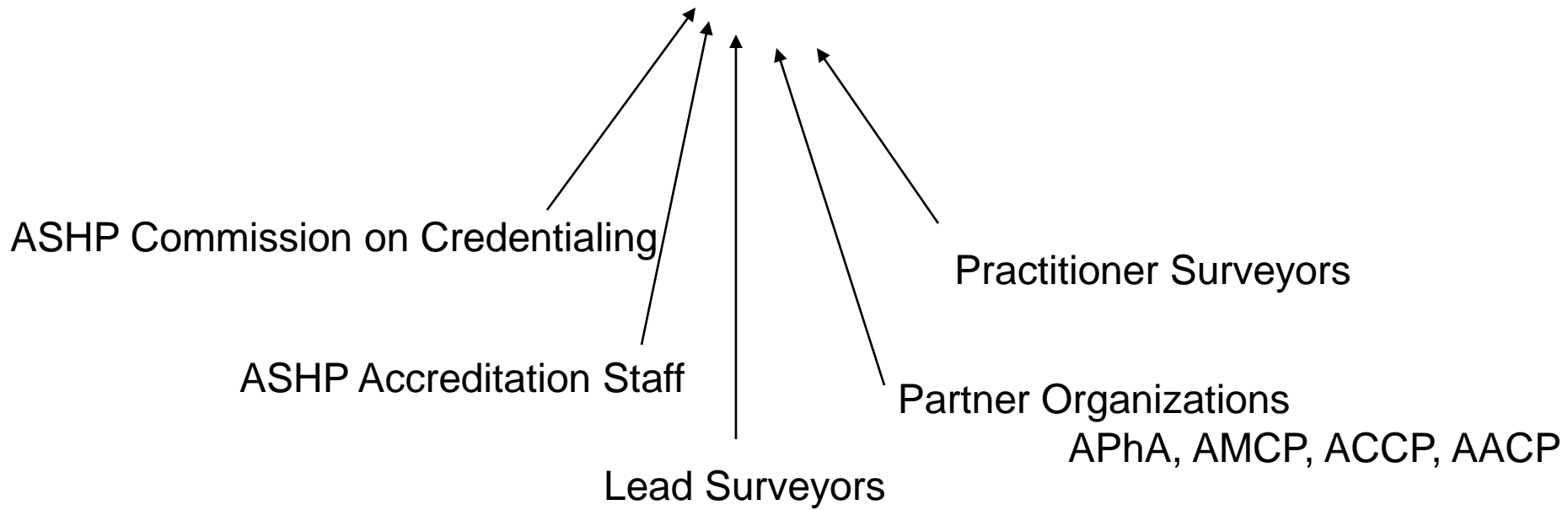




ASHP & Commission on Credentialing Updates

Janet Teeters, Director of Accreditation Services, ASHP
Alison Apple, Chair of the ASHP Commission on Credentialing

Introductions



2010 ASHP Commission on Credentialing

Alison Apple, Chair

Stephen Stoner, Past Chair*

Kristin Hanson, Vice Chair

John Clark

Carey Cotterell-AMCP*

Douglas Covey*

Nora Flint

Jeffrey Goad-APhA*

Stuart Haines- ACCP

Anne B. Lesko*

Michelle McCarthy

Mary McHugh-Technician Education

Arthur Nelson, Jr. - AACCP

Lauren Pyszka- resident*

Christopher Scott

Mark Sinnett

Mary Andritz, Public Member

Lynnae Mahaney, Board Liaison,

Non-Voting

Janet Teeters, Secretary,

Non-Voting

* Leaving COC end of 12/10

New COC members for 2011

James Carlson - AMCP

Meghan Davlin- Resident

Kristina De Los Santos

Kate Farthing

Sharon Hall – Public Member

Rondell Jaggers



ASHP Staff



Bruce Nelson



Lisa Lifshin



Vanessa Finlayson
Goldie Holloman
Crystal Greene



Katrin Fulginiti



Janet Teeters



Akilah Strawder



Naomi Schultheis





Wayne Conrad



William Miller



Mary Louise Degenhart



Toby Clark

Lead Surveyors for Accreditation Services



Sherri Ramsey



Renee Acosta



Harold Kornfuhrer



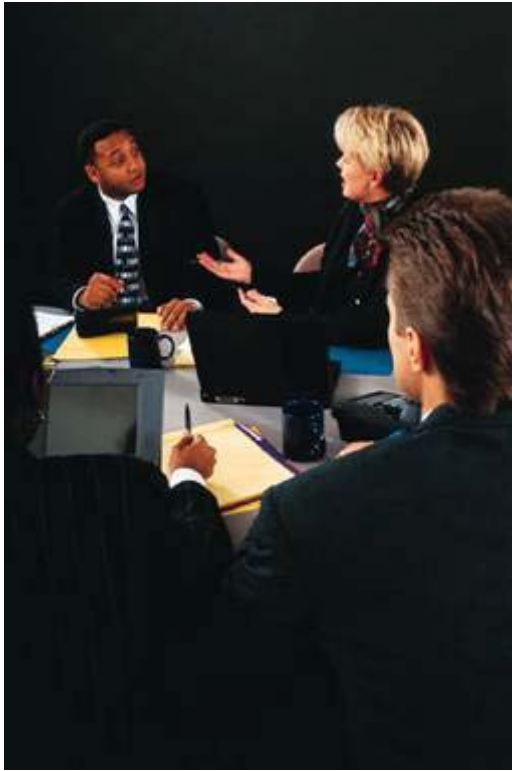
Ronald Broekemeier



Carey Cotterell



Practitioner Surveyors



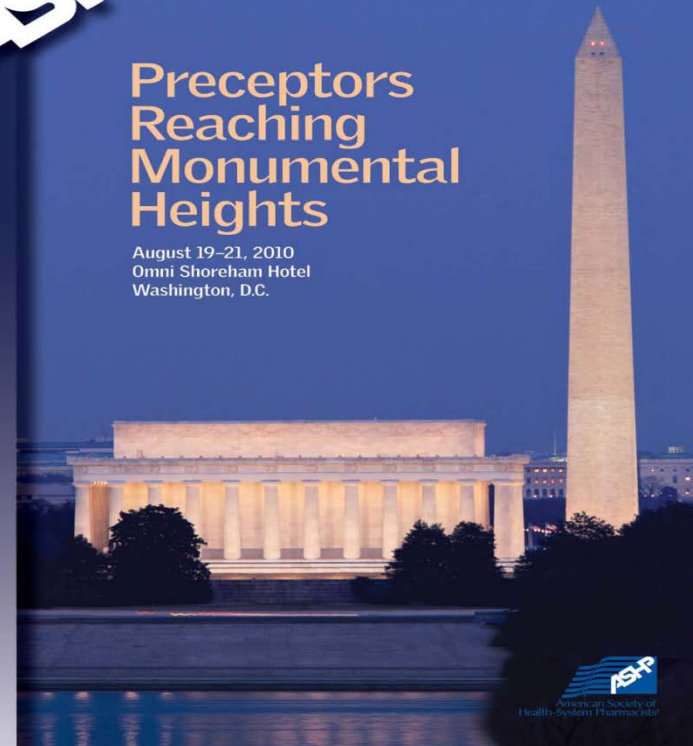
Thanks for all your
Dedication to the
Profession!



2010 National Residency
Preceptors Conference

Preceptors Reaching Monumental Heights

August 19-21, 2010
Omni Shoreham Hotel
Washington, D.C.



Thank You for your Attendance!

Audio Synced Presentations are available
If you were unable to attend:

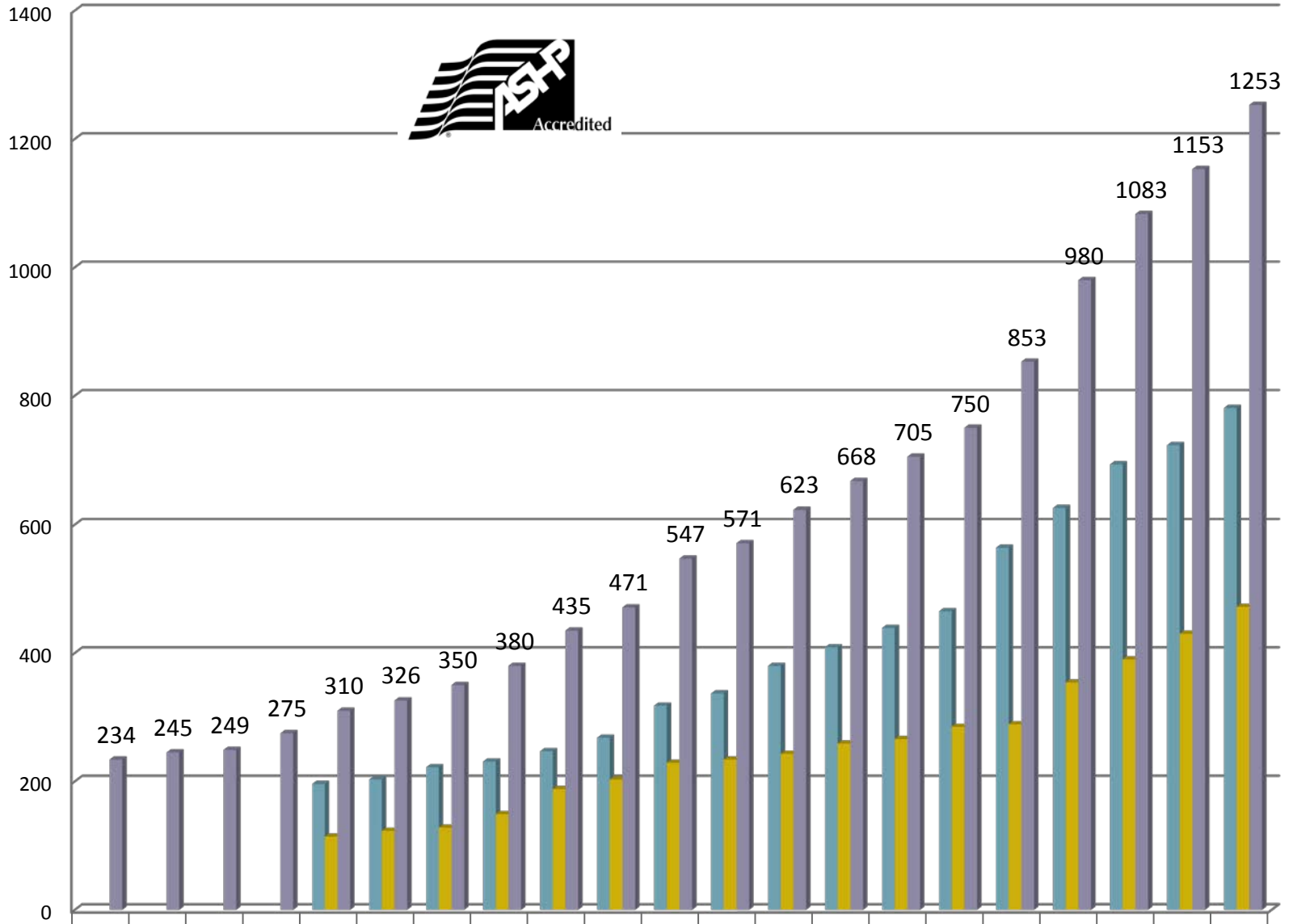
See ASHP Web site:
Meetings, Post Conference Support, NRPC –
Handouts/Audio Synced Presentations

ASHP Updates



- ⦿ Statistics
- ⦿ Resident Match Program
- ⦿ ASHP Activities related to Residency Growth
- ⦿ ResiTrak/ PharmPortfolio
- ⦿ CMS Audits
- ⦿ Business Associates Agreements
- ⦿ Commission on Credentialing Updates –
Alison Apple, Chair

Programs in the ASHP Accreditation Process Dec 2010



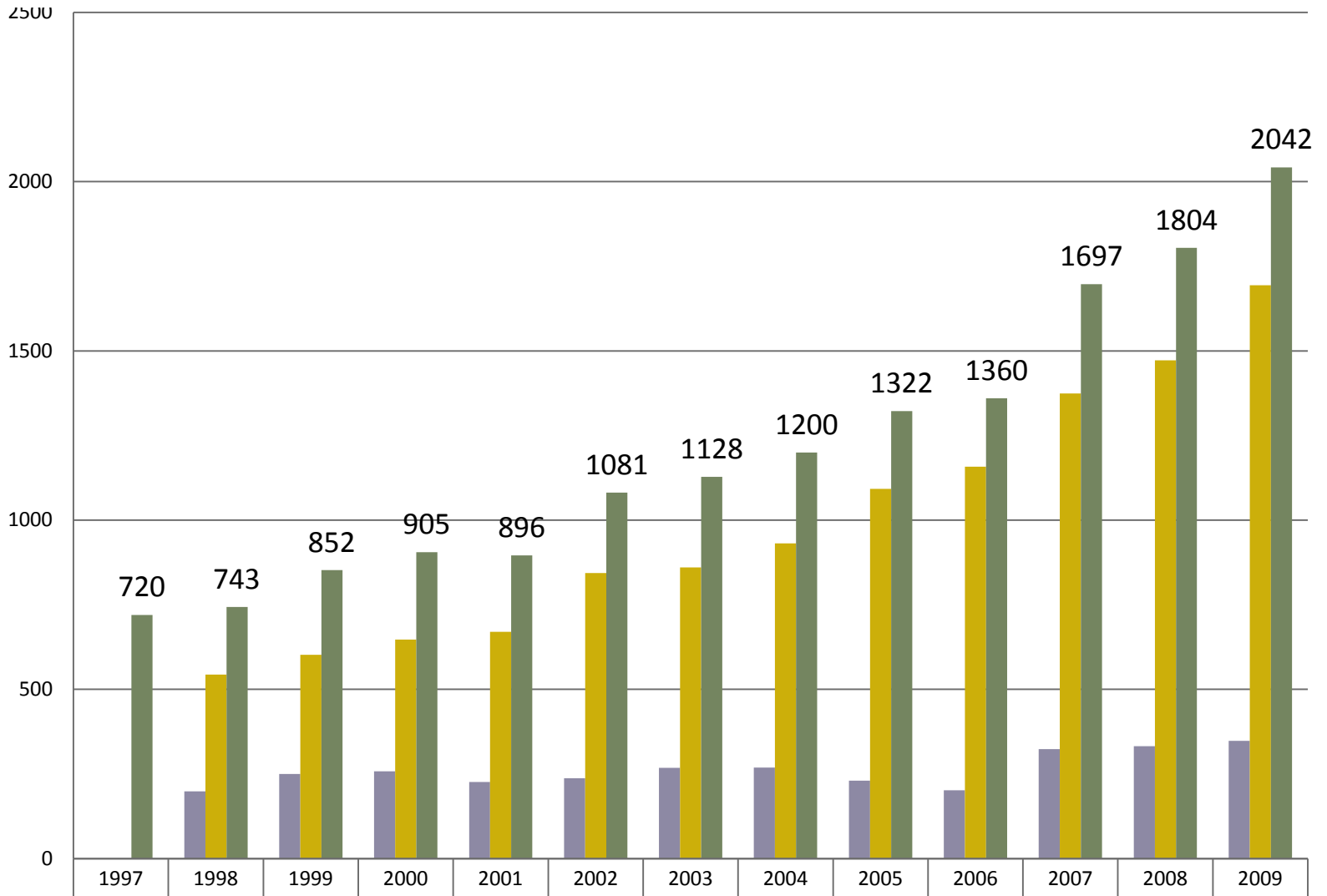
■ Pharmacy Practice/PGY1
■ Specialized/PGY2
■ TOTALS

Year	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
Pharmacy Practice/PGY1					196	203	222	231	247	268	318	337	380	409	439	465	564	626	693	723	781
Specialized/PGY2					114	123	128	149	188	203	229	234	243	259	266	285	289	354	390	430	472
TOTALS	234	245	249	275	310	326	350	380	435	471	547	571	623	668	705	750	853	980	1083	1153	1253



Graduates from ASHP residency programs

1997- 2009 (July 2010)



■ Specialized (PGY2)		199	250	258	226	237	268	269	230	202	323	332	348	
■ Pharmacy Practice (PGY1)		544	602	647	670	844	860	931	1092	1158	1374	1472	1694	
■ TOTALS		720	743	852	905	896	1081	1128	1200	1322	1360	1697	1804	2042

2009 Resident Information



- ◎ 90% positions filled in RMP
- ◎ 10% positions filled in the “scramble”
- ◎ 66 programs/positions did not take residents
 - 19 PGY1
 - 57 PGY2
- ◎ 94% of residents – completed & received certificates

New Match Dates



Fri., March 11, 2011

Rank Order List Due

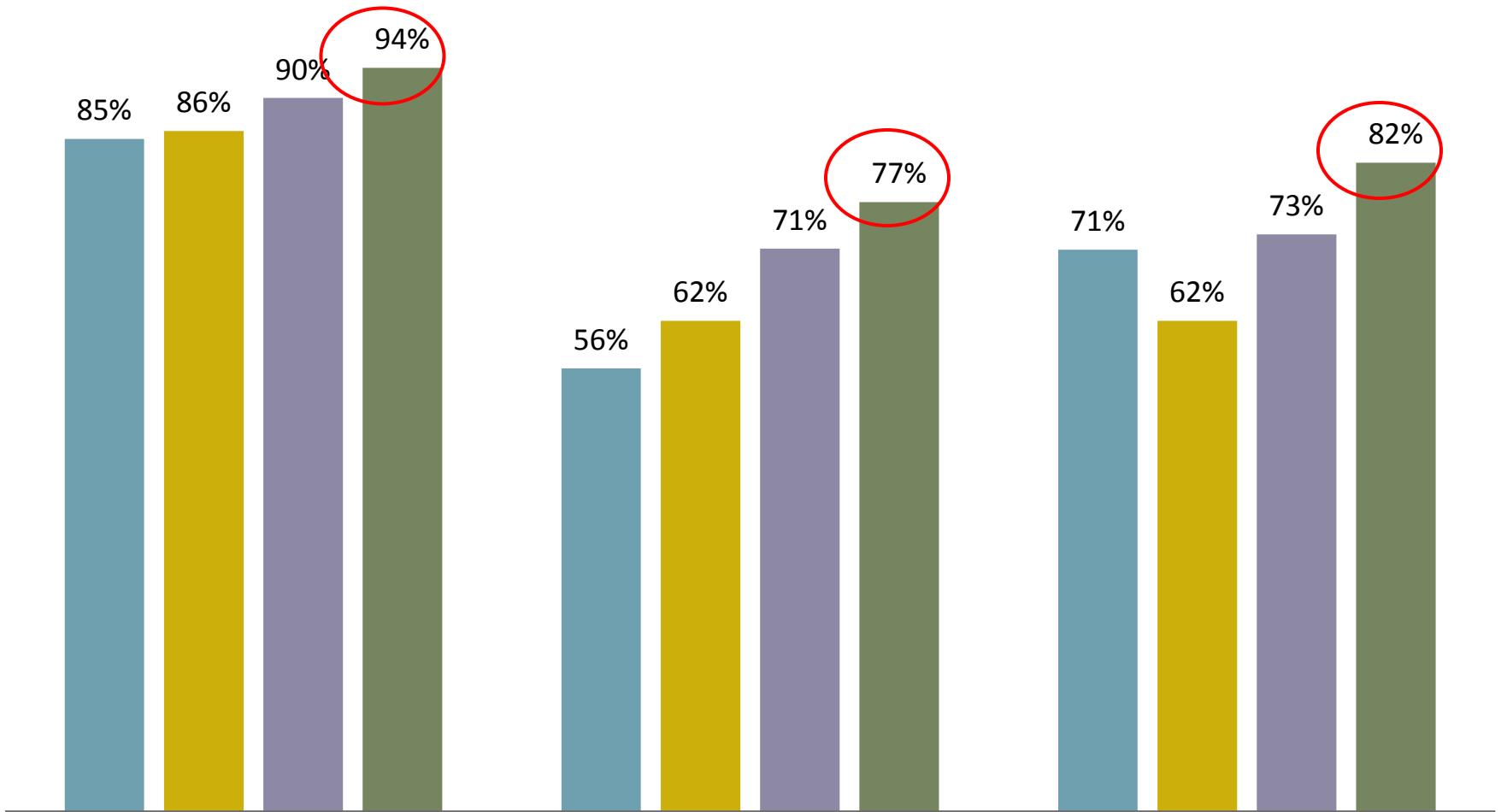
Wed., March 23, 2011

Match Results

MD/RPH residency partner match – applicant should contact NMS directly

PGY1 Match Fill Rates 2007-2010

2007 2008 2009 2010



PGY1

PGY1-community

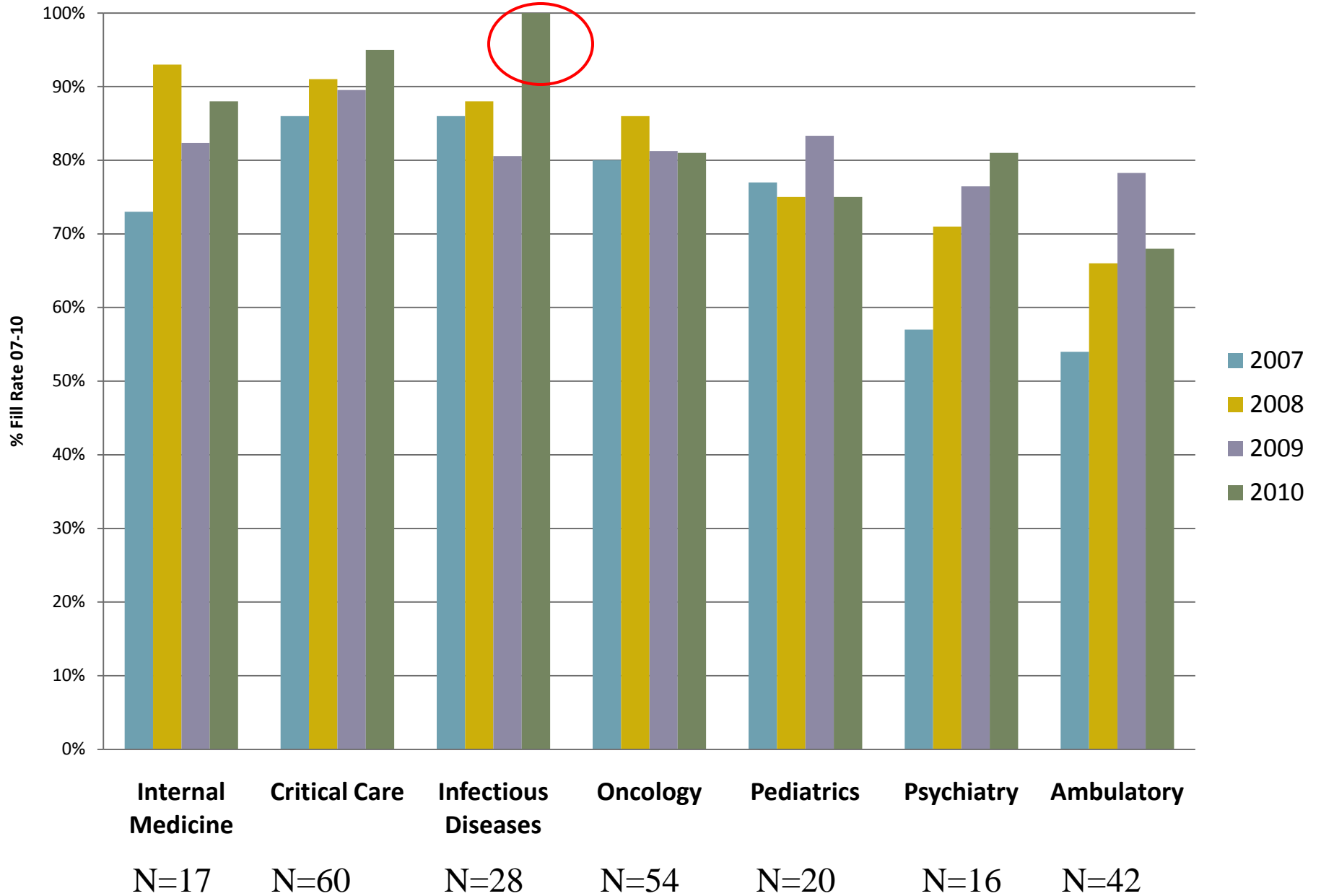
PGY1- Managed Care

N=1,765

N=93

N=49

% Match Fill rate of larger PGY2 programs



ASHP Resident Matching Program 1990-2010

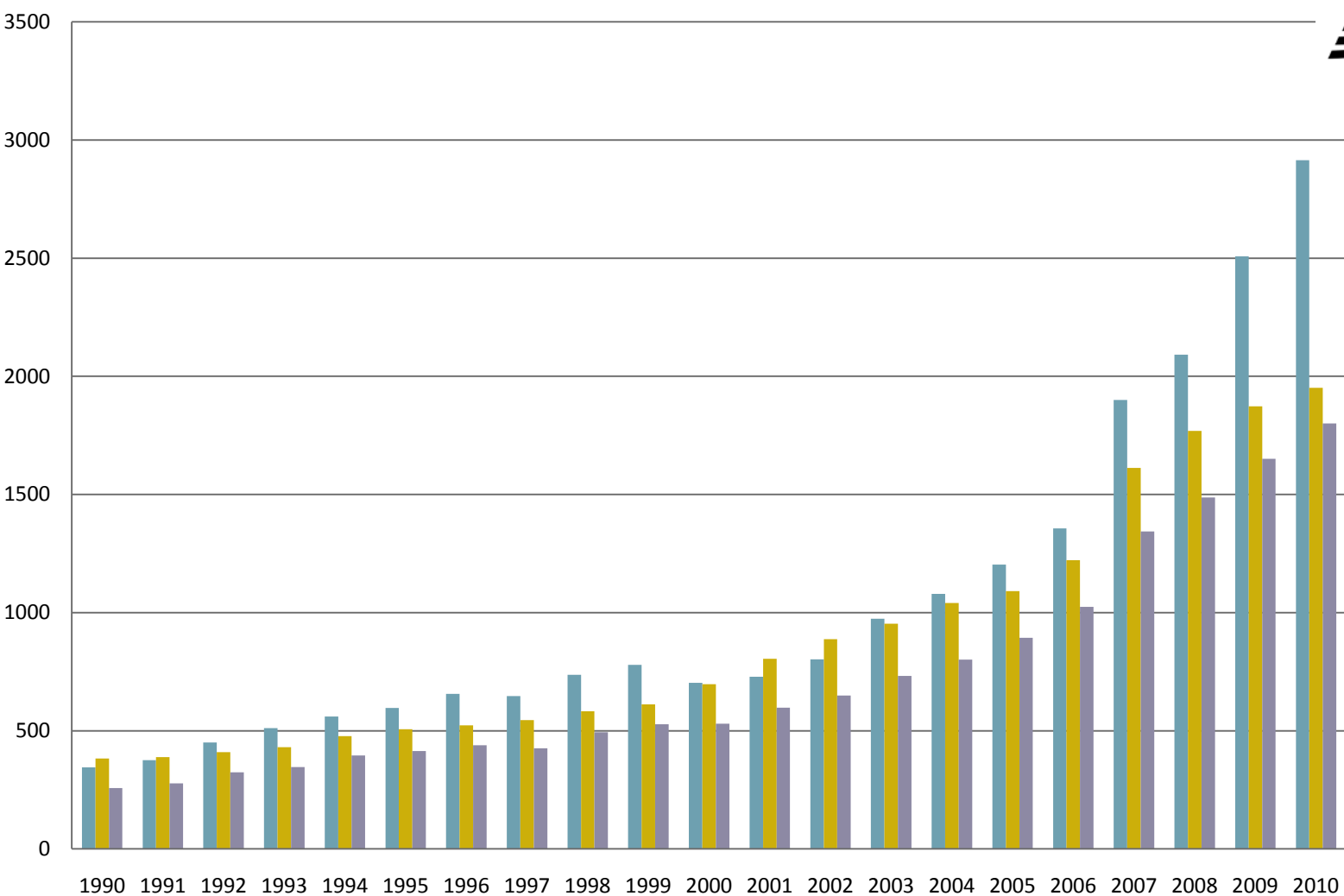
PGY1 Programs



applicants
2,915

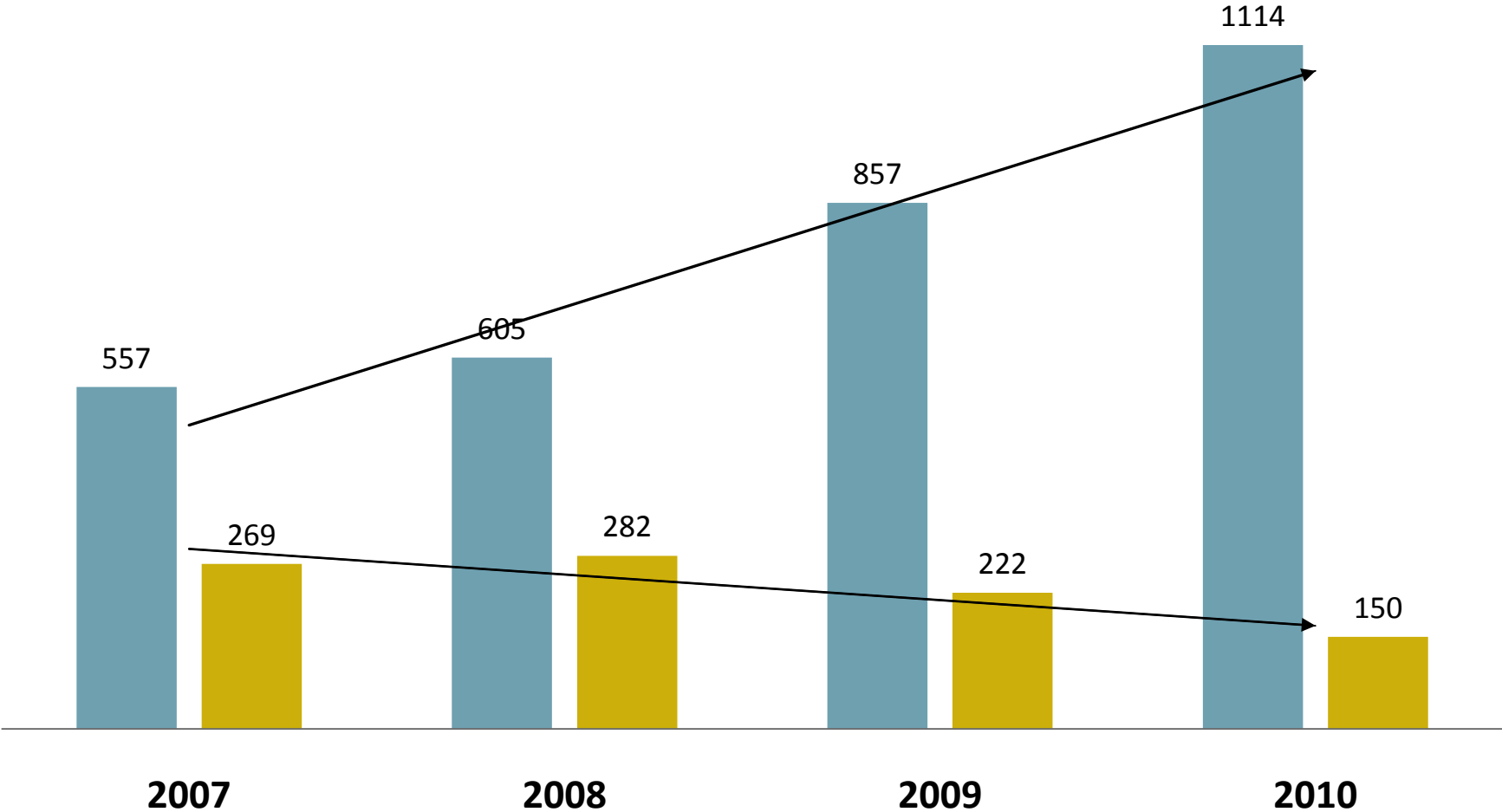
positions
1,951

matched
1,801



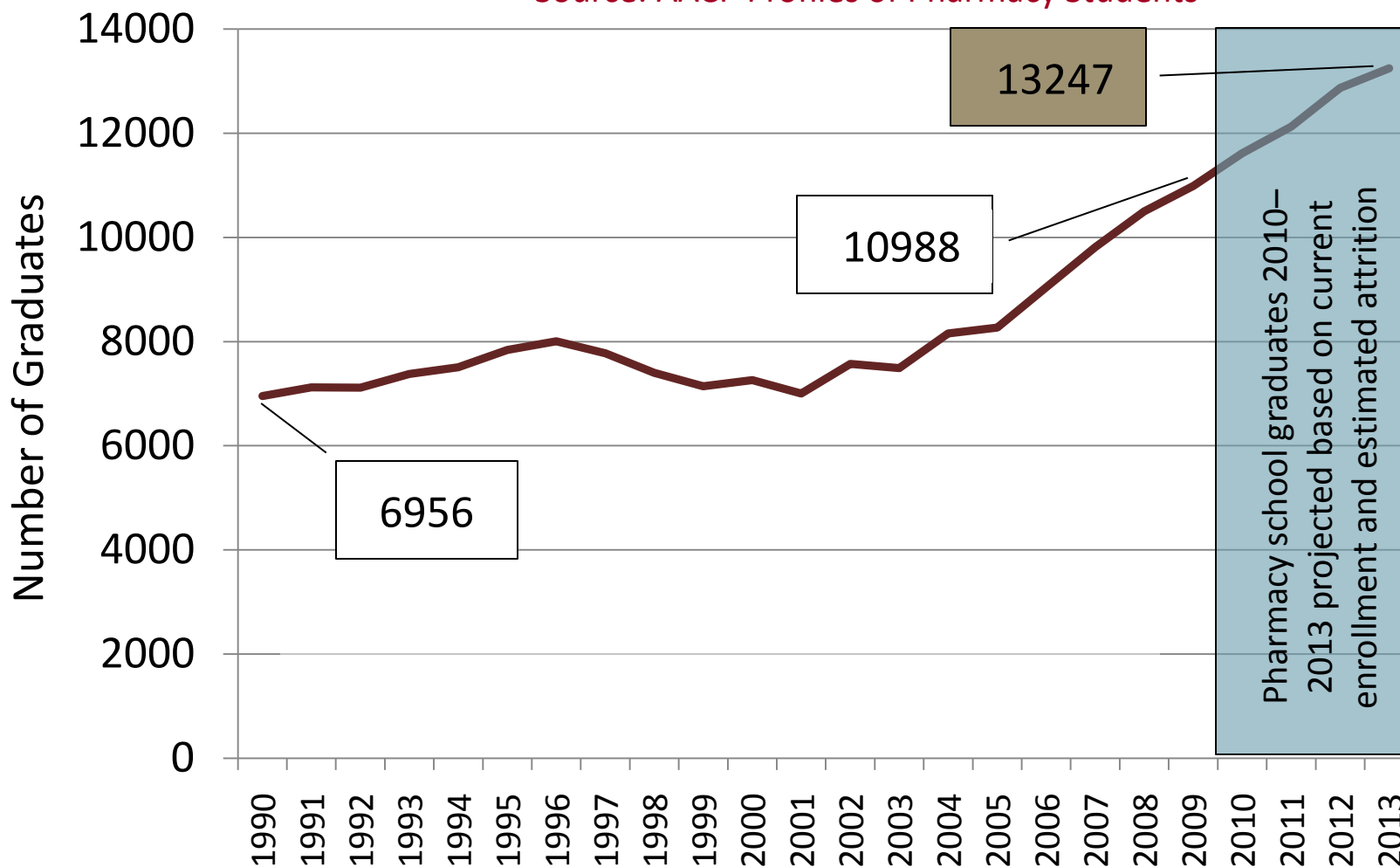
Unmatched Applicants and Unfilled Positions PGY1 2007-2010 with Trend Lines

■ Unmatched Applicants
■ Unfilled Positions



Pharmacy School Graduation Trends

Source: AACP Profiles of Pharmacy Students





JUST ADD ONE!

Huge need for increased capacity....

Related ASHP activities:

- ⦿ Internal focus Retreat – December 2010
- ⦿ Residency Capacity Stakeholders Conference
Feb 2011
- ⦿ New CE program on How to Start and Justify a
Residency Program – Summer Meeting- June 2011
- ⦿ Offering RLS at Summer Meeting - June 2011
- ⦿ R U Ready ?– Self Assessment on web site
- ⦿ Preceptor Development Activities

RU Ready?

- ⦿ New self- evaluation tool on ASHP website
- ⦿ Answers/links to information are provided

Q3 A
Financial resources are available to provide residents with a stipend, benefits, and funds to support activities such as regional residency conferences, national association meetings, projects, and posters.

Yes No / Not sure

A3 B
Approximately one-half of a pharmacist-FTE should be budgeted for a resident's stipend, benefits, and expenses. Pharmacy leaders must investigate financial resources internally (budget) and externally (CMS Pass-through funding availability for accredited PGY1 pharmacy residency programs) to sustain and support a residency program over a long period of time. For more information, please read:

["Understanding reimbursement for pharmacy residents"](#)

["CMS Rules on Residency Funding 42 CFR 413.85"](#)

<http://www.ashp.org/Import/ACCREDITATION/ResidencyAccreditation/StartingResidency/RUReadyTool.aspx>

Usage Continues to Grow

Evaluation of changes

	Year 1	Year 2	Year 3	Year 4
Residents Enrolled into ResiTrak	1,150	1,820	2,069	2,284
Residency Programs using ResiTrak	490	730	861	973
Total Users	8,000	14,000+	15,000+	18,000+



- ⦿ New tool for residents to allow better documentation of accomplishments and learning
- ⦿ Integrated with ResiTrak
- ⦿ Allows for self reflections
- ⦿ Will assist programs in evaluating resident progress and program effectiveness

CMS AUDITS



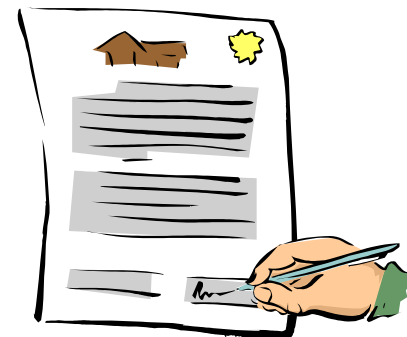
- ⦿ Significant Change in Request
- ⦿ Legal Operator
 - Provider vs Non-Provider
- ⦿ Accreditation Status
- ⦿ Job Descriptions

Business Associates Agreement needed?

For Health Insurance Portability & Accountability Act Health
Information Technology for Economic and Clinical Health Act
Privacy and Security Business Associate Agreement

Plan ahead and send any contracts weeks
ahead of your survey visit to ASHP
Accreditation Services Office , Attention
Janet Teeters

before your survey, so we can process !



ASHP Commission on Credentialing Update



- ⦿ Multiple Site Program
- ⦿ Critical Factors
- ⦿ Top Findings of partial compliance
- ⦿ ACGME Duty Hours
- ⦿ International Standard
- ⦿ Open Hearing – Credentialing requirement for PGY2

Multiple-site

⦿ Single site

- At least 60% time at site
- Can have other rotations off site
- However, if >25% time at one other location = Multiple site

⦿ Multiple Sites

- >25% time at one other site
- Multiple residents home-based at separate sites
(e.g. college run community pharmacy residencies)

Multiple Site



Hospitals and Health-Systems:

If you are expecting CMS funding

Individual hospital on cost accounting report
must be legal operator of the program (i.e. not a
Health System or college)

Multiple Site must have:


Compelling Reason to offer in this format

- ⦿ Synergy increases overall quality of the program
- ⦿ Site could not meet all standard requirements alone
- ⦿ Ability to increase capacity of residents for a quality program

Multiple Site if compelling reason must also have:

- ⦿ Single RPD & site coordinators
- ⦿ Common purpose statement
- ⦿ Core program structure consistent at all sites
- ⦿ Core experiences are comparable in scope, depth, & complexity
- ⦿ Uniform evaluation system & tools
- ⦿ Consistent requirement for completion of program
- ⦿ Formalized communication & oversight with RPD and all site coordinators

Multiple sites – forms required to add or delete a site



Multiple-site Pharmacy Residency Program Request to Add Site

Residency programs in any accreditation status must submit a request to ASHP's Accreditation Services Division to add a site to train residents. That is, when there are multiple residents in a program and they are home-based in separate sites or if a residency is conducted at multiple sites (sites where residents spend greater than 25% of the program time), the following information must be provided to request approval:

Program Name: _____ ASHP Program Number: _____
 Residency Program Director (RPD): _____ RPD Email: _____
 RPD Phone Number: _____

Site being added to this existing program:
 Name: _____
 Address: _____
 Site Coordinator's Name: _____ Site Coordinator's Email: _____
 Site Coordinator's Phone Number: _____

The above named residency program director has a process in place for adding new sites (see Requirement E.4 of the applicable accreditation standard). Further, the following elements are included in this process:

1. establishing a common residency purpose statement to which residents at all sites are trained;
2. assuring a core program structure and consistent core learning experiences;
3. assuring the core experiences required for all residents are comparable in scope, depth, and complexity;
4. assuring a uniform evaluation processes and common evaluation tools are used across all sites;
5. assuring there are consistent requirements for successful completion of the program;
6. a site coordinator is designated that meets the appropriate criteria to be a site coordinator; and
7. a formalized approach to communication (such as a residency committee) that includes Residency Program Director and site coordinators to coordinate the conduct of the program and monitoring occurs across all the sites.

To substantiate several of these elements, documentation of the program's purpose, a description of the program's structure, and a sample experience descriptions are attached.

Affiliation or business agreement has been completed and signed by all parties involved.

RPD has confirmed the site coordinator is qualified as a preceptor and meets the ASHP accreditation standard (Requirements E.7 through E.11).

Site coordinator and preceptor(s) understand the requirements for serving as a part of a multiple-site program.

Site Preceptors have been oriented to the program's outcomes, goals, objectives, and evaluation process.

Pharmacy clinical services have been reviewed and are of sufficient depth and scope.

Pharmacist-in-charge or pharmacy director supports the training of residents at the site.


Signature RPD/Date: _____ Signature pharmacist-in-charge at the new site/Date: _____

Additionally the site must certify:

National Matching Services, Inc. if an additional match code is needed <http://www.nrmp.org.com/academic>

ASHP to update the on-line Residency Directory entry for the program. Submit edits to res@ashp.org

ASD Date of Receipt: _____ Date Processing Complete: _____



Multiple-site Pharmacy Residency Program Request to Discontinue a Site

Residency programs in any accreditation status must submit a request to ASHP's Accreditation Services Division to discontinue using a site that has been listed with ASHP. The following information is provided to request discontinuation of the following site which will no longer be considered as part of the accredited program's practice sites.

Program Name: _____ ASHP Program Number: _____
 Residency Program Director (RPD): _____ RPD Email: _____
 RPD Phone Number: _____

Site being discontinued from program:
 Name: _____
 Address: _____
 Site's unique NMB code: _____

Reason(s) for discontinuing use of this site (check all that apply):

Funding is no longer available

Business agreement discontinued

Preceptors at the site have had a change in scope of service, no longer able to precept

Preceptors at the site have had a change in affiliation with the accredited program

Preceptors utilized at the site have terminated employment at the site

Pharmacy clinical services have been discontinued

Unable to expand patient care services (example, disease state management)

Unable to expand services/volume

Unable to meet the expectations of a multiple-site program

Site purchased by another entity that is not interested in continuing the residency program

Other: _____

Signature of RPD/Date: _____ Signature pharmacist-in-charge of the site/Date: _____

ASD Date of Receipt: _____ Date Processing Complete: _____

ACCREDITATION

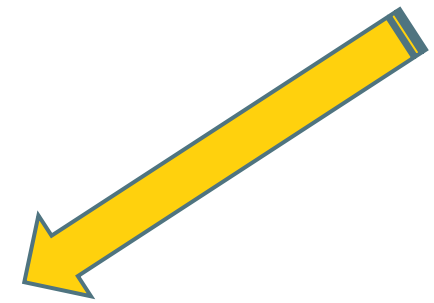
- Residency Accreditation
- Pharmacy Technician Accreditation
- Residency Directory
- Technician Training Directory
- Resident Information
- What's New
- Complaints
- Contact Us

Residency Accreditation

[Residency Accreditation Fee Schedule \[PDF\]](#)

- + [Regulations and Standards](#)
- + [Starting a Residency](#)
- + [Applying for Accreditation](#)
- + [Preparing for Residency Accreditation Survey](#)
- + [ResiTrak](#)
- + [Residency Learning System](#)
- + [Commission on Credentialing](#)
- [Modifying or Changing a Residency](#)
 - [Policy for Multiple-Site Residency Programs \[PDF\]](#)
 - [Multiple-site Pharmacy Residency Program Notification of Discontinuing a Site \[PDF\]](#)
 - [Multiple-site Pharmacy Residency Program Request to Add a Site \[PDF\]](#)
- + [Communiqué \(Newsletter\)](#)
- + [Frequently Asked Questions](#)

Forms can now be found on the web site



Critical Factors

Critical factors (CF)– heavier weighted elements

- Program Design
- Feedback & evaluations
- Qualifications of RPD and preceptors
- Pharmacy Services

CF & other findings determine length of accreditation

*Currently developed for PGY1, PGY2, & PGY1 Community
PGY1 Managed Care to be reviewed at March Commission*

Critical Factors

- ◎ 7 Principles in the Standards, ~160 elements are reviewed for report , ~ 1/3 elements are considered critical factors
- ◎ They will appear in **bold type** on *Pre-Survey Questionnaire & Self-Assessment Checklist* related to your standard by 2011
- ◎ Review Fall 2010 Communiqué –pg 6-grid

<http://www.ashp.org/DocLibrary/Accreditation/ASD-Communique-Fall-Oct2010.aspx>

A synopsis of the Critical Factors for PGY1, PGY1 community, and PGY2 pharmacy residency programs is listed below. Some differences do exist among the different standards:

PGY1	PGY1 Community	PGY2
Principle 1	Principle 1	Principle 1
	1.3	1.1 1.2
Principle 2	Principle 2	Principle 2
2.5 2.8 2.9	2.5 2.8 2.9	2.5 2.8 2.9
Principle 4	Principle 4	Principle 4
4.1 b (1), (2), (3), (4), (5), (6) 4.1 c (1), (2) 4.1 d 4.2 b (1) 4.2 c 4.2 d (1), (2), (3) 4.2 e (1), (2)	4.1 b 4.1 c (1), (2) 4.1 d 4.2 b (1) 4.2 c 4.2 d (1), (2), (3) 4.2 e (1), (2)	4.1 b 4.1 c (1) 4.1 d 4.2 b (1) 4.2 c 4.2 d (1), (2), (3) 4.2 e (1), (2)
Principle 5	Principle 5	Principle 5
5.1 5.6 5.7 5.8 5.9 5.10	5.1 5.6 5.7 5.8 5.9 5.10	5.1 a, b, c 5.6 5.7 5.8 5.9 5.10
Principle 6	Principle 6	Principle 6
6.1	6.1 6.3 a, b, c, d, e (individual tally)	6.1
Principle 7	Principle 7	Principle 7
7.3 e 7.4 a 7.5 a, b, h 7.6 a (1), (2), (4), (5), (6), (7), (8) 7.7 a, b, c, d 7.8 a, c, d, e	7.3 d 7.4 a 7.6 (a,b,c,d,e) (count as one CF) 7.7 a (1), (2), (4) 7.8 a, b, c, d 7.9 a, c, d, g	7.3 e 7.4 a 7.5 a, b, h 7.6 a (1), (2), (4), (5), (6), (7), (8) 7.7 a, b, c, d 7.8 a, c, d, e 7.9 a, b, c

Commission Findings

Top Opportunities to Improve PGY1 Residency Program (Aug 2010 COC n=57)



100% Preceptors do not adequately contribute to total body of pharmacy knowledge – CF

91% Preceptors do not adequately apply clinical teaching roles or provide criteria based feedback-CF

81% Preceptor development activities are not adequate

72% Resident documentation of summative self-assessments is not adequate

70% Customized plans for residents are not documented/implemented/updated adequately – CF

CF = critical factor

Commission Findings

Top Opportunities to Improve PGY2

Residency Programs (Aug 2010 COC n=48)



73% Preceptors have not adequately developed & documented descriptions of learning experiences - **CF**

54% Customized Plans for residents are not documented/implemented/updated adequately - **CF**

54% Preceptors contribution to total body of pharmacy knowledge - **CF**

CF= Critical Factor

Commission Findings

Top Opportunities to Improve

– **Service Issues** (similar for PGY1+PGY2)



63% Automated medication system and Software
do not support a safe med-use system -CF

63% RPhs do not prospectively help develop individualized
patient treatment plans - CF

53% RPhs do not adequately design & implement
medication therapy monitoring plans for patients - CF

58% Facilities do not promote safe and efficient work – CF

CF= Critical Factor

ACGME Duty Hours

- ◎ Newly approved and updated by ACGME
 - Approved after August Commission on Credentialing meeting
 - Do not go into effect for ACGME until July 2011
 - More delineation based on year of the resident
 - More strict with P1 year
- ◎ ASHP Commission on Credentialing will address at March 2011 meeting
- ◎ Look for Communiqué correspondence in May regarding this issue

International Standard

- ◎ 1st PGY1 International survey 2011
- ◎ Similar to US standard
- ◎ Once a program is accredited, PGY1 graduates will be eligible to participate in the PGY2 match
- ◎ Pilot project

Open Hearing: Board Certification & PGY2 RPDs

BPS will offer first ambulatory board certification examination in Fall 2011

How will this impact PGY2 ambulatory RPDs?

What if I am already BCPS certified?

Should board certification expansion occur with other PGY2 areas?

8am-9am Wednesday - 213A

ASP THE
MIDYEAR 2010

