Comparison and Crosswalk of Current ASHP Residency Accreditation Standards to the
ASHP 2023 *Accreditation Standard for Postgraduate Residency Programs*

The 2023 Accreditation Standard for Postgraduate Residency Programs represents the harmonization of the current PGY1 Pharmacy, PGY1 Community-Based Pharmacy, PGY1 Managed Care Pharmacy, and PGY2 Pharmacy Standards. Throughout the harmonization process, multiple workgroups evaluated each current standard's applicability to current pharmacy practice with a goal to continue to push the profession of pharmacy forward through identification of best practices. An extensive public comment process informed many changes to the draft standard resulting in the final harmonized Standard with applicability to all program types. The 2023 Standard will be effective with the 2023-2024 residency class

The following information includes a global comparison of the current Accreditation Standards to the 2023 Accreditation Standards (Table 1) along with a standard-by-standard crosswalk (Table 2) between each of the current Standards/program types and the 2023 Standard.

Please note, due to harmonization:
- Some 2023 Standards may be "crosswalked" to more than one current Standard
- Some current Standards have been split into their individual components for greater clarity in the 2023 Standard
- Some 2023 Standards may be "NA" (not applicable) for certain program types as denoted in the table
- Some 2023 Standards are new additions to the current Standards and are denoted by NEW
- The Additional Information column in Table 2 provides context for changes, additions, and deletions, along with highlighting NEW 2023 Standards

Table 1. Global Comparison of Current Standards to the 2023 Standard	
Current Standards *(Summary based primarily on PGY1 Pharmacy and PGY2 Standards with additional, unique components from PGY1 Community-Based Pharmacy and PGY1 Managed Care Pharmacy as noted within Standards 3 and 5)*	**2023 Standard**

Standard 1- Requirements and Selection of Residents
• Addresses:
  ○ Procedures for selection of residents
  ○ Eligibility of applicants
  ○ Information provided to candidates
  ○ Requirements for licensure
  ○ Requirements for review of policies and completion requirements
	Standard 1- Recruitment and Selection of Residents
	• Focuses solely on recruitment and selection procedures and processes
	  ○ Documented procedures
	  ○ Eligibility of applicants
	  ○ Compliance with Match rules

Standard 2 – Responsibilities of the Program to the Resident	**Standard 2 – Program Requirements and Policies** • Addresses:

• Addresses:
   ○ Required program length; non-traditional residency programs
   ○ Policies: Duty-hours, Moonlighting
   ○ Compliance with Match rules
   ○ Resident Acceptance of program terms
   ○ Sufficient qualified preceptors
   ○ Resources for residents
     ▪ Space
     ▪ Technology
     ▪ Extramural educational opportunities
     ▪ Financial support
   ○ Documentation of resident completion of program requirements
   ○ Compliance with Regulations:
     ▪ Certificate components
     ▪ Record keeping
     ▪ Use of PharmAcademic™
	○ Required program length
	   ○ Documentation of residency policies and provision to applicants of the following:
	     ▪ Leave
	     ▪ Duty-hours; moonlighting
	     ▪ Licensure
	     ▪ Completion requirements
	     ▪ Remediation/disciplinary
	     ▪ PGY2 programs: Verification of PGY1 completion
	   ○ Required residency manual
	   ○ Resources for residents
	     ▪ Space
	     ▪ Technology
	   ○ Documentation of resident completion of program requirements
	   ○ Compliance with Regulations:
	     ▪ Certificate components
	     ▪ Record keeping
	     ▪ Use of PharmAcademic™
	     ▪ Multi-practice site residencies
	   ○ Requirements for programs in which more than one organization shares financial and/or management responsibilities

Standard 3- Design and Conduct of the Residency Program
Addresses:
• Residency purpose
• Competency Areas, Goals and Objectives
• Program Structure
   ○ Variety of disease states and diversity of patients
   ○ Two thirds of program in direct patient care activities (PGY1 programs only)
   ○ No more than one third of the program focused on a specific disease state or patient population
• Orientation
• Learning Experiences
• Use of the four preceptor roles
• Development plans
• Evaluations:
   ○ Formative and summative of resident
	Standard 3- Structure, Design, and Conduct if the Residency Program
	Addresses:
	• Program structure
	• Competency Areas, Goals and Objectives
	• Program design requirements (direct patient care programs – PGY1 and PGY2)
	   ○ Variety of disease states and diversity of patients
	   ○ Two thirds of program in patient care activities (all program types)
	   ○ No more than one third of the program focused on a specific disease state or patient population (PGY1 only)
	• Orientation
	• Learning Experiences
	• Use of the four preceptor roles
	• Development plans
	• Evaluations:

- o Preceptor and learning experience evaluation by residents - o Multiple preceptors - Continuous program improvement - o Ongoing assessment, annual evaluation, and implementation of improvements Additional components of PGY1 Community-Based Pharmacy Standard: - Program structure includes: - o Medication management; targeted medication intervention; follow-up - o Health and wellness - o Immunizations - o Disease state management - o Care transitions incorporating - o Patient-centered medication distribution - Development Plans - o Resident self-evaluation - Resident Evaluation Requirements - o Self-reflections ▪ Initial ▪ Ongoing formative ▪ Summative	- o Formative and summative of resident - o Preceptor and learning experience evaluation by residents - o Multiple preceptors
Standard 4- Requirements of the Residency Program Director and Preceptors Addresses: - Program requirements - o Single RPD - o RPD established and chairs a residency advisory committee - RPD eligibility - RPD qualifications - RPD leadership responsibilities - o Development of criteria for appointment and reappointment of preceptors - o Preceptor development - o Continuous program improvement - Preceptor eligibility - Preceptor qualifications - Preceptors-in-training - Non-pharmacist preceptors	**Standard 4- Requirements of the Residency Program Director and Preceptors** Addresses: - Single RPD - Sufficient complement of eligible and qualified preceptors - RPD eligibility - RPD qualifications - Program oversight requirements: - o Committee(s) established to guide all elements of the residency program - o Ongoing assessment, annual evaluation, and implementation of improvements - o Appointment and reappointment of preceptors - o Preceptor development plan - Preceptor eligibility - Preceptor qualifications - Preceptors maintain active practice

	• Non-pharmacist preceptors
Standard 5 – Requirements of the Sponsoring Organization and Practice Site(s) Conducting the Residency Program	Not applicable – elements of the current Standard 5 are incorporated in Standard 2 and Standard 5 of the 2023 Standard.

Standard 6 – Pharmacy Services
Addresses:
• Pharmacy is an integral part of the health-care delivery system. Example components, not inclusive of all standards:
   ○ Scope of services meet needs of patients served
   ○ Scope of services is documented
   ○ Services extend to all areas of the practice site
• Pharmacist executive develops short- and long-terms goals
• Pharmacist executive ensures elements of a well-managed pharmacy are in place. Example components, not inclusive of all standards:
   ○ Current policies and procedures available to staff
   ○ Procedures to document patient care outcomes
   ○ Medication-use systems are safe an effective
   ○ Clinical pharmacy services are safe and effective
• Pharmacy leaders ensure compliance with laws and regulations
• Required components of the medication distribution system. Example components, not inclusive of all standards:
   ○ Unit-dose distribution system
   ○ Sterile product service
   ○ Medication-use policies:
     ▪ Hazardous medications
     ▪ High alert /high risk medications
     ▪ Controlled substances
     ▪ Controlled floor stock
     ▪ Safe use of medication-use technologies
• Required patient care services. Example components, not inclusive of all standards:
   ○ Participation on interdisciplinary teams
   ○ Participation in individualized treatment plans
	Standard 5 – Pharmacy Services
	Addresses:
	• Pharmacy Scope and Services:
	   ○ Scope is documented
	   ○ Pharmacy leaders have a documented plan with goals and an assessment of pharmacy needs
	   ○ Pharmacy holds decision-making role in planning of medication-use systems
	   ○ Pharmacy leaders ensure services meet the needs of patients served
	   ○ Pharmacy leaders ensure pharmacists provide patient-centered care and manage medication therapy
	   ○ Service are integrated across the patient care continuum
	• External evaluation
	• Personnel- Pharmacy leaders:
	   ○ Ensure recruitment methods promote diversity
	   ○ Provide resources for professional development are provided
	   ○ Ensure pharmacist and pharmacy technician competence is assessed through a formalized process
	   ○ Provide resources for supporting staff well-being are provided
	   ○ Provide support for program administration time for the RPD
	   ○ Provide support for ongoing management and improvement of the residency program
	• Infrastructure- Pharmacy department has:
	   ○ Resources to support scope of services
	   ○ Space:
	     ▪ Sufficient to facilitate safe and efficient work
	     ▪ Space for confidential patient care services and discussions with patients,

- o Development of protocols and other systematic approaches to patient care
- o System to identify appropriately trained and experienced pharmacists
- o Documentation of recommendations
- o Transitions of care
- o Disease prevention and wellness programs
- o Drug use policies
  - ▪ Develop evidence-based formulary
  - ▪ Develop evidence-based medication-use guidelines
  - ▪ Manage adverse drug event monitoring, resolution, reporting and prevention
- Adequate space, sufficient staff complement and resources
- Continuous quality improvement

Additional components of PGY1 Community-Based Pharmacy Standard:
- Pharmacy Practice Structure and Management:
  - o Pharmacy involvement in the planning of patient care services
- Pharmacy Resources – the practice has:
  - o access to appropriate medical informatics, patient assessment tools/equipment, and technology
  - o systems to support the connectivity and interoperability of information systems.
- Pharmacy Care Services include:
  - o medication management; targeted intervention with follow-up
  - o health and wellness
  - o immunizations
  - o disease state management
- The patient-centered dispensing system includes the following components:
  - o routine patient counseling and education services on medication initiation; change to medication therapy; high-risk medications; high-risk patients

family members and healthcare team
- Medication-use systems:
  - o Pharmacy maintains medication oversight and authority
  - o Medication-use policies reflect current best practices and include:
    - ▪ Medication storage
    - ▪ Identification and storage of high risk/high alert
    - ▪ Management of medications with specific regulatory, compliance or reporting requirements
    - ▪ Management of medications in automated systems
    - ▪ Management of hazardous medications
    - ▪ Ensure ready-to-administer dispensing
    - ▪ Management of pharmaceutical waste
  - o Medication-use policies are followed
  - o Medication-use policies are routinely reviewed and updated
  - o Information technology is consistent with best practices
  - o Pharmacy has a leadership role in medication safety
  - o Pharmacy is involved with the development, review, approval, dissemination and implementation of evidence-based protocols and guidelines/initiatives
  - o Pharmacy develops and manages evidence-based formulary
- Patient-centered Care:
  - o Patient care is comprehensive, collaborative and accessible
    - ▪ Pharmacists provide comprehensive care inclusive of all medication-related issues
    - ▪ Pharmacists use clinical decision support tools
    - ▪ Pharmacists use protocols, guidelines, other systematic

o evidence-based targeted interventions integrated into the patient-centered dispensing process	▪ approaches to disease management ▪ Pharmacists and technicians are involved in transitions of care ▪ Pharmacists provide disease prevention and health and wellness services

Additional components of PGY1 Managed Care Pharmacy Standard:
- Pharmacy Resources – the pharmacy practice environment has:
  - o access to appropriate medical informatics necessary to provide the scope of services and promote safe medication use;
  - o systems to support the connectivity and interoperability of information systems.
- Pharmacy Practice Oversight-
  - o Patient care services and programs are delivered utilizing three delivery models:
    - ▪ individual patient care
    - ▪ care provided to targeted groups of patients
    - ▪ population care management
  - o Pharmacy leadership:
    - ▪ Active participate in decision-making concerning the pharmacy and therapeutics function
    - ▪ A system to review medication-use evaluations

Table 2: Standard-by-Standard Comparison of Current Standards with the 2023 Standard					
PGY1 Pharmacy Standard #s	PGY1 Community-Based Pharmacy Standard #s	PGY1 Managed Care Pharmacy Standard #s	PGY2 Pharmacy Standard #s	2023 Standard #s	Additional Information: 2023 Standard
			1.1	1.2.b 2.7, 2.7.a (NEW)	NEW in 2023 Standard: 2.7 includes requirements for verifying PGY1 completion
1.1 and 1.2	1.1 and 1.2	1.1 and 1.2	1.2 and 1.3	1.1 1.1.a (NEW) 1.1.b-1.1.f	Includes specific details about items that should be included in the

					documented recruitment procedure NEW in 2023 Standard: 1.1.a Description of methods for recruitment that promote diversity and inclusion.
1.3, 1.4	1.3, 1.4	1.3	1.4, 1.5	1.2.a	Possession of a Foreign Pharmacy Graduate Examination Certificate (FPGEC) fulfills the requirements for applicant eligibility for licensure.
1.3	1.3	1.3	1.4	1.2.c	Additional information/requirements for applicants to international programs. See also 2.1.a
1.5	1.5	1.5	1.6	2.4.a-b	Clarification of licensure policy requirements
1.6	1.6, 1.6.a	1.6	1.7	2.2 (Leave) 2.2.a (NEW) 2.2.a.1 (NEW) 2.2.b, 2.2.b.1, 2.2.b.2 (NEW)	2.2 Added requirements for program's leave and program extension policies NEW in 2023 Standard: 2.2.a Defines maximum leave allowed (37 days) 2.2.a.1 Requires absences that exceed allowed leave to be made up through program extension equal to the number and type of training days missed. NEW in 2023 Standard: 2.2.b, 2.2.b.1, 2.2.b.2: Programs must define whether extensions are permitted, must specify maximum length allowed, and must specify whether extensions will be paid or unpaid NEW in 2023 Standard:

				2.5 (Completion Requirements) 2.5.a (NEW) 2.5.a.1 (NEW) 2.5.b – 2.5.d	2.5a, 2.5.a.1: Programs must define requirements for achievement of educational objectives including a threshold for receiving a certificate (e.g., x% of objectives must be ACHR). Also includes specific deliverables associated with required educational objectives and completion of Appendices as applicable to the program type.
				2.6 (Remediation/ disciplinary policy)	2.6 Requirement for a residency-specific remediation/disciplinary policy that includes items that are not specifically covered by the organization's disciplinary policy (e.g., plagiarism)
				2.8, 2.8a-2.8h (Information and policies provided to interviewees)	2.8 Includes specific details about policies and information that must be provided to interviewees at the time the interview invitation is extended
1.6.a	NA	1.6.a	1.7.a	NA	Not included in the 2023 Standard. See related Standard 2.10 for requirements for review of program policies with matched candidates.
2.1, 2.1.a	2.1, 2.1.a	2.1, 2.1.a	2.1, 2.1.a	2.1	Minimum term of resident appointment changed from 12 months to 52 weeks
				2.1.a (NEW)	NEW in 2023 Standard: 2.1.a Applies only to international PGY1 programs whose applicants DO NOT graduate from an ACPE-accredited pharmacy degree program. See

					2.1.a GUIDANCE for more information.
2.2	2.2	2.2	2.2	2.3, 2.3.a-2.3.d	Includes specific details about items that should be included in the documented duty-hour policy
2.3	2.3	2.3	2.3	1.3	Compliance with Match rules
2.4, 2.4.a	2.4, 2.4.a	2.4, 2.4.a	2.4, 2.4.a	2.9, 2.9.a (NEW)	NEW in 2023 Standard: 2.9 and 2.9.a Include new requirements for information that programs need to provide to matched candidates and also a new timeframe for providing information. Residents' acceptance of the Match results (within 30 days of the Match) is separated from residents' acceptance of the program's policies (see 2023 Standard 2.10)
				2.9.b (NEW-PGY2 only)	NEW in 2023 Standard: 2.9.b (PGY2 only) Requires programs to provide information to matched candidates related to verification of residents' PGY1 program completion.
2.4.b	2.4.b	2.4.b	2.4.b	2.10 (NEW)	NEW in 2023 Standard: 2.10 Includes new requirements and new timeframe for RPD to review residency policies with incoming residents and for residents' acceptance of program policies (within 14 days of the start of the program). Acceptance of program policies is now separate from acceptance of the Match (see 2.9).

2.5	2.5	2.5	2.5	4.1.b	Sufficient complement of qualified preceptors.
2.6	2.6	2.6	2.6	2.12, 2.12.a 2.12.b (NEW) 2.12.b.1 (NEW)	NEW in 2023 Standard: 2.12.b, 2.12.b.1 Includes additional detail around financial support and resources for residents including technology for remote work as applicable.
2.7. 2.7.a	2.7, 2.8	2.7, 2.7.a	2.7, 2.7.a	2.13, 2.13.a-2.13.b	Includes specific details related to requirements for awarding a certificate of completion.
2.8, 2.8.a	2.8, 2.8.a, 2.8.b	2.8, 2.8.a	2.8, 2.8.a	2.14, 2.14.a-2.14.b	Requirements for the residency certificate are more clearly defined in accordance with the *ASHP Regulations on Accreditation of Pharmacy Residencies*.
NA	NA	2.8a	NA	2.14.c (NEW)	NEW in 2023 Standard: 2.14.c Requirements related to referencing AMCP, ASHP's partner organization for the accreditation of PGY1 Managed Care Pharmacy residency programs.
NA	2.8.b	NA	NA	2.14.d (NEW)	NEW in 2023 Standard: 2.14.d Requirements related to referencing APhA, ASHP's partner organization for the accreditation of PGY1 Community-Based Pharmacy residency programs.
2.9	2.9	2.9	2.9	2.15, 2.15.a-2.15.c	Provides details related to the naming of programs, requirements for the use of PharmAcademic™, and maintenance of residency records in accordance with the ASHP Regulations on Accreditation of Pharmacy Residencies.
				2.11 (NEW)	NEW in 2023 Standard: 2.11 Requirement for

					programs to have a residency manual. Information on required components of the residency manual are outlined in 2.11 GUIDANCE.
3.1	3.1, 3.1.a	3.1	3.1, 3.1.a, 3.1.b	NA	An updated harmonized purpose statement for all PGY1 residency programs and a purpose statement for PGY2 residency programs are included in the Introduction of the Standard. Documentation of the Purpose Statement in program materials is no longer required.
NA	3.1.b	NA	NA	NA	Individualized program descriptions for PGY1 Community-Based Pharmacy residency programs are no longer required.
3.2	3.2	3.2	3.2	3.1.b	
3.2.a, 3.3.a.(2)	3.2.a, 3.3.b	3.2.a, 3.3.a.(2)	3.2.a, 3.3.(a)(3)	3.1.b.1	3.1.b.1 combines the requirements that program structure supports both the purpose and the achievement of objectives. NEW in 2023 Standard: 3.1.b.1.b and 3.1.b.1.c added requirements related to the program structure and facilitation of all required objectives.
				3.1.b.1.b (NEW)	3.1.b.1.b addresses requirements for programs where the competency areas, goals and objectives include a required Appendix.
				3.1.b.1.c (NEW)	3.1.b.1.c addresses scheduling of required

					learning experiences for all residents in the program
3.2.b, 3.2.b.(1)-3.2.b.(4)	3.2.b, 3.2.b.1-3.2.b.4	3.2.b, 3.2.b.1-3.2.b.4	3.3.a.(2)	3.1.b.1.a	Addresses assignment of objectives to one or more required learning experiences.
NA	NA	NA	3.2.b	NA	Development of competency areas, goals, and objectives for new/novel PGY2 program types is now part of the application process for approval these programs and not applicable as a Standard.
3.2.c	3.2.c, 3.2.d	3.2.c	3.2.c	3.1.b.1.a Guidance	Programs may now select elective objectives for the program, a specific learning experience, or a specific resident. Previously, if elective objectives were selected for the program, they were required for all residents.
3.3, 3.3a	3.3	3.3, 3.3a	3.3, 3.3a	3.1	Program Structure and Design
3.3.a.(1)	3.3.a	3.3.a.(1)	3.3.a.(1)	3.1.a	The program structure is documented.
3.3.a.(1)(a), 3.3.a.(1)(b)	3.3.a.1, 3.3.a.3	3.3a.(1)(a), 3.3.a(1)(b)	3.3.a.(1)(a), 3.3.a(1)(b)	3.1.a.1 3.1.a.2 (NEW)	Documented structure lists all learning experiences, both required and elective. NEW in 2023 Standard: 3.1.a.2 Duration of both required and elective learning experiences must be documented. This was formerly required only in the PGY1 Community-Based Standard.
	3.3.a.2				Not included the 2023 Standard
NA	NA	NA	NA	3.1.a.3 (NEW)	NEW in 2023 Standard: 3.1.a.3 Requirement for learning experiences that are twelve or more weeks

					in duration to include information about time spent (e.g., 4 hours every Tuesday), if a specific amount of time is scheduled on a recurring basis. See 3.1.a.3 GUIDANCE for examples.
3.3.a.(3)	3.3.d	3.3.a.(3)	NA	3.1.c.1 (NEW for PGY2 Direct Patient Care Programs)	NEW in 2023 Standard: 3.1.c.1 Requirement for PGY2 Direct Patient Care Residencies to ensure the program's design includes a variety of disease states and conditions.
3.3.a.(4)	NA	3.3.a.(4)	NA	NA	Not included in the 2023 Standard.
3.3.(a)(5)	3.3.d.2	3.3.(a)(5)	NA	3.1.c.4	Applies only to PGY1 residency programs (all types).
3.3.(a)(6)	3.3.d.1	3.3.(a)(6)	NA	3.1.c.3 (NEW for PGY2 Direct Patient Care Programs)	NEW in 2023 Standard: 3.1.c.3: Residents spend 2/3 of the program in direct patient care experiences; applies to PGY1 (all types) and PGY2 Direct Patient Care residency programs. This is a NEW Standard for PGY2 Direct Patient Care residency programs.
NA	3.3.d.3	NA	NA	3.1.c.2 (NEW for PGY1 Pharmacy, PGY1 Managed Care, and PGY2 direct patient care programs)	NEW in 2023 Standard: 3.1.c.4: Residents gain experience in recurring follow up of patients; applies to PGY1 (all types) and PGY2 Direct Patient Care residency programs. This is a NEW Standard for PGY1 Pharmacy, PGY1 Managed Care, and PGY2 Direct Patient Care residency programs.
NA	3.3.d.4, 3.3.d.5, 3.3.d.6, 3.3.d.7	NA	NA	NA	Not included in the 2023 Standard. These PGY1 Community Pharmacy Standards will be

					considered for possible addition to the *Required Competency, Areas, Goals, and Objectives for Post Graduate Year One (PGY1) Community-Based Pharmacy Residencies* when next updated.
3.3.b	3.3.e.2	3.3.b	3.3.b	3.1.a.4	Orientation to the residency program is part of overall program design and must be included as part of the initial learning experience and must also include orientation to the practice environment.
3.3.c	3.3.e.	3.3.c	3.3.c	3.2	Learning Experiences
3.3.c.1, 3.3.c.(1)(a), 3.3.c.(1)(b), 3.3.c.(1)(c), 3.3.c.(1)(d), 3.3.c.(1)(e)	3.3.e.1, 3.3.e.1.1-3.3.e.1.5	3.3.c.1, 3.3.c.1.a, 3.3.c.1.b, 3.3.c.1.c, 3.3.c.1.d, 3.3.c.1.e,	3.3.c(1), 3.3.c.(1)(a), 3.3.c.(1)(b), 3.3.c.(1)(c), 3.3.c.(1)(d), 3.3.c.(1)(e)	3.2.a, 3.2.a.1-3.2.a.6	Learning experience description requirements. Description of evaluations that must be completed by preceptors and residents are no longer a required part of learning experience descriptions because scheduled evaluations are auto populated by PharmAcademic™ into the learning experience description.
3.3.c.(2)	3.3.e.2.1	3.3.c.(2)	3.3.c.(2)	3.2.b	3.2.b GUIDANCE further defines requirements for orientation to a learning experience.
3.3.c.(3)	3.3.e.2.2	3.3.c.(3)	3.3.c.(3)	3.2.c	Requirement for preceptors to use the appropriate preceptor roles through the learning experience.
3.3.c.(4)	NA	3.3.c.(4)	3.3.c.(4)	NA	Not included in the 2023 Standard.
3.4.a, 3.4.a.(1), 3.4.a.(2)	3.4.b, 3.4.b.1, 3.4.b.1.1, 3.4.b.1.1.1, 3.4.b.1.1.2 3.4.b.1.1.3	3.4.a, 3.4.a.(1), 3.4.a.(2)	3.4.b, 3.4.b.(1), 3.4.b.(2)	3.3	NEW in 2023 Standard: Standards related to the initial development plan. The 2023 Standards are much more detailed regarding resident and preceptor responsibilities

				3.3.a (NEW)	regarding the initial development plan. Following are highlights of the changes in the 2023 Standard: • 3.3.a: Resident's requirements for self-assessment. The entering self-assessment by each resident is documented prior to or at the start of the residency and will be documented on a new form. The ASHP Entering Self-Assessment form (see 3.3.a GUIDANCE) replaces both the ASHP Entering Self Interest and Entering Objective-Based Self-Evaluation forms.
				3.3.b, 3.3.b.1(NEW)-3.3.b.2,	• 3.3.b, 3.3.b.1-3.3.b.2: RPD/designee's responsibilities related to the initial development plan.
				3.3.c	• 3.3.c: Requirement for the development plan to be finalized in PharmAcademic™ and shared with preceptors within 30 days of the resident's start date.
3.4.b, 3.4.b.(1)	3.4.a.2, 3.4.a.2.1	3.4.b, 3.4.b.(1)	3.4.c, 3.4.c.(1)	3.4.a, 3.4.a.1	Formative Assessment/Formative Evaluation re-titled and is now "Formative assessment and feedback"
NA	NA	NA	NA	3.4.a.1.a (NEW)	NEW in 2023 Standard: 3.4.a.1.a Documentation of formative feedback for

					residents not progressing as expected is required.
3.4.b.(2)	3.4.a.2.2	3.4.b.(2)	3.4.c.(2)	3.4.a.2	Preceptors to make adjustments to learning activities based on residents' progression.
3.4.c	3.4.a.3	3.4.c	3.4.d	3.4.b	Summative Evaluation
3.4.c.(1)	3.4.a.3.1, 3.4.a.3.2	3.4.c.(1)	3.4.d.(1)	3.4.b.1, 3.4.b.2, 3.4.b.2.a, 3.4.b.2.b	The 2023 Standard further defines the requirements of the summative evaluation process.
3.4.c.(2)	3.4.a.3.1.2	3.4.c.(2)	3.4.d.(2)	3.4.b.1.a (NEW)	NEW in 2023 Standard: 3.4.b.1.a is a change for PGY2 residency programs: For year-long learning experiences, an evaluation will now be required at least every 12 weeks.
3.4.c.(3)	3.4.a.3.1.1	3.4.c.(3)	3.4.d.(3)	3.4.b.3	3.4.b.3 GUIDANCE for provides additional information about summative evaluation requirements when more than one preceptor is assigned to a learning experience.
3.4.c.(4)	3.4.a.3.3.1	3.4.c.(4)	3.4.d.(4)	NA	Not included in the 2023 Standard: The Preceptors-in-Training designation along with the associated requirement for assignment of an advisor/coach to co-sign evaluations completed by Preceptors-in-Training was not included in the 2023 Standard. (See Standard 4.6.4 for Standard related to preceptors who do not meet qualifications.)
NA	3.4.a.3.3	NA	NA	NA	Not included in the 2023 Standard.
3.4.c.(5)	3.4.c.5, 3.4.c.5.1, 3.4.c.5.4	3.4.c.(5)	3.4.d.(5)	3.5.a	Resident evaluation of the preceptor
NA	3.4.c.5.2	NA	NA	NA	Not included in the 2023 Standard.

NA	3.4.c.5.3	NA	NA	NA	Not included in the 2023 Standard.
NA	3.4.c.5.5	NA	NA	NA	Not included in the 2023 Standard.
3.4.c.(6)	3.4.c.6, 3.4.c.6.1, 3.4.c.6.3	3.4.c.(6)	3.4.d.(6)	3.5.b	Resident evaluation of the learning experience
NA	3.4.c.6.2	NA	NA	3.5.b.1(NEW)	NEW in 2023 Standard: 3.5.b.1 New requirement for a learning experience evaluation to be completed by residents at the midpoint and end of learning experiences greater than 12 weeks in length. This Standard was a PGY1 Community-Based Pharmacy Standard but is NEW for PGY1 Pharmacy, PGY1 Managed Care Pharmacy, and PGY2 residency programs.
NA	3.4.c.6.4	NA	NA	NA	Not included in the 2023 Standard.
NA	NA	NA	NA	3.3.d, 3.3.d.1(NEW) 3.3.d.1.a-3.3.d.1.e (NEW)	NEW in 2023 Standard: 3.3.d.1 Requires residents to document a self-assessment every 90 days from the start of the residency prior to the update to the development plan. 3.3.d.1.a.-3.3.d.1.e outline requirements for the quarterly self-assessment
3.4.d, 3.4.d.(1), 3.4.d.(2)	3.4.b, 3.4.b.1, 3.4.b.2, 3.4.b.2.1	3.4.d, 3.4.d.(1) 3.4.d.(2)	3.4.e, 3.4.e.(1) 3.4.e.(2)	3.3.d, 3.3.d.2, 3.3.d.2.a 3.3.d.2.b 3.3.d.2.c (NEW) 3.3.d.2.d	3.3.d.2.a-3.3.d.2.d define specific, required elements to be documented in the quarterly update to the development plan. NEW in 2023 Standard: 3.3.d.2.c Requires the RPD or designee to document objectives that have been ACHR since the previous update.

3.4.d.(3)	3.4.b.3	3.4.d.(3)	3.4.e.(3)	3.3.c	Requirements for finalizing residents' initial development plan in PharmAcademic™ within 30 days of the start of the residency program.
NA	NA	NA	NA	3.3.e (NEW)	NEW in 2023 Standard: 3.3.e Requires quarterly documentation of progress towards meeting the program's completion requirements.
NA	3.4.c, 3.4.c.1, 3.3.c.1.1, 3.3.c.1.2	NA	NA	NA	The PGY1 Community-Based Pharmacy Residency Standard requirements for resident self-reflection have been incorporated into the resident development plan requirements.
NA	3.4.c, 3.4.c.2, 3.4.c.2.1, 3.4.c.3, 3.4.c.3.1, 3.4.c.4, 3.4.c.4.1, 3.4.c.4.2	NA	NA	NA	The PGY1 Community-Based Residency Standard requirements for resident formative and summative self-evaluation have been incorporated into the resident development plan requirements. (see 3.3.d.1)
3.5, 3.5.a	3.5, 3.5.a	3.5, 3.5.a	3.5, 3.5.a	4.4.b, 4.4.b.1, 4.4.b.1.a (NEW), 4.4.b.1.b, 4.4.b.1.e	4.4.b, 4.4.b.1, 4.4.b.1.a - 4.4.b.1.e further define requirements related to the annual formal program evaluation. NEW in 2023 Standard: 4.4.b.1.a addresses the assessment of methods that promote diversity and inclusion.
3.5.b	3.5.b	3.5.b	3.5.b	4.4.b.2	Addresses the implementation of improvements identified in the annual evaluation process.
3.5.c, 3.5.c.(1)	3.5.c, 3.5.c.1	3.5.c, 3.5.c.(1)	3.5.c, 3.5.c.(1)	NA	Not specifically addressed in the 2023 Standard but required for closeout of residents who successfully

					complete the program in PharmAcademic™.
4.1.a, 4.4	4.1.a, 4.2.c	4.1.a, 4.4	4.1.a, 4.4	4.1, 4.1.a, 4.2.a, 4.2.b	The 2023 Standards includes the following requirements, but the arrangement is different from previous Standards. • 4.1.a A single residency program director. (RPD) who serves as the organizationally authorized leader of the residency program • 4.2 GUIDANCE: When more than one organization (e.g., college of pharmacy, health system) shares responsibility for the financial and/or management aspects of the residency as noted in 2.16, the RPD may be from either organization • 4.2.a (PGY1), 4.2.b (PGY2) RPD is from a practice site of the residency program.
4.1.b, 4.4.a	4.1.a.1, 4.2.c.1	4.1.b, 4.4.a	4.4.a	4.4.a	The 2023 Standard requires a program oversight committee (4.4.a) but removes the sole responsibility from the RPD for the organization, leadership, or activities of the committee as the requirements for program oversight can be accomplished in many ways for organizations with multiple residency programs. The 2023 Standard requires the following:

				4.4.a.1 (NEW) 4.4.a.2 (NEW)	• 4.4.a A committee(s) is established to guide all elements of the residency program. . NEW in 2023 Standard: • 4.4.a.1 Committee(s) meets at least quarterly. • 4.4.a.2 Committee(s) discussions and decisions are documented.
4.1.c	4.1.a.2	4.1.c	4.1.b	4.1.a.1	Allows RPD to delegate duties/activities to one or more individuals.
4.1.d, 4.1.d.(1), 4.1.d.(2), 4.1.d.(2)(a), 4.1.d.(2)(b)	4.1.b.1, 4.1.b.2, 4.1.b.2.1, 4.1.b.2.1.1- 4.1.b.2.1.3	4.1.d, 4.1.d.(1), 4.1.d.(2), 4.1.d.(2)(a), 4.1.d.(2)(b)	4.1.c, 4.1.c.(1), 4.1.c.(2), 4.1.c.(2)(a), 4.1.c.(2)(b)	2.16.a, 2.16.a.1 -2.16.a.7	The 2023 Standard includes all requirements for when more than one organization shares the responsibility for the financial and/or management of the program in Standard 2.1.6. Please note: The term "sponsoring organization" will change to "program operator" in the 2023 Standard and updated *ASHP Regulations on Accreditation of Pharmacy Residencies* to align with terminology used by the Centers for Medicare and Medicaid (CMS) terminology related to graduate medical education/residency programs.
4.2	4.2.a	4.2	NA	4.2, 4.2.a	RPD eligibility requirements for PGY1 programs
NA	NA	NA	4.2, 4.2.a	4.2, 4.2.b	RPD eligibility requirements for PGY2 programs
NA	NA	NA	4.2.b	4.3.a	Requirement for BPS certification in the specialty area moved

					under RPD Qualifications in the 2023 Standard. Please note the 2023 Standard requires PGY2 Internal Medicine RPDs to maintain certification as a Board Certified Pharmacotherapy Specialist (BCPS). See GUIDANCE for 4.3.a.
NA	NA	NA	4.2.c	4.3.f	Requirement for PGY2 RPDs to maintain regular and ongoing responsibilities in the advanced practice area for which they serve as RPD.
4.3	4.2.b	4.3	4.3	4.3	RPD Qualifications
4.3.a	4.2.b.1	4.3.a	4.3.a	4.3.b	Requirement for contribution to pharmacy practice. For PGY2 RPDs, this must be demonstrated relative to the RPD's PGY2 practice area. See 4.3.b GUIDANCE for examples.
4.3.b	4.3.b.2	4.3.b	4.3.b	4.3.d	"Contribution to the profession" changed to "ongoing professional engagement" in the 2023 Standard. See 4.3.d GUIDANCE for examples.
4.3.c	4.2.b.3	4.3.c	4.3.c	4.3.c	Requirement for ongoing participation in committees/workgroups of the organization or enterprise. Note: Participation in committees/workgroups does not include residency-related committees/workgroups. Membership on the Residency Advisory Committee (RAC) or other residency-related committees will not meet this requirement per 4.3.c GUIDANCE.

NA	NA	NA	NA	4.3.e (NEW)	NEW in 2023 Standard: RPDs serve as role models for pharmacy practice and professionalism as evidenced by modeling and creating an environment that promotes outstanding professionalism. This qualification will be surveyed through discussion with the RPD, residents, and preceptors.
4.4.b	4.2.c.2	4.4.b	4.4.b	3.3e	3.3.e requires documentation of residents' progress towards completion of program requirements at the same time the development plan is updated. Progress may be documented in the development plan or in a separate document per program preference.
4.4.c, 4.5, 4.5.b	4.2.c.3, 4.2.c.3.2, 4.2.c.3.3	4.4.c, 4.5, 4.5.b	4.4.c, 4.5, 4.5.b	4.4.c, 4.4.c.1 4.4.c.2 (NEW) 4.4.c.3 (NEW)	Please note the following in the 2023 Standard for appointment and reappointment of residency program preceptors: NEW in 2023 Standard: • 4.4.c.2 Preceptor compliance with reappointment criteria is reviewed at least every 4 years-new requirement for appointment cycle • 4.4.c.3 Preceptor appointment and reappointment decisions are documented-new requirement for documentation of decisions

4.5.a	4.2.c.3.1	4.5.a	4.5.a	NA	The 2023 Standard does not require the RPD to be solely responsible for appointment and reappointment of preceptors but requires their participation in the process if led by an oversight or other committee.
4.4.d	NA	4.4.d	4.4.d	NA	The 2023 Standard does not include a stand-alone assessment of preceptors' precepting skills by RPDs. Instead, the 2023 Standard incorporates assessments of preceptor skills into the formal annual program evaluation which includes input from residents through evaluations of preceptors and their learning experiences (4.4.b.1.c) and end of the year input from residents (4.4.b.1.b).
4.4.e	4.2.c.3.4	4.4.e	4.4.e	4.4.d, 4.4.d.1	For Community-based programs, please note that creation of preceptor development plans for each preceptor is no longer a requirement.
4.4.f	4.2.c.4	4.4.f	4.4.f	4.4.b, 4.4.b.1	Ongoing assessment of the residency program
4.4.g	NA	4.4.g	4.4.g	NA	Not included in the 2023 Standard. See related 2023 Standards: • 4.3.e RPDs serve as role models for pharmacy practice and professionalism as evidenced by modeling and creating an environment that promotes outstanding professionalism.

					• 5.1.c.7 Pharmacy leaders oversee the hiring, development, and support of pharmacy staff by providing support for ongoing management and improvement of the residency program(s).
NA	4.2.c.5	NA	NA	NA	Not included in the 2023 Standard. See related 2023 Standards: • 4.3.e RPDs serve as role models for pharmacy practice and professionalism as evidenced by modeling and creating an environment that promotes outstanding professionalism. • 5.1.c.7 Pharmacy leaders oversee the hiring, development, and support of pharmacy staff by providing support for ongoing management and improvement of the residency program(s).
4.6	4.3, 4.3.a	4.6	NA	4.5.a	PGY1 Pharmacist Preceptor Eligibility
NA	NA	NA	4.6	4.5.b	PGY2 Pharmacist Preceptor Eligibility
4.7, 4.7.a-4.7.f	4.3.c, 4.3.c.1-4.3.c.6	4.7, 4.7.a-4.7.f	4.7, 4.7.a-4.7.f	NA	Preceptor responsibilities are addressed through 2023 Standard 3 and/or Standard 4 requirements.
4.8	4.3.b	4.8	4.8	4.6	The 2023 Standard further defines preceptor qualifications. Note Standards 4.6, 4.6a-d, and 4.7 correspond to individual sections of the

					NEW Academic and Professional Record (APR) Form.
4.8.a	4.3.b.1	4.8.a	4.8.a	3.2.c	Use of preceptor roles.
4.8.b	4.3.b.2	4.8.b	4.8.b	3.4.a.1, 3.4.b.2, 3.4.b.2.a	Further defines requirements for preceptors' formative and summative evaluations of residents as part of their ability to assess resident performance.
4.8.c	4.3.b.3	4.8.c	4.8.c	4.6.a	"Recognition in the area of practice for which they serve as preceptors" changed to "content knowledge/expertise in the area(s) of pharmacy practice precepted". Examples in 4.6.a GUIDANCE have been updated to reflect the change.
4.8.d	4.3.b.4	4.8.d	4.8.d	4.6.b, 4.7	The 2023 Standard further refines the concept of "active, established practice" from the previous Standard into two components – contributions to practice in the area precepted (4.6.b) and ongoing responsibilities in the practice area (4.7).
4.8.e	4.3.b.5	4.8.e	4.8.e	4.7.a	"Maintenance of continuity during the time of residents learning experiences" revised to "preceptors actively participate and guide learning when precepting residents" in the 2023 Standard. See 4.7a GUIDANCE for specific requirements.
4.8.f	4.3.b.6	4.8.f	4.8.f	4.6.c	"Ongoing professionalism, including a personal commitment to advancing the profession" revised to "role modeling

					professional engagement" in the 2023 Standard. Examples in 4.6.c GUIDANCE have been updated to reflect the change.
4.9, 4.9.a, 4.9.a.(1)	4.3.d, 4.3.d.1, 4.3.d.1.1	4.9, 4.9.a, 4.9.a.(1)	4.9, 4.9.a, 4.9.a.(1)	NA	Not included in the 2023 Standard: The designation as a preceptor-in-training and the requirement for assignment of a coach or advisor to co-sign evaluations completed by a preceptor-in-training.
4.9.a.(2)	4.3.d.1.2	4.9.a.(2)	4.9.a.(2)	4.6.d	The 2023 Standard includes a requirement for preceptors who do not meet qualifications (4.6.a, 4.6.b, and/or 4.6.c) to have a documented individualized plan to meet requirements within two years. The plan may be a component of an organizational performance review process.
4.10, 4.10.a, 4.10.b	4.4, 4.4.a, 4.4.a.1, 4.4.a.2, 4.4.a.3, 4.4.a.4	4.10, 4.10.a, 4.10.b	4.10, 4.10.a, 4.10.b	4.8, 4.8.a.1 (NEW), 4.8.b, 4.8.c (NEW), 4.8.d	Non-pharmacist preceptors: The 2023 Standard retains the requirements for the RPD, designee, or other pharmacist preceptor work closely with the non-pharmacist preceptor to select educational objectives and activities for the learning experience (4.8.b) and that input from the non-pharmacist preceptor is reflected in the resident's summative evaluation (4.8.d) but differ from the previous standards as follows: NEW in 2023 Standard: • 4.8.a.1 Readiness for independent practice

					is required only for direct patient care learning experiences and is to be documented in the resident's development plan 4.8.c The learning experience description includes the name of the non-pharmacist preceptor and also that the learning experience is a non-pharmacist precepted learning experience.
5	5	5	5	2.16.a, 2.16.a.1-2.16.a.7, 2.17, 5.1.b, 5.1.c, 5.2.b, 5.2.e	Requirements of the Sponsoring Organization and Practice Site are incorporated in Standard 2 and Standard 5 of the 2023 Standard.
5.1	5.2.a, 5.2.b	5.1	5.1	5.1.b	External appraisal of practice site
NA	5.1.a	NA	NA	NA	Not included the 2023 Standard as all residency programs must designate a program sponsor/program operator in order for their application for residency accreditation to be accepted. Please note: The term "sponsoring organization" will change to "program operator" in the 2023 Standard and updated *ASHP Regulations on Accreditation of Pharmacy Residencies* to align with terminology used by the Centers for Medicare and Medicaid (CMS) terminology related to graduate medical

					education/residency programs. An update of the *ASHP Regulations on Accreditation of Pharmacy Residencies* is expected to be approved and available to residency programs prior to July 1, 2023
5.2	5.3.a, 5.2.c	5.2	5.2	5.2.b, 5.2.e, 5.3	5.2.b, 5.2.e, and 5.3 to determine if pharmacy services align with best practice and patient care delivery is comprehensive, collaborative, and accessible.
NA	5.2.c	NA	NA	5.1.c.6, 5.1.c.7 (NEW for PGY1 Pharmacy, PGY1 Managed Care, and PGY2)	NEW in 2023 Standard: 5.1.c.7 Sufficient resources to adequately conduct the residency program (NEW for PGY1 Pharmacy, PGY1 Managed Care, and PGY2)
5.3, 5.3.a, 5.3.b	5.1, 5.1.b, 5.1.c	5.3, 5.3.a, 5.3.b	5.3, 5.3.a, 5.3.b	2.16	Requirements for programs in which more than one organization shares responsibility for the financial and/or management aspects of the residency. 2.16 establishes the program operator as having authority over the residency program and the responsibility for meeting the 2023 Standard when one organization shares responsibility for the financial and/or management aspects of the residency. The term "sponsoring organization" will change to "program operator" in the 2023 Standard and updated *ASHP Regulations on Accreditation of Pharmacy Residencies* to align with terminology

					used by the Centers for Medicare and Medicaid (CMS) terminology related to graduate medical education/residency programs. An update of the *ASHP Regulations on Accreditation of Pharmacy Residencies* is expected to be approved and available to residency programs prior to July 1, 2023
5.3.b.(1), 5.3.c, 5.3.d	5.1.d, 5.1.d.1, 5.1.d.2	5.3.b.(1), 5.3.c, 5.3.d	5.3.b.(1), 5.3.c, 5.3.d	2.16.a, 2.16.a.1-2.16.a.7, 2.16.a.6 (NEW)	The Program Operator maintains a signed agreement with the additional organization(s) that clearly defines the responsibilities for all aspects of the residency program. 2023 Standards 2.16.a.1-2.16.a.7 delineate required elements to be included in the agreement. NEW in 2023 Standard: 2.16.a.6 A method of coordinating the conduct of the residency program within all organizations
NA	5.3.a.1	NA	NA	NA	The definition of single and multiple-site residencies and associated regulations will be included in updated *ASHP Regulations on Accreditation of Pharmacy Residencies*. The updated regulations and timelines for compliance are expected to be approved and available prior to July 1, 2023.
5.3.e, 5.4	5.3.a.2, 5.3.a.2.1-5.3.a.2.5, 5.3.b, 5.3.b.1 – 5.3.b.2	5.3.e, 5.4	5.3.e, 5.4	2.17	2.17 addresses compliance with *ASHP Regulations on Accreditation of Pharmacy Residencies* for multi-site residencies.

					The definition of single and multiple-site residencies and associated regulations will be included in updated *ASHP Regulations on Accreditation of Pharmacy Residencies*. The updated regulations and timelines for compliance will be published prior to July 1, 2023.
6.1, 6.4.b	6.1.a, 6.1.b	6.1.a, 6.1.b	6.1, 6.4b	5.1.a.2	5.1.a.2 "Pharmacy has a well-defined, documented organizational structure in which the pharmacist leader provides oversight and supervision of all pharmacy personnel." is a combination of two Standards from the PGY1, PGY1 Community-Based, PGY1 Managed Care, and PGY2 Pharmacy Standards.
6.2.b	6.1.c.1	6.3.a.1, 6.4.p	6.2.b	5.1.a.4	Pharmacy leaders hold decision-making roles in the planning and management of medication-use systems.
6.2.c	NA	6.3.a.2	6.2.c	5.1.a.1	The scope of services is documented.
6.2.a, 6.2.d, 6.8.a.(2)	6.2, 6.2.c, 6.3.a, 6.3.b	6.2.c, 6.3.b	6.2.a, 6.2.d, 6.8.a(2)	5.1.a.5	5.1.a.5: Pharmacy leaders ensure pharmacy services are of the scope, quality, and consistency to provide the level of care required by all patients. 5.1.a.5 GUIDANCE: Pharmacy services at the practice site extend to all patients for which medications are dispensed, administered, and monitored.
NA	6.3.a.1	NA	NA	5.1.a.8 (NEW for PGY1 Pharmacy, PGY1	NEW in 2023 Standard: 5.1.a.8 Pharmacy services are integrated across the

				Managed Care, and PGY2)	patient care continuum. (NEW for PGY1 Pharmacy, PGY1 Managed Care, and PGY2)
6.2.e, 6.7.m.(5)	6.4.a	6.1.b.(4)	6.2.e, 6.7.m.(5)	5.2.a	Pharmacy maintains oversight and authority for all areas where medications are stored, prepared, dispensed, administered, and monitored. 5.2.a is N/A for MANAGED CARE unless the resident spends time in an area where there is medication storage, preparation, dispensing, or administration.
6.2.f, 6.7, 6.7a	6.4n	6.4, 6.4a	6.2.f, 6.7, 6.7a 6.10.b	5.3.a.4	5.3.a.4: Pharmacists collaborate with other health professional to provide team-based care.
6.2.a, 6.3	6.1.c, 6.3.b	6.1.c, 6.3.b	6.2.a, 6.3	5.1.a.3	5.1.a.3: Pharmacy leaders have a documented plan that includes goals based on assessment of current and future pharmacy needs. 5.1.a.3 GUIDANCE: Plan that includes short- (1 year) and long-term (3 years) goals.
NA	NA	NA	NA	5.1.a.3.a (NEW)	NEW in 2023 Standard: 5.1.a.3.a Pharmacy plan is communicated to all departmental staff and reported out to appropriate organizational leaders.
6.4.a	6.1.b.1	6.1.b.(1)	6.4.a	NA	A pharmacy mission statement is no longer a requirement.
6.4.c, 6.4.f, 6.5.a, 6.5.b, 6.6.b,	6.1.b.2, 6.1.b.4, 6.1.d, 6.1.e, 6.4.d	6.1.b.2, 6.1.b.4, 6.1.d, 6.1.e,	6.4.c, 6.4.f, 6.5.a, 6.5.b, 6.6.b,	5.2.b, 5.2.b.1-5.2.b.7,	The 2023 Standard combined many standards from the previous standards into a single, overarching standard that

6.6.c, 6.6.d, 6.6.e, 6.6.f, 6.6.g, 6.6.h, 6.6.i, 6.7.j			6.6.c, 6.6.d, 6.6.e, 6.6.f, 6.6.g, 6.6.h, 6.6.i, 6.7.j	5.2.c (NEW), 5.2.d (NEW)	defines requirements for policies related to the medication use systems and compliance with applicable laws and regulations. 5.2.b: Medication-use policies reflect current best practices and guidelines. 5.2.b.1-5.2.b.7 lists specific policies that must be documented. NEW in 2023 Standard: 5.2.c Medication-use policies are followed 5.2.d: Medication-use policies are routinely reviewed, updated, and available to all staff- includes a review interval of at least every 3 years. 5.2.b is N/A for MANAGED CARE unless the resident spends time in an area where there is medication storage, preparation, dispensing, or administration.
6.4.d	6.1.b.3	6.1.b.(3)	6.4.d	NA	Not included in the 2023 Standard.
6.4.e, 6.4.g, 6.9.a, 6.9.b	6.5.a, 6.5.a.1, 6.5.b, 6.1.b.5	6.1.b.(5), 6.3.c.(2), 6.3.c.(4) 6.5.a, 6.5.a.(1), 6.5.b	6.4.e, 6.4.g, 6.9.a, 6.9.b	5.2.g.1, 5.2.g.2	Continuous quality improvement related to treatment protocols and medication-use guidelines and initiatives consolidated in the following standards: 5.2.g.1: Pharmacy assesses the safety, effectiveness, and outcomes of treatment protocols, medication-use

					guidelines, and/or other systematic approaches to disease management. 5.2.g.2: Pharmacy implements new or revised policies or procedures based on results to improve the safe and effective use of medications.
6.4.h, 6.7.h, 6.8.a.(3), 6.9.c	6.5.c	6.4.g, 6.5.c	6.4.h, 6.7.h, 6.8.a.(3), 6.9.c	5.1.c.2 (NEW) 5.1.c.3 (NEW) 5.1.c.4 (NEW)	2023 Standards related to ensuring staff competence and developing pharmacy staff are all under 5.1.c (Personnel), and include additional requirements: NEW in 2023 Standard: Pharmacy leaders oversee the hiring, development, and support of pharmacy staff by: • 5.1.c.2 Providing resources for ongoing professional development for pharmacists and pharmacy technicians. • 5.1.c.3 Ensuring the competence of pharmacists in validated through an ongoing, formalized process. • 5.1.c.4 Ensuring the competence of pharmacy technicians performing specialized functions is validated through an ongoing formalized process.
NA	NA	NA	NA	5.1.c.1 (NEW), 5.1.c.5 (NEW), 5.1.c.6 (NEW), 5.1.c.7 (NEW)	The 2023 Standards include NEW items related to pharmacy leaders' oversight of hiring,

					support, and development of pharmacy staff. NEW in 2023 Standard: 5.1.c: Pharmacy leaders oversee the hiring, development, and support of pharmacy staff: • 5.1.c.1 By ensuring recruitment of pharmacy personnel includes methods to promote diversity and inclusion. • 5.1.c.5 Providing resources for assessing and supporting staff resilience and well-being. • 5.1.c.6 Providing program administration time to the residency program director (RPD) to support residency training. • 5.1.c.7 Providing support for the ongoing management and improvement of the residency program(s).
6.6.a	NA	NA	6.6.a	5.1.a.6	5.1.a.6: Pharmacy leaders ensure the appropriate use of personnel.
NA	NA	NA	NA	5.1.d.1 (NEW)	5.1.d: Includes infrastructure elements required to support the work of the pharmacy department (5.1.d.1-5.1.d.3). NEW in 2023 Standard: 5.1.d.1 Access to appropriate resources necessary to provide the

					scope of services such as clinical decision support tools, technology, equipment among others as essential to providing pharmacy services.
6.6.j	6.2.b	6.2.b	6.6.j	5.1.d.3	5.1.d: Includes infrastructure elements required to support the work of the pharmacy department (5.1.d.1-5.1.d.3). 5.1.d.3: Space to provide confidential patient care services and discussions with patients/family members/caregivers and members of the healthcare team.
6.8a.(1)	6.2.a	6.2.a	6.8a.(1)	5.1.d.2	5.1.d: Includes infrastructure elements required to support the work of the pharmacy department (5.1.d.1-5.1.d.3). 5.1.d.2: Space to facilitate safe and efficient medication-use processes. [NA for MANAGED CARE]

6.6.k	6.2.d, 6.2.f	6.2.d, 6.2.f	6.6.k	5.2.e (NEW),	5.2e further defines requirements related to technology. NEW in 2023 Standard: 5.2.e: The use of information technology and automation is consistent with established best practices to optimize medication safety and efficiency in the medication-use process.
				5.2.e.1 (NEW)	5.1.e.1: Medication-use technologies support sharing of patient data across information systems and patient care settings.
				5.2.e.2 (NEW)	5.1.e.2: Pharmacy has a leadership role in efforts to evaluate and ensure compliance with established best practices/benchmarks.
6.7	6.4	6.4	6.7	5.3.b	5.3.b: Care provided is safe, effective, and individualized to the patient.

6.7.b	6.4.g, 6.4m	6.4c	6.7.b, 6.10.e	5.3.b.1	See GUIDANCE for individual Standards for further details/requirements. 5.3.b.1: Pharmacists prospectively design patient-centered care plans. *Note:* GUIDANCE *for 5.1.3.b.1 includes new requirements for PGY1 Pharmacy, PGY1 Managed Care, & PGY2 programs including cultural competence and assessment of barriers that may impact development of care plans.*
6.7.c, 6.7.d, 6.7.g	6.3.b.4, 6.4.g, 6.4.h, 6.4.j	6.3.b.(1), 6.4.d	6.7c, 6.7.d, 6.7.g, 6.10.d 6.10.e	5.3.b.2	5.3.b.2: Pharmacists recommend and implement patient-centered care plans.
6.7.c,	6.4.g	6.4.f	6.7c 6.10.e	5.3.b.3	5.3.b.3: Pharmacists monitor and evaluate the effectiveness of the patient-centered care plan and modify the plan as needed.
6.7.i	6.2.e, 6.4.l	6.2.e, 6.4h	6.7.i 6.10.e	5.3.b.4	5.3.b.4: Pharmacists document patient care recommendations, treatment plans, and other services in the patients' permanent medical record according to practice setting.
6.7.e	6.4.b, 6.3.b.1	6.4.e	6.7.e	5.3.a.1	5.3.a.1: Pharmacists provide comprehensive care that encompasses all medication-related issues in patients.
NA	6.4.c,	6.4.i,	NA	5.3.a.5 (NEW)	NEW in 2023 Standard:

6.4.k, 6.4.o	6.4.o				5.3.a.5: Pharmacists collaborate with the patient, family, and caregivers to manage patient care education-related needs and education. 5.3.a.5 GUIDANCE: Provide patient counseling and education services on medication initiation; medication changes; for high-risk medications and high-risk patients; and assist patients with self-care decisions (e.g., OTC), as applicable.
6.7.f, 6.7.m.(3)	6.4.f	6.4.b	6.7.f, 6.7.m.(3), 6.10.c	5.2.g	2023 Standard 5.2.g: Pharmacy is involved in the development, review, approval, dissemination, and implementation of evidence-based treatment protocols and medication-use guidelines/initiatives.
NA	6.2.d, 6.4.p	6.3.b.(2), 6.3.b.(3)	NA	5.3.a.2 (NEW)	NEW in 2023 Standard: 5.3.a.2 addresses the use of clinical decision support tools to identify and prioritize patients requiring optimization of therapy.
6.7.g,	6.4.f, 6.4.j	6.4.j	6.7.g,	5.3.a.3	5.3.a.3 describes use of evidence-based systematic approaches to disease management.
6.7.m.(4)	6.4.e	6.3.c.(3)	6.7.m.(4)	5.2.f	5.2.f describes pharmacy's leadership role in medication safety programs.
6.7.k	6.3.b.2, 6.3.b.3	6.4.k	6.7.k	5.3.a.7	5.3.a.7 describes pharmacists' roles in disease prevention and wellness activities.
6.7.l	6.3.b.5	6.4.l	6.7.l	5.3.a.6	5.3.a.6 describe the roles of pharmacists and pharmacy technicians in transitions of care activities.

6.7.m.(1)	NA	6.3.c.(1), 6.4.m	6.7.m.(1)	5.2.h	5.2.h describes the requirement for evidence-based formularies.
NA	NA	NA	6.10.a	3.1.c.5	3.1.c.5 requires PGY2 Direct Patient Care residency programs to provide sufficient opportunities to fulfill the direct patient care requirements in the Appendix. Programs may partner with other organizations to address gaps.
NA	NA	NA	NA	5.1.a.7 (NEW)	NEW in 2023 Standard: 5.1.a.7: Pharmacy leaders ensure that pharmacists provide patient-centered care plans and manage medication therapy.
NA	NA	NA	NA	5.1.a.8 (NEW)	NEW in 2023 Standard: 5.1.a.8 describes pharmacy leaders' role in ensuring pharmacy services are integrated across the patient care continuum.
NA	NA	NA	NA	5.1.d.1 (NEW)	NEW in 2023 Standard: 5.1.d.1 requires access to appropriate resources necessary to provide the scope of pharmacy services.
NA	NA	NA	NA	5.3.a.8 (NEW)	NEW in 2023 Standard: 5.3.a.8 describes requirements for pharmacies who do not provide 24/7 services.