



ASHP Regulations on Accreditation of Pharmacy Residencies

I. Introduction

ASHP believes that postgraduate residency programs are the best source of highly qualified pharmacy manpower and that it has an obligation to support residencies through the development of standards and a program of accreditation. To ensure adherence to the principles and philosophy of such standards, ASHP administers an accreditation program. For purposes of accreditation, a pharmacy residency is considered to be a postgraduate program of organized education and training that meets the requirements of applicable standards set forth and approved by ASHP and, as applicable, its partners in residency program development.

II. Definitions

- A. **Accreditation:** the act of granting approval to a postgraduate residency program after the program has met set requirements and has been reviewed and evaluated through an official process (document review, site survey, review and evaluation by the Commission on Credentialing). An approved program is in an “ASHP-accredited” status.

- B. **Pre-candidate:** the status that may be granted to a program that has submitted a completed application indicating intent to seek “candidate” status. Programs may be in a pre-candidate status for no more than two iterations of the Resident Matching Program (RMP). One of the purposes of this status is to assist the program in recruiting a resident through participation in the RMP. If a program in pre-candidate status is not successful in recruiting a resident within two iterations of the RMP, the status may be extended for one additional iteration of the RMP. By the conclusion of this status, the program must have submitted an application for accreditation or this designation will be removed and not granted to the same program again. Programs in this status must submit an application for accreditation when training of the first resident begins.

- C. **Candidate:** the status granted to a program that has a resident(s) in training, has applied to ASHP for accreditation, and is awaiting the official site survey, and review and evaluation by the Commission on Credentialing.
- D. **Preliminary accreditation:** the status that may be granted to a program by ASHP, upon a recommendation by a site survey team. This will occur after the document review and site survey have been completed. This will be based on the finding that the program appears to meet the requirements for accreditation. Preliminary accreditation status is granted until ASHP grants another status to the program.
- E. **Conditional accreditation:** the status awarded by ASHP to a program that is not in substantial compliance with the applicable accreditation standard, as usually evidenced by the degree of severity of non-compliance and/or partial compliance findings. Programs must remedy identified problem areas and may undergo a subsequent on-site survey.
- F. **Preceptor.** an expert pharmacist who gives practical experience and training to a pharmacy resident. Preceptors have responsibility for the evaluation of resident performance.
- G. **Residency program director.** the pharmacist responsible for direction, conduct, and oversight of the residency program. In a multiple-site residency, the residency program director is a pharmacist designated in a written agreement between the sponsoring organization and all of the program sites.
- H. **Site:** the actual practice location where the residency experience occurs.
- I. **Single-site residency:** a residency site structure in which the practice site assumes total responsibility for the residency program. In a single-site residency, a minimum of 60% of the resident's training program occurs at the site (that is, the locations must be within walking distance and be part of the same health system); however, residents may spend assigned time in short elective learning experiences off-site (that is, a one-month rotation offsite does not make a program a multiple-site residency). Conversely, if more than 25% of the remainder of the residency is conducted at one different site, the program will be considered a multiple-site program.

NOTE: As adapted to community-based programs, in a single-site residency, a minimum of 40% of the resident's training program occurs at a designated home-base site within one organization. As stated above, if more than 25% of the remainder of the residency is conducted at one different site, the program will be considered a multiple-site program.

- J. **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.

NOTE: As adapted to community-based programs, in a multi-site residency, similar to a single-site residency, a minimum of 40% of the resident's training program still occurs at a home-base site within at least one of the partner organizations.

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. RPD has expertise, however the site needs development (for example, site has a good variety of patients, and potentially good preceptors, however the preceptors may need some oversight related to the residency program; or services need to be more fully developed);
 - b. quality of preceptorship is enhanced by adding multiple sites;
 - c. increased variety of patients/disease states to allow wider scope of patient interactions for residents;
 - d. increased administrative efficiency to develop more sites to handle more residents across multiple sites/geographic areas;
 - e. synergy of the multiple sites increases the quality of the overall program;
 - f. allows the program to meet all of the requirements (that could not be done in a single site alone); and
 - g. 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:
 - a. designating a single residency program director (RPD);
 - b. establishing a common residency purpose statement to which all residents at all sites are trained;
 - c. assuring a core program structure and consistent required learning experiences;
 - d. assuring the core required learning experiences are comparable in scope, depth, and complexity for all residents, if home based at separate sites.;
 - e. assuring a uniform evaluation process and common evaluation tools are used across all sites;
 - f. assuring 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. assuring 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
- K. **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 ten 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).

III. Authority

The program for accreditation of postgraduate residency programs is established by authority of the Board of Directors of ASHP and is implemented by the Commission on Credentialing. All matters of policy relating to the accreditation of programs will be submitted for approval to the ASHP Board of Directors. The COC shall review and evaluate applications and site survey reports submitted, and shall be authorized to take action on all applications for accreditation in accordance with the policies and procedures set forth herein. The minutes of the COC shall be submitted to the Board of Directors for review and action as appropriate.

IV. Initial Accreditation Procedures

The accreditation program shall be conducted as a service of ASHP to any organization voluntarily requesting evaluation of its residency program.

A. Application

- 1. Application forms are available on the ASHP Website (www.ashp.org) or may be requested from: American Society of Health-System Pharmacists, Director, Accreditation Services Division, 7272 Wisconsin Avenue, Bethesda, MD 20814. The application must be signed by the residency program director, the chief pharmacist of the practice site, and the organization's administrator. Applications should be submitted, along with the supporting documents

- specified in the application instructions, to ASHP's Director, Accreditation Services Division. A duplicate copy should be retained for the applicant's files.
2. The Director, Accreditation Services Division, will acknowledge receipt of the application, and may review it for completeness and to make a preliminary judgment about conformance to the basic requirements of the applicable accreditation standard(s). If the Director thinks that the program fails to meet the criteria of the accreditation standard(s) in some fundamental way, he/she will notify the signatories of the application accordingly and advise that the application has not been accepted.
 3. From the time an organization's application for pre-candidate status or for accreditation has been received by the Director, Accreditation Services Division, the program will be in either a pre-candidate or candidate status, respectively.
 4. Application for accreditation (candidate status) may be made as soon as a resident has begun training, but not sooner.
 5. Application for pre-candidate status may be made at any time prior to a resident beginning training.

B. Site Survey

1. An accreditation survey team shall be assembled to conduct a site survey of the program, the organization and the pharmacy services. The survey team shall consist of at least two individuals, one of whom shall be ASHP's Director, Accreditation Services Division, or his/her designee. The second surveyor may be a member of the Commission on Credentialing or an individual designated by the Director, Accreditation Services Division.
2. Upon the selection of the survey team, surveyors and programs must disclose potential conflict(s) of interest to ASHP's Director, Accreditation Services Division, who shall take appropriate actions to manage any conflict(s).
3. For an initial site survey and at a mutually acceptable time (but not prior to the ninth month of the first residency year) ASHP will send the survey team to review the residency program, organization, and pharmacy services. Instructions for preparation for the site survey (e.g., list of documents to be made available to the survey team and suggested itinerary for the surveyors) will be sent to the residency program director well in advance of the site survey. The site survey is typically conducted in the equivalent of 2 working days.
4. When there are multiple residents in a program and they are home-based (i.e., where a resident spends the majority of the year) in separate sites, or if a residency is conducted at multiple sites (sites where residents spend greater than 25% of the program time at another site), the other site(s) will be surveyed by the on-site survey team.
5. In instances where multiple site residencies that fall under the auspices of one

corporate entity are spread across a wide geographical area, multiple site “groupings” will be limited to those programs that can be realistically reviewed during a single survey visit. Hence, programs that are managed by one corporate entity but are separated by distances requiring independent site surveys are considered to be separate residency programs.

6. A current resident or immediate past resident must be available on site during the accreditation survey.
7. Records (to include resident applications, resident acceptance letters, resident plans, all evaluations, resident projects, and certificates) for residents trained by a program undergoing an initial accreditation survey must be maintained and available to the survey team for review.
8. After concluding its site survey evaluation, the survey team will present a verbal report of its findings to the organization’s administrator, residency program director, and chief pharmacist.

C. Preliminary Accreditation

1. After the initial site survey, the survey team may recommend “preliminary accreditation” for the program if the team concurs that the program has met a substantial portion of the applicable standard(s).
2. A letter from ASHP will be sent to the program if preliminary accreditation is granted. This letter from ASHP should arrive within 30 days from the recommendation by the surveyors.
3. Preliminary accreditation is not always granted to a program and may be revoked if there is a substantial change in the program.
4. ASHP-accredited status does not occur until after a Commission on Credentialing meeting and the ASHP Board of Directors reviews and accepts the Commission’s recommendations.

D. The Survey Report and Follow-up

1. Following the site survey, the survey team will prepare a written report, citing areas of noncompliance, partial compliance, and consultative recommendations. The written report will be sent to the residency program director, chief pharmacist, and organization’s administrator within approximately 30 days of the survey.
2. The program must prepare and submit to ASHP, within 75 days of the end of the survey, an action plan and supporting documentation outlining how the program will address areas of noncompliance and partial compliance. This action plan will be signed by the residency program director, chief pharmacist, and the organization’s administrator.
3. Any written comments and supporting documentation that individuals from the program wish to make regarding the accuracy of the survey report must be submitted to the Director, Accreditation Services Division, within 10

business days of receiving the report. Comments regarding the report's accuracy must set forth the specific reasons for the disagreement with the survey report.

4. The program's residency accreditation application file, the surveyors' report, and written comments received from the program in response to the surveyors' findings will be reviewed by the Commission on Credentialing (COC). Typically, programs surveyed between June 1 and November 30 will be reviewed and evaluated at the March meeting of the COC, and those surveyed between December 1 and May 31 will be reviewed and evaluated at the August COC meeting.
5. Notice of action taken regarding accreditation status will be sent to the residency program director, chief pharmacist and organization's administrator, as soon as the Board of Directors has reviewed and accepted the COC meeting minutes. The report will indicate that ASHP has acted either (a) to accredit the program for a period not to exceed 6 years, (b) to accredit conditionally, or (c) to withhold accreditation. Additional reports to monitor compliance with accreditation standards may be requested at this time.

E. Accreditation

1. The COC will not recommend accreditation of a program until it has been in operation for one year and has had at least one graduate.
2. If accreditation is granted, it shall be retroactive to the date on which ASHP's Director, Accreditation Services Division, received a valid and complete application for candidate status.
3. Failure of the program to submit reports as requested may result in accreditation being withheld.
4. A program granted accreditation will continue in an accredited status until the Commission on Credentialing recommends further action.
5. A certificate of accreditation will be issued to a program that has become accredited. However, the certificate remains the property of ASHP and shall be returned to ASHP when accreditation is withdrawn or the program is discontinued.
6. Once the program is accredited, any reference by the program to accreditation by ASHP in residency promotional materials (e.g., catalogs, bulletins, web sites, or other form of publicity) may include the ASHP-accredited logo (available on the ASHP Website) in conjunction with the following statement: The residency program in (name of category - as specified in the residency program's certificate of accreditation) conducted by (name of the organization, city, state) is accredited by the American Society of Health-System Pharmacists. For programs accredited by ASHP in partnership with other associations, the ASHP-accredited logo may be used in conjunction with the following statement: The residency program in (name of category - as specified in the residency program's certificate of accreditation) conducted

by (name of the organization, city, state) is accredited by the American Society of Health-System Pharmacists, in partnership with (name of association).

7. Formal program documents, including certificates issued to graduating residents must refer to the program's accreditation by ASHP and, when applicable, to ASHP's partner in residency program development [e.g., The (appropriate name of type of program) conducted by (the name of the organization, city, and state) is accredited by the American Society of Health-System Pharmacists, in partnership with the Academy of Managed Care Pharmacy or American Pharmacists Association.]. The program type must be stated as specified in the residency program's certificate of accreditation. The use of the ASHP-accredited logo on certificates is encouraged.

V. Continuing Accreditation

- A. ASHP regards evaluation of accredited residency programs as a continuous process; accordingly, the Commission on Credentialing (COC) shall request that directors of accredited programs submit periodic written status reports to assist the COC in evaluating the continued conformance of individual programs to the applicable accreditation standard(s). Written reports shall be required from program directors at least every 3 years. To maintain accreditation, programs must comply with all requests from ASHP for written reports.
- B. Directors of accredited programs must submit written notification of substantive changes to the residency program to ASHP's Director, Accreditation Services Division, within 30 days of the change. Substantive changes include changes to leadership (i.e., changes in residency program director or chief pharmacist), content and construct of the program, and organizational ownership and accreditation. Residency program directors of multiple-site programs must get approval from ASHP's Accreditation Services Division prior to adding or removing a site. Notification forms that must be used are posted on the ASHP web site. Any substantive change in the organization of a program may be considered justification for re-evaluation of the program and/or a site survey.
- C. The COC will evaluate the credentials of each new residency program director using the requirements outlined in the applicable accreditation standard(s), and ASHP will notify the new program director of the results of the evaluation.
- D. When requested annually, residency program directors must provide ASHP's Director, Accreditation Services Division, a list of names of residents who have completed the program's requirements that year.
- E. All postgraduate year one and postgraduate year two residency programs in a pre-candidate, candidate, preliminary accreditation, conditional accreditation, or

accredited status must participate in the Resident Matching Program conducted by ASHP. The COC may make recommendations regarding exceptions to this requirement.

VI. Reaccreditation

- A. Accredited programs will be re-examined by site survey every 6 years.
- B. 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.
- C. A current resident or a recent past resident must be available on site during the reaccreditation survey.
- D. ASHP may accredit the program for a period not to exceed 6 years, award conditional accreditation, or withhold accreditation.
- E. The Commission on Credentialing, on behalf of ASHP, may request written reports at any time between the 6-year site survey intervals. Failure of the program to submit reports as requested may result in reaccreditation being delayed or withheld, conditional accreditation, or withdrawal of accreditation.

VII. Quality Improvement

Following a site survey, ASHP's Director, Accreditation Services Division, will send the program director a thank-you letter and will provide a mechanism to evaluate the site survey team and process. This is an opportunity for the residency program director and chief pharmacist to provide feedback on the survey process and information for quality improvement of the accreditation process. Programs may submit constructive verbal or written comments to ASHP at any time (see paragraph IV.A.1., above, for address).

VIII. Accreditation Fees

- A. An application fee shall be established by ASHP and shall be assessed to the program at the time of application for pre-candidate or candidate status.
- B. An annual accreditation fee, established by ASHP, shall be assessed for accredited residency programs and those programs in a pre-candidate, candidate, preliminary, or conditional status. The annual fee is based on a calendar year. This fee begins as soon as a program has filed an application for accreditation (it will be prorated for the first

year, based on the number of months remaining in the calendar year, from point of application). The fee schedule is posted on the ASHP web site.

- C. When there are multiple residents in a program and they are home-based (i.e., where a resident spends the majority of the year) in separate sites, or if a residency is conducted at multiple sites (sites where residents spend greater than 25% of the program time at one other site), the other site(s) will be surveyed by the on-site survey team and the program will be assessed one-half of the annual fee for one program for each of the additional sites -- in addition to the base fee.
- D. In instances where multiple site residencies that fall under the auspices of one corporate entity are spread across a wide geographical area, multiple site "groupings" will be limited to those programs that can be realistically reviewed during a single survey visit. Hence, programs that are managed by one corporate entity but are separated by distances requiring independent site surveys are considered to be separate residency programs and will be assessed annual fees separately.

IX. Withdrawal of Accreditation

- A. Accreditation of a program may be withdrawn by ASHP for any of the reasons stated below.
 - 1. Accredited programs that no longer meet the requirements of the applicable accreditation standard(s) shall have accreditation withdrawn. In the event that an accreditation standard is revised, all accredited programs will be expected to meet the revised standard within 1 year.
 - 2. Inactive programs:
 - a. For sites with one residency program: accredited programs without a resident in training for a period of three consecutive years shall have accreditation withdrawn at the beginning of the fourth year.
 - b. For sites with more than one residency program: a program may remain vacant up to five years and maintain accredited status provided the residency program director for the program without a resident in training remains the same, the organization maintains at least one other ASHP-accredited program actively training residents during this time, and the program pays their annual fees. If the program director does not remain the same, the program shall have accreditation withdrawn at the beginning of the fourth year.
 - 3. A program makes false or misleading statements about the status, condition, or category of its accreditation.
 - 4. An accredited program fails to submit periodic written status reports as required or requested.
 - 5. An accredited program that is required to participate in the Resident Matching Program and fails to do so. ASHP may grant exceptions to the

- requirement to participate in the Resident Matching Program.
6. A program that fails to submit appropriate annual accreditation fees as invoiced.
 - B. ASHP shall not withdraw accreditation without first notifying the residency program director of the specific reasons. The program shall be granted an appropriate period of time to correct the deficiencies.
 - C. Withdrawal of program accreditation may occur at any point during the residency year.
 - D. The program shall have the right to appeal the final decision of ASHP.
 - E. If accreditation is withdrawn, to regain accreditation the program may submit a new application and must undergo re-evaluation.
 - F. Programs may voluntarily withdraw from the accreditation process and/or forfeit accreditation at any time by notifying the Director, Accreditation Services Division, in writing. When notified, the Director, Accreditation Service Division, will report these programs to the COC and the ASHP Board.

X. Appeal of Decision

- A. Notification of intent to appeal. In the event that a program is not accredited, is not reaccredited, is placed in a conditional status, or if accreditation is withdrawn, the residency program director, the chief pharmacist, or the organization's administrator (hereafter referred to as the appellants) may appeal the decision to an appeal board on the grounds that the accreditation decision was arbitrary, prejudiced, biased, capricious, or based on incorrect application of the standard(s) to the program. An appellant must notify the Director, Accreditation Services Division, of the program's intent to appeal, by registered or certified mail, within 10 business days after receipt of the notice. The appellant must state clearly the grounds upon which the appeal is being made. The appellant shall then have an additional 30 days to prepare for its presentation to an appeal board.
- B. Appeal board. On receipt of an appeal notice, the Director, Accreditation Services Division, shall contact the ASHP General Counsel. The office of the ASHP General Counsel will proceed to constitute an *ad hoc* appeal board. The appeal board shall consist of one member of ASHP's Board of Directors, to be appointed by the President of ASHP, who shall serve as Chair, and two program directors of accredited pharmacy residency programs, neither of whom is a member of the COC, one to be recommended by the appellant and one by the Chair of the COC. The President of ASHP will appoint a health care administrator in an *ex officio*, nonvoting capacity. The

General Counsel of ASHP shall serve as Secretary of the appeal board. The Director, Accreditation Services Division, shall represent the COC at the hearing in an *ex officio*, nonvoting capacity. As soon as recommendations for appointments to the appeal board have been made, ASHP General Counsel will contact all parties to confirm their appointment and the hearing date. The ASHP General Counsel will immediately forward copies of all of the written documentation considered by the COC in rendering its decision to the ASHP Board of Directors. ASHP General Counsel will send the documentation to the appeal board members.

- C. Potential conflict of interest. All members of the appeal board will complete an ASHP “Disclosure Report” form regarding professional and business interests prior to formal appointment to the appeal board. The appeal board Chair will take appropriate action to manage potential conflicts.

- D. The hearing. The appeal board shall be convened in no less than 30 days and no more than 60 days from the date of receipt of an appeal notice by the Director, Accreditation Services Division. ASHP General Counsel shall notify appellants and appeal board members, at least 30 days in advance, of the date, time, and place of the hearing. The program filing the appeal may be represented at the hearing by one or more appropriate officials and shall be given the opportunity at such hearing to present written, or written and oral, evidence and arguments intended to refute or overcome the findings and decision of the COC. The appeal board shall advise the appellant organization of the appeal board's decision, by registered or certified mail, within 10 business days of the date of the hearing. The decision of the appeal board shall be final and binding on both the appellant and ASHP.

- E. Appeal board expenses. The appellant shall be responsible for all expenses incurred by its own representatives at the appeal board hearing and shall pay all reasonable travel, living, and incidental expenses incurred by its appointee to the appeal board. Expenses incurred by the board member, COC-selected program director, and health care administrator shall be borne by ASHP.

Approved by the ASHP Board of Directors on April 6, 2017. Developed by the ASHP Commission on Credentialing March 5, 2017. Supersedes the previous regulations on accreditation approved on September 24, 2010.