Celebrating Pharmacy Residency Accreditation: Focus on the ASHP Commission on Credentialing

by Marnie Wickizer, PharmD, Julie Dagam, PharmD, BCPS, FASHP

The American Society of Health-System Pharmacists (ASHP) is the sole accrediting body for pharmacy residency training programs. The ASHP Commission on Credentialing (COC) is responsible for developing and recommending pharmacy residency training program accreditation standards and administering the accreditation, including assessing program compliance with the standards and recommending accreditation status. The COC consists of appointed individuals with diverse backgrounds and areas of practice, who are each passionate about residency training and its continuous improvement. The COC regularly considers and collaborates with other residency accreditation bodies (medical, nursing, etc.), professional pharmacy organizations, and practice advancement focus groups.

History and Growth

The history of pharmacy residency training began in the early 1960s, when the first formal residency training programs and accreditation standards were developed. Since then, the practice of pharmacy, residency programs, and accreditation standards have evolved to meet the needs of our patients and our profession. Accordingly, the past several decades have seen significant residency-program growth and development across practice environments; changes in nomenclature and length of accreditation cycle; development and implementation of tools and technology to support the recruitment process and program administration; and many other advancements.

The COC was created in 1977 and reports to the ASHP Board of Directors. Since its inception, the COC, in partnership with the Accreditation Services Office (ASO) of ASHP, plays an integral part in advancing our profession through residency training. Residency growth, distribution, and capacity information and COC updates are available regularly through sources including the Accreditation Services and COC Residency Town Hall sessions held at national meetings (like the ASHP Midyear Clinical Meeting and the National Pharmacy Preceptors Conference) and the ASHP Accreditation Services newsletter Communique, which is published twice each year and available online.

What are the Regulations, the Standard, and the CAGOs?

The ASHP Regulations on Accreditation of Pharmacy Residency programs describe the policies governing the accreditation process and procedures for seeking and maintaining accreditation.

The ASHP Accreditation Standard (“The Standard”) describes the criteria used in the evaluation of programs that apply for accreditation and reaccreditation. It is organized into sections encompassing the requirements for all aspects of residency training and for the practice site in which the training is conducted, including requirements and selection of residents, program requirements and policies, residency program design and conduct, requirements of the residency program director and preceptors, and pharmacy services. These requirements serve as the basis for evaluating a residency program. Accreditation helps ensure that residents receive high-quality training consistent with the required competency areas, goals, and objectives (CAGOs).

The CAGOs are specific to the residency type, and are a required component of residency training. The competency areas are overarching categories that describe capabilities of residency graduates. Each competency area is supported by one or more goals (broad statements of abilities), and each goal is further defined by one or more objectives (observable, measurable statements describing what residents will be able to do as a result of participating in the residency program). For example, if “Patient Care” is an overarching category (called a “Competency Area”), and one of the goals supporting patient care is “Ensuring continuity of care during patient transitions between care settings,” then defining that residents will be able to “Manage transitions of care effectively” is an associated objective. Programs are required by The Standard to include the CAGOs in their design.

Residency program directors and preceptors can view the relationship between these three critical components in this way:

- The ASHP Regulations on Accreditation of Pharmacy Residency programs state the rules to follow.
- The Standard describes how to conduct your program.
- The CAGOs detail what skills to teach and evaluate over the course of the program.

The COC, in partnership with ASHP Accreditation Services, creates and maintains these components as well as guidance materials, policies, preceptor/program development tools, and examples of documents compliant with The Standard for programs to reference. While all materials have evolved with time, they have always served to challenge programs to continue to elevate the competence of residents and advance pharmacy practice.
Biannual COC Meetings

The COC members, ASHP Accreditation Services Office leadership and ASHP Lead Surveyors meet twice yearly in March and August. The meetings are typically held in person at ASHP headquarters in Bethesda, Maryland, although they have been held virtually during the pandemic. A component of the total body of work the COC accomplishes is assessing program accreditation compliance through the survey process and recommending accreditation decisions to the ASHP Board of Directors. The timing of the biannual meetings is intentional to best support the COC’s significant role in accomplishing this charge. When programs are due for an initial or reaccreditation survey, the survey team, consisting of an ASHP Lead Surveyor and one or more volunteer practitioner surveyors, conducts a thorough review of each program against the Standard. In addition to serving as volunteer practitioner surveyors, COC members are closely involved in reviewing documentation from all programs surveyed during each cycle. Together, this partnership ensures consistency and quality in the entire process.

Although the timing of the COC meetings corresponds with the cycle of survey team review and recommendations, the COC handles many other accreditation-related responsibilities. COC workgroups are often formed to address specific issues. These workgroups, in partnership with ASHP Accreditation Services and Lead Surveyors, inform and support accomplishing the breadth of the COC’s work. Depending on the nature of the issue and time sensitivity, the COC often meets virtually in addition to meeting in March and August to discuss and vote on workgroup recommendations and other pertinent issues.

The Future

The ASHP long-range vision report acknowledges that growth in pharmacy residencies is necessary to meet pharmacy school graduate demand and employer needs. Additionally, resident training will include further soft skill development and leadership experience, along with population health, social determinants of health, technology and data, and interprofessional care expertise.12

The process of revising the accreditation standards for Post-Graduate Year One and Year Two (PGY1 and PGY2) residency training is currently underway. The main goals with this revision include:

- Harmonize all PGY1 (Pharmacy, Community-Based, and Managed Care) and PGY2 Standards into a single Residency Accreditation Standard that applies to all programs
- Add well-being and resilience into The Standard
- Add diversity and cultural competence into The Standard
- Simplify and reduce duplications
- Address preceptor qualifications
- Refresh pharmacy services

Many source documents were used to guide the revision, including the ASHP Long Range Vision for the Pharmacy Workforce13 and the ASHP Practice Advancement Initiative 2030 Recommendations.14 to ensure the revision is forward-thinking and continues to promote the advancement of our profession. The COC focus on innovation, optimized patient health, and high-quality training will, of course, remain. The revised Standard became available for public comment at the end of 2021, and feedback is currently being incorporated. With the current timeline, programs will adopt the revised and harmonized Residency Accreditation Standard in 2023.

Marnie Wickizer is the Residency Program Director, PGY1 Managed Care Pharmacy at Navitus Health Solutions in Madison, WI. She is the current AMCP representative to the ASHP Commission on Credentialing, Marnie serves as a practitioner surveyor for PGY1 Managed Care Pharmacy Residency Programs and PGY2 Population Health Management and Data Analytics Pharmacy Residencies. Julie Dagan is the Residency Program Manager at Advocate Aurora Health in Milwaukee, WI. She is the part-chair of the ASHP Commission on Credentialing, and was Chair in 2021. Julie serves as a practitioner surveyor for PGY1 Pharmacy Residency Programs and PGY2 Neurology Pharmacy Residency programs.

Corresponding authors: marleen.wickizer@navitus.com
Julie.dagan@ash.org

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