

Residency Issues Referred by 2007 House Action

Introduction

Two items were introduced to the 2007 House of Delegates pertaining to pharmacy practice residencies. One was a proposed statement of policy introduced by a group of individual members stating the position that by 2020 all graduates who provide direct patient care should complete a PGY1 residency. The second item was forwarded by the Council of Deans as a recommendation to create a new standing committee to handle the substantive issues surrounding expanding and sustaining residency training programs (both PGY1 and PGY2).

Also before the House in 2007 was the proposed policy statement below from the Academic Affairs Committee report articulating an updated mission statement for pharmacy education:

The mission of pharmacy education is to prepare graduates who provide patient-centered care that ensures optimal medication therapy outcomes and provides a foundation for specialization in specific areas of pharmacy practice; to participate in the education of patients, other healthcare providers, and future pharmacists; to conduct research and scholarly activity; and to provide service and leadership to the community.

Many delegates, as well as members of the AACP Board of Directors, felt that there would be an inconsistency in lending support to both the mission and policy statements. If pharmacy education prepares graduates to provide patient-centered care, how could it be argued that residency training is necessary for all practitioners providing “direct patient care”? Delegates adopted the mission statement and the Bylaws and Policy Development Committee recommended referral of the residency policy to the Board of Directors. The House voted to refer.

The BPDC also referred the proposal to establish a new standing committee on residency issues to the Board. AACP standing committees and their charges are included in AACP Bylaws and have fiscal implications in both travel expenses and staffing. The Bylaws also provide the president the opportunity to name special committees when an area of study falls outside the scope of existing standing committees. It was noted that residency issues could be within the scope of several existing standing committees (e.g., Academic Affairs, Professional Affairs).

When the Board reviewed the actions of the 2007 House of Delegates in October they reaffirmed their high level of support for residency training and determined that special scrutiny of both the policy issues and committee assignment was warranted but beyond the scope of the Board during the meeting. They asked the 2007-08 Argus Commission chaired by Barbara Wells and comprised of the past five AACP presidents to consider all of the residency issues and provide their recommendations for the resolution of these outstanding matters.

Recommendation of Argus Commission on Residency Issues

The Argus Commission had a preliminary discussion of these issues during a face-to-face discussion in February 2008 and then met by conference call subsequently to discuss both the proposed policy and the committee recommendation. On the policy matter the consensus was that no additional statements of policy are necessary at this time. Argus members and current AACP policy strongly support accredited residency training. However, the academy also needs to determine whether we are actually achieving our goal of preparing graduates to provide patient-centered care at the level of a generalist. This will require us to revisit the definition of a “generalist” in providing patient-centered care/direct patient care with input from practice association partners. With clear definitions and competency statements, we can make sure we are preparing graduates and can then set the baseline for residency programs.

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. There was also recognition that very practical limits in resources exist that likely will make it difficult for all graduates delivering direct patient care to find PGY1 residency positions. That said, there was still a recognition that AACP must provide additional leadership in the area of residencies and post-graduate education and training.

This led to the discussion of the right committee model for continued study and strategy development on residency training issues. Assignment to a current standing committee, formation of a new standing committee, or convening a special committee were the three options. No member of the Argus Commission disagreed with the premise that additional committee attention was warranted yet the consensus was that the case had not yet been made to create a dedicated standing committee. As President-elect Yanchick has indicated a willingness to assign residency issues to the 2008-09 Professional Affairs Committee, the Argus Commission concluded that for the coming year no special committee was needed. The Association should anticipate a recommendation from that committee on permanent assignment of residency issues to an appropriate standing committee.

The Argus Commission further encouraged AACP to continue discussions with the ASHP Commission on Credentialing to identify an appropriate and expanded role for academic pharmacy in the work of the COC. It is anticipated that a proposed model for such a relationship will be presented to the AACP Board sometime in 2008.

Recommended Action for Delegates

No additional action is required at this time. The above summary is provided to close the loop on items that came before the House in 2007. Delegates are encouraged to share this summary with interested faculty. AACP would welcome any comments from delegates or faculty regarding any related matter.