


## What's New in Residency Training? Update from the ASHP Commission on Credentialing

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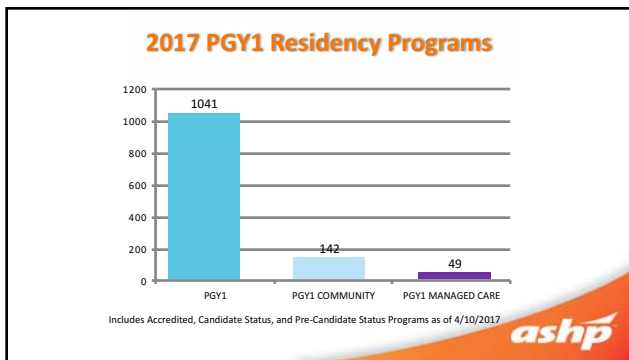
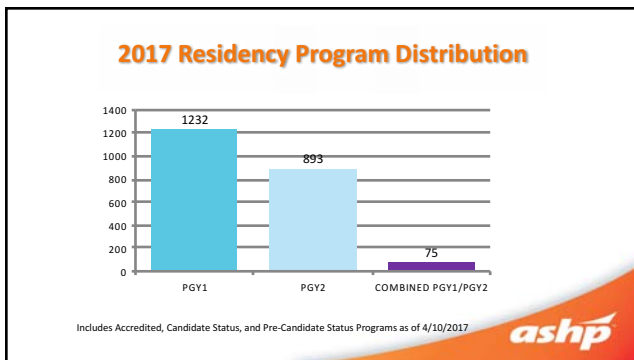
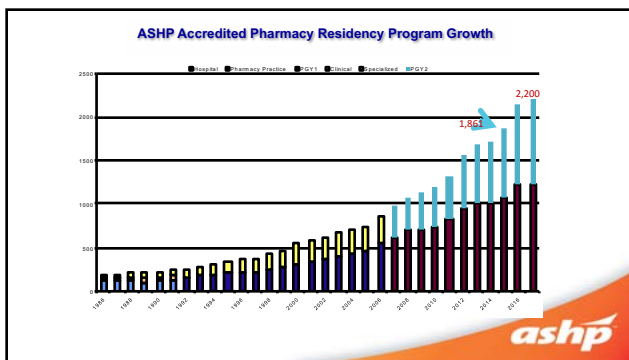


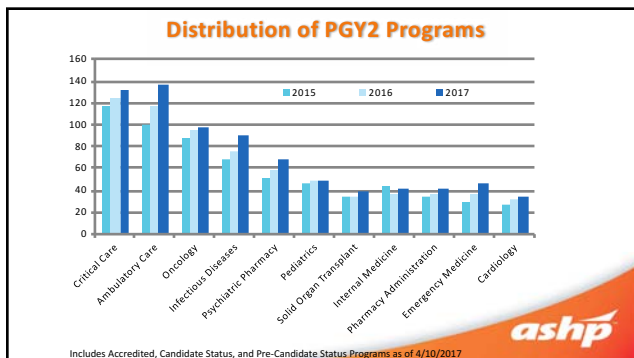
### What's New?

- Residency Growth and Capacity
- 2017 Match Results: Phases I & II
- PCOA Update
- Standards Updates
  - PGY2 CA/G/O
  - Guidance Updates
- PharmAcademic™
- Resources:
  - CMS Pass-through Funding Tool Kit
  - RU Ready Tool
- Coming Soon: Pilot of New Application Process
- Technician Training



## Residency Growth and Capacity



### Residency Program Growth Summary

- PGY1, PGY2, and combined PGY1/PGY2 programs continue to grow
- 18% increase in programs in past 3 years
- PGY2 and combined programs outpacing PGY1 programs in percent growth from 2015-2017

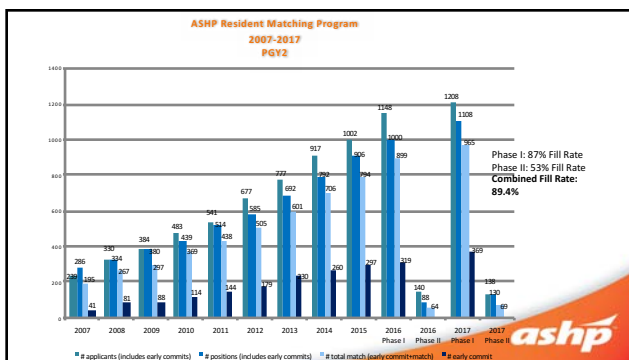
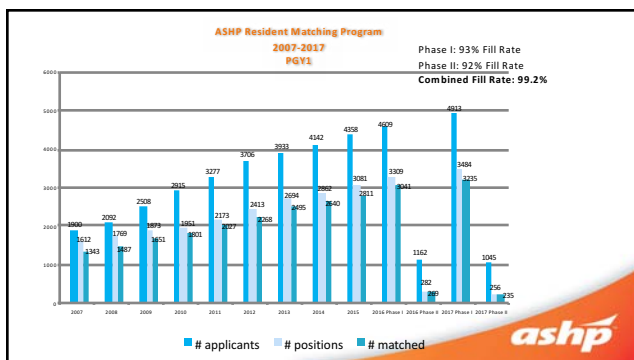
## 2017 Two-Phase Match

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### 2017 Match: Increases in both the number of applicants and positions offered

- PGY1
  - > 5% increase in positions offered
  - > 6% increase in applicants
- PGY2\*
  - > 12% increase in positions offered
  - > 4.4% increase in applicants
  - > There were 369 early commits in 2017 compared to 319 in 2016

\* Includes early commitment process



### Going Into the Scramble

	End of Match or Phase II	End of Match or Phase II
2016	Unfilled Positions	Unmatched Applicants*
PGY1	13	1556
PGY2	24	220
Total	37	1776
2017		
PGY1	21	1693
PGY2	61	202
Total	<b>82</b>	<b>1895</b>

Overall position fill rate for PGY1 and PGY2 was 98.1%

\*Includes applicants who only participated in Phase II



### Two-Phase Match Summary

- Significant growth in residency programs and additional residency positions in the past 3 years
- Significant difference in the number of applicants vs. available positions
- Two-phase match process was successful in filling majority of residency positions in an orderly fashion



### PCOA Update



### Joint Statement on PCOA: ACCP, ACPE, NABP

Excerpts from the joint statement shared with RPDs February, 2017:

"The PCOA was originally designed and should primarily be used as one component of a multi-component assessment of Pharm D curricula and student performance. It is intended for use by the individual colleges and schools of pharmacy and ACPE to provide an objective measure of performance on topics covered in US pharmacy curricula. For these purposes the PCOA results have been validated 1) to compare student performance within an examinee cohort or with a national representative sample; 2) to compare program level results within a national representative sample (or with peer programs); 3) to track student growth over time; 4) as a benchmark along with other key assessment measures included in a student portfolio; and 5) to include in educational research studies."

"In developing and validating the PCOA, NABP has not verified the integrity of the PCOA for purposes other than those noted in the preceding paragraph and **strongly advise against the use of individual student scores** for post-graduate placement (e.g., resident selection, employment decisions, graduate school admissions) or other uses."  
(emphasis added)



### New Residency Standards AND Competency Areas, Goals and Objectives



### New Standards: Implementation Dates

- | July 1, 2017   | July 1, 2018*   |
|--|---|
| <ul style="list-style-type: none"> <li>• <b>PGY2 Standard</b> <ul style="list-style-type: none"> <li>➢ Associated Competency Areas/ Goals/Objectives (CA/G/Os ) may differ in implementation</li> </ul> </li> <li>• <b>PGY1 Community-based Pharmacy Standard</b></li> </ul> | <ul style="list-style-type: none"> <li>• <b>PGY1 Managed Care Standard</b> <ul style="list-style-type: none"> <li>➢ *For 2017-2018 residency year, programs may choose to be reviewed under the new or old standard</li> <li>➢ New Competency Areas, Goals, and Objectives to be reviewed at August 2017 COC meeting</li> </ul> </li> </ul> |



## Implementation Date: July 1, 2017

### Recently Approved PGY2 CA/G/Os

- Ambulatory Care
- Cardiology
- Critical Care
- Geriatrics
- Infectious Diseases
- Internal Medicine
- Oncology
- Pediatrics
- Pharmacotherapy
- Psychiatry



## PGY2 Competency Areas, Goals, and Objectives (In process)\*

- Drug Information
- Emergency Medicine
- Informatics
- Pain and Palliative Care
- Solid Organ Transplant

\* Anticipated COC review – August 2017



## Upcoming Reviews: PGY2 Goals and Objectives

- Health-System Pharmacy Administration
  - Postponed until COC discusses issues related to this area.
- Medication-Use Safety
- Pharmacy Outcomes and Healthcare Analytics
- Pharmacogenetics
- Goals and objectives for residencies with one or fewer programs (e.g., Nephrology, Neurology, HIV)



## Updates to Standards and Guidance Documents



## Changes to PGY1 Community-based Practice Standard\*

### Standard 5.3: Requirements for Program's Organizational Structure

**5.3.a.2.4** For multiple-site programs, additional practice sites used for training an individual resident beyond the resident's home-base practice site meet the requirements established for pharmacy services in Standard 6.

**5.3.b** Each resident in the program, regardless if single-site or multiple-site, is assigned a specific community-based home-base practice location (site) where he or she spends no less than 40% of his or her time.

**5.3.b.1** Home-base practice location (site) meets the patient care services criteria under Standard 6.

**5.3.b.2** Multiple residents may be located within a single home-base practice location (site) if the level of services and patient care services are sufficient in diversity, variety, complexity, and quantity to educate and train multiple residents within the practice.

\*(Approved April 2017)



## Changes to the Standard for PGY1 Community-based Practice\*

(continued)

### New Critical Factors Added:

- 5.3.a.2.1,
- 5.3.b, and
- 5.3.b.1

Please see Guidance Document for PGY1 Community-based Practice on ASHP's website

\*(Approved April 2017)



## PGY1 Managed Care Pharmacy\*: Critical Factors

- Standard 1: 1.5
- Standard 2: 2.5, 2.7, 2.7a, 2.9
- Standard 3: 3.2b(1),(2),(3),(4); 3.3a(2),(3),(4); 3.3c(1)(c), 3.3c(1)(d); 3.4a(2); 3.4b(1); 3.4c(1); 3.4d(2)
- Standard 4: 4.2, 4.3a,b,c; 4.6; 4.8a,b,c,d,e,f
- Standard 5: 5.1
- Standard 6: 6.1b(5); 6.1c; 6.1d; 6.2c; 6.2d; 6.3c(1),(2),(3),(4); 6.4a,b,c,d,e,f,h,j; 6.5a; 6.5a(1); 6.5b

Guidance Document soon-to-be posted on ASHP's website

\* (Approved April 2017)



## PGY1 & PGY2: Changes to Standard 2.3 Guidance\*

### Standard 2.3

**Standard 2.3** All programs in the ASHP accreditation process must adhere to the Rules for the ASHP Pharmacy Resident Matching Program (Match)<sup>3</sup>, unless exempted by the ASHP Commission on Credentialing

#### Guidance

The following are approved exemptions:

- Indian Health Service (IHS) residency positions.
- Residency positions offered to members of the active forces of the uniformed services (I.e. Army, Navy, Air Force, Marines, and Coast Guard)
- Residency positions offered to commissioned officers of the Public Health Service

(PHS) Residency programs which are exempt from the Match are required to report the number positions filled annually to the ASHP Accreditation Services Office by April 1st. This may be done by each individual program or collectively for programs utilizing the same process for hiring exempt residency positions (I.e., IHS). The date by which applicants must accept or decline residency positions offered through the IHS match process must occur prior to the initial date applicants may submit Rank Order Lists for Phase I of the Match.

How it will be surveyed:

Review of residents' Academic and Professional Records. Discussion related to participation in the matching program.

\*(Approved April 2017)



## PGY2 Purpose Statement Revision



## Revised PGY2 Purpose Statement\*

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

\*(Approved April 2017)



## PGY2 Appendices- New Format



## Proposed PGY2 Appendices Format\*

### Core Areas or Types of Patient Care Experiences

It is expected that all residents will acquire new knowledge and understanding related to core areas or types of patients for graduates of PGY2 \_\_\_\_\_ programs. However, the primary method for PGY2 \_\_\_\_\_ programs to help residents to achieve patient care competence in providing comprehensive medication management is to provide residents with sufficient experience providing patient care for common disease states and conditions.

For this purpose, residents are required to have direct patient care experience in at least \_\_\_\_\_ of the following list of \_\_\_\_\_ care areas or types of patients. Residents will be able to elect other areas to develop patient care competence. In addition, resident may further develop knowledge and understanding to help them become competent providers of comprehensive medication management by case-based application through didactic discussion, reading assignments, case presentations, and/or written assignments. However, patient care competence cannot be achieved solely through these methods without actual patient care experience in providing comprehensive medication management.

\*(Approved April 2017)



## Accreditation Services: Resources and Updates



## Timelines for Required Use of PharmAcademic™\*

### Resident Close Out

- Beginning this year (2016 – 2017)
- All programs MUST close out residents in PharmAcademic™
  - Candidate and Accredited programs
  - Includes graduated, resigned or dismissed residents

### Program Administration

- Effective **July 1, 2018**
- Administration and maintenance of program records and documents in PharmAcademic™
  - Resident enrollment
  - Graduate tracking
  - Learning experience descriptions
  - Resident schedules
  - Evaluations

\*(Approved April 2017)



## Pilot: New Online Application Process

Accreditation Services is in the process of developing a robust, online application tool for new programs. The goal of this pilot project will be to increase efficiencies in the current process and gather additional information prior to awarding pre-candidate or candidate status to applicants.

Stay tuned for updates!



## CMS Pass Through Funding: Free Webinar

- Optimizing GME Pass Through Reimbursement for Pharmacy Residency Programs\*:
  - 1.5 hour webinar discussing issues and answers surrounding eligibility of obtaining CMS pass through funding for PGY1 residency programs
  - A companion handout accompanies the presentation

\*Developed by Tom Woller Sr., VP of Pharmacy Services Aurora Health Care, Milwaukee, WI



## RU Ready Tool\*

This survey-style tool was developed for sites interested in starting a residency program. Highlights include:

- A focus on key components of the accreditation standard for user self-assessment
- Includes explanations of the standards and reference materials
- Users are provided with a summary of their responses at the end of the survey that they can print and/or save to a PDF document

\* Publication to ASHP's website anticipated in early May, 2017



## Technician Training Update

- PTAC – Pharmacy Technician Accreditation Commission
  - Established in 2015
  - 271 accredited programs
  - Training must include:
    - Didactic (160 hours)
    - Simulated (80 hours)
    - Experiential (160 hours)
- Get Involved!
  - Serve as an externship site for a technician training program
  - Serve as an advisory committee member
  - Volunteer as guest surveyor
  - Serve as instructor for training programs



**QUESTIONS?**

