



CRITICAL FACTORS FOR RESIDENCY ACCREDITATION STANDARDS

The Commission on Credentialing and the ASHP Board of Directors have approved a method of weighting certain elements of the accreditation standard in terms of compliance and their impact on the length of accreditation; these elements are known as “**Critical Factors**”. Critical Factors have been identified throughout the accreditation standards for PGY1, PGY2, PGY1 community, and PGY1 managed care residency programs. Critical Factors have been bolded within the pre-survey questionnaire for each type of residency program and also within the survey report that the site receives after the survey.

Specific standards of the Accreditation Standard with identified Critical Factors include:

Standard 1: The resident is a licensed pharmacist, and PGY2 residents have completed a PGY1 residency program.

Standard 2: Staff complement of the department is sufficient to support a residency program and the residency program follows regulations.

Standard 3: The residency program design and evaluation system is appropriate and meets requirements of the standard.

Standard 4: Residency program director and preceptors are qualified and carry out and their responsibilities as required by the Standard.

Standard 5: The institution continues to remain in the appropriate accreditation status as determined by outside accrediting agencies.

Standard 6: The institution follows a safe medication use system and provides excellent clinical services to all patients served. Additional Critical Factors exist for PGY2 programs in Standard 6, including residency program director qualifications and advanced level of practice required to conduct a PGY2 residency program.



A synopsis of the total number of Critical Factors within each Standard and the standard numbers that are Critical Factors for PGY1, PGY1 community-based, PGY1 managed care, and PGY2 pharmacy residency programs are listed on the chart on the next page. Some differences do exist among the different Standards.

PGY1 Standard 2014	PGY2 Standard 2015	PGY1 Community Standard 2016	PGY1 Managed Care Standard 2017
Standard 1 -1-	Standard 1 -2-	Standard 1 -2-	Standard 1 -1-
1.5	1.1 1.6	1.5, 1.6	1.5
Standard 2 -4-	Standard 2 -4-	Standard 2 -4-	Standard 2 -4-
2.5 2.7 2.7a 2.9	2.5 2.7 2.7a 2.9	2.5 2.7 2.8 2.9	2.5, 2.7, 2.7a, 2.9
Standard 3 -10-	Standard 3 -8-	Standard 3 -23-	Standard 3 -10-
[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)	3.2b 3.3a(3) 3.3c(1)(c), 3.3c(1)(d) 3.4b(2) 3.4c(1) 3.4d(1) 3.4e(2)	3.2b(1), (2), (3), (4) 3.3b 3.3c(1),(2),(3),(4),(5),(6) 3.3d (1),(2), (3),(6) 3.3.e.1 3.4.a.2.1 3.4.a.3.1 3.4.b.1.1.1, 1.1.3 3.4.b.2.1 3.4.c.3.1 3.4.c.4	[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-	Standard 4 -4-	Standard 4 -8-	Standard 4 -4-
4.2 [4.3a, b, c]** 4.6 [4.8a, b, c, d, e, f]**	4.2 [4.3a, b, c]** [4.6a, b]** [4.8a, b, c, d, e, f]**	4.2a 4.2b(1), (2), (3) 4.3a 4.3b.(3), (4), (6)	4.2 [4.3a, b, c]** 4.6 [4.8a, b, c, d, e, f]**
Standard 5 -1-	Standard 5 -1-	Standard 5 -5-	Standard 5 -1-
5.1	5.1	5.1 5.2.b 5.3.a.2.1 5.3.a.(3), (4)	5.1
Standard 6 -22-	Standard 6 -22/-4-	Standard 6 -22-	Standard 6 -20-
6.2d 6.3 6.4f, 6.4g 6.5a 6.6b, c, g, i, k 6.7a, b, c, d, e, f, i 6.7m(3) 6.8a(1), 6.8.a(2) 6.9a, 6.9b	6.2d 6.3 6.4f, 6.4g 6.5a 6.6b, c, g, i, k 6.7a, b, c, d, e, f, i 6.7m(3) 6.8a, 6.8.b <u>6.9a, 6.9b</u> {6.10.a, 6.10.b, 6.10.c, 6.10e ^a }	6.1.b.4, 5 6.1c 6.1d 6.1.e 6.2.c 6.3.b(1),(2),(3), (4) 6.3.c.1 6.3.c.3 6,4b, g, h, j, k, l, m, n 6.5a, b	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

**only counts as one critical factor for the metric

Assessments of resolution or progress on standard citations are determined by the COC after a review of the survey response or additional reports made by the residency program. Lengths of accreditation are determined by the COC after these reviews.



EIGHT Years of Accreditation

- No areas are documented as “no progress” **on any partial compliance (PC) or noncompliance (NC)**
- No areas of **limited progress-low (LP-L)** on any of the critical factors

FOUR Years of Accreditation

- ≤ 33% of critical factors occur in any of the specified Standards after response are LP-L

ONE Year of Accreditation

- >33% of critical factors occur in any one or more of the specified Standards after response are LP-L
- If **NO PROGRESS** on any low partially compliant citation or noncompliant citation if a critical factor

Conditional Recommendations for 2014 PGY1 and 2015 PGY2 Standard

- Any findings exist that may be considered by the COC to have a significant impact on the training program or patient safety
- Failure to demonstrate progress following **2 sequential one-year (or shorter)** periods of accreditation shall result in further action up to and including placement in conditional accreditation
- Any of the following factors for *Conditional Accreditation* remain at LP-L or NC (without a reasonable plan for resolution and the plans demonstrate limited implementation, with significant impact on the program or patient safety)
 - 2.5 Appropriate supervision and preceptor guidance
 - 2.9 Follows Regulations
 - 3.3, 3.4 Residency program design and conduct
 - 4.6, 4.8 Preceptorship
 - 5.1 Loss of outside accreditation (JC, NCQA, ACPE, etc.)
 - 6.6 Safe medication use system
 - 6.7 Clinical services

Conditional Recommendations for 2016 PGY1 Community Based Program

- Any findings exist that may be considered by the COC to have a significant impact on the training program or patient safety
- Failure to demonstrate progress following **2 sequential one-year (or shorter)** periods of accreditation shall result in further action up to and including placement in conditional accreditation



- Any of the following factors for *Conditional Accreditation* remain at LP-L or NC (without a reasonable plan for resolution and the plans demonstrate limited implementation, with significant impact on the program or patient safety)
 - 2.5 Sufficient preceptors
 - 2.9 Follows Regulations

 - 3.3, 3.4 Critical factors in residency program design and conduct
 - 4.3 Critical factors related to preceptors
 - 5.2b Loss of outside accreditation (JC, NCQA, ACPE, etc.)
 - 6.3b Patient care services critical factors
 - 6.3c Medication use system safety critical factors
 - 6.4 Critical factor related to pharmacist roles and responsibilities

Conditional Accreditation Recommendation for 2016 PGY1 Managed Care Pharmacy Programs

- Any findings exist that may be considered by the COC to have a significant impact on the training program or patient safety
- Failure to demonstrate progress following **2 sequential one-year (or shorter)** periods of accreditation shall result in further action up to and including placement in conditional accreditation
- Any of the following factors for *Conditional Accreditation* remain at LP-L or NC (without a reasonable plan for resolution and the plans demonstrate limited implementation, with significant impact on the program or patient safety)
 - 2.5 Sufficient preceptors
 - 2.9 Follows Regulations
 - 3.3, 3.4 Critical factors in residency program design and conduct
 - 4.3 Critical factors related to preceptors
 - 5.1 Loss of outside accreditation (NCQA, URAC, etc.)
 - 6.2 Pharmacy resources critical factors
 - 6.3c Patient care and medication use system critical factors
 - 6.4 Pharmacist roles and responsibilities and patient care services critical factors.

Programs not submitting reports as requested are subject to having accreditation withheld or placement in conditional status .

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August 2017 COC change highlighted