ASHP Accreditation Update: What You need to Know

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ASHP

Objectives
- Discuss recent residency match results
- Compare and contrast 2005 versus 2015 PGY1 standards
  • Focus on changes with areas commonly cited with 2005 standard
- Describe how our workforce is changing
- Discuss ASHP and Commission on Credentialing initiatives related to residency accreditation

Recruitment 2015
Pharmacy Residencies

Audience Participation
Question #1: What is the total number of PGY1 and PGY2 residency programs?
- 3 audience participants can compete for a fabulous prize
- Closest without going over wins the prize!

Types of Residency Programs
March 31, 2015

Includes programs Accredited, Candidate Status, and Pre-Candidate Status Programs
PGY1 Residency Programs
March 31, 2015

From Armature Database as of March 2014. Includes programs Accredited, Candidate Status, and Pre-Candidate Status Programs.

Audience Participation Question #2:
Which type of PGY2 residency had the largest increase in number of programs between 2014 and 2015?

A. Critical Care
B. Ambulatory Care
C. Emergency Medicine
D. Solid Organ Transplant

Top PGY2 Residency Programs by Number of Programs -3/31/2015

Includes programs Accredited, Candidate Status, and Pre-Candidate Status Programs.

Other PGY2 Residency Programs

Includes programs Accredited, Candidate Status, and Pre-Candidate Status Programs.

# PGY1 positions added to Match each year

# PGY2 positions added to Match each year

Residency Capacity Conference 2/11

Residency Capacity Conference 2/11
2015 versus 2014 match

- 5% increase in PGY1 applicants
- 6.5% increase in # of filled PGY1 positions
  (total = 2,640 PGY1 positions filled)
- 7% increase in PGY2 applicants
- 12.5% increase in filled PGY2 positions
  (total = 794 PGY2 positions filled - includes 297 early commits)

Lesser

Audience Participation Question #3:
What percent of PGY1 applicants DID NOT match with a program on match day?

A. 10%
B. 25%
C. 35%
D. 50%

Applicants view on March 20, 2015

3,308 applicants match day

2811 PGY1 matched
497 PGY2 match & 297 Early Commit = 794 PGY2

1,755 applicants unmatched

1,547 PGY1 & 208 PGY2
What is ASHP doing to address shortage?
- 2/11 Capacity Conference
- Highlighting programs with expansion at Meetings
- New training programs – including web based
  How To Start a Residency
  How To Expand Existing Residencies
- National Pharmacy Preceptors Conference (NPPC)
- Preceptor Skills Resource Page
- Online education about accreditation standard
- PR – Video
- New streamlined Accreditation Standards
- Guidance documents for PGY1 standard
- New AJHP residents edition for journal

New PGY1 Standards: Background
- New PGY1 Standards approved 2014
- Major goals of revision:
  Update and streamline while maintaining quality

Highlights of the 2015 versus 2005 PGY1 Standards

Same purpose statement for all PGY1 residency programs
From the Standard
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.

Goals and objectives streamlined and reduced in number

<table>
<thead>
<tr>
<th></th>
<th>2005</th>
<th>2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competency areas</td>
<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Goals</td>
<td>23</td>
<td>9</td>
</tr>
<tr>
<td>Objectives</td>
<td>66</td>
<td>33</td>
</tr>
</tbody>
</table>

RPD may delegate some authority
- 1.1: The RPD or designee must evaluate qualification of applicants…
- 3.4.a.(2): The results of residents’ initial assessments must be documented by the program director or designee in each resident’s development plan…
- 3.4.d.(1) Each resident must have a resident development plan documented by the RPD or designee.
- 3.4.d.(2) On a quarterly basis, the RPD or designee must assess residents’ progress and determine if the plan needs to be adjusted.
- 3.5.b: The RPD or designee must develop and implement program improvement activities…
- 4.1.c: The RPD may delegate, with oversight, to one or more individuals…administrative duties/activities for the conduct of the residency program.
Preceptor qualifications include more options and include teaching and precepting skills

4.8 Preceptor Qualifications
- 4.8.a. Ability to precept residents... by use of clinical teaching roles...
- 4.8.b. Ability to assess residents' performance

Preceptor-in-training role added
4.9.a. Pharmacists new to precepting who do not meet the qualifications for residency preceptors...must:
(1) be assigned an advisor or coach who is a qualified preceptor; and,
(2) have a documented preceptor development plan to meet the qualifications for becoming a residency preceptor within two years.

Pharmacy Policy Changes
- Licensure required within 90 days of residency start - consequences of failure to obtain licensure by required date must be documented. (1.5)
- At interview, programs must provide
  - Completion requirements
  - Expectations of program
  - Impact of leave on ability to complete program
  - Dismissal policy (1.6)

Pharmacy Policy Changes (Continued)
- Licensure and other human resource requirements must be provided to resident with acceptance letter and acceptance of terms documented by resident. (2.4)
- Programs must document completion of program requirements by resident. (2.7a)

Audience Participation Question #4: What percent of residents’ activities must be spent providing direct patient care?
A. 10%
B. 33%
C. 50%
D. 66%

Program Structure Changes
- Residents must spend 2/3 or more of program in direct patient care activities (3.3a(6))
Direct Patient Care Activities include but are not limited to:
- Completing comprehensive medication reviews
- Performing drug therapy management and participating in disease state management services.
- Designing patient-centered regimens and monitoring plans
- Recommending or communicating patient-centered, evidence-based therapeutic regimens and corresponding monitoring plans
- Performing or participating in medication reconciliation.
- Providing education and counseling to patients and caregivers
- Patient-centered preparation and dispensing of medications for individual patients.

Program Structure Changes (Continued)
- Elective outcomes goals and objectives (3.2c)
  - 2005 standard: If chosen, required to adequately be taught and evaluated for ALL residents
  - 2015 standard:
    - Can choose elective outcomes/goals/objectives to be required for all residents
    - Elective outcomes/goals/objectives can be chosen only for specific residents

Audience Participation Question #5:
For programs surveyed by Andrea, how many written evaluations do residents typically have to complete in a year?
A. 20-30
B. 40-50
C. 60-70
D. 80-90

Changes to Scheduling of Evaluations
- Requirement removed for documented formative self-evaluations by residents
- Residents are not required to document summative self-evaluations...but are expected to apply a process of on-going self-evaluation and personal performance improvement (Objective 3.1.2)
- Other changes to scheduling of evaluations covered later

Preceptor Development – 2005 Standard Requirements
- RPD evaluates potential preceptors based on their desire to teach and their aptitude for teaching (as differentiated from formal didactic instruction). (4.3a)
- RPD provides preceptors with opportunities to enhance their teaching skills. (4.3b)
- RPD utilizes a plan for improving the quality of preceptor instruction based on an assessment of residents’ written evaluations of preceptor performance and other sources. (4.3c)

2015 Standards: Preceptor Development Under Program Leadership Responsibilities
- 4.4 RPDs serve as organizationally authorized leaders of residency programs and have responsibility for:
  - 4.4.a. organization and leadership of a residency advisory committee
  - 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;
Guidance Regarding Preceptor Assessment and Development

- 4.4.c. implementing use of criteria for appointment and reappointment of preceptors;
  - Guidance: Criteria are documented and used
- 4.4.e. creating and implementing a preceptor development plan for the residency program;
  - Guidance:
    - Plans are documented
    - Plans include an assessment of needs, a schedule of activities to address identified needs, and a review of effectiveness of development plan.
    - Plan may be a group or individualized plan

Guidance Document for 2015 PGY1 Standard and for 2015 Competencies, Goals, and Objectives

Example from 2015 Standard:
- Standard 1: Requirements and Selection of Residents
  1.1 The residency program director or designee must evaluate the qualifications of applicants to pharmacy residencies through a documented, formal, procedure based on predetermined criteria.
  - Guidance
    - This procedure may appear in the residency manual or other readily available pharmacy department documents.
    - Predetermined criteria used to evaluate applicants are documented.
  - How it will be surveyed
    Review of:
    - formal, documented procedures.
    - predetermined criteria used to select applicants to interview and rank.

 Audience Participation Question #6: What was the most highly discussed and debated aspect of the 2015 standard?

- A. Preceptor qualifications
- B. Learning experience descriptions
- C. Scheduling of evaluations
- D. Preceptor development

PGY 1 Top Areas of Partial Compliance
COC March 2014

<table>
<thead>
<tr>
<th>Percent</th>
<th>Standard(s)</th>
<th>Issue</th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td>5.9</td>
<td>Preceptors do not meet 4/7 criteria for commitment and contribution to pharmacy practice.</td>
</tr>
<tr>
<td>76%</td>
<td>4.1d</td>
<td>Learning experience descriptions not adequately developed.</td>
</tr>
<tr>
<td>64%</td>
<td>4.1e(3)</td>
<td>Preceptor and learning experience evaluations not scheduled at end of the learning experience or at least quarterly for longitudinal learning experiences.</td>
</tr>
<tr>
<td>62%</td>
<td>4.1b</td>
<td>Not all learning experiences include sufficient practice to achieve goals and objectives.</td>
</tr>
<tr>
<td>61%</td>
<td>4.2d(1)-4.2d(3)</td>
<td>Preceptors do not complete all aspects of the assessment.</td>
</tr>
</tbody>
</table>

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:
- Documented record of improvements in and contributions to the respective area of advanced pharmacy practice.
- Appointments to appropriate drug policy and other committees of the department or organization.
- Formal recognition by peers as a model practitioner.
- 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.
- Serving regularly as a reviewer of contributed papers or manuscripts submitted for publication.
- Demonstrated leadership in advancing the profession of pharmacy through active participation in professional organizations at the local, state, and national levels.
- Demonstrated effectiveness in teaching.
Preceptor Qualifications – 2015 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.

Preceptor Qualifications – 2015 Guidance

4.8 is a critical factor (see Glossary for definition of “critical factor”). When a list of examples is included in the guidance sections for 4.8.a–f, at least one of the examples is demonstrated within the last five years unless otherwise noted.

Preceptor Qualifications – 2015 4.8f Guidance Examples:

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.

Preceptor Qualifications – 2015 4.8f Guidance Examples (continued):

- 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.

Preceptors not meeting qualifications for 4.8 can be designated as a preceptor-in-training.
Learning Experience Description Requirements-2005 Standard (4.2d)

Preceptors will create a description of their learning experience, and a list of activities to be performed by residents in the learning experience that demonstrates adequate opportunity to learn the educational goals and objectives assigned to the learning experience.

Example of Linking Activities to Objectives

<table>
<thead>
<tr>
<th>Objective</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1.1.2</td>
<td>Collect information on which to base safe and effective medication therapy.</td>
</tr>
<tr>
<td>R1.1.3</td>
<td>Analyze and assess information on which to base safe and effective medication therapy.</td>
</tr>
<tr>
<td>R1.1.4</td>
<td>Design or re-design safe and effective patient-centered therapeutic regimens.</td>
</tr>
<tr>
<td>R1.1.5</td>
<td>Ensure implementation of therapeutic regimens and monitoring plans (care plans).</td>
</tr>
</tbody>
</table>

Goals and Objectives Activities

<table>
<thead>
<tr>
<th>Competency Area</th>
<th>Objective</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1</td>
<td>R1.2:</td>
<td>(Analyzing) Collect information on which to base safe and effective medication therapy.</td>
</tr>
</tbody>
</table>

PGY1 Top Service Areas of Partial Compliance: COC March 2014

<table>
<thead>
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<th>Percent</th>
<th>Standard(s)</th>
<th>Issue</th>
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<tbody>
<tr>
<td>45%</td>
<td>7.2b</td>
<td>Services are not of a scope and quality commensurate with identified patient needs</td>
</tr>
<tr>
<td>34%</td>
<td>7.6a(4)</td>
<td>Pharmacists do not prospectively help develop individualized treatment plans</td>
</tr>
<tr>
<td>34%</td>
<td>7.8c</td>
<td>Automated dispensing systems do not support a safe and effective medication use system</td>
</tr>
</tbody>
</table>

When Your Residents Complete their Residency: Where Can They Find Jobs?
Audience Participation Question #6: In 2014, the number of pharmacy school graduate was _______ more than in 2004.

A. 1000  
B. 3000  
C. 5000  
D. 8000

Supply of Pharmacists: Graduates from US Pharmacy Schools: 1960 - 2014

Source: AACP

Pharmacist Vacancy Rates in Hospitals

Source: ASHP National Surveys

Practice Settings

Community: Independent, Chain, Mass Merchandiser, Supermarket

Hospital: In-patient or out-patient hospital settings

Other Patient Care Settings: long term care, nuclear, clinic-based, central fill, home health/infusion, and specialty pharmacies

Other Non-Patient Care Settings: pharmacy benefit administration, academic, government administration, pharmaceutical industry, consulting, professional associations, and other organizations that were not licensed as a pharmacy

Midwest Pharmacy Workforce Research Consortium

Caroline A. Gaither, PhD  
University of Minnesota

Jon C. Schommer, PhD  
University of Minnesota

William R. Doucette, PhD  
University of Iowa

David H. Kreling, PhD  
University of Wisconsin

David A. Mott, PhD  
University of Wisconsin
Actively Practicing Pharmacists’ Employment Setting: 2009

- Independent: 10%
- Chain: 27%
- Mass Merchandiser: 14%
- Supermarket: 14%
- Hospital: 10%
- Other Patient Care: 5%
- Non-Patient Care: 9%

Actively Practicing Pharmacists’ Employment Setting: 2014

- Independent: 10%
- Chain: 29%
- Mass Merchandiser: 19%
- Supermarket: 8%
- Hospital: 7%
- Other Patient Care: 8%
- Non-Patient Care: 10%

Proportion of U.S. Pharmacists by Segment in Descending Size
(2009 data in lighter tone and 2014 data in darker tone)

Proportions of Hospital Setting Pharmacists in U.S. Pharmacist Segments in 2009 and 2014

- Medication Providers: 23% 24%
- Medication Providers who also Provide Patient Care: 24% 20%
- Other Activity Pharmacists: 17% 14%
- Patient Care Providers who also Provide Medication: 23% 23%
- Patient Care Providers: 13% 12%

Practice Settings 2009 and 2014

- Community: 54% 44%
- Hospital: 12% 27%
- Other, Pharmacy Setting: 12% 10%
- Other, Non-Pharmacy Setting: 9% 10%

ASHP and Commission on Credentialing Initiatives
Many Current Initiatives Aimed at Increasing Residency Capacity

- Highlighting programs with expansion at Meetings
- New training programs – including web based
  - How To Start a Residency
  - How To Expand Existing Residencies
- National Pharmacy Preceptors Conference (NPPC)Yearly
- Preceptor Skills Resource Page
- On line education about accreditation standard
- PR – Video
- New streamlined Accreditation Standards
- Guidance documents for PGY1 standard
- New AJHP residents edition for journal

New Training Update:
Residency Program Design and Conduct

- New online recorded webinars
- New workshops

New workshops: National Pharmacy Preceptors Conference and the Midyear

- Residency Program Design and Conduct (RPDC) Workshops
  - Instructors answer your questions
  - Apply information to your program
  - Bring your program’s materials for individualized feedback
  - Peer sharing

NEW! Recorded Webinars Available Online

- Design of PGY1 residency programs
  - PGY1 residency program purpose
  - PGY1 competency areas, goals, and objectives
  - Residency program structure
  - Learning experience descriptions

How to access recorded webinar series

From ashp.org

- Click:
  - Education
  - eLearning
  - Catalog
  - Main Catalog
- Select law/regulatory/accreditation tag (on right)
- Scroll down to “Residency Program Design and Conduct Recorded Webinar Series”

More—see Accreditation webpage
“Additional Accreditation Resources,” “Accreditation-Related Online Education”:

- Customizing the Resident Training Plan (2005 Standard)
- All About Purpose Statements (2005 Standard)
- Anatomy of the Outcomes, Goals and Objectives (2005 Standard)
- Level With Your Resident: Learning Taxonomies and Levels (2005 Standard)
- Starring Roles: The Four Preceptor Roles and When to Use Them (2005 Standard)
- Responding to an ASHP Accreditation Survey Report
  - Coming soon:
    - Additional programs on the new standards
More on-line Examples for 2015 Standards Are Coming Soon...
- Example learning experience description
- Example development plan

What is ASHP doing to address shortage?
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AJHP: Residents Edition
- Expands publication opportunities for residents
- Further engages residents, preceptors and residency program directors in AJHP and ASHP

AJHP: Residents Edition
- Quarterly, online supplement to AJHP
- Member benefit
- Founders Bryan McCarthy and David Reardon to become AJHP contributing editors, pharmacy resident publications
- Coming ... June 2015

AJHP Residents Edition
June 1, 2015
Increasing compliance with national quality measures for stroke through use of a standard order set
  Kimberly Elder, Sandra K. Lemon, and Tracy Costello
Residency application screening tools: A survey of academic medical centers
  Kristen Hillebrand, Corey J. Leinum, Sonya Desai, Natasha N. Pettit, and Patrick D. Fuller
Pharmacotherapy for posttraumatic stress disorder at a Veterans Affairs facility
  Tracie M. Kobayashi, Meeta Patel, and Megan Lotito
Using active methicillin-resistant *Staphylococcus aureus* surveillance nasal swabs to predict clinical respiratory culture results

Jason Hiett, Rupal K. Patel, C.W. Bill Young, Victoria Tate, George Smulian,

Implementation and outcomes of a pharmacy residency mentorship program

Joshua N. Raub, Taylor M. Thurston, Anna D. Fiorvento, Ryan P. Mynatt, Suprat S. Wilson

Many Current Initiatives Aimed at Increasing Residency Capacity

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More Updated Standards on the Way

- International standard approved in March 2015
- PGY2 standard expected to be voted on at August 2015 Commission on Credentialing Meeting
- Also working on following standards
  - PGY1 Community Pharmacy
  - PGY1 Managed Care Pharmacy

Summary

- Still a significant gap between available positions and applicants
- New PGY1 standard intended to maintain quality of residency training but decrease burden – less work may lead to more positions!
- Though a tight job market for pharmacists, the positive news is that the percent of patient care oriented positions is increasing.

Questions for Expert Panel and me?

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Karen Malcolm karen.malcolm@jax.ufl.edu