



## ASHP ACCREDITATION STANDARD FOR POSTGRADUATE PHARMACY RESIDENCY PROGRAMS

### SUMMARY OF CHANGES

April 2024

#### Overview

This *Summary of Changes* document highlights the areas of the ASHP Accreditation Standard that were revised and approved in the March 2024 Commission on Credentialing meeting and endorsed by the ASHP Board of Directors in April 2024. Due to legislation changes in various states, some specific words and/or phrases previously used within the Standard required revision to accommodate the new legislation. Revisions were made to the following sections listed below and the revised elements of the Standards and Guidance are outlined in the following pages.

#### Standard revisions:

- 1.1.a
- 1.1 Guidance
- 2.2.a Guidance — Removal of *education and conference days* as "time away" from the program
- 4.4.b.1.a
- 4.4 Guidance
- 5.1.c.1
- 5.1.c Guidance

**Standard and Guidance revisions approved by the ASHP Commission on Credentialing on March 3, 2024 and endorsed by the ASHP Board of Directors on April 11, 2024. Revisions are effective July 1, 2024.**

## Standard 1: Recruitment and Selection of Residents

- 1.1 Programs have a documented procedure that is used by all involved in the recruitment, evaluation and ranking of applicants. The procedure includes:
- 1.1.a ~~Description of methods for recruitment that promote diversity and inclusion. Description of methods for recruitment consistent with sponsoring institution’s mission and strategic aims. Programs must engage in mission-driven, ongoing, systematic efforts to recruit and retain individuals of diverse backgrounds.~~
  - 1.1.b Pre-determined, objective criteria for determining which applicants shall be invited to interview.
  - 1.1.c Pre-determined, objective criteria for evaluating each applicant’s interview performance.
  - 1.1.d Description of how the rank order of applicants for the Match is determined.
  - 1.1.e Description of Phase II Match procedures.
  - 1.1.f Description of early commitment procedures for PGY2 programs, if applicable.

### Guidance

- 1.1: Recruitment, evaluation and ranking procedure appears in the residency manual or other readily available residency or pharmacy department documents, but does not need to be shared with applicants.
- 1.1: Programs ensure the documented procedure aims to reduce implicit bias throughout the continuum of the recruitment, selection, and ranking process ~~(see Diversity Resource Guide for further information and examples).~~
- 1.1: Applicant selection process should include the residency program director and others involved in the conduct of the residency program.
- ~~1.1.a: Recruitment identifies and engages individuals underrepresented\* in the profession of pharmacy [see Diversity Resource Guide for definition of terms: diversity, inclusion, underrepresented].~~

~~1.1.a Guidance: Programs implement innovative strategies that promote recruiting and retention of a diverse workforce consistent with applicable laws and organizational mission that meets the needs of all patients and is reflective of the service demographic. Evaluation of workforce diversity should include an assessment of the demographic population in the area served by the program and the program’s efforts to recruit and retain a diverse workforce including individuals underrepresented in pharmacy. It is important to note that these standards do not require race-based affirmative action in promoting or achieving diversity.~~

- ~~\*NOTE: According to 2019 American Community Survey data, Blacks, Hispanics, and Native Americans comprise 31% of the population (Black, 12.7%, Hispanic, 18%, Native American 0.8%), but only 15.7% of the total number of PharmD degrees conferred in 2019 (Black, 8.8%, Hispanic, 6.4%, Native American, 0.3%, Native Hawaiian or Pacific Islander, 0.2%). These racial and ethnic groups are considered **underrepresented**, as their representation in the profession of pharmacy is lower than their representation in the general population. Reference: <https://www.aacp.org/sites/default/files/2020-05/fall-2019-pps-enrollments.pdf> (pages 31-33). [NOTE: International programs are exempt from meeting this standard item. During surveys, ‘N/A’ should be indicated on the pre-survey questionnaire for international programs.]~~

- 1.1.b: Procedures include information on how the academic performance of applicants from pass/fail institutions are evaluated, if GPA is part of the applicant selection criteria.
- 1.1.b: A documented applicant screening rubric.
- 1.1.c: Pre-determined interview questions and defined criteria for rating applicant’s interview performance.
- 1.1.d, 1.1.e, 1.1.f: International programs exempted by ASHP from the Match must have documentation of the country’s official application and selection process. “N/A” should be indicated on the pre-survey questionnaire; however, documentation shall be provided in survey materials as requested.

**How it will be surveyed**

Review of:

- Documented procedure for recruitment, evaluation and ranking of applicants, ~~including recruitment efforts to promote diversity and inclusion.~~
- Tools and rubrics used.
- Recruitment materials.
- Predetermined criteria used to select applicants to interview and rank.
- Discussion with RPD and others involved in the applicant selection process.

## Standard 2: Program Requirements and Policies

2.2 Policies define the amount of time residents are allowed to be away from the program.

2.2.a Time away from the residency program does not exceed a combined total of the greater of (a) 37 days per 52-week training period, or (b) the minimum number of days allowed by applicable federal and/or state laws (allotted time), without requiring extension of the program.

2.2.a.1 Training is extended to make up any absences that exceed the allotted time and extension beyond the allotted time is equivalent in competencies and time missed.

2.2.b Policies define whether extension of the program is permitted (subject to the requirements of any applicable federal and/or state laws).

2.2.b.1 Programs that permit extension of the program must specify the maximum duration allowed and the status of salary and benefits during the extension.

2.2.b.2 For programs that do not permit extensions, policies state that residents taking leave in excess of the allotted time will not receive a certificate of completion.

**Guidance**

2.2.a:

- For the purposes of the Standard, time away from the program is defined as the total number of days taken for vacation, sick, interview, and personal days; holidays; religious time; jury duty; bereavement leave; military leave; parental leave; leaves of absence; and, extended leave.  
~~○ Conference and/or education days, are also defined as “time away” for the purposes of the Standard.~~

- The calculation of time away DOES NOT include service commitment/staffing days nor are compensatory days for staffing shifts counted in the calculation.
- The Standard DOES NOT define the amount of paid leave that must be offered to residents; organizations should follow their routine paid time off policies and procedures.
- The Standard DOES NOT require programs to offer residents 37 days of paid time away from the program.
- The Standard DOES define the maximum number of days a resident may be away from the program before an extension is required (37 days) to fulfill the 52-week commitment.
- If a resident exceeds 37 days away from the program, in order to fulfill the requirements of the Standard, the program must be extended by the number of days the resident is away from the program in excess of 37. If the organization is not able to extend the residency program, the resident will not be eligible to receive a residency completion certificate.

**How it will be surveyed**

- Review of program's leave policies.
- Discussion with RPD.

## Standard 4: Requirements of the Residency Program Director and Preceptors

### 4.4 Program Oversight

4.4.a A committee(s) is established to guide all elements of the residency program.

4.4.a.1 Committee(s) meets at least quarterly.

4.4.a.2 Discussion and decisions of the committee(s) are documented.

4.4.b The committee(s) engage in an ongoing process of assessment of the residency program.

4.4.b.1 A formal program evaluation is conducted annually and includes:

4.4.b.1.a Assessment of methods for recruitment, ~~that promote diversity and inclusion.~~

4.4.b.1.b End-of-the year input from residents who complete the program.

4.4.b.1.c Input from resident evaluations of preceptors and learning experiences.

4.4.b.1.d Input from preceptors related to continuous improvement.

4.4.b.1.e Documentation of program improvement opportunities and plans for changes to the program.

4.4.b.2. Improvements identified through the assessment process are implemented.

**Guidance**

- 4.4.a:
  - Oversight of the residency program can be accomplished by a single committee (e.g., residency advisory committee), or for sites/organizations with multiple programs, a

- combination of committees may be used. If an oversight committee is used to make global decisions for all programs at a site/organization, a mechanism is in place to manage program-level decisions and resident progress.
- Committee membership includes but is not limited to RPD(s), preceptors, and as applicable, pharmacy leaders. For multiple practice site residencies, site coordinators are also included as members.
  - Elements of the program include but are not limited to recruitment and selection of residents; program requirements and policies; structure, design and conduct of the residency program; and, annual program assessment.
  - 4.4.b: Examples of ongoing program assessment may include discussion of program improvement opportunities, discussion of applicant selection process outcomes, review of learning experiences, and review of residents' evaluations of preceptors and learning experiences.
  - ~~4.4.b.1.a: Assessment of methods that promote diversity and inclusion in recruitment may include, but are not limited to:~~
    - ~~Review of the applicant pool to determine increased variety of applicants from:~~
    - ~~Different geographic locations around the country.~~
    - ~~A variety of colleges and schools of pharmacy, including Historically Black Colleges and Universities (HBCUs) and those with higher percentages of individuals underrepresented in the profession of pharmacy. [https://www.aacp.org/sites/default/files/2020-05/fall\\_2019\\_pps\\_enrollments.pdf](https://www.aacp.org/sites/default/files/2020-05/fall_2019_pps_enrollments.pdf) (pages 31-33) [See *Diversity Resource Guide* for information on HBCUs].~~
    - ~~Review of advertising and marketing of the residency program. Examples include:~~
    - ~~Attendance at residency showcases hosted by HBCUs or colleges/schools of pharmacy with a higher percentage of individuals underrepresented in the profession of pharmacy.~~
    - ~~Inclusion of images in promotional materials and/or the program website, that reflect diversity of past residency classes and/or the department of pharmacy.~~
    - ~~Review of screening tools and rubrics used in the selection and ranking process for presence of bias.~~
      - ~~NOTE: International programs are exempt from meeting this Standard item. During surveys, 'N/A' should be indicated on the pre-survey questionnaire for international programs.~~
  - 4.4.b.1.b: Input includes how effectively the program structure facilitated achievement of the objectives.
  - 4.4.b.1.d: When all preceptors are not part of the committee, a process is in place to solicit input from all preceptors (e.g., a survey).

**How it will be surveyed**

- Review of:
  - Documentation of program improvement opportunities and plans for changes to the program.
  - Documented discussions and decisions.
- Discussion with RPD and preceptors about the program's continuous quality improvement efforts.

## Standard 5: Pharmacy Services

NOTE: *Pharmacy Services will be surveyed through review of pre-survey materials, discussion with pharmacy leaders and other stakeholders, and tour of the practice site.*

## Summary of Changes – truncated ASHP Accreditation Standard and Guidance shown

### 5.1 Pharmacy Leadership

#### 5.1.a Pharmacy Scope and Services

5.1.b External evaluation: Practice sites are accredited by external accrediting organizations appropriate to the practice environment.

5.1.c Personnel: Pharmacy leaders oversee the hiring, development, and support of pharmacy staff by:

5.1.c.1 Ensuring recruitment of pharmacy personnel includes methods that are consistent with sponsoring institution's mission and strategic aims. ~~to promote diversity and inclusion.~~

5.1.c.2 Providing resources for ongoing professional development for pharmacists and pharmacy technicians.

5.1.c.3 Ensuring the competence of pharmacists is validated through an ongoing, formalized process.

5.1.c.4 Ensuring the competence of pharmacy technicians performing specialized functions is validated through an ongoing, formalized process.

5.1.c.5 Providing resources for assessing and supporting staff well-being and resilience.

5.1.c.6 Providing program administration time to the residency program director (RPD) to support residency training.

5.1.c.7 Providing support for the ongoing management and improvement of the residency program(s).

#### Guidance

- ~~5.1.c.1: Recruitment identifies and engages individuals underrepresented in the profession of pharmacy [see *Diversity Resource Guide* for definition of terms: diversity, inclusion, and underrepresented].~~
  - ~~Recruitment methods and interview procedures employ measures to reduce implicit bias (i.e., objective assessment based on applicants' qualifications and previous experience related to the recruited position). See *Diversity Resource Guide* for examples of recruitment strategies for increasing diversity in the pharmacy workforce.~~
- [NOTE: International programs are exempt from meeting this standard item. During surveys, 'N/A' should be indicated on the pre-survey questionnaire for international programs.]
- 5.1.c.2: Examples of resources may include: Career ladders; conference time; support for involvement in local, state, or national pharmacy organizations; and reimbursement for professional meetings, professional certifications, and continuing education.
- 5.1.c.3: Process includes:
  - both initial and continuing competence.

## Summary of Changes – truncated ASHP Accreditation Standard and Guidance shown

- assessment of individual pharmacist performance in both the management of patients' drug therapy and in required operational activities/functions (e.g., peer-review process, credentialing and/or privileging, administration of clinical and operational competencies).
- maintenance of board certification could be a component of the ongoing formalized process for validating competence.
- 5.1.c.4: The process includes both initial and continuing competence. Specialized technician functions may include tech-check-tech, medication history, hazardous sterile and non-sterile preparation, and immunizations.
- 5.1.c.5: Pharmacy leaders may utilize organizational resources and initiatives. Resources and initiatives do not have to be pharmacy-specific. All personnel (including residents) have access to resources. Examples may include brochures, webinars, employee assistance programs, trainings, fitness activities, meditation activities, vendor partnerships and seminars.
- 5.1.c.6: The RPD is provided a minimum of four (4) hours per week of residency program administration time on average, over the course of each residency year. Additional time may be required based upon factors such as program size, time of the year, and availability of additional support personnel.
- 5.1.c.7: Leaders ensure that residency program directors have resources needed to implement the opportunities identified through the program's continuous improvement process and support their role in the preceptor appointment/reappointment process based on program criteria, eligibility, and qualification requirements of the accreditation standard (see Standard 4).

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