

## **Policies on Postgraduate Education and Training**

→ denotes Residencies

→ AACP recommends that all schools and colleges support postgraduate professional education and training, specifically residencies, as part of their mission. (*Source: Council of Deans, 2005*)

→ AACP supports accreditation by a federally recognized accrediting agency for all member institution-affiliated residency programs. (*Source: Task Force on the Role of Colleges and Schools in Residency Training, 2004*).

AACP encourages its member schools and colleges to assure that the nontraditional pathways used to deliver doctor of pharmacy (Pharm.D.) educational programs fully adhere to applicable accreditation standards and guidelines. Further, the American Council on Pharmaceutical Education accreditation process should include self-study and program review for these nontraditional pathways. (*Source: Board of Directors, 1997*)

AACP supports mechanisms for practicing pharmacists to obtain earned Doctor of Pharmacy degrees. (*Source: Members, 1992*)

AACP supports the development within the pharmacy profession of mechanisms that assess, validate, and certify pharmacists' competencies at or beyond contemporarily defined levels for general practice. (*Source: Professional Affairs Committee, 1992*)

→ AACP supports activities by colleges that enhance the quality and quantity of residency training programs in all pharmacy practice settings and recognizes that residency training is an essential element in developing differentiated (specialized) practice roles. (*Source: Academic Affairs Committee, 1990*)

→ Specialization in pharmacy should be developed through postgraduate education or training programs, such as residencies and fellowships. (*Source: Academic Affairs Committee, 1990*)

→ AACP supports residencies and certificate programs that develop advanced clinical and administrative knowledge and skills in the delivery of comprehensive pharmacy services in the ambulatory care setting. (*Source: Professional Affairs Committee, 1989*)

AACP defines certificate programs as structured and systematic postgraduate educational and training experiences for pharmacists that are generally smaller in magnitude and shorter in time than degree programs, and that impart knowledge, skills, attitudes and performance behaviors designed to meet specific pharmacy practice objectives. (*Source: Professional Affairs Committee, 1988*)

AACP has a role to foster and encourage the development of quality clinical science training and research, and the Association should initiate a study to establish the quality criteria and norms for these programs. (*Source: Research and Graduate Affairs Committee, 1988*)

Certificate programs should be based on sound educational principles and standards and must include the following critical elements: a. competency-based objectives and measurable outcomes; b. didactic and experiential components; and c. program and participant evaluation. (*Source: Professional Affairs Committee, 1988*)

## **Excerpted Recommendations in Published Reports Concerning Residency Training**

**2008**

### **2008-09 Professional Affairs Standing Committee:**

Charged to: Explore the role of AACP and its member institutions in supporting the anticipated demand for growth in postgraduate pharmacy education to meet workforce preparation needs for practitioners and faculty; and to propose strategies for creating successful academic-practice partnership models for postgraduate professional education and practice that strengthen quality and promote access.

**Board of Directors:** The Board of Directors acted on the referral of the two residency-related resolutions that came to their agenda following the 2007 House of Delegates. Board action resulted in assignment of the resolutions to the 2007-2008 Argus Commission for disposition. The Argus commentary and direction which was accepted by the Board at their July 2008 meeting is summarized below and was presented to the 2008 House of Delegates in the HOD April Speaker Communique Attachment C on Residencies (available at online: Governance/House of Delegates/Speaker Communique/ or <http://www.aacp.org/site/view.asp?TRACKID=&VID=2&CID=1519&DID=8978>).

The Board of Directors also supported formalizing a relationship with the ASHP Commission on Credentialing (COC) to identify an appropriate and expanded role for academic pharmacy in the work of the COC.

### **Argus Recommendations on Residency Issues Referred by 2007 House Action:**

The Argus Commission recognized the obligation of AACP to provide leadership in the area of residencies and post-graduate education and training. On the matter of policy, Argus noted that current AACP policy strongly supports accredited residency training and recommended that no additional statements of policy are necessary at this time. Members of the Argus Commission stated support for the position articulated by the APhA House of Delegates in March 2008 which affirmed the importance of post-graduate training for pharmacists and they also discussed the relevance of continuous professional development as the model for lifelong acquisition of knowledge and skills.

On the proposed “standing committee” strategy, Argus agreed that Association-level attention was warranted yet did not support a bylaws change to create a dedicated standing committee at this time. The postgraduate pharmacy education agenda was assigned to the 2008-09 Professional Affairs Standing Committee.

**2007**

### **HOD: Standing Committee Development**

Final Report of the 2006-2007 Bylaws and Policy Development Committee (reflecting business submitted by July 16, 2007) *The Bylaws and Policy Development Committee recognized that this issue is consistent with the charge for the Academic Affairs Committee (existing standing committee) and recommends referral of this resolution to the AACP Board of Directors for consideration.*

Resolution submitted by the 2006-07 COD Task Force on Residency regarding the development of a standing committee on residency training:

Therefore be it resolved that,

*AACP Policies & Recommendations of Record Concerning Residency Training*

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Revised September 18, 2008

“ACCP develop a standing committee of the Association with a mission to facilitate the growth and development of postgraduate residencies and fellowships in member schools and colleges through academic sponsored and/or affiliated programs to meet the future practice faculty needs and support the initiatives of the profession.”

**Action:** Resolution was referred for consideration by the ACCP Board of Directors.

**HOD:** Residency Training Requirement

Final Report of the 2006-2007 Bylaws and Policy Development Committee (reflecting business submitted by July 16, 2007) *The Bylaws and Policy Development Committee recommends referral of this policy statement to the appropriate body within the Association for further study.*

Resolution Residency Training Requirement submitted by six members of ACCP (Haines, Maryland; Burkiewicz, Midwestern-Chicago; DiPiro, South Carolina; Matzke, Virginia Commonwealth; Saseen, Colorado; Webb, ACCP)

Therefore be it resolved that,

“The American Association of Colleges of Pharmacy supports the position that by the year 2020, the completion of a PGY 1 accredited residency program should be a requirement for all new pharmacy school graduates who will be providing direct patient care.”

**Action:** Resolution was referred for consideration by the ACCP Board of Directors.

**COD:** Strategies to Facilitate Post Graduate Pharmacy (Residency) Education

Final Report of the 2006-2007 Council of Deans Task Force on Post Graduate Pharmacy (Residency) Education. Presented at the ACCP Annual Meeting July 2007 Available at ACCP Web site ([www.aacp.org](http://www.aacp.org)), select Governance, select Council of Deans, select Annual Meeting 2007, select Residency Task Force

The Council of Deans Task Force on Post Graduate Pharmacy (Residency) Education was appointed in 2006 and charged to conduct an environmental scan to determine the extent of involvement of colleges/schools and funding mechanisms that are currently used for residency education. A recommendation of the Task Force report: "ACCP [should] develop a standing committee of the Association with a mission to facilitate the growth and development of Graduate Pharmacy Education in member schools and colleges through academic sponsored and/or affiliated programs to meet the future practice faculty needs of colleges/schools" was referred to the Board of Directors. The report also contains findings of a survey documenting the extent of involvement of colleges/schools in residency training programs.

## 2004

**Task Force:** Academy's Leadership Role in Residency Training

*Lee M, Bennet M, Chase P, Gourley D, Letendre D, Murphy J, Nappi J, Nelson A; Taylor C, Speedie M, Carter R. Final Report and Recommendations of the 2002 ACCP Task Force on the Role of Colleges and Schools in Residency Training. Am J Pharm Educ. 2004;68(1):S2.*

The ACCP Task Force on the role of Schools and Colleges of Pharmacy in Residency Training published a report providing recommendations for the advancement of residency education. The authors called for schools and colleges to take a proactive leadership role in developing and enhancing accredited postgraduate pharmacy education programs.

## 2002

**Argus Commission:** Academic Preparation

The 2001-2002 Argus Commission Report (*Am J Pharm Educ* 2002; 66: 7S-11S)

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“Argus recommends that AACP initiate discussions with the American Society of Health System Pharmacists (ASHP) and the American College of Clinical Pharmacy (ACCP) with the goal of improving teaching skills of residency and fellowship preceptors, and partnering with them to actively encourage those residents and fellows with aptitude and interest to pursue an academic career.”

**2001**

**Standing Committee:** Academic Career Preparation

2000-01 Research and Graduate Affairs Committee, Recommendation 2, encourages member institutions to develop multi-year residencies/fellowships specifically designed to prepare recent Pharm.D. graduates for academic careers. Consideration should be given to coupling the residency/fellowship experience with a program of study that leads to a graduate degree (i.e., M.S., Ph.D.). *Am J Pharm Educ* 65, 29S (2001)

**1993**

**Commission:** Excerpts from the *Commission to Implement Change in Pharmaceutical Education Background Paper IV*. “The responsibility of pharmaceutical education for scholarship, graduate education, fellowships, and postgraduate professional education and training.” (*Am J Pharm Educ* 1993; 57;386-399) excerpts cited below pp.15-16

“The pharmacy profession is becoming more differentiated and specialized. Residencies provide one means of preparing practitioners to enter differentiated or specialized practices efficiently. Consequently, the Commission believes that the enterprise of pharmaceutical education must actively support residency training within the profession.”

“The objectives of many residency programs include developing teaching skills in residents. Consequently, they assist in precepting pharmacy students in clinical settings thus enhancing the effectiveness of clinical faculty. As such, residents serve as educators and role models for students in externship and clerkship rotations.”

“The Commission believes that this balance of shared responsibility between the practice and educational components of the profession is appropriate and essential for the continued vitality of pharmacy practice residencies. Because residency training prepares the resident for practice roles, it is proper that the practice part of the profession assume prime responsibility for the quality, direction, and funding of residency training. However, the Commission believes that pharmaceutical education has critical leadership responsibilities as well. Pharmaceutical education must assure that well-qualified pharmacy faculty are involved in the planning, development and/or conduct of residency training. Moreover, all schools of pharmacy must be devoted to and involved with residency training. Administrators and faculty must support existing residency programs by collaborating with program directors and program preceptors and stimulating and catalyzing the development of new residencies.”

“While residency training has made significant strides over the years, the Commission believes that the profession is poised for enormous expansion in the responsibilities that it will assume, and residency training must support that expansion. Pharmaceutical education has a leadership role in facilitating this expansion by:

- increasing the number of residency programs;
- strengthening existing residency programs;
- identifying new areas of practice that may benefit from residency training;
- developing pilot residency programs in new practice areas to demonstrate their feasibility;
- promoting residency training to students and practitioners as career options;
- promoting the concept that experienced practitioners may acquire additional practice competencies through residency training.”