are educated to fulfill roles beyond those required of pharmacists, acknowledging that the goal of university education extends beyond solely preparing graduates to enter into pharmacy practice.



## Organizing Structure

The 2017 Educational Outcomes are significantly different from previous ones in organizing structure:

- The Educational Outcomes comprises multiple **Role Statements**: Care Provider, Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar and Professional.
- Within each Role Statement, the **Key Competencies** define what graduates **need to achieve by the end of the program**. These competencies focus on measurable behaviours that are the end product of the program. They reflect the expectation that there will be use or application of knowledge and skill acquired during the program.
- **Enabling Competencies** delineate **specific sub-components of competencies that graduates need to achieve** in order to attain the competency required **at the end of the program**. Enabling Competencies are deliberately broad but are sufficiently specific to provide direction in constructing learning goals and objectives for individual courses that make up a program.
- **Concepts** describe the **fundamental characteristics that are to be embodied in learning objectives** that arise from the Key Competencies and the Enabling Competencies associated with those Key Competencies.
- **Resources** listed at the end of each Role Statement are the **most influential source documents** used to construct the content of that role. This list is not all-inclusive; rather, it is provided as a quick resource for users of the Educational Outcomes 2017.
- A **Glossary** of important terms, including suggested resources, is **available in a companion document to these Educational Outcomes**.
- The **Bibliography** lists resources that were consulted in the preparation of the Educational Outcomes 2017.

As a result of the focus group feedback and literature review, the AFPC Task Force made a deliberate decision to strengthen or add many concepts in this 2017 version of the Educational Outcomes:

- Affective domain of learning (self-awareness, respond to, commit to, value, etc.)
- Application of core biomedical, pharmaceutical, behavioural, social, administrative and clinical sciences to contemporary and evolving pharmacist roles
- Consent
- Continuous quality improvement
- Cultural competency; respect for diversity
- Cultural safety (with particular emphasis in relation to the *Truth and Reconciliation Commission of Canada: Calls to Action*)
- Disclosure of harmful patient incidents
- Handovers of patient care (transitions of care)
- Health equity
- Health systems literacy
- Integration of Communicator, Collaborator, Health Advocate, Scholar, Leader-Manager and Professional Roles in carrying out the Care Provider role, with the understanding that these capabilities are transferable to other roles the graduate might assume upon graduation
- Patient safety
- Pharmacists as active participants within the health care system
- Professional communication via telecommunications technologies
- Self-awareness of one's own role, limits and responsibility; accountability for self-improvement

- Shared decision-making
- Situational awareness
- Social accountability
- Supervision of other pharmacy team members
- Stewardship of health care resources
- Teaching others in pharmacy and in the health professions
- Time management
- Trust in pharmacist-patient and pharmacist-health team relationships

[A complete listing of Concepts that underlie the Educational Outcomes 2017 is available in each Role Statement.]

**Special Note Regarding the Truth and Reconciliation  
Commission of Canada: Calls to Action**

AFPC recognizes that Canada is a society of diverse peoples and all peoples are entitled to access to compassionate, empathetic, culturally safe pharmacy care. AFPC also acknowledges that the health inequities among Canada's Indigenous peoples require special consideration in curriculum design and delivery. Therefore, the Association of Faculties of Pharmacy of Canada is committed to a national, special and significant reconciliatory response to the **Calls to Action** during the lifespan of the AFPC Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada 2017.

Accordingly, by implementing the AFPC Educational Outcomes 2017, every Canadian first professional degree in pharmacy program curriculum will place a high priority on advancing the process of reconciliation with Canada's First Nations, Métis and Inuit peoples by incorporating curriculum content in the first professional degree in pharmacy program, minimally to include "...Aboriginal health issues, including the history and legacy of residential schools, the United Nations Declaration on the Rights of Indigenous Peoples, Treaties and Aboriginal rights and Indigenous teachings and practices." (Truth and Reconciliation Commission of Canada, 2015). To the greatest extent possible and practical, curriculum will emphasize "skills-based training in intercultural competency, conflict resolution, human rights and anti-racism." (Truth and Reconciliation Commission of Canada, 2015) in relation to the key and enabling competencies defined in the AFPC Educational Outcomes 2017.



## CARE PROVIDER

### Definition

As **Care Providers**, pharmacy graduates provide patient-centred pharmacy care by using their knowledge, skills and professional judgement to facilitate management of a patient’s medication and overall health needs across the care continuum. Care Provider is the core of the discipline of pharmacy.

| KEY COMPETENCIES  | ENABLING COMPETENCIES   |
|---|---|
| <b>Pharmacy Graduates are able to:</b>  | <b>Pharmacy Graduates are able to:</b>  |
| <b>CP1 Practise within the pharmacist scope of practice and expertise.</b>  | <b>CP1.1</b> Apply knowledge from the foundational sciences to make decisions relevant to the contemporary and evolving scope of pharmacist practice.   |
|   | <b>CP1.2</b> Integrate AFPC Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar and Professional roles in their practice of pharmacy.  |
|   | <b>CP1.3</b> Recognize and respond to the complexity, uncertainty and ambiguity inherent in pharmacy practice.  |
|   | <b>CP1.4</b> Explain the benefits, risks and rationale associated with pharmacist-provided care as an important step in obtaining and documenting consent to pharmacist care.   |
|   | <b>CP1.5</b> Recognize and take appropriate action when signs, symptoms and risk factors that relate to medical or health problems that fall into the scope of practice of other health professionals are encountered.  |
| <b>CP2 Provide patient-centred care.</b>  | <b>CP2.1</b> Collect, interpret and assess relevant, necessary information about a patient’s health-related care needs.   |
|   | <b>CP2.2</b> Formulate assessments of actual and potential issues and in collaboration with the patient and other health team members as appropriate, prioritize issues to be addressed in a given patient encounter.   |
|   | <b>CP2.3</b> Create and document plans in collaboration with the patient and other health team members as appropriate, and make recommendations to prevent, improve or resolve issues.  |
|   | <b>CP2.4</b> Implement plans in collaboration with the patient and other health team members as appropriate, including: <ul style="list-style-type: none"> <li>CP2.4.1 obtaining consent</li> <li>CP2.4.2 making a referral or consulting others</li> <li>CP2.4.3 adapting, initiating, renewing/continuing, discontinuing or administering medication as authorized</li> <li>CP2.4.4a dispensing and/or</li> <li>CP2.4.4b compounding and/or</li> <li>CP2.4.4c delegating/authorizing such tasks to others appropriately</li> <li>CP2.4.5 engaging the patient or care-giver through education, empowerment and self-management, and</li> <li>CP2.4.6 negotiating the role of pharmacy and non-pharmacy team members in continuity and transitions of care.</li> </ul> |
|   | <b>CP2.5</b> Follow-up by monitoring, evaluating progress toward achievement of the patient’s goals of therapy, adjusting plans in collaboration with the patient and health team members across the care continuum.  |
|   |   |
| <b>CP3 Actively contribute, as an individual and as a member of a team providing care, to the continuous improvement of health care quality and patient safety.</b> | <b>CP3.1</b> Recognize and respond to harm and potential harm from health care delivery, including patient safety incidents.  |
|   | <b>CP3.2</b> Adopt strategies that promote patient safety and address human and system factors.   |

| Concepts: Care Provider Role |  | Key or Enabling Competency        |
|------------------------------|--|-----------------------------------|
| A1                           | Accuracy   | CP2.1                             |
| A2                           | Agreed upon goals of care  | CP2.3                             |
| A3                           | Application of core clinical and biomedical sciences to pharmacy care  | CP1.1                             |
| A4                           | Applied capacity for self-regulation (monitoring one's thoughts, behaviours, emotions and attention to optimal performance and well-being)     | CP1.3                             |
| A5                           | Attention to psychological aspects of illness  | CP2.5                             |
| A6                           | Clinical decision-making   | CP2                               |
| A7                           | Collaboration with other providers across the care continuum   | CP2.5                             |
| A8                           | Complexity, uncertainty, ambiguity in clinical decision-making   | CP1.3                             |
| A9                           | Consent  | CP1.4                             |
| A10                          | Constructive negotiation   | CP2.4                             |
| A11                          | Cultural safety  | CP1, CP2                          |
| A12                          | Compounding and dispensing to implement a care plan  | CP2.4.4abc                        |
| A13                          | Disclosure of harmful and potentially harmful patient safety incidents; commitment to disclosure as part of maintaining trusting relationships | CP3.1                             |
| A14                          | Direct instruction   | CP2.4.5                           |
| A15                          | Duty of care; scope of practice  | CP1.5                             |
| A16                          | Effective oral and written information for patient care across all media   | CP2.4.5                           |
| A17                          | Effective triage of patients' issues   | CP2.4.2                           |
| A18                          | Follow-up  | CP2.5                             |
| A19                          | Integration of Communicator, Collaborator, Leader-Manager, Health Advocate, Scholar, Professional roles in the Care Provider role              | CP1.1                             |
| A20                          | Intraprofessional health care  | CP2.4.4                           |
| A21                          | Interpreting diagnostic tests  | CP2.1, CP2.4, CP2.5               |
| A22                          | Interprofessional health care  | CP2.3, CP2.4, CP2.5               |
| A23                          | Legal frameworks governing practice  | CP2.4.4                           |
| A24                          | Medication therapy expertise   | CP1.1, CP1.2                      |
| A25                          | Patient-centred clinical assessment and management   | CP2                               |
| A26                          | Patient safety; commitment to patient safety   | CP3                               |
| A27                          | Priority-setting   | CP2.2                             |
| A28                          | Quality improvement; commitment to quality improvement   | CP3                               |
| A29                          | Situational awareness  | CP1.3                             |
| A30                          | Transitions and continuity of care   | CP3                               |
| A31                          | Working within the health team   | CP1.2, CP1.5, CP2.3, CP2.4, CP2.5 |

### Resources:

Bhanji F, et al. Medical Expert. In: Frank JR, Snell L, Sherbino J (Eds). *CanMEDS 2015 Physician Competency Framework*. Ottawa, ON: Royal College of Physicians and Surgeons of Canada, 2015.

Joint Commission of Pharmacy Practitioners. *Pharmacists' Patient Care Process*. Ibid; May 29, 2014. Available: <http://icpp.net/patient-care-process/>. Accessed November 23, 2016.

National Association of Pharmacy Regulatory Authorities (NAPRA/ANORP). *Professional competencies for Canadian pharmacists at entry to practice*. Ottawa, ON: NAPRA; 2014.

## COMMUNICATOR

### Definition

As **Communicators**, pharmacy graduates communicate effectively in lay and professional language, using a variety of strategies that take into account the situation, intended outcomes of the communication and diverse audiences.

| KEY COMPETENCIES  | ENABLING COMPETENCIES   |
|---|---|
| <b>Pharmacy Graduates are able to:</b>  | <b>Pharmacy Graduates are able to:</b>  |
| <b>CM1 Communicate in a responsible and responsive manner that encourages trust and confidence.</b>   | <b>CM1.1</b> Select and use oral, non-verbal and written communication strategies (tools, techniques, technologies) effectively so that the patient's best interests are foremost.  |
|   | <b>CM1.2</b> Provide timely, clear responses that are tailored to the context and audience.   |
|   | <b>CM1.3</b> Express facts, evidence, opinions and positions accurately and effectively, with clarity and confidence.   |
|   | <b>CM1.4</b> Listen, actively solicit and respond appropriately to ideas, opinions and feedback from others.  |
|   | <b>CM1.5</b> Use language, pace, tone and non-verbal communication that is suitable for:<br>a) the intended outcomes of the communication, and<br>b) the complexity, ambiguity, urgency and/or difficulty of a situation, conversation or conflict.   |
|   | <b>CM1.6</b> Seek and synthesize relevant information from others in a manner that ensures common understanding and where applicable, clarifies and secures agreement and/or consent.   |
|   | <b>CM1.7</b> Compose and share oral, written and electronic information in a manner that optimizes patient safety, dignity, confidentiality and privacy.  |
| <b>CM2 Communicate in a manner that supports a team approach to health promotion and health care.</b> | <b>CM2.1</b> Engage in respectful, empathetic, compassionate, non-judgmental, culturally safe, tactful conversations with patients, communities, populations and health team members.   |
|   | <b>CM2.2</b> Demonstrate awareness of the impact of one's own experience level, professional culture, biases and power and hierarchy within the health team on effective working relationships, communication and conflict resolution with health team members and adapt the approach to the situation appropriately. |
|   | <b>CM2.3</b> Demonstrate accuracy and appropriateness of communication as well as respect for the role of other health team members when disclosing information about harmful or potentially harmful situations.  |
|   | <b>CM2.4</b> In word and in action, convey the importance of teamwork in patient-centred care, patient safety, health care quality improvement and health program delivery.   |

| Concepts: Communicator Role |  | Key or Enabling Competency |
|-----------------------------|--|----------------------------|
| B1                          | Accuracy   | CM1.3, CM2.3               |
| B2                          | Active listening   | CM1.4                      |
| B3                          | Agreed upon goals of care  | CM1.6, CM2.1               |
| B4                          | Appropriate documentation  | CM1.3, CM1.7               |
| B5                          | Attention to psychological aspects of illness  | CM1.7                      |
| B6                          | Bias   | CM2.1                      |
| B7                          | Complexity, uncertainty, ambiguity in clinical decision-making   | CM1.5                      |
| B8                          | Conflict resolution, management and prevention   | CM2.2                      |
| B9                          | Consent  | CM1.4                      |
| B10                         | Cultural safety  | CM1, CM2                   |
| B11                         | Disclosure of harmful and potentially harmful patient safety incidents; commitment to disclosure as part of maintaining trusting relationships | CM2.3                      |
| B12                         | Effective oral and written information for patient care across all media   | CM1                        |
| B13                         | Efficiency, timeliness   | CM1.2                      |
| B14                         | Eliciting and synthesizing information for patient care  | CM1.6                      |
| B15                         | Empathy  | CM2.1                      |
| B16                         | Ethics in the patient-pharmacist encounter   | CM2.1                      |
| B17                         | Feedback (seeking and/or providing)  | CM1.4                      |
| B18                         | Handovers (of patient care)  | CM1.7                      |
| B19                         | Intraprofessional care   | CM1, CM2                   |
| B20                         | Interprofessional care   | CM1, CM2                   |
| B21                         | Mutual understanding   | CM1.6                      |
| B22                         | Patient-centred approach to communication  | CM1.1                      |
| B23                         | Patient safety; commitment to patient safety   | CM 1.6, CM2.3, CM2.4       |
| B24                         | Performance assessment   | CM2.2                      |
| B25                         | Privacy and confidentiality  | CM1.7                      |
| B26                         | Proficient oral and non-verbal communication   | CM1, CM2                   |
| B27                         | Quality improvement; commitment to quality improvement   | CM2.4                      |
| B28                         | Relational competence in interactions  | CM1, CM2                   |
| B29                         | Respect for diversity  | CM2.1, CM2.2               |
| B30                         | Self-awareness; insight  | CM2.2                      |
| B31                         | Self-improvement   | CM2.2                      |
| B32                         | Shared decision-making; securing agreement   | CM1.6                      |
| B33                         | Sharing knowledge and information  | CM1.7                      |
| B34                         | Team dynamics  | CM1                        |
| B35                         | Therapeutic relationships with patients  | CM1                        |
| B36                         | Time management  | CM1.7                      |
| B37                         | Trust in the patient-pharmacist relationship   | CM1                        |
| B38                         | Working within the health team   | CM1.3, CM1.4, CM1.5, CM2.4 |

## Resources:

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## COLLABORATOR

### Definition

As **Collaborators**, pharmacy graduates work collaboratively with patients and intra- and inter-professional teams to provide safe, effective, efficient health care, thus fulfilling the needs of the community and society at large.

| KEY COMPETENCIES   | ENABLING COMPETENCIES  |
|--|--|
| <b>Pharmacy Graduates are able to:</b>   | <b>Pharmacy Graduates are able to:</b>   |
| <b>CL1 Work effectively with members of the health team including patients, pharmacy colleagues and individuals from other professions.</b>            | <b>CL1.1</b> Establish and maintain positive relationships.  |
|  | <b>CL1.2</b> Recognize, respect and negotiate the roles and shared/overlapping responsibilities of team members.   |
|  | <b>CL1.3</b> Join with others in respectful, effective shared decision-making.   |
| <b>CL2 Hand over the care of a patient to other pharmacy team members and non-pharmacy team members to facilitate continuity of safe patient care.</b> | <b>CL2.1</b> Determine when and how care should be handed over to another team member.   |
|  | <b>CL2.2</b> Recognize, respect and honour the negotiated shared and overlapping responsibilities of patients, pharmacy team members and other health team members when handovers occur. |
|  | <b>CL2.3</b> Demonstrate safe handover of care, using oral, written and electronic communication, during a patient transition to a different care provider or setting.                   |

| Concepts: Collaborator Role |  | Key or Enabling Competency |
|-----------------------------|--|----------------------------|
| C1                          | Collaboration with other care providers across the continuum                       | CL 2                       |
| C2                          | Conflict resolution, management and prevention                                     | CL1.1, CL2.2               |
| C3                          | Constructive negotiation   | CL1.2                      |
| C4                          | Cultural safety  | CL1, CL2                   |
| C5                          | Duty of care; scope of practice  | CL2.1                      |
| C6                          | Effective consultation and referral  | CL2.1                      |
| C7                          | Effective health teams   | CL1                        |
| C8                          | Effective triage   | CL2.1                      |
| C9                          | Handovers (of patient care)  | CL2                        |
| C10                         | Intraprofessional health care  | CL1, CL2                   |
| C11                         | Interprofessional health care  | CL1, CL2                   |
| C12                         | Legal frameworks governing practice  | CL1.2                      |
| C13                         | Patient safety; commitment to patient safety                                       | CL2.3                      |
| C14                         | Pharmacist role, responsibilities, accountabilities as it relates to patient care) | CL1.2, CL2.2               |
| C15                         | Recognizing one's own roles and limits   | CL2.1                      |
| C16                         | Situational awareness  | CL2.1                      |
| C17                         | Shared decision-making; securing agreement   | CL1.3                      |
| C18                         | Sharing knowledge and information  | CL2.3                      |
| C19                         | Team dynamics  | CL1                        |
| C20                         | Transitions and continuity of care   | CL2                        |

### Resources:

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## LEADER-MANAGER

### Definition

As **Leaders and Managers**, pharmacy graduates engage with others to optimize the safety, effectiveness and efficiency of health care, and contribute to a vision of a high-quality health care system.

| KEY COMPETENCIES                |   | ENABLING COMPETENCIES           |  |
|---------------------------------|---|---------------------------------|--|
| Pharmacy Graduates are able to: |   | Pharmacy Graduates are able to: |  |
| <b>LM1</b>                      | <b>Contribute to optimizing health care delivery and pharmacy services.</b> | <b>LM1.1</b>                    | Work with others to apply quality improvement strategies and techniques to optimize pharmacy care.                                     |
|                                 |   | <b>LM1.2</b>                    | Contribute to a culture of patient safety.   |
|                                 |   | <b>LM1.3</b>                    | Confirm the quality, safety and integrity of products.   |
|                                 |   | <b>LM1.4</b>                    | Use health informatics to improve the quality of care, manage resources and optimize patient safety.                                   |
| <b>LM2</b>                      | <b>Contribute to the stewardship of resources in health care systems.</b>   | <b>LM2.1</b>                    | Apply evidence and management processes to achieve cost appropriate care.  |
|                                 |   | <b>LM2.2</b>                    | Allocate health care resources for optimal patient care.   |
|                                 |   | <b>LM2.3</b>                    | Contribute to the management of finances and health human resources in pharmacy practice settings.                                     |
| <b>LM3</b>                      | <b>Demonstrate leadership skills.</b>                                       | <b>LM3.1</b>                    | Demonstrate leadership skills to enhance pharmacy practice and health care.  |
| <b>LM4</b>                      | <b>Demonstrate management skills.</b>                                       | <b>LM4.1</b>                    | Work with others to apply the principles of effective management and supervision of health human resources and medication use systems. |
|                                 |   | <b>LM4.2</b>                    | Use effective strategies to manage and improve their own practice of pharmacy.   |

| Concepts: Leader-Manager Role |   | Key or Enabling Competency |
|-------------------------------|---|----------------------------|
| D1                            | Allocation and management of health care resources                                | LM2                        |
| D2                            | Business principles   | LM2                        |
| D3                            | Commitment to optimizing pharmacy and health services                             | LM1                        |
| D4                            | Constructive negotiation  | LM1.1, LM2.3, LM4.1        |
| D5                            | Cultural safety   | LM1, LM2, LM3, LM4         |
| D6                            | Health informatics  | LM1.4                      |
| D7                            | Intraprofessional health care   | LM4.1                      |
| D8                            | Leading change  | LM1.2, LM2.1, LM3.1        |
| D9                            | Management to maintain practice and personal health                               | LM4.2                      |
| D10                           | Organizing, structuring, budgeting, financing                                     | LM1, LM2, LM4              |
| D11                           | Patient safety; commitment to patient safety                                      | LM1.2, LM1.4               |
| D12                           | Personal leadership skills  | LM3.1                      |
| D13                           | Pharmacist role, responsibilities, accountabilities as it relates to patient care | LM1, LM3, LM4              |
| D14                           | Pharmacist role, responsibilities, accountabilities as it relates to society      | LM1, LM2, LM3              |
| D15                           | Priority-setting  | LM4                        |
| D16                           | Quality improvement, commitment to quality improvement                            | LM1                        |
| D17                           | Reflection on practice  | LM4.2                      |
| D18                           | Remuneration  | LM2                        |
| D19                           | Responsibility to self, including personal care, in order to serve others         | LM4.2                      |
| D20                           | Self-awareness, insight   | LM4.2                      |
| D21                           | Self-improvement  | LM4.2                      |
| D22                           | Stewardship of health resources and human resources                               | LM2                        |
| D23                           | Supervising others  | LM2.3, LM4.1               |
| D24                           | Systems approach to health care   | LM2, LM4.1                 |

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## HEALTH ADVOCATE

### Definition

As **Health Advocates**, pharmacy graduates demonstrate care for individual patients, communities and populations by using pharmacy expertise to understand health needs and advance health and well-being of others.

| KEY COMPETENCIES  | ENABLING COMPETENCIES  |
|---|--|
| <b>Pharmacy Graduates are able to:</b>  | <b>Pharmacy Graduates are able to:</b>   |
| <b>HA1</b> “Respond to an individual patient’s health needs by advocating with the patient within and beyond the patient care environment.” <sup>1</sup>                  | <b>HA1.1</b> “Work with patients to address determinants of health that affect them and their access to needed health services or resources.” <sup>1</sup> |
|   | <b>HA1.2</b> “Work with patients to increase opportunities to adopt healthy behaviours.” <sup>1</sup>  |
|   | <b>HA1.3</b> “Incorporate disease prevention, health promotion and health surveillance into interactions with individual patients.” <sup>1</sup>           |
| <b>HA2</b> “Respond to the needs of communities or populations they serve by advocating with them for system-level change in a socially accountable manner.” <sup>1</sup> | <b>HA2.1</b> “Work with a community or population to identify the determinants of health that affect them”. <sup>1</sup>                                   |
|   | <b>HA2.2</b> Participate in health promotion and disease prevention programs.  |

| Concepts: Health Advocate Role |   | Key or Enabling Competency |
|--------------------------------|---|----------------------------|
| E1                             | Adapting practice to respond to needs of patients, communities/populations served | HA2                        |
| E2                             | Advocacy in partnership with patients, communities and/or populations served      | HA2                        |
| E3                             | Collaboration with other providers across the continuum of care                   | HA2                        |
| E4                             | Commitment to promotion of public good in health care                             | HA2                        |
| E5                             | Cultural safety   | HA1, HA2                   |
| E6                             | Determinants of health  | HA1.1, HA2.1               |
| E7                             | Disease prevention  | HA2.2                      |
| E8                             | Health equity   | HA1.2                      |
| E9                             | Health policy principles and implications   | HA2.2                      |
| E10                            | Health promotion  | HA2.2                      |
| E11                            | Health system literacy  | HA1, HA2                   |
| E12                            | Quality improvement, commitment to quality improvement                            | HA1.2, HA2.2               |
| E13                            | Social accountability   | HA2                        |
| E14                            | Societal expectations of pharmacists and the profession                           | HA1, HA2                   |
| E15                            | Systems approach to health care   | HA2                        |

### Resources:

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2. Association of Faculties of Medicine of Canada. *AFMC Primer on Population Health: A virtual textbook on Public Health concepts for clinicians*. Ottawa, ON: Ibid, 2013.

## SCHOLAR

### Definition

As **Scholars**, pharmacy graduates take responsibility for excellence by applying medication therapy expertise, learning continuously, creating new knowledge and disseminating knowledge when teaching others.

| KEY COMPETENCIES   | ENABLING COMPETENCIES   |
|--|---|
| <b>Pharmacy Graduates are able to:</b>   | <b>Pharmacy Graduates are able to:</b>  |
| <b>SC1 Apply medication therapy expertise to optimize pharmacy care, pharmacy services and health care delivery.</b> | <b>SC1.1</b> Use knowledge and problem-solving to arrive at recommendations and decisions that are appropriate, accurate and practical.     |
|  | <b>SC1.2</b> Use professional experience to solve routine, previously encountered problems.   |
|  | <b>SC1.3</b> Use established decision-making frameworks and apply learning required to manage new situations and problems.                  |
| <b>SC2 Integrate best available evidence into pharmacy practice.</b>   | <b>SC2.1</b> Generate focused questions related to needs for information, recommendations and decisions in practice.                        |
|  | <b>SC2.2</b> Use systematic approaches in the search for best available evidence.   |
|  | <b>SC2.3</b> Critically appraise health-related research and literature.  |
|  | <b>SC2.4</b> Incorporate best available evidence in the decision-making process.  |
| <b>SC3 Contribute to the creation of knowledge or practices in the field of pharmacy.</b>                            | <b>SC3.1</b> Apply scientific principles of research and scholarly inquiry.   |
|  | <b>SC3.2</b> Apply ethical principles that underlie research and scholarly inquiry.   |
| <b>SC4 Teach other pharmacy team members, the public and other health care professionals including students.</b>     | <b>SC4.1</b> Provide effective education to others.   |
|  | <b>SC4.2</b> Employ appropriate teaching roles when teaching others.  |
|  | <b>SC4.3</b> Deliver effective feedback in teaching and learning situations.  |
|  | <b>SC4.4</b> Use appropriate learning assessment and evaluation strategies when working with patients, team members, students and teachers. |

| Concepts: Scholar Role |   | Key or Enabling Competency |
|------------------------|---|----------------------------|
| F1                     | Bias  | SC3                        |
| F2                     | Clinical decision-making                                | SC1                        |
| F3                     | Clinical reasoning                                      | SC1, SC2                   |
| F4                     | Commitment to optimize pharmacy care, pharmacy services | SC1                        |
| F5                     | Conflict of interest                                    | SC2, SC3                   |
| F6                     | Consent   | SC3.2                      |
| F7                     | Critical appraisal of the literature                    | SC2.3                      |
| F8                     | Cultural safety   | SC4                        |
| F9                     | Direct instruction                                      | SC4.2                      |
| F10                    | Ethical principles and theories, ethical codes          | SC3.2                      |
| F11                    | Ethics in research and scholarly inquiry                | SC3.2                      |
| F12                    | Evidence-informed decision-making                       | SC1, SC2                   |
| F13                    | Facilitation of learning                                | SC4.1, SC4.2, SC4.3        |
| F14                    | Feedback (seeking and/or providing)                     | SC4.3                      |
| F15                    | Learner assessment                                      | SC4.4                      |
| F16                    | Optimization of the learning environment                | SC4.1, SC4.2               |
| F17                    | Pharmacist expertise                                    | SC1                        |
| F18                    | Principles of assessment                                | SC4.4                      |
| F19                    | Privacy and confidentiality                             | SC3                        |
| F20                    | Role modeling   | SC4.2                      |
| F21                    | Scholarly inquiry                                       | SC3                        |
| F22                    | Scientific principles                                   | SC3.1                      |
| F23                    | Supervising others                                      | SC4.2                      |
| F24                    | Teacher assessment                                      | SC4.4                      |

### Resources:

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## PROFESSIONAL

### Definition

As **Professionals**, pharmacy graduates take *responsibility and accountability for delivering pharmacy care* to patients, communities and society through ethical practice and the high standards of behaviour that are expected of self-regulated professionals. The Professional role is the overarching ethos of the discipline of pharmacy.

| KEY COMPETENCIES  | ENABLING COMPETENCIES  |
|---|--|
| <b>Pharmacy Graduates are:</b>  | <b>Pharmacy Graduates are able to:</b>   |
| <b>PR1 Committed to apply best practices and adhere to high ethical standards in the delivery of pharmacy care.</b> | <b>PR1.1</b> Exhibit professional behaviour whether face-to-face, in writing or via technology-enabled communication. Professional behaviour includes but is not limited to: <ul style="list-style-type: none"> <li>a) demonstrating honesty, integrity, humility, commitment, altruism, compassion, respect and respect for diversity and patient autonomy;</li> <li>b) being accessible, diligent, timely and reliable in service to others;</li> <li>c) abiding by the principle of non-abandonment;</li> <li>d) maintaining appropriate interpersonal boundaries;</li> <li>e) maintaining professional composure, demeanour and language even in difficult situations; and</li> <li>f) maintaining privacy and confidentiality.</li> </ul> |
|   | <b>PR1.2</b> Use ethical frameworks as one component of professional judgment.   |
|   | <b>PR1.3</b> Recognize and respond to situations presenting ethical dilemmas, including conflicts of interest.   |
|   | <b>PR1.4</b> Engage in activities that: <ul style="list-style-type: none"> <li>a) protect the public; and</li> <li>b) advance the practice of pharmacy.</li> </ul>   |
| <b>PR2 Able to recognize and respond to societal expectations of regulated health care professionals.</b>           | <b>PR2.1</b> Take responsibility and accountability for actions and inactions.   |
|   | <b>PR2.2</b> Demonstrate a commitment to patient safety and quality improvement.   |
|   | <b>PR2.3</b> Honour the laws, ethical codes and regulatory requirements (by-laws, standards, policies) that govern the self-regulated profession of pharmacy.  |
|   | <b>PR2.4</b> Demonstrate an understanding of federal, provincial/territorial and municipal laws, policies and standards that apply to pharmacy workplaces.   |
|   | <b>PR2.5</b> Demonstrate an ability to maintain competence to practise through evaluating areas for improvement and planning, undertaking learning activities to address limitations in competence and/or performance and incorporating learning into practice.  |
|   | <b>PR2.6</b> Identify and respond to unprofessional, unethical and illegal behaviours in pharmacists, other pharmacy team members and other health professionals.  |
| <b>PR3 Committed to self-awareness in the management of personal and professional well being.</b>                   | <b>PR3.1</b> Set professional and personal goals, priorities and manage their time to balance patient care, workflow and practice requirements.  |
|   | <b>PR3.2</b> Examine, reflect upon and manage personal attributes (knowledge, skills, beliefs, biases, motivations, emotions) that could influence self-development and professional performance.  |
|   | <b>PR3.3</b> Adapt their practice of pharmacy to fulfill evolving professional roles.  |
|   | <b>PR3.4</b> Recognize and respond to self and colleagues in need.   |

| Concepts: Professional Role |  | Key or Enabling Competency |
|-----------------------------|--|----------------------------|
| G1                          | Accountability to professional regulatory authorities  | PR2, PR3.4                 |
| G2                          | Altruism   | PR1.1                      |
| G3                          | Applied capacity for self-regulation (monitoring one's thoughts, behaviours, emotions and attention to optimal performance and well-being) | PR3                        |
| G4                          | Clinical decision-making   | PR1.2                      |
| G5                          | Clinical reasoning   | PR1.2                      |
| G6                          | Commitment to optimize pharmacy practice, pharmacy services  | PR3.3                      |
| G7                          | Commitment to upholding professional standards   | PR2.3                      |
| G8                          | Commitment to promotion of public good in health care  | PR2.2                      |
| G9                          | Compassion and caring  | PR1                        |
| G10                         | Conflict of interest   | PR1.3                      |
| G11                         | Consent  | PR2                        |
| G12                         | Compounding and dispensing to implement a care plan  | PR2.3                      |
| G13                         | Cultural safety  | PR1, PR2                   |
| G14                         | Disclosure of pharmacist and other health professionals' limitations that affect care  | PR1.3, PR2.1, PR2.6, PR3.4 |
| G15                         | Efficiency, timeliness   | PR1.1                      |
| G16                         | Empathy  | PR1.1                      |
| G17                         | Ethical principles and theories, ethical codes   | PR1.2, PR1.3, PR2.1, PR2.3 |
| G18                         | Ethics in the patient-pharmacist encounter   | PR1.2, PR1.3, PR2.1, PR2.3 |
| G19                         | Feedback (seeking and/or providing)  | PR2.5                      |
| G20                         | Health policy principles and limitations   | PR1.4                      |
| G21                         | Integrity and honesty  | PR2.1, PR2.3               |
| G22                         | Legal frameworks governing practice  | PR2.1, PR2.2, PR2.3        |
| G23                         | Life-long learning   | PR2.5                      |
| G24                         | Management to maintain practice and personal health  | PR1.1, PR3                 |
| G25                         | Moral and ethical behaviour  | PR1.1, PR1.2, PR1.3        |
| G26                         | Patient safety, commitment to patient safety   | PR2.1, PR2.2               |
| G27                         | Performance assessment   | PR2.5, PR3.2               |
| G28                         | Personal leadership skills   | PR3.1                      |
| G29                         | Personal learning plan   | PR2.5, PR3.1               |
| G30                         | Pharmacist role, responsibilities, accountabilities as it relates to society   | PR1.1, PR1.4, PR2          |
| G31                         | Privacy and confidentiality  | PR1.1, PR2.5, PR2.6        |
| G32                         | Professional boundaries  | PR1.1                      |
| G33                         | Quality improvement, commitment to quality improvement   | PR2.1, PR2.2               |
| G34                         | Recognizing one's own roles and limits   | PR3.2                      |
| G35                         | Reflection on practice   | PR2.1, PR2.5, PR3.2, PR3.4 |
| G36                         | Respect for diversity  | PR1.1                      |
| G37                         | Responsibility to self, including personal care, in order to serve others  | PR3.4                      |
| G38                         | Responsibility to the profession   | PR1, PR2, PR3              |
| G39                         | Self-awareness, insight  | PR2.1, PR2.5, PR3.2, PR3.4 |
| G40                         | Self-improvement   | PR3.2                      |
| G41                         | Societal expectations of pharmacists and the profession  | PR2                        |
| G42                         | Supervising others   | PR2.3                      |
| G43                         | Time management  | PR1.1, PR3.1               |

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3. O'Connell MB, Rodriguez de Bittner M, Poirier M, et al. AACP White Paper: Cultural Competency in Health Care and Its Implications for Pharmacy Part 3A: Emphasis on Pharmacy Education, Curriculums and Future Directions. *Pharmacotherapy* 2013; (33)12: e346-367.
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