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Example Documents to Serve as Evidence for Addressing Accreditation Survey Findings in Report Response

All responses must include a narrative which includes acknowledgment of current status as identified on survey, actions taken to resolve a finding or to make progress on a finding, a plan to fully resolve the finding including a detailed timeline if the finding is not fully resolved during the report response timeframe, and delineation of the responsible party as applicable. Additionally, evidence must be provided for each finding to demonstrate either resolution or progress made in addressing the finding.

Below are examples of evidence which should be provided for each of the cited standards as applicable to the program's report. This list is not all-inclusive and is intended as a guide to help programs understand documentation to be provided for the most common reasons that each standard is cited. The below table outlines the evidence that is strongly encouraged to submit in order to show compliance as part of the response to the citations a program received under the pre-2023 Standard (surveys prior to 7/1/23) with the crosswalk to the corresponding 2023 Standard.

***Note: Surveyors and Commission on Credentialing (COC) members do not have access to the surveyed program's PharmAcademic™ records at the time of report response review. If documentation from PharmAcademic™ is applicable to the citing, it must be included as a PDF in the bookmarked appendix of the report response.**

Old Standard	2023 Standard (ALL Programs)	Old Standard Summary	Example Documents/Evidence to Submit
PGY2: 1.1	1.2.b 2.7, 2.7.a	For PGY2 residency applicants, requirement of completion of ASHP accredited or candidate-status PGY1 residency	• Documentation of applicant selection process and/or program promotional material that indicates requirement of completion of ASHP-accredited to candidate-status PGY1 residency • Documented process for verification of PGY1 program completion, including timeframe for verification and consequences for incoming residents not completing PGY1 program • Evidence of verification of PGY1 program completion for current resident(s)
PGY1 (All): 1.1 & 1.2 PGY2: 1.2 and 1.3	1.1 1.1.a. 1.1.b - 1.1.f	Procedures for review and interview of applicants to residency program	• Revised procedure for screening and ranking of applicants (To include all steps involved in application review, how decisions are made for

			interview invitation, interview process, ranking process for all phases of recruitment (Phase I, II); For PGY2 programs, describes early commitment procedure if applicable • Revised applicant review, interview questions, and interview scoring tools/rubrics with objective pre-determined criteria (clear definitions/criteria for ratings)
PGY1 (Ph & Comm): 1.3 & 1.4 PGY1 (MC): 1.3 PGY2: 1.4 & 1.5	1.2.a	For all residency applicants, requirement of completion of ACPE-accredited (or candidate-status) degree program or Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP)	• Documentation of applicant selection process and/or program promotional material that indicates requirement of completion of ACPE-accredited or candidate-status degree program or FPGEC certificate
PGY1 (All): 1.4 PGY2: 1.5	1.2.c	For all residency applicants, requirement of licensure or eligibility for licensure within state or jurisdiction in which the program is conducted	• Revised program licensure policy
PGY1 (All): 1.5 PGY2: 1.6	2.4.a-b	Requirements for licensure and consequences of failure to obtain licensure within 120 days of the program's start date	• Revised program licensure policy (to include clearly-stated deadline for licensure prior to or within 120 days after program start date, and information for how the program will be modified if extension is permitted)
PGY1 (All): 1.6 & 1.6a PGY2: 1.7 & 1.7a	2.2 (Leave) 2.2.a, 2.2.a.1, 2.2.b, 2.2.b.1, 2.2.b.2 2.5 (Completion Requirements) 2.5.a, 2.5.a.1, 2.5.b – 2.5.d	Documentation of the program's policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program Documentation of the program's requirements for successful completion and expectations of the residency program	• Revised leave policy defining leave time, including extended leave, ensuring that time away from the residency program does not exceed a combined total of the greater of either 37 days per 52-week training period or the minimum number of days allowed by applicable federal and/or state laws without requiring extension of the program; if extension of the program is permitted, defines maximum duration of extension and status of salary and benefits during extension; if extension of the

	2.6 (Remediation/ disciplinary policy)	Documentation of the program's policy on dismissal from the residency program	program is not permitted and time away exceeds allotted time, outlines that residents will not receive certificate of completion
	2.8, 2.8a-2.8h (Information and policies provided to interviewees)	Documented policies are provided to applicants invited to interview	• Revised completion requirements policy that defines minimum threshold for resident performance on CAGOs (% or number of objs marked as ACHR, how many objs may be rated as NI/minimum rating for remainder of objs), quantified required deliverables as defined by the CAGOs and/or Appendix, and other requirements as defined by program (e.g., minimum staffing commitment, certificate programs, presentations, written education, etc.) • Revised remediation/disciplinary action policy that addresses issues not specifically covered by the organization's disciplinary action policy and defines consequences of failure to progress during residency (withholding completion certificate, extending the program, dismissal); Defines max time of program extension and status of salary and benefits during extension if extension is allowed • Explanation/evidence (e.g., copy of email provided to applicants invited to interview with attached policies, manual, or link to electronic copies) of how all policies (Leave, duty-hour, licensure, remediation/disciplinary, and requirements for completion policies) and the program start date with term of appointment, stipend and benefit information (includes

			vacation, holiday, professional, and sick leave allotment and whether health insurance is available), and financial support for required professional meeting attendance are provided to applicants invited to interview at the time that the initial invitation to interview is extended; If applicable, must also include the number of the required learning experiences not conducted at the primary practice site and if financial support (reimbursement for mileage, tolls, parking, etc.) is provided to residents for such (per Accreditation Regulations)
PGY1 (All): 2.1 & 2.1a PGY2: 2.1	2.1	Requirement that the residency program is a minimum of 52 weeks and a full-time practice commitment or equivalent and that non-traditional residency programs have a description of the program's design and duration used to meet the required CAGOs	• Program structure and residents' schedules from PharmAcademic™ illustrating a minimum 52 weeks full-time practice commitment or equivalent (i.e., each timeframe during the residency year is covered by a learning experience and evaluation) • For 24-month PGY1/PGY2 residency programs, structure and resident schedule must show 52 weeks of completed training prior to beginning PGY2 program • For non-traditional programs, documented program structure must include providing a minimum of 52 weeks of residency training and meet the same accreditation requirements as traditional residency programs
PGY1 (All) & PGY2: 2.2	2.3, 2.3.a-2.3.d	Documentation of the program's duty-hour and moonlighting policies that are in compliance with the *ASHP Duty Hour Requirements for Pharmacy Residencies*	• Revised duty-hour and moonlighting policies (to reference or include hyperlink to ASHP Duty Hour Requirements for Pharmacy Residencies and address requirements such as type and maximum amount of moonlighting allowed, requirement for approval, and plan for how to

			• handle effects of moonlighting on resident performance if moonlighting is allowed) • Documentation of compliance with duty-hour and moonlighting policies (e.g., monthly attestations, work hours/schedules, or timesheets)
PGY1 (All) & PGY2: 2.3	1.3	Requirement that the residency program adheres to the *Rules for the ASHP Pharmacy Resident Matching Program*	• Narrative that addresses the element of the finding • Submit evidence of Match notification letter sent to matched candidate within 30 days of the release of Match results; Submit evidence of Match notification letter for resident selected through Early Commit process • Documentation of applicant selection process and pre-determined criteria used to select applicants to interview and rank that incorporates compliance with the *Rules for the ASHP Pharmacy Resident Matching Program*
PGY1 (All) & PGY2: 2.4, 2.4a	2.9, 2.9.a 2.9.b (PGY2 Only)	Provision of residents accepted into the program with a letter outlining their acceptance to the program, pre-employment requirements for the organization, requirements for successful completion, expectations of the residency program, and other relevant information within 30 days of the Match	• Written communication (with date included) from the program to each matched candidate or revised template of such written communication (e.g., acceptance letter or email) that contains general information about the hiring process including pre-employment requirements and confirmation of the program start date and term of appointment. PGY2 programs to include information related to verification of PGY1 residency completion • Evidence (e.g., signed letter) that resident has accepted the Match results via return correspondence by the date determined by the program and prior to the start of the residency program

PGY1 (All) & PGY2: 2.4b	2.10	Residents' acceptance of terms and conditions of the residency program including requirements for successful completion, and expectations of the residency program documented prior to the beginning of the residency	• Narrative that addresses how the RPD or designee reviews all program policies listed in Std 2.8 with matched residents • Documentation demonstrating that acceptance of the residency program policies is obtained within 14 days from the start of the residency (e.g., signed attestation, acknowledgment/attestation signatory page from residency manual, etc.)
PGY1 (All) & PGY2: 2.5	4.1.b	Residency program provides qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill accreditation standards requirements	• Narrative describing actions taken or plans to ensure a sufficient number of preceptors are available to facilitate the achievement of CAGOs and to guide residents using the four preceptor roles for each learning experience • APR forms for new preceptors • Updated preceptor roster with area of daily practice AND learning experiences precepted • Residents' evaluations of preceptors and learning experiences
PGY1 (All) & PGY2: 2.6	2.12, 2.12.a, 2.12.b, 2.12.b.1	Requirement for the resident program to provide residents with an area to work, references, relevant technology, access to extramural educational opportunities, and sufficient financial support to fulfill requirements of the program	• Narrative that addresses the element of the finding • Residency program manual (if information relevant to the finding is included in the manual) • Photo(s) of resident workspace (if applicable to finding)
PGY1 (Ph & MC) & PGY2: 2.7 & 2.7a PGY1 (Comm): 2.7, 2.8	2.13, 2.13.a-2.13.b	RPD awards certificate of completion to those who complete the program's requirements; RPD documents residents' completion of the program's requirements	• Documentation (i.e., completion requirements checklist, ACHR report for individual residents from PharmAcademic™, etc.) illustrating that completion requirements were met for resident graduates • Documentation (i.e., completion requirements checklist, ACHR report for individual residents from PharmAcademic™, etc.) in progress for current residents

			• Definition/criteria/procedure for determining ACHR
PGY1 (Ph & MC) & PGY2: 2.8 & 2.8a PGY1 (Comm): 2.8, 2.8a & 2.8b	ALL: 2.14, 2.14.a-2.14.b PGY1 (MC): 2.14.c PGY1 (Comm): 2.14d	Requirements for the residency program completion certificate to be issued in accordance with the provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies*, signed by the RPD and CEO/designee, reference to ASHP accreditation status, and to partnership with APhA (PGY1 Community-based programs only) or AMCP (PGY1 Managed Care programs only)	• Certificate containing all required elements outlined in the *ASHP Regulations on Accreditation of Pharmacy Residencies* • If program is in candidate status, include template for both candidate-status and accredited-status certificates
PGY1 (All) & PGY2: 2.9	2.15, 2.15.a-2.15.c	RPD maintain program's compliance with provisions of the *ASHP Regulations on Accreditation of Pharmacy Residencies* throughout the accreditation cycle	• Narrative that addresses the element of the finding • If program-type naming convention is cited, revised document(s) illustrating compliance • If use of PharmAcademic™ for residency program management is cited, evidence from PharmAcademic™ illustrating use for the area not used adequately at time of survey (e.g., LEDs, resident schedules, learning experience evaluations, resident development plans, resident close-out documentation) • If retention of records is cited, evidence illustrating retention of record of each residents' program application, acceptance letter, acceptance of program policies, licensure, deliverables, completion requirements documentation, and signed residency certificate since time of last accreditation site survey (e.g., screenshot of electronic portfolio, etc.)
PGY1 (Ph & MC): 3.1 PGY1 (Comm) & PGY2: 3.1, 3.1.a & 3.1.b	n/a	Residency purpose and description	n/a

PGY1 (Ph): 3.2, 3.2.a, 3.3.a.(2) PGY1 (Comm): 3.2, 3.2.a, 3.3.b PGY1 (MC): 3.2, 3.2.a, 3.3.a.(2) PGY2: 3.2, 3.2.a, 3.3.(a)(3)	3.1.b, 3.1.b.1, 3.1.b.1.b, 3.1.b.1.c	Residency program's educational competency areas, goals, and objectives (CAGOs) support the achievement of the residency's purpose. The program's structure must facilitate achievement of the educational goals and objectives.	• Program structure description (from manual website and/or marketing materials) • Evidence of Tracking of the appendix (if applicable) From PharmAcademic™ provide the following: • "TE assignment report" for all/current residents • "TE assignment reports for the program"—one report filtered for "ALL" learning experiences and one report for just the "Required" learning experiences • Screenshot of Learning Experiences tab
PGY1 (All): 3.2.b, 3.2.b.(1)- 3.2.b.(4) PGY2: 3.3.a.(2)	3.1.b.1.a	The CAGOs for each individual residency program are required by the Standard and must be included in the residency program's design.	From PharmAcademic™ provide the following: • "TE assignment report" for all/current residents • "TE assignment reports for the program" (T/E grid)—one report filtered for "ALL" learning experiences and one report for just the "Required" learning experiences
PGY2: 3.2.b	n/a	RPDs must document individualized CAGOs for each resident and may establish additional CAGOS that reflects the site's strengths. For PGY2 programs in advanced areas of clinical practice which ASHP has not developed CAGOs, the program may use a generic set of PGY2 CAGOs.	n/a
PGY1 (Ph & MC) & PGY2: 3.2.c PGY1 (Comm): 3.2.c, 3.2.d	3.1.b.1.a Guidance	Programs may select additional competency areas that are required for their program.	• Program structure description (from manual website and/or marketing materials) From PharmAcademic™ provide the following: • "TE Assignment report for the program" (T/E grid)

			• "TE assignment report" including the resident-specific curricular sets if applicable for all/current residents
PGY1 (Ph & MC) & PGY2: 3.3, 3.3.a PGY1 (Comm): 3.3	3.1	Requirement for written description of program structure	• Program structure description (from manual website and/or marketing materials) From PharmAcademic™ provide the following: • "TE assignment report for the program" (T/E grid) • Screenshot of Learning Experiences tab
PGY1 (Ph & MC) & PGY2: 3.3.a.(1), 3.3.a.(1)(a), 3.3.a.(1)(b) PGY1 (Comm): 3.3.a, 3.3.a.1, 3.3.a.3	3.1.a, 3.1.a.1, 3.1.a.2, 3.1.a.3	Written description of program structure must include required and elective learning experiences (if applicable) and duration of each learning experience	• Program structure description (from manual website and/or marketing materials) illustrating at least ½ of the residency year is scheduled in required learning experiences. For learning experiences 12 wks or more in duration with a specific time scheduled on a recurring basis, include clear documentation of such From PharmAcademic™ provide the following: • "TE assignment report for the program" (T/E grid) • Screenshot of Learning Experiences tab • Resident schedules
PGY1 (Comm): 3.3.a.2	n/a	Written description of program structure includes the type (longitudinal, extended, rotational, concentrated) of each learning experience	n/a
PGY1 (Ph & MC): 3.3.(a)(3), 3.3.(a)(4), 3.3.(a)(5) PGY1 (Comm): 3.3.d.2	3.1.c.1, 3.1.c.4	The residency program structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems. Residency programs that are based in certain practice settings (long-term care, acute care,	• Program structure description (from manual website and/or marketing materials) • Sample Resident schedules • Current resident schedules for all/current residents from PharmAcademic™ • If cited for lack of disease state variety, provide evidence of resident involvement in the management of multiple disease states through

| | | ambulatory care, hospice, pediatric hospital, home care) must ensure that the program's learning experiences meet the above requirements for diversity, variety, and complexity.

No more than 1/3 of the 52-week PGY1 residency program may deal with a specific disease state or patient population | various patient encounters (e.g., de-identified patient care notes) |
|---|---|---|---|
| PGY1 (Ph & MC): 3.3.(a)(6)

PGY1 (Comm): 3.3.d.1 | 3.1.c.3 | Residents must spend 2/3 or more of the program in direct patient care activities | • Program structure description (from manual website and/or marketing materials)
• Sample Resident schedules
• Current resident schedules for all/current residents from PharmAcademic™
• "Descriptions of All Active Learning Experiences" report from PharmAcademic™ dashboard for the program |
| PGY1 (Comm): 3.3.d.3 | 3.1.c.2 | Residents gain practice and experience in longitudinal patient care delivery and the development of extended patient relationships | • Program structure description (from manual website and/or marketing materials)
• Sample Resident schedules
• Current resident schedules for all/current residents from PharmAcademic™
• Narrative of the intentionality of incorporating in opportunities for residents to gain experience in longitudinal patient care
• 2 de-identified patient care notes/documentation from patient health record demonstrating at least two consecutive encounters with the same patient |
| PGY1 (Comm): 3.3.d.4, 3.3.d.5, 3.3.d.6, 3.3.d.7 | n/a | Residents function and work as part of healthcare team, provide patient care in settings with and without access to existing sources of complete patient health data, appropriately document in the patient's healthcare record, and use | n/a |

		technology including electronic healthcare functionality	
PGY1 (Ph & MC) & PGY2: 3.3.b PGY1 (Comm): 3.3.e.2	3.1.a.4	RPDs must orient residents to the residency program	• Orientation LED for the program (_must_ be downloaded from PharmAcademic™) • Program structure description (from manual website and/or marketing materials) including orientation as a required LE • Current Resident's schedule from PharmAcademic™ including Orientation assigned as a LE
PGY1 (Ph & MC) & PGY2: 3.3.c, 3.3.c.1, 3.3.c.(1)(a), 3.3.c.(1)(b), 3.3.c.(1)(c), 3.3.c.(1)(d), 3.3.c.(1)(e) PGY1 (Comm): 3.3.e, 3.3.e.1, 3.3.e.1.1-3.3.e.1.5	3.2, 3.2.a, 3.2.a.1-3.2.a.6	Learning experience descriptions must be documented and include a general description of the practice area, including the role of the pharmacists in the practice area, expectations of residents, educational goals and objectives assigned to the learning experience, a list of activities that will facilitate the achievement of each goal, and a description of evaluations that must be completed by preceptors and residents.	•Submit Revised learning experience descriptions for at least three required and two elective learning experiences with all required elements as required by the standards (***NOTE: Your survey team may delineate specific LEDs and/or a different number of LEDs to submit in your report response; All LEDs _must_ be downloaded from PharmAcademic™***). Use the learning experience template to assure all required elements are included. •Include one additional required learning experience that may be repeated as an elective demonstrating how the elective experience is different from the require, if applicable. •"Descriptions of All Active Learning Experiences" report from PharmAcademic™ dashboard for the program ***NOTE: This report is not to be submitted in lieu of the full LEDs from PharmAcademic™ as full LED is required to see objectives and activities***
PGY1 (Ph & MC) & PGY2: 3.3.c.(2)	3.2.b	Preceptors must orient residents to the learning experience using the learning experience description.	• Submit plan and evidence of preceptors using the learning experience description to orient residents to the learning experience, including but

PGY1 (Comm): 3.3.e.2.1			not limited to the learning experience evaluations completed during report response timeframe by residents from PharmAcademic™, any re-education of preceptors, revised program strategies and expectations
PGY1 (Ph & MC) & PGY2: 3.3.c.(3) PGY1 (Comm): 3.3.e.2.2	3.2.c	During learning experiences, preceptors will use the four preceptor roles as needed based on preceptor needs.	• Submit plan and supporting evidence of preceptors using the 4 preceptor roles based on resident's needs. Specifically, progression included in learning experience descriptions appropriate to the PGY1 or the PGY2 year as applicable. •"Descriptions of All Active Learning Experiences" report from PharmAcademic™ dashboard for the program
PGY1 (Ph & MC) & PGY2: 3.3.c.(4)	n/a	Residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing patient care.	n/a
PGY1 (Comm): 3.3c, 3.3c(1), 3.3c(2), 3.3c(3), 3.3c(4), 3.3c(5), 3.3c(6)	n/a	The program's structure and design incorporates the resident in patient care in medication management (including comprehensive medication and targeted medication management services) with follow-up, health and wellness, immunizations, disease state management, care transitions including medication reconciliation and medication management, and patient-centered dispensing.	***NOTE: While these patient care services are no longer delineated in the Standard, the PGY1 Community CAGOs still requires the resident to provide patient care services including medication management, health and wellness, immunization, disease statement management, care transitions, and patient-centered dispensing under the R1 domain.*** If Std 3.2b(1) was also cited in accreditation report, should provide 2 de-identified patient care notes from the electronic medical record/patient care record for the specific objective(s) cited in the related patient care service(s).
PGY1 (Ph & MC): 3.4.a, 3.4.a.(1), 3.4.a.(2)	3.3, 3.3.a, 3.3.b, 3.3.b.1-3.3.b.2, 3.3.c	Outlines requirements and components of the initial resident self-assessment and resident development plans	• Download from PharmAcademic™ of entering resident(s) self-assessments

PGY1 (Comm): 3.4.b, 3.4.b.1, 3.4.b.1.1, 3.4.b.1.1.1, 3.4.b.1.1.2 3.4.b.1.1.3 PGY2: 3.4.b, 3.4.b.(1), 3.4.b.(2)			• Download from PharmAcademic™ of initial and quarterly updates to development plans • Screenshot of PharmAcademic™ of "Development Plan" tab showing upload finalized copies of initial and quarterly updates to resident(s') development plan(s) • If completion checklist is not part of the program's resident development plan, submit evidence tracking completion requirements at the same time the development plan update is documented
PGY1 (Ph & MC): 3.4.b, 3.4.b.(1) PGY1 (Comm): 3.4.a.2, 3.4.a.2.1 PGY2: 3.4.c, 3.4.c.(1)	3.4.a, 3.4.a.1	Outlines requirements for formative assessment of feedback	• Examples of formative evaluations (i.e., downloads from the "Feedback" tab in PharmAcademic™) if applicable • Submit the plan for and evidence of improvement in ongoing feedback to residents. Examples may include preceptor evaluations of residents, evaluations of resident's presentations or work products, and examples of how residents have improved based on formative feedback
PGY1 (Ph & MC): 3.4.b.(2) PGY1 (Comm): 3.4.a.2.2 PGY2: 3.4.c.(2)	3.4.a.2	Outlines requirement for preceptors to make adjustments to learning activities in response to observations and assessments of resident	• At least three (3) examples of adjustments made to residents' activities in response to preceptor observation of need (e.g., addition of/changes in LE activities, addition of objectives assigned to be TE, extension of LEs, shortening or changing the focus of Orientation for resident w/past experience at site, changing expectations of resident with expected progression in LE, etc.) • Narrative and examples of formative feedback that resulted in adjustments to activities which could be from the formative feedback button in PharmAcademic™, preceptor evaluations of

			residents, resident evaluations of preceptors and/or learning experiences or development plans or other examples of preceptors providing formative feedback to residents that includes adjustments to resident activities based on resident performance
PGY1 (Ph & MC): 3.4.c, 3.4.c.(1) PGY1 (Comm): 3.4.a.3, 3.4.a.3.1, 3.4.a.3.2 PGY2: 3.4.d, 3.4.d.(1)	3.4.b, 3.4.b.1, 3.4.b.2, 3.4.b.2.a, 3.4.b.2.b	Outlines requirements for summative evaluations	• Downloads of <u>multiple examples of summative evaluations of residents</u> from PharmAcademic™ documenting qualitative written comments (see Guidance) • "Overall Evaluation Status" report from PharmAcademic™ for the current residents • Screen shot of program dashboard →Evaluation Tools • "Send Back for Edit" report from PharmAcademic™
PGY1 (Ph & MC): 3.4.c.(2) PGY1 (Comm): 3.4.a.3.1.2, 3.4.c.5.2 PGY2: 3.4.d.2	3.4.b.1.a	Outlines requirements for summative evaluations for experiences greater than 12 weeks in duration	• Downloads of longitudinal summative evaluations of residents from PharmAcademic™ documenting qualitative written comments (see Guidance for 3.4.b.2.a) • "Overall Evaluation Status" report from PharmAcademic™ for the current residents
PGY1 (Ph & MC): 3.4.c(3) PGY1 (Comm): 3.4.a.3.1.1 PGY2: 3.4.d(3)	3.4.b.3	Outlines requirements for summative evaluations when there is more than one assigned preceptor	• Program's evaluation strategy summarizing how multiple preceptors will provide input • Downloads from PharmAcademic™ of team-based evaluations
PGY1 (Ph & MC): 3.4.c.(4) PGY1 (Comm):	n/a	Outlines requirements for summative evaluations completed by preceptors-in-training	n/a

3.4.a.3.3.1 PGY2: 3.4.d.(4)			
PGY1 (Comm): 3.4.a.3.3	n/a	Outlines co-signature requirements for summative evaluations	n/a
PGY1 (Ph & MC): 3.4.c.(5) PGY1 (Comm): 3.4.c.5, 3.4.c.5.1, 3.4.c.5.3, 3.4.c.5.4 PGY2: 3.4.d.(5)	3.4.b.(3), 3.5.a	Outlines requirements for evaluation of preceptor(s) by the resident	• Examples of resident evaluations of preceptors • "Overall Evaluation Status" report from PharmAcademic™ for the current residents • Screen shot of program dashboard →Evaluation Tools • Revised residency manual section outlining program's evaluation strategy and resident responsibilities (if applicable to reason cited)
PGY1 (Comm): 3.4.c.5.5	n/a	Outlines requirements for co-signatures of preceptor evaluations completed by the resident	n/a
PGY1 (Ph & MC): 3.4.c.(6) PGY1 (Comm): 3.4.c.6, 3.4.c.6.1, 3.4.c.6.2, 3.4.c.6.3 PGY2: 3.4.d.(6)	3.5.b, 3.5.b.1	Outlines requirements for evaluation of learning experiences by the resident	• Examples of resident evaluations of learning experiences • "Overall Evaluation Status" report from PharmAcademic™ for current residents • Screen shot of program dashboard →Evaluation Tools • Revised residency manual section outlining program's evaluation strategy and resident responsibilities (if applicable to reason cited)
PGY1 (Comm): 3.4.c.6.4	n/a	Outlines requirements for co-signatures of learning experience evaluations completed by the resident	n/a
PGY1 (Ph & MC): 3.4.d, 3.4.d.(1), 3.4.d.(2), 3.4.d.(3) PGY1 (Comm): 3.4.b,	3.3c, 3.3.d, 3.3.d.2, 3.3.d.2.a, 3.3.d.2.b, 3.3.d.2.c,	Outlines requirements and components of quarterly resident self-assessment and development plan updates	• Download from PharmAcademic™ of resident(s) quarterly self-assessments • Download from PharmAcademic™ quarterly updates to development plans

3.4.b.1, 3.4.b.2, 3.4.b.2.1, 3.4.b.3 PGY2: 3.4.e, 3.4.e.(1) 3.4.e.(2), 3.4.e.3	3.3.d.2.d		• Screenshot of PharmAcademic™ of "Development Plan" tab showing upload of quarterly updates to resident(s') development plan(s)
PGY1 (Comm): 3.4.c, 3.4.c.1, 3.3.c.1.1, 3.3.c.1.2	n/a (The PGY1 Community-Based Pharmacy Residency Standard requirements for resident self-reflection have been incorporated into the resident development plan requirements.)	Outlines requirements for initial self-reflection	
PGY1 (Comm): 3.4.c, 3.4.c.2, 3.4.c.2.1, 3.4.c.3, 3.4.c.3.1, 3.4.c.4, 3.4.c.4.1, 3.4.c.4.2	n/a [The PGY1 Community-Based Residency Standard requirements for resident formative and summative self-evaluation have been incorporated into the resident	Outlines requirements for self-reflection completed at end of residency	

	development plan requirements. (see 3.3.d.1)]		
PGY1 (All) & PGY2: 3.5, 3.5.a	4.4.b, 4.4.b.1, 4.4.b.1.a, 4.4.b.1.b, 4.4.b.1.e	Outlines requirements of annual program review	• Documentation of assessment of the residency program including an assessment of methods for recruitment that promote diversity and inclusion (4.4.b.1.a); refer to guidance for 4.4.b.1.a – 4.4.b.1.e. • Evidence can be within the RAC meetings or a separate assessment/survey, review of applicant selection process, review of LED, review of evaluations. Must include input from both residents and preceptors and document program improvement opportunities and changes made.
PGY1 (All) & PGY2: 3.5.b	4.4.b.2	Outlines requirements of implementation of quality improvement plan for residency program	• Formal program evaluation documenting improvements (including date of assessment and participants involved in program assessment) • Evidence of changes made based upon the annual assessment of the residency program/ plans for implementation of changes based on the assessment
PGY1 (All) & PGY2: 3.5.c, 3.5.c.1	n/a	Outlines requirement graduate tracking that may include list of graduates including first position following completion of the program	n/a
PGY1 (Ph & MC) & PGY2: 4.1.a, 4.4 PGY1 (Comm): 4.1.a, 4.2.c	4.1, 4.1.a, 4.2.a, 4.2.b	Outlines requirements for residency program leadership	• APR (using current APR form from the ASHP website) of RPD including title and association with the practice site or sponsoring organization • Residency program coordinator or designee(s) role and terms if applicable

PGY1 (Ph & MC): 4.1.b, 4.4.a PGY1 (Comm): 4.1.a.1, 4.2.c.1 PGY2: 4.4.a	4.4.a, 4.4.a.1, 4.4.a.2	Outlines RPD's responsibility of establishing and chairing a residency advisory committee specific to the residency program	• Outline of RAC membership (note that multisite residencies must include RPD and site coordinators in RAC membership) and meeting cadence (minimum of quarterly) • RAC Mtg minutes including attendance, agenda, and minutes outlining documented decisions.
PGY1 (Ph & MC): 4.1.c PGY1 (Comm): 4.1.a.2 PGY2: 4.1.b	4.1.a.1	Outlines that RPD may delegate administrative duties/conduct of program to one or more individuals with oversight	• Outline role and responsibilities of residency program coordinator/designee(s), identifying name and title of such individual(s) • Preceptor roster that includes areas precepted as well as area of daily practice
PGY1 (Ph & MC): 4.1.d, 4.1.d.(1), 4.1.d.(2), 4.1.d.(2)(a), 4.1.d.(2)(b) PGY1 (Comm): 4.1.b.1, 4.1.b.2, 4.1.b.2.1, 4.1.b.2.1.1-4.1.b.2.1.3 PGY2: 4.1.c, 4.1.c.(1), 4.1.c.(2), 4.1.c.(2)(a), 4.1.c.(2)(b)	2.16.a, 2.16.a.1 -2.16.a.7	Outlines requirements for residency programs that are conducted by more than one organization, including the naming of a single RPD and the execution of an agreement between both parties	(IF MORE THAN 1 ORGANIZATION SHARES RESPONSIBILITIY FOR THE FINANCIAL AND/OR MANAGEMENT OF THE PROGRAM) • Signed agreement/memorandum of understanding (MOU) that identified program operator, designates a single RPD for the management of the residency program, includes RPD responsibilities, RPD's accountabilities to the Program Operator; documented mechanism for RPD to achieve consensus on evaluation/ranking of applicants; mechanism to designate site coordinators; method for coordinating conduct of the program within all organizations; method of evaluation to ensure terms of agreement are met. Must be agreed to in writing and signed by all parties)
PGY1 (Ph & MC): 4.2 PGY1 (Comm): 4.2.a	4.2, 4.2.a	Outlines RPD eligibility requirements	• RPD APR • Documented development plan for how program will ensure that RPD will meet

			qualifications if not resolved during report response time
PGY2: 4.2, 4.2.a, 4.2.b, 4.2.c	4.2, 4.2.b , 4.3.a, 4.3.f	Outlines RPD eligibility requirements	• RPD APR • Documented development plan for how program will ensure that RPD will meet qualifications if not resolved during report response time
PGY1 (Ph & MC) & PGY2: 4.3, 4.3.a, 4.3.b, 4.3.c PGY1 (Comm): 4.2.b, 4.2.b.1, 4.2.b.2, 4.2.b.3	4.3, 4.3.b, 4.3.c., 4.3.d	Outlines requirements for RPD to serve as role model for pharmacy practice	• RPD APR • Documented development plan for how program will ensure that RPD will meet qualifications if not resolved during report response time
PGY1 (Ph & MC) & PGY2: 4.4.b PGY1 (Comm): 4.2.c.2	3.3.e	Outlines requirements of RPD's oversight of resident progression	• Documentation of current resident' progress towards completion of program requirements (i.e., Completion Requirements Checklist) at the same time the RDP is updated. Documentation can be in the RDP or in a separate document (program preference)
PGY1 (Ph & MC) & PGY2: 4.4.c, 4.5, 4.5.b PGY1 (Comm): 4.2.c.3, 4.2.c.3.2, 4.2.c.3.3	4.4.c, 4.4.c.1, 4.4.c.2, 4.4.c.3	Outlines requirements of criteria for the appointment and reappointment of preceptors and documentation of such decisions	• Process and criteria for appointment and reappointment of preceptors • Examples of documentation demonstrating implementation (e.g., tracking of any program-determined preceptor requirements, completed preceptor reappointment packet, RAC mtg minutes documenting appointment/ reappointment) and documented evidence demonstrating that preceptors are reappointment at a minimum of every 4 yrs
PGY1 (Ph & MC) & PGY2: 4.5.a PGY1 (Comm): 4.2.c.3.1	n/a (The 2023 Standard does not require the	Outlines requirements of site to allow RPD to appoint and develop pharmacy staff as preceptors	n/a

	RPD to be solely responsible for appointment and reappointment of preceptors but requires their participation in the process if led by an oversight or other committee.)		
PGY1 (Ph & MC) & PGY2: 4.4.d	n/a [The 2023 Standard does not include a stand-alone assessment of preceptors' precepting skills by RPDs. Instead, the 2023 Standard incorporates assessments of preceptor skills into the formal annual program evaluation which includes input from residents through evaluations of preceptors and their learning	Outlines requirements of RPD in the evaluation, skills assessment, and development of preceptors in the program	n/a

	experiences (4.4.b.1.c) and end of the year input from residents (4.4.b.1.b)]		
PGY1 (Ph & MC) & PGY2: 4.4.e PGY1 (Comm): 4.2.c.3.4	4.4.d, 4.4.d.1	Outlines requirement of RPD to create and implement a preceptor development plan for the program	• Preceptor development plan (PDP) including a schedule of activities for each year • Provide documented programmatic expectations for preceptor development and evidence of tracking
PGY1 (Ph & MC) & PGY2: 4.4.f PGY1 (Comm): 4.2.c.4	4.4.b, 4.4.b.1	Outlines requirement of continuous quality improvement by RPD in conjunction with the RAC	• Documentation of assessment of the residency program including assessment of methods for recruitment that promote diversity and inclusion (4.4.b.1.a); Please see guidance for 4.4.b.1.a – 4.4.b.1.e. Must include input from both residents and preceptors and document program improvement opportunities and changes made. • RAC mtg meetings or a separate assessment documenting review of recruitment and applicant selection process; program requirements and policies; structure, design, and conduct; review of learning experiences; review of residents' evaluations of preceptors and learning experiences; and other program improvement opportunities
PGY1 (Ph & MC) & PGY2: 4.4.g	n/a (Not included in the 2023 Standard. See related 2023 Standards:	Outlines RPD's responsibility to work with pharmacy administration to ensure success of the residency program	n/a

	4.3.e RPDs serve as role models for pharmacy practice and professionalism as evidenced by modeling and creating an environment that promotes outstanding professionalism. 5.1.c.7 Pharmacy leaders oversee the hiring, development, and support of pharmacy staff by providing support for ongoing management and improvement of the residency program(s).)		
PGY1 (Comm): 4.2.c.5	n/a (Not included in the 2023 Standard. See related 2023 Standards: 4.3.e RPDs serve as role models	Outlines responsibility of the RPD to collaborate with all partners of the residency program	n/a

	for pharmacy practice and professionalism as evidenced by modeling and creating an environment that promotes outstanding professionalism. 5.1.c.7 Pharmacy leaders oversee the hiring, development, and support of pharmacy staff by providing support for ongoing management and improvement of the residency program(s).)		
PGY1 (Ph & MC): 4.6 PGY1 (Comm): 4.3, 4.3.a	4.5.a	Outlines pharmacist preceptors' eligibility requirements	• Updated APR for cited preceptors and corresponding preceptor development plan if needed (Individual preceptor development plan must be documented for any preceptor who does not meet qualifications)
PGY2: 4.6	4.5.b	Outlines pharmacist preceptors' eligibility requirements	• If preceptor does not meet eligibility requirements at time of survey report response, submit revised preceptor roster indicating preceptor change(s) for applicable learning

			experiences (and APRs for any newly assigned preceptors)
PGY1 (Ph & MC) & PGY2: 4.7, 4.7.a-4.7.f PGY1 Comm: 4.3.c, 4.3.c.1-4.3.c.6	n/a	Outlines pharmacist preceptors' responsibility to serve as role models for learning experiences	n/a
PGY1 (Ph & MC) & PGY2: 4.8, 4.8.c, 4.8.d, and 4.8.f PGY1 (Comm): 4.3.b, 4.8.b.3, 4.3.b.4, 4.3.b.6	4.6, 4.6.a, 4.6.b, 4.6.c, 4.7	Outlines pharmacist preceptors' qualifications requirements	• Updated APR for cited preceptors and corresponding preceptor development plan if needed (Individual preceptor development plan must be documented for any preceptor who does not meet qualifications) • Organization's privileging policy and applicable collaborative practice agreements/protocols if privileging is used to demonstrate current knowledge/expertise in the area(s) of pharmacy practice to meet 4.6.a • Preceptor roster and APRs for any new preceptors added to preceptor pool during report response time if applicable
PGY1 (Ph & MC) & PGY2: 4.8.a PGY1 (Comm): 4.3.b.1	3.2.c	Outlines demonstration of preceptors' ability to precept learning experience utilizing the four preceptor roles	• Submit plan and supporting evidence of preceptors using the 4 preceptor roles based on resident's needs. Specifically, progression included in learning experience descriptions appropriate to the PGY1 or the PGY2 year as applicable • "Descriptions of All Active Learning Experiences" report from PharmAcademic™ dashboard for the program
PGY1 (Ph & MC) & PGY2: 4.8.b PGY1 (Comm): 4.3.b.2	3.4.a.1, 3.4.b.2, 3.4.b.2.a	Outlines demonstration of preceptors' ability to assess residents' performance	• PharmAcademic™ Evaluation Dashboard or Overall Evaluation Status Report from PharmAcademic™

			• Three examples of summative evaluations from PharmAcademic™ completed during report response time
PGY1 (Ph & MC) & PGY2: 4.8.e PGY1 (Comm): 4.3.b.5	4.7.a	Outlines preceptorship requirement to maintain continuity of practice during the time of the residents' learning experience	• Updated APR for cited preceptors and corresponding preceptor development plan if needed (Individual preceptor development plan must be documented for any preceptor who does not meet eligibility and/or qualifications) • Preceptor roster • Examples of residents' evaluation of preceptor(s) and learning experience(s) from PharmAcademic™ for the preceptor(s) for whom this was cited during the survey
PGY1 (Ph & MC) & PGY2: 4.9, 4.9.a, 4.9.a.(1) PGY1 (Comm): 4.3.d, 4.3.d.1, 4.3.d.1.1	n/a	Outlines requirements for preceptors-in-training to be assigned a qualified preceptor to serve as an advisor/coach	• n/a
PGY1 (Ph & MC) & PGY2: 4.9.a.2 PGY1 (Comm): 4.3.d.1.2	4.6.d	Outlines requirements for preceptor development plans for preceptors-in-training	***Note: While preceptors-in-training designation is not in the 2023 Standard, all preceptors who do not meet preceptor qualifications must have an individual preceptor development plan*** • Updated APR for cited preceptors • Preceptor development plan for preceptors who did not meet qualifications at time of survey with contents of plan to ensure that preceptor meets qualifications within two years
PGY1 (Ph & MC) & PGY2: 4.10, 4.10.a, 4.10.b PGY1 (Comm):	4.8, 4.8.a.1, 4.8.b, 4.8.c, 4.8.d	Outlines requirements surrounding use of non-pharmacist preceptors in the residency program	• Residents' schedules from PharmAcademic™ indicating the learning experience and non-pharmacist preceptor(s) • Residents' development plans outlining documentation of the residents' readiness to practice independently

4.4, 4.4.a, 4.4.a.1, 4.4.a.2, 4.4.a.3, 4.4.a.4			• Non-pharmacist precepted learning experience description(s) from PharmAcademic™ indicating the learning experience is precepted by a non-pharmacist • Evaluation(s) from PharmAcademic™ for learning experience(s) precepted by non-pharmacist preceptors that reflects input from the non-pharmacist preceptor
PGY1 (All) & PGY2: 5	2.16.a, 2.16.a.1-2.16.a.7, 2.17, 5.1.b, 5.1.c, 5.2.b, 5.2.e	Outlines requirements of the sponsoring organization and practice sites conducting the residency program	• Signed agreement/memorandum of understanding (MOU) that identified program operator, designates a single RPD for the management of the residency program, includes RPD responsibilities, RPD's accountabilities to the Program Operator; documented mechanism for RPD to achieve consensus on evaluation/ranking of applicants; mechanism to designate site coordinators; method for coordinating conduct of the program within all organizations; method of evaluation to ensure terms of agreement are met (Signed agreements/memorandums of understanding must be in place for each site that the program operator partners with—Submit for each site surveyor team identified as not fully compliant at time of survey)
PGY1 (Ph & MC) & PGY2: 5.1 PGY1 (Comm): 5.2.a, 5.2.b	5.1.b	Outlines that residency programs are conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practices conducted by a recognized organization appropriate to the practice setting	• Report(s) and/or certificates from external organization's appraisal of facility and patient care practices
PGY1 (Comm): 5.1.a	n/a (Not included the 2023 Standard as all residency	Outlines requirement that all residency programs have a sponsoring organization	n/a

	programs must designate a program sponsor/program operator in order for their application for residency accreditation to be accepted.)		
PGY1 (Ph & MC) & PGY2: 5.2 PGY1 (Comm): 5.3.a, 5.2.c	5.2.b, 5.2.e, 5.3	Outlines that practice locations are staffed with personnel committed to excellence in patient care evidence by compliance with professionally-developed and nationally-applied practice and operational standards	• Submit revised policies/procedures for elements specifically cited/outlined in conjunction with this finding as applicable • Submit staff education/communication conducted on rules/regulations and best practices specifically cited/outlined in conjunction with this finding as applicable
PGY1 (Comm): 5.2.c	5.1.c.6, 5.1.c.7	Outlines that practice locations are staffed with personnel committed to excellent in patient care evidence by compliance with professionally-developed and nationally-applied practice and organization guidelines and standards (e.g., MTM Core Elements, APhA Immunization Guidelines, APhA, ASHP & ACCP guidelines, Standards from NIOSH, OSHA, CLIA, EPA as applicable to the practice site)	• Submit revised policies/procedures for elements specifically cited/outlined in conjunction with this finding as applicable • Submit staff education/communication conducted on rules/regulations and best practices specifically cited/outlined in conjunction with this finding as applicable • Submit RPD schedule overview/FTE allocation explanation demonstrating RPD time allocation to residency program management • Submit action plan/CQI plan for residency program that documents changes discussed and outlines which changes have been implemented/will be implemented with timeline to do so
PGY1 (Ph & MC) & PGY2: 5.3, 5.3.a, 5.3.b	2.16	Outlines requirements for programs in which two or more practice sites, or a sponsoring	• Signed agreement/memorandum of understanding (MOU) that identified program

PGY1 (Comm): 5.1, 5.1.b, 5.1.c		organization working in cooperation with one or more practice sites may offer a residency	operator, designates a single RPD for the management of the residency program, includes RPD responsibilities, RPD's accountabilities to the Program Operator; documented mechanism for RPD to achieve consensus on evaluation/ranking of applicants; mechanism to designate site coordinators; method for coordinating conduct of the program within all organizations; method of evaluation to ensure terms of agreement are met (Signed agreements/memorandums of understanding must be in place for each site that the program operator partners with—Submit for each site surveyor team identified as not fully compliant at time of survey)
PGY1 (Ph & MC) & PGY2: 5.3.b.(1), 5.3.c, 5.3.d PGY1 (Comm): 5.1.d, 5.1.d.1, 5.1.d.2	2.16.a, 2.16.a.1-2.16.a.7, 2.16.a.6	Outlines requirements for programs in which two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites may offer a residency	• Signed agreement/memorandum of understanding (MOU) that identified program operator, designates a single RPD for the management of the residency program, includes RPD responsibilities, RPD's accountabilities to the Program Operator; documented mechanism for RPD to achieve consensus on evaluation/ranking of applicants; mechanism to designate site coordinators; method for coordinating conduct of the program within all organizations; method of evaluation to ensure terms of agreement are met (Signed agreements/memorandums of understanding must be in place for each site that the program operator partners with—Submit for each site surveyor team identified as not fully compliant at time of survey)

PGY1 (Comm): 5.3.a.1	n/a (The definition of single and multiple-site residencies and associated regulations will be included in updated *ASHP Regulations on Accreditation of Pharmacy Residencies*. The updated regulations and timelines for compliance are expected to be approved and available prior to July 1, 2023.)	Defines a PGY1 community-based single-site pharmacy residency as one where training occurs within one organizational entity	n/a
PGY1 (Ph & MC) & PGY2: 5.3.e, 5.4 PGY1 (Comm): 5.3.a.2, 5.3.a.2.1-5.3.a.2.5, 5.3.b, 5.3.b.1 – 5.3.b.2	2.17	Outlines requirement that each of the practice sites that provides residency training must meet the requirements set forth in Standard 5.2 and the pharmacy's service requirements in Standard 6 and that multiple-site residency programs must be in compliance with the ASHP Accreditation Policy for Multiple-Site Residency Programs	• Signed agreement/memorandum of understanding (MOU) that identified program operator, designates a single RPD for the management of the residency program, includes RPD responsibilities, RPD's accountabilities to the Program Operator; documented mechanism for RPD to achieve consensus on evaluation/ranking of applicants; mechanism to designate site coordinators; method for coordinating conduct of the program within all organizations; method of evaluation to ensure terms of agreement are met

			(Signed agreements/memorandums of understanding must be in place for each site that the program operator partners with—Submit for each site surveyor team identified as not fully compliant at time of survey) • Revised program structure, description of each practice site and amount of time resident spends at each practice site, resident schedule from PharmAcademic™ that are consistent across program documentation and that illustrates compliance with the ASHP Accreditation Policy for Multiple-Site Residency programs
PGY1 (Ph) & PGY2: 6.1, 6.4.b PGY1 (Comm & MC): 6.1.a, 6.1.b	5.1.a.2	Requires that the pharmacy is led and managed by a professional, legally qualified pharmacist and outlines the components required to illustrate a well-defined organizational structure that supports the safe and effective provision of services	• Organizational chart for the pharmacy practice site(s) cited at time of survey that depicts pharmacist leader and reporting structure
PGY1 (Ph) & PGY2: 6.2.b PGY1 (Comm): 6.1.c.1 PGY1 (MC): 6.3.a.1, 6.4.p	5.1.a.4	Outlines that the pharmacy practice site includes pharmacy in the planning of patient care services	• Organizational chart for the organization that depicts pharmacy leadership and reporting structure • List of organization's committees and identification of pharmacy involvement • Strategic planning documents for the organization and pharmacy practice site that demonstrates pharmacy involvement
PGY1 (Ph) & PGY2: 6.2.c PGY1 (Comm): n/a PGY1 (MC): 6.3.a.2	5.1.a.1	Outlines that the scope of pharmacy services is documented	• Documented scope of pharmacy services that illustrates the integration of pharmacy services across the organization and collaboration with other healthcare providers (as appropriate for the setting)
PGY1 (Ph) & PGY2: 6.2.a, 6.2.d, 6.8.a.(2)	5.1.a.5	Outlines that the scope and quality of pharmacy services provided to patients at the practice site	• GAP analysis, ROI/business plan, and/or detailed project plan to expand pharmacy services into

PGY1 (Comm): 6.2, 6.2.c, 6.3.a, 6.3.b PGY1 (MC): 6.2.c, 6.3.b		is based on the mission of the pharmacy practice site, extends to all areas where medications are prescribed, dispensed, administered, and monitored, and that the pharmacy staff can provide the level of services required by patients served	• the areas or patient care populations identified by survey team • Position request, position request approval and posting, new/revised job description demonstrating expansion of pharmacy services if new positions required to accomplish such expansion of services • Revised staff schedule, staff education, training materials if able to accomplish expansion of services with existing pharmacy resources • De-identified patient care notes/documentation from EMR/patient care record demonstrating expansion of pharmacy services in cited area(s) *(examples from any pharmacists other than residents)*
PGY1 (Comm): 6.3.a.1	5.1.a.8	For pharmacies that are part of a larger entity, Outlines requirement that pharmacy services are integrated and provided collaboratively between internal and external areas of the practice	• Documented scope of pharmacy services that illustrates the integration of pharmacy services across the organization and collaboration with other healthcare providers • De-identified patient care notes/documentation from EMR/patient care record demonstrating coordination across all areas where pharmacy services are provided (e.g., acute care, ambulatory care, outpatient pharmacy, home health, infusion centers, population health) *(examples from any pharmacists other than residents)*
PGY1 (Ph) & PGY2: 6.2.e, 6.7.m.(5) PGY1 (Comm): 6.4.a PGY1 (MC): 6.1.b.(4)	5.2.a	Outlines requirement that pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used within the organization	• Revised policies/procedures demonstrating pharmacy responsibility in all aspects of medication management across the organization (e.g., storage of medications in all areas including samples, defined list of high alert medications, limited distribution drugs, REMS,

			controlled substance handling and diversion monitoring, automated dispensing systems, medication disposal, drug recall procedures, refrigerator temperature monitoring, etc.) as applicable to the citation at time of survey
PGY1 (Ph): 6.2.f, 6.7, 6.7a PGY1 (Comm): 6.4.n PGY1 (MC): 6.4, 6.4a PGY2: 6.2.f, 6.7, 6.7a, 6.10.b	5.3.a.4	Outlines requirement that pharmacists are responsible for collaboration with other healthcare professionals to ensure safe medication-use systems and optimal drug therapy	• Documented scope of pharmacy services that illustrates the integration of pharmacy services across the organization and collaboration with other healthcare providers which outlines interdisciplinary team rounds • Patient care outcomes measures and monitoring, benchmarks • De-identified patient care notes/documentation from EMR/patient care record demonstrating targeted medication interventions *(examples from any pharmacists other than residents)* • De-identified patient care notes/documentation from EMR/patient care record demonstrating pharmacist communication with other healthcare providers on patient care items *(examples from any pharmacists other than residents)*
PGY1 (Ph) & PGY2: 6.2.a, 6.3 PGY1 (Comm & MC): 6.1.c, 6.3.b	5.1.a.3	Outlines the requirement that the pharmacy executive must provide effective leadership and management for the achievement of short- and long-term goals of the pharmacy and the organization for safe medication-use	• Pharmacy strategic plan that includes short-term (1yr) and long-term (3yr) goals • Evidence demonstrating how pharmacy strategic plan is shared with all departmental staff and organizational leaders (e.g., meeting minutes, staff education materials, written communication of plan, etc.) • Evidence of implementation of pharmacy strategic plan (e.g., tracking of strategic plan initiatives, timelines, meeting minutes)
PGY1 (Ph) & PGY2: 6.4.a	n/a	The requirement for the pharmacy practice site to have a mission statement	n/a

PGY1 (Comm & MC): 6.1.b.(1)			
PGY1 (Ph) & PGY2: 6.4.c, 6.4.f, 6.5.a, 6.5.b, 6.6.b, 6.6.c, 6.6.d, 6.6.e, 6.6.f, 6.6.g, 6.6.h, 6.6.i, 6.7.j

PGY1 (Comm): 6.1.b.2, 6.1.b.4, 6.1.d, 6.1.e, 6.4.d

PGY1 (MC): 6.1.b.2, 6.1.b.4, 6.1.d, 6.1.e | 5.2.b, 5.2.b.1-5.2.b.7, 5.2.c, 5.2.d | Outlines specific elements that must be in place (current policies and procedures, procedures to ensure safe and effective medication-use systems, compliance with applicable federal, state, and local laws and regulations governing pharmacy practice pertinent to the practice site, and compliance with current national practice standards and guidelines. Outlines specific components of the medication distribution system | • Submit revised policies/procedures for elements cited at time of survey
• Submit LASA and HAM lists if cited at time of survey
• Submit HD list if cited at time of survey
• Submit photos illustrating resolution where applicable (e.g., LASA, HAM, HD med storage and labeling, etc.) if cited at time of survey
• Submit revised ADC medication override list if cited at time of survey
• Other forms of evidence possible depending on citation may include, but are not to be limited to, monthly/qtrly inspection audits assessing for compliance medication management compliance; review and analysis of medications requiring splitting of tablets, dispensing of multi-dose bottles/vials, and/or medications requiring compounding/mixing outside after dispensing from the pharmacy; staff education; communication to stakeholders, etc.
• Other forms of evidence possible depending on citation may include, but are not to be limited to, detailed project plan with key stakeholders, communication with key stakeholders, signed vendor agreements, screenshots of EMR or other technology (de-identifying patient-specific info) showing resolution or progress/testing, etc. |
| PGY1 (Ph) & PGY2: 6.4.d | n/a | The requirement to have position descriptions for all categories of pharmacy personnel | n/a |

PGY1 (Comm & MC): 6.1.b.(3)			
PGY1 (Ph) & PGY2: 6.4.e, 6.4.g, 6.9.a, 6.9.b PGY1 (Comm): 6.5.a, 6.5.a.1, 6.5.b, 6.1.b.5 PGY1 (MC): 6.1.b.(5), 6.3.c.(2), 6.3.c.(4), 6.5.a, 6.5.a.(1), 6.5.b	5.2.g.1, 5.2.g.2	Outlines requirements for implementation of procedures to document patient outcomes data, ensure clinical pharmacy services are safe and effective, pharmacy staff to engage in on-going process to assess the quality of pharmacy services, and the development and implementation of pharmacy service improvement initiatives to respond to such assessments	• Revised policies and procedures if applicable to finding • Patient care outcomes and metrics demonstrating quality, safety, and effectiveness of pharmacy services (% of patients at established therapeutic goals for various disease states/conditions, % of therapeutic recommendations accepted, medication usage evaluations assessing the use/effectiveness of pharmacy protocols/CPAs, stewardship program reporting metrics, capture rate of eligible patients, patient satisfaction, etc.) • Pharmacy continuous quality improvement plans based on performance improvement initiatives and metrics collected
PGY1 (Ph) & PGY2: 6.4.h, 6.7.h, 6.8.a.(3), 6.9.c PGY1 (Comm): 6.5.c PGY1 (MC): 6.4.g, 6.5.c	5.1.c.2, 5.1.c.3, 5.1.c.4	Outlines requirements for a staff complement that is competent to perform the duties and responsibilities assigned, a system to identify appropriately-trained and experienced pharmacists and ensure quality care is provided, that resources can accommodate training of current and future workforce, and that the pharmacy department's assessment and improvement processes include the assessment and development of skills of the pharmacy department staff	• New education/training materials/documentation provided to pharmacy staff for area(s) cited at time of survey • Competency requirements and tracking tool (consider use of checklists, etc.) • Peer review/audits conducted for pharmacists practicing under CPAs or protocols
PGY1 (Ph) & PGY2: 6.6.a	5.1.a.6	Outlines that the medication distribution system includes the effective use of personnel (e.g., pharmacy technicians)	• Documented scope of pharmacy services that describes the services that pharmacy technicians provide at the practice site • Policies/procedures for tech-check-tech, immunization administration by technicians, medication history intake by technicians

			• Education/training materials/checklists developed to initiate or expand technician practice within the practice site
PGY1 (Ph) & PGY2: 6.6.j PGY1 (Comm & MC): 6.2.b	5.1.d.3	Outlines that the outpatient pharmacy service includes a confidential patient assessment and counseling area	• Photos and/or architectural rendering of space • Policy/procedure and description of technology used for ensuring pharmacy services/counseling provided virtually are conducted in a space and manner to preserve patient confidentiality
PGY1 (Ph) & PGY2: 6.8.a.1 PGY1 (Comm & MC): 6.2.a	5.1.d.2	Outlines the requirement that facilities are designed, constructed, organized, and equipped to promote safe and efficient work	• Photos and/or architectural rendering of space(s) cited at time of survey (i.e., medication storage areas for hazardous, high-alert, look-alike sound-alike, sterile compounding area, non-sterile compounding area, etc. as cited on report) • Revised policy/procedure addressing changes to areas cited on report • Audits/reports demonstrating compliance with USP <795>, USP <797>, USP <800> if cited on report
PGY1 (Ph) & PGY2: 6.6.k PGY1 (Comm & MC): 6.2.d, 6.2.f	5.2.e, 5.2.e.1, 5.2.e.2	Outlines the requirements for the pharmacy practice site to have a system ensuring accountability and optimization for the safe use of medication-use system technologies (e.g., appropriate and connected, interoperable medical informatics systems)	• Detailed project implementation plan for areas cited in report (include agreements/purchase order(s), communication with vendor, documentation of capital budget requests, etc. as applicable) • Staff education on implementation of new/expanded technology • Minutes from meetings where applicable discussion occurs • Audits/dashboards demonstrating implementation and analysis of technology [e.g., BCMA compliance in cited area(s); CPOE compliance in cited area(s); CQI reports for IV Smart Pump compliance, barcode

			dispensing/robotic use in medication dispensing process; override order reviews; misfill rates] • Revised automated dispensing cabinet override medication list
PGY1 (Ph) & PGY2: 6.7 PGY1 (Comm & MC): 6.4	5.3.b	Outlines elements of patient care services that are provided by pharmacists in collaboration with other healthcare providers	• Pharmacy staffing workflow/assignments, schedules demonstrating extension of patient care to areas cited in report—address specific additions/changes to workflow, assignments, RPh role/responsibilities/score addressed during report response time
PGY1 (Ph): 6.7b PGY1 (Comm): 6.4.g, 6.4.m PGY1 (MC): 6.4.c PGY2: 6.7.b, 6.10.e	5.3.b.1	Outlines the requirement that pharmacists prospectively participate in the development of individualized medication regimens and treatment plans	• 2 de-identified progress notes from the electronic medical record/patient health record demonstrating implementation of the JCPP Pharmacists' Care Process or expansion of pharmacists' work using the JCPP Pharmacists' Care Process [Collect, Assess, Plan (initiate/modify/discontinue therapy), Implement, Follow-Up] in area(s) cited in report • Pharmacy staffing workflow/assignments, schedules demonstrating extension of patient care to areas cited in report—address specific additions/changes to workflow, assignments, RPh role/responsibilities/score addressed during report response time • New or revised protocols or CPAs incorporating physical assessments, point of care testing, ordering of lab tests, etc. developed or implemented during report response time (submit draft(s) if not fully completed)
PGY1 (Ph): 6.7.c, 6.7.d, 6.7.g PGY1 (Comm): 6.3.b.4, 6.4.g, 6.4.h, 6.4.j	5.3.b.2	Outlines the requirement that pharmacists implement and monitor treatment plans for patients, identify and resolve medication-related problems, and participate in individual and population-based patient care services and	• 2 de-identified progress notes from the electronic medical record/patient health record demonstrating the Plan component of the JCPP Pharmacists' Care Process where pharmacists initiate/modify/discontinue medication therapy

PGY1 (MC): 6.3.b.(1), 6.4.d PGY2: 6.7.c, 6.7.d, 6.7.g, 6.10.d, 6.10.e		disease state management that involves the initiation and modification of drug therapy based on collaborative practice agreements or treatment protocols	within the scope of practice under approved protocols and/or CPAs • New or revised protocols or CPAs developed or implemented during report response time (submit draft if not fully completed)
PGY1 (Ph): 6.7.c PGY1 (Comm): 6.4.g PGY1 (MC): 6.4.f PGY2: 6.7.c, 6.10.3	5.3.b.3	Outlines the requirement that pharmacists monitor and evaluate the effectiveness of the patient-centered care plan and modified as needed	• 2 de-identified progress notes from the electronic medical record/patient health record demonstrating the Follow-Up component of the JCPP Pharmacists' Care Process where pharmacists monitor and evaluate the care plan, including ordering of appropriate follow-up (labs/tests, appts, etc.)
PGY1 (Ph): 6.7i PGY1 (Comm): 6.2.e, 6.4.l PGY1 (MC): 6.2.e, 6.4.h PGY2: 6.7.i, 6.10.e	5.3.b.4	Outlines the requirement that pharmacists document patient care recommendations, treatment plans, and other activities in the patient's permanent medical record	• 2 de-identified progress notes from the electronic medical record/patient health record demonstrating adequate documentation of pharmacist activities and patient care plan in the appropriate section of the permanent medical record applicable to the practice setting
PGY1 (Ph): 6.7.e PGY1 (Comm): 6.4.b, 6.3.b.1 PGY1 (MC): 6.4.e PGY2: 6.7.e	5.3.a.1	Outlines the requirement that pharmacists provide comprehensive care that encompasses all medication-related issues in patients	• GAP Analysis, Business proposal/ROI for expansion of pharmacy services in area(s) cited • Documentation of new position request, new position description, future state workflow/schedule for planned expansion of pharmacy services, meeting minutes illustrating discussions/planning in area(s) cited • Pharmacist schedules demonstrating expansion of services in area(s) cited • Audits/dashboards/reports demonstrating increased levels (through volume of interventions, patient outcomes, etc.) of

			comprehensive patient care provided by pharmacists
PGY1 (Comm): 6.4.c, 6.4.k, 6.4.o PGY1 (MC): 6.4.i, 6.4.o	5.3.a.5	Outlines the requirement that pharmacists collaborate with the patient, family, and caregivers to manage medication-related needs and education	• Education materials developed/provided to patients/caregivers (written education, presentation slides for group classes, etc.) • Revised policy/procedure for patient/caregiver counseling/education provided by pharmacy personnel • Revised policy/procedure for facilitation or referral of patient for enrollment in patient assistance programs • Audits/dashboards tracking patient/caregiver education/counseling
PGY1 (Ph): 6.7.f, 6.7.m.(3) PGY1 (Comm): 6.4.f PGY1 (MC): 6.4.b PGY2: 6.7.f, 6.7.m.(3), 6.10.c	5.2.g	Outlines that pharmacy personnel are involved in the development, review, approval, dissemination, and implementation of medication-related protocols/guidelines and initiatives	• New or revised treatment protocols/pathways/guidelines, order sets, and initiatives developed by, or in collaboration with, pharmacy personnel • Meeting minutes demonstrating pharmacy personnel involvement in development, implementation, and/or review of treatment protocols/pathways/guidelines, order sets and other medication-related initiatives
PGY1 (Comm): 6.2.d, 6.4.p PGY1 (MC): 6.3.b.(2), 6.3.b.(3)	5.3.a.2	Outlines that pharmacists use clinical decision support tools to identify and prioritize patients requiring optimization of their medication therapy	• Detailed project implementation plan for gaps in clinical monitoring tools/clinical decision support services cited in report (include agreements/purchase order(s), communication with vendor, documentation of capital budget requests, etc. as applicable) • Audits/dashboards/reports illustrating work on population health initiatives, medication therapy management that includes comprehensive and targeted reviews and interventions (e.g., EqUIPP or STAR ratings dashboards, reports from clinical surveillance software, etc.)

			• 2 De-identified examples of comprehensive medication reviews and targeted medication reviews and interventions documented by pharmacists during report response time as applicable to area(s) cited
PGY1 (Ph) & PGY2: 6.7.g PGY1 (Comm): 6.4.f, 6.4.j PGY1 (MC): 6.4.j	5.3.a.3	Outlines that pharmacists utilize evidence-based treatment protocols, medication use guidelines, and/or other systematic approaches to disease management	• New or revised protocols, medication use guidelines and/or CPAs incorporating evidence-based guidelines developed or implemented during report response time (submit draft(s) if not fully completed) • De-identified patient care notes/documentation from EMR demonstrating implementation of protocols, medication-use guidelines, and/or CPAs if available
PGY1 (Ph) & PGY2: 6.7.m.(4) PGY1 (Comm): 6.4.e PGY1 (MC): 6.3.c.(3)	5.2.f	Outlines that pharmacists have a leadership role in the medication safety program and in the data collection, analysis, and implementation of medication safety-related action plans	• Meeting minutes that evidence pharmacist(s) leadership in the medication safety program and initiatives within the practice site (Medication Safety Committee, Patient Safety Committee, or similar committee) • Written materials, education, and/or presentations that pharmacists have developed or collaborated on related to medication safety initiatives • If cited for lack of monitoring and review, submit revised process for reporting, analyzing, and monitoring events with data collected and changes implemented
PGY1 (Ph) & PGY2: 6.7.k PGY1 (Comm): 6.3.b.2, 6.3.b.3 PGY1 (MC): 6.4.k	5.3.a.7	Outlines that pharmacists provide disease prevention and other health and wellness services	• Policies/procedures for health and wellness services at the practice site implemented and/or expanded at practice site during report response time • De-identified documentation of health and wellness services provided to patients (e.g.,

			• immunization forms, health screening forms, naloxone dispensing & education program, etc.) • Class schedules/pharmacist schedules for health and wellness classes provided (e.g., diabetes, nutrition, weight management, smoking cessation, etc.), immunization clinics, health fairs • Promotional flyers/education materials for medication take back programs, naloxone dispensing program, etc. that pharmacists are involved with at the practice site
PGY1 (Ph) & PGY2: 6.7.l PGY1 (Comm): 6.3.b.(5) PGY1 (MC): 6.4.l	5.3.a.6	Outlines that pharmacists and pharmacy technicians are involved in transitions of care services	• Policy/procedure for care transitions implemented and/or expanded at practice site during report response time • De-identified documentation of interventions for care transitions (med hx intake, med rec, etc.) provided during report response time • Pharmacist and/or pharmacy technician schedules illustrating implementation or expansion of transitions of care services coverage
PGY1 (Ph): 6.7.m.(1) PGY1 (MC): 6.3.c.(1), 6.4.m PGY2: 6.7.m(1)	5.2.h	Outlines that pharmacy manages an evidence-based formulary	• Minutes from formulary committee or Pharmacy & Therapeutics Committee meetings demonstrating pharmacy involvement and leadership • Documents demonstrating formulary decisions (i.e., formulary interchange policies/formulary lists, drug class reviews with decisions/recommendations documented, MUEs/DUEs completed by pharmacists, etc.
PGY2: 6.10.a	3.1.c.5	PGY2 Only: Residents are provided with sufficient opportunities to provide direct patient care to patients with the required disease states and	• Disease state appendix for applicable PGY2 program completed for most recent graduate resident and in progress with tracking/documentation for current resident(s)

		conditions as outlined in the Appendix to the CAGOs	• Revised LEDs and/or structure illustrating how gaps in depth and breadth of patient care for required disease states are addressed in the program design to ensure that residents get adequate training to develop competence in the management of such disease states/conditions • De-identified progress notes or documentation of patient interventions demonstrating resident work in the disease states/conditions noted to not be adequately incorporated into the program design at time of survey