



GUIDANCE DOCUMENT FOR THE ASHP ACCREDITATION STANDARD FOR POSTGRADUATE YEAR ONE (PGY1) PHARMACY RESIDENCY PROGRAMS

Updated April 2018

Guidance Document Introduction

Interpretation for many sections of the Standard is provided in this Guidance Document in boxes following each section of the Standard. The interpretation is provided to help programs better understand their level of compliance with the Standard and describes how compliance with the Standard will be evaluated by accreditation surveyors. Accreditation decisions are made based on integration of all components of the Standard and their relationship to each other; however, programs that follow the descriptions provided are most likely to have a successful accreditation survey.

The “How It Will Be Surveyed” sections in the Guidance Document provide information about how surveyors will review programs during accreditation surveys. In general, programs are surveyed using three processes: (1) review of documentation; (2) discussion with the RPD, preceptors, residents and others; and, (3) observation, such as during a tour of facilities, or other observations. These sections of the Guidance Document include information about documentation that will be reviewed, types of discussions, and observations and tours that will take place.

Introduction

Purpose of this Standard: the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* (hereinafter the Standard) establishes criteria for training pharmacists to achieve professional competence in the delivery of patient-centered care and pharmacy services. A PGY1 pharmacy residency is a prerequisite for postgraduate year two (PGY2) pharmacy residencies.

PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Application of the Standard: the requirements serve as the basis for evaluating a PGY1 residency program for accreditation.

Throughout the Standard use of the auxiliary verbs *will* and *must* implies an absolute requirement, whereas use of *should* and *may* denotes a recommended guideline.

The Standard describes the criteria used in evaluation of practice sites that apply for accreditation. The accreditation program is conducted under the authority of the ASHP Board of Directors and is supported through formal partnerships with several other pharmacy associations. The *ASHP Regulations on Accreditation of Pharmacy Residencies*¹ describes the policies governing the accreditation program and procedures for seeking accreditation.

Overview of the Standards for PGY1 Pharmacy Residencies

The following explains the rationale and importance of the areas selected for inclusion in the standards.

Standard 1: Requirements and Selection of Residents

This Standard is intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care. Therefore, residents must be pharmacists committed to attaining professional competence beyond entry-level practice, committed to attaining the program's educational goals and objectives, and supportive of the organization's mission and values.

Standard 2: Responsibilities of the Program to the Resident

It is important that pharmacy residency programs provide an exemplary environment for residents' learning. This area indicates policies that must be in place to help protect residents and organizations during unusual situations that may arise with residency programs (e.g., extended leaves, dismissal, duty hours).

Standard 3: Design and Conduct of the Residency Program

It is important that residents' training enables them to achieve the purpose, goals, and objectives of the residency program and become more mature, clinically competent practitioners, enabling them to address patients' needs. Proper design and implementation of programs helps ensure successful residency programs.

Standard 4: Requirements of the Residency Program Director and Preceptors

The residency program director (RPD) and preceptors are critical to the residency program's success and effectiveness. Their qualifications and skills are crucial. Therefore, the residency program director and preceptors will be professionally and educationally qualified pharmacists who are committed to providing effective training of residents and being exemplary role models for residents.

Standard 5: Requirements of the Site Conducting the Residency Program

It is important that residents learn to help institute best practices in their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other nationally applicable standards, and will have sufficient resources to achieve the purposes of the residency program.

Standard 6: Pharmacy Services

When pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments. Residents' expectations as they leave residency programs should be to strive for exemplary pharmacy services to improve patient care outcomes. Pharmacy's role in providing effective leadership, quality improvement efforts, appropriate organization, staffing, automation, and collaboration with others to provide safe and effective medication-use systems are reviewed in this section. This section encourages sites to continue to improve and advance pharmacy services and should motivate the profession to continually improve patient care outcomes.

Standard 1: Requirements and Selection of Residents

1.1 The residency program director or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria.

Guidance

This procedure may appear in the residency manual or other readily available pharmacy department documents.

The procedure needs to be documented but it does not need to be a formal pharmacy department policy.

Predetermined criteria used to evaluate applicants are documented.

How it will be surveyed

Review of:

- formal, documented procedure
- predetermined criteria used to select applicants to interview and rank

1.2 The predetermined criteria and procedure used to evaluate applicants' qualifications must be used by all involved in the evaluation and ranking of applicants.

How it will be surveyed

Review of procedure and criteria

Discussion with preceptors/RAC members

1.3 Applicants to pharmacy residencies must be graduates or candidates for graduation of an Accreditation Council for Pharmacy Education (ACPE) accredited degree program (or one in process of pursuing accreditation) or have a Foreign Pharmacy Graduate Equivalency Committee (FPGEC) certificate from the National Association of Boards of Pharmacy (NABP). At a minimum, the program must be a five-year pharmacy degree program.

Guidance

This information is included in the criteria required in Standard 1.1 (criteria to evaluate qualifications of applicants).

How it will be surveyed

Review of residents' Academic and Professional Records and the documented procedure described above in Standard 1.1.

1.4 Applicants to pharmacy residencies must be licensed or eligible for licensure (or equivalent designation for the country conducting the residency, e.g., registered) in the state, country, or jurisdiction in which the program is conducted.

Guidance

Jurisdiction pertains only to federal facilities (e.g., VA, DOD, PHS, IHS, BOP) in which pharmacists may practice as long as they maintain license in any state or U.S. territory.

1.5 Consequences of residents' failure to obtain appropriate licensure either prior to or within 90 days of the start date of the residency must be addressed in written policy of the residency program.

Guidance

1.5 is a critical factor (see Glossary for definition of "critical factor").

The policy can appear in the residency manual or other readily available pharmacy department

documents.

Program documents how resident's plan will be modified if the resident isn't licensed prior to, or within, 90 days. (Examples: dismiss, extend, suspend and restart when licensed).

Programs ensure a minimum of 2/3 of residency is completed as a pharmacist licensed to practice in the program's jurisdiction.

1.6 Requirements for successful completion and expectations of the residency program must be documented and provided to applicants invited to interview, including policies for professional, family, and sick leaves and the consequences of any such leave on residents' ability to complete the residency program and for dismissal from the residency program.

1.6.a. These policies must be reviewed with residents and be consistent with the organization's human resources policies.

Guidance

Program policies, requirements for successful completion of the program, and expectations of residents in the program are provided (either in print or electronically) to interviewees prior to or on the interview date.

Program policies appear in the residency manual (written or electronic) or other readily available pharmacy department documents.

The following policies and procedures are documented:

- Dismissal policy
(Dismissal or disciplinary policy must address consequences of failure to progress)
- Licensure
- Moonlighting
- Duty hours
- Tracking of duty hours and moonlighting
- Professional, family, sick and extended leave. Consequences of professional, family, sick and extended leave on residents' ability to complete the residency program must include whether the leave will result in dismissal from the program or if the program allows for extension of the program in order to allow residents to complete all program requirements, including the requirement for a minimum of twelve months of training

Programs have a list of requirements and expectations for completion of the residency program that address at minimum:

- Achievement of the program's educational goals and objectives (e.g., designate % achieved, specify objectives that must be achieved, or as defined by the program)
- List of required duties and responsibilities
- List of products requiring completion
- List of required presentations

The list of requirements for successful completion must match the list used to document resident's completion of program requirements (see guidance for 2.7a).

Policies and procedures must be consistent with human resources policies and procedures, and must be consistent among themselves and what is provided to the resident.

How it will be surveyed

Review of documents given to applicants invited to interview to determine inclusion of items listed in the Standard.

Standard 2: Responsibilities of the Program to the Resident

2.1 Programs must be a minimum of twelve months and a full-time practice commitment or equivalent.

- 2.1.a. Non-traditional residency programs must describe the program's design and length used to meet the required educational competency areas, goals, and objectives.

Guidance

If a resident takes a leave of absence, time away is not counted towards the 12 months.

How it will be surveyed

Review of:

- residents' schedules
- extended leave policy

Discussion with residents.

2.2 Programs must comply with the ***ASHP Duty-Hour Requirements for Pharmacy Residencies***.

Guidance

Programs provide a link or documentation to residents of the *ASHP Duty-Hour Requirements for Pharmacy Residencies* policy published on the ASHP website.

Programs document in program materials whether or not moonlighting is allowed.

Programs have a process for monitoring compliance with the *ASHP Duty-Hour Requirements for Pharmacy Residencies* policy.

How it will be surveyed

Review of:

- documentation related to duty hours and the moonlighting policy
- documentation of work hours/schedules, if available

Discussions related to duty-hour practices and procedures.

2.3 All programs in the ASHP accreditation process must adhere to the ***Rules for the ASHP Pharmacy Resident Matching Program***, unless exempted by the ASHP Commission on Credentialing.

Guidance

The following are approved exemptions:

- Indian Health Service (IHS) residency positions
- Residency positions offered to members of the active forces of the uniformed services (i.e. Army, Navy, Air Force, Marines, and Coast Guard)
- Residency positions offered to commissioned officers of the Public Health Service (PHS)

Residency programs which are exempt from the Match are required to report the number positions filled annually to the ASHP Accreditation Services Office by April 1st. This may be done by each individual program or collectively for programs utilizing the same process for hiring exempt residency positions (i.e., IHS). The date by which applicants must accept or decline residency positions offered through the IHS match process must occur prior to the initial date applicants may submit Rank Order Lists for Phase I of the Match.

How it will be surveyed

Review of residents' Academic and Professional Records.

Discussion related to participation in the matching program.

2.4 The residency program director (RPD) must provide residents who are accepted into the program with a letter outlining their acceptance to the program.

- 2.4.a. Information on the pre-employment requirements for their organization (e.g., licensure and human resources requirements, such as drug testing, criminal record check) and other relevant information (e.g., benefits, stipend) must be provided.
- 2.4.b. Acceptance by residents of these terms and conditions, requirements for successful completion, and expectations of the residency program must be documented prior to the beginning of the residency.

Guidance

Residents accept and sign the offer letter (including pre-employment requirements) and signify that they understand the list of requirements and expectations (as listed in standard 1.6 guidance) of the residency program prior to the beginning of the residency. This may be accomplished within the offer letter (if possible) or within a separate document created by the program.

Transmittal and execution of a contract or agreement constitutes acceptance, and would be acceptable in place of a signed offer letter.

How it will be surveyed

Review of acceptance letter and attachments or review of executed contract.

- 2.5 The residency program must provide qualified preceptors to ensure appropriate training, supervision, and guidance to all residents to fulfill the requirements of the standards.

Guidance

2.5 is a critical factor (see Glossary for definition of “critical factor”).

There is a sufficient number of preceptors available to facilitate achievement of the competencies, goals, and objectives and to guide (model, coach, facilitate) residents for each learning experience.

How it will be surveyed

Review of:

- the residency program’s structure documents and learning experience descriptions
- review of preceptors’ roster and academic and professional record form
- residents’ evaluations of preceptors and learning experiences

Discussions with residents and preceptors.

- 2.6 The residency program must provide residents an area in which to work, references, an appropriate level of relevant technology (e.g., clinical information systems, workstations, databases), access to extramural educational opportunities (e.g., a pharmacy association meeting, a regional residency conference), and sufficient financial support to fulfill the responsibilities of the program.

Guidance

Residents are provided with an area to work and access to computer technology.

Work area is conducive to concentrating.

Residents are made aware of financial support to meet requirements of the program (e.g., travel to professional meeting, registration for meetings, statistical support for projects, poster production).

How it will be surveyed

Observation by tour of residents’ work area, reference materials, available technology.

Discussion with residents and preceptors about extramural educational opportunities and financial support.

- 2.7 The RPD will award a certificate of residency only to those who complete the program’s requirements.

- 2.7.a. Completion of the program’s requirements must be documented.

Guidance

2.7 and 2.7.a. are critical factors (see Glossary for definition of “critical factor”). See Standard 2.4b for guidance on “requirements for completion.”

How it will be surveyed

Review of:

- methodology for documentation of residents’ satisfactory completion
- current and past residents’ documentation to determine if requirements were met
- summative evaluations; exit evaluations; residents’ work products/records/files; electronic tracking system; or other methods, such as a checklist of program requirements

2.8 The certificate provided to residents who complete the program’s requirements must be issued in accordance with the provisions of the ***ASHP Regulations on Accreditation of Pharmacy Residencies***, and signed by the RPD and the chief executive officer of the organization or an appropriate executive with ultimate authority over the residency.

2.8.a. Reference must be made in the certificate of the residency that the program is accredited by ASHP.

Guidance

For programs in candidate status, certificates issued to residents indicate that the program is in candidate status. Once the program achieves accredited status, new certificates are issued to these residents indicating completion of an accredited residency. Accreditation is retroactive to the date that ASHP received the program’s application for accreditation (candidate status, not pre-candidate status). Use of ASHP logos are encouraged and, if used, follow all applicable rules and the ASHP Style Guide as published by ASHP on the accreditation website (see Residency Accreditation Tools: Program Logo). PGY1 programs must follow *ASHP Regulations on Accreditation of Pharmacy Residencies* regarding naming of their program (see additional guidance under Standard 2.9).

How it will be surveyed

Review of certificate for signatures and wording.

2.9 The RPD must maintain the program’s compliance with the provisions of the current version of the ***ASHP Regulations on Accreditation of Pharmacy Residencies*** throughout the accreditation cycle.

Guidance

2.9 is a critical factor (see Glossary for definition of “critical factor”).

With regard to naming of programs, the following are the accepted names for PGY1 programs. These names must be used in residents’ certificates and consistently throughout all promotional materials, program materials, and web sites.

PGY1 Pharmacy

PGY1 Managed Care Pharmacy

PGY1 Community-Based Pharmacy

Variation to the three PGY1 program titles listed above is not allowed and would be considered non-compliant with the regulations on accreditation of pharmacy residencies. (e.g., adding modifiers such as “ambulatory focus,” “pediatric emphasis”, etc. is specifically prohibited.) Program descriptions should contain information regarding the practice setting but indicating that information in the name of the program is prohibited.

PGY1 programs are allowed to provide additional information about their program in promotional or program materials but the description should be limited to the practice setting, types of patients seen, or other special characteristics of the program. For example, a program set in an ambulatory clinic is allowed to describe their practice or note that the program is in an ambulatory setting in the program

description. As another example, if a program is set in a pediatric hospital, that can also be described in the program description. However, it cannot be part of the program title.

Per *ASHP Regulations on Accreditation of Pharmacy Residencies* (VIII.F.), 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). Programs must utilize the PharmAcademic close-out procedures to notify ASHP regarding the completion/non-completion of enrolled residents.

How it will be surveyed

Review of Application Procedures
Review of Pharm Academic

May review records of past residents to determine if they have been maintained for the appropriate length of time as specified in the *ASHP Regulations on Accreditation of Pharmacy Residencies*.

Regulations: "Records (to include, residents' applications, residents' acceptance letters, residents' plans, all evaluations, residents' 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. These records may be maintained electronically, as long as they can be easily accessed, if requested by the survey team."

Standard 3: Design and Conduct of the Residency Program

3.1 Residency Purpose and Description

The residency program must be designed and conducted in a manner that supports residents in achieving the following purpose and the required educational competency areas, goals, and objectives described in the remainder of the standards.

PGY1 Program Purpose: PGY1 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and outcomes to contribute to the development of clinical pharmacists responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for postgraduate year two (PGY2) pharmacy residency training.

Guidance

The program documents the required PGY1 purpose statement in program materials.
The program's design is consistent with the program purpose statement.
The program may develop a **SUPPLEMENTAL** brief description of their program that aligns with the purpose statement of a PGY1 residency and elaborates on any unique aspects of their program.

How it will be surveyed

Review of purpose statement, description (if applicable), and the design of the program.

3.2 Competency Areas, Educational Goals and Objectives

3.2.a. The program's educational goals and objectives must support achievement of the residency's purpose.

3.2.b. The following competency areas and all associated educational goals and objectives are required by the Standard and must be included in the program's design:

- (1) patient care;
- (2) advancing practice and improving patient care;

- (3) leadership and management; and,
- (4) teaching, education, and dissemination of knowledge.

Guidance

3.2.b.(1)–(4). are critical factors (see Glossary for definition of “critical factor”).
 The program uses all the required educational goals and objectives.
 All required goals and objectives are assigned to the program’s learning experiences.
 All required goals and objectives are assigned to be taught and evaluated at least once in required learning experiences. Some goals and objectives, particularly those in R1, may require teaching and evaluation several times during the residency program year to enable residents to achieve competency.

How it will be surveyed

Review of documents that describe the program’s structure and indicate which required objectives are assigned to each required learning experience to ensure all are taught and evaluated at least once.

- 3.2.c. Programs may select additional competency areas that are required for their program. If so, they must be required for all residents in that program. Elective competency areas may be selected for specific residents only.

Guidance

Additional competency areas include:

- Pharmacy Research
- Added Leadership and Management Skills
- Management of Medical Emergencies
- Home Care
- Managed Care
- Teaching and Learning
- Specialty Pharmacy
- Health, Wellness, and Emergency Preparedness

Other competency areas may be added to the program.

These are not required but may be selected by individual programs and included in the program’s design. If additional competency areas are selected to be included in the program’s design, each competency area chosen includes a sufficient number of educational goals and objectives to ensure achievement of the competency area.

Programs may also choose individual educational goals as long as sufficient educational objectives are included in the program’s design to allow achievement of the goal.

Programs may also choose individual educational objectives to include in the program’s design.

Any additional competency area(s), goal(s), and objective(s) chosen for the program are required for all residents completing the program.

Elective competency area(s), goal(s), and objective(s) selected for specific residents are documented and managed through the resident’s development plan.

How it will be surveyed

Review document that describes that the additional competency areas are now a part of the required program’s design and indicates which additional objectives are assigned to each required learning experience to ensure all are taught and evaluated at least once.

Review of the specific resident’s development plan for inclusion of elective competency areas, as applicable.

Resident Learning

- 3.3.a. Program Structure

- 3.3.a.(1) A written description of the structure of the program must be documented formally.
 - 3.3.a.(1)(a) The description must include required learning experiences and the length of time for each experience.
 - 3.3.a.(1)(b) Elective experiences must also be listed in the program's design.
- 3.3.a.(2) The program's structure must facilitate achievement of the program's educational goals and objectives.
- 3.3.a.(3) The structure must permit residents to gain experience and sufficient practice with diverse patient populations, a variety of disease states, and a range of patient problems.
- 3.3.a.(4) Residency programs that are based in certain practice settings (e.g., long-term care, acute care, ambulatory care, hospice, pediatric hospital, home care) must ensure that the program's learning experiences meet the above requirements for diversity, variety, and complexity.
- 3.3.a.(5) No more than one-third of the twelve-month PGY1 pharmacy residency program may deal with a specific patient disease state and population (e.g., critical care, oncology, cardiology).
- 3.3.a.(6) Residents must spend two thirds or more of the program in direct patient care activities.

Guidance

3.3.a.(2)-(4) are critical factors (see Glossary for definition of "critical factor").
Structure includes at least 2/3 of residents' time being spent in direct patient care.

Direct Patient Care by Pharmacists:

Activities performed by pharmacists with the intent of contributing to positive pharmacotherapeutic and health outcomes of individual patients. Care is in collaboration and communication with other members of the health care team with responsibilities for the individual patient, and is achieved directly with patients and caregivers face-to-face, telephonically, virtually, or in writing. *(See Glossary for related references.)*

Examples of direct patient care activities (but are not limited to this list):

- Completing comprehensive medication reviews (i.e., thorough review of medication profiles).
- Performing drug therapy management (e.g., anticoagulation management, renal dosing, and pharmacokinetics) and participating in disease state management services.
- Collecting and organizing patient-specific information needed by the pharmacist to prevent, detect, and resolve medication-related problems and to make appropriate evidence-based, patient-centered medication therapy recommendations as part of the interdisciplinary team.
- Specifying therapeutic goals for patients incorporating the principles of evidence-based medicine that integrate patient-specific data, disease and medication-specific information, ethics, and quality-of-life considerations.
- Designing patient-centered regimens and monitoring plans that meet the evidence-based therapeutic goals established for patients, which integrates patient-specific information, disease and drug information, ethical issues and quality-of-life issues, and considers pharmacoeconomic principles.
- Recommending or communicating patient-centered, evidence-based therapeutic regimens and corresponding monitoring plans to other members of the interdisciplinary team and patients in a way that is systematic, logical, accurate, timely, and secures consensus from the team and patient.
- Initiating, when appropriate, the patient-centered, evidence-based therapeutic regimen and monitoring plan for patients according to the organization's policies and procedures.

- Assessing patients' progress toward therapeutic goal(s) and, when necessary, redesigning a patient-centered, evidence-based therapeutic plan as necessary based on evaluation of monitoring data and therapeutic outcomes.
- Performing or participating in medication reconciliation.
- Using effective patient education techniques to provide education and counseling to patients and caregivers, including information on medication therapy, adverse effects, compliance, appropriate use, handling, and medication administration.
- Patient-centered preparation and dispensing of medications for individual patients.

How it will be surveyed

Review of:

- the program's structure and residents' schedules
- learning experience descriptions

Discussion with preceptors, residents, and other health care providers.

3.3.b. Orientation

Residency program directors must orient residents to the residency program.

Guidance

Orientation includes:

- the residency's purpose and practice environment
- the appropriate accreditation standards, competencies, goals and objectives
- design of the residency program including all program requirements
- description of required and, if applicable, elective learning experiences
- evaluation strategy (see standard 3.4)
- residency manual (if applicable)
- residency policies, terms and conditions, e.g., requirements for completion, moonlighting, duty hours, dismissal

Structure includes orientation as a learning experience.

How it will be surveyed

Review of:

- where orientation appears in the residency calendar, if applicable
- learning experience description for orientation
- orientation schedule and materials given to residents
- residency manual, if applicable

Discussion with residents.

3.3.c. Learning Experiences

3.3.c.(1) Learning experience descriptions must be documented and include:

- 3.3.c.(1)(a) a general description, including the practice area and the roles of pharmacists in the practice area;
- 3.3.c.(1)(b) expectations of residents;
- 3.3.c.(1)(c) educational goals and objectives assigned to the learning experience;
- 3.3.c.(1)(d) for each objective, a list of learning activities that will its facilitate achievement; and,
- 3.3.c.(1)(e) a description of evaluations that must be completed by preceptors and residents.

Guidance

3.3.c.(1)(c)-(d) are critical factors (see Glossary for definition of “critical factor”).

Learning experience descriptions are developed by preceptors for all required and elective learning experiences under guidance of the RPD, and/or oversight by the RAC.

Learning experience descriptions describe how residents will progress and the expectation for their skill development over time and in any repeated learning experiences. If a successfully completed learning experience is repeated, the preceptor differentiates them.

Learning activities are developed at the cognitive learning level (Bloom’s Taxonomy) associated with the objective. Learn more at:

<http://www.ashpmedia.org/softchalknewbloomlearningtaxonomiesandlevels-2015-Jan/index.html>

Resource: template for learning experience descriptions on ASHP website

How it will be surveyed

Review of learning experience descriptions.

Discussion of reasons for second learning experience in an area, if residents have completed the same learning experience a second time.

3.3.c.(2) Preceptors must orient residents to their learning experience using the learning experience description.

Guidance

Preceptors review learning experience descriptions with residents during the orientation to each learning experience.

How it will be surveyed

Discussion with residents and preceptors.

3.3.c.(3) During learning experiences, preceptors will use the four preceptor roles as needed based on residents’ needs.

Guidance

Preceptors assume the appropriate preceptor roles based on the time of the year and residents’ progression.

- Direct instruction appropriate for residents (as opposed to students), when needed.
- Modeling of practice skills described in the educational objectives.
- Coaching skills described in the educational objectives, providing regular, on-going feedback.
- Facilitating by allowing resident to assume increasing levels of responsibility for performance of skills with indirect support of the preceptor as needed.
- Residents function independently in each competency area by the conclusion of the residency program.

How it will be surveyed

Review of learning experience descriptions.

Discussion with residents, preceptors, and RPD.

3.3.c.(4) Residents must progress over the course of the residency to be more efficient, effective, and able to work independently in providing direct patient care.

Guidance

Preceptors provide sufficient opportunities and repetitions for residents to achieve the program’s educational goals and objectives and progress towards independence.

Residents make satisfactory progress in the program’s competency areas.

How it will be surveyed

Review of evaluations of residents and their development plans to determine if they are demonstrating progression to independence over time.
Discussion with residents and preceptors.

3.4 Evaluation

The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated.

3.4.a. Initial assessment

3.4.a.(1) At the beginning of the residency, the RPD in conjunction with preceptors, must assess each resident's entering knowledge and skills related to the educational goals and objectives.

3.4.a.(2) The results of residents' initial assessments must be documented by the program director or designee in each resident's development plan by the end of the orientation period and taken into consideration when determining residents' learning experiences, learning activities, evaluations, and other changes to the program's overall plan.

3.4.b. Formative (on-going, regular) assessment

3.4.b.(1) Preceptors must provide on-going feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.

3.4.b.(2) Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.

Guidance

3.4.a.(2) and 3.4.b.(1) are critical factors (see Glossary for definition of "critical factor").

Verbal and written feedback is essential for residents' skill development.

Frequency of ongoing feedback varies based on residents' progress and time of the year.

Some feedback may be written, such as comments on residents' SOAP notes or on evaluations of residents' presentations, projects, monographs, etc.

Residents who are not progressing according to expectations receive more frequent formative feedback.

Oral formative feedback is required by the Standard; to supplement this, documentation of feedback may be necessary for residents who are not progressing satisfactorily.

Specific recommendations for improvement and achievement of objectives are documented for residents who are not progressing satisfactorily.

Preceptors ensure residents' responsibilities and/or activities align with residents' progress within each learning experience.

How it will be surveyed

Review of:

- written examples of formative feedback, if applicable
- assessment strategy as documented in learning experience descriptions

Discussion with residents and preceptors.

3.4.c. Summative evaluation

3.4.c.(1) At the end of each learning experience, residents must receive, and discuss with preceptors, verbal and written assessment on the extent of their progress toward achievement of assigned educational goals and objectives, with reference to specific criteria.

Guidance

3.4.c.(1) is a critical factor (see Glossary for definition of “critical factor”).

RPD and preceptors or RAC document and define evaluation ratings (e.g., needs improvement, satisfactory progress, achieved, achieved for residency).

Qualitative written comments:

- are specific and actionable
- use criteria related to specific educational objectives
- recognize residents’ skill development
- focus on how residents’ may improve their performance

Evaluations are completed by the due date or within 7 days.

How it will be surveyed

Determination of timeliness by reviewing summative evaluation dates in PharmAcademic® reports or other reports if PharmAcademic® is not used.

Discussion with preceptors and residents.

Determine quality of summative evaluations by:

- review of explanation of ratings (e.g., achieved, satisfactory, needs improvement)
- review of criteria-based feedback in written summative evaluations

3.4.c.(2) For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at least every three months.

3.4.c.(3) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents’ evaluations.

Guidance

If multiple preceptors, one preceptor should be identified as the primary preceptor.

Programs determine if they will have each preceptor provide input into PharmAcademic® or if all preceptors will provide input to the primary preceptor who will document the joint evaluation.

The primary preceptor seeks consensus of preceptors to determine final ratings and co-sign evaluations.

Co-preceptors are encouraged to provide documentation in residents’ written evaluations.

How it will be surveyed

Review of summative evaluations.

Discussion with preceptors and/or residents.

3.4.c.(4) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.

3.4.c.(5) Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.

Guidance

All preceptors with significant exposure to working with residents in a learning experience are evaluated by residents at least once.

Evaluations are completed by the due date or within 7 days.

How it will be surveyed

Review of:

- residents’ evaluations of preceptors
- adherence to the program’s assessment strategy

Discussion with preceptors and residents.

Timeliness will be surveyed by reviewing learning experience evaluation dates in PharmAcademic®

reports or other reports if PharmAcademic® is not used.

- 3.4.c.(6) Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience.

Guidance

Evaluations are completed by the due date or within 7 days.

How it will be surveyed

Review of:

- residents' evaluations of learning experiences
- adherence to the program's assessment strategy (e.g., timeliness of completion, frequency and content of narrative comments, use of evaluation ratings)

Discussion with preceptors and residents.

- 3.4.d. Residents' development plans

- 3.4.d.(1) Each resident must have a resident development plan documented by the RPD or designee.

General Guidance

The purpose of resident development plans is to modify the design and conduct of the program to address each resident's unique learning needs and interests.

Development plans also provide a tool for monitoring, tracking, and communicating about residents' overall progress throughout the residency, and adjustments made to meet their learning needs.

The program's residency advisory committee meets at least quarterly to discuss overall progress by residents and agree to development plan adjustments needed for residents. Adjustments are reflected in the quarterly updates to the plan.

The following is included in the development plan for each resident:

Initial assessment by the resident, RPD, and/or designee and/or preceptor(s).

Residents review the design and conduct of the program and complete an initial self-evaluation for use in developing their plan.

The initial self-evaluation includes the following information:

- Short- and long-term career goals (*optional*).
- Incoming strengths (*required*).
 - professional strengths in terms of knowledge, skills, and abilities related to the educational goals and objectives.
 - personal strengths related to being a professional.
- Incoming areas for improvements (*required*).
 - professional areas for improvement in terms of knowledge, skills, and abilities related to the educational goals and objectives
 - personal areas for improvement related to being a professional
- Incoming learning interests related to required or elective learning opportunities (*optional*).

Programs may use their own customized assessment methods such as residents' self-assessment checklists, case discussions, other checklists, interviews with residents, observation, other methods or combination of methods, or use of tools available in PharmAcademic®.

The initial self-assessment is completed before or during the beginning of the residency, and information is collected and analyzed during orientation.

An initial development plan is created for each resident (generally within the first 30 days of the residency by the RPD (and/or designee), discussed with each resident, and may be reviewed by the

RAC.

Adjustments to initial resident development plans include the following as appropriate:

- modification of residents' schedules.
- preliminary determination of elective learning experiences.
- educational goals and objectives to be emphasized in required and elective learning experiences.
- addition of goals and objectives to required or elective learning experiences.
- changing and/or increasing summative self-evaluations, formative self-evaluations, and preceptors' feedback related to areas for improvement.
- modify preceptors' use of modeling, coaching, and facilitation.

Summaries of initial development plans are shared with residents' preceptors.

1st, 2nd, and 3rd quarter updates

The quarterly updates are completed, discussed with each resident, and documented approximately every 90 days from the start of the residency (e.g. October, January, and April).

Adjustments are made based upon review of residents' performance relevant to the previous quarter's plan with input from preceptor(s) and residents; the identification of new strengths or areas for improvement and, optionally, changes in residents' short- or long-term career goals and interests.

Quarterly review of residents' progress in achieving the competencies, goals, and objectives of the program and the resident professional development plans.

A system is used to track goals and objectives achieved, areas for improvement, and expected progress relative to the time of the year.

A system is used to track adjustments to and the effectiveness of adjustments documented in development plans.

How it will be surveyed

Review of resident development plans:

- for initial assessments and plans
- for assessments of/and changes to initial development plans after each quarter
- to determine if adjustments to resident development plans appear appropriate
- for dates
- Discussion with RPD, preceptors, and residents

3.4.d.(2) On a quarterly basis, the RPD or designee must assess residents' progress and determine if the development plan needs to be adjusted.

3.4.d.(3) The development plan and any adjustments must be documented and shared with all preceptors.

Guidance

3.4.d.(2) is a critical factors (see Glossary for definition of "critical factor").

See guidance under 3.4.d.(1)

Continuous Residency Program Improvement

- 3.5.a. The RPD, residency advisory committee (RAC), and pharmacy executive must engage in an on-going process of assessment of the residency program including a formal annual program evaluation.
- 3.5.b. The RPD or designee must develop and implement program improvement activities to respond to the results of the assessment of the residency program.
- 3.5.c. The residency program's continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY1 pharmacy residency program through graduate tracking.

- 3.5.c.(1) Information tracked must include initial employment, and may include changes in employment, board certification, surveys of past graduates, or other applicable information.

Guidance

Programs develop their own process for program quality improvement.

Examples:

- residency advisory committee (RAC) meetings at the end of every residency year to discuss areas of strength, opportunities for improvement, and strategies to improve the residency program
- retreats
- focused meetings
- meetings with residents asking their feedback at the end of the residency year
- survey instruments (e.g., preceptor self-assessment, resident evaluations' of RPD)

For 3.5.c.(1), regarding initial employment, the employment environment may be noted and taken into account. May be tracked in PharmAcademic®.

How it will be surveyed

Review of:

- minutes of RAC meetings in which residency program improvements have been discussed, if applicable
- any documentation of program assessments, instruments, plans for improvement, etc., if available.
- information obtained about graduates

Discussion about the program's continuous quality improvement efforts.

Standard 4: Requirements of the Residency Program Director and Preceptors

4.1 Program Leadership Requirements

- 4.1.a. Each residency program must have a single residency program director (RPD) who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
- 4.1.b. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.

Guidance

The intent of 4.1b is to ensure that department leadership, program leadership and preceptors are engaged in design and oversight of individual residency programs.

In organizations with multiple programs, it may be appropriate to have one organizational RAC. This is an acceptable alternative to having a RAC for each program, if all RPDs are members, there is appropriate representation from department leadership and preceptors, and that there is a mechanism to ensure the oversight needs of individual programs are met.

The RAC is composed of a cross section of clinical, operational, and administrative preceptors.

The program director establishes a process to choose members.

How it will be surveyed

Review of preceptor roster.

RAC roster.

Review of meeting agendas and meeting minutes if available.

- 4.1.c. The RPD may delegate, with oversight, to one or more individuals [(e.g., residency program coordinator(s))] administrative duties/activities for the conduct of the residency program.

Guidance

The terms used (e.g., residency program coordinator) and definition of roles are determined by, and can vary by, program. The term “coordinator” is an example.

- 4.1.d. For residencies conducted by more than one organization (e.g., two organizations in a partnership) or residencies offered by a sponsoring organization (e.g., a college of pharmacy, hospital) in cooperation with one or more practice sites:
- 4.1.d.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.
- 4.1.d.(2) The agreement must include definition of:
- 4.1.d.(2)(a) responsibilities of the RPD; and,
- 4.1.d.(2)(b) RPD’s accountability to the organizations and/or practice site(s).

4.2 Residency Program Directors’ Eligibility

RPDs must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of three years of pharmacy practice experience; or
- have completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have five or more years of pharmacy practice experience.

Guidance

4.2 is a critical factors (see Glossary for definition of “critical factor”).

The RPD’s pharmacy practice experience is relevant to the practice setting in which the residency is conducted.

4.3 Residency Program Directors’ Qualifications

Guidance

4.3 is a critical factor (see Glossary for definition of “critical factor”).

RPDs serve as role models for pharmacy practice, as evidenced by:

- 4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;

Guidance

Examples of leadership (should have been demonstrated within the last five years):

- contribution to the development of policies/guidelines or protocols
- implementation of a new service at the practice site
- demonstrated leadership within the pharmacy department or organization or school of pharmacy such as leading a committee/initiative, team leader, management position, etc.

How it will be surveyed

Review of academic and professional record former PharmAcademic® review

- 4.3.b. demonstrating ongoing professionalism and contribution to the profession;

Guidance

Examples of demonstrating ongoing professionalism and contribution to the profession (should have

been demonstrated within the last five years):

- serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitting comments on draft standards/guidelines for professional organizations)
- presentation/poster/publication in professional forums
- poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local, state, or national)
- active service, beyond membership, in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work)
- moderator or evaluator at regional residency conferences or other professional meeting
- faculty or pharmacy student preceptor appointment
- professional consultation to other health-care facilities or professional organizations
- contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, population-based care management, etc.

How it will be surveyed

Review of academic and professional record form or PharmAcademic® review

- 4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization; and,

Guidance

Examples (demonstrated in the last five years):

- active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement, etc.
- active participation on the pharmacy and therapeutics committee
- active participation on a drug policy review committee
- active participation on an IRB or human subjects committee within the organization
- active participation on a college of pharmacy committee

How it will be surveyed

Review of academic and professional record form or PharmAcademic® review.

4.4 Residency Program Leadership Responsibilities

RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:

- 4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program conduct and related issues;

Guidance:

The RPD determines an appropriate schedule of residency advisory committee meetings to allow for effective oversight of the program.

The meetings can be a part of another routinely scheduled meeting.

How it will be surveyed

Review of documents relevant to the residency advisory committee (e.g., minutes, agenda, schedule, attendance log, and evidence of programmatic changes).

Discussion with RPD and preceptors.

- 4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;

Guidance

RPD may delegate responsibility for oversight to a qualified preceptor.

Residents' development plans are used to provide oversight of the progression of residents. Adjustments are made to residents' development plans, such as to the educational goals and objectives, learning activities, evaluations, opportunities or other aspects of residents' training, as appropriate.

How it will be surveyed

Review of a system the program has devised to track residents progress, such as review of residents' development plans:

- for presence of quarterly updates
- to determine if adjustments to residents' development plans appear appropriate for residents' learning needs
- for dates and signatures on plans

4.4.c. implementing use of criteria for appointment and reappointment of preceptors;

Guidance

RPD can exercise the authority to apply criteria for preceptor appointment and reappointment.

Criteria are documented and used.

RPD may delegate this responsibility to an oversight body for sites with multiple programs.

Reappointment includes a review of each preceptor's qualifications and performance on a schedule determined by the RPD.

How it will be surveyed

Review of documentation of criteria for appointment and reappointment.

Discussion with RPD about the appointment/reappointment process.

4.4.d. evaluation, skills assessment, and development of preceptors in the program;

Guidance

RPD evaluates preceptors' competence and uses appropriate methods to evaluate preceptors' skills (e.g., review of residents' evaluations of preceptors, peer review, preceptors' self-assessments, and performance reviews).

How it will be surveyed

Review of processes used for preceptor evaluation, skills assessment, and development.

4.4.e. creating and implementing a preceptor development plan for the residency program;

Guidance

Preceptor development plans are documented and include an assessment of needs, a schedule of activities to address identified needs, and a review of effectiveness of development plan. The preceptor development plan could defer to, or be a part of, an organizational plan. Preceptor development plan may be a group plan or individualized plan or a combination of both.

How it will be surveyed

Review of documentation of the program's preceptor development plan addressing new and established preceptors.

Discussion with preceptors and RPD.

4.4.f. continuous residency program improvement in conjunction with the residency advisory committee; and,

How it will be surveyed

Discussion with RPD and review of residency advisory minutes, if applicable.

4.4.g. working with pharmacy administration.

Guidance

The RPD and pharmacy administration work together to ensure the success of the program.

How it will be surveyed

Discussion with RPD and pharmacy administration.

4.5 Appointment or Selection of Residency Program Preceptors

- 4.5.a. Organizations shall allow residency program directors to appoint and develop pharmacy staff to become preceptors for the program.
- 4.5.b. RPDs shall develop and apply criteria for preceptors consistent with those required by the Standard.

How it will be surveyed

Review of documentation of criteria for appointment and reappointment.

Discussion with RPD about appointment/reappointment process. (refer to 4.4c)

4.6 Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed pharmacists who:

- have completed an ASHP-accredited PGY1 residency followed by a minimum of one year of pharmacy practice experience; or
- have completed an ASHP-accredited PGY1 residency followed by an ASHP-accredited PGY2 residency and a minimum of six months of pharmacy practice experience; or
- without completion of an ASHP-accredited residency, have three or more years of pharmacy practice experience.

Guidance

4.6 is a critical factor (see Glossary for definition of "critical factor").

Preceptor's pharmacy practice experience is relevant to the practice setting in which the learning experience is conducted.

4.7 Preceptors' Responsibilities

Preceptors serve as role models for learning experiences. They must:

- 4.7.a. contribute to the success of residents and the program;
- 4.7.b. provide learning experiences in accordance with Standard 3;
- 4.7.c. participate actively in the residency program's continuous quality improvement processes;
- 4.7.d. demonstrate practice expertise, preceptor skills, and strive to continuously improve;
- 4.7.e. adhere to residency program and department policies pertaining to residents and services; and,
- 4.7.f. demonstrate commitment to advancing the residency program and pharmacy services.

How it will be surveyed

Review of relevant documents (e.g., learning experience descriptions, residents' evaluations of preceptors and learning experiences).

Discussion with preceptors and residents.

4.8 Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences as described in sections 4.8.a–f.

Guidance

4.8 is a critical factor (see Glossary for definition of “critical factor”).

When a list of examples is included in the guidance sections for 4.8.a–f, at least one of the examples is demonstrated within the last five years unless otherwise noted.

- 4.8.a. demonstrating the ability to precept residents’ learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;

How it will be surveyed

Review of residents evaluations of preceptors and their learning experiences.

Discussion with preceptors and residents.

- 4.8.b. the ability to assess residents’ performance;

Guidance

Preceptors provide specific, constructive criteria-based verbal feedback to residents during learning experiences and the end of learning experiences to assist residents in improving their performance. Formative written feedback to residents may be provided, if needed, during learning experiences and written summative feedback is provided at the end of learning experiences.

How it will be surveyed

Review of summative evaluations and other examples of documented feedback provided to the residents.

Discussion with residents and preceptors.

- 4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;

Guidance

Preceptors must have one of the following:

Examples:

- BPS certification
- Fellow at a state or national level organization
- Multidisciplinary certification
 - Validated certification that results from an exam and requires reaccreditation on a defined basis by the organization providing certification (i.e., not a one time certificate)
 - Pharmacy related certification recognized by Council on Credentialing in Pharmacy (CCP) <http://www.pharmacycredentialing.org/Files/CertificationPrograms.pdf>
 - Other examples include: Certified Professional in Patient Safety (CPPS), Certified Diabetes Educator(CDE)
 - Exceptions to the list that do not meet this domain are ACLS, PALS and BLS
- Advanced degree beyond entry level pharmacy degree related to learning experience precepted (e.g., MBA, MHA)
- Formal recognition by peers as a model practitioner
 - Pharmacist of the year - recognized at state, city or institutional level where only one individual is recognized
 - Patient care, quality, or teaching excellence – recognition at organization level (not internal to pharmacy department only) for an initiative that resulted in positive outcomes for all patients that either was operational, clinical or educational in nature)
- Credentialing and privileging granted by the organization/practice/health system with ongoing

process of evaluation and/or peer review

How it will be surveyed

- Review of academic and professional record form or PharmAcademic® review.
- Review of credentialing and privileging policy as applicable
- Review of materials used in credentialing and privileging process
- Duration of accreditation will not be impacted by a partial compliance in this area unless greater than 30% of preceptors do not meet one criteria in 4.8c.

4.8.d. an established, active practice in the area for which they serve as preceptor;

Guidance

Active practice is defined as maintaining regular and on-going responsibilities for the area where the pharmacist serves as a preceptor (may be part-time but must be actively engaged).

Other aspects of active practice may include:

- contribution to the development of clinical or operational policies/guidelines or protocols in the practice site
- contribution to the creation/implementation of a new clinical service or service improvement initiative at the practice site
- active participation on a multi-disciplinary or pharmacy committee or task force responsible for patient care or practice improvement, etc.
- demonstrated leadership within the practice area

How it will be surveyed:

Discussion with preceptors, residents, and other health care practitioners.

4.8.e. maintenance of continuity of practice during the time of residents' learning experiences; and,

Guidance

Preceptors maintain continuity of practice while residents are in their learning experiences.

A learning experience may be precepted by a team of preceptors.

How it will be surveyed

Discussion and review of residents' evaluations of preceptors and learning experiences.

4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.

Guidance:

Ongoing professionalism is demonstrated by completing at least 3 activities in the last 5 years.

Examples:

- serving as a reviewer (e.g., contributed papers, grants, or manuscripts; reviewing/submitted comments on draft standards/guidelines for professional organizations)
- presentation/poster/publication in professional forums
- poster/presentation/project co-author for pharmacy students or residents at a professional meeting (local, state, or national)
- active service, beyond membership, in professional organizations at the local, state, and/or national level (e.g., leadership role, committee membership, volunteer work)
- evaluator at regional residency conferences or other professional meetings
- routine in-service presentations to pharmacy staff and other health care professionals
- primary preceptor for pharmacy students
- pharmacy technician educator

- completion of a Teaching and Learning Program¹
- providing preceptor development topics at the site
- professional consultation to other health care facilities or professional organizations (e.g., invited thought leader for an outside organization, mock, or practitioner surveyor)
- contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, consumer education classes, etc.
- publication of original research or review articles in peer-reviewed journals or chapters in textbooks
- publication or presentation of case reports or clinical/scientific findings at local, regional, or national professional/scientific meetings or conferences
- teaching of pharmacy students or other health care professionals (e.g., classroom, laboratory, inservice)

How it will be surveyed

Review of Academic and Professional Record form or PharmAcademic® review

Duration of accreditation will not be impacted by a partial compliance in this area unless greater than 30% of preceptors do not meet one criteria in 4.8c.

4.9 Preceptors-in-Training

4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors in sections 4.6, 4.7, and 4.8 above (also known as preceptors-in-training) must:

- 4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor; and,
- 4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

Guidance

The plan developed for preceptors-in-training is documented and provides opportunities for preceptors-in-training to meet preceptor requirement within two years. The plan may be a component of an organizational performance review process.

PGY1 residents may not be preceptors-in-training.

How it will be surveyed

Review of documented plan for preceptor-in-training.

Discussion with preceptors and RPD.

4.10 Non-pharmacist preceptors

When non-pharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors:

- 4.10.a. the learning experience must be scheduled after the RPD and preceptors agree that residents are ready for independent practice; and,
- 4.10.b. a pharmacist preceptor works closely with the non-pharmacist preceptor to select the educational goals and objectives for the learning experience.

Guidance

Utilization of non-pharmacist preceptors may occur when a qualified pharmacist preceptor does not maintain an active practice in the area but the experience adds value to residents' professional development.

Non-pharmacist preceptors do not need to meet preceptor requirements and don't have to fill out an Academic and Professional Record form. They do have to participate in the evaluation process (see

¹ Wright EA, Brown B, Gettig J, et al. Teaching and learning curriculum programs: Recommendations for postgraduate pharmacy experiences in education. Am J Health-Syst Pharm. 2014; 71:1292-302.

above). Pharmacist preceptors can enter the information into PharmAcademic® based on input from non-pharmacist preceptors. Readiness for independent practice in direct patient care learning experiences is reflected by a rating of achieved for the residency (ACHR) for the majority of goals and objectives in Competency Area R1.

How it will be surveyed
4.10.a. Review of documentation of residents’ readiness to work independently.

Standard 5: Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program

5.1 As appropriate, residency programs must be conducted only in practice settings that have sought and accepted outside appraisal of facilities and patient care practices. The external appraisal must be conducted by a recognized organization appropriate to the practice setting.

Guidance
5.1 is a critical factor (see Glossary for definition of “critical factor”). The sponsoring organization and all practice sites that offer or that participate in offering a pharmacy residency are accredited by applicable organizations [e.g., The Joint Commission (TJC), American Osteopathic Association (AOA)/Healthcare Facilities Accreditation Program (HFAP), National Committee for Quality Assurance (NCQA), Det Norske Veritas (DNV)]. A college or school of pharmacy that participates in offering a pharmacy residency is accredited by the Accreditation Council for Pharmacy Education (ACPE).

How it will be surveyed
Review of the most recent documentation of recognition.

5.2 Residency programs must be conducted only in those practice settings where staff are committed to seek excellence in patient care as evidenced by substantial compliance with professionally developed and nationally applied practice and operational standards.

Guidance
Reference: *ASHP Best Practices* (available at www.ashp.org) and, when necessary, other pharmacy association guides to professional practice and other relevant standards (e.g., NIOSH, OSHA, EPA) that apply to specific practice sites.

How it will be surveyed
Observation of instances where professional standards should be followed.
Discussion with residents and pharmacy personnel.

5.3 Two or more practice sites, or a sponsoring organization working in cooperation with one or more practice sites (e.g., college of pharmacy, health system), may offer a pharmacy residency.

5.3.a. Sponsoring organizations must maintain authority and responsibility for the quality of their residency programs.

5.3.b. Sponsoring organizations may delegate day-to-day responsibility for the residency program to a practice site; however, the sponsoring organization must ensure that the residency program meets accreditation requirements.

5.3.b.(1) Some method of evaluation must be in place to ensure the purpose of the residency and the terms of the agreement are being met.

- 5.3.c. A mechanism must be documented that designates and empowers an individual to be responsible for directing the residency program and for achieving consensus on the evaluation and ranking of applicants for the residency.
- 5.3.d. Sponsoring organizations and practice sites must have signed agreement(s) that define clearly the responsibilities for all aspects of the residency program.
- 5.3.e. Each of the practice sites that provide residency training must meet the requirements set forth in Standard 5.2 and the pharmacy’s service requirements in Standard 6.

Guidance

Although a residency program may be offered/conducted by more than one organization, there may be only one sponsoring organization designated for a residency program. Sponsorship of a program is determined by the signature of the senior person on the application for accreditation; e.g., if the application is signed by a hospital CEO, the program’s sponsor is a hospital and if it is signed by a Dean, the sponsor is a college of pharmacy.

The sponsoring organization has an appropriate organizational structure for the administration of the residency program (e.g., residency advisory committee) that ensures the organization has final authority for program decisions and program conformance with ASHP standards.

How it will be surveyed

Review of agreements between organizations.

5.4 Multiple-site residency programs must be in compliance with the ***ASHP Accreditation Policy for Multiple-Site Residency Programs***.

Standard 6: Pharmacy Services

The most current edition of the ASHP ***Best Practices for Health-System Pharmacy***, available at www.ashp.org, and, when necessary, other pharmacy association guides to professional practice and other relevant standards (e.g., NIOSH, OSHA, EPA) that apply to specific practices sites will be used to evaluate any patient care sites or other practice operations providing pharmacy residency training.

For hospital settings this Standard is based on the “*ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*.”

For ambulatory settings, it is based on “*ASHP Guidelines: Minimum Standard for Pharmaceutical Services in Ambulatory Care*.”

Other standards that relate to specific areas may also apply and should be considered by applicable programs (e.g., oncology, pediatrics, solid organ transplant).

These best practice documents should be referenced as the pre-survey self-assessment checklist is being completed.

6.1 Pharmacist Executive

The pharmacy must be led and managed by a professional, legally qualified pharmacist.

Guidance

This pharmacist has assigned responsibility for insuring compliance with requirements for the pharmacy as outlined in this Standard.

From *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*

“Director of Pharmacy. The pharmacy shall be managed by a professionally competent, legally qualified pharmacist. The director of pharmacy should be thoroughly knowledgeable about and have experience in hospital pharmacy practice and management. An advanced management degree (e.g., M.B.A., M.H.A.,

or M.S.) or an administrative specialty residency is desirable. The director of pharmacy shall be responsible for

- Establishing the mission, vision, goals, and scope of services of the pharmacy based on the needs of the patients served, the needs of the hospital (and any health system of which the hospital may be a component), and developments and trends in health care and hospital pharmacy practice,
- Developing, implementing, evaluating, and updating plans and activities to fulfill the mission, vision, goals, and scope of services of the pharmacy,

Actively working with or as a part of hospital or health-system leadership to develop and implement policies and procedures that provide safe and effective medication use for the patients served by the institution,

- Mobilizing and managing the resources, both human and financial, necessary for the optimal provision of pharmacy services, and
- Ensuring that patient care services provided by pharmacists and other pharmacy personnel are delivered in adherence to applicable state and federal laws and regulations, hospital privileging requirements, and national practice standards.”

How it will be surveyed

Review of:

- pharmacy strategic planning documents
- survey report of The Joint Commission or other accrediting body
- pharmacist’s state licensure/registration
- discussion with the pharmacist executive and his/her supervisor

6.2 The pharmacy must be an integral part of the health-care delivery system at the practice site in which the residency program is offered, as evidenced by the following:

- 6.2.a. the scope and quality of pharmacy services provided to patients at the practice site is based upon the mission of the pharmacy department and an assessment of pharmacy services needed to provide care to patients served by the practice site;

Guidance

An assessment of the pharmacy functions needed to provide care to all patients served by the practice site (as defined by respective national standards for pharmaceutical services) has been conducted.

The assessment results in the development of the scope of the pharmacy’s services.

The assessment is conducted within the context of the whole of the health care delivery system, and the scope identified directly reflects that context.

How it will be surveyed

Review of:

- documented mission statement
- scope of services description applicable to the practice area
- assessment process and results, if available (e.g., gap analysis) or discussion to determine assessment process and results, including clinical and operational services
- services grid for ambulatory and acute care
- strategic plan
- survey report of The Joint Commission or other accrediting organization
- written pharmacy policies and procedures

- 6.2.b. the practice site includes pharmacy in the planning of patient care services;

Guidance

Pharmacy personnel participate in all prospective and concurrent major planning efforts that involve the design and delivery of patient care services and the provision of pharmaceutical care.

How it will be surveyed

Review of:

- practice setting organizational chart
- pharmacy organizational chart
- list of organization’s committees and identification of pharmacy involvement
- strategic planning documents for the entire health care delivery system that pertain to the design and delivery of patient care services
- pharmacy strategic planning documents
- minutes of Pharmacy and Therapeutics Committee meetings
- quality dashboard report
- survey report of The Joint Commission or other accrediting organization.

Discussion with pharmacy leaders about their role in the planning of patient care services.

6.2.c. the scope of pharmacy services is documented and evidenced in practice and quality measures;

Guidance

This section refers to depth and breadth of drug distribution, clinical services, drug control, and communication of scope of services to pharmacy, nursing, administration staff, etc.

From ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals:

“Elements of Care. The mission of pharmacists is to help people make the best use of medications. Therefore, pharmacists shall be concerned with not only the provision but the outcomes of pharmacy services. The elements of pharmacy services that are critical to safe, effective, and cost-conscious medication use in a hospital include (1) practice management, (2) medication-use policy development, (3) optimizing medication therapy, (4) drug product procurement and inventory management, (5) preparing, packaging, and labeling medications, (6) medication delivery, (7) monitoring medication use, (8) evaluating the effectiveness of the medication-use system, and (9) research. Although the scope of pharmacy services will vary from site to site, depending upon the needs of patients and the hospital as well as the resources available, these core elements are inextricably linked to successful outcomes. Failure to provide any of these services may compromise the quality of patient care.”

How it will be surveyed

Review of :

- scope of services description applicable to the practice area
- dashboards and evidence in practice and quality measures [e.g., Practice Advancement Initiative (PAI) materials]
- pre-survey documents
- residency survey team’s overall assessment of survey observations

Discussions with:

- director and RPD regarding practice and quality measures
- physicians, nurses, and pharmacy staff

6.2.d. pharmacy services extend to all areas of the practice site in which medications for patients are prescribed, dispensed, administered, and monitored;

Guidance

6.2.d. is a critical factor (see Glossary for definition of “critical factor”).

Pharmacy services extend to all patient care areas (i.e., inpatient, outpatient, diagnostic, emergency services) in which medications are prescribed, dispensed, administered, and monitored.

How it will be surveyed

Review of:

- services grid for ambulatory and acute care

- scope of services (what and where)
- on-site tour of patient care areas
- pharmacy strategic planning documents
- survey report of The Joint Commission or other accrediting organization
- pharmacy policies and procedures

Discussion regarding pharmacy services in prescribing, dispensing, administering, and monitoring.

6.2.e. pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used; and,

Guidance

The pharmacist executive is responsible for, and accountable for, procurement, preparation, distribution, and control of all medications used, including investigational drugs.

How it will be surveyed

Review of:

- services grid
- job descriptions
- benchmark/outcomes/dashboard
- schedules—who is working where and when
- survey report of The Joint Commission or other accrediting organization
- pharmacy personnel work schedules
- written pharmacy policies and procedures
- automated dispensing cabinet (ADC) stock list
- dispensing override documentation

Discussion regarding pharmacist responsibilities in these areas.

On-site tour of patient care areas and other observations.

Reference: *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*

Selecting Sources of Pharmaceutical Products: Medication Acquisition, Pharmaceutical Manufacturers and Suppliers, Pharmaceutical Manufacturers’ Representatives.

Managing Inventory: Medication Storage, drug shortages, samples, patient care area stock, controlled substances, patient’s own medications.

6.2.f. pharmacists are responsible for collaborating with other health professionals to ensure safe medication-use systems and optimal drug therapy.

Guidance

Pharmacy staff members collaborate and provide information to other providers and staff.

Actions are effective.

Reference: *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*

Standard VIII. Evaluating the Effectiveness of the Medication-Use System

How it will be surveyed

Review of:

- outcomes measures and monitoring, benchmarks, performance improvement plans
- committee involvement

Discussion with Pharmacy and Therapeutics Committee members, nurses, risk managers, pharmacists.

6.3 The pharmacist executive must provide effective leadership and management for the achievement of short- and long-term goals of the pharmacy and the organization for medication-use and medication-use policies.

Guidance

6.3 is a critical factor (see Glossary for definition of “critical factor”).

Short-term is defined as one year.

Long-term is defined as > two years.

How it will be surveyed

Review of:

- short- and long-term goals for pharmacy
- short- and long-term goals are incorporated into a strategic planning document
- discussion with organization and pharmacy leaders, physicians, nurses and pharmacy staff about the role of pharmacy in strategic planning for the organization and medication use process.

6.4 The pharmacist executive must ensure that the following elements associated with a well-managed pharmacy are in place (as appropriate to the practice setting):

6.4.a. a pharmacy mission statement;

How it will be surveyed

Review of mission statement.

Reference: *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*

“A. Pharmacy and Pharmacist Services

Pharmacy Mission, Goals, and Scope of Services. The pharmacy shall have a written mission statement that reflects both patient care and operational responsibilities. Other aspects of the pharmacy’s mission may require definition as well (e.g., educational and research responsibilities). The mission statement shall be consistent with the mission of the hospital and, if applicable, aligned with the health system of which the hospital is a component.”

6.4.b. a well-defined pharmacy organizational structure;

How it will be surveyed

Review of documented organization structure with titles and reporting structure.

6.4.c. current policies and procedures which are available readily to staff participating in service provision;

Guidance:

Reference: *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*

“C. Policies and Procedures

Policy and Procedures Manual. ...all pharmacy personnel should be familiar with its contents...”

Policies and procedures are present for all four areas: controlled substance handling, drug distribution and dispensing, clinical services, and chart documentation.

How it will be surveyed

Review of policies and procedures.

6.4.d. position descriptions for all categories of pharmacy personnel, including residents;

Guidance

Reference: *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*

“Position Descriptions. Areas of responsibility within the scope of pharmacy services shall be clearly defined. The responsibilities and related competencies of professional and supportive personnel shall be

clearly defined in written position descriptions. These position descriptions shall be reviewed and revised as required by the hospital's policies. Position descriptions should reflect more general aspects of performance (e.g., communication, motivation, teamwork) in addition to specific responsibilities and competencies."

How it will be surveyed

Review examples of position descriptions including job description for residents.

6.4.e. procedures to document patient care outcomes data;

Guidance

This focuses on the presence of procedures, as opposed to the quality of the procedures, which would be reviewed elsewhere.

Reference: *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*

"Assessing Pharmacy Services and Practices
*Documentation of Pharmacist-Provided Patient Care
Services and Medication Therapy Outcomes*

The pharmacy shall have an ongoing process for consistent documentation of patient care outcomes and the analysis of the impact on patient outcomes by the pharmacy services and medication therapy provided..³⁰

³⁰American Society of Health-System Pharmacists. ASHP guidelines on documenting pharmaceutical care in patient medical records. *Am J Health-Syst Pharm.*2003; 60:705-7."

How it will be surveyed

Review of examples of patient care outcomes data.

Discussion (e.g., How do you document patient care outcomes data?).

Examples include medication-use evaluations and core measures for the practice site.

6.4.f. procedures to ensure medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective;

Guidance

6.4.f. is a critical factor (see Glossary for definition of "critical factor").

Procedures are in place to ensure all aspects of the medication-use system, including clinical and operational, are safe and effective. Quality assurance procedures for each step in the medication-use process are available.

How it will be surveyed

Review of:

- policies and procedures
- benchmarking procedures, if available
- quality assurance programs for all aspects of the medication-use system

Examples include procedures such as error rate reporting, adverse drug event reporting, and other examples of metrics used to improve safety, such as BCMA compliance and smart pump compliance.

6.4.g. procedures to ensure clinical pharmacy services are safe and effective; and,

Guidance

6.4.g. is a critical factor (see Glossary for definition of "critical factor").

Policies and procedures include how pharmacists are involved proactively in patient care. This includes procedures for therapeutic regimen design and drug monitoring.

How it will be surveyed

Review of:

- scope of services
- procedures and policies for scope of practice
- clinical process data that demonstrates that what pharmacists are doing is effective (e.g., antibiotic stewardship program is determined to be safe and effective)

Examples include other benchmarking procedures (e.g., vancomycin monitoring).

Discussion about how clinical pharmacy services are provided proactively.

- 6.4.h. a staff complement that is competent to perform the duties and responsibilities assigned (e.g., clinical and distributive services).

Guidance

Competence can be defined as the condition or quality of being well qualified or capable. One could consider a competent individual to be one who has the essential knowledge and skills necessary to perform a job and actually performs the job according to defined expectations.

Personnel are properly trained to perform duties and responsibilities.

How it will be surveyed

Review of:

- scope of services
- policies and procedures
- detail and documentation that there is sufficient specialized staff (e.g., if they serve oncology patients that there are properly trained pharmacists to provide that specialized service)
- review of Academic and Professional Record forms of preceptors
- review of files that document staff competency

Discussion with program staff about how they verify competency of pharmacists and technicians for duties and responsibilities assigned to them. Program staff may be asked to describe methods used to ensure competency for all categories of personnel to perform their duties and responsibilities.

6.5 Pharmacy leaders ensure pharmacy's compliance with:

- 6.5.a. all applicable contemporary federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice site; and,

Guidance

6.5.a. is a critical factor (see Glossary for definition of "critical factor").

Pharmacy leaders meet the regulations of all relevant government agencies and accrediting bodies.

How it will be surveyed

Review of:

- rules and regulations
- policies and procedures
- survey reports from The Joint Commission and other accrediting organizations
- inspection reports from the State Board of Pharmacy, as applicable
- Inspection reports from the State Board of Health, as applicable

Observation via tour of facilities.

- 6.5.b. current national practice standards and guidelines.

Guidance

Examples may include but are not limited to:

- ASHP Best Practices.

- USP Chapter 797/800 requirements (For USP Chapter 800, based on USP implementation schedule).
- [ISMP Targeted Medication Safety Best Practices for Hospitals](#)

Pharmacy leaders meet all applicable practice standards and guidelines, including but not limited to ambulatory care, home care, and long-term care.

How it will be surveyed

Review of compliance with:

- ASHP Best Practices
- USP Chapter 797/800 requirements (For USP Chapter 800, based on USP implementation schedule).
- [ISMP Targeted Medication Safety Best Practices for Hospitals](#) checklist
- policies for oncology pharmacy services and high risk populations

Observation via tour of facilities.

6.6 The medication distribution system includes the following components (as applicable to the practice setting): See 6.6a through 6.6k

Guidance

Program staff should be familiar with: *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals* and, as applicable, *ASHP Guidelines: Minimum Standard for Pharmaceutical Services in Ambulatory Care*.

How it will be surveyed

Review of:

- policies and procedures
- automated drug cabinet override list
- documentation and logs /audits (e.g., unit dose packaging, investigational drug handling)

Discussion:

- is it part of your performance improvement system?
- describe related training
- determine if respective personnel are working to the extent that their training and licensure allows them
- discussion to determine that pharmacists are not routinely or regularly performing technicians' responsibilities

Observation of the medication distribution system.

6.6.a. effective use of personnel (e.g., technicians);

Guidance

The effective use of support personnel ensures that work schedules, procedures, and assignments optimize the use of personnel and resources.

How it will be surveyed

Review of job descriptions.

Discussion to determine:

- if respective personnel are working to the extent that their training and licensure allows them
- that pharmacists are not routinely or regularly performing technicians' responsibilities

6.6.b. a unit-dose drug distribution service;

Guidance

6.6.b. is a critical factor (see Glossary for definition of "critical factor").

Risk assessment completed for any exception to dispensing the dose required by the patient. This item is especially important in NICU and pediatric settings. Best practices are that medications are dispensed in

a form ready for administration.

From *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*

“Standard V. Preparing, Packaging, and Labeling Medications

B. Packaging Medications

Unit Dose Packaging. Whenever possible, medications shall be available for inpatient use in single-unit packages and in a ready-to-administer form. Manipulation of medications before administration (e.g., withdrawal of doses from containers, reconstitution of powdered drug products, labeling of containers, and splitting of tablets) by final users should be minimized.

Bar-Coding of Unit Dose Packaging and Point of Care

Administration. Unit dose packages should contain a bar code and that code should be used in inventory management, dose preparation and packaging, dispensing, and administration. It is the responsibility of the pharmacy department to ensure the quality of all aspects of bar-code medication administration, including scanability of bar codes and database management.”

How it will be surveyed

Review of policies and procedures.

Discussion to determine that there is a unit-dose drug distribution system.

Observation via tour of the facility.

6.6.c. an intravenous admixture and sterile product service;

Guidance

6.6.c. is a critical factor (see Glossary for definition of “critical factor”).

References: ASHP Best Practices quoted below, and USP 797 and 800 requirements as published.

“Standard V. Preparing, Packaging, and Labeling Medications

A. Preparing Medications

Compounding. Drug formulations, dosage forms, strengths, and packaging that are not available commercially but are needed for patient care shall be prepared by appropriately trained personnel in accordance with applicable practice standards and regulations. The pharmacy shall provide adequate quality-assurance procedures for these operations. Written master formulas and batch records (including product test results, as appropriate) shall be maintained, and a lot number or other method to identify each finished product with its production and control history shall be assigned to each batch.

Sterile Preparations. When possible, manufactured sterile preparations should be preferred to compounding in the pharmacy. All sterile medications shall be prepared and labeled in a suitable environment by appropriately trained personnel in accordance with established quality-assurance and expiration dating procedures. The use of sterile medications compounded outside the pharmacy should be avoided to the extent possible; when they are used, there shall be procedures for aseptic preparation, quality assurance, expiration dating, and ongoing competency evaluations for compounding personnel. Sterile compounding outside the pharmacy or satellite pharmacies (e.g., on nursing units) should be minimized and occur only in emergency situations.

Hazardous Drug Products. There shall be policies and procedures that describe special precautions, equipment, and training for preparation, handling, storage, and disposal of hazardous drug products and products used in their preparation. These policies and procedures shall be consistent with applicable laws and regulations and should be adequate to ensure the safety of staff, patients, visitors, the community, and the environment.”

How it will be surveyed

Review of:

- compliance with USP Chapter 797 and 800 requirements, as published
- quality analysis data for sterile product preparations

Discussion to determine that, except in emergencies, the pharmacy dispenses IV admixtures and sterile

products ready for administration with no manipulation by nursing staff.
Discussion with nurses and pharmacy staff.
Observation by tour of facility.

6.6.d. a research pharmacy including an investigational drug service;

Guidance

The pharmacy is responsible for overseeing the procurement, distribution, and control of all investigational drugs.

How it will be surveyed

Review of policies and procedures.

6.6.e. an extemporaneous compounding service;

Guidance

The pharmacy department maintains the responsibility for ensuring the quality of drug products used in the facility.

How it will be surveyed

Review of drug preparation logs and compilation of formulations.
Observation by tour of facility.

6.6.f. a system for handling hazardous drugs;

Guidance

There are policies and procedures that describe special precautions, equipment, and training for preparation, handling, storage, and disposal of hazardous drug products.

How it will be surveyed

Review of policies and procedures.
Observation by tour of facility.

6.6.g. a system for the safe use of all medications, (e.g., drug samples, high alert, look-alike/sound-alike, emergency preparedness programs, medical emergencies);

Guidance

6.6.g. is a critical factor (see Glossary for definition of “critical factor”).

The pharmacy is responsible for the procurement, distribution, and control of all drug products used in the facility.

How it will be surveyed

Review of policies and procedures that ensure a safe medication-use system.

Observation of proper management of (during tour of facility):

- barcoding of unit-dose medications
- smart pump library use
- look-alike-sound-alike and high-alert medications
- drug samples

6.6.h. a secure system for the use of controlled substances;

Guidance

There are policies and procedures to ensure control of the distribution and use of controlled substances. These policies are consistent with applicable laws and regulations and should include methods for preventing and detecting diversion.

How it will be surveyed

Review of audits and policies.

Discussion to determine how access to controlled substances is regulated and the technology (or manual process) to support regulation.

6.6.i. a controlled floor-stock system for medications administered;

Guidance

6.6.i. is a critical factor (see Glossary for definition of “critical factor”).

The pharmacy is responsible for developing policies and procedures and quality assurance programs regarding drug delivery systems and automated distribution devices that ensure safety, accuracy and patient confidentiality.

How it will be surveyed

Review of:

- policies and procedures
- overrides
- anti-diversion measures

Observation by tour of facility to determine, in part:

- appropriate use of automated drug dispensing machines
- appropriate segregated storage of medication (e.g., paralytics are not intermixed with other injectables in refrigerators, insulin)

6.6.j. an outpatient drug distribution service including a patient assessment and counseling area; and,

Guidance

This applies to outpatient pharmacy drug distribution.

How it will be surveyed

Observation of outpatient drug distribution service by tour of facility.

6.6.k. a system ensuring accountability and optimization for the use of safe medication-use system technologies.

Guidance

6.6.k. is a critical factor (see Glossary for definition of “critical factor”).

The pharmacy has responsibility for developing policies, procedures, and quality assurance programs for safe drug delivery systems, administration devices, and automated distribution devices and other technologies. Pharmacy personnel supervise the stocking and documentation of medications in automated dispensing devices.

How it will be surveyed

Review to ensure:

- optimal use of medication-use system (e.g., use of automated drug cabinets on nursing units is preferable)
- that technology is interfaced appropriately with other information systems
- analysis of use of technologies (e.g., smart pumps, BCMA)
- optimization of use of alerts [e.g., preconstructed alerts that flag specified lab tests (library with the

alerts), clinical alerts]

- optimization of decision support

6.7 The following patient care services and activities are provided by pharmacists in collaboration with other health-care professionals to optimize medication therapy for patients: See 6.7a through 6.7m(5)

Guidance

Pharmacists in collaboration with medical and nursing staff develop policies and procedures based on best practices for ensuring the quality of medication therapy.

How it will be surveyed

Review of:

- policies and procedures
- scope of services
- competencies

Discussion with preceptors and facility staff about their practices.

Observation of pharmacist patient care services and activities.

6.7.a. membership on interdisciplinary teams in patient care areas;

Guidance

6.7.a. is a critical factor (see Glossary for definition of “critical factor”).

Pharmacists participate with physicians, nurses, and other care givers on teams in the direct care of patients.

How it will be surveyed

Discussion about pharmacy staff deployment.

Observation.

6.7.b. prospective participation in the development of individualized medication regimens and treatment plans;

Guidance

6.7.b. is a critical factor (see Glossary for definition of “critical factor”).

This item focuses on medication regimens and treatment plans that are individualized for specific patients. These do not refer to targeted drugs, but rather refer to patient-focused medication regimens and treatment plans.

Examples of prospective participation in development of individualized medication regimens and treatment plans include:

- pharmacists proactively assess patients using the electronic medical record
- patient assessment using laboratory data, interview of patient, patient chart, medication history, being prepared to discuss medication-related problems, with or without patient care rounds
- participation in patient care rounds, if applicable

6.7.c. implementation and monitoring of treatment plans for patients;

Guidance

6.7.c. is a critical factor (see Glossary for definition of “critical factor”).

Medication therapy monitoring shall be conducted by pharmacists. Medication therapy monitoring includes a proactive assessment of patient problems.

How it will be surveyed

Review of policies and procedures.
Discussion with preceptors.
Observation.

6.7.d. identification and responsibility for resolution of medication-related problems;

Guidance

6.7.d. is a critical factor (see Glossary for definition of “critical factor”).
Pharmacists discover medication-related problems from newly reconciled and admitted patients. Every time a drug is added to the regimen a re-evaluation is completed. Practices adhere to *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals*
“Standard VII. Monitoring Medication Use

A. Reviewing Patient Responses to Medication Therapy

Medication therapy monitoring shall be conducted by pharmacists.
Medication therapy monitoring includes a proactive assessment of patient problems and an assessment of

- a. The therapeutic appropriateness of the patient’s medication regimen.
- b. Therapeutic duplication or omissions in the patient’s medication regimen.
- c. The appropriateness of the dose of the medication, as well as the route, method, and frequency of administration of the medication.
- d. Patient adherence to the prescribed medication regimen.
- e. Medication–medication, medication–food, medication–dietary supplement, medication–laboratory test, and medication–disease interactions.
- f. Adverse drug reactions and other undesired effects.
- g. Patient medication allergies and sensitivities.
- h. Clinical and pharmacokinetic laboratory data to evaluate the efficacy and safety of medication therapy and to anticipate toxicity and adverse effects.
- i. Physical signs and clinical symptoms relevant to the patient’s medication therapy.
- j. Assessment of the effectiveness of the patient’s medication therapy.”

How it will be surveyed

Review of policies and procedures.
Discussion with preceptors.
Observation.

6.7.e. review of the appropriateness and safety of medication prescriptions/orders;

Guidance

6.7.e. is a critical factor (see Glossary for definition of “critical factor”).
All patient medication orders shall be prospectively reviewed by pharmacists and assessed in relation to pertinent patient and clinical information before the first dose is administered (except in emergency situations).

How it will be surveyed

Review of policies and procedures.
Discussion with appropriate facility staff.

6.7.f. development of treatment protocols, care bundles, order sets, and other systematic approaches to therapies involving medications for patients;

Guidance

6.7.f. is a critical factor (see Glossary for definition of “critical factor”).

Pharmacists are involved in the process to add their expertise on committees where systematic processes are being discussed. This could be active participation on P&T committees, medical committees, safety committees or any other committee where these issues are discussed.

How it will be surveyed

Review of:

- minutes of committee meetings (Pharmacy and Therapeutics Committee minutes if these issues are discussed in this committee)
- rosters or lists reflecting committee involvement
- discussion with RPD and others

Observation.

- 6.7.g. participation as a provider of individual and population-based patient care services and disease state management, initiating and modifying drug therapy, based on collaborative practice agreements or other treatment protocols;

Guidance

This item is applicable regardless of formal collaborative practice agreements. Examples include critical pathways, treatment protocols, order sets, and therapeutic substitutions. This includes Pharmacy and Therapeutic Committee or medical staff-approved pharmacist to dose protocols and similar responsibilities.

How it will be surveyed

Review of:

- critical pathways, treatment protocols, order sets, therapeutic substitution
- formal consults
- informal consult data

- 6.7.h. a system to identify appropriately trained and experienced pharmacists and ensure quality care is provided, including when pharmacists are practicing under collaborative practice agreements (e.g., complete credentialing and privileging for pharmacists providing patient care service);

Guidance

A system of training exists to ensure the quality of pharmacists' actions when practicing collaboratively under physician-approved credentialing, protocols, and similar agreements.

How it will be surveyed

Review of :

- critical pathways, treatment protocols, order sets, therapeutic substitutions
- formal consults
- informal consult data

- 6.7.i. documentation of significant patient care recommendations and resulting actions, treatment plans, and progress notes in the appropriate section of patients' permanent medical records;

Guidance

6.7.i. is a critical factor (see Glossary for definition of "critical factor"). Pharmacists document all significant patient care recommendations in the appropriate section of the patient's medical record on a timely basis. Pharmacists aren't restricted from documenting in the medical record. This item does **not** refer to intervention documentation.

How it will be surveyed

Review:

- to determine that documentation is in the medical record where other health care providers can see it
- of policy and procedures statement

6.7.j. medication administration consistent with laws, regulations, and practice site policy;

How it will be surveyed

Discussion with appropriate facility staff.
Observation.

6.7.k. disease prevention and wellness promotion programs (e.g., smoking cessation, immunization);

Guidance

Examples of wellness promotion programs include brown bag sessions and discussions with patients about their level of compliance, which can be in any patient care setting.
Preceptor qualifications from residency accreditation Standard 4 includes this option for “demonstrating ongoing professionalism and contribution to the profession”: *contributing to health and wellness in the community and/or organization through active participation in health fairs, public events, employee wellness promotion/disease prevention activities, population-based care management, etc.*

How it will be surveyed

Discussion about disease prevention and wellness promotion programs.

6.7.l. a system to ensure and support continuity-of-care during patient care transitions; and,

Guidance

Designated personnel in pharmacy perform this function or work in collaboration with other health care providers.
Examples: bridging anticoagulation and oncology therapy, medication reconciliation, and discharge counseling.
Medication history and an accurate listing of patient-specific medications are included.

How it will be surveyed

Discussion to determine points of transition in the setting.
Review of processes to ensure continuity-of-care during these transitions.
Examples: home to acute care, transfers within acute care, acute care to home, critical care to floor, inpatient to outpatient.

6.7.m. drug use policy activities including, but not limited to, the following (as applicable to the practice setting):

Guidance

6.7.m. is a critical factor (see Glossary for definition of “critical factor”).
There is participation in the development or modification of policies for: (a) medications; (b) medication-use evaluation; (c) appropriate methods to assess ongoing compliance with such policies.
Pharmacists participate in the development and modification of policies for medications, medication-use evaluations, and methods to assess ongoing compliance with these policies.

How it will be surveyed

Review of examples of related policies and processes used, how processes are implemented, data, follow-up, how improvements are made.

Discussion of systematic approach used.

6.7.m.(1) developing and maintaining an evidence-based formulary;

6.7.m.(2) educating health care providers on timely medication-related matters and medication policies;

How it will be surveyed

Review of:

- department or practice site newsletter or other means used to educate providers/physicians, e.g., inservices
- policies and procedures
- P&T committee minutes

6.7.m.(3) development and monitoring of evidence-based medication-use guidelines, policies, and order sets;

Guidance

6.7.m.(3) is a critical factor (see Glossary for definition of “critical factor”).

How it will be surveyed

Review examples of medication-use evaluations based on evidence-based sources.

6.7.m.(4) managing adverse drug event monitoring, resolution, reporting, and prevention programs; and,

Guidance

There is participation in the development or modification of policies for: (a) adverse drug event prevention, monitoring, and reporting; and (b) appropriate methods to assess ongoing compliance with such policies.

Pharmacists participate in the development and modification of policies for ADEs, and methods to assess ongoing compliance with these policies.

How it will be surveyed

Review of examples of adverse drug event monitoring, related policies and processes used, how processes are implemented, data, follow-up, how improvements are made.

Discussion of systematic approach used.

6.7.m.(5) managing selection, procurement, storage, and dispensing of medications used within the organization.

Guidance

Refer to ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals, Standard IV. Drug Product Procurement and Inventory Management.

How it will be surveyed

Review of site’s compliance with relevant policies and guidelines.

6.8 The pharmacy practice must have personnel, facilities, and other resources to carry out a broad scope of pharmacy services (as applicable to the practice setting). The pharmacy’s:

6.8.a.(1) facilities are designed, constructed, organized, and equipped to promote safe and efficient work;

Guidance

6.8.a.(1) is a critical factor (see Glossary for definition of “critical factor”).
Examples include adequate air conditioning, clean and neat areas, and adequate space.
Pharmacies are USP Chapter 797 and 800 compliant and consider square footage, design, and efficient work flow.

How it will be surveyed

Review of:

- logs and audits in the IV room, cleaning logs, maintenance logs.
- documents related to maintenance of equipment, training on USP Chapter 797 and 800 compliance.

Discussion of work flow.

Observation by tour to observe cleanliness and space.

6.8.a.(2) professional, technical, and clerical staff complement is sufficient and diverse enough to ensure that the department can provide the level of service required by all patients served; and,

Guidance

6.8.a.(1) is a critical factor (see Glossary for definition of “critical factor”).
There are adequately trained pharmacists in the all areas of medical care at the practice site.
Pharmacists and technicians practice at the highest level of their training licensure. Standard 6.8 focuses on sufficient complement of personnel.

How it will be surveyed

Review to determine where there are underserved patient areas (e.g., if there is no pharmacy presence in oncology, antibiotic stewardship, pediatrics, the emergency department, on the night shift, on weekends, or in the NICU).

6.8.a.(3) resources can accommodate the training of the current and future workforce (e.g., residents, students, technicians, and others).

Guidance

Programming and funding is adequate to ensure training of current and future pharmacy staff to ensure competency.

How it will be surveyed

Review of education policy, human resources policies, and internal training programs.

6.9 Continuous Quality Improvement, See 6.9a through 6.9c

Guidance

There is a continuous quality improvement process that is a part of regular and routine pharmacy services and is an ongoing program quality measure.

The pharmacy provides leadership and participates with other health professionals in a system to routinely evaluate the quality of direct patient care, procurement, and drug distribution services.

Systems help identify priorities for the department (e.g., turn-around times, medication errors, transitions of care, medication reconciliation, drug shortages).

Reviews includes financial, quality of care, and distribution services.

The resulting plan aligns with the organizational goals.

Measures that are important to the department and patient care are measured routinely, documented, and reviewed for action.

Evaluation of the results of staff performance and assessment of continuing competency.

Use of tracer methodology or peer review methodology could be explored.

Reference: *ASHP Guidelines: Minimum Standard for Pharmacies in Hospitals, Standard VIII. Evaluating the Effectiveness of the Medication-Use System.*

How it will be surveyed

Review:

- of quality reports, dashboards, etc.
- to determine that there is a “continuous loop” or quality improvement process, not just isolated medication-use evaluation, for example

6.9.a. Pharmacy department personnel must engage in an on-going process to assess the quality of pharmacy services.

Guidance

6.9.a. is a critical factor (see Glossary for definition of “critical factor”).

This includes drug distribution, clinical services, and notation in the medical record.

How it will be surveyed

Discussion with appropriate practice site staff.

6.9.b. Pharmacy department personnel must develop and implement pharmacy services improvement initiatives to respond to assessment results.

Guidance

6.9.b. is a critical factor (see Glossary for definition of “critical factor”).

How it will be surveyed

Review of documentation of improvement initiatives and resulting changes implemented, where necessary.

6.9.c. The pharmacy department’s assessment and improvement process must include assessing and developing skills of the pharmacy department’s staff.

How it will be surveyed

Review of documentation of improvement initiatives for pharmacy staff skill improvement and resulting changes implemented, where necessary.

Discussion with pharmacy staff.

Glossary

Critical factors. Elements of accreditation standards that the ASHP Commission on Credentialing has determined to be more important and, therefore, carry more weight than others when they are assessed as being less than fully compliant and used to determine length of accreditation.

Note: The reader is referred to the **Glossary of Definitions** at the conclusion of the *ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs* for a complete list.

Approved by the ASHP Board of Directors, September 22, 2016. Developed by the ASHP Commission on Credentialing. This standard replaces the previous ASHP Accreditation Standard for International Postgraduate Year One (PGY1) Pharmacy Residency Programs approved by the ASHP Board of Directors on April 10, 2015 and the ASHP Accreditation Standard for Postgraduate Year One (PGY1) Pharmacy Residency Programs approved by the ASHP Board of Directors on September 19, 2014. For existing programs this revision of the accreditation standard takes effect immediately.

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