**Year 1 Residency Advisory Council (RAC)**

**Terms of Reference**

# Purpose

# To function as an educational advisory committee for the Program Coordinators to provide guidance on program development and educational oversight to the Year 1 LMPS Pharmacy Residency Program.

**Role**

1. Ensuring CPRB Standards related to residency program administration are met (see Appendix A)
2. To maintain a link between individual training sites and the regional residency program leadership.
3. To review the curriculum and assessment approaches of the program on an ongoing basis.
4. To review the preceptor support and development approaches on an ongoing basis.
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 in a closed session when resident representatives on the committee are not present.
8. To support continuous quality improvement of the program.

# Subcommittees of the Year 1 RAC

# The following subcommittees will provide additional guidance to Year 1 Residency Program in terms of program design. They serve in an advisory role to the Program Coordinator.

# Reporting: These committees report to the Year 1 RAC.

# Residency Project Oversight Committee (RPOC)

# Year 1 RAC Membership

* LMPS Year 1 Residency Program Coordinators (Chair)
* LMPS Year 1 Residency Program Director
* LMPS Year 1 Chief Residents
* LMPS Year 2 Residency Program Lead or Clinical Preceptor
* Representatives from major teaching sites
* External Members (e.g.: Fraser Health Clinical Dietician Educator and Student Coordinator, Representative from a Health Authority Research Department)

The composition of the RAC should include representation from:

* Clinical Administration (e.g. Clinical Coordinator)
* Operations (e.g. Director),
* Practicing clinical preceptors (e.g. those providing at least 60 residency training days per academic year)
* Junior clinical preceptor who has graduated ≤5 years from the LMPS residency program, and who demonstrates significant involvement and understanding of the residency program (e.g. > 2 years previous experience precepting residents; employed as grade 2 or 3 pharmacist within LMPS)

# Role of Year 1 RAC Members

1. Attend and participate in RAC meetings
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 four times per year in September, November, February, and May.

**Minutes and Communication**

Minutes will be circulated via email to RAC members, LMPS Managers, and LMPS Directors

The circulation of minutes to clinical staff will be at the discretion of RAC members with deletion of closed session section on resident progress prior to distribution.

# Quorum

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

# Appendix A

# CPRB 2.1.3 Residency Program Administration Standard

The residency program shall be directed by pharmacists who hold to high professional ideals and have the desire and aptitude to teach and administer the program.

# Requirement(s)

1. A residency advisory committee shall be in place to provide general oversight of and guidance on the design and operation of the program, with the following characteristics
   1. The committee’s terms of reference, meeting minutes and associated documents (e.g., position papers, projects) shall be available for review by the accreditation survey team.
   2. The committee shall include representation from the program’s residents; if there is more than one resident in the program, at least one representative shall be elected by the group.
   3. The committee should include a representative from each participating site (facility or department) and each major component of the program.
   4. The committee shall include representation from primary preceptors.
   5. Committee members may be appointed or elected, and all members must be active participants on the committee, as evidenced by regular attendance at meetings.
   6. 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.
   7. The committee shall regularly communicate its deliberations and decisions to the department or organization.
   8. Where two or more residency programs are operating within the same organization, the residency advisory committees shall regularly communicate with each other.
   9. Where two or more residency programs are operating within the same organization, one residency advisory committee may be aligned, integrated, or partnered with another residency advisory committee, so long as it can be demonstrated that the needs of the pharmacy residency program are being met.
   10. The committee shall ensure appropriate remediation or probation for any resident who is experiencing difficulties achieving the appropriate level of competence.