NEW ASHP PGY-1 ACCREDITATION STANDARD

June 18, 2015

2005 VS. 2014 STANDARD

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MAJOR CHANGES

• Streamlined objectives - reduced in number and length
• Learning objectives are meant to build upon Pharm.D. education
• New format: No instructional objectives (IOs) – only criteria
• Preceptor qualifications have been expanded to encompass additional skills and abilities as attributes
• Preceptor-in-training role added
• Informatics has been interspersed within learning experiences
• One purpose statement to be used all PGY1 residency programs
MAJOR CHANGES

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.

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HOW MANY GOALS / OBJECTIVES ARE IN THE NEW STANDARD?

TIMELINE FOR IMPLEMENTATION
BY WHAT DATE MUST ALL PROGRAMS BE USING THE NEW STANDARD?

GUIDANCE DOCUMENT: STANDARD

Standard 3: Requirements and Selection of Residents
1.1. The residency program must provide the residents with the necessary information and training in order to execute their responsibilities. The program must include a description of the residency program, the selection process, and the evaluation criteria for the residents. The program must also provide the residents with the necessary tools and resources to complete their responsibilities.

1.2. The residency program must provide a written statement that all residents will be evaluated on a regular basis. The evaluation must be based on a predetermined criteria.

1.3. The residency program must provide a written statement that all residents will be evaluated on their performance. The evaluation must be based on a predetermined criteria.

Guidance
The residency program must provide a written statement that all residents will be evaluated on a regular basis. The evaluation must be based on a predetermined criteria.
GUIDANCE DOCUMENT – COMPETENCY AREAS, GOALS & OBJECTIVES

WHAT IS THE PURPOSE OF THE GUIDANCE DOCUMENTS?
COMPETENCY AREAS

R1: Patient Care
R2: Advancing Practice and Improving Patient Care
R3: Leadership and Management
R4: Teaching, Education, and Dissemination of Knowledge

ADDITIONAL COMPETENCY AREAS (ELECTIVES)

E1: Pharmacy Research
E2: Added Leadership and Practice Management Skills
E3: Home Care Pharmacy
E4: Managed Care Pharmacy
E5: Management of Medical Emergencies
E6: Teaching and Learning
E7: Specialty Pharmacy
E8: Health, Wellness, and Emergency Preparedness

WHAT PORTION OF THE GOALS/OBJECTIVES NEED TO BE USED FROM THE ELECTIVE COMPETENCY AREAS?
NEW ADDITIONS TO THE STANDARD

Standard 1: Requirements and Selection of Residents (3)
Standard 2: Responsibilities of the Program to the Resident (1)
Standard 3: Design and Conduct of the Residency Program (4)
Standard 4: Requirements of the Residency Program Director and Preceptors (23)
Standard 5: Requirements of the Site Conducting the Residency Program (1)
Standard 6: Pharmacy Services (14)

STANDARD 1

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.

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 leave 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.

STANDARD 2

2.2 Programs must comply with the ASHP duty hour standards.
STANDARD 3

- 3.3.a.(6) Residents must spend two thirds or more of the program in direct patient care activities.
- 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.
- 3.4.c.(3) If more than one preceptor is assigned to a learning experience, all preceptors must provide input into residents' evaluations.
- 3.4.c.(4) For preceptors-in-training, both the preceptor-in-training and the preceptor advisor/coach must sign evaluations.

STANDARD 4

- 4.1.b. The RPD must establish and chair a residency advisory committee (RAC) specific to that program.
- 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.

STANDARD 4

- 4.4 Residency Program Leadership Responsibilities
  - 4.4.a. organization and leadership of a residency advisory committee that provides guidance for residency program 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. monitoring and implementing a process of development/role for the residency program;
  - 4.4.f. continuous residency program improvement in conjunction with the residency advisory committee;
  - 4.4.g. working with pharmacy administration.
STANDARD 4

• 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.

• 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. adhere to residency program and department policies pertaining to residents and preceptors;
  • 4.7.e. demonstrate commitment to advancing the residency program and pharmacy services.

• 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 (also known as preceptors-in-training) must:
    • 4.9.a.(1) be assigned an advisor or coach who is a qualified preceptor;
    • 4.9.a.(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

STANDARD 5

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

STANDARD 6

• 6.2.f. Pharmacists are responsible for collaborating with other health professionals to ensure safe medication use systems and residency programs.
• 6.4.e. Procedures to document patient care outcomes data;
• 6.4.g. Procedures to ensure medication-use systems (prescribing, dispensing, administration, and monitoring) 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).
• 6.6.a. An effective use of personnel (e.g., technicians);
• 6.6.b. A system for handling hazardous drugs;
• 6.6.c. A system ensuring accountability and optimization for the use of safe medication-use system technologies.
STANDARD 6

• 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 services);

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

• 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 the skills of pharmacy department’s staff.

WHAT IS AN EXAMPLE OF A NEW ADDITION TO THE STANDARD?

NEW ADDITIONS TO GOALS & OBJECTIVES

Goal R1.2: Ensure continuity of care during patient transitions between care settings.

Objective R1.2.1: (Applying) Manage transitions of care effectively.

Criteria:

• Effectively participates in obtaining or validating a thorough and accurate medication history.

• Conducts medication reconciliation when necessary.

• Participates in thorough medication reconciliation.

• Interprets and identifies drug-related problems.

• Participates effectively in medication education.

• Provides appropriate and effective monitoring of patients when patients transfer to another facility, level of care, pharmacist, or provider, as appropriate.

• Provides appropriate and effective monitoring and education, as appropriate.

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NEW ADDITIONS TO GOALS & OBJECTIVES

Objective R1.3.2: (Applying) Manage aspects of the medication-use process related to formulary management.

Criteria:
• Follows appropriate procedures regarding exceptions to the formulary, if applicable, in compliance with policy.
• Ensures non-formulary medications are dispensed, administered, and monitored in a manner that ensures patient safety.

Objective 2.1.4: (Applying) Participate in medication event reporting and monitoring.

Criteria:
• Effectively uses currently available technology and automation that supports a safe medication-use process.
• Appropriately and accurately determines, investigates, reports, tracks, and trends adverse drug events, medication errors, and efficacy concerns using accepted institutional resources and procedures.

NEW ADDITIONS TO GOALS & OBJECTIVES

Objective R4.1.3: (Applying) Use effective written communication to disseminate knowledge.

Criteria:
• Writes in a manner that is easily understandable and free of errors.
• Demonstrates thorough understanding of the topic.
• Notes appropriate citations and references.
• Includes critical evaluation of the literature and knowledge advancements or a summary of what is currently known on the topic.
• Develops and uses tables, graphs, and figures to enhance reader's understanding of the topic, when appropriate.
• Writes at a level appropriate for the target audience (e.g., physicians, pharmacists, other health care professionals, patients, the public).
• Creates one's own work and does not engage in plagiarism.

WHAT IS AN EXAMPLE OF A NEW ADDITION TO GOALS & OBJECTIVES?
PRECEPTOR QUALIFICATIONS

2005 STANDARD

5.9 Preceptors must have a record of contribution and commitment to pharmacy practice characterized by a minimum of four of the following:

a. Documented record of improvements in and contributions to the respective area of advanced pharmacy practice (e.g., implementation of a new service or the participation on a committee/task force resulting in practice improvement, development of treatment guidelines/protocols).
b. Appointments to appropriate drug policy and other committees of the department/organization.
c. Formal recognition by peers as a model practitioner (e.g., board certification, fellow status).
d. A sustained record of contributing to the total body of knowledge in pharmacy practice through publications in professional journals and/or presentations at professional meetings.
e. Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
f. Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state, and national levels.
g. Demonstrated effectiveness in teaching (e.g., through student and/or resident evaluations, teaching awards).

2014 STANDARD

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

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

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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.

From the Guidance document:

4.8 is a 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.

**WHAT IS THE LENGTH OF TIME THAT A PRECEPTOR QUALIFICATION NEEDS TO BE DEMONSTRATED TO BE CONSIDERED CURRENT?**

4.8.C - RECOGNITION IN THE AREA OF PHARMACY PRACTICE FOR WHICH THEY SERVE AS PRECEPTORS

- Active BPS certification (ASHP is committed to board certification for pharmacists and expects that most will be board certified over time, when applicable).
- Competency in a practice area as determined by credentialing by the institution if applicable, or
- Multi-disciplinary certification in disease or patient care management recognized by the Council on Credentialing in Pharmacy.
- Formal recognition by peers as a model practitioner (e.g., professional fellow, recognition as pharmacist of the year, institutional service award winner) or multi-disciplinary certification in disease or patient care management within the past seven years.
- Sustained exemplary job performance.
- Ongoing service and subject matter knowledge in the pharmacy practice-related area.
4.8.F - ONGOING PROFESSIONALISM, INCLUDING A PERSONAL COMMITMENT TO ADVANCING THE PROFESSION

- 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 meetings.
- Routine in-service presentations to pharmacy staff and other health care professionals.
- Faculty appointment or pharmacy student preceptor.

- Pharmacy technician educator.
- Completion of, enrollment in, or teaching in, a teaching certificate program.
- Providing preceptor development topics at the site.
- 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, consumer education classes, etc.
- Participates in research.
- 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.

NAME AN EXAMPLE OF A PRECEPTOR QUALIFICATION THAT IS:

Recognition in the area of pharmacy practice for which they serve as preceptors

Ongoing professionalism, including a personal commitment to advancing the profession
QUESTIONS?

COMPARISON OF CURRENT PRINCIPLES TO NEW STANDARDS

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<td>Selection and Requirements of Residents</td>
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COMPARISON OF CURRENT OUTCOMES TO NEW COMPETENCY AREAS

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<th>Current Outcomes</th>
<th>New Competency Areas</th>
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<td>Manage and improve the medication use process.</td>
<td>Patient Care</td>
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<td>Provide evidence-based, patient-centered medication therapy management with interdisciplinary teams.</td>
<td>Quality Improvement</td>
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<tr>
<td>Exercise leadership and practice management skills.</td>
<td>Leadership and Management</td>
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<tr>
<td>Demonstrate project management skills.</td>
<td>Teaching and Education</td>
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<tr>
<td>Provide medication and practice related education/learning.</td>
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<td>Utilize medical informatics.</td>
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