

MCM 2021 Residency Town Hall Q&A's

1. One concern about inclusivity in recruitment is the cost to attend ASHP midyear for students. What ways can we make this recruitment showcase more inclusive so that students of all income level are able to participate?

The virtual Residency Showcase will be a permanent supplement to the Midyear when it is held "live" and will occur the week after Midyear. The virtual Showcase will be open to all students – registration for Midyear is not required. Programs have the option to participate in the virtual Showcase at no additional costs if they participated in the live event but they cannot participate in the virtual showcase unless they participate in the live format.

2. Can you please elaborate on changes to Preceptor in training - are there going to be standards for what specific items need to be included in the training plan?

The term "Preceptor-in-Training" was eliminated from the new Standard. An individual preceptor development plan will be required for each preceptor who does not fully meet the qualifications defined in draft Standard 4.6. The plan, at a minimum, will need to delineate how each of the identified gaps in the qualifications for the preceptor will be closed within the next two years. The co-sign of the summative evaluations by a mentor will not be a requirement, but may be part of an individual preceptor's development plan.

3. Is there any discussion on standardizing what ACHR means? Each program does it differently which can lead to difference standards on defining resident competency for graduation.

The standardization of the scoring of the evaluation of objectives in summative evaluations is being discussed. Many programs currently use one of the example definitions posted on the ASHP website, however there are several programs that have developed a very well thought out evaluation strategies and definitions and the impact on those will need to be taken into consideration.

4. The preceptor development video resources on the ASHP website are not working. Please fix so we can utilize for programs!

The Accreditation Services Office preceptor resources are up-to-date and can be reviewed at [Preceptors Resources/Webinars and Presentations](#)

5. What is the recommendation for in person vs virtual interviews for this recruitment season?

Accreditation Services and the Commission on Credentialing recognizes that there are geographic differences in SARS-CoV-2 transmission rates, COVID-19 hospitalizations, State, territorial, and local travel restrictions, and organization visitor policies. As a result, the decision to offer in person or virtual interviews for the 2022-2023 Match is a program decision. Programs conducting in person interviews should offer a virtual option to any applicant unable to participate in person.

6. Has there been discussion about standardizing the Phase I application due date to a specific date or date range? (to avoid programs requesting due dates prior to Christmas). Yes, a "not earlier than" deadline is planned for the 2022-2023 Match year.

7. What are thoughts from COC regarding time commitment for RPDs?

The current verbiage in the draft Standard 5.1.c.6 states that pharmacy leadership is responsible for “providing program administration time to the residency program director (RPD) to support residency training”. Interpretive guidance provided states that “The RPD is provided a minimum of four (4) hours per week of residency program administration time on average, over the course of each residency year. Additional time may be required based upon factors such as program size, time of the year, and availability of additional support personnel.”

8. Will there be a standard or universal method for documentation of duty hours within PharmAcademic?

Yes! The Duty Hour Policy is currently being revised, and a standardized duty hours attestation that corresponds with the Duty Hour Policy is being developed within PharmAcademic™. The monthly attestation is expected to be launched in PharmAcademic™ and available to all programs to use beginning with their 2022-2023 residency class.

9. Can you review the updated Preceptor Eligibility and Qualifications in more detail? Are there any updates to Assistant Residency Program Directors and/or Residency Coordinators in terms of qualifications?

The specifics regarding the proposed preceptor eligibility and qualifications are delineated in detail in the draft Standards 4.5 and 4.6. The Standard does allow for delegation of functions and tasks to individuals other than the Residency Program Director, however, there is not a specific mention of titles of others that assist in the management of the residency program in the Standard. Titles, selection and qualifications of such individuals, if used, are left to the discretion of the residency program.

10. Will preceptors be required to have Board Certification in area they precept in the new standards in 2023 or could experience in that area (i.e. 5 years) along with PGY-1 residency completion suffice?

There is not a requirement for preceptors to be Board Certified in the area in which they precept. They may meet the preceptor content knowledge/expertise Standard in a variety of ways, with Board Certification being just one of those.

11. How does the communication from Connect come through? if via email, who is it from? ASHP Connect?

An email from ASHP Connect Community.

12. Is there a way we can conduct phase 1 similar to the medical residency? They find it early in March but don't get the exact location until "match day."

We have investigated this and it is not possible for us to do.

13. What are some things/ tasks programs can be doing this year to address DEI in our recruitment and interview processes?

With the incorporation of items in the new Standard that focus on diversity in recruitment within residency programs and the pharmacy workforce, a resource guide is being developed that will be part of the implementation of the new Standard for the 2023-24 residency year. In the meantime, programs and pharmacies/departments of pharmacy are encouraged to visit the ASHP Inclusion Center (<https://www.ashp.org/pharmacy-practice/resource-centers/inclusion-center>) for an indexed and searchable array of resources focused on diversity in recruitment and eliminating the potential for implicit bias in the interviewing, selection, and ranking process, including webinars, podcasts, articles, and personal experiences shared by pharmacy colleagues and ASHP members. In addition, programs and departments of pharmacies that are part of a larger organization should also consult with Human Resources to identify any policies or recruitment strategies that may exist.

14. Any thought to making the 2 phases of the match more equal in time. Meaning starting phase 2 earlier and shortening phase 1?

We work within the National Matching Service availability and have selected our dates accordingly as we are not the only match that they run. We looked at starting earlier and that conflicts with another match. We looked at going later in April but are concerned with the need for residents to know where they match as soon as possible in order to complete the licensing process for that location. We have done the best that we can given the constraints we have on both ends.

15. Can you clarify where the diversity and inclusion resources are on the ASHP website? I do not see anything in the resource center?

Please visit the ASHP Inclusion Center (<https://www.ashp.org/pharmacy-practice/resource-centers/inclusion-center>) for an indexed and searchable array of resources focused on diversity in recruitment and eliminating the potential for implicit bias in the interviewing, selection, and ranking process, including webinars, podcasts, articles, and personal experiences shared by pharmacy colleagues and ASHP members.

16. Can the new ASHP Center of Excellence certification be heavily considered/weighted when surveying and accrediting Residency Program? E.g. if a health-system has attained the Center of Excellence these portions of the survey packet and on-site review are greatly reduced or considered to be met. This would greatly reduce burden to programs and further incentivize organization to spend time and resources on COE certification.

The role of an organization having the ASHP Center of Excellence certification in reviewing Standard 5- Pharmacy Services during a pharmacy residency accreditation survey will be evaluated.

17. Has the COC considered in 4.4c under guidance changing the word RPD can exercise the authority to apply criteria for preceptor appointment and reappointment to the RPD "should" exercise....."?

The draft Standards 4.4.b.2 and 4.4.b.3 incorporate updated verbiage related to preceptor appointment and reappointment consistent with this suggestion.

18. The communique mentioned programs 'should' offer virtual option for interviews if they're unable to attend in person. Are there programs out there conducting mixtures of in person and virtual interviews and mitigating biases between the two methods? Would performing full virtual interviews actually be encouraged not only due to pandemic concerns but also to satisfy future requirements for encouraging diversity? (E.g. Less cost burden/barrier for applicants in need of traveling).

This is a program decision. Yes, programs are offering both in person and virtual interviews.

19. Can Residency Coordinators be added to the ASHP Connect list? Or is it exclusively for RPDs? Is there a specific description at ASHP for residency coordinator?

At this time the Connect community is restricted to RPD's (who can share information with coordinators, preceptors, and pharmacy leadership as necessary).

The regulations define a site coordinator for multi-site residencies as the following:

Site Coordinator: an individual in a multiple-site residency program who is designated to oversee and coordinate the program's implementation at an individual site that is used for more than 25% of the learning experiences. This individual may also serve as a preceptor in the program. A site coordinator must: 1. be a licensed pharmacist who meets the criteria identified in the appropriate pharmacy residency accreditation standard; 2. implement and adhere to the appropriate residency accreditation standards, regulations and guidance documents in conjunction with the residency program director; 3. practice at the site at least ten hours per week; 4. have the ability to teach effectively in a clinical or administrative practice environment; and 5. have the ability to direct and monitor residents' and preceptors' activities at the site with the RPD's direction.

20. I am an RPD of a new program. We are going to have our first accreditation survey in March. Will we be surveyed/evaluated off of only the current standards or will there be some foreshadowing of future standards?

Programs being surveyed prior to July 1, 2023 will be surveyed using the current residency Standard. Programs being surveyed starting July 1, 2023 and forward will be surveyed using the new residency Standard.

21. If planning to start a new residency program in 2023 what are your recommendations as it pertains to being most efficient when considering all current accreditation requirements and potential changes that will be occurring on the horizon? Is it best to go by the current standard for that program or to utilize the draft with intended revisions?

It would be best to begin to develop a residency program which will be starting in July 2023 using the draft Standards. There will likely be some minor modifications to the Standard and Guidance, however, it is anticipated that there will not be significant changes to the current draft Standard.

22. Can you provide some guidance as to what supporting document is required prior to closing out a resident?

When closing out a resident, the program needs to select the reason in PharmAcademic™ for closing out the resident (i.e. dismissed, withdrawn, completed). If the resident has successfully completed the

program requirements and is provided a certificate of completion, the program must also document that the resident has completed all the requirements for successful completion of the residency. Completion of all the required evaluations, including final scoring of resident progress of the required educational objectives is also required prior to resident closeout. The PharmAcademic™ closeout process also includes an option to upload documentation of completion requirements and/or the resident's certificate.

23. Will all PGY 1 RPDs need to be board certified?

No. PGY1 RPDs do not need to be board certified.

24. Since the standards will be changing regarding the preceptor requirements are we required to go off of the current standards until implementation in 2023? Specifically the requirements for years of experience since the new standards are less stringent.

Yes, the requirements of the current Standard remain in place until implementation of the new Standard in 2023.

25. Speaking of licensure it seems there are some delays in some states with candidates getting ATT in a timely fashion. Is ASHP able to work with state boards of pharmacy to address this issue?

We have worked directly with states and also through the National Association of Boards of Pharmacy to address the issues as they arise.

26. How does someone get involved in accreditation services (behind the scenes not going to surveys).

Accreditation services relies on practitioner surveyors to successfully complete our accreditation work. This is the primary means by which members support Accreditation Services. ASHP has many other opportunities in association activities through involvement with sections, councils, and committees.

27. I am a PGY1 RPD and I do not get emails from ASHP regarding residency changes/updates/etc. My email is in the accreditation portal. How can I fix this?

Send an email to ASD@ashp.org and ensure you're the RPD of record for your program and the office has your correct contact information.

28. I greatly appreciate all of the examples of residency documents (ex LE description, training plans, etc.) that ASHP has provided on the website for RPDs. Are there more coming?

As additional topics/questions/issues are raised, Lead Surveyors will review and provide additional input and examples as needed. ASO will post additional best-practice examples as the need arises.

29. Sadly not all of my preceptors are ASHP members. Any thought to making membership a preceptor requirement?

As an accrediting body within a member organization it is a conflict of interest to require membership for preceptors.

30. Would it be considered "inconsistent" if programs did 1 virtual and 1 in person interview from the Commission on Credentialing?

No, this is acceptable according to current recruitment guidance.

31. I am having issues gaining access to RPD Connect. How do I gain access? I think it may be because my ASHP membership is under my personal email and my RPD is under my work email.

Please send a message to sford@ashp.org and you will be added to RPD Connect using your preferred email. Please ensure that email is reflected in your member profile.

32. Is the guidance going to include suggestions examples on how to best address diversity and inclusion? Also guidance on how to document these reviews of possible biases?

With the incorporation of items in the new Standard that focus on diversity in recruitment within residency programs and the pharmacy workforce, a resource guide is being developed that will be part of the implementation of the new Standard for the 2023-24 residency year. In addition to providing the rationale for the new diversity in recruitment initiative, ASHP policy statements, and associated definitions, examples of recruitment strategies and possible methods to identify and eliminate potential biases will be included that have been implemented by current ASHP-accredited residency programs and affiliated pharmacies/departments of pharmacy/organizations.

33. Do you have tips on providing criteria-based feedback since it looks like 80-100% of programs are cited on this per each of the Communique?

Providing criteria based feedback to residents is often a preceptor development topic. This may include providing examples to preceptors of excellent criteria-based feedback, asking preceptors who do a good job to describe how they provide this, and providing tools.

34. Are you proposing a new format for development plan? I have seen detailed and very brief examples it certainly would be nice to cross reference the CAGOs into the guidance document flipping back and forth does get confusing sometimes.

The Standard Revision describes the development plan requirements in detail. In addition, a template for the development plan that aligns with the Standard revision will be created. The template will include the resident's documentation requirements for self-assessment, the RPD's documentation requirements related to assessment, and a plan for the resident.

35. What are the common citations you are getting back from the lead surveyors?

The common survey citations are published in the [Communique](#)

36. Since licensure for residence 2/3 of residency rule I had to suspend or dismiss residents every year. Can you please send out letters to all Boards of pharmacies to expedite licensure? Will there be leeway in this rule i.e. if resident not able to receive ATT by September provide additional month for licensure?

Licensure is required by November 1st for residencies beginning on July 1. This cycle test site capacity is sufficient to meet demand and there is no evidence of long delays in exam scheduling or receipt of ATTs.

37. Can the preceptor qualifications for 5 year content experience be replaced with any other qualification such as BCPS or residency?

The preceptor content knowledge/expertise requirement (Standard 4.6.a) can be met in several ways, including board certification. Please see draft Standard 4.6.a guidance for a list of items that will fulfill this requirement.

38. For preceptor qualifications do they need to get a teaching and learning certification?

No, a teaching and learning certificate is not a requirement for the preceptor qualification of being a role model in ongoing professional engagement (Standard 4.6.c) but that can be counted as one example of professional engagement, if completed within the past four years. Three examples of professional engagement are required to fully meet the Standard.

39. What are plans for the residency showcase and many sites hosting their own showcases?

ASHP will continue to offer the residency showcase at Midyear.

40. If you already presented this information please ignore my question but can you summarize the Practice/Patient Population areas that are added to the revised standard.

The revised standards, like previous standards, are designed to promote best practice. Likewise, the optimal pharmacy residency training experience is derived from caring for patients with a wide variety of both acute and chronic illness, injuries, and diseases; health promotion and preventive medicine; providing medication management services; and through a pharmacy providing a scope of services that provides both depth and breadth to the residency experience.

41. Similar to how the duty hours are being incorporated into PharmAcademic are there plans for the academic/professional records to be incorporated into PharmAcademic as well?

Yes, the release of preceptor electronic Academic and Professional Records is slated for concurrent release with the revised standards in 2023.

42. Is there a preference for accreditation/reaccreditation documents to be available electronically vs. having hard copies available or both?

The accreditation/reaccreditation process requires submission of the pre-survey documents electronically.

43. With the changes to the duty hour process in PharmAcademic is there a way to transfer to other programs or export data that could be shared with finance as they assess needs for CMS documentation for pass through funding?

Yes, with the PharmAcademic process for tracking duty hours in development, there will be the opportunity to export resident duty hours to an excel file. Reports will be added to the Program reports tab to download duty hour status across all residents as well as across all responses. These reports will be available on the Dashboard as well. This data may not be helpful from a CMS documentation perspective as that usually applies to preceptor hours. We refer you to your Finance Department and the CMS coordinator there.

44. Are we any closer to being able to use the "electronic" APR within PharmAcademic?

Yes, the much-anticipated release of preceptor electronic Academic and Professional Records is slated for the release of the new standards in 2023.

45. What are the best practices for totally eliminating implicit bias from rubrics?

As many references will say, it may be impossible to totally eliminate implicit bias from any type of process; however, many resources exist that can assist in the effort. Please visit the ASHP Inclusion Center (<https://www.ashp.org/pharmacy-practice/resource-centers/inclusion-center>) for an indexed and searchable array of resources focused on diversity in recruitment and eliminating the potential for implicit bias in the interviewing, selection, and ranking process, including webinars, podcasts, articles, and personal experiences shared by pharmacy colleagues and ASHP members. In addition, a resource guide is being developed that will be part of the implementation of the new Standard for the 2023-24 residency year. In addition to providing the rationale for the new diversity in recruitment initiative, ASHP policy statements, and associated definitions, examples of recruitment strategies and possible methods to identify and eliminate potential biases will be included, that have been implemented by current ASHP-accredited residency programs and affiliated pharmacies/departments of pharmacy/organizations.

46. Where do we get info about the schools of pharmacy that have more students from underrepresented populations?

The American Association of Colleges of Pharmacy (AACP) Fall 2019 "Profile of Students" report includes information on the enrollment of students (in schools/colleges of pharmacy) from racial/ethnic groups that are underrepresented in the U.S. population and the profession of pharmacy. The data is categorized by school/college of pharmacy and indicates those schools/colleges of pharmacy with the highest enrollment of students from racial/ethnic groups that are underrepresented. <https://www.aacp.org/sites/default/files/2020-05/fall-2019-pps-enrollments.pdf>

47. Will there be an opportunity for a town hall type discussion regarding the proposed standards?

The Residency Program Design and Conduct (RPDCs) will be tailored to achieving compliance with the new standards and we will publish a gap analysis tool for programs to use in determining their compliance with the revised standard. We are considering offering town hall-like question and answer sessions as well.

48. Will there be an opportunity for early implementation of the revised standard if the site prefers?

Unfortunately no.

49. Are any PGY2 standard updates coming?

The updated pharmacy residency Standard is a harmonized Standard. Thus there will only be one accreditation Standard which includes PGY1, PGY1 Community-Based, PGY1 Managed Care, and PGY2 pharmacy residency programs. An update of the Competency Areas, Goals, and Objectives for all program types is planned for after the implementation of the new Standard in July 2023.

50. What about virtual recruitment interviews "post pandemic" if and when that come? Will a program need to be all one way or another to be fair?

Programs decide whether to offer in person or virtual interviews and Accreditation Services supports both. Those programs offering in person interviews must provide a virtual option for any applicant who cannot interview in person regardless of reason.

This question appears to be more about virtual vs in-person recruitment POST-pandemic and not related to diversity in recruitment.

51. Will there be any guidance from ASHP and the standards around virtual versus in person interviews? There is certainly an equity benefit to candidates to use virtual options since this limits the money they have to spend on travel.

Programs decide whether to offer in person or virtual interviews and Accreditation Services supports both. Those programs offering in person interviews must provide a virtual option for any applicant who cannot interview in person regardless of reason.

52. How do the diversity efforts impact programs recruiting for candidates that represent the populations served? Specifically in programs that serve a dominant population of one type.

The basis of the diversity initiative in the new Standard is increasing diversity in recruitment in residency programs and the pharmacy workforce. Therefore, the focus will be on the efforts of residency programs and pharmacies/departments of pharmacy to increase the diversity of the recruitment pool through expansion of outreach and other methods/strategies. The items in the new Standard that focus on diversity in residency training and the pharmacy workforce were developed with the understanding that programs and pharmacies/departments of pharmacy do not have control over the candidates that actually apply for residencies and/or jobs, but can influence and impact recruitment methods and strategies.

53. Can you comment about eligibility for PGY2 for candidates who do not have PGY1?

Successful completion of an ASHP-accredited or candidate status PGY1 residency is required for eligibility for PGY2 residency.

54. How are you using the information RPD and residents provide in the annual report/surveys? Will that change under new standards?

The ASHP Annual Preceptor Survey is used to gain an understanding of how preceptors perceive their training and level of preparedness in working with residents and their thoughts about the effectiveness of their residency program(s) in supporting both residents and preceptors. Responses to the survey are anonymous, but the data will be used in aggregate by ASHP to evaluate residency programs nation-wide.

The Resident Survey is designed to gather feedback from residents on their experience during the current residency year. This feedback is used by ASHP to evaluate residency programs nationwide.

55. We are starting a new PGY1 program in July 2022. With the new standards rolling out July 2023 what do you recommend for which set of standards to follow (current vs. revised)?

Residency programs starting in July 2022 are likely to be surveyed prior to July 2023, so they would be surveyed using the current Standard. However, programs may want to look at the draft Standard and consider implementing aspects of that Standard, as long as the aspects do not conflict with the current Standard.

56. Has there been any progress or updates on PGY2 and CMS pass through funds?

PGY2 residencies do not currently qualify for CMS GME pass through funding. ASHP Government Relations continues to advocate for funding of PGY2 residency training as evidence shows more than 50% of a random national sample of specialized pharmacy positions require residency as a minimum qualification for employment.

57. Can you give an update on the format of upcoming residency accreditation surveys?

Accreditation surveys will be virtual until May 1, 2022. After May 1st a decision will be made based on public health recommendations, travel restrictions, and limits on organization access to return to in person surveys or remain virtual.

58. How will programs be evaluated for re-accreditation regarding areas identified as partially compliant with standard 6? Should we continue to work in accordance with the plans that we shared in our response to the ASHP survey report?

If your program received less than an 8 year cycle of accreditation, you will receive information when your progress report is due about how to manage the transition to the new Standard. A crosswalk is being developed that will delineate the updates to the Standard and will also include information regarding current Standards that will no longer apply.

If your program is due for a re-accreditation survey visit after July 1, 2023, it will be surveyed against the new Pharmacy Service Standard and not based on the current Standard 6. If surveyed prior to July 1, 2023, the current Standard 6 will be utilized to review Pharmacy Services.

59. Has ASHP discussed with NABP how their new requirement for a certified transcript vs. the EDPHM form to register for licensure exams has impacted timing of licensure? This created a further delay in IL where the licensing process is already notoriously slow.

The data collected by NBAP indicates the change resulted in speedier processing overall and Accreditation Services has received no reports of widespread delays in licensure as a result of this change.

60. Which residency class will the new CAGOs be required to be implemented?

CAGO revisions will begin after the standard revision is complete. The current CAGOS remain in force.

61. Will you provide diversity information of all who apply for residencies?

Beginning with the 2019-20 residency class, applicants were able to indicate their race/ethnicity in PhORCAS. This information will continue to be collected by ASHP with the intent of providing a broader perspective on any changes observed in the diversity of residency training with a comparison of the diversity of graduates from colleges/schools of pharmacy with that of applicants in PhORCAS and with residents who eventually match. In the future, this data will be available to RPDs and programs.

62. If there are changes to RPD qualification requirements with the new Standard will all previous RPDs be grandfathered in if they were previously approved by the CoC?

During surveys conducted after July 1, 2023, RPDs will be evaluated at the time of survey for compliance with the criteria described in the draft standards. Applications for new RPDs or for a change in RPD submitted after July 1, 2023 will be evaluated for compliance with these criteria.

63. Can interviews remain virtual going forward for equity and inclusion purposes?

The decision to conduct interviews either virtually or in-person is at the discretion of each program.

64. Can you go into more detail on the diversity and cultural competency requirements in recruiting and overall?

The basis of the diversity initiative in the new Standard is increasing diversity in recruitment in residency programs and the pharmacy workforce. Therefore, the focus will be on the efforts of residency programs and pharmacies/departments of pharmacy to increase the diversity of the recruitment pool through expansion of outreach and other methods/strategies. The items in the new Standard that focus on diversity in residency training and the pharmacy workforce were developed with the understanding that programs and pharmacies/departments of pharmacy do not have control over the candidates that actually apply for residencies and/or jobs, but can influence and impact recruitment methods and strategies. A resource guide is being developed that will be part of the implementation of the new Standard for the 2023-24 residency year. In addition to providing the rationale for the new diversity in recruitment initiative, ASHP policy statements, and associated definitions, examples of recruitment strategies and possible methods to identify and eliminate potential biases will be included that have been implemented by current ASHP-accredited residency programs and affiliated pharmacies/departments of pharmacy/organizations.

Cultural competency will be addressed with the next revision of the competency areas, goals, and objectives for each residency type.

65. Is there a reporting system for residents that experience issues with DEI or well-being while in a program? I know this has been an issue with former students that are now residents from marginalized groups.

The ASHP Accreditation Services Office (ASO) recommends residents report issues of this nature to the RPD and/or Human Resources. In addition, residents are able to file a formal complaint with ASO through the Complaints Procedure located on the ASHP website. <https://www.ashp.org/professional-development/residency-information/other-information/complaints-procedure?loginreturnUrl=SSOCheckOnly>

66. Do the new standards address RPD/preceptor wellness and burnout? Guidance on dedicated RPD office time?

The draft Standards address wellbeing/resilience of pharmacy staff (which includes RPDs and preceptors) and dedicated RPD time in draft Standard 5.1. The wellbeing/resilience of the residents is addressed in draft Standard 3.3.d.1.e.

67. For duty hour documentation what will be the timeline for having that available in PharmAcademic?

The monthly attestation is expected to be launched in PharmAcademic™ and available to all programs to use beginning with their 2022-2023 residency class.

68. For programs that will remain virtual permanently going forward how will future surveys be handled given the statement about planning to go back to in-person surveys (as the preference) once safe to do so?

The process for surveying largely virtual residency programs will be coordinated based on a discussion between the lead surveyor and the residency program.

69. How will diversity and cultural competence be handled and surveyed if our institutions have our own standards and policies (that might not be in alignment with ASHPs requirements)?

The basis of the diversity initiative in the new Standard is increasing diversity in recruitment in residency programs and the pharmacy workforce. Therefore, the focus will be on the efforts of residency programs and pharmacies/departments of pharmacy to increase the diversity of the recruitment pool through expansion of outreach and other methods/strategies. The items in the new Standard that focus on diversity in residency training and the pharmacy workforce were developed with the understanding that programs and pharmacies/departments of pharmacy do not have control over the candidates that actually apply for residencies and/or jobs, but can influence and impact recruitment methods and strategies. A resource guide is being developed that will be part of the implementation of the new Standard for the 2023-24 residency year. In addition to providing the rationale for the new diversity in recruitment initiative, ASHP policy statements, and associated definitions, examples of recruitment strategies and possible methods to identify and eliminate

potential biases will be included that have been implemented by current ASHP-accredited residency programs and affiliated pharmacies/departments of pharmacy/organizations. Cultural competency will be addressed with the next revision of the competency areas, goals, and objectives for each residency type.

70. If the Standard is not available until 2023 will there be the option to delay by a year again (as previously was available with the last update). With many rotation's preceptors and requirements updates take several months. This requires updates while busy with end-of-year residency requirements. The timeline is not sufficient for program directors to adequately make details train preceptors and be ready for incoming residents. The timeline is too aggressive for programs.

Once the ASHP Commission on Credentialing approves the new Standard, the ASHP Board of Directors as well as the Board of Directors of partner organizations will then be asked to approve the Standard. The current plan is to have these approvals completed by summer 2022, after which the approved new Standard will be made available. This will provide lead time for RPDs to prepare their programs for alignment with the new Standard before it is required to be fully implanted in July 2023.

71. Based on the events that have transpired due to the pandemic are you envisioning or are you open for hybrid residencies (virtual and in-person vs all in-person)?

The Regulations and the Standard do not currently address restrictions or parameters. All programs will be held responsible for ensuring adherence to the current Standard as well as ensuring that the design and conduct of the residency program facilitates the achievement of all the required educational objectives.

72. We are using PharmAcademic for customized evaluation for resident presentation but somehow there is only option for preceptors to receive evaluation. PGY1 and PGY2 residents can't be assigned to evaluate each other via Pharmacademic since they are not in the same class. Can Pharmacademic add an option to add evaluator for "resident"? As of now "preceptor" is the only option to pick.

This is correct. When selecting an individual evaluator, users can only select from a list of preceptors or the resident to evaluate themselves. However, programs can schedule and on-demand open evaluation that is available to everyone associated with the program (you cannot specify certain people). This open evaluation is delivered to ALL preceptors and residents in the program. It is intended to be used for presentations (etc.) when many people will attend. It is program specific and not institution specific. Instructions can be found on the PharmAcademic HELP tab under Generating an Open Evaluation. Once an evaluation has been started or submitted, it will be listed on the resident's Evaluation tab.