



ASHP ACCREDITATION POLICY FOR MULTIPLE-SITE RESIDENCY PROGRAMS

Given the increasing popularity of multiple-site residencies, as exemplified by the growth in number of programs conducted at multiple practice sites, and increasing concern about their potential impact on the quality of residency programs by the ASHP Commission on Credentialing, the following policy is being implemented:

I. **Definitions**

- A. **Site:** the actual practice location where the residency experience occurs.
- B. **Single-site residency:** a residency site structure in which the practice site assumes total responsibility for the residency program. In a single-site residency, a minimum of 60% of the resident's training program occurs at the site (that is, the locations must be within walking distance and be part of the same health system); however, residents may spend assigned time in short elective learning experiences off-site (that is, a one-month rotation offsite does not make a program a multiple-site residency). Conversely, if more than 25% of the remainder of the residency is conducted at one different site, the program will be considered a multiple-site program.
- C. **Multiple-site residency:** a residency site structure in which multiple organizations or practice sites are involved in the residency program. Examples include programs in which: residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site; or there are multiple residents in a program and they are home-based in separate sites.
 - a. To run a multiple-site residency there must be a compelling reason for offering the training in a multiple-site format (that is, the program is improved substantially in some manner). For example:
 - i. RPD has expertise, however the site needs development (for example, site has a good variety of patients, and potentially good preceptors, however the preceptors may need some oversight related to the residency program; or services need to be more fully developed);
 - ii. quality of preceptorship is enhanced by adding multiple sites;
 - iii. increased variety of patients/disease states to allow wider scope of patient interactions for residents;
 - iv. increased administrative efficiency to develop more sites to handle more residents across multiple sites/geographic areas;
 - v. synergy of the multiple sites increases the quality of the overall program;

- vi. allows the program to meet all of the requirements (that could not be done in a single site alone); and
 - vii. ability to increase the number of residents in a quality program.
- b. A multiple-site residency program conducted in multiple hospitals that are part of a health-system that is considering CMS pass-through funding should conduct a thorough review of 42CFR413.85 and have a discussion with the finance department to ensure eligibility for CMS funding.
- c. In a multiple-site residency program, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program. This includes:
- i. designating a single residency program director (RPD);
 - ii. establishing a common residency purpose statement to which all residents at all sites are trained;
 - iii. assuring a core program structure and consistent required learning experiences;
 - iv. assuring the core required learning experiences are comparable in scope, depth, and complexity for all residents, if home based at separate sites.;
 - v. assuring a uniform evaluation process and common evaluation tools are used across all sites;
 - vi. assuring there are consistent requirements for successful completion of the program;
 - vii. designating a site coordinator to oversee and coordinate the program's implementation at each site that is used for more than 25% of the learning experiences in the program (for one or more residents); and,
 - viii. assuring the program has an established, formalized approach to communication that includes at a minimum the RPD and site coordinators to coordinate the conduct of the program across all sites
- D. **Site coordinator:** a preceptor in a multiple-site residency program who is designated to oversee and coordinate the program's implementation at an individual site that is used for more than 25% of the learning experiences. This individual may also serve as a preceptor in the program. A site coordinator must:
- a. be a licensed pharmacist who meets the minimum requirements to serve as a preceptor (meets the criteria identified in Principle 5.9 of the appropriate pharmacy residency accreditation standard);
 - b. practice at the site at least ten hours per week;
 - c. have the ability to teach effectively in a clinical practice environment; and
 - d. have the ability to direct and monitor residents' and preceptors' activities at the site (with the RPD's direction).

II. **Requirements** (specified in current accreditation standards)

- A. Residency program director for a multiple-site residencies (see requirement 5.4 of the accreditation standards) requirements:
 - 1. a single RPD must be designated;
 - 2. responsibilities must be defined, including accountability to the program and accountability to the site(s); and,
 - 3. designation must be agreed to in writing by responsible parties from each participating organization.

- B. Sponsoring organizations and practice sites (see requirement 6.3, and interpretation, of the accreditation standards):
 - 1. sponsoring organizations must maintain authority and responsibility for the program's quality;
 - 2. must have contractual arrangement or signed agreement defining responsibilities;
 - 3. all sites must meet all requirements of the accreditation standard;
 - 4. sites must submit routine reports to the sponsor (or establish an effective mechanism for ongoing communication between the RPD and site coordinators); and,
 - 5. sponsor's representative must conduct on-site inspections of sites to insure terms of the agreement are being met.

III. **Policy**

- A. Residency program directors must notify ASHP's Accreditation Services Division prior to adding or removing a site. ASHP will review and approve of additions of new sites to programs. Notification forms that must be used are posted on the ASHP web site at [Modifying or Changing a Residency](#).

- B. When there are multiple residents in a program and they are home-based (i.e., where a resident spends the majority of the year) in separate sites, or if a residency is conducted at multiple sites (sites where residents spend greater than 25% of the program time), the other site(s) will be surveyed by the on-site survey team and the program will be assessed one-half of the annual fee for one program for each of the additional sites in addition to the base fee.

- C. In instances where multiple site residencies that fall under the auspices of one corporate entity are spread across a wide geographical area, multiple site "groupings" will be limited to those programs that can be realistically reviewed during a single survey visit. Hence, programs that are managed by one corporate entity but are separated by distances requiring independent site surveys are considered to be separate residency programs and will be assessed annual fees separately.