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ACCP WHITE PAPER

Postgraduate year 1 pharmacy residency equivalency—2023

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Abstract

The American College of Clinical Pharmacy (ACCP) supports the completion of residency training as a prerequisite for direct patient care responsibilities. The current supply of pharmacy residency opportunities, however, does not match the demand, causing many graduates to enter the workforce directly after completing their pharmacy school training. Many pharmacists may then desire to transition into a clinical position leveraging the versatility of the Pharm.D. degree and the expanding opportunities in the profession. Without residency training, however, these candidates may be disadvantaged or find it difficult to justify their experience matches that of their residency-trained colleagues for a clinical pharmacist position. The college recognizes the usefulness of and potential need for a pharmacy residency equivalency to assist both pharmacists seeking further advancement and employers recruiting clinical pharmacists to provide direct patient care. The pharmacy residency equivalency should be standardized and demonstrate achievements in clinical pharmacist competency areas. This white paper from the ACCP Publications Committee provides updated considerations for components of a standardized pharmacy residency equivalency.

KEYWORDS
career transition, clinical pharmacist, residency

1 | INTRODUCTION

The American College of Clinical Pharmacy (ACCP) supports developing and implementing a systematic process through which experienced pharmacists can evaluate, document, and demonstrate equivalent competencies that would otherwise be gained through an accredited postgraduate year 1 (PGY1) pharmacy practice residency program. ACCP envisions that pharmacists providing direct patient care will acquire the knowledge and skills developed through

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completion of an accredited pharmacy residency program or be able to demonstrate the equivalency of a PGY1 pharmacy residency program.[1]

The purpose of this defined residency equivalency is to facilitate opportunities for experienced pharmacists currently in practice and unlikely to pursue formal residency training after earning their professional degree. Of importance, demonstrating PGY1 pharmacy practice residency equivalency is not intended to be used as an alternative pathway for new or recent graduates or to discourage the pursuit of formal residency training through an accredited PGY1 pharmacy practice residency.

1.1 | Historical context and rationale for a residency equivalency

Clinical pharmacists provide direct patient care, often as part of an interprofessional team, in a variety of acute and ambulatory care settings. Many of the Accreditation Council for Pharmacy Education (ACPE) standards developed to evaluate the educational outcomes of Pharm.D. programs align with the required abilities of clinical pharmacists; however, these standards serve only as minimum requirements.[2] Although developing these skills and behaviors begins within pharmacy curricula, their progression to proficiency occurs with postgraduate training and/or clinical practice.[3] Therefore, postgraduate clinical training or equivalent postgraduate experience is an expectation for clinical pharmacists.[3–5]

In 2006, ACCP released a position statement recommending postgraduate pharmacy residency training as a prerequisite for assuming direct patient care roles (e.g., those with collaborative drug therapy management agreements or formally granted clinical privileges), with a goal of having all newly graduated pharmacists engaging in direct patient care roles complete residency training.[1] However, in addition to recognizing pharmacists with professional experience, skills, and expertise in clinical practice who were unlikely to pursue residency training several years after earning their professional degree, ACCP released a position statement in 2009 highlighting the need for a residency equivalency process.[5] ACCP further recommended that employers establish appropriate credentialing and privileging processes and that clinical pharmacists engaged in direct patient care roles should attain relevant certification by the Board of Pharmacy Specialties (BPS).[1,6] Accordingly, ACCP's mission, vision, and values reflect dedication to the achievement of excellence in patient care, research, and education, with its 2020 strategic plan stating that indicators of progression to ACCP's vision for the pharmacy profession include that "residency training will be required to enter direct patient care practice [and] pharmacists providing direct patient care will be board certified."[7]

To achieve this vision, ACCP has advocated for more residency positions to meet training needs and has worked collaboratively with other national pharmacy organizations to foster the continued growth and development of residency training programs.[5] Despite many efforts, however, the number of residency programs available remains insufficient to meet the demands of current graduates interested in direct patient care roles. In 2022, for example, 1633 American Society of Health-System Pharmacists (ASHP)-accredited PGY1 residency programs were hosting 4242 open positions for more than 6000 applicants.[8] In addition, outside the United States, training pathways vary greatly by region. Although clinical pharmacy is part of pharmacy school curricula in Europe, pharmacy residency programs are lacking. Students often feel unprepared for clinical pharmacist positions according to a recent survey by the European Society of Clinical Pharmacy.[9] In contrast, Saudi Arabia has many clinical pharmacists, including many in ASHP-recognized pharmacy residencies and a growing number that are board-certified.[10] Currently, there are nearly 1000 board-certified pharmacists in Saudi Arabia, compared with 21 in the United Kingdom.[11]

Beyond supply inadequacies, there are many other reasons graduating students may not pursue postgraduate training. Rising debt among pharmacy students contributes to stress and may be a driving factor in their decision not to pursue postgraduate training upon graduation.[12] Perceptions of the available job market and personal factors such as season of life (e.g., pending marriage, arrival of children) are also contributing reasons. After graduation, a cohort of pharmacists interested in pursuing other opportunities in the profession will thus pursue residency after several years of professional experience. Between 2013 and 2018, applicants pursuing residency at least a year after graduating from a college or school of pharmacy (C/SOP) constituted about 7%–9% of the applicant pool.[13] Successful ASHP Match rates were significantly lower for nontraditional applicants in 2018 at 29%, compared with those of traditional applicants, making it more difficult for many to successfully transition from a pharmacist position to a postgraduate residency.[13] However, dissatisfaction in current roles, rising stress, and concern for burnout, all while possessing a versatile Pharm.D. degree, lead many pharmacists to seek career changes, including many seeking clinical pharmacy positions.[14,15] Often, because of initial job pursuits and career direction, these pharmacists did not pursue postgraduate training upon graduation and are left competing in a job market with others who have varying amounts of experience and training on their resumes. Because residency training or equivalent experience is often a prerequisite for clinical pharmacy positions, qualifying experience to residency equivalence can be valuable for both the pharmacist interested in a career transition and the prospective employer evaluating viable candidates, which may often include non-pharmacists.

2 | VALUE OF A PHARMACY RESIDENCY EQUIVALENCY

Given the ongoing need to develop residency training programs to meet the demands of current graduates, establishing a PGY1 residency equivalency process is a viable solution to bridge this gap and assist current pharmacists in career transitions. Ensuring that all relevant stakeholders understand the value of this pathway is a key aspect of the process. Major stakeholders include potential employers

who wish to hire pharmacists for positions involving direct patient care. Completion of a PGY1 residency or "equivalent experience" is often a minimum qualification for these roles. Given the standardized approach to the current PGY1 training structure, pharmacist employers may likely be aware of the competencies and experience of individuals who have completed PGY1 training. However, the emergence of nontraditional residency training programs, which may span several years, and the availability of nonaccredited programs, among others, have led to a variety of additional postgraduate training options that require employers to understand how these experiences compare. Finally, pharmacist experiences may vary widely depending on the type and location of practice. Interpreting, ascertaining, and comparing the roles, responsibilities, and outcomes related to these positions is often difficult, placing the responsibility largely on employers to interpret or gather information on their own, perhaps placing the applicant without a PGY1 residency at a significant disadvantage. It is critical that quantitative experience among those without residency training be only one of several variables evaluated and that other variables include the quality, depth, and breadth of experience as well.

Clinical pharmacists are hired into patient care roles in a variety of settings, such as ambulatory care clinics or health systems, and potentially by non-pharmacist employers. These may include medical directors, physicians, nurses, or human resource representatives of these organizations. When faced with several candidates for a clinical pharmacist position, employers should have a clear understanding of how to interpret applicants' training and background. This understanding should include an enhanced familiarity with current PGY1 training standards as well as the structure and components of a PGY1 residency equivalency to ensure that hiring practices are consistent and that pharmacists have the requisite competencies to meet the needs of the position. This approach will most likely require the adoption of a standardized process for disseminating information about the PGY1 residency equivalency to potential employers and the provision that any required documentation be submitted in an organized and standardized fashion.

3 | CONSIDERATIONS FOR CREATING A PHARMACY RESIDENCY EQUIVALENCY

Currently, there is no standardized approach to residency equivalency. Previously, in 2012, ASHP established a pharmacy residency exemption process for applicants interested in being considered for a postgraduate year 2 (PGY2) pharmacy residency position.[16] Licensed pharmacists who had practiced for at least 3 years as a pharmacist could submit a written portfolio with documentation of completion of the required PGY1 competency areas and evidence of meeting these educational goals (Table 1).[17] ASHP's PGY1 competency areas are divided into four main areas: patient care, advancing practice and improving patient care, leadership and management, and teaching, education, and dissemination of knowledge.[18] Although obtaining entry into a PGY2 residency program is not the only reason for establishing a PGY1 residency equivalency, the principles of what ASHP outlined in this process, including descriptions and justification of pharmacy experience, are critical and can help inform the experiences considered equivalent for employers and professional pharmacy organizations. In 2021, however, the ASHP Commission on Credentialing discontinued this exemption pathway, citing rare successful use over its 10 years in existence (Janet Silvester, personal communication, published online May 2022).

TABLE 1 ASHP's PGY1 pharmacy residency exemption process (eliminated in 2021).[16]

Qualifications
• Must be licensed to practice as a pharmacist in the United States when applying to PGY2 programs in the United States
• Must have practiced for at least 3 years as a pharmacist (the equivalent of full-time employment) or have completed a pharmacy training program in the United States believed to be equivalent to an ASHP-accredited PGY1 pharmacy residency program
• Must have documentation that addresses how their experience meets all the required PGY1 competency areas and each associated educational goal (these are the competencies required of all individuals who have completed a PGY1 pharmacy residency)
• Must describe the activities, projects, services provided, or information that shows they meet the educational goals associated with each of the required four competency areas (patient care, advancing practice and improving patient care, leadership and management, and teaching, education, and dissemination of knowledge), which can include the attachment of additional documents to verify the outcomes have been met (e.g., formulary reviews, presentations)

BPS has also created pathways to help meet the growing need for clinicians in direct patient care, establishing criteria for specialist board eligibility that do not necessarily require postgraduate training but that consist of the components outlined below.[19] A BPS certification examination has rigorous eligibility requirements.[20] For example, the eligibility requirements for the Pharmacotherapy Specialty Certification Exam include the following:

1. "Graduation from a pharmacy program accredited by the Accreditation Council for Pharmacy Education (ACPE) or a program outside the United States that qualifies the individual to practice in the jurisdiction
2. Current, active license or registration to practice pharmacy in the United States or another jurisdiction
3. One of the following, within the past 7 years:
   - At least 3 years of specialty area practice with at least 50% of time spent in the scope defined by the exam content outline
   - Completion of PGY1 pharmacy residency"

These requirements demonstrate clinical pharmacist competency; therefore, achieving board certification may be considered a standardized assessment when evaluating the knowledge and skills of clinical pharmacists and perhaps reduce the need for additional

TABLE 2 ASHP PGY1 residency competency areas aligned with ACPE standards and ACCP clinical pharmacist competencies.[2,3,18]

ACPE standards of competency	ASHP PGY1 residency competency areas	ACCP clinical pharmacist competencies
Foundational knowledge	Patient care	Direct patient care
Understanding and providing patient care		Pharmacotherapy knowledge
	Advancing practice and improving patient care	Systems-based care and population health
	Leadership and management	Professionalism
		Communication
Personal and professional development	Teaching, education, and dissemination of knowledge	Continuing professional development

documentation of qualitative experiences. They also provide a sense of quality, compared with only quantity, when considering the activities documented for justification of residency equivalency. Moreover, these requirements should be globally applicable for pharmacists in international markets outside the United States.

In 2014, ACCP established eight standards and six core competencies to facilitate the provision of comprehensive medication management and meaningful contributions to patient care.[3,4] Although these do not directly serve as residency equivalencies, they provide a foundation for establishing the competency areas expected of all pharmacists providing direct patient care. Therefore, the following components of the ACCP Clinical Pharmacist Competencies should also be components of PGY1 residency equivalency:

1. Direct patient care
2. Pharmacotherapy knowledge
3. Systems-based care and population health
4. Communication
5. Professionalism
6. Continuing professional development

As stated by ASHP and APhA, the purpose of PGY1 residency programs is to "build on PharmD education and outcomes to contribute to the development of a clinical pharmacist responsible for medication-related care of patients with a wide range of conditions, eligible for board certification, and eligible for PGY2 pharmacy residency training."[21] Furthermore, the benefits of completing a traditional PGY1 residency range from gaining a competitive advantage in the job market to enhancing networking opportunities and career planning, given that trainees often gain a clearer understanding of where they desire to steer their future career and professional aspirations. The diverse experiences within programs and potential opportunities presented to trainees enhance their professional vision through state, regional, national, and even international opportunities and exchanges.[22]

As such, the ASHP PGY1 competency areas as aligned with the ACCP Clinical Pharmacist Competencies and the ACPE competencies provide a structured approach for progression and equivalency (Table 2). PGY2 programs provide an additional year of training that focuses on the same competency areas as PGY1 programs, but more specifically focuses on advancing practice in a specialty area (e.g., ambulatory care, cardiology, and infectious diseases).

Quality of experience is critically important in demonstrating competency and documenting residency equivalency. Demonstration of competency should be tangible and should emphasize the pharmacist's impact on improving the medication use system and patient care outcomes. In addition to the pharmacist's impact on patient care, other competency areas such as leadership and management and professionalism remain critical components. To demonstrate these areas, a pharmacist can, for example, document experiences including, but not limited to, local or regional involvement in committee or task force, quality improvement projects, or drug shortage management.

4 | BRINGING PHARMACY RESIDENCY EQUIVALENCY TO REALITY

Many entities play a role in preparing pharmacists to attain PGY1 residency equivalency. First, C/SOPs have a critical responsibility to provide the building blocks for a competent pharmacist seeking to ultimately provide direct patient care. As described in ACCP's 2009 position statement on residency equivalency, C/SOPs can assist pharmacists by offering teaching certificate programs, student precepting opportunities, and continuing education (CE).[5] Teaching certificate programs offered to traditional PGY1 and PGY2 residents can be expanded and made available to preceptors or neighboring pharmacists in affiliated sites seeking new opportunities.[23] Preceptor development can span the breadth of residency and clinical pharmacist competency areas. Research collaborations among individuals or through a local research network can foster professional growth by expanding knowledge, curiosity, and skills in areas that are often difficult for practicing pharmacists to cultivate on their own. These opportunities will provide exposure to many components of residency equivalency.

Second, employers are vital to establishing residency equivalency. Employers should offer career development and advancement opportunities to employees. Moreover, although pharmacists may have demonstrated the required ACPE competencies for graduation from an accredited pharmacy school, they must continually demonstrate their knowledge, skills, and attitudes to exhibit the competencies of a clinical pharmacist.[3] Health systems typically require competencies to be completed upon employment and annually for areas such as antimicrobial or pediatric dosing/monitoring. Employers can use annual employee reviews to document the activities employees need for residency equivalency because employees are already drawing on their

accomplishments and contributions to the organization. Examples include pharmacotherapy interventions, medication use evaluations, and drug formulary management. ASHP's preceptor-in-training process can be offered to pharmacists pursuing residency equivalency if the institution has a residency. In addition, board certification is a key determinant of the patient care portion of residency equivalency. Employers may consider support of board certification as beneficial to ensure the competency of those providing direct patient care.

Finally, professional organizations can contribute to standardizing residency equivalency. Organizations like ACCP and ASHP can be leaders in expanding opportunities for residency equivalency as they strive to develop and advance the profession while seeking to address the mismatch between the pharmacy residencies available and the clinical pharmacists needed. ACCP's 2020 strategic plan addresses this topic through its objective to "explore the creation of professional development programs for non–residency-trained pharmacists seeking to pursue careers in clinical pharmacy."[7] Organizations can offer certificate programs (e.g., ASHP pharmacy leadership certificate) or professional academies (e.g., ACCP Leadership and Management or Research and Scholarship) to contribute to the requisite knowledge expansion.[24,25]

Diversity in the clinical pharmacy workforce can also further improve patient care. As such, diversity, equity, and inclusion (DEI) should be promoted by organizations to enhance patient care as well as ensure opportunities for all pharmacists seeking residency equivalency. Many organizations have incorporated DEI into their strategic plan and operations. Finally, organizations can help through workforce development. Comprehensive medication management (CMM), an approach that emphasizes individualizing each patient's care plan, is recognized as the standard for pharmacy practice.[26,27] Inclusion of CMM as a core element in C/SOP curricula and residency training is encouraged in ACCP's strategic plan.[7] For those who did not receive CMM-focused education, participation in organizations' educational offerings through certificate programs, initiatives, and CE is vital.

5 | CONCLUSION

The versatility of a Pharm.D. degree is unique among healthcare degrees and affords graduates a variety of job opportunities. As supported by ACCP, postgraduate residency training should be a prerequisite to direct patient care activities, though it may not be feasible or realistic for all graduates. A pharmacy residency equivalency may help experienced pharmacists proactively consider and prepare for a career transition or new position involving direct patient care. A defined residency equivalency pathway should be developed and can provide clearer guidance to applicants and employers in filling positions with qualified applicants. Colleges/schools of pharmacy, prospective employers, and pharmacy organizations share a responsibility to support pharmacists desiring career transitions and ensure training opportunities for pharmacists seeking the abilities necessary to succeed in direct patient care positions.

CONFLICT OF INTEREST STATEMENT

P. Brandon Bookstaver is a member of the JACCP Editorial Board. The authors declare no conflict of interest.

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