



**American Pharmacists Association**  
Improving medication use. Advancing patient care.

## **Requirement of Post-Graduate Residency Training Background Prepared for the 2007-08 APhA Policy Committee**

### **ISSUE**

During the Open Microphone Session of the 2007 APhA House of Delegates, the American College of Clinical Pharmacy (ACCP) requested that the APhA House consider policy regarding residency training as a future requirement for pharmacists entering practice involving direct patient care. ACCP (a recognized national organization in the House) submitted a letter to the APhA House Secretary following the oral request. As a result, the APhA Board of Trustees assigned the topic to the 2007-08 APhA Policy Committee for consideration. The question the committee was asked to address is: **Should APhA support the position that by the year 2020, the completion of an accredited post-graduate-year one (PGY1) residency should be a requirement for all new Doctor of Pharmacy graduates who will provide direct patient care?**

### **INTRODUCTION**

The need for profession-wide consensus on the requirement of post-graduate residency training is evident by the number of recent policy and position statements, editorials, and publications relating to this topic (see attachments listed on page 6). In addition, the patient's healthcare and medication needs continue to become more challenging and complex. As the profession of pharmacy changes from a product-centered focus, to a patient-centered focus, we must ask ourselves if pharmacists, specifically new graduates are prepared to meet the needs of the complex patient when providing direct patient care. In addition, what are the medication needs of patients and what experiences and skills should pharmacists possess in order to meet these needs.

There are numerous questions to consider with regards to this matter. What are the patient care abilities of today's pharmacy graduates? Do we need to define "direct patient care"? In order to achieve the highest level of care for our patients, should a PGY1 residency be a requirement to enter pharmacy practice in direct patient care? If so, should this requirement be mandated by a specific time? Should this mandate be specifically for pharmacists who provide direct patient care? Should this requirement be directed toward all pharmacists practicing in direct patient care or should it be limited to new graduates? Is a PGY1 residency the training that should be required? Do we have the capacity to train this large number of pharmacy residents?

### **BACKGROUND**

#### *A Historical Perspective*

Pharmacy residency programs continue to bridge pharmacy education and practice. Residency programs date back to the early 1930s, but were originally termed internships with the primary purpose to train pharmacists in hospital pharmacy administration. In 1962, ASHP (then, the American Society of Hospital Pharmacy) established accreditation standards and process for

residencies in hospital pharmacy. At that time the term “internship” was replaced with “residency”.<sup>1</sup> Since the 1960’s, numerous accredited residency programs have been created to provide pharmacists with additional structured education, experience, professional vision, and mentorship in a wide variety of practice settings (See table 1).

Post-Graduate Year One (PGY1)	Community Pharmacy
	Managed Care Pharmacy
	General Pharmacy
Post-Graduate Year Two (PGY2)	Ambulatory Care
	Cardiology
	Critical Care
	Drug Information
	Emergency Medicine
	Geriatrics
	Health-Systems Pharmacy Administration
	Infectious Diseases
	Informatics
	Internal Medicine
	Managed Care Pharmacy Systems
	Medication Safety
	Nuclear
	Nutrition Support
	Oncology
	Pediatrics
Pharmacotherapy	
Psychiatry	
Solid Organ Transplant	

In the medical profession, post graduate residency training is accepted as an integral, required component of education. However, post-graduate residency training is not required for entry into practices of dentistry or pharmacy. With residency training not a requirement, what are the motivating factors for students who go on to complete residency training? Desire to gain additional knowledge, experience, and specialized training, and the realization that new and challenging roles for pharmacists in the future will require further training were both factors motivating students to complete residencies and fellowships as shown in a survey published in 1995.<sup>3</sup> Other factors for pursuing pharmacy residency training include increased marketability, enhanced ability to attain desirable pharmacist positions, and leadership development.<sup>4,5</sup>

<sup>1</sup> American Society of Health-System Pharmacists. ASHP’s History of Residency Training. Available from [http://www.ashp.org/s\\_ashp/cat1c.asp?CID=3499&DID=5437](http://www.ashp.org/s_ashp/cat1c.asp?CID=3499&DID=5437). Accessed August 9, 2007.

<sup>2</sup> American Society of Health-System Pharmacists. ASHP’s History of Residency Training. Available from [http://www.ashp.org/s\\_ashp/cat1c.asp?CID=3497&DID=5435](http://www.ashp.org/s_ashp/cat1c.asp?CID=3497&DID=5435). Accessed August 9, 2007.

<sup>3</sup> Bucci KK, Knapp KK, Ohri LK, Brooks PJ. Factors motivating pharmacy students to pursue residency and fellowship training. *Am J Health-Syst Pharm* 1995;52:2696-701.

<sup>4</sup> Pochop S. Pharmacy practice residency programs. *Am J Health-Syst Pharm Assoc* 2005;62:1562-3.

<sup>5</sup> Unterwagner WL, Zeolla MM, Burns AL. Training experiences of current and former community pharmacy residents. *J AM Pharm Assoc* 2003;43:201-6.

## *Issues facing the requirement of post-graduate residency training*

### **Capacity**

One of the main issues facing this potential requirement is that of manpower and available PGY1 resident positions. From 1998 to 2007 there have been substantial increases in the number of ASHP-accredited residency programs and positions (see Table 2). Today, about 20% of graduates pursue residency training. The number of programs would need to grow if pharmacy established a new requirement of PGY1 residency training for new pharmacy graduates. As estimated by Murphy JE, et.al, the current growth will not be enough to meet the needs of a required PGY1 residency program. According to their estimates, approximately 75% of the 10,000 pharmacy graduates would enter practices in direct patient care (as defined by ACCP).<sup>6</sup> Therefore, a projected 7,500 residency programs would be needed by 2020. Assuming there are 1,250 positions available (the number available at statement's publication), there would need to be an annual growth rate of 415 PGY1 positions per year.<sup>7</sup>

	1998	2007	Increase from 1998
PGY1 residency programs (ASHP-accredited)	247	653	164%
PGY1 positions (ASHP-accredited)	582	1612	177%
PGY1 Applicants (in MATCH)	737	1900	158%

### **Funding Support for Residencies**

Whether or not residencies should be accredited is also an issue facing this discussion. The federal government requires that residency programs in medicine and pharmacy be accredited in order to be eligible for funds from Centers for Medicare and Medicaid Services (CMS). The American Society of Health-Systems Pharmacist (ASHP) Commission on Credentialing (COC) is currently the accrediting body for pharmacy residency programs. Two PGY1 residency programs are jointly accredited, the Community Pharmacy Residency Program is accredited by both APhA and ASHP and the Managed Care Pharmacy Residency Program is accredited by the Academy of Managed Care Pharmacy (AMCP) and ASHP. Currently, APhA has policy supporting accreditation of all pharmacy residency programs (see policy on page 5).

<sup>6</sup> ACCP's Vision of the Future: Postgraduate Pharmacy Residency Training as a Prerequisite for Direct Patient Care Practice. *Pharmacotherapy* 2006;26(5):722-733.

<sup>7</sup> ACCP's Vision of the Future: Postgraduate Pharmacy Residency Training as a Prerequisite for Direct Patient Care Practice. *Pharmacotherapy* 2006;26(5):722-733.