

Background

ASHP and Accreditation Services is monitoring the current COVID-19 pandemic and managing, to the extent possible, disruptions to residency training and accreditation activities. Our primary goal is to minimize work disruptions while respecting public health guidance and the potentially harmful and disruptive effects of COVID-19 illness on healthcare systems, staff, residents, and patients. Below is a list of Questions (Q) and Answers (A) addressing some common inquiries related to COVID-19. These responses represent current guidance and may change as the pandemic widens domestically; is effectively managed through public health interventions and emerging therapeutics and vaccines; or is declared over. Exceptions to this published guidance, and any program-unique requests, will be considered on a case-by-case basis.

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Colleges and Schools of Pharmacy

Q: Colleges and Schools of Pharmacy have taken steps in response to COVID-19 that may delay graduation of current students pursuing residency. What is ASHP doing to help affected future residents?

A: Accreditation Services and ASHP leaders are monitoring the pandemic, public health guidance, and actions taken by colleges and universities to keep their students safe. The residency year is 12 months or 2080 hours of work. Delayed starts may require residents and programs to ensure the resident completes required training while adhering to the current duty hour policy (no more than 80 hours per week averaged over a four week period).

Q: Are colleges and schools of pharmacy graduating students early as a result of the pandemic?

A: At the present time there is no evidence that a significant number of schools or colleges of pharmacy are graduating students early. Most are requiring students to complete all didactic and experiential requirements in the interest of maintaining the quality of pharmacy education.

The Residency Match

Q: Is there a plan to delay or postpone phase II of the Match or the scramble?

A: No. The challenge for Accreditation Services is that the National Matching Service cannot reschedule ASHP's Match. We are only one of eight professions that use the Match. We have been maintaining constant communications with our partner organizations in other health disciplines to assist in planning and decision-making. As an example, Medicine did not adjust their match schedule for 40,000 applicants and 10,000 programs including fellowships.

Q: May I release a matched applicant for the upcoming 2020-2021 residency year as a result of the pandemic and not violate the matching agreement?

A: No, programs may not release a matched applicant for the upcoming 2020-2021 residency year. This would be a violation of the Match rules agreement. No program should unilaterally rescind their matched resident agreement resident without a clear understanding of the ramifications to the accredited program up to and including loss of accreditation.

2020-2021 Residency Year Planning

Q: Is there a plan to delay the 2020-2021 residency year to allow time for COVID-19 recovery (delayed graduation, licensure, etc.)?

A: Accreditation Services continues to monitor the pandemic effects on pharmacy education, licensure, and residency training. Delays in graduation, licensure, or residency completion all have second and third order effects that are, at this time, unpredictable and unknown. ASHP will continue to collaborate with our partners at ACPE, AACP, and NABP to develop a coherent strategy that is responsive to student, resident, and member needs while ensuring quality standards in pharmacy education and residency training are maintained.

Q: Are testing centers open and accepting registration for the NAPLEX and MPJE exams?

A: NABP is pleased to announce that, due to the extra efforts of Pearson Vue and dedicated members of their teams who are volunteering to staff testing sites amidst the COVID-19 pandemic, there are now 130 testing sites open with 50% capacity (not greater than 10 persons/site at a time due to social distancing guidelines).

Pearson Vue is moving forward with its plans to open its entire network sometime in April, but that effort is dependent on pronouncements being made by the federal and local governments. They are currently scheduling exams for all candidates as they receive their Authorization to Test (ATT). NABP is working closely with Pearson Vue for creative ways to increase the capacity for NAPLEX and MPJE test takers. The Vice-President of Business Development from Pearson Vue will be on the States' Call this Friday to provide more details on their timetable for opening testing centers.

NABP recommends that boards direct candidates who already hold a pharmacy license and are requesting a license transfer, to participate in the NABP Passport program. By participating in the Passport program, candidates accepted into the program will be able to practice pharmacy in the

transfer state under an emergency declaration while waiting to schedule their MPJE. For more information on NABP Passport, please visit <https://nabp.pharmacy/coronavirus-updates/passport/>.

If you have any questions or comments, please do not hesitate to contact:
ExecOffice@nabp.pharmacy or Maureen Garrity at: mgarrity@nabp.pharmacy.

Accreditation Surveys and Survey-Related Information

Q: My program is scheduled for an onsite survey. Will my survey be conducted during the pandemic?

A: Accreditation Services is **suspending** accreditation surveys and all accreditation-related travel until **June 1, 2020**. Postponed surveys will be rescheduled at a future date with priority given to initial accreditation visits.

Q: I have a progress report or survey response due but I don't think I can get it done by the current due date. Can I get an extension?

A: Any required report including survey responses and progress reports are now due no later than June 1, 2020. Exceptions to this deadline will be considered on a case-by-case basis in consultation with the assigned lead surveyor and Accreditation Services Office staff.

Q: What if I am scheduled for a survey after June 1st, when is my survey packet due to ASO?

A: Survey Packets for upcoming surveys: The due date for survey packets is 45 days prior to the survey start date. RPDs should notify the lead surveyor for the accreditation survey and the Accreditation Services Office (asd@ashp.org) if the packet cannot be emailed by the due date. A 15-day extension will be granted but packets must be sent at least 30 days prior to the survey date.

Q: What if my program is a new program and this is an initial accreditation site survey?

A: The decision to suspend scheduled surveys until after June 1, 2020 was made in recognition of the extreme stress most health systems and staff are experiencing as a result of the current COVID-19 pandemic, travel restrictions, and restrictions on visitors imposed at most healthcare facilities.

Resident COVID-19 Illness and Quarantine

Q: What if my resident becomes sick or is quarantined and unable to work?

A: At this time we ask that you adhere to your local leave policy. If the absence exceeds accrued leave or the time allowed the resident will have to be extended in training or make up the time. Exceptions to this requirement will be considered on a case-by-case basis.

Q: Is it acceptable for residents, if quarantined, to provide telehealth services with appropriate supervision?

A: Yes, if the program has the technical capability to deliver telehealth services and includes telehealth services in their learning experiences.

Requirements for Successful Completion of Residency

Q: Is there a plan to allow current PGY1 residents to graduate early as a result of COVID-19 or delay the start of the next residency year?

A: Current residents are prohibited from completing residency early as a result of COVID-19. An ASHP-accredited pharmacy residency is a 12-month training experience. The accreditation standards (PGY1 and PGY2) are still in full force. Residents must complete all requirements for successful completion of the residency to receive a completion certificate. Programs can determine individual start dates for the 2020-21 residency year in response to constraints imposed by organizational policy or available resources. The pharmacy residency standard requires a 12-month experience, but does not dictate a starting date.

Q: How do I start planning to balance the needs of the resident with the needs of the hospital/health system as a whole during the current pandemic?

A: The Accreditation Services Office recognizes that some organizations are planning and preparing for a potential surge of COVID-19 patients while others are experiencing this COVID-19 patient surge currently. During the pandemic response, learning experiences can be adjusted to meet patient care and organizational needs. Staffing plans which include residents to meet increased demand for services; fill vacancies created by staff who are ill; and suspension of some resident learning experiences, are expected. To the extent possible programs should limit disruptions to resident training and ensure adjustments to residents' learning experiences to allow residents sufficient opportunities to achieve the program's requirements for achievement of the competency areas, goals, and objectives. If learning experiences are suspended and a resident is staffing and practicing independently as a pharmacist, this time will not have to be made up when operations return to normal. When normal operations resume, any elective learning experience time may be used to complete unfinished required experiences.

While we understand in emergencies adherence to duty hours may be difficult, we do ask that you consider the resident's well-being and monitor them for signs of fatigue and burnout. ASHP does not support ending ASHP accredited pharmacy residency programs early as they are 12-month training experiences.

Q: My program requires the resident to present an oral presentation related to their residency project at a national or regional conference. How should we manage this requirement if the regularly attended national or regional conference is allowing either virtual participation or is cancelled?

A: If a meeting is allowing virtual participation then that is acceptable. If the meeting is cancelled then programs may allow a resident to provide a presentation locally to an interdisciplinary group.

Q: Can I dismiss my residents to home and have them work on projects except for their staffing assignments?

A: We understand that it is challenging to know what the right thing to do is at a time like this. The decision is yours in consultation with your organization's leadership and should be made locally. We ask that you consider the following when making that decision.

- Please ensure that residents successfully complete all requirements for the residency and maintain, to the extent possible, the quality of the training experience.
- Consider allowing a resident to work from home on their residency project fine but it is unacceptable to assign project days for the duration of the COVID-19 pandemic
- You may consider remote order entry or virtual encounters through telehealth capabilities where this is available and appropriate supervision and training is assured?
- Residents should be included as part of an organization's core, mission-essential staff during an emergency and an integral part of the Pharmacy Team. Residents may be expected to provide licensed pharmacist support during periods of increased workload, staff shortages resulting from illness, or absences resulting from quarantine. Residents may be an important clinical and drug information resource to pharmacy technicians, nurses, and the medical staff. The pandemic itself provides for a unique learning experience in emergency planning and response.
- If residents have available paid time off consider intermixing time off with required staffing and project days.
- Please evaluate how residents can assist patients first, the pharmacy, and the organization in this time of crisis while still completing their residency requirements. At this point in the residency year residents should be able to work with minimal supervision and be an asset to your department and organization. Whatever you do, please make sure you allow them, to the extent possible, an opportunity to complete all residency requirements.

Q: The clinical pharmacists at our site will be moving to remote verification starting this week due to COVID 19 and adhering to social distancing recommendations. The residents will be verifying orders, following their teams, touching base with their preceptors to run recommendations by them, and then making recommendations to their team. We can have topic discussions through Skype, etc. Is that okay?? Does ASHP have any guidance on this situation?

A: Every learning experience (LE) has established goals and objectives. During each LE, activities are identified to accomplish these goals and objectives while developing core competencies. As you change how care is delivered our expectation is simply that you adjust the learning experience description activities to reflect any significant changes in resident activities associated with objectives for impacted learning experience descriptions to ensure goals and objectives are met and competencies developed.

This information is in the PharmAcademic help document "Editing a Learning Experience"

Learning Experience activities can be edited mid-year and PharmAcademic allows users to decide how to apply those changes.

Here are the "rules":

- Updates will NOT be applied to completed learning experiences (past the end date on a resident's schedule)
- Updates will appear on newly scheduled learning experiences.
- The user will be given the option to apply updates to existing resident schedules for current or future learning experiences.
- **If making changes to established learning experiences for the duration of the COVID-19 pandemic, consider copying the current learning experience, adding COVID-19 to the name, and changing activities in the copy. Then assign the copy to the resident. This ensures that when the pandemic has passed, you do not need to change the original learning experience again.**

Other elements to consider during this changing environment:

- Programs must ensure residents are on track to complete the program's completion requirements.
- Ensuring that 2/3 of the residency year includes direct patient care activities is important keeping in mind that this includes reviewing/processing medication orders and telepharmacy. Residents should not be relegated to nondirect patient care activities at this time unless it is already in their schedule as such.
- Use of Skype, Zoom or other web based technology is appropriate and are already being used for precepting, sharing of information and presentations.

Therefore, the use of Skype, Zoom or other web based programs are appropriate and are already being used for sharing of information and presentations.

Q: Do you have an example of a COVID-19 modified learning experience?

A: Below is a Pandemic/Emergency Procedure for Residency Programs to consider for incorporation into their Manual to accommodate the resident working virtually.

Thanks to Ernie Cyr, RPD at Ascension Sacred Heart, Pensacola, FL

1. PGY-1 Pharmacy residents will work from home except for assigned **evening** and **weekend staffing duties**. If and when this staffing model changes, residents will be required to come into the hospital as staffing needs change, as defined by the Director of Pharmacy, Pharmacy Clinical Managers, or Residency Program Director.
2. During weekdays, work with your preceptors remotely, on completing orders and Senti7 tasks for the areas you have been learning on, unless your preceptor would like you for you to work on your projects assigned for that rotation.
 - a. During clinical rotations, review patient profiles for medication related issues, just like you would do normally, and submit questions to nursing staff through (insert organization specific communication system here).
 - b. Medication related calls that require communication to a physician will be relayed to the pharmacists at the hospital assigned that floor through (insert organization specific communication system here), unless you are able to communicate directly with the physician or have the physician's cell number to text them requesting a call back to discuss medication related questions.
 - c. If/when your clinical review queue is clear, including the completion of all consults for your assigned area (the area you are on rotation), please reach out to the rest of the team to see how you can assist with clinical review or the order verification queue.
3. Medication related questions that are routinely posed to preceptors or other pharmacists, can be fielded to your preceptor, or another preceptor working remotely, in relation to order entry or clinical reviews. Utilize (*insert organization specific communication system here*) to relay your questions.
4. Presentations, including topic discussions, patient cases, and journal clubs, will be done through (*insert organization specific communication system here*). Coordinate this with your preceptor(s).
5. Weekend and assigned evening workflow will remain the same.

6. Other rotation related projects such as MUEs, protocols, monographs, drug information questions, policies, research projects, and any other assigned core, elective, or rotational tasks, are to be worked on should there be down time between rotational duties.
7. Chief Residents will still need to complete tasks as required.
8. Residents will not be able to attend codes while on site. You still may request an overview of the codes your learning experience preceptor attends. It's not like attending but discussing the code can add to your situational knowledge.
9. Please set up check-ins with your preceptors in order to discuss your learning experience progression. These check-ins can be done through Google Hangouts. Please schedule these with your preceptors. Preceptors and residents should document these conversations in PharmAcademic™ via the feedback function.
10. Residents will also serve as a drug information resource related to drug shortages and other clinical questions.
11. **Bottom line:** The resident will work from home to fulfill their clinical responsibilities. Resident staffing responsibilities will be fulfilled by residents **working at the hospital** for **scheduled evenings and weekends**, plus any other staffing needs as directed by pharmacy administration or the RPD. Residents are to remain on STANDBY for any needs at the hospital, which includes coming into the hospital to assist with any departmental duties, including pharmacy technician roles.

Note: These Q and A's will be posted to the ASHP COVID-19 website, Residency Program Director (RPD) Connect Community and updated weekly as required. If you are an RPD and not a member of the RPD Connect Community please send an email to Stephen Ford (sford@ashp.org).

If you have any additional questions, or the Accreditation Services Office staff can be of further assistance, do not hesitate to contact us.

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ASHP is committed to supporting you in the response to the COVID-19 pandemic and is regularly communicating updates on this crisis. We have opened access to our evidence-based online resources and tools on ashp.org, making them widely available to all pharmacists and healthcare professionals, and our COVID-19 Resource Center is updated frequently. ASHP has also launched a new COVID-19 Community on Connect, which serves as a forum for any healthcare providers to ask questions, share experiences, post resources, and more. ***Thank you for all you are doing for your patients and your community!***