Residency Townhall: Update from the Commission on Credentialing
Match Update 2021

Janet A Silvester, PharmD, MBA, FASHP
Vice President Accreditation Services
ASHP Accredited Pharmacy Residency Program Growth

As of March 2021

Includes Accredited, Candidate Status, and Pre-Candidate Status Programs as of 10/06/2021
2021 PGY1 Residency Programs

Includes Accredited, Candidate Status, and Pre-Candidate Status Programs as of 10/06/2021
Distribution of PGY2 Programs

Includes Accredited, Candidate Status, and Pre-Candidate Status Programs as of 10/06/2021
2021 Two-Phase Match
2021 Match: modest growth despite pandemic

- **PGY1**
  - 3% increase in positions offered (2% in 2020)
  - 0% increase in applicants (4% in 2020)

- **PGY2***
  - 1% increase in positions offered (8% in 2020)
  - 3% increase in applicants (12% in 2020)
  - There were 594 early commits in 2021 compared to 498 in 2020

* Includes early commitment process
ASHP Resident Matching Program
2007-2021
PGY1

Combined Fill Rate: 99.5%
ASHP Resident Matching Program
2007-2021
PGY2

Combined Fill Rate: 96.2%
### Overall position fill rate for PGY1 and PGY2 was 98.9%

*Includes applicants who only participated in Phase II*
• Match results reflect growth in residency programs and additional residency positions in the past 5 years

• Persistent gap between supply and demand for positions although unmatched applicants declined

• Early commit numbers up significantly

• Two-phase match process was successful in filling majority of residency positions in an orderly fashion
Residency Accreditation Standard Revision

Standard Revision: Update

Residency Program Directors and Preceptors Town Hall – Midyear 2021

Julie Dagam, Chair
ASHP Commission on Credentialing
The Standard Revision Team

• Team Members:
  • COC members: Julie Dagam, Suzanne Turner, Katie Mieure, Kelly Goode, Kerry Pickworth, Marnie Wickizer
  • Lead Surveyors: Andrea Roberson, Akilah Strawder, Mary Kate McGinty, Jim Carlson
  • ASD: Janet Silvester, Steve Ford, Eric Grace

• Full COC and Leads: regular updates and feedback

• Focused workgroups
  • COC members, Lead surveyors, and ASD
  • Diversity & Cultural Competence, Duty Hours, Duplicates/Simplification, and more
Standard Revision – “Big Picture” Goals:

- Address preceptor qualifications
- Simplify/eliminate duplicates
- Harmonize into one Standard
- Insert Well-being/Resilience and Diversity and Cultural Competence
- Refresh Pharmacy Services
Standard Revision Progression

Aug 2019 COC
Created assumptions (objectives), est. Duplicates/Simplification workgroup

March 2020 COC
Established workgroups for each “Big Picture” Goal

Aug 2020 COC Virtual
Workgroup progress reports, COC feedback

Oct 2020 Standards Revision Call
Stds 1-2-4 progress: Full COC discussion

Mar 2021 COC Virtual
Stds 1-2-4 and APR, Pharmacy Services progress report

May 2021 Standards Revision Call
Pharmacy Services progress: Full COC discussion

Aug 2021 COC
Virtual Pharmacy Services and Std 3: Full COC discussion

Nov 2021 Standards Revision Call
Edits to Stds 1-2-4, Std 3, Pharmacy Services
Assumptions (Objectives)

1. "Optimal" standards
   Reflect contemporary practice, advance the profession, forward thinking

2. Harmonize
   PGY1, PGY1 Comm, PGY2 MC, PGY2: consistency, align numbering

3. Reduce Redundancy
   Reduce duplication in PC’s, especially between Std 3 and 4

4. Guidance
   Pull detail from GUIDANCE into the standard, use GUIDANCE to provide context/detail

5. Simplify
   Keep what adds value and improves quality, understandable language

6. Preceptor Qualifications
   Address concerns

Add:
- Well-being/Resilience
- Diversity and Cultural Competence
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Standard Revision – Planned Timeline*:
*Subject to change

- Draft to programs/RPDs, partners, external stakeholders for review/feedback

- 2022:
  - Incorporate feedback
  - Final draft for COC vote/approval and ASHP Board of Directors approval
  - Education

- 2023:
  - Available to programs to prepare for implementation
  - All programs implement with incoming class (Summer 2023)
## Standards 1 and 2: Highlights

<table>
<thead>
<tr>
<th>Standard</th>
<th>Action</th>
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<tr>
<td><strong>Standard 1: Recruitment and Selection of Residents</strong></td>
<td>• Language added surrounding methods to recruit a diverse and inclusive applicant pool</td>
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<td>• Address all phases of “The Match”</td>
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<td>• Added language pertinent to international programs</td>
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<td><strong>Standard 2: Program Requirements and Policies</strong></td>
<td>• Clarified minimum term of appointment, maximum leave, and consequences</td>
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<td>• Added/clarified requirements for documentation of Duty Hours</td>
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<td></td>
<td>• Expectations for minimum completion requirements, % ACHR and rating scale/definitions (set by program), deliverables related to CAGOs</td>
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<td>• Clarified required residency policies and other documentation</td>
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<td>• Information provided to candidates invited to interview and to matched candidates, including timing parameters</td>
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<td>• Added requirements for a residency manual, financial support, resources</td>
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<td>• Added information regarding “Multi-site” and 24-month programs</td>
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## Standard 3: Highlights

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| Standard 3: Design, Structure, and Conduct of the Residency Program | • Emphasis on depth/breadth of experiences  
• Emphasis on patient care (for direct patient care programs)  
• Clarified the relationship between the CAGOs and the Standard  
• Added expectations for completing/tracking the required CAGOs Appendix  
• Close look at development plans (e.g., timing, resident progression, link to CAGOs, continuous professional development concepts)  
• Clarified expectations for program quality improvement  
• Harmonized:  
  • Resident self-assessments  
  • Evaluation timing/frequency  
  • Required core services (see later slides) |
## Standard 4 & Corresponding Academic & Professional Record

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| **Standard 4: Requirements of the RPD and Preceptors** | • Updated RPD Eligibility and Qualifications, interim RPD added to Guidance  
• RPD Leadership - preceptor reappointment every 4 yrs, considerations for organizations that run multiple programs, clarified preceptor development  
• Updated Preceptor Eligibility and Qualifications  
  • If using experience to meet content expertise, shortened 10yrs to 5 yrs  
  • Contributions to practice and role modeling shortened to within past 4 years (vs. past 5 years)  
  • Adjusted each type of qualification (content knowledge/expertise, contribution to pharmacy practice, role models ongoing professional engagement) and included clarification/detailed examples  
• Defined preceptor active practice/ongoing responsibilities  
• Eliminated PIT designation – requires individual plan only |
| **APR** | • Updated content to clearly link to Standard 4  
• Updated formatting (e.g., tables) |
<table>
<thead>
<tr>
<th>Standard</th>
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<tbody>
<tr>
<td>Standard 5</td>
<td>CURRENT Standard 5 folded into REVISED Standards 1-2-4</td>
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<td>CURRENT Standard 6 (Pharmacy Services) becomes REVISED Standard 5 (Pharmacy Services)</td>
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# Pharmacy Services: Goal and Guiding Statements

## Goal: Refresh Pharmacy Services and harmonize across PGY1, PGY1 Comm, PGY1 MC, PGY2

<table>
<thead>
<tr>
<th>Guiding Statements</th>
<th>Consideration</th>
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<tbody>
<tr>
<td>#1: Maintain intent that residents train in an environment representing Best Practice.</td>
<td>N/A</td>
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<tr>
<td>#2: Keeping services at a best practice/”raise the bar” level pushes the profession forward.</td>
<td>Surveying services as part of the accreditation decision is different from other training groups, but unique to advancing pharmacy services/practice.</td>
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<td>#3: Keep elements of pharmacy services at a broad level so each can apply to all program types when possible.</td>
<td>Strive for universal language, note if N/A to a particular practice environment, keep numbering consistent.</td>
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<td>#4: Focus on what is fundamental/unique to pharmacy/pharmacy practice.</td>
<td>N/A</td>
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Pharmacy Services

- Cross-walked concepts of CURRENT Standard 6 with PAI 2030 and other source documents
- Conducted a gap analysis
- Reorganized Pharmacy Services into themes
  - Pharmacy Leadership
  - Medication Use Systems
  - Patient-Centered Care
- Focused on aspects unique to pharmacy and advancement of the profession
<table>
<thead>
<tr>
<th>Component</th>
<th>Includes:</th>
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<tbody>
<tr>
<td>Pharmacy Leadership</td>
<td>• Pharmacy Scope and Services</td>
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<tr>
<td></td>
<td>• Personnel</td>
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<td></td>
<td>• Diverse and inclusive workforce</td>
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<td>• Professional development, advancing technician roles</td>
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<tr>
<td></td>
<td>• Supporting well-being, RPD program administration time</td>
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<td></td>
<td>• Infrastructure</td>
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<tr>
<td>Medication Use Systems</td>
<td>• Policies and practices</td>
</tr>
<tr>
<td></td>
<td>• Information technology, automation, and safety</td>
</tr>
<tr>
<td>Patient-Centered Care</td>
<td>• Comprehensive</td>
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<td>• Collaborative, emphasis on team-based care</td>
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<td>• Individualized to the patient</td>
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Pharmacy Services: Harmonizing Considerations

- Practice environments: Acute, Ambulatory Care, Community, Managed Care
- Mindful of universal language
- Use GUIDANCE to clarify environment-specific considerations
- Designate environments for which a standard is N/A
# Harmonizing Specific Core Services

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<tr>
<th>Situation</th>
<th>Approach</th>
<th>Detail</th>
<th>Future Considerations</th>
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| Harmonization Challenge: CURRENT Community Stds 3 and 6 include specific core services | Ensure COMMUNITY specific core services are captured in REVISED Standards 3 and 5 (rather than including each core service as a separate standard) | **Standard 3:**  
• Move specific core services standards + corresponding guidance into REVISED Standard 3 GUIDANCE/COMMUNITY CAGOs | During CAGOs revision, consider identifying and incorporating core services specific to each practice environment |
| Core services are NOT included in the other PGY1 and PGY2 CURRENT Standards | | **Standard 5:**  
• In each REVISED standard that captures a core service, include the detail in GUIDANCE |
## All Standards: Highlights

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| All      | • Considered appropriate source documents:  
|          |   • Practice Advancement Initiative (PAI) 2030  
|          |   • ASHP Long Range Vision for the Pharmacy Workforce  
|          |   • ASHP Diversity, Equity, and Inclusion (DEI) Task Force Report  
|          |   • ACCP Clinical RPh Competencies Commentary-JACCP  
|          |   • The future of pharmacy leadership – AJHP  
|          |   • Input from RPDs/programs (March 2020), focus groups, survey teams  
|          |   • More!  
|          | • Harmonization: REVISED Standard applies to all programs  
|          | • Clear, simple, and understandable  
|          | • Universal language  
|          | • Improved flow  
|          | • Considered value add/improve quality  
|          | • Detail, examples, application to practice environments added to GUIDANCE  
|          | • Developed resources (e.g., Diversity and Cultural Competence Appendix) |
We are excited to hear your feedback!