



## ASHP Regulations on Accreditation of Pharmacy Residencies

### I. Introduction

ASHP believes that postgraduate residency programs are the best source of a highly qualified pharmacy workforce and that it has an obligation to support residencies through the development of standards and a program of accreditation. To ensure adherence to the principles and philosophy of such standards, ASHP administers an accreditation program. For purposes of accreditation, a pharmacy residency is considered to be a postgraduate program of organized education and training that meets the requirements of the ASHP Standard for Postgraduate Residency Programs (The Standard) set forth and approved by ASHP and, as applicable, its partners in residency program development.

### II. Authority

The program for accreditation of postgraduate residency programs is established by authority of the Board of Directors of ASHP and is implemented by the ASHP Commission on Credentialing (COC). The COC meets biannually in March and August. The COC shall review and evaluate applications and site survey reports submitted and shall be authorized to take action on all applications for accreditation in accordance with the policies and procedures set forth herein. All matters of policy relating to the accreditation of programs will be submitted for approval to the ASHP Board of Directors. The minutes of the COC shall be submitted to the Board of Directors for review and action as appropriate.

### III. Accreditation Status

- A. **Accreditation:** the act of granting approval to a postgraduate residency program after the program has met set requirements and has been reviewed and evaluated through an official process (document review, site survey, review and evaluation by the COC). An approved program is in an “ASHP-accredited” status.
- B. **Pre-candidate:** the status that may be granted to a program that has submitted a completed application indicating intent to seek “candidate” status. Programs in pre-candidate status will receive access to PharmAcademic™ and The National Matching Service.
- C. **Candidate:** the status granted to a program that has a resident(s) in training, has applied to ASHP for accreditation, and is awaiting the official site survey, and review and evaluation by the COC.

**D. Conditional accreditation:** the status granted to an accredited program that is not in substantial compliance with The Standard, as usually evidenced by the degree of severity of non-compliance and/or partial compliance findings.

Programs with conditional accreditation are subject to withdrawal of accreditation unless substantial improvement in areas of non-compliance and/or partial compliance occurs in the time frame designated by the COC. Programs with conditional accreditation may also be required to undergo an on-site survey at the discretion of the COC.

**E. Unaccredited Pharmacy Residency Program:** A pharmacy residency program that does not meet the above definitions. ASHP accredited or candidate-status pharmacy residency programs are prohibited from operating any unaccredited pharmacy residency program of the same or similar type at any practice site used by ASHP accredited or candidate status residency programs.

**F. Accreditation Status References in Program and Promotional Materials**

1. Programs must use the following language when referencing the program's accreditation status in formal program and promotional materials (e.g., residency manual, residency web site, residency brochures, posters, etc.):
  - a. Programs in Pre-candidate Status: The *(residency program type, such as PGY1 Pharmacy Residency)* conducted by *(organization name, city, and state)* has an accreditation pre-candidate status with ASHP.
  - b. Programs in Candidate Status: The *(residency program type, such as PGY1 Pharmacy Residency)* conducted by *(organization name, city, and state)* has an accreditation candidate status with ASHP.
  - c. Accredited PGY1 Pharmacy and PGY2 Residency Programs: The *(residency program type, such as PGY1 Pharmacy Residency)* conducted by *(organization name, city, and state)* is accredited by ASHP.
  - d. Accredited PGY1 Community-Based Pharmacy Residency Programs: The *(residency program type, such as PGY1 Community-Based Pharmacy Residency)* conducted by *(organization name, city, and state)* is accredited by ASHP, in partnership with APhA.
  - e. Accredited PGY1 Managed Care Pharmacy Residency Programs: The *(residency program type, such as PGY1 Managed Care Pharmacy Residency)* conducted by *(organization name, city, and state)* is accredited by ASHP, in partnership with ACMP.
2. ASHP pre-candidate status, candidate-status, and accredited logos are also available for use by the residency program in connection with formal pharmacy residency materials such as brochures, promotional materials, posters, and residency manuals. The logos can be found on the ASHP web site ([www.ashp.org](http://www.ashp.org))

3. When ASHP accreditation logos are used in program materials or promotional materials, the appropriate explanatory language, as reference above in Section III-E, must be used in conjunction with the logo.
4. For candidate-status and accredited residency programs, these logos may also be used on certificates of completion issued to residents.

#### IV. Program Operator

The Program Operator is the organization (e.g., hospital, college of pharmacy, corporation, federally qualified healthcare center (FQHC), outpatient clinic, or other business entity) that applies for accreditation, and is administratively responsible for compliance with The Standard. The Program Operator is also responsible for submitting the accreditation application and ensuring periodic evaluations of the program are conducted.

- A. If several organizations share responsibility for the financial and management aspects of the residency (e.g., hospital, college of pharmacy, corporation, federally qualified healthcare center (FQHC), outpatient clinic, or other business entity), the organizations must mutually designate one organization as the Program Operator. The relationship between the Program Operator and other organizations who share responsibility or financial or management aspects of the residency must be agreed to in writing (e.g., memorandum of understanding), signed by all parties, and comply with Standards 2.16.a.1-2.16.a.7.
- B. If the Program Operator will be seeking Centers for Medicare and Medicaid Services (CMS) pass through funding for a PGY1 program, the Program Operator must maintain full administrative and financial control of the residency program, inclusive of training curriculum.

#### V. Program Personnel

- A. **Pharmacist Preceptor:** a licensed pharmacist who gives practical experience and training to a pharmacy resident during a learning experience. Pharmacist preceptors also have responsibility for the evaluation of resident performance.
- B. **Residency Program Director (RPD):** A licensed pharmacist responsible for direction, conduct, and oversight of the residency program. The Commission on Credentialing (COC) is responsible for approving residency program directors (RPD).
  1. The RPD must be from a practice site of the program or employed by the Program Operator (i.e., college of pharmacy). If the RPD is employed by the Program Operator, they must be designated as the RPD in a written agreement between the Program Operator and the Practice Site.
  2. New Residency Program Directors must provide a curriculum vitae and an ASHP Academic and Professional Record Form to ASHP ([asd@ASHP.org](mailto:asd@ASHP.org)).

3. The COC will evaluate the credentials of each new RPD using the requirements outlined in The Standard. ASHP will then notify the new RPD of the evaluation results. Below are the designations.
  - a. **Full Approval:** RPD meets all qualifications and eligibility criteria as outlined in The Standard.
  - b. **Provisional Approval:** RPD does not meet all qualifications and eligibility criteria as outlined in The Standard but will meet them all within one year.
- C. **Interim RPD:** A pharmacist preceptor for the residency program appointed by the site to serve as the RPD due to vacancy or leave of absence of the RPD, for a period of no longer than 120 days. Interim RPD's do not need COC approval.
- D. **Designee:** An individual designated by the RPD to perform duties as allowed by The Standard.

## VI. Types of Residency Programs

Residency programs are defined by the year of post-graduate training and the required Competency Areas, Goals, and Objectives for the program and include Post Graduate Year One (PGY1), Post Graduate Year Two (PGY2), and 24-month Combined PGY1/PGY2 residency programs. PGY1/2 Combined Residency Programs recruit residents for both the PGY1 and the PGY2 years for residency programs that are specified in the program's residency application. The Standard defines resident eligibility and requirements for each type of residency program.

## VII. Residency Sites: Single and Multiple Site Residency Programs

- A. **Primary Practice Site:** The physical location, designated by the Program Operator, where the majority of a resident's training is conducted.
- B. **Practice Site:** A physical location (e.g., hospital campus, FQHC, community pharmacy, specialty pharmacy, managed care facility, outpatient clinic) where the resident completes a learning experience.
- C. **Single Practice-Site residency:** A residency program in which ALL the following apply:
  1. All residents are based at the same single Primary Practice Site.
  2. The single Primary Practice Site is used for a minimum of 60% of the training for all residents in the program.
  3. No other Practice Site is used for more than 25% of any resident's training.

A Program Operator in partnership with one organization is still considered a Single Practice-Site residency, unless the program meets criteria for Multiple Practice-Site residency below.

D. **Multiple Practice-Site residency:** A residency program in which at least ONE of the following apply:

1. Less than 60% of residents' training occurs at a single Primary Practice Site.
2. Another practice site is used for more than 25% of training for any resident in the program.
3. The residency program has more than one Primary Practice Site.
  - a. Only PGY1 Community-Based Pharmacy residency programs are allowed to have more than one Primary Practice Site.

E. **Single Practice-Site and Multiple Practice-Site Residencies** must ensure:

1. A quality residency experience for residents in all training settings and practice sites by providing:
  - a. Time allocation for residency program directors and any designees to supervise residents.
  - b. Qualified preceptors to teach, model, coach and facilitate resident training and education in the program.
  - c. Designated workspace for residents and for preceptors, as applicable to the site.
  - d. No single accredited residency program shall have more than 20 pharmacy residents.
2. Programs disclose, at the time the interview invitation is extended, if their structure includes required travel to experiences that are not conducted at the Primary Practice Site(s). The following information is also provided:
  - a. The number of required learning experiences that are not conducted at the Primary Practice Site.
  - b. Financial support (e.g., mileage reimbursement, parking fees, tolls), if provided per the organization's travel policy.

F. **Multiple Practice-Site** residencies must comply with the ALL of the following requirements:

1. A minimum of 40% of training is completed at the resident's Primary Practice Site.
2. Each resident's training is completed at no more than four other Practice Sites in addition to the Primary Practice Site (five sites total). Non-clinical sites used for completion of academic training (e.g., master's programs, teaching certificate programs) are allowed in addition to the four other practice sites.

3. Required learning experiences based at different practice sites are comparable in scope, depth, patient population, and complexity for all residents.
4. A Site Coordinator is designated for each practice site that is used for more than 25% of the training for any of the program's residents, unless the residency program director's (RPD's) primary job location is at the practice site.
  - a. Each Site Coordinator is a pharmacist who:
    - i. Meets all preceptor requirements in The Standard;
    - ii. Precepts at least one learning experience at the practice site; and,
    - iii. Practices a minimum of 20 hours per week, on average, at the practice site.
  - b. Each Site Coordinator is responsible for coordinating residents' and preceptors' activities at the practice site.
  - c. The program's RPD establishes and maintains formalized communication with Site Coordinators for facilitation of resident training. At a minimum, Site Coordinators are members of any residency program oversight committees.
5. PGY1 Community-based pharmacy residency programs may include up to a maximum of five Primary Practice Sites. All other types of residency programs are limited to a single Primary Practice Site for all residents in the program.

**G. PGY1 Community-based Multiple Practice-Site** pharmacy residencies with more than one Primary Practice Site must also comply with ALL of the following additional requirements:

1. The residency program is limited to no more than five Primary Practice Sites.
2. A minimum of 40% of training is completed at the resident's primary practice site.
3. The maximum distance between all Primary Practice Sites is no more than 120 miles.
4. Pay and benefits are comparable for all residents.
5. Residency policies are the same for all residents.
6. The RPD must conduct (at a minimum) quarterly in-person visits to each Primary Practice Site.
7. The RPD must notify the Accreditation Services Office ([asd@ashp.org](mailto:asd@ashp.org)) of any deletions or additions to the program's Primary Practice Sites.

8. New Primary Practice Sites must be approved by the Accreditation Services Office.

#### **H. Multiple Practice-Site Fees**

Programs determined to be a Multiple Practice-Site according to definitions provided will be assessed additional accreditation fees according to an annually approved schedule of fees to account for complexity of surveying additional sites (see also XIII-C-D).

### **VIII. Accreditation Procedures**

The accreditation program shall be conducted as a service of ASHP to any organization voluntarily requesting evaluation of its residency program.

#### **A. Application**

1. Application forms are available on the ASHP website ([www.ashp.org](http://www.ashp.org)). The application must be signed by the residency program director, the pharmacist executive of the practice site, and the Program Operator's administrator. Applications, along with the supporting documents specified in the application instructions should be submitted electronically, to ASHP's Accreditation Services Office ([asd@ashp.org](mailto:asd@ashp.org)). A duplicate copy should be retained for the applicant's files.
2. The Vice President, Accreditation Services Office, or designee will acknowledge receipt of the application, and review it for completeness and to make a preliminary judgment about conformance to the basic requirements of The Standard. If the program fails to meet the criteria of The Standard in some fundamental way, the Vice President or designee will notify the signatories of the application accordingly and advise that the application has not been accepted.
3. From the time an organization's application for pre-candidate status or for accreditation has been accepted by the Vice President, Accreditation Services Office or designee, the program will be in either a pre-candidate or candidate status, respectively.
4. Application for accreditation (candidate status) may be made as soon as a resident has begun training, but not sooner.
5. Application for pre-candidate status should be submitted between May 1 and September 30 in the year prior to the initial residency class.
  - a. Programs may be in a pre-candidate status for no more than two iterations of the Resident Matching Program (RMP). One of the purposes of this status is to assist the program in recruiting a resident through participation in the RMP. If a program in pre-candidate status is not successful in recruiting a resident within two iterations of the RMP, the status may be extended for one additional iteration of the RMP. By the conclusion of this status, the program must have submitted an application for accreditation, or this designation will be removed and not granted to the same

program again. Programs in this status must submit an application for accreditation when training of the first resident begins.

- b. Programs will receive access to PharmAcademic™ for program management in advance of the program start date.

## B. Initial Site Survey

1. After acceptance of a program's application for accreditation (candidate status), an initial accreditation site survey will be scheduled. The survey dates will not be prior to the seventh month of the residency year.
2. The survey team assembled to conduct a site survey of the program, the organization and the pharmacy services generally consists of at least two individuals, the lead surveyor and the ASHP-designated practitioner surveyor.
  - a. **Lead Surveyor:** a pharmacist designated by ASHP's Vice President, Accreditation Services Office or designee, who coordinates and conducts the accreditation site survey in conjunction with a practitioner surveyor. The Lead Surveyor is also responsible for notifying the program's RPD of the site survey dates.
  - b. **Practitioner Surveyor:** a pharmacist who is a subject matter expert and is typically an experienced residency program director in the residency area being surveyed (i.e., PGY1 or PGY2) who is trained to assist the lead surveyor in conducting an accreditation survey.
3. Members of the survey team and programs must disclose potential conflict(s) of interest to ASHP's Vice President, Accreditation Services Office, who shall take appropriate actions to manage any conflict(s).
4. Instructions for preparation for the site survey (i.e., list of documents to be provided to the survey team and draft survey itinerary) will be provided to the residency program director after confirmation of the site survey dates. The instructions can also be found on the ASHP web site ([www.ashp.org](http://www.ashp.org)). The documents are to be provided to ASHP in the manner described in the instructions no later than 45 days prior to the survey date. The survey itinerary, including the sites that will be surveyed for multiple-site programs, will be finalized after discussion between the Lead Surveyor and the program's RPD. The site shall provide a final itinerary, with names of the site personnel involved in each interview session to the Lead Surveyor at least seven days prior to the survey.
5. Records for residents (to include documents not found in PharmAcademic™, such as residents' applications, acceptance letters, and deliverables associated with the program's Competency Areas, Goals and Objectives such as presentations, project manuscript, etc.) must be maintained from the date of acceptance of the initial application for accreditation and available to the survey team for review. These records may be maintained electronically, as long as they can be easily accessed, if requested by the survey team.

6. A current resident or immediate past resident must be available during the accreditation survey.
7. After concluding its site survey evaluation, the survey team will present a verbal report of its findings to the organization's administrator, residency program director, and pharmacist executive.

### **C. The Survey Report and Follow-Up**

1. Following the site survey, the survey team will prepare a written report, citing areas of noncompliance, partial compliance, and consultative recommendations. The written report will be sent to the residency program director, pharmacist executive, and organization's administrator within approximately 30 days of the survey.
2. Any written comments and supporting documentation that individuals from the program wish to make regarding the accuracy of the survey report must be submitted to the Vice President, Accreditation Services Office, within 10 business days of receiving the report. Comments regarding the report's accuracy must set forth the specific reasons for the disagreement with the survey report.

Within 75 days from the end of the survey, the program must prepare and submit a response to ASHP that includes an action plan and supporting documentation outlining how the program will address areas of noncompliance and partial compliance. This action plan will be signed by the residency program director, pharmacist executive, and the organization's administrator.

3. Failure to submit a response to the survey report may result in accreditation being withheld or the application for accreditation shall be withdrawn.
4. The program's survey report and written response received from the program addressing areas of non-compliance and partial compliance will be reviewed by the COC. Typically, programs surveyed between May 8 and November 30 will be reviewed and evaluated at the following March meeting of the COC, and those surveyed between December 1 and May 7 will be reviewed and evaluated at the following August COC meeting.
5. A formal letter regarding accreditation status will be sent to the residency program director, pharmacist executive, and organization's administrator, as soon as the ASHP Board of Directors has reviewed and accepted the COC meeting minutes. The letter will indicate that ASHP has acted either: (a) to accredit the program for a period not to exceed eight years, (b) to accredit conditionally, or (c) to withhold accreditation.
  - a. For accreditation lengths less than eight years (e.g., conditional, one year or four year accreditation), programs will provide a progress report with an action plan and supporting documentation on remaining areas of non-compliance and partial compliance not resolved with the previous accreditation decision. Progress reports

shall be provided for COC review approximately three months prior to the COC meeting where reaccreditation will be considered. The program will be notified of the due date by the Vice-President, Accreditation Services Office or designee.

#### **D. Initial Accreditation**

1. The COC will not recommend accreditation of a program until it has been in operation for one year and has had at least one graduate.
2. If accreditation is granted, it shall be retroactive to the date on which ASHP's Vice President, Accreditation Services Office, received a valid and complete application for candidate status.
3. A program granted accreditation will continue in an accredited status until the COC recommends further action.
4. A certificate of accreditation will be issued to a program that has become accredited. However, the certificate remains the property of ASHP and shall be returned to ASHP when accreditation is withdrawn or the program is discontinued.

#### **E. Reaccreditation**

1. The survey process for reaccreditation site surveys will follow the same process as outlined in under the Initial Site Survey and The Survey Report and Follow-Up (Sections VIII-C-D) with the following exceptions:
  - a. Records for residents (to include documents not found in PharmAcademic™, such as residents' applications, acceptance letters, and deliverables associated with the program's Competency Goals and Objectives such as presentations, project manuscript, treatment protocol, etc.) must be maintained from the date of the last site survey (i.e., up to eight years).
  - b. Failure to submit a response to the survey report may result in conditional accreditation with intent to withdraw.
  - c. Notice of action taken regarding accreditation status will indicate that ASHP has acted either: (a) to accredit the program for a period not to exceed eight years, (b) to accredit conditionally, or (c) to withdraw accreditation.
    - i. For accreditation lengths less than eight years (e.g., conditional, one year or four year accreditation), programs will provide a progress report with an action plan and supporting documentation on remaining areas of non-compliance and partial compliance not resolved with the previous accreditation decision. Progress reports shall be provided for COC review approximately three months prior to the COC meeting where reaccreditation will be considered. The program will be notified of the due date by the Vice-President, Accreditation Services Office or designee.

2. In addition to the required progress reports for programs accredited for less than eight years, the COC, on behalf of ASHP, may request other written reports at any time between the eight-year site survey intervals. Failure of the program to submit reports as requested may result in reaccreditation being delayed, conditional accreditation, or withdrawal of accreditation.

## **IX. Resident Certificate of Completion**

**A.** The certificate of completion provided to residents who complete program requirements for accredited programs and programs in candidate-status must include the following information:

1. Organization name as documented in the ASHP website Residency Directory ([www.ashp.org](http://www.ashp.org)).
2. City and state where the residency program is located as documented in the ASHP website Residency Directory. For international programs, the city and country where located will be used instead of the city and state.
3. Resident's name and credentials.
4. Residency program type as is documented in the Competency Areas, Goals, and Objectives linked with ASHP accreditation status (e.g., ASHP-accredited PGY1 Pharmacy Residency, ASHP-accredited PGY2 Ambulatory Care Pharmacy residency, PGY2 Pharmacotherapy residency in Candidate-Status with ASHP).
  - a. For PGY1 Managed Care Pharmacy Residency Programs, the certificate references that the program is accredited by/in candidate-status with ASHP in partnership with AMCP.
  - b. For PGY1 Community-Based Pharmacy Residency Programs, the certificate references that the program is accredited by/in candidate-status with ASHP in partnership with APhA.
5. End date of resident's term of appointment.
6. When residency programs in candidate-status receive notice of accreditation, certificates of completion issued to residents while in candidate-status must be replaced with a new certificate that reflect that the resident completed an ASHP accredited residency program.

## **X. Scheduling of Reaccreditation Site Surveys**

**A.** Accredited programs will be re-examined by site survey every eight years. Schedule adjustments may be made in order to accommodate the addition of new programs.

1. Sites with single programs: Reaccreditation survey visits will be scheduled within twelve months of the eight-year anniversary of the original site survey.
2. Sites with multiple programs that submit a new program application:
  - a. If the application is submitted within four years of the most recent survey visit, the survey will be scheduled per normal scheduling procedures (i.e., within the first year of the program's existence). Subsequent site survey visits for the organization will be scheduled to accommodate review of all programs at the site during a single survey visit. Every effort will be made to schedule the combined survey such that no program will be reviewed for reaccreditation earlier than four years after their initial accreditation date or four years beyond the normal eight-year accreditation cycle.
  - b. If the application is submitted greater than four years after the most recent survey visit, the survey visit will include a review of the new program and all existing programs during a single visit.

## **XI. Continuing Accreditation**

- A.** ASHP regards evaluation of accredited residency programs as a continuous process; accordingly, the COC shall request that directors of accredited programs submit periodic written status reports to assist the COC in evaluating the continued conformance of individual programs to the applicable accreditation standard(s).
- B.** Directors of accredited programs (and also those in the accreditation process: pre-candidate and candidate) must submit written notification of substantive changes to the residency program to ASHP's Vice President, Accreditation Services Office, within 30 days of the change.
  1. Substantive changes include, but are not limited to changes to:
    - a. Leadership (e.g., changes in residency program director or pharmacist executive).
    - b. Content and construct of the program.
    - c. Organizational ownership and accreditation.
    - d. Organization name changes.
    - e. Primary Practice Sites. This also requires ASHP approval.
    - f. Practice Sites used for greater than 25% of any resident's training.
    - g. Any adverse change in licensure or accreditation status with organizations or agencies including, but not limited to, The Joint Commission (TJC), Det Norske Veritas (DNV) and

Germanischer Lloyd (DNV-GL), Board of Pharmacy (BOP), Department of Health (DOH), National Committee for Quality Assurance (NCQA), URAQ, Centers for Medicare and Medicaid Services (CMS), Food and Drug Administration (FDA), and the Drug Enforcement Agency).

2. Any substantive change in the organization of a program may be considered justification for re-evaluation of the program and/or a site survey.
- C. When requested annually, residency program directors must provide ASHP's Vice President, Accreditation Services Office, a list of names of residents who have completed the program's requirements that year. This list must be provided through ASHP-approved technology systems (i.e., PharmAcademic™).
  - D. All postgraduate year one and postgraduate year two residency programs in pre-candidate, candidate, conditional accreditation, or accredited status must participate in the Resident Matching Program conducted by ASHP, unless exempted by the COC. Further, all residency programs must adhere to the *ASHP Resident Matching Program Residency Agreement and Rules for the ASHP Pharmacy Residency Matching Program*.
  - E. All programs in the accreditation process must use ASHP-approved technology systems to support and maintain the application process (i.e., PhORCAS™) and residency program management (i.e., PharmAcademic™).
  - F. Programs must adhere to the following annual mandatory surveys conducted by the McCreadie Group, Inc., on behalf of ASHP and delivered through PharmAcademic™.

#### **1. Annual Residency Accreditation Report**

The Annual Residency Accreditation Report is a required part of the accreditation process. A 100% response rate is required for all programs. The survey questions are designed to identify substantive program, organization, or staff changes that may signal the program is in non-compliance with accreditation standards, needs assistance, or requires further review. Completion of the annual report provides ASHP with important information on the status of programs in relation to their performance and quality. Additionally, some information collected is aggregated to identify trends and shared with the pharmacy community and external agencies/partners.

#### **2. Preceptor Survey Report**

All primary preceptors who have been involved in resident training during the previous residency year will receive a survey. Preceptors who participate in multiple residency programs will only receive one report but will have questions for all programs where they were involved in training. An 80% response rate is required for all programs. Programs with four or fewer preceptors must reach 100% compliance. The surveys will remain active during the survey period and until at least 80% of the program's preceptors have

completed the survey and at least four preceptors have responded. Individual preceptor responses will not be available to the program.

### **3. Resident Survey Report**

All active residents will receive a resident survey. A 100% response rate is required for all programs. All residents are expected to complete the survey. Submission of the survey is required to successfully complete residency training. Individual resident responses will not be available to the program.

- G.** Failure to submit reports requested by the COC and/or failure to notify ASHP of substantive changes to the residency program may result in a negative impact on accreditation, including but not limited to, conditional accreditation or withdrawal of accreditation.

## **XII. Quality Improvement**

Following a site survey, the residency program director will be provided a mechanism to evaluate the site survey team and process. This is an opportunity for the residency program director and pharmacist executive to provide feedback on the survey process and information for quality improvement of the accreditation process. Programs may submit constructive written comments to ASHP at any time by emailing the Accreditation Services Office at [asd@ashp.org](mailto:asd@ashp.org).

## **XIII. Accreditation Fees**

- A.** An application fee shall be established by ASHP and shall be assessed to the program at the time of application for pre-candidate or candidate status.
- B.** An annual accreditation fee, established by ASHP, shall be assessed for accredited residency programs and those programs in a pre-candidate, candidate, or conditional status. The annual fee is based on a calendar year. This fee begins as soon as a program has filed an application for accreditation (it will be prorated for the first year, based on the number of months remaining in the calendar year, from point of application). The fee schedule is posted on the ASHP web site.
- C.** A residency program that is conducted at multiple sites (where residents spend greater than 25% of the program time away from the Primary Practice Site) shall be assessed one-half of the annual fee for one program for each of the additional sites, in addition to the base fee.
- D.** PGY1 Community-based programs conducted at multiple Primary Practice Sites shall be assessed according to the published accreditation fee schedule.

## **XIV. Withdrawal of Accreditation**

- A.** Accreditation of a program may be withdrawn by ASHP for any of the reasons stated below.

1. Accredited programs that no longer meet the requirements of The Standard shall have accreditation withdrawn. In the event that The Standard is revised, all accredited programs will be expected to meet the revised standard within one year.
  2. Inactive programs:
    - a. For sites with one residency program: accredited programs without a resident in training for a period of three consecutive years shall have accreditation withdrawn at the beginning of the fourth year. Annual accreditation fees must be paid.
    - b. For sites with more than one residency program: a program may remain vacant up to four years and maintain accredited status provided the residency program director for the program without a resident in training remains the same, the organization maintains at least one other ASHP-accredited program actively training residents during this time, and the program pays their annual fees. If the program director does not remain the same, the program shall have accreditation withdrawn at the beginning of the fourth year.
  3. A program makes false or misleading statements about the status, condition, or category of its accreditation.
  4. An accredited program fails to submit periodic written status reports as required or requested.
  5. An accredited program that is required to participate in the Resident Matching Program and fails to do so.
  6. A program that fails to submit appropriate annual accreditation fees as invoiced.
- B.** ASHP shall not withdraw accreditation without first notifying the residency program director of the specific reasons. The program shall be granted an appropriate period of time to correct the deficiencies.
- C.** Withdrawal of program accreditation may occur at any point during the residency year.
- D.** The program shall have the right to appeal the final decision of ASHP.
- E.** If accreditation is withdrawn, to regain accreditation the program may submit a new application and must undergo re-evaluation.
- F.** Programs may voluntarily withdraw from the accreditation process and/or forfeit accreditation at any time by notifying the Vice President, Accreditation Services Office, in writing. When notified, the Vice President, Accreditation Service Office, will report these programs to the COC and the ASHP Board.

## XV. Appeal of Decision

- A. Notification of intent to appeal. In the event that a program is not accredited, is not reaccredited, is placed in a conditional status, or if accreditation is withdrawn, the residency program director, the pharmacist executive, or the organization's administrator (hereafter referred to as the appellants) may appeal the decision to an appeal board on the grounds that the accreditation decision was arbitrary, prejudiced, biased, capricious, or based on incorrect application of the standard(s) to the program. An appellant must notify the Vice President, Accreditation Services Office, of the program's intent to appeal, by registered or certified mail, within 10 business days after receipt of the notice. The appellant must state clearly the grounds upon which the appeal is being made. The appellant shall then have an additional 30 days to prepare for its presentation to an appeal board.
- B. Appeal board. On receipt of an appeal notice, the Vice President, Accreditation Services Office, shall contact the ASHP General Counsel. The office of the ASHP General Counsel will proceed to constitute an *ad hoc* appeal board. The appeal board shall consist of one member of ASHP's Board of Directors, to be appointed by the President of ASHP, who shall serve as Chair and two program directors of accredited pharmacy residency programs, neither of whom is a member of the COC, one to be recommended by the appellant and one by the Chair of the COC. The President of ASHP will appoint a health care administrator in an *ex officio*, nonvoting capacity. The General Counsel of ASHP shall serve as Secretary of the appeal board. The Vice President, Accreditation Services Office, shall represent the COC at the hearing in an *ex officio*, nonvoting capacity. As soon as recommendations for appointments to the appeal board have been made, ASHP General Counsel will contact all parties to confirm their appointment and the hearing date. The ASHP General Counsel will immediately forward copies of all of the written documentation considered by the COC in rendering its decision to the ASHP Board of Directors. ASHP General Counsel will send the documentation to the appeal board members.
- C. Potential conflict of interest. All members of the appeal board will complete an ASHP "Disclosure Report" form regarding professional and business interests prior to formal appointment to the appeal board. The appeal board Chair will take appropriate action to manage potential conflicts.
- D. The hearing. The appeal board shall be convened in no less than 30 days and no more than 60 days from the date of receipt of an appeal notice by the Vice President, Accreditation Services Office. ASHP General Counsel shall notify appellants and appeal board members, at least 30 days in advance, of the date, time, and place of the hearing. The program filing the appeal may be represented at the hearing by one or more appropriate officials and shall be given the opportunity at such hearing to present written, or written and oral, evidence and arguments intended to refute or overcome the findings and decision of the COC. The appeal board shall advise the appellant organization of the appeal board's decision, by registered or certified mail, within 10 business days of the date of the hearing. The decision of the appeal board shall be final and binding on both the appellant and ASHP.

- E. Appeal board expenses. The appellant shall be responsible for all expenses incurred by its own representatives at the appeal board hearing and shall pay all reasonable travel, living, and incidental expenses incurred by its appointee to the appeal board. Expenses incurred by the board member, COC-selected program director, and health care administrator shall be borne by ASHP.

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Approved by the ASHP Board of Directors on September 15, 2023.

Developed by the ASHP Commission on Credentialing on August 12, 2023.

Supersedes the previous regulations on accreditation approved on March 4, 2023.