ASHP Regulations on Accreditation of Pharmacy Residencies

I. Introduction

ASHP believes that postgraduate residency programs are the best source of a highly qualified pharmacy workforce and that it has an obligation to support residencies through the development of standards and a program of accreditation. To ensure adherence to the principles and philosophy of such standards, ASHP administers an accreditation program. For purposes of accreditation, a pharmacy residency is considered to be a postgraduate program of organized education and training that meets the requirements of the ASHP Standard for Postgraduate Residency Programs (The Standard) set forth and approved by ASHP and, as applicable, its partners in residency program development.

II. Authority

The program for accreditation of postgraduate residency programs is established by authority of the Board of Directors of ASHP and is implemented by the ASHP Commission on Credentialing (COC). The COC meets biannually in March and August. The COC shall review and evaluate applications and site survey reports submitted and shall be authorized to act on all applications for accreditation in accordance with the policies and procedures set forth herein. All matters of policy relating to the accreditation of programs will be submitted for approval to the ASHP Board of Directors. The minutes of the COC shall be submitted to the Board of Directors for review and action as appropriate.

III. Accreditation Status

A. Accreditation: the act of granting approval to a postgraduate residency program after the program has met set requirements and has been reviewed and evaluated through an official process (document review, site survey, review and evaluation by the COC). An approved program is in an "ASHP-accredited" status.

B. Pre-candidate: the status that may be granted to a program that has submitted a completed application indicating intent to seek "candidate" status. Programs in pre-candidate status will receive access to PharmAcademic™ and The National Matching Service.

C. Candidate: the status granted to a program that has a resident(s) in training, has applied to ASHP for accreditation, and is awaiting the official site survey, and review and evaluation by the COC.

D. Conditional accreditation: the status granted to an accredited program that is not in substantial compliance with The Standard, as usually evidenced by the degree of severity of non-compliance and/or partial compliance findings.

Programs with conditional accreditation are subject to withdrawal of accreditation unless substantial improvement in areas of non-compliance and/or partial compliance occurs in the time frame designated by the COC. Programs with conditional accreditation may also be required to undergo an on-site survey at the discretion of the COC.

E. Unaccredited Pharmacy Residency Program: A pharmacy residency program that does not meet the above definitions. ASHP accredited or candidate-status pharmacy residency programs are prohibited from operating any unaccredited pharmacy residency program of the same or similar type at any practice site used by ASHP accredited or candidate status residency programs.

F. Accreditation Status References in Program and Promotional Materials

1. Programs must use the following language when referencing the program's accreditation status in formal program and promotional materials (e.g., residency manual, residency web site, residency brochures, posters, etc.):

    a. Programs in Pre-candidate Status: The (*residency program type, such as PGY1 Pharmacy Residency*) conducted by (*organization name, city, and state*) has an accreditation pre-candidate status with ASHP.

    b. Programs in Candidate Status: The (*residency program type, such as PGY1 Pharmacy Residency*) conducted by (*organization name, city, and state*) has an accreditation candidate status with ASHP.

    c. Accredited PGY1 Pharmacy and PGY2 Residency Programs: The (*residency program type, such as PGY1 Pharmacy Residency*) conducted by (*organization name, city, and state*) is accredited by ASHP.

    d. Accredited PGY1 Community-Based Pharmacy Residency Programs: The (*residency program type, such as PGY1 Community-Based Pharmacy Residency*) conducted by (*organization name, city, and state*) is accredited by ASHP, in partnership with APhA.

    e. Accredited PGY1 Managed Care Pharmacy Residency Programs: The (*residency program type, such as PGY1 Managed Care Pharmacy Residency*) conducted by (*organization name, city, and state*) is accredited by ASHP, in partnership with AMCP.

2. ASHP pre-candidate status, candidate-status, and accredited logos are also available for use by the residency program in connection with formal pharmacy residency materials such as brochures, promotional materials, posters, and residency manuals. The logos can be found on the ASHP web site (www.ashp.org)

3. When ASHP accreditation logos are used in program materials or promotional materials, the appropriate explanatory language, as reference above, must be used in conjunction with the logo.

4. For candidate-status and accredited residency programs, these logos may also be used on certificates of completion issued to residents.

IV. Program Operator

The Program Operator (e.g., hospital, health-system, community pharmacy, community pharmacy chain, federally qualified healthcare center (FQHC), managed care organization, corporation, college of pharmacy, outpatient clinic, or other business entity) applies for accreditation, and is administratively responsible for compliance with The Standard. The Program Operator is also responsible for submitting the accreditation application and ensuring periodic evaluations of the program are conducted.

A. If several organizations share responsibility for the financial and management aspects of the residency, the organizations must mutually designate one organization as the Program Operator. The relationship between the Program Operator and other organizations who share responsibility or financial or management aspects of the residency must be agreed to in writing, signed by all parties, and comply with Standards 2.16.a.1-2.16.a.7 (i.e., memorandum).

B. If the Program Operator will be seeking Centers for Medicare and Medicaid Services (CMS) pass through funding for a PGY1 program, the Program Operator must maintain full administrative and financial control of the residency program, inclusive of training curriculum.

V. Program Personnel

A. Pharmacist Preceptor: A licensed pharmacist who gives practical experience and training to a pharmacy resident during a learning experience. Pharmacist preceptors also have responsibility for the evaluation of resident performance.

B. Residency Program Director (RPD): A licensed pharmacist responsible for direction, conduct, and oversight of the residency program. The Accreditation Services Office (ASO) reviews and approves Residency Program Directors (RPDs) in accordance with The Standard.

1. The RPD must be from a practice site of the program or employed by the Program Operator (i.e., college of pharmacy). If the RPD is employed by the Program Operator, they must be designated as the RPD in a written agreement between the Program Operator and the Practice Site.

2. New Residency Program Directors must provide an ASHP Academic and Professional Record Form to ASHP (asd@ASHP.org).

3. The ASO will evaluate the credentials of each new RPD using the requirements outlined in The Standard. ASHP will then notify the new RPD of the evaluation results. Below are the designations.

    a. **Full Approval:** RPD meets all qualifications and eligibility criteria as outlined in The Standard.

    b. **Provisional Approval:** RPD does not meet all qualifications and eligibility criteria as outlined in The Standard but has a plan to meet them all within a reasonable time frame.

C. Interim RPD: A pharmacist preceptor for the residency program appointed by the site to serve as the RPD due to vacancy or leave of absence of the RPD, for a period of no longer than 120 days. Interim RPD's do not need ASO approval.

D. Designee: An individual designated by the RPD to perform duties as allowed by The Standard.

VI. Types of Residency Programs

Residency programs are defined by the year of post-graduate training and the required Competency Areas, Goals, and Objectives for the program and include Post Graduate Year One (PGY1), Post Graduate Year Two (PGY2), and 24-month Combined PGY1/PGY2 residency programs. PGY1/2 Combined Residency Programs recruit residents for both the PGY1 and the PGY2 years for residency programs that are specified in the program's residency application. The Standard defines resident eligibility and requirements for each type of residency program.

VII. Residency Sites

A. Primary Practice Site: The primary practice site is the physical location (e.g., hospital campus, FQHC, community pharmacy, managed care facility, outpatient clinic) where the majority of the resident's training is conducted relative to the other participating site(s), as applicable.

1. Each program includes a primary practice site.

    a. For College of Pharmacy-sponsored programs (College of Pharmacy is the program operator), the primary practice site is the clinical/patient care delivery site where the resident spends the majority of their time.

    b. For non-direct patient care programs (e.g., PGY2 Informatics, PGY2 HSPAL), the primary practice site can be a corporate and/or office location, if appropriate.

B. Participating Site: A participating site is a site providing educational experience(s) for the resident.

1. Additional participating site(s) may be used by any program when:

a. Services are unavailable/insufficient to meet required/elective training and/or

b. Additional resources are needed to execute the training

2. A memorandum is needed for participating site(s) that are not part of the same enterprise as the program operator.

C. Residencies programs must ensure:

1. A quality residency experience for residents in all training settings and practice sites by providing:

   a. Time allocation for residency program directors and any designees to supervise residents.

   b. Qualified preceptors to teach, model, coach and facilitate resident training and education in the program.

   c. Designated workspace for residents and for preceptors, as applicable to the site.

   d. No single accredited residency program shall have more than 20 pharmacy residents.

2. Programs disclose, at the time the interview invitation is extended, if their structure includes required travel to experiences that are not conducted at the primary practice site(s). The following information is also provided:

   a. The number of required learning experiences that are not conducted at the primary practice site.

   b. Financial support (e.g., mileage reimbursement, parking fees, tolls), if provided per the organization's travel policy.

3. Pay and benefits are comparable for all residents.

4. Residency policies are the same for all residents.

5. Required learning experiences based at different practice sites are comparable in scope, depth, patient population, and complexity for all residents.

6. The RPD maintains ultimate responsibility for resident training, supervision, formal evaluation and program policies/procedures across all practice sites (i.e., primary and additional participating sites).

   a. Each site must have a qualified pharmacist preceptor responsible for overseeing the resident and collaborating with the RPD (the RPD may be the qualified preceptor).

7. All residency programs are limited to a single primary practice site for all residents in the program with the exception of PGY1 Community-Based Pharmacy residency programs sponsored by a College of Pharmacy. See Table 1 for further requirements.

VIII. Accreditation Procedures

The accreditation program shall be conducted as a service of ASHP to any organization voluntarily requesting evaluation of its residency program.

A. Application

1. Application forms are available on the ASHP website (www.ashp.org). The application must be signed by the residency program director, the pharmacist executive of the practice site, and the Program Operator's administrator. Applications, along with the supporting documents specified in the application instructions should be submitted electronically, to ASHP's Accreditation Services Office (asd@ashp.org). A duplicate copy should be retained for the applicant's files.

2. The Vice President, Accreditation Services Office, or designee will acknowledge receipt of the application, and review it for completeness and to make a preliminary judgment about conformance to the basic requirements of The Standard. If the program fails to meet the criteria of The Standard in some fundamental way, the Vice President or designee will notify the signatories of the application accordingly and advise that the application has not been accepted.

3. From the time an organization's application for pre-candidate status or for accreditation has been accepted by the Vice President, Accreditation Services Office or designee, the program will be in either a pre-candidate or candidate status, respectively.

4. Application for accreditation (candidate status) may be made as soon as a resident has begun training, but not sooner.

5. Application for pre-candidate status should be submitted between May 1 and September 30 in the year prior to the initial residency class.

    a. Programs may be in a pre-candidate status for no more than five iterations of the Resident Matching Program (RMP). One of the purposes of this status is to assist the program in recruiting a resident through participation in the RMP. By the conclusion of the fifth iteration of the RMP, the program must have submitted an application for accreditation (i.e., Candidate status application) if it has recruited and started a resident, or the pre-candidate designation will be removed, and the organization would need to reapply as a new program when it is ready to restart the recruitment process.

b. Programs will receive access to PharmAcademic™ for program management in advance of the program start date.

B. Initial Site Survey

1. After acceptance of a program's application for accreditation (candidate status), an initial accreditation site survey will be scheduled. The survey dates will not be prior to the seventh month of the residency year.

2. The survey team assembled to conduct a site survey of the program, the organization and the pharmacy services generally consists of at least two individuals, the lead surveyor and the ASHP-designated practitioner surveyor. In the event of extenuating circumstances, the survey team may be adjusted as needed.

   a. **Lead Surveyor:** a pharmacist designated by ASHP's Vice President, Accreditation Services Office or designee, who coordinates and conducts the accreditation site survey in conjunction with a practitioner surveyor. The Lead Surveyor is also responsible for notifying the program's RPD of the site survey dates.

   b. **Practitioner Surveyor:** a pharmacist who is a subject matter expert and is typically an experienced residency program director in the residency area being surveyed (i.e., PGY1 or PGY2) who is trained to assist the lead surveyor in conducting an accreditation survey.

3. Members of the survey team and programs must disclose potential conflict(s) of interest to ASHP's Vice President, Accreditation Services Office, who shall take appropriate actions to manage any conflict(s).

4. Instructions for preparation for the site survey (i.e., list of documents to be provided to the survey team and draft survey itinerary) will be provided to the residency program director after confirmation of the site survey dates. The instructions can also be found on the ASHP web site (www.ashp.org). The documents are to be provided to ASHP in the manner described in the instructions no later than 45 days prior to the survey date. The survey itinerary will be finalized after discussion between the Lead Surveyor and the program's RPD. The site shall provide a final itinerary, with names of the site personnel involved in each interview session to the Lead Surveyor at least 10 days prior to the survey.

5. Records for residents (to include documents not found in PharmAcademic™, such as residents' applications, acceptance letters, and deliverables associated with the program's Competency Areas, Goals and Objectives such as presentations, project manuscript, etc.) must be maintained from the date of acceptance of the initial application for accreditation and available to the survey team for review. These records may be maintained electronically, as long as they can be easily accessed, if requested by the survey team.

6. A current resident or immediate past resident must be available during the accreditation survey.

7. After concluding its site survey evaluation, the survey team will present a verbal report of its findings to the organization's administrator, residency program director, and pharmacist executive.

C. The Survey Report and Follow-Up

1. Following the site survey, the survey team will prepare a written report, citing areas of noncompliance, and partial compliance. The written report will be provided to the residency program director within approximately 30 days of the survey.

2. Any written comments and supporting documentation that individuals from the program wish to make regarding the accuracy of the survey report must be submitted to the Vice President, Accreditation Services Office, within 10 business days of receiving the report. Comments regarding the report's accuracy must set forth the specific reasons for the disagreement with the survey report.

   Within 75 days from the end of the survey, the program must prepare and submit a response to ASHP that includes an action plan and supporting documentation outlining how the program will address areas of noncompliance and partial compliance. This action plan will be signed by the residency program director, pharmacist executive, and the organization's administrator.

3. Failure to submit a response to the survey report may result in accreditation being withheld or the application for accreditation shall be withdrawn.

4. The program's survey report and written response received from the program addressing areas of non-compliance and partial compliance will be reviewed by the COC. Typically, programs surveyed between May 8 and November 30 will be reviewed and evaluated at the following March meeting of the COC, and those surveyed between December 1 and May 7 will be reviewed and evaluated at the following August COC meeting.

5. A formal letter regarding accreditation status will be provided to the residency program director after the ASHP Board of Directors has reviewed and accepted the COC meeting minutes. The letter will indicate that ASHP has acted either: (a) to accredit the program for a period not to exceed eight years, (b) to accredit conditionally, or (c) to withhold accreditation.

   a. For accreditation duration decisions of less than eight years, programs will provide a progress report with an action plan and supporting documentation on remaining areas of non-compliance and partial compliance not resolved with the previous accreditation decision. Progress reports shall be provided for COC review approximately three months prior to the COC meeting where reaccreditation will be considered. The

program will be notified of the due date by the Vice-President, Accreditation Services Office or designee.

D. Initial Accreditation

1. The COC will not recommend accreditation of a program until it has been in operation for one year and has had at least one resident complete the program and receive a certificate of completion.

2. If accreditation is granted, it shall be retroactive to the date on which ASHP's Vice President, Accreditation Services Office, received a valid and complete application for candidate status.

3. A program granted accreditation will continue in an accredited status until the COC recommends further action.

4. A certificate of accreditation will be issued to a program that has become accredited. However, the certificate remains the property of ASHP.

E. Reaccreditation

1. The survey process for reaccreditation site surveys will follow the same process as outlined in under the Initial Site Survey and The Survey Report and Follow-Up (Sections VIII-C-D) with the following exceptions:

    a. Records for residents (to include documents not found in PharmAcademic™, such as residents' applications, acceptance letters, and deliverables associated with the program's Competency Goals and Objectives such as presentations, project manuscript, treatment protocol, etc.) must be maintained from the date of the last site survey (i.e., up to eight years).

    b. Failure to submit a response to the survey report may result in conditional accreditation with intent to withdraw.

    c. Notice of action taken regarding accreditation status will indicate that ASHP has acted either: (a) to accredit the program for a period not to exceed eight years, (b) to accredit conditionally, or (c) to withdraw accreditation.

        i. For accreditation duration decisions of less than eight years, programs will provide a progress report with an action plan and supporting documentation on remaining areas of non-compliance and partial compliance not resolved with the previous accreditation decision. Progress reports shall be provided for COC review approximately three months prior to the COC meeting where reaccreditation will be considered. The program will be notified of the due date by the Vice-President, Accreditation Services Office or designee.

2. In addition to the required progress reports for programs accredited for less than eight years, the COC, on behalf of ASHP, may request other written reports at any time between the eight-year site survey intervals. Failure of the program to submit reports as requested may result in reaccreditation being delayed, conditional accreditation, or withdrawal of accreditation.

IX. Resident Certificate of Completion

A. The certificate of completion provided to residents who complete program requirements for accredited programs and programs in candidate-status must include the following information:

1. The program or organization name as documented in the ASHP online Residency Directory (www.ashp.org).

2. City and state of the residency program as documented in the ASHP online Residency Directory. For international programs, the city and country will be used instead of the city and state.

3. Resident's name and credentials.

4. Residency program type as is documented in the Competency Areas, Goals, and Objectives linked with ASHP accreditation status (e.g., ASHP-accredited PGY1 Pharmacy Residency, ASHP-accredited PGY2 Ambulatory Care Pharmacy residency, PGY2 Pharmacotherapy residency in Candidate-Status with ASHP).

    a. For PGY1 Managed Care Pharmacy Residency Programs, the certificate references that the program is accredited by/in candidate-status with ASHP in partnership with AMCP.

    b. For PGY1 Community-Based Pharmacy Residency Programs, the certificate references that the program is accredited by/in candidate-status with ASHP in partnership with APhA.

    c. For PGY2 Pediatric Pharmacy residency programs with pediatric specialty pathway (PSP) status designation, the program type is linked with the applicable PSP recognition (e.g., PGY2 Pediatric Pharmacy Residency Program with Pediatric Critical Care Specialty Recognition, PGY2 Pediatric Pharmacy Residency Program with Pediatric Critical Care Specialty Recognition).

5. End date of resident's term of appointment.

6. When residency programs in candidate-status receive notice of accreditation, certificates of completion issued to residents while in candidate-status must be replaced with a new certificate that reflect that the resident completed an ASHP accredited residency program.

X. Scheduling of Reaccreditation Site Surveys

A. Accredited programs will be re-examined by site survey every eight years. Schedule adjustments may be made in order to accommodate the addition of new programs.

1. Sites with single programs: Reaccreditation survey visits will be scheduled within twelve months of the eight-year anniversary of the original site survey.

2. Sites with multiple programs that submit a new program application:

   a. If the application is submitted within four years of the most recent survey visit, the survey will be scheduled per normal scheduling procedures (i.e., generally within the first year of the program's existence). Subsequent site survey visits for the organization will be scheduled to accommodate review of all programs at the site during a single survey visit. Every effort will be made to schedule the combined survey such that no program will be reviewed for reaccreditation earlier than four years after their initial accreditation date or four years beyond the normal eight-year accreditation cycle.

   b. If the application is submitted greater than four years after the most recent survey visit, the survey visit will include a review of the new program and all existing programs during a single visit.

XI. Continuing Accreditation

A. ASHP regards evaluation of accredited residency programs as a continuous process; accordingly, the COC shall request that directors of accredited programs submit periodic written status reports to assist the COC in evaluating the continued conformance of individual programs to The Standard.

B. Directors of accredited programs (and also those in the accreditation process: pre-candidate and candidate) must submit written notification of substantive changes to the residency program to ASHP's Vice President, Accreditation Services Office, within 30 days of the change.

1. Substantive changes include, but are not limited to changes to:

   a. Leadership (e.g., changes in residency program director or pharmacist executive).

   b. Organizational ownership and accreditation.

   c. Organization name changes.

   d. A program's structure that is significantly different from the structure that was accredited during the survey process.

i. ASO processes must be followed when adding, deleting, and/or changing a primary practice site or when adding, deleting, and/or changing a participating site.

ii. If a program has a question regarding whether a change results in the program's structure being significantly different, they should contact the ASO Director, Operations (asd@ashp.org).

e. Any adverse change in licensure or accreditation status with organizations or agencies including, but not limited to, The Joint Commission (TJC), Det Norske Veritas (DNV) and Germanischer Lloyd (DNV-GL), Board of Pharmacy (BOP), Department of Health (DOH), National Committee for Quality Assurance (NCQA), URAQ, Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), and the Drug Enforcement Agency).

2. Any substantive change in the organization of a program may be considered justification for re-evaluation of the program and/or a site survey.

C. The residency program director must complete resident-close out documentation in PharmAcademic at the end of the residency year, and/or when each resident completes the residency program or is dismissed/withdraws from the residency program. The list of residents who have completed the program's requirements is provided by PharmAcademic to the Accreditation Services Office annually.

D. All postgraduate year one and postgraduate year two residency programs in pre-candidate, candidate, conditional accreditation, or accredited status must participate in the Resident Matching Program conducted by ASHP, unless exempted by the COC. Further, all residency programs must adhere to the *ASHP Resident Matching Program Residency Agreement* and *Rules for the ASHP Pharmacy Residency Matching Program*.

E. All programs in the accreditation process must use ASHP-approved technology systems to support and maintain the application process (i.e., PhORCAS™) and residency program management (i.e., PharmAcademic™).

F. Programs must adhere to the following annual mandatory surveys conducted by the McCreadie Group, Inc., on behalf of ASHP and delivered through PharmAcademic™.

1. **Annual Residency Accreditation Report**

The Annual Residency Accreditation Report is a required part of the accreditation process. A 100% response rate is required for all programs. The survey questions are designed to identify substantive program, organization, or staff changes that may signal the program is in non-compliance with accreditation standards, needs assistance, or requires further review. Completion of the annual report provides ASHP with important information on the status of programs in relation to their performance and quality. Additionally, some

information collected is aggregated to identify trends and shared with the pharmacy community and external agencies/partners.

2. **Preceptor Survey Report**

   All primary preceptors who have been involved in resident training during the previous residency year will receive a survey. Preceptors who participate in multiple residency programs will only receive one report but will have questions for all programs where they were involved in training. An 80% response rate is required for all programs. Programs with four or fewer preceptors must reach 100% compliance. The surveys will remain active during the survey period and until at least 80% of the program's preceptors have completed the survey and at least four preceptors have responded. Individual preceptor responses will not be available to the program.

3. **Resident Survey Report**

   All active residents will receive a resident survey. A 100% response rate is required for all programs. Submission of the survey is required to successfully complete residency training. Individual resident responses will not be available to the program.

G. Failure to submit reports requested by the COC and/or failure to notify ASHP of substantive changes to the residency program may result in a negative impact on accreditation, including but not limited to, conditional accreditation or withdrawal of accreditation.

XII. Quality Improvement

Following a site survey, the residency program director will be provided a mechanism to evaluate the site survey team and process. This is an opportunity for the residency program director and pharmacist executive to provide feedback on the survey process and information for quality improvement of the accreditation process. Programs may submit constructive written comments to ASHP at any time by emailing the Accreditation Services Office at asd@ashp.org.

XIII. Accreditation Fees

A. An application fee shall be established by ASHP and shall be assessed to the program at the time of application for pre-candidate or candidate status.

B. An annual accreditation fee, established by ASHP, shall be assessed for accredited residency programs and those programs in a pre-candidate, candidate, or conditional status. The annual fee is based on a calendar year. This fee begins as soon as a program has filed an application for accreditation (it will be prorated for the first year, based on the number of months remaining in the calendar year, from point of application). The fee schedule is posted on the ASHP web site.

XIV. Withdrawal or Withholding of Accreditation

A. Accreditation of a program may be withdrawn or withheld by ASHP for any of the reasons stated below.

1. Accredited programs that no longer meet the requirements of The Standard shall have accreditation withdrawn. In the event that The Standard is revised, all accredited programs will be expected to meet the revised standard within one year.

2. Inactive programs: An accredited or candidate status program may remain vacant for up to three consecutive years. Annual accreditation fees must be paid.

    a. An accredited program without a resident in training for a period of three consecutive years shall have accreditation withdrawn at the beginning of the fourth year of vacancy.

    b. A candidate status program that has not had a resident complete the program and is subsequently without a resident in training for a period of three consecutive years shall be discontinued at the beginning of the fourth year of vacancy.

3. A program makes false or misleading statements about the status, condition, or category of its accreditation.

4. A program fails to submit written status reports as required or requested.

5. A program that is required to participate in the Resident Matching Program and fails to do so.

6. A program that fails to submit appropriate annual accreditation fees as invoiced.

7. An egregious violation of The Standard or the *ASHP Regulations on Accreditation of Pharmacy Residencies*.

8. The decision to withdraw or withhold program accreditation may occur at any point during the residency year. ASHP shall notify the residency program director of the reason(s) for withdrawal or withholding of accreditation. The program may be granted an appropriate period of time to correct the deficiencies.

B. The program shall have the right to appeal the final decision.

C. If the program's accreditation is withdrawn or withheld, the program may submit a new application for review by ASO. If approved, the program must undergo an initial accreditation site survey to be considered for accreditation.

D. Programs may voluntarily withdraw from the accreditation process and/or forfeit accreditation at any time by notifying the Vice President, Accreditation Services Office, in writing. When notified, the Vice President, Accreditation Service Office, will report these programs to the COC and the ASHP Board.

E. A supplemental application form is required to be completed and submitted to ASO at the time of submission of full application for pre-candidate or candidate status when the new program is of the same program type as a program by the same site/program operator that was previously discontinued/accreditation withheld/accreditation withdrawn within the last five years (e.g., a PGY1 Pharmacy program application is submitted by a site that had previously had a PGY1 Pharmacy program that was discontinued within the last five years).

XV. Appeal of Decision

A. Notification of intent to appeal:

1. In the event that a program is not accredited (accreditation withheld) or accreditation is withdrawn, the residency program director, the pharmacist executive of the practice site, and/or the Program Operator's administrator [hereafter referred to as the appellant(s)] may appeal the decision to an appeal board on the grounds that the accreditation decision was arbitrary, prejudiced, biased, capricious, or based on incorrect application of the standard(s) to the program.

2. The appellant(s) must notify the Vice President, Accreditation Services Office via email (accreditationcompliance@ashp.org) of the program's intent to appeal within 10 business days after receipt of the notice. The intent to appeal notification must clearly state the grounds upon which the appeal is being made. The appellant(s) shall then have until the date of the hearing to prepare for its presentation to the appeal board.

B. Appeal board:

1. Upon receipt of the intent to appeal notification, the Vice President, Accreditation Services Office, shall contact the ASHP General Counsel.

2. The office of the ASHP General Counsel will proceed to constitute an *ad hoc* appeal board. The appeal board shall consist of:

   a. One member of ASHP's Board of Directors, appointed by the President of ASHP, who shall serve as Chair.
   b. Two program directors of accredited pharmacy residency programs, neither of whom is a current member of the COC, one to be recommended by the appellant(s) and one to be recommended by the Chair of the COC.

   c. The General Counsel of ASHP shall serve as Secretary of the appeal board.

d. The President of ASHP will appoint a health care administrator in an *ex officio*, nonvoting capacity.

e. The Vice President, Accreditation Services Office, shall represent the COC at the hearing in an *ex officio*, nonvoting capacity.

3. As soon as recommendations for appointments to the appeal board have been made, ASHP General Counsel will confirm each appointment and determine the hearing date. The ASHP General Counsel will then send the appeal board members copies of the relevant documentation considered by the COC in rendering its decision to the ASHP Board of Directors.

C. Potential conflict of interest:

1. All members of the appeal board will complete an ASHP "Disclosure Report" form regarding professional and business interests prior to formal appointment to the appeal board.
2. The appeal board Chair will take appropriate action to manage potential conflicts.

D. The hearing:

1. The appeal board shall be convened no more than 60 business days from the date of receipt of the appeal notice by the Vice President, Accreditation Services Office.

2. ASHP General Counsel shall notify the appellant(s) at least 10 business days in advance of the date, time, and location (may be virtual) of the hearing.

3. The appellant(s) shall be given the opportunity at such hearing to present written, or written and oral, evidence and arguments intended to refute or overcome the findings and decision of the COC. The appellant(s) may be represented at the hearing by one or more appropriate officials. The name(s) and position(s) of the appellant(s) and/or any appropriate representation attending the hearing must be provided to the ASHP General Counsel at least 5 business days in advance of the hearing.

4. The appeal board shall notify the appellant(s) of the appeal board's decision by email within 10 business days of the date of the hearing.

5. The decision of the appeal board shall be final and binding on both the appellant(s) and ASHP.

E. Appeal board expenses:

1. The appellant(s) shall be responsible for all expenses incurred by its own representatives at the appeal board hearing and shall pay all reasonable travel, living, and incidental expenses incurred by its appointee to the appeal board.

2. Expenses incurred by the board member, COC-selected program director, and health care administrator shall be borne by ASHP.

Approved by the ASHP Board of Directors on September 19, 2025.

Developed by the ASHP Commission on Credentialing on August 12, 2025.

Supersedes the previous regulations on accreditation approved on September 20, 2024.

Table 1. Key elements:

Program Elements	**Description/Action**
Program Operator	**Who is running the program?**
Program Type	**What type of program is being conducted?** • PGY1 Pharmacy • PGY1 Community-Based Pharmacy • PGY1 Managed Care Pharmacy • PGY2 in an advanced area of pharmacy practice (options listed at: PGY2 Competency Areas - ASHP)
Primary Practice Site	**Where is the majority of the resident's training conducted?** *The primary practice site is the physical location (e.g., hospital campus, FQHC, community pharmacy, managed care facility, outpatient clinic) where the majority of the resident's training is conducted relative to the other participating site(s), as applicable.* Each program includes a primary practice site. • For College of Pharmacy-sponsored programs (College of Pharmacy is the program operator), the primary practice site is the clinical/patient care delivery site where the resident spends the majority of their time. • For non-direct patient care programs (e.g., PGY2 Informatics, PGY2 HSPAL), the primary practice site can be a corporate and/or office location, if appropriate.
Additional participating site(s) (if needed)	**Are additional participating site(s) needed?** *A participating site is a site providing educational experience(s) for the resident.* Additional participating site(s) may be used by any program when: • Services are unavailable/insufficient to meet required/elective training and/or • Additional resources are needed to execute the training A memorandum is needed for participating site(s) that are not part of the same enterprise as the program operator.
Site changes	**What if there is a substantive change made to the program, such as a change to a site?** ASO must be informed (and ASO process followed) when a change to the program's structure occurs that results in the program's structure being significantly different from the structure that was accredited during the survey process. This includes informing ASO when adding, deleting, and/or changing a primary practice site (for PGY1 Community-Based programs sponsored by a College of Pharmacy) or when adding, deleting, and/or changing a participating site.

	If a program has a question regarding whether a change results in the program's structure being significantly different, they should contact the ASO Director, Operations.
Oversight Requirements	**Program and resident oversight requirements:** • The RPD maintains ultimate responsibility for resident training, supervision, formal evaluation and program policies/procedures across all practice sites (i.e., primary and additional participating sites). • Each site must have a qualified pharmacist preceptor responsible for overseeing the resident and collaborating with the RPD (the RPD may be the qualified preceptor).
Additional considerations	A PGY1 Community-Based program sponsored by a College of Pharmacy (College of Pharmacy is the program operator) may include more than one primary practice site if: • The program structure provides consistent residency training across all primary practice sites. • The above oversight requirements are met. • Each primary practice site has a National Matching Services Number. • Each primary practice site (as defined above) supports at least one resident. • A memorandum is needed for site(s) that are not part of the same enterprise as the program operator. • The College of Pharmacy follows the ASO process for the addition, deletion, and/or change of primary practice sites. All other residency programs are limited to one primary practice site.
A new program with a proposed design that doesn't meet the above guidelines should contact the ASO Director, Operations prior to submitting a pre-candidate or candidate application.	