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# Residency Accreditation

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## General Information

### 1. What is accreditation and what is the value of accreditation?

Accreditation is a system for declaring that a program or institution meets established quality standards to provide assurance and confidence to the public. In the United States, accreditation is a voluntary, non-governmental, peer review process which provides a means of evaluating a program or institution (e.g. training program, school, college, hospital, etc.) against a set of established standards set by a profession or industry. Accreditation seeks to enhance the quality of a program/institution by promoting self evaluation; encouraging quality improvement; and providing public accountability by ensuring specific criteria are met. The value of accreditation to the resident, includes: graduates of accredited PGY1 residency programs are eligible for pursuing a PGY2 program, graduates of accredited residency programs are eligible to take the BPS examination more quickly than if they did not complete an accredited residency program.

**Accreditation in education includes two types of accreditation:** institutional and specialized or programmatic accreditation.

- **Institutional accreditation** evaluates overall institutional quality that provides education. (i.e., faculty/personnel, administration, finances, facilities).

Examples of institutional accreditors include regional accreditation of colleges and universities: Southern Association of Colleges and Schools (SACS) Commission on Colleges, Western Association for Schools and Colleges (WASC); and career college accreditors: Accrediting Commission of Career Schools and Colleges of Technology (ACCSCT).

- **Specialized/programmatic accreditation** focuses on specific programs of study, rather than an institution as a whole. The focus is on the particular curriculum, faculty, evaluation, and training related to the specific field of study. Specialized /programmatic accreditors require the institution to be accredited by an institutional accreditation, and only look at the specific training in their defined practice area.

Many of these accreditation programs are conducted by the specific profession (e.g. dentistry, nursing, pharmacy) primarily to provide the public with assurance of the quality of the educational preparation of individuals that work within that profession. In pharmacy there are two major specialized/programmatic accreditors that review pharmacy education programs:

- **The Accreditation Council for Pharmacy Education (ACPE)** accredits the Doctor of Pharmacy degree program for pharmacists, as well as continuing education program providers for pharmacists and pharmacy technicians' continuing education.

- **ASHP and the Commission on Credentialing (COC)** accredit pharmacy residency programs that are postgraduate training programs for pharmacists. Additionally, ASHP in partnership with ACPE

and the Pharmacy Technician Accreditation Commission (PTAC) accredit pharmacy technician training programs for pharmacy technician students.

## **2. What is ASHP's role in accreditation?**

The American Society of Health-Systems Pharmacists (ASHP) is a professional membership organization with over 40,000 members that include pharmacists, student pharmacists and pharmacy technicians who serve as patient care providers on healthcare teams in acute and ambulatory settings. (ASHP, <http://www.ashp.org>) ASHP has taken responsibility for accrediting pharmacy residencies and pharmacy technician training programs for the pharmacy profession. ASHP's Commission on Credentialing is the designated body of the ASHP Board of Directors responsible for recommending standards, comparing programs to the standard, and recommending accreditation status of pharmacy residency programs.

The ASHP Commission on Credentialing (COC) has representation from various components of the pharmacy profession to ensure the accreditation standards and processes provide quality training that meets the needs of the pharmacy profession. Members of the Commission also include representatives from the American Pharmacists Association (APhA), the American College of Clinical Pharmacy (ACCP), the Academy of Managed Care Pharmacy (AMCP), the American Association of Colleges of Pharmacy (AACP), a current PGY2 pharmacy resident and two public members. ASHP is the only nationally recognized non-governmental, non-profit pharmacy association that has been accrediting pharmacy residencies since 1962 and pharmacy technician training programs in the United States since 1983.

The Accreditation Services Office (ASO) of ASHP is responsible for conducting the site surveys and all of the administrative activities related to the process of accreditation of pharmacy residency and pharmacy technician training programs. You may contact the Office with questions at [asd@ashp.org](mailto:asd@ashp.org) or by calling 301-664-8835.

## **3. Is accreditation the same thing as certification?**

No. **Accreditation** is the process whereby a *program* providing the education and training is reviewed against quality standards and fulfils the requirements designated by the accreditation organization. **Certification** is the process by which a non-governmental association or agency grants recognition to an *individual* who has met certain predetermined qualifications specified by that association or agency.

## **Pharmacy Residency Program**

### **1 . Who can I speak with about questions I have about starting a pharmacy residency program?**

Please contact any member of the ASHP Accreditation Services Office (ASO) who will be happy to answer your questions about starting a new residency program. You may email the Office at [asd@ashp.org](mailto:asd@ashp.org) or call 301-664-8835.

More information regarding pharmacy residency program accreditation regulations, standards, processes and procedures can be found [here](#).

### **2. How do we begin the application process for a new residency program?**

Pharmacy departments or organizations seeking to start a residency program and the accreditation process but have not as yet recruited their first resident may apply for status as a "pre-candidate".

This process allows new programs who are developing and planning residency programs to recruit for applicants through the ASHP Resident Matching Program conducted by the National Matching Services (NMS). Pre-candidate status allows for the creation of a posting of information about their new program to the ASHP residency program directory website ([Residency Program Information Form](#)) and participation in the Residency Showcase at the Midyear Clinical Meeting. This status also allows programs access to the online tool called PharmAcademic® to begin creating and posting their residency program learning descriptions and other documents in preparation for the new residency program. This status also provides access to PhORCAS, the online tool for residency programs and residency applicants to manage the process of applications to residency programs. Once an organization has developed their program and secured a resident to begin the new program, the designated residency program director must file an application for accreditation for the type of program it is (i.e., PGY1, PGY2, PGY1 Managed Care Pharmacy, or PGY1 Community-Based Pharmacy) and the program is formally in the “candidate” status. The residency program director must also submit his/her Curriculum Vitae and the completed Academic and Professional form. This application begins the accreditation process whereby the program will be scheduled for an accreditation survey visit no earlier than 9 months from the beginning of the residency year.

[Read more information regarding the Regulations on Accreditation of Pharmacy Residency Programs](#)

[Read more information regarding the application process and application forms](#)

[Read more information regarding the ASHP Resident Matching Program](#)

[Read more information regarding PharmAcademic®](#)

[Read more information regarding PhORCAS](#)

### **3. Must all programs apply for pre-candidate status?**

No. If a program does not wish to apply for pre-candidate status and waits until they have recruited the first resident to begin, then they may apply using the regular application for accreditation. At this point, the pharmacy program is required to participate in the ASHP Resident Matching Program (the “Match”), gains access to PharmAcademic® and can provide information about its program for posting to the ASHP residency program online directory. [Residency Program Information Form](#)

### **4. If a program in pre-candidate status does not match with a ranked applicant, can it participate in Phase II of the match to recruit a resident?**

Yes, absolutely! One benefit of being in the “Match” is access to Phase II of the [match process](#) with the unmatched applicants to help programs fill their open positions for a resident.

### **5. What is the process for early commitment for a PGY2 program at my institution? Can the programs be in pre-candidate or candidate status in order to participate?**

The description of the early commitment process is delineated [here](#). The PGY1 program can be ASHP-accredited, have preliminary accreditation, or be in candidate status. (If there is a resident in the program, it should not be in pre-candidate status any longer). The PGY2 program can be ASHP-accredited, have preliminary accreditation, or be in candidate or pre-candidate status.

### **6. We have a new residency program director/new director of pharmacy/new CEO/ new organizational name. Who do we notify and what is needed?**

Contact the Accreditation Services Office with the information of the changes by emailing: [asd@ashp.org](mailto:asd@ashp.org)

For new residency program directors: provide ASO with the name, email address, phone number, and fax number of the new residency program director. He/she must also provide a CV and completed copy of the [Academic and Professional form](#). **(All sections must be completed).**

Please ensure documentation of substantial compliance with the requirements for residency program directors as specified in the applicable accreditation standard. Note: all new residency program directors must be approved by the Commission on Credentialing and ASHP Board of Directors and is dependent upon scheduled meeting dates. After approval, the residency program director will receive a letter from the Vice President of Accreditation Services.

**7. Are there any additional costs or fees the site must pay when the accreditation survey team arrives for the site visit?**

No. All costs associated with the onsite survey process have been included in the annual accreditation fees the site pays.

**8. We have increased the number of residents in our program. Who do we notify and is there an increase in accreditation fees?**

Contact the Accreditation Services Office with the information of the changes ([asd@ashp.org](mailto:asd@ashp.org)) and also the [National Matching Services](#) whose email is [matchinfo@natmatch.com](mailto:matchinfo@natmatch.com). Accreditation fees for a single program do not increase irrespective of the number of residents in the program. Your online directory information will be updated.

**9. We are not going to fill our residency program position(s) next year. Do we have to pay the accreditation fees for the year with no resident(s).**

Yes. You are required to pay the accreditation fee each annually unless the Accreditation Services Office is notified that the program is being discontinued.

**10. We have decided to discontinue our residency program. Who do we notify?**

Contact the Accreditation Services Office with the information by emailing: [asd@ashp.org](mailto:asd@ashp.org). Please include the major reason for discontinuing the program.

**11. We would like to begin using PharmAcademic® for our residency program. Who do we contact?**

Contact [support@mccreadiegroup.com](mailto:support@mccreadiegroup.com) or by calling 866-722-1096. [PharmAcademic®](#) is available for all residency programs in the accreditation process to use at no cost to the program. It is not available for programs that have not submitted applications for accreditation.

**12. What are the board certification requirements for PGY2 program directors?**

PGY2 residency program directors must be [BPS](#) certified in their specialty area if certification exists in that area and currently include: ambulatory care pharmacy, critical care, geriatrics \*,nuclear pharmacy, nutrition support, oncology, pediatrics, pharmacotherapy, psychiatry, and also certifications with added qualifications in cardiology and infectious diseases.

PGY2 Specialty Area	BPS required for program director?	BPS Type
Ambulatory Care	Yes	BCACP
Cardiology	Yes	BCPS-AQ Added Qualifications in Cardiology
Critical Care	Yes	BCCCP
Drug Information	No	
Geriatrics*	Yes	BCGP Effective January 1 2018
Health-Systems Pharmacy Administration	No	
Infectious Diseases	Yes	BCPS-AQ Added Qualifications in Infectious Diseases
Internal Medicine	No	
Medication-Use Safety	No	
Nuclear Pharmacy	Yes	BCNP
Nutrition Support	Yes	BCNSP
Oncology	Yes	BCOP
Pain Management and Palliative Care	No	
Pediatrics	Yes	BCPPS
Pharmacotherapy	Yes	BCPS
Psychiatric Pharmacy	Yes	BCPP
Solid Organ Transplant	No	
“Advanced Practice Area” (not related to any of the above PGY2 programs)	No	

**13. Is the term “practice” still used in the title of the residency program description and how do I word the resident’s certificate and how do I refer to my program in promotional materials?**

The term “practice”, such as in the former terminology “Pharmacy Practice Residency” has been deleted upon recommendation by program directors to ASHP after the introduction of the PGY1 and PGY2 program changes. It is appropriate to include the designation of residency program type in this manner on the residency certificate of completion for PGY1 (PGY1, PGY1 Community-based, PGY1 managed care) and PGY2 programs. The words “with emphasis or focus in” must not be used to describe a PGY1 residency program. The ASHP “Accredited” or “Candidate” logo may be affixed to the residency certificate as desired and can be [downloaded from the website](#).

The logo must be used in conjunction with appropriate wording as listed in the examples below and cannot be used by itself.

**Residency certificates examples**

Jane Smith, Pharm.D., having successfully completed a Postgraduate Year Two (PGY2) Oncology Pharmacy Residency accredited by the American Society of Health-System Pharmacists, is hereby

awarded this Certificate of Completion from University of Hawaii/Hilo Medical Center, Hilo, Hawaii, this 30th day of June, 20XX.



John Smith, Pharm.D., having successfully completed a Postgraduate Year One (PGY1) Community - Based Pharmacy Residency in accreditation candidate status with the American Society of Health-System Pharmacist in partnership with the American Pharmacists Association, is hereby awarded this Certificate of Completion from Cub Pharmacy, Minneapolis, Minnesota, this 30th day of June, 20XX.



### **Promotional materials examples**

The PGY-2 Oncology Pharmacy Residency conducted by University of Hawaii/Hilo Medical Center, Hilo, Hawaii is accredited by ASHP.



The PGY1 Community-Based Pharmacy Residency conducted by Cub Pharmacy, Minneapolis, Minnesota, has an accreditation candidate status with ASHP in partnership with APhA.



In all instances, ASHP rules for logo use must be followed: [ASHP Style Brand Information](#)

### **14. How do residency program directors get the latest news about the proceedings and results of Commission on Credentialing and Midyear Clinical Meeting programming for residency programs and preceptors as well as other general residency information?**

ASHP Accreditation Services Office publishes an online newsletter 2 times per year called the *Communiqué*. All recent and past issues of the [Communiqué are posted to the website](#).

It is also important to keep ASO updated with the correct names, phone numbers and email addresses of residency program directors, directors of pharmacy, program contacts, and organizational administrators such as the CEO who pharmacy reports to. Occasionally, information is pushed out directly to residency programs through email lists. Changes should be emailed to [asd@ashp.org](mailto:asd@ashp.org).

**15. Is there a way for residency program directors and preceptors to publicly share questions, concerns, and ideas?**

Yes. *ASHP Connect* is an online community discussion board designed to allow preceptors and residency program directors who are ASHP members to post their comments and respond to others. It can be found by logging into the *ASHP Connect* weblink with your email and password. <http://connect.ashp.org/ASHP/ASHP/Home/>

**16. What resources are available to help a resident conduct a residency project?**

The [ASHP Research and Education Foundation](#) has developed a series of tips on timeline development, writing specific aims and hypothesis statements, power calculations and statistical analysis, data presentation, developing surveys, working with the IRB, and grant development.

**Other resources:**

[Conducting a Successful Residency Research Project Jeffrey F. Barletta, PharmD, American Journal of Pharmaceutical Education 2008; 72 \(4\) Article 92](#)  
[ASHP's Essentials of Practice-Based Research for Pharmacists](#)

**17. What resources are available to help my resident prepare their residency project in manuscript form?**

Find guidance materials on [The American Journal of Health-System Pharmacy](#) website.

The International Committee of Medical Journal Editors publishes a great resource called: [“Recommendations for the Conduct, Reporting, Editing, and Publication of Scholarly Work in Medical Journals”](#) recently updated in December 2015.

**18. How do we obtain GME “CMS” pass-through funding of our PGY1 residency program?**

Residency program directors must work with their organization’s finance department to determine eligibility for GME (CMS Medicare) pass-through funding. PGY1 programs must be accredited by ASHP and be funded by organizations that file CMS cost reports to qualify for this type of reimbursement. [More information](#) can be found on our website under the Starting a Residency heading. Additionally, ASHP Accreditation Services has created a [webinar on this topic](#). The [slides](#) from this presentation are also available.

**19. Are ASHP accredited residency programs required to have staffing or service commitment hours? Is there a set number of hours required?**

All PGY1 accredited pharmacy residencies must ensure that required competency areas of residency training are met. Competency area R1- Patient Care - relates best to staffing. The ASHP accreditation standards do not dictate the number of hours required of a resident to staff. However the standards do imply that a resident should be able to function as a pharmacist when they leave the residency program. As a pharmacist, one should be able to intervene on the patient’s behalf at any time in the process to help improve the patient’s care. The reasoning behind a staffing or service commitment is for residents (in most cases as newly minted pharmacists) to learn and understand the various aspects of the medication use process in their organization and to “give back” to the organization that is sponsoring the resident’s education. Service commitment in PGY2 programs is dependent upon program and organizational needs and may consist of administrative, operational, clinical, or educational responsibilities in the area of specialization.

Both PGY1 and PGY2 ASHP accredited pharmacy residency programs must comply with the [current ASHP duty hour standards](#).

**20. How long do we have to keep a resident’s paperwork and what do we have to retain?**

Records (to include, resident applications, resident acceptance letters, resident plans, all evaluations, resident projects, and copies of certificates) for residents trained by an ASHP-accredited program since the last site survey (i.e., up to six years) must be maintained and available to the survey team for review. Resident evaluations completed in PharmAcademic® and ResiTrak® for the program remain warehoused in perpetuity and do not need to be printed out. Programs may choose to keep hard copies or scan and store other required documents electronically as well. Resident records that predate the last site survey may be discarded.

**21. How do we post or update information about our program on the ASHP website directory?**

Programs that are in the accreditation process may post or update information on the ASHP Residency Program Directory by filling out the [Residency Directory Information Document](#) and submitting to [asd@ashp.org](mailto:asd@ashp.org).

\*Programs not seeking accreditation do not have the ability to post information on the Directory.

**22. What are the criteria for a multisite residency program?**

A multi-site program is defined in the [ASHP Regulations on Accreditation of Pharmacy Residencies](#) as one in which multiple organizations or practice sites are involved in the residency program. In a multiple-site residency program, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program.

Please read: [Multi-Site Policy](#)

Any of the following situations shall constitute a multi-site program:

- The resident spends more than 25% of the program at another single site which is not within walking distance from the main site.
- There are multiple residents in a program and they are home-based in separate sites which are not within walking distance from the main site.

Residency program directors must notify ASHP’s Accreditation Services Office 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](#)