

## SUMMARY OF CHANGES

# **September 19, 2025**

#### Overview

The Commission on Credentialing met in August and updated the ASHP Regulations on Accreditation of Pharmacy Residencies and the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs ("The Standard"). These updates were approved by the ASHP Board of Directors in September. The Commission on Credentialing also made minor updates to the PGY1 Harmonized CAGO Title, Introduction, and Deliverable GUIDANCE. The updates are summarized below and effective immediately.

**Please review the revised documents on the ASHP website for full details.** Questions regarding these updates can be directed to <a href="mailto:asd@ashp.org">asd@ashp.org</a>.

The updates are intended to simplify processes and minimize unintended challenges to structuring and managing residency programs. We are excited about the benefits these updates provide to residency programs and program administration. Thank you for your continued support of residency training excellence!

## 1. ASHP Regulations on Accreditation of Pharmacy Residencies - Key Updates

- Maximum pre-candidate status duration: Extend the maximum duration of programs in precandidate status.
- **Certificate of accreditation:** Removed requirement that programs must return the certificate of accreditation when accreditation withdrawn or discontinued because the certificate of accreditation is now provided electronically.
- Resident certificate of completion: Added program-type designation verbiage to include on certificates of completion for PGY2 pediatric pharmacy residency programs with specialty designation.
- Removal of the requirement for residency programs to provide an annual list of residents completing their program: This information is part of the required close-out process in PharmAcademic.
- Withdrawal or Withholding of Accreditation: There were several changes to this section:
  - o Added "Withholding" or "Withheld", as applicable to candidate-status programs
  - Simplified regulations related to withdrawal/withholding accreditation due to lack of a resident and addition of language to include candidate-status programs. The updated verbiage allows programs to be without a resident for 3 consecutive years with accreditation withheld/withdrawn at the beginning of the 4<sup>th</sup> year of vacancy and removes considerations such as whether a change in RPD has occurred.
  - Changed verbiage related to withholding/withdrawal of program: Updated to reflect the decision to withdraw can occur at any point in the residency year., changed "shall" to "may" related to programs being granted time to correct deficiencies, and added "An egregious violation of the Standard or Regulations" as a reason for withholding or withholding accreditation.

- Added verbiage related to applying for new accreditation after withdrawal of the same program type and the requirement for submission of an additional supplemental application for previously withdrawn/withheld programs.
- **Appeal of Decision:** Several changes to this section, mostly related to timelines and method of communication.
- Fees: Revised to align with the revised fee schedule implemented with the 2026 calendar year invoices.
- Other: Minor formatting and word changes throughout the document to ensure clarity and consistency.

Please review the revised ASHP Regulations on Accreditation of Pharmacy Residencies on the ASHP website for full details.

### 2. ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs – Key Updates

### **Updates to "The Standard":**

- 2.14.b. The certificate includes the required elements as outlined in the ASHP Regulations on Accreditation of Pharmacy Residencies:
  - 2.14.b.1 Organization name.
  - 2.14.b.2 Residency program type.
  - 2.14.b.3 City and state where located.
  - 2.14.b.4 Accreditation status (i.e., ASHP Accredited or ASHP Candidate-Status).

ADD: 2.14.b.5 Program end date

 3.3.b The RPD or designee develops, discusses, and documents with each resident an initial development plan, within 30 days from the start of the residency. The RPD or designee documents and discusses an initial development plan with each resident.

#### Rationale:

- 2.14.b.5 was added to include the program end date as a requirement for the certificate of completion – this requirement was previously included in Standard Guidance for 2.14.b.
- Standard 3.3 was modified to better align with the addition of an electronic development plan in PharmAcademic.

**Updates to GUIDANCE**: The GUIDANCE updates are intended to provide more clarity regarding expectations for full compliance, especially for standards that are frequently cited on survey.

#### Standard 1:

- Guidance changes or additions clarify expectations for a predetermined objective process for selection of applicants to interview (1.1.b) and evaluating each applicant's interview process (1.1.c), include expectations related to the program's Phase II Match procedure documentation (1.1.e) and PGY2 early commit procedures (1.1.f)
- Guidance related to pre-survey questionnaire instructions for international programs (1.1.d, 1.1.e, and 1.1.f) were removed as the pre-survey questionnaire is no longer required to be completed as part of the pre-survey materials.

### Standard 2:

- 2.1 (minimum term of appointment): Added requirement that "Longitudinal learning experiences that include designated time during the year for projects or staffing include the amount of time and general description of timing in the learning experience description."
- 2.2 (time away from program): Defined "competencies missed" related to the time away from the program and that program extension is from the program's original end date (2.2.a.1)

- 2.3 (duty hours) Added requirement that policy describes possible actions to be taken for non-compliance with duty hours (2.2.b.2) and current moonlighting definition per the current *Duty Hour Requirements for Pharmacy Residencies*
- 2.5 (completion requirements): Clarified that completion requirements must be quantified and objectively defined (2.5), deliverables required by PGY1 CAGOs must be included in the program's completion requirements for PGY1 programs (2.5.b), that Appendix completion requires completion of all Appendix requirements (2.5.c), and that program-specific requirement are also objective and quantified (2.5.d)
- 2.6 (remediation policy): Clarified expectations for defining failure to progress with examples and clarified requirements related to programs' defined procedure
- 2.7 (verification of PGY1 completion): Clarified related verification options that direct communication must be "direct written communication"
- 2.8 (policies provided to applicants invited to interview): Added guidance to include early commit candidates and guidance that reinforces that information is provided with the interview invite versus after confirmation of interview
- 2.9 (written contact with matched candidates to confirm acceptance): Clarified that Standard 2.9 also applies to early commit matched candidates.
- 2.10 (review and acceptance of program policies): Added guidance to clarify that review and acceptance is within 14 days after program start date
- 2.13.a (documentation of resident(s) completion of program requirements): Added guidance that documentation of completion of program requirements is uploaded to PharmAcademic
- 2.14 (certificate of completion): Added Standard 2.14.b.5, program end date, as a required element of the certificate and removed from Guidance (originally added to Guidance as this was an addition to the Regulations that were approved after the Standard was finalized) and added guidance related to documentation of program type in certificates for residents completing PGY2 pediatric pharmacy programs with pediatric specialty pathway recognition
- 2.15 (compliance with Regulations): Added guidance that the certificate of completion is required to be uploaded to PharmAcademic (already a required part of PharmAcademic close-out procedures for residents designated as completing the program)

#### Standard 3

- 3.1 (program structure):
  - Changed guidance related to selective learning experiences to clarify expectations
  - Added guidance related to requirements for elective learning experiences scheduled for residents in the same areas as a successfully completed learning experience, and that the time allocated for elective learning experiences, if offered, is documented in the program structure.
  - Removed guidance that use of ranges for learning experience durations do not impact the number of learning experiences available to each resident as there might be other variables that impact the number offered (e.g., electives with different durations, use of vacation time, etc.)
- 3.2 (learning experiences): Added guidance to describe expectations more clearly for learning experience descriptions
- 3.3 (development plan):
  - Updated Standard 3.3.b to better align with the process for programs using the new electronic resident development plan in PharmAcademic as "documenting within 30 days" in 3.3.b is redundant with 3.3.c (finalizing within 30 days) for programs that use the electronic resident development plan
  - Updated 3.3.e guidance to require quarterly completion requirements updates are uploaded to PharmAcademic
- 3.4 (Evaluation of the resident):

- Clarified and added guidance related to the program's rating scale (3.4.b.2) to require the criteria and process for determining ACHR are documented (lack of a defined ACHR is a frequent citing on survey).
- o Added review of the program's defined ratings scale to "How it will be surveyed".

#### Standard 4

- 4.4 (program oversight):
  - Removed 4.4.b.1.a guidance exempting international programs from complying with this Standard as it relates to 1.1.a (description of recruitment). International programs were originally exempted due to language that has since been removed.
  - Changed 4.4.b "How it be surveyed" to align with Guidance (i.e., removed "documented discussions and decisions")
  - o For clarity, added guidance that preceptor development plan is documented (4.4.d)
  - Changed the link related to wellbeing resources to the residency resources web page where the where the link is prominently displayed at the top of the web page.
- 4.6 (preceptor qualifications): Changes the required contact hours for certificate programs from 14.5 hours to 8 hours to align with current ACPE certificate program requirements
- 4.8 (non-pharmacist preceptors):
  - Added guidance requiring programs to define readiness for independent practice in the program's manual if the program's structure includes patient care learning experiences precepted by non-pharmacist preceptors (4.8.a)
  - Added "review of the requirements for determining readiness for independent practice" to "How it will be surveyed".

#### Standard 5

• Guidance related to pre-survey questionnaire instructions for international programs were removed as a completed pre-survey questionnaire is no longer required to be submitted as part of the pre-survey materials (5.1.c.1).

Please review the revised ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs ("The Standard") on the ASHP website for full details.

### 3. PGY1 Harmonized CAGO Title, Introduction, and Deliverable GUIDANCE – Key Updates

- Title and Introduction: updated to reflect the inclusion of PGY1 Veterinary Pharmacy Residency Programs (a new PGY1 program type).
- GUIDANCE for PGY1 Residency Program Deliverables:
  - Added PGY1 Veterinary Pharmacy program Deliverables and required Appendix.
  - Clarified language for completion requirements (the table outlines minimum required deliverables for the objectives listed. Programs may set their completion requirements higher.).
  - o Clarified "how will this be surveyed" for each listed objective.
  - Objective R1.4.2: clarified what can be included as a deliverable (added treatment pathway as an option).
  - Objective R2.1.2: defined key components of a project plan.
  - PGY1 Managed Care Residency Programs Appendix: added clarifying language to require an appendix tracking tool as a deliverable.

Please review the revised PGY1 Harmonized CAGO document on the ASHP website to reference the Goals and Objectives and for full details.