

SUMMARY OF CHANGES

September 18, 2026

Overview

Annually, the Commission on Credentialing (COC) reviews the ASHP Regulations on Accreditation of Pharmacy Residencies, the ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs, and approved PGY1 and PGY2 Competency Areas, Goals, and Objectives (CAGOs) for general updates.

As part of this annual review, the COC met in August and updated the **ASHP Regulations on Accreditation of Pharmacy Residencies (“The Regulations”)** and the **ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs (“The Standard”)**. These updates were approved by the ASHP Board of Directors (BOD) in September. **The updates are summarized below and effective immediately.** No significant updates were made to the PGY1 Harmonized CAGO or to the existing PGY2 CAGOs.

Please review the revised documents on the ASHP website for full details. Questions regarding these updates can be directed to asd@ashp.org.

The updates are intended to simplify processes and minimize unintended challenges to structuring and managing residency programs. The COC and Accreditation Services Office (ASO) are excited about the benefits these updates provide to residency programs and program administration. Thank you for your continued support of residency training excellence!

1. ASHP Regulations on Accreditation of Pharmacy Residencies - Key Updates

- **Unaccredited Pharmacy Residency Program Definition (III.E):**
 - Clarified definition of unaccredited pharmacy residency program with intent of such a program being prohibited at any primary and/or participating site used by a candidate-status or accredited pharmacy residency program of the same or similar program type.
- **Accreditation Status References in Program and Promotional Materials (III.F):**
 - Added approved language for accredited PGY1 Veterinary Pharmacy Residency programs.
 - Added direct URL for logo access.
- **Interim Residency Program Director (RPD) (V.C):**
 - Removed 120-day limitation of interim RPD status and replaced with “as allowed by the Standard” to align with allowance of extension of interim RPD status when a defined timeline and plan is established for the appointment of a new eligible and qualified RPD to the program.
 - Removed the statement that ASHP does not need to be notified of interim RPD since an active RPD (interim or provisional/fully approved) needs to be added to The Record to ensure maintenance of routine program communication between ASO and program.
- **Initial Accreditation Site Survey (VIII.8.B) and Initial Accreditation (VIII.8.D) - Clarified intent for the following scenarios:**
 - an initial accreditation survey occurs only when a resident is completing or has completed the candidate-status program, and the program must have a resident complete the program in candidate-status in order to be accredited.

- an initial accreditation survey occurs for a PGY1 Community program with multiple primary practice sites only when a resident is completing or has completed the candidate-status program at each site (for consistency with the intent that a program ensures residents at all primary practice sites receive the same level of training and depth/breadth of patient care opportunities with the same program structure across each primary practice site), and the program must have a resident complete the program in candidate status at all sites in order to be accredited.
- **The Survey Report and Follow-up (VIII.8.C.2):**
 - Clarifies that the report response is due 45 days after the final written program report is provided to the program, which is more accurate than “75 days from end of survey” (because VIII.C.1 indicates that the final written program report is provided within approximately 30 days, which can lead to variability in total response time).
- **Continuing Accreditation - Substantive Changes to a program (XI.B.2):**
 - Added verbiage to indicate that if a significant substantive change to a program impacts the quality, delivery, and/or construct of the program such that a site survey is warranted to determine continuation of accreditation, the program will not be permitted to recruit, hire, or enroll any future residents until the survey has occurred and a voted action of accreditation has been rendered by the COC and the ASHP Board of Directors. This is done to protect future residents, and it allows a program to be reviewed while minimizing potential negative impact to residents.
- **Withdrawal of Withholding of Accreditation (XIV.A.8):**
 - Added verbiage clearly indicating that if the conduct of a resident program is found to be detrimental to residents, the COC can vote to recommend withdrawing accreditation of the program without first placing the program in a conditional status.
- **Other:** minor verbiage changes for clarification purposes and minor typo corrections.

Please review the revised ASHP Regulations on Accreditation of Pharmacy Residencies on the ASHP website for full details.

2. ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs – Key Updates

Updates to “The Standard”:

- 2.8 The **residency** program director provides applicants invited to interview with the following residency information and policies at the time the invitation to interview is extended:
- 2.8.a Leave policies
 - 2.8.b Duty hour policies
 - 2.8.c Licensure policy
 - 2.8.d Requirements for successful completion of the program
 - 2.8.e Residency-specific remediation/disciplinary policy
 - 2.8.f Program start date and term of appointment
 - 2.8.g Stipend and benefit information
 - 2.8.h Financial support for required professional meeting attendance
- 2.10 The RPD or designee reviews program policies with matched candidates and **acceptance acknowledgment of review** is documented within 14 days from the start of the residency.
- 3.3.e The RPD or designee documents updates to the resident’s progress towards meeting all **other** program completion requirements at the same time the development plan update is documented.

Rationale:

- Standard 2.8 was updated to provide clarity.
- Standard 2.10 was updated to better align with practice.
- Standard 3.3.e was modified for clarity now that the electronic residency development plan in PharmAcademic is now a required component of program administration.

Updates to GUIDANCE: The GUIDANCE updates are intended to provide more clarity regarding expectations for full compliance, especially for standards that are frequently cited during surveys. Most updates do not change how programs are surveyed.

Standard 1:

- Removed “See example document on ASHP website under Residency Resources” as one has not yet been created.
- **1.1.f:** Added “objective” (pre-determined, *objective* criteria) to guidance for early commit applicant selection guidance to align with wording of similar objectives.
- **1.2.a and 1.2.b:** Guidance addition recommendations from the Residency Start Date workgroup:
 - **1.2.a:** For programs in the US or US territories: To be eligible for pharmacist licensure, candidates must be graduates or candidates for graduation from an ACPE accredited degree program (or one in the process of pursuing accreditation) *with an expected degree conferral date prior to the start date of the residency program* or have a Foreign Pharmacy Graduate Examination Committee (FPGEC) certificate from the NABP.
 - **1.2.b:** To be eligible for a PGY2 residency, candidates have completed or be in the process of completing an ASHP-accredited or candidate-status PGY1 *residency with an expected PGY1 residency completion date prior to the start of the PGY2 residency program.*
- **1.3:** Added NMS Match rules guidance for programs with non-traditional residency positions (*Residency programs with non-traditional residency positions must offer these positions through the Match.*)

Standard 2:

- **2.1:** Guidance addition recommendation from the Residency Start Date workgroup: *PGY1 residents complete a minimum of 52 weeks of training prior to starting the PGY2 residency program, including PGY1 residents in 24 month combined PGY1/PGY2 residency programs.*
- **2.3.b.1:** Guidance change to align with required use of electronic duty hours attestation in PharmAcademic: : Tracking of residents’ hours to ensure they have not exceeded duty hour limits is accomplished by attestations of compliance by the resident *using the electronic duty hours attestation in PharmAcademic.* How it will be surveyed changed to: Documentation of monthly *duty hour* attestations *in PharmAcademic*
- **2.4.b:** Guidance addition to licensure requirements to clarify the date of licensure: *The date of licensure is the date the resident is recognized as a licensed pharmacist by the state or jurisdiction issuing the license.*
- **2.5.a and 2.5.a.1** are two of the most frequently cited Standards. Guidance was updated to differentiate requirements for 2.5.a and 2.5.a.1. Also, guidance bullets for 2.5.a were re-ordered for clarity.
 - **2.5.a:** The following bullet was moved from 2.5.a.1 was moved to 2.5.a: *The minimum requirements for achievement of educational objectives (ACHR) are documented. Examples of ACHR requirements include but are not limited to: Program designates percent or number of objectives that must be achieved for residency (ACHR), identifies specific objectives that must be achieved for residency (ACHR), or a uses a combination of the two methods.*
 - **2.5.a.1:** The following guidance was added to 2.5.a.1 to ensure programs accounted for requirements for objectives not achieved for the residency: *Programs define the*

minimum rating for the remaining objectives or percentage of objectives not required to be ACHR (e.g., No final rating of NI for objectives not ACHR)

- **2.5.b:** Added guidance related to required deliverables for current and future CAGOs with deliverable requirements: *For competency areas, goals, and objectives (CAGOs) published on the ASHP website with an effective date of 2023 and beyond, all required deliverables are included in the program's completion requirements.*
- **2.7:** Added the following to guidance related to use of a PGY1 residency certificate as verification of PGY1 completion: Options for verification include, but are not limited to, direct written communication with PGY1 RPD, graduate tracking in PharmAcademic, or PGY1 certificate of completion *directly provided from PGY1 RPD to the program.* If a method other than graduate tracking in PharmAcademic is used to complete the verification, documentation of verification must be retrievable.
- **2.8** Guidance addition related to information provided to applicants invited to interview as some PGY1/2 combination programs do not pay the tuition when requiring a master's degree: *PGY1/2 combination programs that require a master's degree with tuition that must be paid by the resident include approximate tuition costs in the information provided to applicants invited to interview.*
- **2.8.f** Guidance additions/changes were recommended by the Residency Start Date workgroup:
 - It is acceptable to provide *an* approximate start date if *the* exact date is not finalized before the time the applicant is invited to interview.
 - *Programs must indicate if the start date can be adjusted for select circumstances (e.g., allowing time for relocation, degree conferment, extension of PGY1 program) to facilitate discussion of potential conflicts.*
- **2.9.b, 2.9.a, and 2.9.b:** Guidance: Added information on the deadline for programs to provide information to early commit residents: Standards 2.9, 2.9.a, and 2.9.b also apply to early commit residents, *including the requirement for the information to be sent within 30 days of the early commit deadline.*
- **2.10** Guidance and How It Will Be Surveyed: Updated to reflect the changes to the Standards:
 - 2.10 Guidance: Policies listed in 2.8 are reviewed by the RPD or designee with resident(s) within the first 14 days after the residency start date. *Review and acknowledgement* of review by the resident is dated and documented (e.g., attestation by the resident)
 - 2.10 How it will be surveyed: Review of *resident attestation*
- **2.11** Guidance: The following guidance was added to residency manual information requirements:
 - *Method for determining appropriate depth and completion of Appendix topics* – This addition aligns with new guidance for 3.1.b.1.b (the program structure ensures requirements of the appendix are met)
 - *Primary practice sites (as defined by the ASHP Regulations on Accreditation of Pharmacy Residencies) that have multiple residency programs develop a single source of residency policies to be used by all programs.* This was added to help ensure consistency in evaluating residents for all residency programs at the primary practice site.
 - 2.14: Changed guidance related to ASHP logo use on the certificate to refer to the Regulations (Use of ASHP logos is encouraged. See ASHP Regulations on Accreditation of Pharmacy Residencies *for requirements.*)
- **2.14.b.2** Guidance: Added *PGY1 Veterinary Pharmacy Residency* to the list of approved program types.
- **2.14.b.4** Guidance: Added requirement from Regulations that program type is linked to accreditation status as this is one of the more frequent citations related to residency certificates (*Residency program type as is documented in the Competency Areas, Goals, and Objectives is linked with ASHP accreditation status (e.g., ASHP-accredited PGY1 Pharmacy Residency, ASHP-*

accredited PGY2 Ambulatory Care Pharmacy residency, PGY2 Pharmacotherapy residency in Candidate-Status with ASHP).

- **2.16.a** Guidance: Added verbiage to clarify that 2.16.a.1-2.16.a.7 requirements are not applicable to site agreements for use of a site outside of the organization for a learning experience. (2.16.a: *Requirements 2.16.a.1-2.16.a.7 are not applicable to memorandums or site agreements pertaining to use of a site outside of the residency program's organization for a learning experience.*)

Standard 3

- **3.1.a.2** Guidance updated to clarify that ranges in durations refers to individual learning experiences vs limiting all the program's learning experience durations to be within a two-week range (Ranges in duration for *individual* learning experiences *are* limited to no more than 2 weeks variation (e.g., 4-6 weeks, 6-8 weeks). The use of ranges for multiple learning experiences does not impact the overall basic structure of the program.
- **3.1.b.1.b:** Guidance was added related to 3.1.b.1.b," the program structure ensures the requirements listed in the Appendix are met": The program reviews the Appendix requirements and considers how they are best addressed in the program structure. *The program's method for determining appropriate depth and completion of topics is documented in the residency manual.* How it will be surveyed was also updated (*Review of program's method for determining appropriate depth and completion of appendix topics in the program's manual.*)
- **3.2.a.6:** Guidance was updated to provide more clarity related to use of criteria as learning activities as this is highly cited on surveys. Learning activities are specific to the practice area, unique to the objective, and developed at the cognitive learning level (Bloom's Taxonomy) associated with the objective. Note: Criteria associated with each *objective in the program's competency areas, goals, and objectives are not activities and should not be documented as activities in learning experience descriptions.* The criteria are meant to guide the preceptor on assessing the resident. See learning experience description examples and example activities on ASHP website.
- **3.3.a:** Guidance and how it will be surveyed were updated to reflect the required use of the electronic development plan in PharmAcademic. (Residents document their initial self-assessment *in the PharmAcademic electronic development plan.* Programs can require residents to complete a program-specific self-assessment *in addition to the initial self-assessment in PharmAcademic.*) How it will be surveyed was changed to: Review of resident self-assessment *in electronic development plan in PharmAcademic*
- **3.3.b:** Guidance was also updated to reflect required use of the electronic development plan in PharmAcademic. (The *electronic development plan in PharmAcademic is used for documenting each resident's development plan.*)
- **3.3.d:** Guidance was also updated to reflect required use of the electronic development plan in PharmAcademic. (Updates to the resident self-assessment and development plan are *documented, finalized, and shared using the electric development plan in PharmAcademic.*)
- **3.3.d.2.c:** Guidance was added to clarify the expectations for RPD assessment of ACHR. (*The RPD or designee reviews each resident's evaluation ratings at least quarterly and documents ACHR in PharmAcademic based on the program's documented and defined criteria in the program's ratings scale.*)
- **3.3.e:** Guidance was added regarding where the quarterly tracking of progress towards completion of program requirements is to be uploaded in PharmAcademic and also regarding the expectation that progress towards completion of programs requirements includes tracking of the required Appendix, where applicable. (The quarterly update to the completion requirements is documented and uploaded to *the development plan files in PharmAcademic* on the same schedule as the update to the development plan. *Tracking residents progress toward*

meeting all program completion requirements must include all items in the completion requirements (See Standard 2.5), including the Appendix for programs with a required Appendix.)

- **3.4.b.2:** Guidance was added to require that all programs at a primary practice site use the same defined ratings scale in order to ensure consistency of evaluation ratings between programs. *(Primary Practice Sites (as defined in the ASHP Regulations for Accreditation of Pharmacy Residencies) use the same defined ratings scale for all programs at the site.)*
- **3.4.b.2.a:** Guidance was added to the expectations for qualitative comments documented in summative evaluations. [Focus on how residents may improve their performance *for ratings less than achieved*. Align with the assigned rating (e.g., NI, SP, ACH)]

Standard 4

- **4.2.a/4.2.b:** Guidance added to clarify expectations for Standards 4.2.a and 4.2.b RPDs are licensed pharmacists from the practice site (When more than one organization (e.g., college of pharmacy, health system) shares responsibility for the financial and/or management aspects of the residency, the RPD may be from either organization *but must maintain a practice at the primary practice site or a participating site of the residency program*.)
- **4.4.a:** The requirement for site coordinators to be included in the residency oversight committee for programs with multiple practice sites was deleted as the requirements for “site coordinators” were deleted from the Regulations in 2024.

Standard 5

- **No Changes to Guidance**

Please review the revised ASHP Accreditation Standard for Postgraduate Pharmacy Residency Programs (“The Standard”) on the ASHP website for full details.