



## **ASHP ACCREDITATION STANDARD FOR POSTGRADUATE YEAR TWO (PGY2) PHARMACY RESIDENCY PROGRAMS**

### **Introduction**

Purpose of this Standard: the *ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs* (hereinafter the Standard) establishes criteria for systematic training of pharmacists in advanced areas of pharmacy practice. Its contents delineate the accreditation requirements for PGY2 residencies, which build upon the foundation provided through completion of an accredited pharmacy degree program and an ASHP-accredited postgraduate year one (PGY1) pharmacy residency program.

PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

Application of the Standard: the requirements serve as the basis for evaluating PGY2 pharmacy residency programs for accreditation, both foreign and domestic.

PGY2 pharmacy residencies are offered in a variety of practice environments and may focus on specific practice areas, patient populations, and/or disease states. Therefore, a corresponding set of educational goals and objectives<sup>1</sup> has been developed for many of the practice settings and areas of practice (e.g., critical care, drug information, geriatrics, oncology, health-system pharmacy administration, ambulatory care). Each takes into account the unique elements of the practice site and the focused area of practice. To structure the PGY2 residency, the program must use the set of educational goals and objectives that best correspond to the practice site and the focused area of practice. These educational goals and objectives must be used with this Standard, and the appropriate selection and use of them will be evaluated in site surveys 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*<sup>1</sup> describes the policies governing the accreditation program and procedures for seeking accreditation.

## **Overview of the Standards for PGY2 Pharmacy Residencies**

### **Standard 1: Requirements and Selection of Residents**

PGY2 residents must be pharmacists having sufficiently broad knowledge, skills, attitudes, and abilities in pharmacy practice necessary for further professional development at an advanced level of pharmacy practice.

### **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. Residents should develop into more mature, clinically competent, and independent practitioners able 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 RPD 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 incorporate best practices into their future roles; therefore, the organization conducting the residency must meet accreditation standards, regulatory requirements, and other United States of America-applied 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 applicant must be participating in, or have completed, an ASHP-accredited PGY1 pharmacy residency program or one in the ASHP accreditation process (i.e., one with candidate or preliminary accreditation status).
- 1.2 The RPD or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented and formal procedure based on predetermined criteria, which includes an assessment of applicants' ability to achieve the educational goals and objectives selected for the program.
- 1.3 The predetermined criteria and procedure used to evaluate applicants' qualifications must be used by all involved in the evaluation and ranking of applicants.
- 1.4 Applicants to pharmacy residencies should be graduates or candidates for graduation of an accredited pharmacy 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.
- 1.5 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.
- 1.6 Consequences of residents' failure to obtain appropriate licensure (or equivalent process) either prior to or within 60 days after the start date of the residency must be addressed in written policy of the residency program.
- 1.7 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 leave; consequences of any such leave on residents' ability to complete the residency program; and for dismissal from the residency program.
  - 1.7.a. These policies must be reviewed with residents and be consistent with the organization's human resources policies.

## **Standard 2: Responsibilities of the Program to the Resident**

- 2.1 Programs must be a minimum of 12 months and a full-time practice commitment or equivalent.
  - 2.1.a. Nontraditional residency programs must describe the program's design and length used to meet the required educational competency areas, goals, and objectives.
- 2.2 Programs must comply with the *ASHP Duty-Hour Requirements for Pharmacy Residencies*<sup>2</sup>.
- 2.3 All programs in the ASHP accreditation process must adhere to the *Rules for the ASHP Pharmacy Resident Matching Program*<sup>3</sup>, unless exempted by the ASHP Commission on Credentialing.
- 2.4 The RPD must ensure that residents who are accepted into the program are provided with a letter outlining their acceptance to the program.

- 2.4.a. Information on the pre-employment requirements for the 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.
- 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.
- 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.
- 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.
- 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*<sup>1</sup>, 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 residency that the program is accredited by ASHP.
- 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*<sup>1</sup> throughout the accreditation cycle.

### **Standard 3: Design and Conduct of the Residency Program**

#### **3.1 Residency Purpose and Description**

- 3.1.a. 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.
- 3.1.b. **PGY2 Program Purpose:** PGY2 pharmacy residency programs build on Doctor of Pharmacy (Pharm.D.) education and PGY1 pharmacy residency programs to contribute to the development of clinical pharmacists in specialized areas of practice. PGY2 residencies provide residents with opportunities to function independently as practitioners by conceptualizing and integrating accumulated experience and knowledge and incorporating both into the provision of patient care or other advanced practice settings. Residents who successfully complete an accredited PGY2 pharmacy residency are prepared for advanced patient care, academic, or other specialized positions, along with board certification, if available.

### 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. At the beginning of the resident's program, RPDs must document an individualized set of program competency areas, educational goals, and educational objectives for each resident. In doing so, PGY2 residencies in advanced areas of pharmacy practice must draw upon the program competency areas, educational goals, and educational objectives that have been developed by ASHP specifically for that practice area (e.g., critical care, drug information, geriatrics, oncology, ambulatory care). RPDs may establish additional program competency areas, educational goals, and educational objectives that reflect the site's strengths.

For PGY2 residencies in advanced areas of clinical pharmacy practice for which ASHP has not developed a complete set of competency areas, educational goals, and educational objectives, a generic set of program competency areas, educational goals, and educational objectives (*Program Competency Areas, Educational Goals, and Educational Objectives for Postgraduate Year Two (PGY2) Residencies in an Advanced Area of Pharmacy Practice*) is available. This generic set of advanced clinical practice goals and objectives is provided as a required framework for programs that must develop their own Standard-mandated, area-specific, complete set of program competency areas, educational goals, and educational objectives. Also, RPDs for programs in nonclinical practice areas lacking ASHP-developed program competency areas, educational goals, and educational objectives must develop a complete set for their residencies. In both cases, RPDs must provide ASHP's Accreditation Service Office their complete set of program competency areas, educational goals, and educational objectives at the time of application. These competency areas, educational goals, and educational objectives must be reviewed by the ASHP Commission on Credentialing before the application for accreditation status will be accepted.

- 3.2.c. Programs may select additional competency areas for all residents to complete. Elective competency areas may be selected for specific residents only.

### 3.3 Resident Learning

#### 3.3.a. Program Structure

- 3.3.a.(1) A written description of the structure of the program (the designation of types, lengths, and sequence of learning experiences) 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 educational goals and objectives, including those for residents' projects, will be assigned for teaching to a learning experience or a sequence of learning experiences to allow sufficient practice for their achievement by residents.
- 3.3.a.(3) The program's structure must facilitate achievement of the program's educational goals and objectives.

#### 3.3.b. Orientation

RPDs must orient residents to the residency program.

### 3.3.c. Learning Experiences

- 3.3.c.(1) Learning experience descriptions must be documented and include the following:
- 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 facilitate achievement; and,
  - 3.3.c.(1)(e) a description of evaluations that must be completed by preceptors and residents.
- 3.3.c.(2) Preceptors must orient residents to their learning experience using the learning experience description.
- 3.3.c.(3) During learning experiences, preceptors will use the four preceptor roles as needed based on residents' needs.

### 3.4 Evaluation

- 3.4.a. The extent of residents' progression toward achievement of the program's required educational goals and objectives must be evaluated.
- 3.4.b. Initial assessment
- 3.4.b.(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.b.(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.c. Formative (ongoing, regular) Assessment
- 3.4.c.(1) Preceptors must provide ongoing feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.
  - 3.4.c.(2) Preceptors must make appropriate adjustments to residents' learning activities in response to information obtained through day-to-day informal observations, interactions, and assessments.
- 3.4.d. Summative Evaluation
- 3.4.d.(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.
  - 3.4.d.(2) For learning experiences greater than or equal to 12 weeks in length, a documented summative evaluation must be completed at the 3-, 6-, and 12-month points.
  - 3.4.d.(3) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents' evaluations.

- 3.4.d.(4) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.
- 3.4.d.(5) Residents must complete and discuss at least one evaluation of each preceptor at the end of the learning experience.
- 3.4.c.(6) Residents must complete and discuss an evaluation of each learning experience at the end of the learning experience.
- 3.4.e. Residents' Development Plans
  - 3.4.e.(1) Each resident must have a development plan documented by the RPD or designee.
  - 3.4.e.(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.e.(3) The development plan and any adjustments must be documented and shared with all preceptors.
- 3.5 Continuous Residency Program Improvement
  - 3.5.a. The RPD, residency advisory committee (RAC), and pharmacy executive must engage in an ongoing 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 improvements activities to respond to the results of the assessment of the residency program, if needed.
  - 3.5.c. The residency program's continuous quality improvement process must evaluate whether residents fulfill the purpose of a PGY2 pharmacy residency program through graduate tracking.
    - 3.5.c.(1) Information tracked must include employment upon completion of PGY2 residency training and may include changes in employment, board certification, surveys of past graduates, or other applicable information.

#### **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 RPD who must be a pharmacist from a practice site involved in the program or from the sponsoring organization.
- 4.1.b. The RPD may delegate, with oversight, the administrative duties/activities for the conduct of the residency program to one or more individuals (e.g., residency program coordinator).
- 4.1.c. 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.c.(1) A single RPD must be designated in writing by responsible representatives of each participating organization.
  - 4.1.c.(2) The agreement must include definition of the following:
    - 4.1.c.(2)(a) responsibilities of the RPD; and,
    - 4.1.c.(2)(b) RPD's accountability to the organizations and/or practice site(s).

#### 4.2 Residency Program Directors' Eligibility

RPDs must be licensed pharmacists (or equivalent designation for the country conducting the residency, e.g., registered) with demonstrated expertise in the chosen area of advanced practice, as substantiated by all of the following: (a.) an ASHP-accredited PGY2 residency in the advanced practice area, followed by a minimum of three years of practice experience or equivalent in the advanced practice area (i.e., five years of practice experience in the advanced area with demonstrated mastery of the knowledge, skills, attitudes, and abilities expected of one who has completed a PGY2 residency); (b.) board certification in the specialty when certification is offered in that specific advanced area of practice; and, (c.) maintenance of an active practice in the respective advanced practice area.

#### 4.3 Residency Program Directors' Qualifications

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

- 4.3.a. leadership within the pharmacy department or within the organization, through a documented record of improvements in and contributions to pharmacy practice;
- 4.3.b. demonstrating ongoing professionalism and contribution to the profession; and
- 4.3.c. representing pharmacy on appropriate drug policy and other committees of the pharmacy department or within the organization.

#### 4.4 Residency Program Leadership Responsibilities

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

- 4.4.a. activities of a RAC that provides guidance for residency program conduct and related issues;
- 4.4.b. oversight of the progression of residents within the program and documentation of completed requirements;
- 4.4.c. implementing use of criteria for appointment and reappointment of preceptors;
- 4.4.d. evaluation, skills assessment, and development of preceptors in the program;
- 4.4.e. creating and implementing a preceptor development plan for the residency program;
- 4.4.f. continuous residency program improvement in conjunction with the RAC; and,
- 4.4.g. working with pharmacy administration to ensure ongoing support of the program.

#### 4.5 Appointment or Selection of Residency Program Preceptors

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

#### 4.6 Pharmacist Preceptors' Eligibility

Pharmacist preceptors must be licensed (or equivalent designation for the country conducting the residency, e.g., registered) pharmacists who:

- 4.6.a. have completed an ASHP-accredited PGY2 residency followed by a minimum of one year of pharmacy practice in the advanced practice area; or,
- 4.6.b. without completion of an ASHP-accredited PGY2 residency, have three or more years of practice in the advanced area.



#### 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 and 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.

#### 4.8 Preceptors' Qualifications

Preceptors must demonstrate the ability to precept residents' learning experiences by meeting one or more qualifying characteristics in all of the following five areas:

- 4.8.a. ability to precept residents' learning experiences by use of clinical teaching roles (i.e., instructing, modeling, coaching, facilitating) at the level required by residents;
- 4.8.b. ability to assess residents' performance;
- 4.8.c. recognition in the area of pharmacy practice for which they serve as preceptors;
- 4.8.d. an established, active practice in the area for which they serve as preceptor;
- 4.8.e. maintenance of continuity of practice during the time of residents' learning experiences; and,
- 4.8.f. ongoing professionalism, including a personal commitment to advancing the profession.

#### 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.

#### 4.10 Nonpharmacist preceptors

When nonpharmacists (e.g., physicians, physician assistants, certified nurse practitioners) are utilized as preceptors,

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

### **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.

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

- 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 clearly define 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.
- 5.4 Multiple-site residency programs must be in compliance with the *ASHP Accreditation Policy for Multiple-Site Residency Programs*.<sup>4</sup>

## **Standard 6: Pharmacy Services**

The most current edition of the ASHP *Best Practices for Health-System Pharmacy*, available at [www.ashp.org](http://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 will be used to evaluate any patient care sites or other practice operations providing pharmacy residency training.

### **6.1 Pharmacist Executive**

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

### **6.2 The pharmacy must be an integral part of the healthcare 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;
- 6.2.b. the practice site includes pharmacy in the planning of patient care services;
- 6.2.c. the scope of pharmacy services is documented and evidenced in practice and quality measures;
- 6.2.d. pharmacy services extend to all areas of the practice site in which medications for patients are prescribed, dispensed, administered, and monitored;
- 6.2.e. pharmacists are responsible for the procurement, preparation, distribution, and control of all medications used; and,
- 6.2.f. pharmacists are responsible for collaborating with other health professionals to ensure safe medication-use systems and optimal drug therapy.

- 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.
- 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;
  - 6.4.b. a well-defined pharmacy organizational structure;
  - 6.4.c. current policies and procedures which are available readily to staff participating in service provision;
  - 6.4.d. position descriptions for all categories of pharmacy personnel, including residents;
  - 6.4.e. procedures to document patient care outcomes data;
  - 6.4.f. procedures to ensure medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective;
  - 6.4.g. procedures to ensure clinical pharmacy services are safe and effective; and,
  - 6.4.h. a staff complement that is competent to perform the duties and responsibilities assigned (e.g., clinical and distributive services).
- 6.5 Pharmacy leaders must 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,
  - 6.5.b. current practice standards and guidelines of the United States of America.
- 6.6 The medication distribution system must include the following components (as applicable to the practice setting):
- 6.6.a. effective use of personnel (e.g., pharmacy technicians);
  - 6.6.b. a unit-dose drug distribution service;
  - 6.6.c. an intravenous admixture and sterile product service;
  - 6.6.d. a research pharmacy including an investigational drug service;
  - 6.6.e. an extemporaneous compounding service;
  - 6.6.f. a system for handling hazardous drugs;
  - 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);
  - 6.6.h. a secure system for the use of controlled substances;
  - 6.6.i. a controlled floor-stock system for medications administered;
  - 6.6.j. an outpatient drug distribution service including a patient assessment and counseling area; and,
  - 6.6.k. a system ensuring accountability and optimization for the use of safe medication-use system technologies.
- 6.7 The following patient care services and activities are provided by pharmacists in collaboration with other healthcare professionals to optimize medication therapy for patients:
- 6.7.a. membership on interdisciplinary teams in patient care areas;
  - 6.7.b. prospective participation in the development of individualized medication regimens and treatment plans;
  - 6.7.c. implementation and monitoring of treatment plans for patients;
  - 6.7.d. identification and responsibility for resolution of medication-related problems;
  - 6.7.e. review of the appropriateness and safety of medication prescriptions/orders;

- 6.7.f. development of treatment protocols, care bundles, order sets, and other systematic approaches to therapies involving medications for patients;
  - 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;
  - 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);
  - 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;
  - 6.7.j. medication administration consistent with laws, regulations, and practice site policy;
  - 6.7.k. disease prevention and wellness promotion programs (e.g., smoking cessation, immunization);
  - 6.7.l. a system to ensure and support continuity-of-care during patient care transitions; and,
  - 6.7.m. drug use policy activities including, but not limited to, the following (as applicable to the practice setting):
    - 6.7.m.(1) developing and maintaining an evidence-based formulary;
    - 6.7.m.(2) educating healthcare providers on timely medication-related matters and medication policies;
    - 6.7.m.(3) development and monitoring of evidence-based medication-use guidelines, policies, and order sets;
    - 6.7.m.(4) managing adverse drug event monitoring, resolution, reporting, and prevention programs; and,
    - 6.7.m.(5) managing selection, procurement, storage, and dispensing of medications used within the organization.
- 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. facilities are designed, constructed, organized, and equipped to promote safe and efficient work;
  - 6.8.b. 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,
  - 6.8.c. resources can accommodate the training of the current and future workforce (e.g., residents, students, technicians).
- 6.9 Continuous Quality Improvement
- 6.9.a. Pharmacy department personnel must engage in an ongoing process to assess the quality of pharmacy services.
  - 6.9.b. Pharmacy department personnel must develop and implement pharmacy services improvement initiatives to respond to assessment results.
  - 6.9.c. The pharmacy department's assessment and improvement process must include assessing and developing skills of the of pharmacy department's staff.

- 6.10 Pharmacy services must be provided to all patients of the organization (or practice) that are in the PGY2 residency's practice area. Additional considerations are (as applicable to the practice setting):
- 6.10.a. A sufficient patient population (both in terms of the number of patients and the variety of disease states) must be available in all areas required for instruction in the PGY2 residency program.
  - 6.10.b. Pharmacists providing advanced practice services must be essential members of interdisciplinary teams in the patient care areas associated with the residency program.
  - 6.10.c. Pharmacists providing advanced practice pharmacy services must participate in the development of treatment protocols, critical pathways, order sets, and other systems approaches involving medications for patients on involved services.
  - 6.10.d. For patients of involved advanced practice services, pharmacists must engage in collaborative practice agreements with other providers and should be authorized to manage patients following collaborative practice agreements, treatment protocols, critical pathways; and,
  - 6.10.e. Pharmacists providing advanced practice pharmacy services must participate prospectively in the development of individualized treatment plans for patients of involved services.

## Glossary

**Assessment.** Measurement of progress on achievement of educational objectives.

**Certification.** A voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that the individual has attained the requisite level of knowledge, skill, or experience in a well-defined, often specialized, area of the total discipline. Certification usually requires initial assessment and periodic reassessments of the individual's qualifications.

**Clinical pharmacist.** Clinical pharmacists work directly with physicians, other health professionals, and patients to ensure that the medications prescribed for patients contribute to the best possible health outcomes. Clinical pharmacists practice in healthcare settings where they have frequent and regular interactions with physicians and other health professionals, contributing to better coordination of care. (*American College of Clinical Pharmacy*).

**Competency area.** Category of residency graduates' capabilities.

**Complex condition.** Patients with complex conditions are those who are being treated with high-risk medications, high numbers of medications, and/or have multiple disease states.

**Criteria.** Examples intended to help preceptors and residents identify specific areas of successful skill development or needed improvement in residents' work.

**Educational goal.** Broad statement of abilities.

**Educational objective.** Observable, measurable statement describing what residents will be able to do as a result of participating in the residency program.

**Evaluation.** Judgment regarding quality of learning.

**Formative assessment.** Ongoing feedback to residents regarding their progress on achievement of educational objectives for the purpose of improving learning.

**Interdisciplinary team.** A team composed of members from different professions and occupations with varied and specialized knowledge, skills, and methods. The team members integrate their observations, bodies of expertise, and spheres of decision making to coordinate, collaborate, and communicate with one another in order to optimize care for a patient or group of patients. (Institute of Medicine. *Health professions education: a bridge to quality*. Washington, DC: The National Academy Press; 2001.)

**Multiple-site residency.** A residency site structure in which multiple organizations or practice sites are involved in the residency program. Examples include programs in which residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site; or there are multiple residents in a program, and they are home-based in separate sites.

1. To run a multiple-site residency, there must be a compelling reason for offering the training in a multiple-site format (that is, the program is improved substantially in some manner). For example:
  - a. An RPD has expertise; however, the site needs development (e.g., site has a good variety of patients and potentially good preceptors, but the preceptors may need some oversight related to the residency program, or services need to be more fully developed);
  - b. The quality of preceptorship is enhanced by adding multiple sites;
  - c. An increased variety of patients/disease states allows wider scope of patient interactions for residents;
  - d. Increased administrative efficiency develops more sites that can handle more residents across multiple sites/geographic areas;
  - e. Synergy of the multiple sites increases the quality of the overall program;
  - f. Training ensures the program meets all of the requirements (that could not be done in a single site alone); and,
  - g. There is the ability to increase the number of residents in a quality program.
2. A multiple-site residency program conducted in multiple hospitals that are part of a health system that is considering CMS pass-through funding should conduct a thorough review of 42CFR413.85 and have a discussion with the finance department to ensure eligibility for CMS funding.
3. In a multiple-site residency program, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program. This includes the following:
  - a. designating a single RPD;
  - b. establishing a common residency purpose statement to which all residents at all sites are trained;
  - c. ensuring a program structure and consistent required learning experiences;
  - d. ensuring the required learning experiences are comparable in scope, depth, and complexity for all residents, if home based at separate sites;
  - e. ensuring a uniform evaluation process and common evaluation tools are used across all sites;
  - f. ensuring there are consistent requirements for successful completion of the program;
  - g. designating a site coordinator to oversee and coordinate the program's implementation at each site that is used for more than 25% of the learning experiences in the program (for one or more residents); and,
  - h. ensuring the program has an established, formalized approach to communication that includes at a minimum the RPD and site coordinators to coordinate the conduct of the program across all sites.

**Nontraditional residency:** Residency program that meets requirements of a 12-month residency program in a different timeframe.

**Pharmacist executive.** The person who has ultimate responsibility for the residency practice site/pharmacy in which the residency program is conducted. (In some settings, this person is referred to, for example, as the *director of pharmacy*, the *pharmacist-in-charge*, the *chief of pharmacy services*.) In a multiple-site residency, a sponsoring organization must be identified to assume ultimate responsibility for coordinating and administering the program.

**Preceptor.** An expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have responsibility for the evaluation of residents' performance.

**Preceptor-in-training.** Pharmacists who are new to precepting residents who have not yet met the qualification for a preceptor in an accredited program. Through coaching and a development plan, they may be a preceptor for a learning experience and become full preceptors within two years.

**Residency program director.** The pharmacist responsible for direction, conduct, and oversight of the residency program. In a multiple-site residency, the RPD is a pharmacist designated in a written agreement between the sponsoring organization and all of the program sites.

**Resident's development plan.** Record of modifications to a resident's program based on the resident's learning needs.

**Self-evaluation.** A process of reflecting on one's learning progress and/or performance to determine strengths, weaknesses, and actions to address them.

**Service commitments.** Clinical and operational practice activities, which may be defined in terms of the number of hours, types of activities, and a set of educational goals and objectives.

**Single-site residency.** A residency site structure in which the practice site assumes total responsibility for the residency program. In a single-site residency, the majority of the resident's training program occurs at the site; however, the resident may spend assigned time in short elective learning experiences off-site.

**Site.** The actual practice location where the residency experience occurs.

**Site coordinator.** A preceptor in a multiple-site residency program who is designated to oversee and coordinate the program's implementation at an individual site that is used for more than 25% of the learning experiences. This individual may also serve as a preceptor in the program. A site coordinator must

1. be a licensed pharmacist who meets the minimum requirements to serve as a preceptor (meets the criteria identified in Principle 5.9 of the appropriate pharmacy residency accreditation standard);
2. practice at the site at least 10 hours per week;
3. have the ability to teach effectively in a clinical practice environment; and,
4. have the ability to direct and monitor residents' and preceptors' activities at the site (with the RPD's direction).

**Sponsoring organization.** The organization assuming ultimate responsibility for the coordination and administration of the residency program. The sponsoring organization is charged with ensuring that residents' experiences are educationally sound and are conducted in a quality practice environment. The sponsoring organization is also responsible for submitting the accreditation application and ensuring periodic evaluations are conducted. If several organizations share responsibility for the financial and management aspects of the residency (e.g., school of pharmacy, health system, and individual site), the organizations must mutually designate one organization as the sponsoring organization.

**Staffing.** See *Service commitments*.

**Summative evaluation.** Final judgment and determination regarding quality of learning.



## References

1. American Society of Health-System Pharmacists. ASHP regulations on accreditation of pharmacy residencies, 2010. <http://www.ashp.org>. Accessed August 9, 2016.
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3. American Society of Health-System Pharmacists. Rules for the ASHP pharmacy resident matching program, 2006. <http://www.ashp.org>. Accessed August 9, 2016.
4. American Society of Health-System Pharmacists. ASHP accreditation policy for multiple-site residency programs. <http://www.ashp.org>. Accessed August 9, 2016.

Approved by the ASHP Board of Directors, April 7, 2017. Developed by the ASHP Commission on Credentialing. This Standard replaces the previous *ASHP Standard for International Postgraduate Year Two (PGY2) Residency Programs* approved by the AHSP Board of Directors September 22, 2016 and the *ASHP Standard for Postgraduate Year Two (PGY2) Residency Programs* approved by the ASHP Board of Directors September 22, 2016. This accreditation standard takes effect immediately.

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