SPECIAL EDITION on the NEW Accreditation Standard

In This Issue

Watch for the Fall Edition with all of the latest Midyear Clinical Meeting information.

The *ASHP Accreditation Standard for Postgraduate Residency Programs*

Also known as the new 2023 Harmonized Pharmacy Residency Standard—Effective July 1, 2023

The ASHP Board of Directors and partner organizations the American Pharmacists Association, the Academy of Managed Care Pharmacy, the American College of Clinical Pharmacy, and the American Association of Colleges of Pharmacy, ASHP's Accreditation Services Division and Commission on Credentialing are very excited to share that the *ASHP Accreditation Standard for Postgraduate Residency Programs* has been approved and is posted on the ASHP website.

This Standard represents the harmonization of the PGY1 Pharmacy, PGY1 Community-Based Pharmacy, PGY1 Managed Care Pharmacy, and PGY2 Pharmacy Accreditation Standards into a single Standard, and is effective July 2023 (all programs implement with the incoming 2023-2024 resident class).

Additionally, the *Diversity Resource Guide (DRG) for Diversity in Residency Training and the Pharmacy Workforce* and the new Academic and Professional Record Form corresponding to the new Standard are both available on the ASHP website.

Additional resources including a crosswalk comparing the current Standard to the new Standard, information about Critical Factors, and example policies and documents will be made available on the ASHP website in the near future.

Highlights of the changes in the *ASHP Accreditation Standard for Postgraduate Residency Programs*

One of the first things to note is that the new Standard has 5 major areas or standards. The major changes and highlights of the changes in the standards are listed below.

Standard 1: Recruitment and Selection of Residents

Major Changes: Addition of DEI requirements to applicant selection procedure. Otherwise, the applicant selection procedure just more clearly defines the components that are currently surveyed and cited (i.e., having objective rubrics for selecting applicants to interview and for the interview portion, description of how ranking determined, procedures for Phase II of Match and, if applicable, early commit.

Standards Related to Major Changes:

STD 1.1: Programs have a documented procedure that is being used for the recruitment, evaluation, and ranking of applicants. The procedure includes:

STD 1.1.a: Description of methods for recruitment that promote diversity and inclusion

Guidance:

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.a:** Recruitment identifies and engages individuals *underrepresented** in the profession of pharmacy [see *Diversity Resource Guide* for definition of terms: *diversity*, *inclusion*, *underrepresented*].

Standard 2: Program Requirements and Policies

Major Changes: Move of current Standard 2.5 to Standard 4. A sufficient complement of eligible and fully qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of The Standard. (4.1.b)

Major changes within the new Standard

2.2/2.2a: Resident leave with regard to the maximum leave that can be taken without extending the end date of the residency program, is inclusive of all leave (professional, conferences, interview days, PTO, vacation leave, sick leave, extended leave, paid leave, unpaid leave, etc.) as part of the 37 allowed days.

> **STD 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.

2.4.a: Change in requirement for licensure/consequences of failure to obtain licensure to 120 days, eliminating the requirement for programs to have a licensure date within 90 days of residency start and a plan if not licensed by then.

> **STD 2.4.a:** Residents are licensed pharmacists in the state(s) or jurisdiction(s) as required by the program (or equivalent registration in the country if outside of the US) prior to or within 120 days after the program's start date

2.5: Requirements for successful completion better define that the program must have a minimum threshold for achievement based on ACHR. Also, Appendix completion requirements must be included in completion requirements for programs with an Appendix.

> **STD 2.5:** Requirements for successful completion of the program are documented and include the following:
>
> **STD 2.5.a:** Requirements for overall achievement of educational objectives for the residency.
>
> **STD 2.5.a.1:** The minimum threshold related to educational objectives that would allow awarding a certificate of completion.
>
> **Guidance STD 2.5a:** In PharmAcademic™, achievement of objectives for the residency is designated as "ACHR". Examples of ACHR requirements include but are not limited to: Program designates percent or number of objectives that must be achieved for residency (ACHR), identifies specific objectives that must be achieved for residency (ACHR), or a uses a combination of the two methods.

2.7.a: Verification procedure for ensuring incoming PGY2 applicants completed their PGY1 residency includes a timeframe for verification and consequences.

> **STD 2.7.a:** Procedure includes timeframe for verification and consequences for incoming residents not completing their PGY1 programs.

2.8: Information and policies to be provided to applicants invited to interview now also includes: program start date and term of appointment, stipend and benefit information, and information on financial support for required professional meeting attendance. NEW: Programs are required to provide a stipend and benefits (2.8.g) and provide benefit information related to leave allotment and whether health insurance is available. (2.8h): Related to financial support for required meetings: If exact amount of financial support is not known at the time the applicant is invited to interview, or if no financial support is provided, that information is communicated to the applicant.

> **STD 2.8:** The program director provides applicants invited to interview with the following residency information and policies at the time the invitation to interview is extended:

> > **STD 2.8.f:** Program start date and term of appointment.

> > **STD 2.8.g:** Stipend and benefit information.

> > **Guidance:** Residency programs are required to provide a stipend and benefits. Benefit information includes vacation, holiday, professional, and sick leave allotment and whether health insurance is available.

> > **STD 2.8h:** Financial support for required professional meeting attendance.

> > **Guidance:** If the exact amount of financial support is not known at the time the applicant is invited to interview, or if no financial support is provided, that information is communicated to the applicant.

2.9: Procedures related to incoming residents and acceptance of Match. Requires programs to contact Matched applicants in writing within 30 days of Match and request applicants confirm and document their acceptance of the Match by a specified date prior to the program start date. When the program contacts incoming residents, they are also required to: (2.9.a) provide general information about the hiring process, including pre-employment requirements and confirmation of program start date and term of appointment and for incoming PGY2 residents and (2.9.b) provided information related to verification of PGY1 residency program completion.

> **STD 2.9:** Within 30 days of the Match, the program contacts each matched candidate in writing and requests candidates to confirm and document their acceptance of the Match by return correspondence by a date determined by the program but prior to the start of the residency program. At that time:

> **STD 2.9.a:** The program also provides general information about the hiring process, including pre-employment requirements and confirmation of program start date and term of appointment.

> **STD 2.9.b:** Matched PGY2 candidates are provided information related to verification of PGY1 residency program completion.

2.10: Residents are no longer required to accept all terms and conditions prior to the start date of residency. 2.10 now requires program policies listed in 2.8 be reviewed with matched candidates and candidates document acceptance of these policies within 14 days from the start of the residency.

> **STD 2.10:** The RPD or designee reviews program policies with matched candidates and acceptance is documented within 14 days from the start of the residency.

2.11: Programs are required to have a residency manual and the guidance outlines required information to be included in manual: information on the practice site, program structure, program participants and roles, completion requirements, residency policies (or information on where located), program's overall evaluation strategy including evaluations required and the defined rating scale for summative evaluations (see Standard 3), and other information pertinent to residents (e.g., residency project guidelines).

> **STD 2.11:** The program has developed a residency manual.

> **Guidance:** The residency manual (written or electronic) includes information on the practice site, program structure, program participants and roles, completion requirements, residency policies (or information on where located), program's overall evaluation strategy including evaluations required and the defined rating scale for summative evaluations (see Standard 3), and other information pertinent to residents (e.g., residency project guidelines).

2.12: Related to providing adequate resources for residents. (REMOVED: Language from the old Standard related to funding for professional meetings. See Standard 2.8.h: Regarding financial support for attendance at professional meetings) ADDED: 2.12.b.1 Requirements for programs to provide adequate technology for residents working remotely.

> **STD 2.12.b.1:** For residents working remotely, appropriate technology and equipment is provided to allow residents to fulfill program responsibilities.

Standard 3: Recruitment and Selection of Residents

Major Changes:

Standard 3: PGY1 Community-Based PGY1 Programs: For PGY1 Community-Based Pharmacy Residencies, a major change to the Standard was removal of the required services the resident must have experience with during the residency. These requirements will be moved to the CAGO's (either as objectives or as an appendix) with the next update (expected to be implemented in July 2024)

Standard 3: Quality Improvement: Residency quality improvement has moved from Standard 3 to Standard 4. Quality improvement is now in Standard 4.4 (Program Oversight).

Major Changes and Standards related to major changes

3.1.a/3.1.a.1 Related to program structure: For learning experiences 12 or more weeks in length, if scheduled on a recurring basis (e.g., every Tuesday), the schedule is documented on the structure (3.1.a.3). When documenting learning experience lengths. a 2-week range is now allowed (2-4 weeks). In guidance for 3.1.a.1, there are now requirements for half the residency year to be scheduled in required learning experiences, that "selective required" learning experiences must have

similar patient populations and scope of practice, and programs with tracks for their residents can only use elective learning experiences for tracks. Orientation to the residency (3.1.a.4) has specifics listed in guidance that are to be covered during orientation including "Strategies for maintaining well-being and resilience and providing available resources".

STD 3.1.a: The program structure is documented and includes:

> **STD 3.1.a.1:** A list of all required and elective learning experiences.
>
> **Guidance:** The design of the program ensures that at least half of the residency year is scheduled in required learning experiences inclusive of longitudinal experiences.
>
> Required experiences also include those designated as "selective required" experiences that are used in some program design structures. For example, residents may select one of multiple learning experience options in critical care, internal medicine, ambulatory care, etc. Program structures which incorporate "selective required" options must consider similarities in patient populations, scope of practice in the area, and skills taught when grouping learning experiences for required selections.
>
> Residency program structures that include different tracks can differentiate each track only through elective learning experiences. The required learning experiences must be the same for all residents. For example, a PGY1 residency with tracks for pediatric, adult, and mental health focus can limit residents choosing each track to specific elective learning experience choices but differentiation in required learning experiences is not allowed.
>
> **STD 3.1.a.3:** For learning experiences that are twelve or more weeks in duration, if specific time is scheduled on a recurring basis, the schedule is clearly documented.
>
> **Guidance:** The following are examples of learning experiences with residents' time scheduled on a recurring basis:
>
> - *Hepatitis clinic: 12 weeks, a half-day every Tuesday.*
> - *Staffing: 40 weeks, 10-hour shifts every other weekend.*
> - *Project: 48 weeks, 1 day per month is a dedicated project day.*
>
> **STD 3.1.a.4:** A Learning experience that facilitates orientation of the resident to the residency program and practice environment at the beginning of the residency.
>
> **Guidance:** The initial learning experience scheduled for residents includes orientation to the residency program and practice environment. Orientation to the residency program includes, at minimum, orienting residents to the:
>
> - Residency manual (see Standard 2.11 guidance for required contents of residency manual).
> - Residency's purpose, as documented in the introduction to The Standard.
>   - The Standard.
>   - Competency areas, goals, and objectives applicable to the residency program.
>   - Description of required and, if applicable, elective learning experiences.

- Organization's process for reporting issues around harassment and inappropriate behavior, if not covered by the organization's orientation for new employees.
- Strategies for maintaining well-being and resilience and providing available resources.

3.1.b.1.b: Related to CAGOs: The Appendix, where applicable, now has its own objective and guidance requires programs to develop a tracking mechanism.

> **STD 3.1.b.1.b:** If the competency areas, goals, and objectives include a required Appendix, the program structure ensures the requirements listed in the Appendix are met.

3.1.c: Requirements for direct patient care residencies, now also include PGY2 direct patient care residencies. A new addition to the Standard in this section for non-PGY1 Community-Based Programs is a requirement that "Residents gain experience in recurring follow-up of patients assigned, relative to the practice environment (3.1.c.2).

> **STD 3.1.c:** Program Design Requirements for PGY1 and Direct Patient Care PGY2 Residencies.

>> **STD 3.1.c.2:** Residents gain experience in recurring follow-up of patients assigned, relative to the practice environment.

>> **STD 3.1.c.4:** PGY1 Residencies Only: No more than one-third of direct patient care learning experiences in a twelve-month residency program may focus on a specific disease state or population.

3.1.c.5: Moved from Standard 6.10: Requirement for direct patient care program related to the Appendix, "Residents are provided sufficient opportunities to provide direct patient care to patients with the required disease states and conditions as defined in the advanced practice area Appendix".

3.2.a: Learning experience requirements DID NOT change except the standard related to documenting required evaluations was removed as evaluations auto-populate in PharmAcademic. However changes specifically related to orientation to the learning experience and evaluations are included.

3.2.b: Orientation to the learning experience: Guidance requires preceptors how and when both preceptors and residents will provide feedback and also expectations for any required documented resident self-evaluation during the learning experience.

> **STD 3.2.b:** At the beginning of each learning experience, preceptors' orient residents to the experience.

> **Guidance:** Orientation to the learning experience includes review of the learning experience description and:

> - How and when preceptors will provide feedback to the resident.
> - How and when residents will provide preceptor and learning experience feedback.

- Review of expectations for documented resident self-evaluation, if required for the learning experience.

3.3: The Development Plan (3.3) now includes requirements for quarterly resident self-assessment (3.3.d.1), in addition to the self-assessment required at the beginning of the residency year. The resident will be required to a single new self-assessment prior to/or at the beginning of the residency that replaces the 2 current forms. This self-assessment still includes much of the self-reflection that is in the current Entering Interests Form related to strengths, weaknesses, interests, and goals, with the addition of self-assessment of wellbeing and resilience. A self-assessment of wellbeing and resilience is also part of residents' quarterly self-assessment. Resident self-evaluation related to the CAGO's is significantly different. It will be at the competency level versus the objective level as with the current Entering Objective-Based Self-Evaluation. The RPD's documentation requirements are similar to the current Standard, just specifically spelled out in the Standard versus in guidance.   A NEW requirement in the Standard is that that residents' progress towards completion of the program's requirements is updated on the same schedule as the development plan (3.3.e).
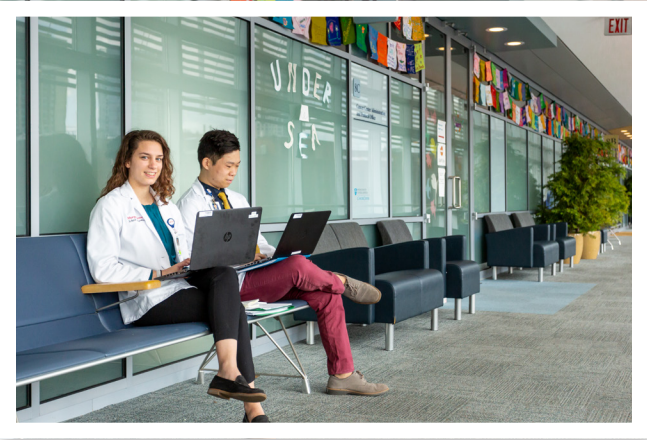
> **STD 3.3.a:** Each resident documents a self-assessment at the beginning of, or prior to, the start of the residency as part of the initial development plan.

> **Guidance:** Resident self-assessment includes both self-reflection and self-evaluation. Self-reflection is defined as thinking about oneself, including one's behavior, values, knowledge, and growth opportunities. Residents document self-reflection on career goals, areas of clinical interest, personal strengths and opportunities for improvement, and stress management strategies as part of the initial self-assessment. Self-evaluation is comparing one's performance to a benchmark. Residents will compare their current skills to each competency area and identify specific areas of strength and specific areas that the resident feels are the highest opportunities for growth.

> Residents document their initial self-assessment on the Entering Resident Self-Assessment Form and upload in PharmAcademic™. Programs can require residents to complete a program-specific self-assessment in addition to the Entering Resident Self-Assessment Form.

STD 3.3.d.1: Prior to each development plan update, the resident will document an updated self-assessment that includes:

> **STD 3.3.d.1.a:** An assessment of their progress on previously identified opportunities for improvement related to the competency areas.

STD 3.3.d.1.b: Identification of the new strengths and opportunities for improvement related to the competency areas.

STD 3.3.d.1.c: Changes in their practice interests.

STD 3.3.d.1.d: Changes in their careers goals immediately post residency.

STD 3.3.d.1.e: Current assessment of their well-being and resilience.

3.4: Evaluation of the resident is similar to the current Standards for PGY1 Pharmacy and Managed Care. The main change for PGY2 residencies is that summative evaluations will be required at least every 12 weeks for year-long longitudinal learning experiences. With the current PGY2 Standard, summative evaluations were only required at 3 months, 6 months, and at the end of a 12-month learning experience. For PGY1 Community-Based Pharmacy, requirements for resident self-evaluation were removed.

3.5. Evaluation of the preceptor and learning experience: For Community-Based Pharmacy Residencies, there is a decrease in the number of times preceptor and learning experience evaluations are to be completed for longitudinal learning experiences. For all residencies, an additional learning experience evaluation will be completed at the midpoint in addition to the end of the learning experience for all learning experiences greater than 12 weeks in duration (3.5.b.1).

STD 3.5.b.1: For learning experiences greater than twelve weeks in duration, a learning experience evaluation is completed at the midpoint and at the end of the learning experience.

Standard 4: Requirements of the Residency Program Director and Preceptors

Major Changes and Standards related to major changes

4.1.b: Moved from current Standard 2: A sufficient complement of eligible and fully qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of The Standard.

STD 4.1.b: A sufficient complement of eligible and fully qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of The Standard.

4.3: Additions to RPD qualifications include requiring PGY2 Internal Medicine RPDs to maintain BCPS certification (4.3.a Guidance), a requirement that the RPD models and creates an environment that promotes outstanding professionalism. Guidance refers to creating an "environment free of harassment and bullying".

STD 4.3: RPD Qualifications: RPDs serve as role models for pharmacy practice and professionalism as evidenced by:

STD 4.3.a: Maintaining BPS certification in the specialty area when certification is offered in that specific advanced area of practice (PGY2 RPDs only).

- **Guidance:** Does not apply to PGY1 RPDs or PGY2 RPDs of specialty areas for which there is no Board Certification available, however for PGY2 Internal Medicine residencies, RPD maintains Board Certified Pharmacotherapy Specialist (BCPS) certification.

STD 4.3.e: Modeling and creating an environment that promotes outstanding professionalism.

- **Guidance:** The program director models and creates an environment that promotes outstanding professionalism (e.g., an environment free from harassment and bullying). Adapted from ACGME Common Requirements.

4.3/4.6: RPD and Preceptor Qualifications: For time-limited examples related to qualifications the timeframe decreased from 5 years to 4 years.

4.4/4.4.a: Program Oversight: Removed the requirement for the RPD to chair a residency advisory committee to allow for multi-program sites to use an oversight committee. For multi-program sites with an oversight committee, Guidance requires there be a mechanism to manage program-level decisions and residents' progress. Also, requirements include that a committee meets at least quarterly (4.4.a.1), discussions and decisions are documented (4.4.a.2) and defines membership (4.4.a guidance).

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

- **Guidance:** 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.
- **Guidance:** 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.

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

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

4.4.b: Quality Improvement moved to New Standard 4 from Standard 3. The requirements for what is to be included in an annual formal assessment are more clearly defined and include an assessment of methods for recruitment that promote diversity and inclusion (4.4.b.1.a).

4.4.c: Appointment and Reappointment of Preceptors: Now requires assessment of preceptors at least every 4 years, limits the preceptor's term of appointment to no more than 4 years, and requires appointment and reappointment decisions to be documented.

4.6/4.6.a (old 4.8.c): Preceptor Qualifications: "Recognition" changed to "Content knowledge/expertise": in the area of practice precepted. Examples in guidance updated to reflect subject matter expertise. The biggest change is related to years of practice lowered to 5 years without a residency, 4 years if completed a PGY1 residency or PGY2 residency not in the area of practice, and 2 years if completed a PGY2 in the area of practice precepted.

4.6/4.6.b (old 4.8.d): Preceptor Qualifications: "An established practice" changed to "Contribution of Pharmacy Practice" in the area precepted. In-services/Presentations to pharmacy or other health professionals moved to this section (Section 2 of APR). Routine is defined as 3 different presentations in 4 years, or one presentation given at least annually in 4 years.

4.6.c (old 4.8.c): Preceptor Qualifications: "Ongoing professionalism" changed to "Role modeling ongoing professional engagement": Examples moved to this section include fellow status/pharmacist of year awards (in 4.8c in current Standards), awards/recognition at the organization level (in 4.8c in current Standards)

4.6.d: Preceptor-in-training: designation and assignment of a coach removed from Standard but added requirements for all preceptors who do not meet qualifications have a documented plan to meet within 2 years.

4.7.a: Team Precepted Learning Experiences: Added requirement that for team-precepted learning experiences, one preceptor is designated to provide oversight and is responsible for approximately 50% of learning experience.

4.8: Non-Pharmacist Preceptors: Changes include specifying that the "readiness for independent practice" requirement applies only to direct patient care learning experiences, removal of ACHR achievement requirements from readiness for independent practice but included requirement that readiness for independent practice is included in development plan, and specifying that learning experience descriptions must document non-pharmacist preceptor's name and that the learning experience is a non-pharmacist precepted learning experience.

Standard 5: Pharmacy Services

Major Changes:

Standard 5 is now divided into 3 themes: Pharmacy Leadership, Medication Use Systems, and Patient Centered Care

PGY2 Standards 6.10b-6.10.e incorporated into Standard 5 guidance:

- 6.10b now in 5.3.a guidance
- 6.10c now in 5.2.g guidance
- 6.10d now in 5.1.a.7.guidance
- 6.10e now in 5.3.b guidance

5.1.c Added several NEW standards under Pharmacy leaders oversee the hiring, development, and support of pharmacy staff by:

STD 5.1.c.1: Ensuring recruitment of pharmacy personnel includes methods to promote diversity and inclusion.

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

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

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

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

Diversity, Equity and Inclusion in the New ASHP Accreditation Standard For Postgraduate Residency Programs

The new *ASHP Accreditation Standard for Postgraduate Residency Programs* includes various statements and items that focus on diversity and inclusion.

The Diversity and Cultural Competency or DCC workgroup, a subcommittee of ASHP's Commission on Credentialing, developed the *Diversity Resource Guide (DRG) for Diversity in Residency Training and the Pharmacy Workforce* to assist pharmacy residencies and organizations in meeting the intent of the Standard and, ultimately, in increasing racial and ethnic diversity in pharmacy residency programs and subsequently, the pharmacy workforce.

In recent years, colleges and schools of pharmacy have begun focusing their efforts on and enhancing awareness of the importance of diversity, equity, and inclusion (DEI) through the development of Diversity and Inclusion Officer (DIO) positions, DEI strategic plans, diversity councils and committees, DEI webinars/educational activities, and more. Specific to pharmacy residency training, however, widespread progress has not been seen and there remains a lack of racial and ethnic diversity in pharmacy residency training, as well as in the profession of pharmacy, overall. The Diversity and Cultural Competence (DCC) initiative (within residency training) was created with

the intent of impacting change in healthcare by aiming to increase the diversity of pharmacy residents and, hence, the pharmacy workforce to achieve better healthcare outcomes for patients, as demonstrated by the research of colleagues in medicine, nursing, and other disciplines. The DCC initiative focuses on promoting racial and ethnic diversity and inclusion in residency recruitment, as well as recruitment of the pharmacy workforce within the department of pharmacy or organization affiliated with the residency program.

In addition, during the next revision of the educational competency areas, goals, and objectives, that serve as the foundation of residents' training, cultural competence will be incorporated. The expectation is that residents will complete their programs with the ability to provide care to patients with diverse values, beliefs, and behaviors, including customizing and individualizing the delivery of care by taking into consideration patients' social and cultural values and beliefs.

Well-being and Resilience in the New ASHP Accreditation Standard for Postgraduate Residency Programs

ASHP is committed to fostering and sustaining the well-being, resilience, and professional engagement of the pharmacy workforce and recognizes that a healthy and thriving clinical workforce is essential to ensuring optimal patient health outcomes and safety. As such, ASHP is an original sponsor of the National Academy of Medicine's Action Collaborative on Clinician Well-being and Resilience and created an *ASHP Statement on Commitment to Clinician Well-being and Resilience*.

The importance of well-being and resilience has also been incorporated into various elements within the new *ASHP Accreditation Standard for Postgraduate Residency Programs*. Expectations for well-being and resilience are found in the following sections within the new standard:

- Standard 2.3: duty hours and moonlighting (see article below)
- Standard 3.1.a.4: orientation to the program including available well-being and resilience resources
- Standard 3.3: resident development plans and ongoing assessment of well-being and resilience
- Standard 5.1.c.5: providing resources for assessing and supporting staff well-being and resilience

ASHP has a Workforce Well-being and Resilience Resource Center that includes numerous resources ranging from articles, member stories, webinars, previous presentations, a well-being and resilience certification, well-being ambassador program, and even free access for ASHP members to the Headspace app. These resources may be useful to programs as they prepare for the implementation of the New Standard and the requirements related to well-being and resilience.

A Potential Timeline for Meeting Implementation Requirement of July 1,2023

All residency programs will be required to operate under the *ASHP Accreditation Standard for Postgraduate Residency Programs* on July 1, 2023. Programs surveyed through June 30, 2023 will be surveyed on the current applicable standard (PGY1 pharmacy, PGY1 community-based pharmacy, PGY1 managed care pharmacy, or PGY2) Programs that will begin training their first resident in July of 2023 will start their program using the *ASHP Accreditation Standard for Postgraduate Residency Programs*. All programs currently in existence will be required to transition from the current standards to the New Standard for their 2023-2024 residency class. While there is no singular method for a program or programs to transition to the *ASHP Accreditation Standard for Postgraduate Residency Programs*, a potential implementation timeline is below.

Prior to recruiting season for 2023-2024 residents:

- Update all program structure materials (website, ASHP on-line directory listing, recruiting brochure, etc) to include program structure details (Standards 3.1a and 3.1c)
- Evaluate candidate assessment and interview tools and update as necessary (Standards 1.1 and 1.2)
- Review current residency policies and determine what changes are needed to align with new standard expectations (Standards 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7)
- Compile all materials and policies that will be shared with applicants invited to interview (Standard 2.8)

After recruiting season/ prior to 2023-2024 residency year

- Evaluate program's teach and evaluate grid to ensure all goals and objectives are assigned in a manner to ensure achievement (Standard 3.1b)
- Evaluate and update learning experience descriptions to include all elements required in the New Standard (Standard 3.2)
- Create/revise program evaluation rating scale (e.g., needs improvement, satisfactory progress, achieved, and achieved for residency) (Standard 3.4.b.2)
- Assess program director eligibility (Standard 4.2)
- Appoint/ reappoint preceptors (Standard 4.4.c) based upon eligibility (Standard 4.5), qualifications (Standard 4.6), and practice area/ responsibilities (Standard 4.7)

Once residency year starts/ July 2023

- Incorporate resident self-assessment and development plan creation processes (Standard 3.3)
- Incorporate evaluation strategies for formative and summative evaluations (Standard 3.4/3.5)
- Ensure program oversight and assessment including oversight committee (Standard 4.4a), program evaluation (Standard 4.4.b), preceptor development (Standard 4.4d)

Residency program and departmental leadership will need to collaborate to implement expectations for pharmacy services (Standard 5).

Learn More about the *ASHP Accreditation Standard for Postgraduate Residency Programs*

ASHP is committed to providing resources to preceptors, program directors, and programs to support implementation of the new harmonized standard.   The following sessions will be held at upcoming ASHP meetings:

ASHP National Pharmacy Preceptors Conference (NPPC)

- Wednesday, October 19, 11:00 AM-12:30 PM: Ask the Pharmacy Residency ASO Staff
- Wednesday, October 19, 5:00-6:00 PM Key Takeaways of the Accreditation Standard Revision
- Thursday, October 20, 8:00-9:30 AM: Ask the Pharmacy Residency ASO Staff

ASHP Midyear Clinical Meeting (MCM)

- Saturday, December 3, 8:00 AM- 5:00 PM: Residency Program Design and Conduct Workshop (additional registration fee required)
- Sunday, December 4, 3:00-5:00 PM: Residency Program Directors and Preceptors Town Hall: Updates from the Commission on Credentialing
- Tuesday, December 6, 10:00-11:00 AM: Ask the Pharmacy Residency Accreditation Surveyors Roundtable Discussion
- Tuesday, December 6, 2:00-3:00 PM: Ask the Pharmacy Residency Accreditation Surveyors Roundtable Discussion

NEWS: REVISED Duty Hour Requirements for Pharmacy Residencies

Duty Hour Requirements for Pharmacy Residencies policy has been revised and updated and is effective July 2022. All programs being surveyed through the remainder of 2022 and scheduled for survey in 2023 are being evaluated on their compliance with the new duty hours policy (dated 3-11-2022).

The updated policy is linked above and can be found posted on the ASHP Residency Information website. Some Highlights of the revisions to the *Duty Hour Requirements for Pharmacy Residencies* include:

- The policy also includes statements on well-being and resilience to ensure that residents and preceptors ae educated on wellness and resilience, burnout syndrome, risks, and mitigation strategies
- Duty hours include - inpatient and outpatient patient care **(resident providing care within a facility, a patient's home, or from the resident's home when activities are assigned to be completed virtually)**; staffing/service commitment; in-house call; administrative duties; work from home activities **(i.e., taking calls from home and utilizing electronic health record related to at-home call program)**; and scheduled and assigned activities, such as conferences, committee meetings, **classroom time associated with a master's degree for applicable programs or other required teaching activities** and health and wellness events that are required to meet the goals and objectives of the residency program.
- Duty hours must be tracked and attested to **monthly**. This can be accomplished using attestations by the resident (written or new functionality for tracking duty hours in PharmAcademic), work hours/resident schedules, or timesheets
- Moonlighting is defined as **any compensated, voluntary work**. If programs allow moonlighting and/or require an on-call program, monthly attestations are also required for these elements. A moonlighting policy should state if moonlighting is allowed and what type (e.g., internal, external) as well as the maximum allowable hours per period of time (e.g., 16 hours per 4 weeks). A structure for approval and actions taken if moonlighting affects the resident's performance is required. Moonlighting hours are counted toward the 80-hour maximum weekly hour limit averaged over a four-week period and included in the tracking of duty hours.
- Additional clarification was included regarding in-house and at-home call maximums and expectations for level of supervision, back-up system, and methods for evaluating the impact.

NEWS: Commission on Credentialing August 2022 Meeting

The *Update from the ASHP Commission on Credentialing* presentation will be presented live at the National Pharmacy Preceptors Conference and the Midyear Clinical Meeting. The full power point presentation will be available on the ASHP website after the Midyear Clinical Meeting in December.

Executive Summary of Length of Accreditation Granted to Programs at the August 2022 Meeting

Residency	Total #	Conditional Accreditation	Defer	1 yr	2 yr	3 yr	4 yr	7 yr	8 yr	Withhold
New	96	0	1	13	X	X	26	X	55	1
Reaccreditation	57	1	X	6	X	X	12	X	38	X
Special Cases	33	2	2	12	3	8	X	5	X	1
TOTAL	**186**	**3**	**3**	**31**	**3**	**8**	**38**	**5**	**93**	**2**

The following voted actions by the Commission on Credentialing were recently approved by the ASHP Board of Directors:

- To approve the Competency Areas Goals and Objectives (CAGO) and associated appendix for the Thrombosis and Hemostasis Management Pharmacy Demonstration Residency.
- To approve the Competency Areas Goals and Objectives (CAGO) and associated appendix for the Pediatric Specialization in Critical Care and Oncology Pharmacy Residency as a demonstration project.
- To approve the proposed guidance updates to the new *ASHP Accreditation Standard for Post Graduate Residency Programs*.
- To approve PGY1 Competency Areas for all PGY1 pharmacy, community-based pharmacy, and managed care pharmacy residency programs" (see article below)

Next Steps: Newly Approved PGY1 Competency Areas

A workgroup of Commission on Credentialing (COC) and Accreditation Services representing post-graduate year one (PGY1) pharmacy, PGY1 community-based pharmacy, and PGY1 managed care pharmacy programs was formed. This group was charged with creating a common set of competency areas to be used for all three types of PGY1 programs following implementation of the New Standard.   The goals of the group and the associated PGY1 competency areas were to harmonize, simplify, ensure a manageable number, be forward thinking, minimize unnecessary change, and build upon the domains of the American Association of Colleges of Pharmacy's Entrustable Professional Activities (EPAs).   The workgroup presented their proposed PGY1 competency areas to COC

at the August 2022 meeting. The COC reviewed and voted to approve the following FOUR competency areas for all three types of PGY1 programs:

1. Patient Care
2. Practice Advancement
3. Leadership
4. Teaching and Education

The COC also voted to assign groups to continue the work and develop PGY1 goals and objectives that fall under the approved PGY1 competency areas.   This group is working to update PGY1 CAGOs which will be shared with programs once complete.

Competency Areas, Goals, and Objectives (CAGOs) Revisions

PGY2 CAGOs will be updated using a similar process described above. Information about updates will be released as the work is being completed.

Watch for the Fall Edition with all of the latest Midyear Clinical Meeting information.