

RPDC Workshop



Residency Program Design and Conduct Workshop

WELCOME

PGY1 Managed Care Programs



RPDC Workshop Overview

Target Audience

This activity is planned and structured to meet the application-based educational needs of pharmacists involved in designing, conducting, and improving ASHP-accredited residency programs. It is tailored for those practicing in diverse healthcare settings, including hospitals, managed care facilities, community and ambulatory care, academia, and other environments where residency training is conducted.

Activity Overview

This activity will review strategies to apply accreditation standards for the design and conduct of a pharmacy residency program, including requirements related to program purpose, competency areas, goals, and objectives, program structure, learning experiences, orientation, use of preceptor roles, evaluation, resident development plans, and continuous residency program improvement.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Residency Program Design and Conduct Workshop

PGY1 Managed Care

Jim Carlson, PharmD
Lead Surveyor
ASHP, Accreditation Services Office

Tom Pomfret, PharmD, MPH, BCPS
Residency Program Director
Clinical Pharmacy Program Director
ForHealth Consulting at UMass Chan
Medical School

Marnie Wickizer, PharmD, MBA, CDCES
Residency Program Director
Director Clinical Services
Navitus Health Solutions



Relevant Financial Relationship Disclosure

- No one in control of the content of this activity has a relevant financial relationship (RFR) with an ineligible company.

As defined by the Standards of Integrity and Independence in Accredited Continuing Education definition of an ineligible company.



Learning Objectives

- Identify a pharmacy residency's purpose, competency areas, and related accreditation requirements for pharmacy residency programs.
- Describe accreditation requirements for residency program structure and policies for pharmacy residency programs.
- Assess accreditation requirements for learning experiences and their written descriptions, including requirements for resident learning activities for pharmacy residency programs.
- Distinguish whether examples of formative and summative feedback to residents meet accreditation requirements for pharmacy residency programs.
- Analyze whether portions of resident development plans meet accreditation requirements or need improvement for pharmacy residency programs.
- Summarize residency program oversight for annual program assessment in pharmacy residency programs.
- Given scenarios, evaluate the most appropriate preceptor role to use with a resident.
- Summarize preceptor appointment and reappointment processes for pharmacy residency programs.
- Describe preceptor eligibility and qualifications, and preceptor requirements and development plans for pharmacy residency programs.



Workshop Resources

The accompanying RPDC Workbook provides residency accreditation resources and examples for our discussions.

Please note that there may be updated versions of resources and examples on the ASHP website; please always utilize the website for the current versions.

The speakers in this workshop will provide context and promote in-depth discussion regarding the resources provided.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Glossary

- **CAGOs:** competency areas, goals, and objectives specific to PGY1 and each type of PGY2
- **Critical Factors:** Elements of accreditation standards that the ASHP Commission on Credentialing (COC) has determined to have a greater impact on the accreditation decision.
- **Deliverables:** Documents developed by residents that are related to educational objectives. Deliverables differ for each type of residency program (see CAGOs)
- **PharmAcademic™:** required online tool to support the management of residency program and to provide documentation of a systems-based approach to training for ASHP-accredited residencies.
- **PhORCAS:** required centralized application service which distributes application information to programs to initiate the application process.

[Additional terms found on the final pages of the Standard](#)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



The Standard, Regulations, and Competency Areas, Goals and Objectives

Components of the Standard

- **Standard**
 - Requirements for residency program
- **Guidance**
 - Provides further clarification of the Standard
 - May be updated annually in conjunction with Commission on Credentialing (COC) and Lead Surveyor review to clarify verbiage or intent of the Standard
- **How it will be surveyed**
 - Describes tools accreditation surveyors will use to determine programs' compliance with each element of the Standard

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Example of a Standard

Standard 2.10

The RPD or designee reviews program policies with matched candidates and acknowledgement of review is documented within 14 days from the start of the residency

Guidance

Program 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).

How it will be surveyed

- Review of resident attestation
- Discussion with residents

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Regulations

- “Rules” related to residency programs
- Components of the Regulations
 - Accreditation status
 - Program operator
 - Program personnel
 - Types of residency programs
 - Residency sites
 - Accreditation procedures
 - Resident certificate of completion
 - Scheduling of reaccreditation site surveys
 - Continuing accreditation
 - Quality improvement
 - Withdrawal of accreditation
 - Appeal of decision



Example of Regulation

Regulation VII.C.2

Programs disclose, at the time the interview invitation is extended, if their structure includes required travel to experiences that are not conducted at the Primary Practice Site(s). The following information is also provided: The number of required learning experiences that are not conducted at the Primary Practice Site

How it will be surveyed

- Review of program structure and promotional materials



Competency Areas, Goals, and Objectives (CAGOs)

- CAGOs are required for use with the *ASHP Accreditation Standard for Postgraduate Residency Programs*
- All PGY1 programs have the same four required competency areas; PGY2 programs have four or more required competency areas
- Required CAGOs MUST be included in all programs

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Educational Competency Areas, Goals, and Objectives (CAGOs) - Flowchart

Competency Area

} Category of capability

Goals

} Broad statement of abilities (not measurable)

Objectives

} Observable, measurable statement describing behavior

Criteria

} Examples of performance indicators intended to identify specific areas of successful skill development or needed improvement in residents' work

Activities

} Activities are specific (how & what to do), linked to objectives and cognitive learning level

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



PGY1 Required Competency Areas, Goals, and Objectives (CAGOs)

R1: Patient Care

R2: Practice Advancement

R3: Leadership

R4: Teaching and Education

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Elective Competency Areas

- Eliminated for all PGY1s and incorporated into harmonized PGY1 CAGOs
- Exist only for PGY2 programs whose CAGOs published on the ASHP website with an effective date of July 1, 2024

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Example Competency Area, Goal & Objective

- **Competency Area:** R4: Teaching and Education
- **Educational Goal:** R4.1: Provide effective medication and practice-related education.
- **Educational Objective:** R4.1.1 (Creating) Construct educational activities for the target audience
- **Criteria:**
 - Obtains an accurate assessment of the learner's needs and level of understanding.
 - Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.
 - Uses appropriate teaching strategies, including active learning.
 - Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices and aligns with stated objectives.
 - Designs instructional materials that meet the needs of the audience.
 - Develops patient education materials that appropriately match the cultural needs and health literacy level of intended audience.
 - Includes accurate citations and relevant references and adheres to applicable copyright laws.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



CAGOS-Appendix

- For CAGOs that include a required Appendix, the program structure ensures the requirements listed in the Appendix are met (3.1.b.1.b)
 - Applies to: PGY1 Managed Care, PGY1 Veterinary, and PGY2 direct patient care programs
 - Does not apply to PGY1 Pharmacy, PGY1 Community, and PGY2 non-direct patient care programs
 - Requirements:
 - The program must develop a documented method for tracking Appendix requirements (3.1.b.1.b Guidance)
 - The program must have a mechanism for tracking Appendix requirements (3.1.b.1.b Guidance)
 - Residents are provided sufficient opportunities to provide direct patient to patients with required disease states and conditions (3.1.c.5)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Select Residency Policies and Requirements

Licensure – Standard 2.4
Completion requirements – 2.5
Dismissal/disciplinary action – 2.6
Verification of PGY1 completion (PGY2 only) – 2.7
Awarding residency certificate – 2.13

Licensure Policy (Standard 2.4)

- Residents must be licensed prior to or within 120 days of program start (Standard 2.4.a)
- Policy includes deadline and process for how the program will be modified if the resident is not licensed within 120 days to ensure that the resident is licensed for 2/3 for the program (Standard 2.4.b)
- [See example policies in workbook and ASHP website](#)

Completion Requirements-Associated Standards and Guidance

- Standard 2.8 Guidance: Are documented in the program's manual
- Standards 2.5, 2.5.a-2.5.d: Requirements include documentation of the following
 - 2.5.a/2.5.a.1: Requirements for overall achievement of objectives for the residency(ACHR) and minimum threshold that would allow awarding a certificate of completion
 - 2.5.b: List of deliverables related to educational objectives
 - 2.5.c: Completion of Appendix requirements, if the program's Competency Areas, Goals, and Objective (CAGOs) include a required Appendix
 - 2.5.d: Other requirements as defined by the program.
- Standard 3.3.e: Progress towards completion of program requirements is tracked quarterly
- Standards 2.13.a/2.13.b: Resident completion of all completion requirements is documented prior to awarding a certificate of completion. Requirements are consistent with manual and quarterly tracking document.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Completion Requirements (Standard 2.5)

- Standard 2.5 Guidance: ALL completion requirements are objective and quantifiable
- Standards 2.5.a/2.5.a.1: Requirements for overall achievement of educational objectives
 - Minimum threshold of educational objectives achieved for residency (ACHR) that would allow awarding a certificate is documented (Standard 2.5.a)
 - Examples:
 - 85% ACHR of all educational objectives
 - All R1 objectives ACHR, 85% ACHR of all other educational objectives
 - The minimum rating for remaining objectives or percentage of objectives not required to be ACHR is documented (Standard 2.5.a.1)
 - Example: No final rating of NI for objectives not ACHR

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Completion Requirements (Standard 2.5)

- List of required deliverables related to educational objectives (Standard 2.5.b)
 - For CAGOs published on the ASHP website with an effective date of 2025 and beyond, all deliverables required by the CAGOs are included in the program's completion requirements
- Completion of all Appendix requirements if CAGO's include a required appendix. (Standard 2.5.c)
 - NOTE: For PGY1 programs, only PGY1 Managed Care Pharmacy and PGY1 Veterinary Pharmacy residencies include a required Appendix.(Standard 2.5.c)
- Other requirements as defined by the program (e.g., staffing hours and cadence, committee meeting requirements, teaching certificate, if required) (Standard 2.5.d)
- [See completion requirements examples in workbook](#)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Awarding Residency Certificate (Standard 2.13)

- Resident completion of program's requirements is documented by the RPD/designee (Standard 2.13.a)
 - Completion of all program requirements as documented in the program's is required to award a certificate of completion
 - Can be documented in the same document used for quarterly tracking of completion progress as required in Standard 3.3.e
- Requirements for awarding certificate of completion match the program's documented completion requirements (Standard 2.13.b)
 - Completion requirements identical in all documents (e.g., manual, development plan, completion checklist)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Dismissal / Disciplinary Action Policy (Standard 2.6)

- Includes defined "triggers" that would cause a remediation process to be initiated (e.g., missing deadlines, multiple ratings of "needs improvement" of the same objective, unprofessional behavior, others as defined by the program)
- Must include a documented, step-wise procedure (e.g., verbal discussion progressing to written plan with deliverables and timeline) including consequences for residents who do not meet the plan's requirements (e.g., dismissal, extension with a 2nd plan, withholding the certificate of completion)
- Programs must decide if they will extend the program for residents whose remediation plan cannot be completed within the 52-week term
- Define behaviors that will lead to immediate dismissal (may link to organization's policy)
- *See example policies in workbook and website*

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Structure & Design

Documented structure- Standard 3.1.a
Competency areas, goals, and objectives 3.1.b
Design requirements for PGY1/ direct patient care
PGY2s- 3.1.c

What Is Program Structure?

Common Nomenclature	Definition
Standard	Requires written description of the program that includes required and elective experiences and the duration of each
Structure	Designation of types and duration of learning experiences
Learning Experience	Focused area of training organized into appropriate time blocks structured to meet assigned program goals and objectives
Longitudinal Learning Experience	Learning experience that is scheduled for greater than 12 weeks
Recurring Duration	Assigned time for learning experiences that repeat over an extended duration (i.e., 16 hours staffing the inpatient/clinical pharmacy shifts every third weekend for 48 weeks of the residency, primary care clinic 4 hours on Wed AM for 11 months, Aug-June)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Documented Program Structure

(Standard 3.1.a)

- Includes a list of required and elective learning experiences (Standard 3.1.a.1)
- Includes duration of all required and elective learning experiences, including longitudinal learning experiences (Standard 3.1.a.2)
- For learning experiences that are ≥ 12 weeks in duration, if specific time is scheduled on a recurring basis, the schedule is clearly documented (Standard 3.1.a.3)
- Includes a learning experience that facilitates orientation of the resident to the program and practice environment at the beginning of the residency (Standard 3.1.a.4)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Documented Program Structure

- List of required and elective experiences, including the naming of learning experiences, must be consistent across residency manual, promotional materials, PharmAcademic, and other program documents
- Programs are not required to offer elective learning experiences. If offered, the program structure includes the amount of time allocated for elective learning experiences
- Promotional and program materials include only elective learning experiences that have fully developed learning experience descriptions in PharmAcademic
- Promotional materials may include a statement that "other elective learning experiences may be developed based on resident interest and preceptor availability"
- A minimum of ½ of the residency year is to be scheduled in required learning experiences, inclusive of longitudinal experiences

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Documented Program Structure

- “Selective required”: options within each “selective” category provide similar opportunity for skill development (identical objectives); exposure to similar patient populations/levels of acuity; consistent levels of preceptor engagement with the healthcare team, and similar scope of preceptor responsibilities in the practice area.
- Programs with different “tracks” can only differentiate the tracks through elective learning experiences. Required experiences must be the same for ALL residents.
- 24 month PGY1/2 programs: residents have the same required learning experiences as the other PGY1 residents. Only elective learning experiences can be different for the PGY1 year.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Guidance for Documented Program Structure

Duration

- Program structure must include the duration of each learning experience (e.g., calendar month, 6 weeks, 52 weeks, etc.)
- Ranges in duration for individual learning experience are be limited to ≤ 2 weeks variation (e.g., 4-6 weeks, 6-8 weeks)
- The use of ranges for multiple learning experiences should not impact the overall basic structure of the program or impact the amount of time allocated for elective learning experiences for each resident
- Programs can extend the duration of a learning experience to account for conferences, vacations, interviews, or other time away from the learning experience
- Examples of learning experiences with residents' time scheduled on recurring basis
 - Hepatitis clinic: 12 weeks, a half-day every Tuesday
 - Staffing: 40 weeks, 10-hour shifts every other weekend
 - Project: 48 weeks, 1 day/month is a dedicated project day

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Guidance for Orientation

Initial learning experience scheduled for residents includes orientation to the residency program and practice environment. Orientation to the residency program includes, at minimum, orientation of the residents to:

- Documentation of the initial development plan
- Residency manual (see Standard 2.11 guidance for required contents of manual)
- Residency's purpose (as documented in the introduction to the Standard)
- Accreditation Standard
- CAGO's applicable to the residency program
- Description of required and, if applicable, elective learning experiences
- Organization's process for reporting issues around harassment and inappropriate behavior, if not covered by the organization's orientation for new employees
- Strategies for maintaining well-being and resilience and providing available resources
- For PGY2 residents who have completed their PGY1 year at the same practice site, only orientation to the residency program is required

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



CAGOs

- All required objectives are assigned to at least one required learning experience or a sequence of learning experiences to allow sufficient practice for their achievement
 - Contains sufficient repetition to improve skills
 - Includes objectives that are assigned to a sufficient number and variety of learning experiences to facilitate achieving the objective or overall achievement of objectives
 - Enables residents to achieve skill progression to point of independence

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Design Requirements for PGY1 & Direct Patient Care PGY2 Residencies

- Residents gain experience and independent practice with a variety of disease states and conditions and a diverse range of patients' medications treatments and health-related needed (Standard 3.1.c.1)
- Residents gain experience in recurring follow-up of patients assigned, relative to the practice environment (Standard 3.1.c.2)
 - For ambulatory, managed care & community-based settings, this involves continuity of care and development of extended patient relationships (i.e., initial encounter and at least one follow-up encounter)
 - For acute care settings, this is relative to the patient's stay in the practice setting (e.g., ICU if on a critical care learning experience)
- Residents spend $\geq 2/3$ of the program in patient care activities in collaboration and communication with other healthcare team members (communication may be in-person, telephonic, virtual, or in writing) (Standard 3.1.c.3)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Structure: Learning Experiences (LEs) & Scheduling

Required Block LEs

- Orientation (1 month)
- Inpatient internal medicine (2 months)
- Inpatient medical ICU (1 month)
- Ambulatory care (1 month)
- Practice management (1 month)

Required longitudinal LEs

- Staffing (48 weeks, 16 hours every 3rd weekend)
- Teaching (10 months)
- Project (11 months that include 10 dedicated project days in December)

Electives (all 1-month duration, 5 months allocated)

- Emergency Department
- OR
- Infectious Diseases
- Administration
- Transitions of Care
- Surgical ICU
- Inpatient Psychiatry
- NICU
- Pediatrics

Scheduling Considerations: National Conference, Professional Week, Regional Conference

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Structure Tips: Department and Preceptors

Consider your facility/department strengths:

- Build the program based on your strengths
- Build the program based on preceptor availability

Ensure you have pharmacist preceptors for each learning experience who:

- Meet the preceptor qualifications as outlined in the Standard
- Routinely practice in the area they precept
- Are committed to teaching and precepting residents
- Can maintain continuity of practice when resident is assigned to learning experience.
 - May have team-based precepting

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Structure Tips: Learning Experience Duration

Ensure duration of learning experiences are adequate to:

- Provide sufficient time for the resident to make progress toward achievement of the objectives
- Provide sufficient time for the preceptor(s) to assess objectives based on their complexity
 - E.g.,: Does a two-week practice management learning experience provide an adequate duration to allow for achievement of objective R1.4.2 (Creating) Prepare or revise a drug class review monograph, treatment guideline, treatment protocol, utilization management criteria, and or order set?
 - E.g.,: Is a four-week ambulatory care experience enough time for the resident to achieve Objective R1.1.5: (Creating) Follow-up: Monitor therapy, evaluate progress toward or achievement of patient outcomes, and modify care plans.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



How Will It Be Surveyed?

- Review of documented structure in program and promotional materials
- Review of residents' schedules in PharmAcademic
- Review of program and individual resident taught and evaluated (TE) grid in PharmAcademic

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Learning Experience Descriptions

Standard 3.2

Qualities of a Good Learning Experience

- Qualified preceptors
 - Practice routinely in the area precepted
- Engaged preceptors
- Designed at the level appropriate for the resident (PGY1 vs PGY2)
- Adequate resources for the resident (workspace, technology, etc.)
- Adequate practice model for direct patient care experiences
 - Sufficient range, variety, and complexity of patient care conditions
 - Sufficient number of patients from which to gain skills and experience

Copyright © 2025 American Society of Health-System Pharmacists, Inc. All rights reserved.



Learning Experience Descriptions (LEDs)

- Learning experience descriptions must be documented and maintained in PharmAcademic for all required and elective learning experiences
 - Any learning experience listed in program structure/ recruiting materials must have corresponding LED in PharmAcademic
- Preceptors are involved in the development of learning experience descriptions
- Preceptors must orient residents to their learning experience at the beginning of the learning experience using the learning experience description (Standard 3.2.c)

Copyright © 2025 American Society of Health-System Pharmacists, Inc. All rights reserved.



Content of Learning Experience Descriptions

Learning experience descriptions must include:

- a general description, including the practice area
- the role(s) of the pharmacist(s) in the practice area
 - *not* the role of the resident
 - for non-patient care experiences, description of the pharmacist responsibilities related to the experience
- expectations of residents
- expected resident progression
- educational objectives assigned to the learning experience
- for each objective, a list of learning activities that will facilitate achievement

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Guidance: Learning Experience Descriptions

- **General description of practice area**—May include types of patients, members of healthcare team, patient care focus, typical patient load, etc.
- **Role of pharmacist**—Describes the pharmacist's daily responsibilities in the practice area (see workbook for examples for direct patient care & non-patient care learning experiences)
- **Expectations**—May include required presentations, topic discussions, projects, assignments, and meeting attendance in addition to daily or weekly responsibilities
- **Progression**—Describes expectation for resident skill development over the duration of the learning experience
 - Includes timelines (e.g., weekly for four week learning experiences, monthly or quarterly for longitudinal learning experiences)
 - If ≥ 1 learning experience in same practice area offered, the additional experience(s) reflect advanced expectations

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Learning Experience Activities

Qualitative: Specific, tailored to the practice area, and provides sufficient detail to be objectively assessed

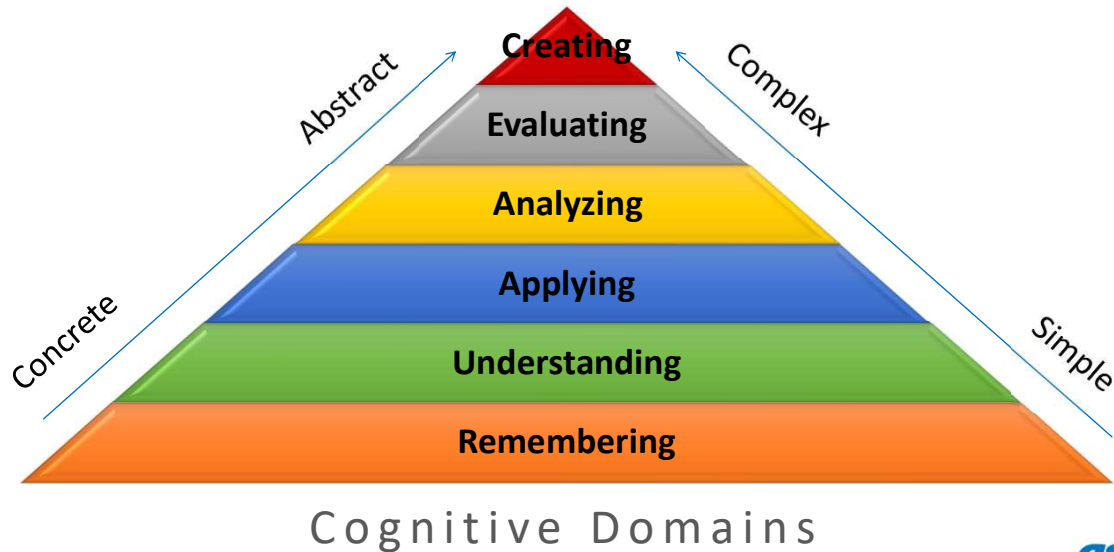
Quantitative:

- Activities should be designed (i.e., sufficient scope, depth and type) to ensure that the resident will achieve, or progress towards achieving, the required cognitive or affective domain learning level for each assigned objective
- Assessment of the performance of activities by residents is the basis for preceptors to provide formative feedback and summative evaluation of the resident's progress towards achievement of objectives of the program (competence)
- Activities should be written specific to the learning experience practice area rather than a generalized activity

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Taxonomies of Educational Objectives



Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Learning Activity Tips

- Resident learning activities should be active:
 - Minimize passive activities (e.g., shadow, observe, read, attend meetings)
 - Move resident to active roles as soon as possible
 - Use activities that require residents to demonstrate skills
- Ensure resident learning activities are at a higher level of responsibility than that of students
- Include activities that match the verb from the objective:
 - If the verb in the objective is to “develop,” the learning activities should include developing (e.g., develop medication regimens, create education programs)
 - Criteria associated with each objective in the CAGOs are meant to guide the preceptor on assessing the resident and NOT to be used as learning activities
 - Activities should not be used for more than one objective in a single LED

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Learning Experience Description Development Tips

- Preceptors must develop learning experience descriptions for all required and elective learning experiences
- RPD should consider providing a template to preceptors
- All assigned objectives have at least one unique activity associated with objective
- Activities match the cognitive learning level of the objective
- If successfully completed learning experiences can be repeated, they must be differentiated (e.g., assign different activities and/or progression of the resident)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Possible Activities: Objective R1.3.2

- **Competency Area:** R1: Patient Care
- **Educational Goal:** R1.3: Promote safe and effective access to medication therapy.
- **Educational Objective:** R1.3.2 (Applying) Participate in medication event reporting.
- **Criteria:**
 - Interactions are cooperative, collaborative, communicative, and respectful
 - Demonstrates skills in negotiation, conflict management, and consensus building
 - Demonstrates advocacy for the patient
- **Examples Activities:**
 - Document validated adverse drug events in the system's incident reporting system
 - Report adverse medication event to MedWatch
 - Report vaccine adverse event to the Vaccine Adverse Event Reporting System (VAERs)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Possible Activities for Objective R4.1.1?

- **Competency Area:** R4: Teaching and Education
- **Educational Goal:** R4.1: Provide effective medication and practice-related education.
- **Educational Objective:** R4.1.1 (Creating) Construct educational activities for the target audience
- **Criteria:**
 - Obtains an accurate assessment of the learner's needs and level of understanding.
 - Defines educational objectives that are specific, measurable, and appropriate for educational needs and learning level.
 - Uses appropriate teaching strategies, including active learning.
 - Chooses content that is relevant, thorough, evidence-based, accurate, reflects best practices and aligns with stated objectives.
 - Designs instructional materials that meet the needs of the audience.
 - Develops patient education materials that appropriately match the cultural needs and health literacy level of intended audience.
 - Includes accurate citations and relevant references and adheres to applicable copyright laws.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



How It Will Be Surveyed

- Review of learning experience descriptions in PharmAcademic
- Discussion with residents and preceptors

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Evaluation

Formative Evaluation – Standard 3.4.a
Summative Evaluation – Standard 3.4.b
Residents' Evaluation of Preceptors and Learning
Experiences – Standards 3.5.a and 3.5.b

Formative Feedback:

Standards 3.4.a.1, 3.4.a.1.a, 3.4.a.2

- 3.4.a.1 Preceptors provide ongoing verbal feedback to residents about how they are progressing and how they can improve that is frequent, immediate, specific, and constructive.
 - 3.4a.1.a Feedback is documented for residents not progressing as expected.
- 3.4.a.2 Preceptors make appropriate adjustments to residents' learning activities based on residents' progression.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Documenting Formative Feedback

“Feedback” Button in PharmAcademic™

- Documented formative feedback is not required by the Standard *unless* the resident is not progressing as expected
 - Document specific recommendations for ways to improve
 - Feedback can be linked to a specific objective
- Other opportunities for documenting formative feedback (optional if resident is progressing well):
 - Observation of residents on rounds, counseling patients
 - Monitoring plans
 - Patient care notes
 - Drafts of written work (e.g., slides, newsletters, formal written drug information, monographs, and manuscripts)
 - Presentation evaluation forms

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Effective Formative Feedback Scenario

Resident presents a patient to the preceptor in preparation for rounds.

Objective R1.1.1- Collect relevant subjective and objective information about the patient

Reinforce Optimal Performance

- Interviewed the patient
- Reviewed the electronic health record
- Reviewed lab results and documented physical assessments

Opportunities for Improvement

- Single patient presentation exceeded 10 min and was somewhat disorganized
- Not all data collected and reviewed was pertinent to the current problem list. To improve, the resident needs to prioritize the problem list and know when to stop collecting data.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Summative Evaluation:

Standards 3.4.b.1, 3.4.b.1.a, 3.4.b.2, 3.4.b.2.a, 3.4.b.2.b, and 3.4.b.3

- **3.4.b.1:** Preceptors for the learning experience document a summative evaluation of the resident by the end of each learning experience.
 - **3.4.b.1.a:** For learning experiences greater than 12 weeks in duration, a summative evaluation is completed at evenly spaced intervals and by the end of the learning experience, with a maximum of 12 weeks between evaluations.
- **3.4.b.2:** The documented summative evaluation includes the extent of the resident's progress toward achievement of assigned objectives based on a defined ratings scale.
 - **3.4.b.2.a:** The preceptor documents qualitative written comments specific to the evaluated objectives.
 - **3.4.b.2.b:** The preceptor and resident discuss each summative evaluation.

[\[See Summative Evaluation Checklist\]](#)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Summative Evaluation

(Continued)

- **Standard 3.4.b.3:** If more than one preceptor is assigned to a learning experience, all preceptors provide input into residents' evaluations.
 - **Guidance:**
 - If multiple preceptors, one preceptor is identified as the primary preceptor. All preceptors who have significant interactions with residents in a learning experience are to be listed as preceptors in PharmAcademic.
 - Programs determine if each preceptor documents input in PharmAcademic or if learning experience preceptors will provide verbal or written input to the primary preceptor for documentation of the evaluation in PharmAcademic.
 - The primary preceptor seeks consensus of preceptors to determine final ratings.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Achieved (ACH) vs. Achieved for Residency (ACHR)

- Programs MUST document and define the rating scale they use in PharmAcademic in the program's manual (Standard 3.4.2)
 - Common scale includes Needs Improvement (NI), Satisfactory Progress (SP), Achieved (ACH), and Achieved for Residency (ACHR)
 - Primary practice sites must use the same defined ratings scale for all programs at the site.
- Residents may ACH an objective within a learning experience without achieving it for the residency (ACHR)
- The criteria and process for determining ACHR, including who is responsible for determining ACHR is also documented in the program's manual. Common practices include obtaining ACH on an objective in multiple learning experiences, review of evaluations for a specific quarter by the RPD and residency advisory committee (RAC) to reach consensus, others as defined by you
- [See Rating Scales Definitions Examples in the workbook](#)

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Key Points from the Guidance: Summative Evaluations

- Written feedback: [\[See Guidance Documents\]](#)
 - Is specific and actionable
 - Uses criteria related to the educational objective being evaluated
 - Recognizes resident's skill development/what they do well
 - Focuses on how resident may improve performance/ achieve objective in future
- Evaluations must be completed within 7 days of the due date
 - Timeliness based on date summative evaluation is initially submitted by preceptor; co-sign dates do not impact assessment of timeliness

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Evaluation of the Preceptor and Learning Experience

- **3.5.a:** Residents document and discuss an evaluation of each preceptor by the end of the learning experience.
- **3.5.b:** Residents document and discuss an evaluation of each learning experience by the end of the learning experience.
 - **3.5.b.1:** For learning experiences greater than 12 weeks in duration, a learning experience evaluation is completed at the midpoint and at the end of the learning experience.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



How It Will Be Surveyed

- Review of defined ratings scale in PharmAcademic
- Review of summative evaluations and documented feedback in PharmAcademic (quality of feedback)
- Review of residents' evaluations of preceptors and learning experiences in PharmAcademic.
- Review of PharmAcademic Evaluation Dashboards and Overall Evaluation Status Reports (timeliness of feedback)
- Discussion with preceptors and residents

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Development Plans (Standard 3.3)

Resident Development Plan

Is:

- A summary of resident performance and progress throughout program
- Supports resident practice interests, career development, wellness and resilience

Is NOT:

- Resident's schedule
- Same for all residents in program
- Advice to the resident
- Prepared ONLY by resident
- Prepared ONLY by program director/designee

Residents' Development Plans

- Residency programs are required to use the electronic Resident Development Plan (eRDP) in PharmAcademic.

Required Elements

- Resident self-assessment
- RPD/designee review & assessment
 - Initial Plan
 - Q1 update
 - Q2 update
 - Q3 update

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Timeline

Action	Timeline*
Initial Plan (3.3.c)	Within first 30 days of start of residency program
1st, 2nd, and 3rd quarter updates* (3.3.d)	Approximately every 90 days from start of residency program (i.e., October, January, April)

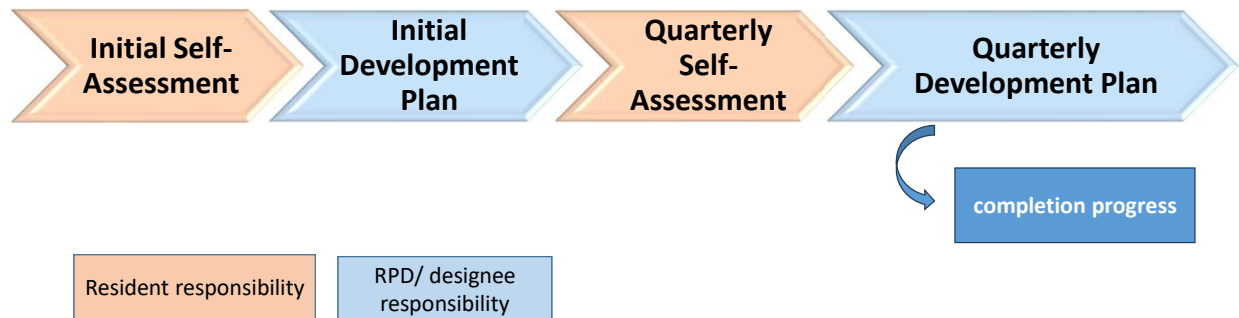
- Resident Development Plans **must** be documented and finalized in PharmAcademic (Standards 2.15.b.5, 3.3.c, and 3.3.d)

* If not completed within 30 days of due date = late.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Resident Development Plan Required Components



Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Resident Development Plan Required Components

Resident self-assessment includes:

- Self-reflection of:
 - career goals
 - practice interests
 - personal strengths and opportunities for improvement
 - well-being and resilience (stress management strategies)
- Self-evaluation of
 - current skill level related to required **competency areas** to identify specific areas of **strength** and **opportunities for improvement**

Standards 3.3.a and 3.3.d.1

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Resident Development Plan

Required Components *(continued)*

Program director/designee develops, discusses, and documents:

- Initial plan
 - Based on results of resident's initial assessment and RPD's assessment of resident's knowledge and skills related to competency areas
 - Adjustments to program based on resident's strengths and opportunities for improvement related to the program's CAGOs and resident's practice interests and career goals.
- Quarterly updates
 - **Assessment of previously identified opportunities for improvement related to competency areas**
 - **New** strengths and opportunities for improvement related to competency areas
 - Objectives achieved for residency (ACHR) since last update
 - **Adjustments to program for upcoming 90 days**
 - Progress towards meeting all program completion requirements

Standards 3.3.b.1, 3.3.d.2.a, and 3.3.d.2.d are Critical factors

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Step 1: Initial Assessment

- Enrolled **Residents** receive an email notification and PharmAcademic task 60 days prior to the due date for the initial plan (i.e., 30 days prior to the start of the residency)
- **Residents** document initial self-assessment in Electronic Resident Development Plan
- **Programs** may use additional forms/ tools but not required

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.

Standard 3.3.a





Step 2: Initial Resident Development Plan

Program director/designee documents initial development plan in PharmAcademic after resident completes initial self-assessment.

- **Individualized for each resident based upon RPD evaluation of resident self-assessment**
- Documents adjustments to program based upon:
 - Strengths
 - Opportunities for improvement
 - Practice interests
 - Career goals
 - Knowledge/ skills related to competency areas
- RPD discusses development plan with resident. Can print draft for discussion with resident.
- RPD finalizes plan in PharmAcademic

Standard 3.3.b.1
Critical factor

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Step 3: Quarterly Self-Assessment

- **Resident** documents self-assessment that includes:
 - Progress on previously identified opportunities for improvement related to **Competency Areas (CAs)**
 - New strengths and opportunities for improvement related to CAs
 - Changes in practice interests
 - Changes in post-residency career goals
 - Current assessment of well-being and resilience

Standard 3.3.d.1

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.





Step 4: RDP Quarterly Update

Program director/designee reviews resident self-assessment and documents:

- Progress on previously identified opportunities for improvement related to CAs
- New strengths and opportunities for improvement related to CAs
- Objectives achieved for residency (ACHR) since the last plan
- Program adjustments for the upcoming quarter based upon above
- Progress towards meeting all program completion requirements
 - Does not have to be included IN RDP but must be updated at the same time

Standard 3.3.d.2
Critical factor

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Development Plans: Program Adjustments

Examples of Resident Strengths, Opportunity for Improvement, Interests & Career Goals	Examples of Possible Plan Adjustment
Has been an intern at a hospital throughout pharmacy school (strength)	• Modify duration of orientation • Focus orientation on processes that were not included in internship duties
Lacks confidence with presentation skills (opportunity for improvement)	• Add additional presentations to learning experiences scheduled for early in the year • Require documented formative evaluations by preceptors of all presentations
Interested in management and ultimately wants to be a pharmacy director (interests/career goals)	• Schedule an administrative elective • Assign a management-orientated residency project • Add longitudinal involvement in organizational committees
Wants to pursue PGY2 critical care residency	• Move critical care learning experience (which is typically in the third quarter) to earlier in year

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Development Plans: Program Adjustments

- Modify residents' schedules – add/drop/sequence changes
- Increase or decrease learning experience durations
- Change learning activities (projects and assignments)
- Add objectives to required or elective learning experiences
- Emphasize specific educational objectives in upcoming learning experiences
- Change and/or increase preceptors' feedback to resident in certain activities
- Modify preceptors' use of modeling, coaching, and facilitation
- Determine elective learning experiences

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Tracking Residents Completion of Program Requirements

- Standard 3.3.e: Progress towards completion of program requirements is updated and uploaded to PharmAcademic at the same time as quarterly updates to the development plan are documented.
- Tracking document must include the same completion requirements as documented in the manual
- Consider using quarterly tracking document for document final completion requirements
- Quarterly tracking uploaded to files

Plan	Status	Due Date	Final Resident Submit Date	Finalized Date	Finalized By	
+ Initial Plan	Finalized	07/31/2025	08/13/2025	08/14/2025	Ted Baker	Yes View
- Quarterly Update 1	Finalized	09/28/2025	10/01/2025	10/02/2025	Ted Baker	Yes View

Development Plan Files				
The completion requirements quarterly tracking document is required to be uploaded with each RDP update on this tab. Files related to changes to the resident's plan between the updates can also be added here.				
Date	File	Comments	Size	Uploaded By
4/24/2026	a10.1. 2025-2026 Resident's Progress-.pdf		0.22 MB	Ted Baker



How It Will Be Surveyed

Surveyors will review PharmAcademic for:

- Use of electronic development plan
- Initial self-assessment by resident
- Initial development plans finalized in PharmAcademic within 30 days of start date
- Quarterly resident self-assessments
- Quarterly development plan updates finalized in PharmAcademic by due date or within 30 days after PharmAcademic due date (30-day grace period allowed by The Standard)
- Completion requirements tracked quarterly and uploaded to the associated development plan quarterly files tab in PharmAcademic at same time development plan update is finalized

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Residency Program Oversight and Assessment

Residency Committee (i.e., RAC)—Standard 4.4.a

Program Assessment—Standard 4.4.b

Appointment and Reappointment of Preceptors—Standard 4.4.c

Preceptor Development—Standard 4.4.d

Residency Program Oversight—Standard 4.4.a

- Committee established to guide all elements of residency program
 - Meets at least quarterly
 - Membership includes, but is not limited to: RPD, preceptors, pharmacy leaders, and site coordinators where applicable
 - Can be accomplished by a single committee (residency advisory committee) OR combination of committees (sites/organizations with multiple programs)
 - If committee in place for global decision-making for all programs, mechanism exists for program-specific decisions and evaluation of resident progress
 - Discussions and decisions are documented

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Residency Program Oversight (4.4.a)

- Elements of program oversight include but are not limited to:
 - Recruitment/selection of residents
 - Program requirements and policies
 - Structure
 - Design and conduct of residency
 - Annual program assessment
 - Resident performance and progression

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Assessment—Standard 4.4.b

- Formal annual program evaluation* includes:
 - End-of-year input from residents completing program
 - Input from resident evaluations of preceptors and learning experiences
 - Input from preceptors related to continuous improvement
 - How the program facilitates achievement of objectives
 - Includes a process to solicit input from all preceptors (e.g., survey)
 - Documented program improvement opportunities and plans for program changes
- Improvements identified through assessment process are implemented

**example in workbook*

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Assessment – Internal Sources

- Preceptors
- Residents
- Evaluations/feedback
- Program committee
- Exit interviews
- Trends/patterns
 - Complaints/concerns
 - Difficulty meeting requirements

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Assessment—External Sources

- ASHP accreditation survey/PharmAcademic annual survey analytics
- Recruitment
 - Match results
 - Candidate feedback
- Residency graduate tracking
 - Success/positions/board certification
 - Feedback/survey

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Assessment Example Questions

- Are our residents leaving with the capabilities described in the program purpose and competency areas? If not, where are the opportunities?
- Does information regarding preceptor performance match expectations of quality? If not, where are the opportunities?
- Is the program functioning at maximum efficiency and effectiveness? If not, what are the opportunities?
- For programs with an Appendix – Does the program structure allow for fulfillment of all required Appendix areas?

Copyright © 2025 American Society of Health-System Pharmacists, Inc. All rights reserved.



Program Assessment Activity Examples

- Adding or deleting required (core) learning experiences
- Changing the duration of learning experiences
- Re-assigning objectives to be taught and evaluated in learning experiences
- Re-evaluating and changing activities assigned to each objective in learning experience descriptions
- Developing/improving residency policies

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



How It Will Be Surveyed

- Discussion with RPD and preceptors
 - Example questions:
 - What did you do to ensure continuous residency program improvement?
 - What changes have you made?
- Review of:
 - Documentation of program improvement opportunities and plans for changes to the program
 - Documented discussions and decisions

See the Guidance Document for more information

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Preceptor Roles

Standard 3.2.c

Preceptor Roles

3.2.c: Preceptors use the appropriate preceptor role (i.e., direct instruction, modeling, coaching, and facilitating) based on each resident's progression through the learning experience.

Guidance

- Preceptors assume appropriate preceptor roles based on resident's progression:
 - **Direct instruction** at level appropriate for residents (as opposed to students), only when needed.
 - **Modeling** of practice skills described in the educational objectives.
 - **Coaching** skills described in the educational objectives, providing regular, on-going feedback.
 - **Facilitating** by allowing resident to assume increasing levels of responsibility for performance of skills with indirect support of the preceptor as needed.
- **Goal:** Residents function independently in each competency area by the conclusion of the residency program.

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Preceptor Appointment and Reappointment Standard 4.4.c

Elements of Preceptorship

- Review list of qualifications of an ideal preceptor
 - Experience
 - Training
 - Continuity-of-practice
 - Practice in the area at the time residents are being trained
- Application of the four preceptor roles
- Ability to provide criteria-based feedback

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Preceptor Appointment & Reappointment Standard 4.4.c

- Appointment and reappointment criteria are documented (align with current standard)
- Preceptor compliance with reappointment is reviewed at least every 4 years
- Preceptor appointment and reappointment decisions are documented

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Guidance for Standard 4.4.c

- Process is inclusive of all pharmacists within the organization that are interested in precepting and serve in a position that aligns with the structure and learning experiences of the program
- The RPD creates/contributes to the appointment/reappointment process including development of criteria and approval of preceptors.
- Criteria should include verification of preceptors' eligibility, qualifications, along with program specific criteria (e.g., attendance at a specific number of preceptor meetings, annual APR update, others as determined by the program)
- Preceptor appointment terms may not exceed 4 yrs.
- Documentation examples may include: meeting minutes, spreadsheet, letters of appointment/reappointment, tracking tool

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Preceptor Development Standard 4.4.d

Preceptor Development—Standard 4.4.d

- A preceptor development plan is created and implemented to support the ongoing refinement of preceptor skills
- A schedule of activities for each residency year is documented

Example of a Preceptor Development Plan is available in workbook

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Preceptor Development: Example Topics

- How to write criteria-based, summative evaluations
- How to provide effective formative feedback
- How to consistently use the program's rating scale (e.g., needs improvement, satisfactory progress, achieved, achieved for residency)
- How to incorporate layered learning
- How to serve as a mentor for residents
- How to delegate responsibility to residents and facilitate resident development
- How to be an efficient preceptor
- How to integrate learners into work
- How to identify burnout

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Guidance for Standard 4.4.d (excerpts)

- Multiple programs in an organization may partner to create a single preceptor development plan
- Required participation of preceptors in development activities is defined (e.g., complete "x" number of development activities)
- Areas to consider when creating content:
 - Assessment of preceptor skills; self-assessments; peer reviews
 - Review of residents' evaluations of preceptors
- Preceptor development activities focus on increasing knowledge and skills applicable to precepting residents rather than precepting students or increasing clinical knowledge

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Encouraging Preceptor Engagement

- Do you have any preceptors who:
 - aren't as engaged in precepting as they could be?
 - or-
 - are less engaged in precepting than they once were?
- What behaviors might they display?
- What might cause a preceptor to be less engaged?
- What are some strategies you can use to support these preceptors?

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Preceptor Development—Burnout Syndrome

- Consider incorporating education to preceptors on burnout syndrome
- Risk factors for burnout
- Possible mitigation strategies

Resources on well-being and resilience can be found on the ASHP website: <https://www.ashp.org/wellbeing>

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Preceptor Eligibility, Qualifications, and Other Requirements

Eligibility - Standard 4.5

Qualifications - Standards 4.6.a and 4.6.b

Individual Development Plans - Standard 4.6.d

Active Practice - Standard 4.7

Non-pharmacist Preceptors – Standard 4.8

PGY1 Preceptor Eligibility—Standard 4.5

- Licensed pharmacist AND
- Completion of ASHP-accredited PGY1 residency followed by a minimum of 1 year of pharmacy practice experience* OR
- Completion of ASHP-accredited PGY1, then ASHP-accredited PGY2 residency, followed by a minimum of 6 months of pharmacy practice experience* OR
- Have 3 or more years of pharmacy practice experience* if haven't completed an ASHP-accredited residency

* in the area precepted

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



PGY2 Preceptor Eligibility—Standard 4.5

- Licensed pharmacist AND
 - Completion of an ASHP-accredited PGY2 residency followed by a minimum one-year of pharmacy practice experience in the area precepted
- OR
- Without completion of an ASHP PGY2 residency, have three of more years of pharmacy practice experience in the area precepted

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Preceptor Qualifications — Standards 4.6a and 4.6.b

Preceptors must demonstrate the ability to precept the residents' learning experiences as evidence by:

- Content knowledge/expertise in the area(s) of pharmacy practice precepted (4.6.a)
- Contribution to the pharmacy practice in the area precepted (4.6.b)

The Academic and Professional Record (APR) is used to assess - 4.6.a & 4.6.b.

- *An electronic APR is now available for use in PharmAcademic*
- *Use of the electronic APR for all preceptors is strongly encouraged*
- *Use of electronic APR will be required for the 2028-2029 residency class*

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Guidance for Standard 4.6.a

- See APR for multiple options for demonstrating content knowledge/expertise (e.g., certifications, fellowships, residency training/time in practice area)
- If using privileging at the preceptor's current organization as the means to demonstrate content knowledge/expertise, the process must meet the following criteria:
 - Includes peer review as part of the re-credentialing procedure*
 - Only utilized for advanced practice; privileging for areas considered part of normal scope of practice such as therapeutic substitution or kinetic protocols will not meet 4.6.a
 - If privileging exists for other allied health professionals at the organization, pharmacist privileging must follow the same process

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Guidance for Standard 4.6.b

- Preceptors demonstrate contribution by documenting at least one example that meets the following criteria:
 - Contribution to the development of clinical or operational policies/guidelines/protocols
 - Contribution to the creation/implementation of a new clinical or operational service
 - Contribution to an existing service improvement
 - Appointment to drug policy and other committees of the organization/enterprise (does not include membership on RAC or residency-related committees)
 - In-services or presentations to pharmacy staff or other health professionals at organizations (e.g., 3 different presentations in past 4 years or single presentation annually within past 4 years)
 - *Examples are from the last four years of practice and occurred after preceptor obtained pharmacist licensure and after completion of residency training, if applicable*

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Standard 4.6d—Preceptors Who Do Not Meet Criteria (4.6.a and 4.6.b)

- Have a documented individualized preceptor development plan to achieve qualifications within two years
- Plan may be a component of an organizational performance review process

How It Will Be Surveyed:

- Review of APR form
- Review of documented preceptor development plan
- Discussion with preceptors and RPD

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Preceptors and Active Practice—Standard 4.7

Preceptors maintain an active practice and ongoing responsibilities for the area in which they serve as preceptors

- Actively participate and guide learning when precepting residents (Standard 4.7a)

Guidance:

- Preceptors may be part-time and/or remote but must be actively engaged
- If more than one preceptor is involved, one of the preceptors is designated as the primary preceptor, maintains continuity of the learning experience, and is accountable for global oversight of resident progression over the course of the learning experience
- Preceptors engaged in the training of residents (i.e., team-precepted) should be designated as preceptors for the experience*

**may not be applicable for orientation or staffing experiences*

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



How It Will Be Surveyed

Standards 4.6 and 4.7

- Review of preceptor roster
- Review of preceptors Academic and Professional Record (APR) forms
- Review of one copy of organization's privileging policy, example application packet, and applicable collaborative practice agreements/protocols if privileging used to meet requirements of 4.6.b
- Review of documented preceptor development plans for preceptor who do not meet 4.6.a or 4.6.b requirements

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Non-Pharmacist Preceptors—Standard 4.8

Non-pharmacist preceptors (e.g., physicians, physician assistants, certified advance practice providers) may be utilized as preceptors per the following requirements:

- 4.8.a: Direct patient care learning experiences are scheduled after the RPD and preceptors assess and determine that the resident is ready for independent practice
 - 4.8.a.1: Readiness for independent practice is documented in the resident's development plan
- 4.8.b: The RPD, designee, or other pharmacist preceptors work closely with the non-pharmacist preceptor to select the educational objectives and activities for the learning experience
- 4.8.c: The learning experience description includes the name of the non-pharmacist preceptor and documents the learning experience is precepted by a non-pharmacist precepted learning experience
- 4.8.d: At the end of the learning experience, input from the non-pharmacist preceptor is reflected in the documented criteria-based summative evaluation of the resident's progress toward the achievement of the educational objectives assigned to the learning experience

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Non-Pharmacist Preceptors—Selected Guidance

- 4.8.a: Programs that include patient care learning experiences provided by a non-pharmacist preceptor define the requirements for determining readiness for independent practice in the program's manual
- 4.8.a: The following learning experiences are exempted from 4.8.a requirements
 - Learning experiences where the resident is acquiring skills and abilities best taught by other health care professionals (e.g., physical assessment and triage for community-based pharmacy residents, microbiology lab for PGY2 infectious diseases residents)
 - Non-direct patient care learning experiences (e.g., management, finance)
- 4.8.b: Educational objectives and corresponding activities selected for learning experiences precepted by non-pharmacist preceptors are appropriate for a non-pharmacist to teach and evaluate
- 4.8.c: Non-pharmacist preceptors are documented in the learning experience description and the description reflects the learning experience is precepted by a non-pharmacist preceptor

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



How It Will Be Surveyed

Standard 4.8

- Review of learning experience descriptions precepted by non-pharmacist preceptors
- Review of requirements for determining readiness for independent practice in residency manual
- Review of resident's schedules
- Review of resident's development plans
- Interview of residents and non-pharmacist preceptors

Copyright © 2026 American Society of Health-System Pharmacists, Inc. All rights reserved.



Thank You



