Update from ASHP and the Commission on Credentialing

Melissa K. Heigham, Chair, ASHP Commission on Credentialing
Janet A. Silvester, Vice President, Accreditation Services
ASHP Commission on Credentialing Update

- Introductions – New COC members
- Residency Growth
- Residency Programs and Match (2 phase)
- Standards
  - PGY2 Competencies, Goals and Objectives (CAGOs)
- Accreditation changes
- BPS
2018 ASHP Commission on Credentialing

Melissa Heigham, Chair
Jamie Kalus, Vice Chair
**Chris Scott**, Past Chair
Sheryl Cosme (Public Member)
Carolyn Kowalchik
Amy Seybert (AACP)
Suzanne Turner
Diane Erdman (AMCP)
Michael Melroy
Donna Beehrle-Hobbs (VA)

Julie Dagam
Marjorie Phillips
Harminder Sikand
Janelle Ruisinger (APhA)
Joe Saseen (ACCP)
Luke Mortensen (Public Member)
Stephen Davis
Mary-Haston Leary (Resident)
Paul Bush (Board Liaison) – non-voting

Leaving after 2018  Serves August 2018 and March 2019
New COC Members 2019

- Jamie Kalus – Chair
- Suzanne Turner – Vice Chair
- Ingrid Philibert* – Public Member (ACGME)
- Elizabeth Canterbury- resident
- Marcia Buck
- Katie Mieure
- Michael Hoying
- Paul Bush (Board Liaison) – non-voting (thru March 2019)

* Leaving ACGME – needs to be replaced
Accomplishments 2017 - 2018

- PGY1 Guidance document updates
- PGY2 Competencies, Goals and Objectives completed
- 3rd year of 2 Phase Match
- New residency resources
- 1st year of Annual Report
- PharmAcademic
  - Many updates
- BPS Update
Residency Growth and Capacity
2018 Match: Increases in both the number of applicants and positions offered

• PGY1
  – 5% increase in positions offered
  – 8% increase in applicants

• PGY2*
  – 7% increase in positions offered
  – 11% increase in applicants
  – There were 401 early commits in 2018 compared to 369 in 2017

* Includes early commitment process
ASHP Accredited Pharmacy Residency Program Growth

As of 11/26/18

- Hospital
- Pharmacy Practice
- PGY1
- Clinical
- Specialized
- PGY2

2,433

1,692

44%
2018 Residency Program Distribution

Includes Accredited, Candidate Status, and Pre-Candidate Status Programs as of 10/26/2018
2018 PGY1 Residency Programs

Includes Accredited, Candidate Status, and Pre-Candidate Status Programs as of 10/26/2018
Distribution of PGY2 Programs

Includes Accredited, Candidate Status, and Pre-Candidate Status Programs as of 10/26/2018
2018 Two-Phase Match
ASHP Resident Matching Program
2007-2018
PGY1

Phase I: 92% Fill Rate
Phase II: 94% Fill Rate
Combined Fill Rate: 99.5%
ASHP Resident Matching Program
2007-2018
PGY2

Phase I: 88% Fill Rate
Phase II: 70% Fill Rate
Combined Fill Rate: 94.6%
Residency Program Growth Summary

- PGY1, PGY2, and combined PGY1/PGY2 programs continue to grow
- 28% increase in programs in past 3 yrs
- 21% increase in positions in past 3 yrs or 850 positions
- PGY2 and combined programs outpacing PGY1 programs in percent growth from 2015-2018
## Going Into the Scramble

<table>
<thead>
<tr>
<th>Year</th>
<th>PGY1</th>
<th>PGY2</th>
<th>Total</th>
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<tr>
<td>2017</td>
<td>Unfilled Positions</td>
<td>21</td>
<td>61</td>
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<tr>
<td></td>
<td>Unmatched Applicants*</td>
<td>1693</td>
<td>202</td>
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<tr>
<td>2018</td>
<td>PGY1</td>
<td>17</td>
<td>42</td>
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<tr>
<td></td>
<td>PGY2</td>
<td>1925</td>
<td>232</td>
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</tbody>
</table>

Overall position fill rate for PGY1 and PGY2 was **98.7%**

*Includes applicants who only participated in Phase II*
Two-Phase Match Summary

• Match results reflect significant growth in residency programs and additional residency positions in the past 3 years
• Significant difference in the number of applicants vs. available positions
• Two-phase match process was successful in filling majority of residency positions in an orderly fashion
Applicants vs Positions
PGY1

Since 2010  Applicants up 91%
Positions up 87%

1,908
## Percentage of Graduates Seeking PGY1 Residency

<table>
<thead>
<tr>
<th>Year</th>
<th>Graduates</th>
<th>Participants in PGY1 Match</th>
<th>Percentage of Grads in Match</th>
</tr>
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<tbody>
<tr>
<td>2006</td>
<td>10,199</td>
<td>1,356</td>
<td>13%</td>
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<td>2007</td>
<td>10,282</td>
<td>1,898</td>
<td>19%</td>
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<td>2008</td>
<td>11,127</td>
<td>2,092</td>
<td>19%</td>
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<tr>
<td>2009</td>
<td>11,516</td>
<td>2,501</td>
<td>22%</td>
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<tr>
<td>2010</td>
<td>11,487</td>
<td>2,898</td>
<td>25%</td>
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<tr>
<td>2011</td>
<td>12,346</td>
<td>3,257</td>
<td>26%</td>
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<tr>
<td>2012</td>
<td>13,163</td>
<td>3,706</td>
<td>28%</td>
</tr>
<tr>
<td>2013</td>
<td>13,207</td>
<td>3,933</td>
<td>30%</td>
</tr>
<tr>
<td>2014</td>
<td>13,838</td>
<td>4,142</td>
<td>30%</td>
</tr>
<tr>
<td>2015</td>
<td>13,994</td>
<td>4,358</td>
<td>31%</td>
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<tr>
<td>2016</td>
<td>14,556</td>
<td>4,864</td>
<td>33%</td>
</tr>
<tr>
<td>2017</td>
<td>14,502</td>
<td>5,160</td>
<td>36%</td>
</tr>
<tr>
<td>2018</td>
<td></td>
<td>5,560</td>
<td></td>
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</table>
Match 2019 Schedule

- **Nov. 1, 2018**: List of ASHP match programs available and PhORCAS opens.
- **March 1, 2019**: Rank order lists submission deadline for Phase I Match
- **March 15, 2019**: Results of Phase I Match are released to applicants, program directors. The list of programs with available positions for Phase II of the Match will be provided on the Match web site beginning at 12:00 p.m. Eastern Time.
- **March 19, 2019**: Applicants who either did not obtain a position in the Phase I Match or did not participate can submit applications to programs participating in Phase II Match (0900 ET).
- **April 3, 2019**: Rank order lists submission deadline for Phase II Match
- **April 10, 2019**: Results of Phase II Match are released to applicants and program directors.
New Residency Resources
RPD Connect Community

• New Connect Community just for RPDs
• Restricted to RPDs – we have to enroll you
• If you don’t have access, let us know and we can address
• A way for RPDs to share and network
• https://connect.ashp.org/
New Residency and Technician Program Directories

- Live November 1st
- Better search functionality
- Self-serve function so programs can update their own demographic data
- Will add additional directory improvements in January 2019
Needs Assessment Survey

• Thanks to those who completed the survey
• 300 respondents
• These responses will help prioritize resources to meet program needs
Top Five Areas of Concern

1. Locating items/resources on the website
   - The Accreditation Services webpages are regularly updated (ongoing), streamlined, and documents tagged for easier searchability (more effective search results) to provide a better experience for users. Website is an organizational priority.

2. Preceptor development resources and examples
   - Some resources/information are password protected but there are also “free” preceptor development examples and resources that are available - only accessed by 27% of respondents. We are working to make this more visible.
Top Five Areas of Concern, cont.

3. **Knowledge and use of the CAGOs and CAGO guidance documents** (there are no CAGO guidance documents for PGY2 programs)
   - approximately 1/3 of respondents did not have knowledge of the Standards guidance documents. Opportunity for clarity.

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   - approximately 1/3 of respondents did not have knowledge of the Standards guidance documents. Opportunity for clarity

5. **RPD notification when guidance documents are updated** versus waiting for the Communique. Respondents would also like to receive the Communique more often.
Reported Areas That Have Been Addressed

• Identified a paperless system for submitting pre-survey materials and post survey responses.
• Surveyor consistency during the survey is ongoing and something the leads analyze and work on twice/year at their leads meetings.
• PharmAcademic™ enhancements are ongoing with new features added based on feedback from end users and lead surveyors and budget
• “Connect Community” has been developed as an avenue for RPD to share tools, expertise, networking to meet your needs.
PharmAcademic™ Updates
PharmAcademic™

• **New Email Notification for Cosign Comment**
  – If cosign comments are entered in PharmAcademic™, an email notification will now be sent to the Evaluator of the evaluation. The cosign comments will be included in the email message.

• **Residency Policies**
  – RPD/Designees can add files to detail the residency program’s policies on a new Policies tab.
  – Now Available RPD/Designees can add files to record the residency program’s policies. This is now available for RPDs and Designees by going to Manage Program > Tools > Manage Program Policies.
PharmAcademic™

• Updated Reports to Display past Residency Year’s Data
  – The following key residency reports now allow you to pull data from past residency years.
    • Residents Master Schedule
    • Send Back for Edit History
    • Overall Evaluation Status

• Required/Elective Displayed on Learning Experience Page and Report
  – In preparation for the new annual survey in PharmAcademic, the Required/Elective learning experience categories are more visible due to being added to the Learning Experience grid and to the “Download List” report.
PharmAcademic™

• Development Plan Templates in PharmAcademic
  – Signature and Date fields have now been added to the Development Plan templates in PharmAcademic™.
Residency Accreditation Standards
PGY2 Competency Areas, Goals & Objectives

• Evaluation and revision for each specialty area
  – Process began June 2015
  – Identify small groups within specialty area
    • COC members
    • Recommendations from ACCP and organizations within specialty area
    • Variety of practice settings and geographic areas
    • Staff input
  – Evaluate specialty against PGY2 criteria

• https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pgy2-criteria-for-review-new-advanced-areas-residency-training.ashx
PGY2 Competency Areas, Goals and Objectives

Revision Process

• Group meetings by webinar
• Tasks:
  – Revise to reflect contemporary practice
  – Identification of major issues and/or controversial issues to be addressed
  – Greater consistency across PGY2 areas when possible and as applicable to each area
• Seek input on drafts from RPDs and interested parties
• Revised draft sent to COC
PGY2 Competencies, Goals & Objectives
Revision Completed Areas

- Ambulatory Care
- Cardiology
- Critical Care
- Geriatrics
- Infectious Diseases
- Internal Medicine
- Informatics
- Emergency Medicine
- Pain Management & Palliative Care
- PGY2 Community-Based Pharmacy Administration and Leadership

- Oncology
- Pediatrics
- Pharmacotherapy
- Psychiatry
- Solid Organ Transplant
- Managed Care
- Pharmacotherapy 24 mo
- Clinical Pharmacogenomics
- Neurology
- Health System Pharmacy Administration and Leadership
- PGY2 Specialty Pharmacy Administration and Leadership
PGY2 Competencies, Goals & Objectives Revision
Remaining Areas in Process

• Medication-Use Safety and Policy (tentative title, formerly Drug Information/Medication-Use Safety)
  – CAGOs going out to program directors and stakeholders for comment – review at March 2019 COC
• Pharmacy Outcomes and Healthcare Analytics
• Other single program specialties
Other COC Actions

• Sunset HIV PGY2 advanced area of specialty practice as of June 2019. No new applications.
• Sunset Nephrology PGY2 advanced area of specialty practice as of June 2019. No new applications.
• Sunset Neonatology PGY2 advanced area of specialty practice as of June 2019. No new applications.
• Nuclear Medicine PGY2 program closed by site.
• Sunset Nutrition Support PGY2 advanced area of specialty practice as of June 2021. No new applications. *Appeal pending
Other COC Actions

- Extend full cycle accreditation from 6 to 8 years beginning with the March 2019 COC meeting.
- Any program that received full cycle (six years) on initial accreditation or on their last reaccreditation visit will have two (2) years added to their length of accreditation.
- Residency programs currently scheduled for an onsite survey in 2019 will undergo their accreditation surveys as scheduled.
- Programs that receive full cycle accreditation after review at the March 2019 COC meeting or later, will no longer have to complete a midterm report.
- Programs with a midterm report due for review at the March 2019 COC meeting will be required to complete that report.
- The elimination of the midterm report does not affect other progress reports requested by the COC at any time or interval.
Other COC Actions

- ASHP Accreditation Services Office has initiated an annual data collection survey of each residency program called the *Annual Residency Accreditation Report*.
- This will be conducted on behalf of ASHP by the McCreadie Group, Inc., through PharmAcademic™ and will be available in September each year and is a *required* part of the accreditation process.
- Completion of the *Annual Residency Accreditation Report* by programs will provide ASHP with important information on the status of programs in relation to their performance and maintenance of quality.
- Some information collected will be aggregated to identify trends and be shared with the pharmacy community.
Reminder: MANDATORY USE of PharmAcademic™

- Approved at March 2017 COC
- Effective July 1, 2018
- ALL residency programs in the accreditation process
- Includes, but not limited to:
  - Enrollment and Graduate tracking
  - Learning experience descriptions
  - Resident schedules
  - Resident evaluations

**NOTE:** Resident CLOSE-OUT mandatory since end of 2016-17 residency year. The annual report forces close-out.
BPS update

• Solid organ transplantation pharmacy is formally recognized as the thirteenth pharmacy specialty

• BPS Issues Call for Petition in Emergency Medicine Pharmacy Practice

• BPS to Conduct Practice Analysis of the Pharmacists’ Role in Pain Management
Preliminary Data from the first Annual Residency Accreditation Report
Average Number of Residency Positions

- **PGY1**: 2.7 (2017/18), 2.9 (2018/19) - Increase of 7%
- **PGY1/2**: 2.1 (2017/18), 2.3 (2018/19) - Increase of 10%
- **PGY2**: 1.1 (2017/18), 1.3 (2018/19) - Increase of 18%
Wellness and Resiliency

Address need to prevent burnout and depression

- 1152, 53%: Have discussed but not implemented a program
- 587, 27%: Have implemented a program
- 441, 20%: Have not discussed
Resident Program Completion

Reason and Number of Residents Not Successfully Completing Program

- Other: 28
- Resident failed to make sufficient and sustained improvement in the program: 62
- Resident was unable to become licensed within the policy time period: 41
- Resident withdrew due to family obligations: 7
- Resident withdrew due to personal reasons: 48

3.8% of total residents were dismissed (186)
1% of total residents dismissed due to failure to obtain license
Failure to Obtain License in Time by State

Number of Residents

Highest # of License violations – CA, FL, NY

AR  AZ  CA  CO  CT  DE  FL  IA  IL  IN  KS  LA  MD  NC  NY  OH  OK  PA  SC  TN  TX  WA  WI

2  1  8  2  2  1  5  1  1  3  3  3  1  2  4  2  2  1  1  1  1  1  2  1
Was Resident Hired by Training Organization?

Bar chart showing the percentage of residents hired by training organizations in various fields. The categories include:

- PGY1 - Community Pharmacy
- PGY1 - Managed Care Pharmacy
- PGY1 - Pharmacy/Health-System Pharmacy
- PGY1/2 - Pharmacy/Advanced Area of Practice
- PGY2 - Ambulatory Care
- PGY2 - Cardiology
- PGY2 - Critical Care
- PGY2 - Custom
- PGY2 - Dosing Information Medicine
- PGY2 - Geriatric
- PGY2 - Infectious Diseases
- PGY2 - Internal Medicine
- PGY2 - Medication Use Safety
- PGY2 - Neurology
- PGY2 - Oncology
- PGY2 - Pediatric
- PGY2 - Pharmacogenomics
- PGY2 - Pharmacotherapy
- PGY2 - Psychiatric
- PGY2 - Transplant
- PGY2 - Nutrition Support

The chart indicates the percentage of residents hired, with categories shaded in blue for Yes and orange for No.
Did PostGrad Position Require Residency Training?
Did Post Grad Position Require Training?

- **74%** of positions from PGY1 grads required PGY1 residency training
- **85%** of positions from PGY2 grads required PGY2 residency training
- Several specialties exceed 85%

<table>
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<tr>
<th>Specialty</th>
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<th>No</th>
<th>Total</th>
<th>Percent Yes</th>
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<td>Advanced Area of Practice</td>
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<td>3</td>
<td>3</td>
<td>100</td>
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<tr>
<td>Ambulatory Care</td>
<td>161</td>
<td>24</td>
<td>186</td>
<td>87</td>
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<tr>
<td>Critical Care</td>
<td>149</td>
<td>21</td>
<td>170</td>
<td>88</td>
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<tr>
<td>Emergency Medicine</td>
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<td>5</td>
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<td>Infectious Diseases</td>
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<td>Internal Medicine</td>
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<tr>
<td>Transplant</td>
<td>41</td>
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<td>41</td>
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</tbody>
</table>
Things Learned from Year 1

• On average, response took less than 15 minutes to complete
• Questions about required vs elective LEs caused significant changes in assignments so the delta not interpretable this year
• International programs have different residency year – will separate timing next year
• Programs delay resident close out due to allowance of 30-90 days to complete manuscript
  – We want programs to close out anyway at the end of the residency as you can edit the resident data for 6 months after closing them out
• Question regarding when residents matched neglected to identify programs exempt from the Match such as IHS, active forces of the uniformed services, and positions offered to commissioned officers of the Public Health Service. Will correct next year.
Things Learned from Year 1

Attestation Statement: Has there been any adverse action or change in licensure or accreditation status with organizations or agencies including, but not limited to, TJC, DNV-GL, BOP, DOH, NCQA, URAQ, CMS, FDA, DEA, etc.

- [ ] Yes
- [x] No

Please explain: [ ]

DEA issues.

I attest that this survey has been completed accurately for this residency program

Name of person completing this survey: [Logged in User Name Here]
Questions?