

Residency Program Directors and Preceptors MCM 2020 Town Hall - Q&A

Question:	Answer:
Do we have guidance for the deadline for the licensure requirements yet for the upcoming year?	The licensure requirement for the upcoming residency year will be November 1, 2021 (2/3 of the residency year as a licensed pharmacist) or according to your organizational policy
Sorry if I missed this, but will these slides be available after the session?	Slides are available at: https://www.ashp.org/-/media/assets/professional-development/residencies/docs/coc-presentation-update.ashx?la=en&hash=4DBE78ADE57174DDA6BFD28B8252517E362A88FF
What do you mean by including more "nutrition" in the next standards revision?	Nutrition is an example of a content area being evaluated in the standards revision process as the workgroup initiated an overall content evaluation to consider needed additions and deletions to the standards.
Does ASHP provide guidance and/or training for programs on how to meet these anticipated new standards?	The revised standards will include embedded guidance for achieving standards compliance
Programs require more education on Foreign Graduate programs...I know that ACPE Certifications that exist, but RPDs do not know what this means. If ASHP could provide resources on this it would be helpful...it is unknown territory to us.	Information on Match eligibility including graduates of a foreign school of pharmacy as well as FPGEC certificate information from NABP is available from: https://natmatch.com/ashprmp/rules.html
The diversity data will be very helpful and I look forward to hearing about it. Will there be any tools from ASHP to help us with this?	ASHP's Task Force on Racial Diversity, Equity, and Inclusion is charged with taking inventory of available resources and making recommendations to develop new and enhanced resources.
For the residents who did not graduate, what is the breakdown in PGY1 vs. PGY2. I see that you show the reasons why by program by not the total numbers.	There were 170 PGY1 residents that did not graduate primarily due to failure to obtain licensure, withdrew for personal reasons or family obligations. For PGY1/2 combined and PGY2 programs there were 50 residents who did not graduate. Primary reasons listed were failure to make sufficient progress towards meeting requirements of the program, personal reasons, or family obligations.
More pharmacy schools are offering accelerated programs with earlier graduation dates (i.e. February/March). Is any guidance for prospective residents on how this impact the application process on the ASHP website? I have had a few questions as RPD and have directed them to the ASHP site (and told them I didn't see anything at that time)	Participation in the Match and the Match schedule is really not affected by early graduation. The application process begins in November and the Match is completed by April each year.
Suggestion: When implementing the preceptor qualifications, can the format of the APR be updated to allow ease of electronic submission (more user friendly Word document or editable PDF)?	Thank you. An electronic APR is a planned enhancement within PharmAcademic.
There has been chatter on the list serve regarding best practices for virtual resident candidate interviews. Can you provide any guidance on best practices?	Video and phone interview best practice information is available from: https://www.ashp.org/-/media/ABE5CC3EF5894093A545B9CEFA12A89.ashx and Virtual Residency Showcase Tips and Tricks available from: http://elearning.ashp.org/products/8614/transitioning-to-virtual-recruitment-tips-and-tricks-for-residency-programs-in-navigating-the-ashp-midyear-virtual-showcases-11-19-2020
When will the APR be fully functional in PharmAcademic?	An electronic and functional APR is a funding priority for PharmAcademic enhancements in FY22.
When considering allowable leave, does ASHP consider additional staffing hours (e.g.: residents staff an additional 24 shifts on weekends in addition to 40 hour week schedule, so if they have 20 leave days, they are still net 4+ workdays relative to full year of work).	The intent of the standard is that the residency be extended. See paragraph two of the current 2.1 guidance which discusses program extension: Residents taking leave greater than the paid leave (i.e., vacation, sick, holiday) allowed by the organization cannot be awarded a certificate of completion unless that additional leave is made up.
When considering well-being, it is important to consider removing and balancing tasks/workload and not only adding well-being as an additional task/checkbo. What is ASHP doing to assess burnout (residents, preceptors, and RPDs) and re-balance requirements and workload?	Program policies address whether or not the program will be extended and if the extension will be paid or unpaid. If the organization is not able to extend the program, the policy states that the resident will not receive a certificate of completion.
When considering well-being, it is important to consider removing and balancing tasks/workload and not only adding well-being as an additional task/checkbo. What is ASHP doing to assess burnout (residents, preceptors, and RPDs) and re-balance requirements and workload?	Burnout is assessed through responses to related questions on the preceptor, resident and annual program survey reports. There is also an excellent resource on building resiliency in residency available from: https://www.ashp.org/-/media/assets/new-practitioner/docs/Building-Resilience-in-Residency-Training-It-Takes-a-Village.ashx
Have you considered asking residents the average cost to them for the residency recruiting process? This may give useful insight into what the barriers are for marginalized groups.	This is one of many potential obstacles being evaluated in efforts to eliminate obstacles to improve recruitment of underrepresented groups.
If the requirement is PGY2 in Ambulatory Care or equivalent experience, does that mean it does require or not?	Equivalent experience is active practice in ambulatory care without a residency

In a longitudinal experience where it is not always feasible to achieve objectives in first quarter, do you have suggestions on ways to optimize showing progress using PA. We often have residents complete the majority of activities required to meet an objective (ie. 75%), but not enough for 'Achieved'. We have at times had to document 0% objectives achieved, but more than 75% of activities have been completed - resident is on task for meeting objectives as expected. Is this okay? This typically happens in areas where there is a progression required to meet the objective.

A program should look at the % objectives that need to be ACHR for the resident in order to graduate. Further, the program should have documented how a resident ACHR an objective.

That being said, within a longitudinal rotation, there would be a summative evaluation of the resident every 3 months. The activities (usually 1-2) should reflect the cognitive level of the objective to be met and achieved during the rotation. The progression of the resident described in the learning experience description should guide the preceptor and resident in what is expected in order to complete the activities that will assist the resident in meeting achievement for the objective (Ach). The comments on how the resident is progressing should be reflected in the quarterly summatives along with guidance to the resident on how to ACH the objective if needed. If at the end of the longitudinal, the resident has not met the activities that align with the objective and thus not met ACH for that particular objective, then it would be SP or NI. If the objective in question is only evaluated once (in this particular longitudinal rotation) and the resident does not ACHR this objective, then it would count against the resident at the end of the year (graduation).

If the resident is struggling with certain activities/objectives, this should be reflected in the summative as well as the development plan. Preceptors can also place feedback in the feedback button.

What are some examples of what the Commission on Credentialing had in mind for programs to do to improve targeting more diversity in recruiting.

We envision a similar approach to that of ACGME. From ACGME's Core Program Requirements regarding recruitment: The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.

Will ASHP be developing any policies to address sexual harassment by preceptors or other residency program staff? As in, will there be a way to report this to ASHP or will this need to be handled at the organization level?

The various federal, state and local laws governing sexual harassment cases apply to employers and provide very specific steps for victims to follow, as well as investigational requirements for employers. As a result, the best and most effective way for sexual harassment claims to be handled are through prompt complaints filed with the relevant HR departments. Professional organizations such as ASHP do not possess the authority to either investigate or prosecute cases of sexual harassment. At the same time, we want to emphasize to you that ASHP is strongly committed to doing all that it can to actively support the eradication of discrimination, harassment, exclusion and injustices of all types directed at any individual or group of individuals

I can't find the slide deck. Is it posted somewhere? Would like a copy of the numbers...Thanks.

Slides are available at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/coc-presentation-update.ashx?la=en&hash=4DBE78ADE57174DDA6BFD28B8252517E362A88FF>

Can you comment on steps ASHP is taking to reduce the economic burden that the match creates? when trying to promote diversity doesn't ASHP have a responsible to reduce cost to reduce barriers to financially marginalized minority groups?

ASHPs Task Force on Racial Diversity, Equity, and Inclusion published preliminary recommendations related to education and training and is seeking additional comments from members. <https://www.ashp.org/-/media/assets/house-delegates/docs/DEI-Task-Force-Recommendations-Revised-November-2020.ashx?la=en&hash=985B08D22F25B0E70D8F9D00E0DDFA6709F2F999> Send comments to: DEITaskForce@ashp.org

Can you provide us with resources on how to promote diversity in an application process? how do I change what I do to attract more diverse applicants?

We encourage all programs to evaluate and eliminate potential obstacles to recruiting a diverse workforce and demonstrate your recruiting processes seek to find and promote members of underrepresented groups.

Have you considered how you might increase access to programs for a diverse population of students. Access to residency for diverse students goes well beyond program recruiting but access to the resources to be residency ready?

We recognize that performance disparities may result in group disparities in representation. We rely on our partners at ACPE and AACP to ensure academic preparation meets rigorous standards and fully prepares all graduates for residency training.

How do you recommend approaching programs that are currently in a hiring freeze and would not be able to participate in the match but may acquire funding for their programs in March?

Programs may recruit outside the Match in the post-Match period meaning after the Match is complete (end of April) until the beginning of the residency year.

Is there a good resource for guidance on implementation of diversity into recruitment process?

ASHP will try to provide more resources on how to recruit a diverse team in coming months as we implement the recommendations. Here are a couple of articles that may be useful now:

- <https://hbr.org/2019/12/why-isnt-your-organization-isnt-hiring-diverse-talent>
- <https://www.forbes.com/sites/forbescoachescouncil/2018/08/24/10-ways-to-attract-more-diverse-talent/?sh=269310434248>

I do not see that slides are available for download, will they be?

Slides are available at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/coc-presentation-update.ashx?la=en&hash=4DBE78ADE57174DDA6BFD28B8252517E362A88FF>

with all due respect, you don't think there should be an exception to a pandemic year if there are trainees on COVID quarantine or COVID+?

Please review the Pandemic Effects on Residency Q&A for exceptions and modifications to resident learning experiences and schedules as a result of COVID Available from: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pandemic-effects-on-residency-programs.ashx?la=en&hash=ABB97E83BDBF175E22A45C57C3BBF19D564C5CBF>

Are there plans to make a required topic list in PGY1 programs similar to PGY2 programs?

Addition of a required topic list for PGY1 residencies is not currently planned for PGY1 residencies.

We have a lot of tools to identify burnout - what tools does ASHP provide to remediate burnout once it is identified?

Please review information available from the Workforce Well-Being and Resilience Resource Center @ <https://wellbeing.ashp.org>

I lost connection. Sorry if you already addressed this, but what are the major anticipated changes in the new PGY1 standard that will go into effect in 2022.

The most significant change planned with the standard update is that all standards will be combined into a single harmonized standard. Other changes include deletion of standards that are duplicative or not surveyable, moving language from guidance to the standard, and improving the clarity of the standard. New additions to the draft standard to date include standards related for recruitment of a diverse and inclusive applicant pool and also a program manual.

I think incorporating requirements for well-being is a great idea. How is it proposed to incorporate diversity requirements during recruitment while using an objective criteria based applicant evaluation?

We envision a similar approach to that of ACGME. From ACGME's Core Program Requirements regarding recruitment: The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community. Local policy should demonstrate a concerted effort to find and recruit members of underrepresented groups if qualified.

Will programs be held to the newly revised 2022 standards when surveyed in 2022 after the release of the final draft?

Programs will be evaluated by the revised standards once approved by the Commission on Credentialing and approved by the ASHP Board of Directors. Tentative timeline is 2022.

We experience a disproportionate number of applicants during phase 2 of the match. Is there any discussion on increasing the amount of time allocated for phase 2 application review and interviews?

No. Pharmacy Residency is only one of eight or more professions that use the National Matching Service (NMS) to recruit. Schedules are developed to ensure programs have maximum time for recruiting and working within the timelines established by NMS.

regarding international graduates, do they have to be a graduate from an ACPE accredited program or can they have a certificate?

Information on Match eligibility including graduates of a foreign school of pharmacy as well as FPGEC certificate information from NABP is available from: <https://natmatch.com/ashprmp/rules.html>

Since one of the recommendation from the COC is to continually assess the program, it is difficult to poll the residents for feedback with something like SurveyMonkey and share with the preceptors

Programs will have access to resident survey data as the available data set matures that may be used in program evaluation.

Are there any best practices for addressing well being & resilience? To be honest, everyone in the work environment is very stressed.

Please review information available from the Workforce Well-Being and Resilience Resource Center @ <https://wellbeing.ashp.org>

Hello - would you be able to provide updates on CMS pass through funding discussions?

ASHP Government Relations and Accreditation Services continue to work with CMS to ensure continued GME pass through funding for PGY1 residencies. Advocacy efforts include requesting Technical Assistance (TA) from CMS on how programs comply with the rules and Medicare Audit Contractor (MAC) guidance with relief from disallowances until this TA is provided.

You mentioned that you will track differences in diversity between accepted residents vs. pharmacy school enrollment. Do you currently know what the difference in diversity is between accepted residents vs. those who did not match?

No we do not have this data and we historically did not collect this data. This past year we started to collect this data and over time anticipate the ability to evaluate these differences.

Hello. How do you anticipate the pandemic might affect number of applicants to PGY1?

We do not anticipate a significant effect of the pandemic on applicants to pharmacy residency training.

If a new pgyl program doesn't match and they are in pre-candidate status, will this status be extended

If you do not match an applicant please contact ASD@ashp.org for assistance. With more than 2,000 qualified applicants not matching to a position Accreditation Services will assist you.

Accreditation surveyor visit scheduled for April will be virtual or onsite?

A decision for April 2021 has not been made. We continue to make decisions based on current travel restrictions, limits on institutional access, and the safety of the survey team.

Any tips for our virtual accreditation survey?

TIPS FOR THE VIRTUAL SURVEY

- 1) Make sure that you follow up with all communication with the lead surveyor that is conducting the accreditation/reaccreditation survey. They will set up an initial time to discuss the process with you, the additional deliverables needed in advance for the survey, and the technology needed for the survey.
- 2) Practice the technology that will be used for the survey with the lead surveyor, the key people in the pharmacy that will be involved in the survey, as well as the practitioner surveyors for the review in advance of the survey and use this time to get all of your questions answered for the review.
- 3) Additional deliverables that were normally reviewed onsite will now be requested to be added to the electronic packet sent in prior to the review. This is to make the survey go more smoothly and maximize the efficiency of the review. The lead surveyor will send you, in advance, what additional deliverables that they would like to have in the packet. De-identify any personal notes that you would have had onsite that you are sending in the packet.
- 4) You will now need to send a video tour in the electronic packet. The lead surveyor will let you know, in advance, what they would like to see in the video. Some surveyors still like you to "lead" them through your facility with your device while you are on the virtual review. Make sure that you de-identify anything that you have in your video. Many sites work with their PR group at their facility to film the video and use it for recruitment or repurpose it for other uses.
- 5) Use the camera! It's great to see everyone when the team is speaking to them. We understand that some people are using their phones from different offices and don't have the capability to have their cameras, but we really would like to see people as we speak to them.

Any tips for our virtual accreditation survey? (continued)

TIPS FOR THE VIRTUAL SURVEY (continued)

- 6) If people aren't supposed to be in meetings, please let them know to not "ghost" into the meetings. As you know, we "give breaks" to the pharmacy staff that are leading the program for the physician, nursing, other health care professionals, residents, pharmacists, technician meetings so that they can be candid in the meetings. We have had situations when leaders of the programs have listened in on meetings that they shouldn't have done so, please let your leads know that this damages the integrity of the survey process.
- 7) Be prepared to have accessibility other documents the surveyors may need, like you would on an onsite review, if they may request them. They will ask for you to get them when you have a "break" and bring them back for a later time.
- 8) Have your presurvey questionnaire available during the exit interview so you can follow it when the team gives you the report. It's much easier to follow when they are reading the findings and the consultative recommendations than having to freehand what they are saying to the group.
- 9) Ask questions to the group, like you would in person, this is your opportunity to ask your peers what they do at their facility with their program.
- 10) Be ready in case you have technical difficulties. Most surveyors have you "run" the technology. They will ask you to invite all of the participants to the sessions and ask you to conduct the technology.
- 11) The consistency of the review is the same as the live review. The main differences are that the team is not at your site, some deliverables are asked for in advance, the tour is either video or you take the team around via a phone, camera, or other computer device; and you are using all types of virtual technology for people to sit in front of a computer or call in to participate in the review. All follow up after the survey is the same for responding to the report and finding out the outcome from the Commission on Credentialing and ASHP Board of Directors.

Sorry if I missed it, but last year there was talk of updates to PharmAcademic which would allow use of Preceptor A&P within the system, vs the separate (Word) file. Is this still in development or coming soon?

Does a program have to let you know when we take a pause on recruitment? Our program will not be recruiting for 2021-2022 year

Hi. Can you expand on what changes are being considered surrounding preceptor development/qualifications? You mentioned where it fits in the standard. Will the qualification requirements also change? Or more requirements around preceptor development programs? Thanks!

How is ASHP assessing/planning to address harassment/"pimping" by preceptors towards residents and how that impacts residency completion rates?

An electronic and functional APR is a funding priority for PharmAcademic enhancements in FY22.

There is no requirement to notify Accreditation Services but you must notify the National Matching Service (NMS) that you will not be offering any positions in the upcoming Match.

Changes being considered to preceptor qualifications include changing the current 4.8c standard from "recognition" to "content knowledge/expertise" in the area precepted. Also, the current draft has eliminated the term, "Preceptors-In-Training" and the requirement for assignment of a coach for preceptors who do not fully meet preceptor qualifications. The requirement for a development plan for these preceptors will remain in the standard. With regard to overall preceptor development, the changes made to this standard were mostly related to clarity of the language.

There are questions in the resident survey that are designed to evaluate the teaching environment and professional culture within programs. ASHP has hosted multiple webinars on Creating a More Respectful Organization."

I joined late at the pediatric roundtable. Has anyone recommended in PharmAcademic that multiple preceptors comments be included without the primary preceptor needing to click the copy icon. Many preceptors comments have been deleted in error and are NOT retrievable which is very frustrating and will not then look like the other preceptors are participating in the review.

Is it required to have policies for program uploaded into PharmAcademic?

What is the average number of findings during a virtual survey for PGY1 programs?

Can the institutions get these results after residents leave?

What advice do you have for new programs starting?

Are there any recommendations for recruitment strategies for programs to target underrepresented populations?

When you asked the diversity preparation for program marketing question, what is the definition you used in the survey? Thank you for the clarification.

Will this Slide deck be available to Directors and/or Preceptors at the conclusion of this talk? Thank you for this very informative presentation.

What guidance does ASHP have for programs looking to start a new PGY2 program given the financial hardships hospitals have encountered with the COVID pandemic?

As a PGY1 director, I've seen residents struggle to figure out if a program is early committed or not. Is there any guidance or standards for PGY2 programs to let candidates know their programs are closed/early committed?

Can we revise PharmAcademic such that a midpoint can be edited to become the final summative report.

Do we have diversity data from the colleges of pharmacy and can we compare that to residency training?

Is there a way to provide feedback to programs which have replies that are strongly disagree?

I've heard rumors that there is a belief that VA's give too much time off to their residents, can you comment on this

the diversity issue and cost of PhORCAS is a good point. There should be discussion of "scholarships" or supplemental funding to cover the cost. Folks of means can apply to many more programs and can also afford travel expenses to broaden their search. Hopefully virtual interviews will help

Would consideration be made to consider the use of distribution rather than operations since there are distribution and clinical operations? Thanks!

Will you use diversity data from applicant pool and pharmacy schools compared to the survey responses for deciding how to look at diversity from accreditation standpoint?

any updates to the salary minimums?

Yes, this is a future enhancement being considered for funding and development.

There is no requirement for policies to be uploaded in PharmAcademic.

The number of citations varies by organization and we do not compile averages. Most frequent citations for PGY1 programs are published annually in the Spring edition of the Communique.

Program specific information from the resident survey will be available once the data set matures where individual responses cannot be linked back to a former resident (~ five years of data)

Attend a Residency Design and Conduct (RPDC) Workshop. The next RPDC is scheduled for January 7-8, 2021. Information available from: <https://www.ashp.org/Meetings-and-Conferences/RPDC>

We encourage all programs to evaluate and eliminate potential obstacles to recruiting a diverse workforce and demonstrate your recruiting processes seek to find and promote members of underrepresented groups.

In the Town Hall slides, the question was truncated - Should have read "With regard to diversity in residency training and the profession of pharmacy, have specific strategies or marketing been incorporated into the recruitment of residents and pharmacy personnel to increase diversity of the candidate pools, particularly individuals underrepresented in the profession of pharmacy (i.e., African-Americans and Hispanics/Latinos)?"

Slides are available at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/coc-presentation-update.ashx?la=en&hash=4DBE78ADE57174DDA6BFD28B8252517E362A88FF>

Each organization or health system must make decisions based on resource constraints (budget, personnel, etc.) and ensuring the long term viability of the program

Programs that early commit residents must inform the National Matching Service so these positions can be removed from the Match.

Your request was forwarded to the PharmAcademic Advisory Group for consideration.

Colleges of Pharmacy collect demographic data. Accreditation Services began collecting demographic information from residency applicants and residents this past year.

There are plans for survey data to be available through PharmAcademic and displayed on a program dashboard. This is a future enhancement.

Standard 2.1 is being revised and will establish a minimum length of training requirement for residents receiving a certificate of completion. Revision of this standard was not related to any beliefs on time off provided by specific residency programs, though there is significant variation between programs on time off allowed. Based on past surveys, some programs limit residents receiving a certificate of completion to 10 or less days off while a few programs have allowed residents to be off 12 weeks and still receive a certificate. Establishing a requirement of minimum length of training is in line with medical residency requirements related to eligibility for board certification, as most allow 30 or less days of annualized leave (range 20-35 days). In addition to a review of medical residency requirements in determining minimum leave, questions related to maximum time off allowed by programs and maximum time off taken by any resident in residency programs were added to the annual residency survey this past year to assess the impact of minimum lengths of training on residency programs. All these factors will be utilized when finalizing the revision of Standard 2.1.

Send suggestions to the Diversity, Equity and Inclusion Task Force: DEITaskForce@ashp.org

The Standards Workgroup is completing an overall content evaluation and considering information developed in the PAI 2030 and Future of the Pharmacy Workforce to guide decisions about operations and distribution as part of Standard 6 Pharmacy Services.

This is under consideration as a potential approach.

No update related to salary minimums. Accreditation Services does not track resident stipends. Stipends vary based on market forces, geographic differences in cost of living, and benefits offered. Generally, resident stipends are about 50% of a pharmacist salary.

Does ASHP have any plans to create a video on diversity and inclusiveness that we could share with our staff and residents?

We will consider this approach as we being to create implementation plans once the recommendations are formally approved.

Are you asking preceptors and residents what contributes to their stress/workload and are barriers to implementing what they learn in "resilience education"? A root cause analysis is needed to determine effective solutions and what, if any, impact more education might have..

No, questions relate to education and resources and their availability to address well-being and resilience of residents, preceptors, and staff.

As part of the standard, will residency selection committees be required to have training on implicit bias and systemic racism, as well as federal laws relating to employee selection, e.g. illegal questions.

We envision a similar approach to that of ACGME. From ACGME's Core Program Requirements regarding recruitment: The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.

Do recommendations on resilience/burnout go beyond education to include recommendations for structural design of programs to decrease burnout. (E.g. system issues that education cannot mitigate)

Current guidance for residents, preceptors, and all pharmacy staff is: consider education to the resident during orientation on burnout syndrome, the risks and mitigation strategies. Resources available on the ASHP website can be found here: <https://www.ashp.org/wellbeing>

Do you expect a higher number of applications per candidate during this recruitment season? We are concerned about receiving a large increase in applications to our program.

It is very early in the application process but early data reveals a similar number compared to previous years.

How are residents being evaluated for time spent on rotations if they are required to be on COVID quarantine and for possibly multiple times? Does the residents time need to be made up at the end of the year?

Please review information available in the Pandemic Effects on Residency available from: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pandemic-effects-on-residency-programs.ashx?la=en&hash=ABB97E83BDBF175E22A45C573BBF19D564C5CBF>

Will pharmacademics have the ability to keep track of preceptor qualifications and development.

This is not a planned PharmAcademic enhancement at this time

Will the slides be available for us to share with our staff? thanks!

Slides are available at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/coc-presentation-update.ashx?la=en&hash=4DBE78ADE57174DDA6BFD28B8252517E362A88FF>

Are Community- based programs to be eligible for GME pass through funding and where can we find this information?

No community-based programs are not eligible for CMS GME pass through funding.

Are preceptors required to complete the same evals as the PIT

When the PIT all other preceptors listed on this learning experience would receive an evaluation to complete. The PIT would then decide which comments to include and mark the final "score." This would then go to the PITs mentor for co-signature.

Regarding resilience what do you all have in mind

Resilience and well-being have not yet been addressed in the new standard draft. This will be done when the draft is closer to being finalized. Discussion related to resilience and well-being additions to the standard have mostly related to provision of education on these topics at this time.

we keep getting questions about recording virtual interviews.. any thought?

We suggest you seek the advice of your legal department because laws vary by state in regards to recording interviews.

I hope that you would survey existing programs before adding nutrition to the standard. Many health care systems have dietitians and nutritionists for patient care. They do not have have the pharmacist recommend the nutrition formulas.

Nutrition is just one area being evaluated in an overall content review as part of the standards revision process.

The boards of pharmacies have been very slow in processing applications. What are you doing to improve this process

A temporary licensure waiver was approved by the Commission on Credentialing and ASHP Board of Directors until January 1, 2021 recognizing potential delays in receiving an Authorization to Test (ATT) and scheduling the exam.

For federal residents - there are about 10 holidays per year. Do those count as "leave?"

Paid leave includes vacation, sick, and holiday leave.

How will a program be affected for diversity recruiting if the program is not located in a "diverse" population

We encourage all programs to evaluate and eliminate potential obstacles to recruiting a diverse workforce and demonstrate your recruiting processes seek to find and promote members of underrepresented groups.

How do you feel virtual interviews will affect the match rates this year? If you have any advice to be successful during virtual interviews feel free to share.

We do not anticipate any effect on Match rates. Video and phone interview best practice information is available from: <https://www.ashp.org/-/media/ABE5CC3EF5894093A545B9CEFA12A89.ashx> and Virtual Residency Showcase Tips and Tricks available from: <http://elearning.ashp.org/products/8614/transitioning-to-virtual-recruitment-tips-and-tricks-for-residency-programs-in-navigating-the-ashp-midyear-virtual-showcases-11-19-2020>

Is the Match algorithm going to use "diversity" (i.e. race)? If so, how?

No

Since diversity extends beyond race, what data will be collected to evaluate diversity (socioeconomic background, political affiliation, religion)?

This is still to be determined. We started with race.

What does it mean when a position requires residency-level of training. Does it mean you cannot apply without graduating from an accredited PGY1 program?

Yes, it means residency training is a minimum qualification for employment.

When will the results of the diversity and inclusion survey be available and will there be guidance on scoring resident applications in PhorCAS?

The Town Hall slides are available at: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/coc-presentation-update.ashx?la=en&hash=4DBE78ADE57174DDA6BFD28B8252517E362A88FF>
Do not have guidance on scoring in PhORCAS at this time.

Are there any changes anticipated to the accreditation survey visits after the pandemic (incorporating virtual capabilities?)

Do we know how many residents withdrew due to licensure last year as compared to previous years?

How does ASHP use distance to determine whether a program can be a multi-site vs single site??

Medical residencies in our area have enacted emergency management, which allows programs to utilize residents in non-rotation specific capacities. Has ASHP considered any specific guidance or policy to approach this?

Although there isn't a required start date for the residency programs, traditionally it is around July 1. Would moving the "traditional" start dates to around August 1 help the issues with timing for the match and licensure issues? If considered, would this cause other problems?

Is there any plan to compare the surveyor evaluations of programs to the resident perceptions in the survey? Some of the highly cited items look like residents are satisfied in these areas.

What has ASHP done to increase the diversity of its paid staff?

What input has been obtained from the HR and/or legal departments of organizations/facilities regarding interviewing BIPOC candidates--and how you obtain the information to identify the candidates as BIPOC in the application process without fear of discrimination?

Why/how would nutrition be included in the CAGOS for PGY1s as opposed to including all the other areas that are needed, i.e. cardiology, endocrine, etc? Is this going to lead to development of an appendix or curriculum for PGY1s?

I know the medical residencies have taken a stance that all interviews should be virtual to even the playing field in case there was a program that wanted to proceed with in person interviews. Does ASHP have a stance on in person or virtual interviews in light of COVID. Meaning, would ASHP take the same stance? Do anticipate this will effect future years of interviews (virtual vs in person)

Is there future consideration of early commitment for programs within a large health system that has multiple individual residency programs ? Thank you

We anticipate a return to in person surveys in the post-pandemic world.

59 PGY1, PGY2, or PGY1/2 combined program residents were unable to obtain licensure last year. This is similar to the previous year.

Please review information available in the regulations for single site versus multi-site programs. <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/accreditation-regulations-residencies.ashx?la=en&hash=266670210632AD9E4B2C31BFF1A7D8D8FE8893DF>

Please review information available in the Pandemic Effects on Residency available from: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pandemic-effects-on-residency-programs.ashx?la=en&hash=ABB97E83BDBF175E22A45C57C3BBF19D564C5CBF>

The "traditional" residency year is from July 1 until June 30 the following year. Start dates vary and are at the discretion of the program. For PGY1 programs any changes to start dates should consider the negative effects on future PGY2 starts for graduating PGY1 residents seeking ongoing training in a specialty practice area.

Yes, resident survey responses will be available to lead surveyors conducting accreditation surveys.

ASHP simultaneously launched an internal Committee on Diversity, Equity and Inclusion when we announced the external Task Force on Racial Diversity, Equity and Inclusion. This Committee has been focused on our internal practices and their work culminated with a strategic plan recently presented and approved by the Senior Leadership Team for implementation. The strategic plan includes five goals:

- Goal One: Increase workplace inclusion through open dialogue and advocacy development work.
- Goal Two: Build a talented and diverse workplace.
- Goal Three: Educate the workforce on diversity.
- Goal Four: Respect and appreciate individual differences of all ASHP employees
- Goal Five: Create and maintain an inclusive approach to all ASHP systems, policies, and practices.

Our Committee has broken into sub-groups this month and are actively working on implementing the goals in 2021. Goal Two focuses exclusively on increasing the diversity of our workplace and we will begin to review our recruitment practices to ensure they are inclusive.

No information at this time.

Nutrition is just one area being evaluated in an overall content review as part of the standards revision process.

Please review information available in the Pandemic Effects on Residency available from: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pandemic-effects-on-residency-programs.ashx?la=en&hash=ABB97E83BDBF175E22A45C57C3BBF19D564C5CBF>

Our general philosophy:

The PGY1 resident is in the organization that conducts the PGY2 residency so that the program director of the PGY2 program knows the PGY1 resident well enough (over about a 5 month period) to judge the resident's suitability for the PGY2 program. Also, that the PGY1 resident has worked closely enough with the PGY2 program director and knows enough about the PGY2 program to know that the program is the best choice for them.

The Match represents the fairest process for potential residents and gives the resident(s) the opportunity to evaluate multiple programs before making a decision. The Match is also advantageous to programs since it allows them to evaluate the applicant pool and choose the person best suited for the program.

We simply ask that you insure a relationship is developed with all residents over the first few months of training. Your process for building these relationships and the process you will use to evaluate potential early commit residents is formalized and documented in your program manual (we will not dictate your process but examples include RAC involvement, required rotations, participation in development plans and evaluations, formal interviews, etc.).

There is some dialog on CONNECT about virtual interview ideas

Follow up question on having race/ethnicity in PhORCAS... if it's blinded to programs, how are we going to ensure some diversity in recruiting?

When you mentioned including diversity in the recruiting process, what does this look like? Can you provide a specific example of what surveyors will be looking for?

In efforts to maximize mindfulness and burnout, are there ways in which ASHP plans to implement and standardize PTO days across all residencies?

Our PGY-1 Program is due for an accreditation survey in the spring of 2021. Do you have any idea of how this will be conducted?

What is the recommended maximum annual time off (holiday/PTO & sick) for PGY1 residents?

Do you have suggestions for resilience training & reducing burnout for both residents & preceptors?

Could you repeat the well-being recommendations from the commission?

I'm feeling as though the commission is weighting a higher weight to diversification than qualification.qualified

I'm interpreting the commission is weighting diversity over qualification. Is this correct?

Do we have any data on early commits for this year? How do you anticipate the pandemic will affect # of programs that early commit?

Do you anticipate more accreditations/re-accreditation surveys to be performed virtually from ASHP - even after the pandemic?

Follow-up to phase 2 timing question and licensing consideration, why is it ok for residents to only be licensed for 6 months this year, but not other years? If we can provide the experiences they need as a licensed pharmacist in 6 months during a pandemic, we should be able to do the same when not dealing with pandemic-related issues.

Do you think COVID impacted the taking of leave in 2019-2002? We had residents cancel leave/travel due to COVID, and took less days than originally planned.

In a recent accreditation survey, we had a preceptor cited as not meeting criteria due to having a group project recognition award from a state association instead of having an individual award. Could you please consider including group awards as preceptor recognition? For projects/initiatives across health-systems, individual awards will be less common.

If residents take the additional COVID leave, and our ASHP surveyor already warned us that our standard leave was borderline jeopardizing the "one year" rule, would we still need to extend the residency, as we would for use of other "non-standard leave" such as maternity, military, etc.

In the University of California System (UCI, UCSD, UCSF, UCSD, UCLA)... at the Office of the President level, they want to move pharmacy resident into academic job codes, which will mean their salaries are routed from the hospital to the academic campus and jeopardize CMS pass through funds. Can ASHP help with a position statement that pharmacy residencies are clinical training opportunities in hospital/health system settings and NOT academic positions

took kit for full interviews being done virtually?

By chance, are you working on updated resources/requirements for preceptors in training and graduation to a preceptor? The current criteria are vague and there seems to be great variation among programs.

Yes. See <https://connect.ashp.org>

We encourage all programs to evaluate and eliminate potential obstacles to recruiting a diverse workforce and demonstrate your recruiting processes seek to find and promote members of underrepresented groups.

We envision a similar approach to that of ACGME. From ACGME's Core Program Requirements regarding recruitment: The program, in partnership with its Sponsoring Institution, must engage in practices that focus on mission-driven, ongoing, systematic recruitment and retention of a diverse and inclusive workforce of residents, fellows (if present), faculty members, senior administrative staff members, and other relevant members of its academic community.

The standards revision group is evaluating PTO across all residencies and may consider future standardization.

We anticipate it will be conducted virtually in light of increasing infections and severe COVID cases and limited vaccine supplies.

This has not yet been determined.

Please review information available from the Workforce Well-Being and Resilience Resource Center @ <https://wellbeing.ashp.org> and there is also an excellent resource on building resiliency in residency available from: <https://www.ashp.org/-/media/assets/new-practitioner/docs/Building-Resilience-in-Residency-Training-It-Takes-a-Village.ashx>

The standards revision workgroup was asked to consider well-being and diversity in the standards revision.

No

No

We do not anticipate a significant effect of the pandemic on early commits.

This has not been decided although our current planning is return to in person accreditation site visits post-pandemic.

The temporary waiver was required due to test reduced test site capacity and recognition that there would be months long delays in scheduling NAPLEX and MPJE exams. It does not reflect an underappreciation of the importance of licensure and independent practice goals for residency training.

Anecdotally we believe there was less travel-related leave. Annual survey data revealed an average of 15-17 days of leave used across residency program types.

The preceptor qualifications standards have undergone significant revision, including changing current standard 4.8c from recognition in the area precepted to content knowledge/expertise. As a result, the criteria for this standard have been completely revised and all awards will be part of the revision of the current standard 4.8f.

Please review information available in the Pandemic Effects on Residency available from: <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/pandemic-effects-on-residency-programs.ashx?la=en&hash=ABB97E83BDBF175E22A45C57C3BBF19D564C5C5CB>

CMS is adamant that GME pass through funding is a provider-based payment system. Moving resident positions to the university will jeopardize pass through funding.

Video and phone interview best practice information is available from: <https://www.ashp.org/-/media/ABE5CC3EF5894093A545B9CEFAB12A89.ashx> and Virtual Residency Showcase Tips and Tricks available from: <http://elearning.ashp.org/products/8614/transitioning-to-virtual-recruitment-tips-and-tricks-for-residency-programs-in-navigating-the-ashp-midyear-virtual-showcases-11-19-2020>

There are no plans to update requirements related to preceptors-in-training with the current standards. Requirements include designation as a preceptor-in-training in PharmAcademic, assignment of a coach to co-sign evaluations, and a development plan for the preceptor-in-training to meet preceptor qualifications within two years. Programs typically get cited because one of these elements of the standard has not been fully met. The development plan is the area most commonly cited. Reasons programs are cited on preceptor-in-training development plans include the lack of a development plans for one or more preceptors-in-training or that preceptor-in-training development plans do not specify actions to be taken to ensure deficits noted in 4.8c, 4.8d, or 4.8f of the standard are corrected in two years.

<p>Is it possible to share individual survey data with programs annually so they can improve rather than waiting for accreditation year how has covid-19 reshaped the way you run your program or institutional operations itself? what does an ideal candidate at your institutions look like?</p>	<p>This is a planned enhancement as the survey data sets mature.</p> <p>Accreditation surveys are all being conducted virtually.</p> <p>Please post your inquiry to the RPD Connect Community. https://Connect.ashp.org</p>
<p>what are some examples of best practices for training on burnout?</p>	<p>Please review information available from the Workforce Well-Being and Resilience Resource Center @ https://wellbeing.ashp.org and there is also an excellent resource on building resiliency in residency available from: https://www.ashp.org/-/media/assets/new-practitioner/docs/Building-Resilience-in-Residency-Training-It-Takes-a-Village.ashx</p>
<p>Do we know how many PGY1 programs are still successful with CMS pass through funding? We were recently told we are no longer eligible and can not resubmit for so many more years. Will any more changes be made to the current licensure deadline of Jan 2020?</p>	<p>Accreditation Services Office does not track the number or programs funded through CMS GME pass through funding.</p> <p>No, the temporary waiver expires January 1, 2021. Data from NABP reveals sufficient test capacity to meet demand for examinations by this date.</p>
<p>Will there be additional changes made for the licensure deadline of Jan 2020 for current residents ? (sorry heard a questions about licensure wanted to reask to ensure my question wasnt misunderstood) What types of examples can you provide for marketing to and recruiting under-represented minorities since the majority of recruitment is at local schools of pharmacies and professional conferences?</p>	<p>No, the temporary waiver expires January 1, 2021.</p> <p>We encourage all programs to evaluate and eliminate potential obstacles to recruiting a diverse workforce and demonstrate your recruiting processes seek to find and promote members of underrepresented groups.</p>
<p>When you mentioned the "harmonizing" of Standards for PGY-1, PGY-2, and Managed Care programs, are you suggesting the Standards will all be the same? How will this impact programs that provide more indirect patient care versus direct patient care? Institutional programs and managed care programs are significantly different in design & delivery.</p>	<p>As part of the harmonization effort, all the standards were compared and found to be almost identical for most standards. In cases where the standards are different, this will be reflected in the harmonized standard. Specific to this question, the new standard will have differentiation in the current Standards 3 and 6 to address where PGY2, managed care, and community pharmacy residency standards are different from the PGY1 Pharmacy standards.</p>
<p>Can you highlight key points with accreditatin surveys during the pandemic</p>	<p>Most frequent citings on survey are available in the Communique. https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Communique-Newsletter</p>
<p>Has there been changes in the top findings during surveys</p>	<p>No. You may review most frequent citings for both PGY1 and PGY2 programs in the Communique available from: https://www.ashp.org/Professional-Development/Residency-Information/Residency-Program-Resources/Communique-Newsletter</p>
<p>I graduated in 2008. 11 years in chain retail experience. Please provide some leads on how to look for residency programs</p>	<p>Search the residency online directory for programs that are best suited for your professional practice interests and practice environment e.g. academic medical center, community hopsital, specialty pharmacy, etc.</p>
<p>Is there any data on how many applicants are expected this year?</p>	<p>It is too early in the Match application process to answer this question.</p>
<p>what is the allowable leave time for resident per standards</p>	<p>Current guidance states: Residents taking leave greater than the paid leave (i.e., vacation, sick, holiday) allowed by the organization cannot be awarded a certificate of completion unless that additional leave is made up.</p>
<p>Regarding the addition of nutrition (and potentially other therapeutic topics) to the PGY1 CAGOs, has a PGY1 appendix been considered in the revision? is there any residency program outside the match process?</p>	<p>At this time, there has not been discussion of addition of a PGY1 appendix.</p> <p>Yes there are unaccredited residency programs that do not participate in the Match.</p>