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the blue sheet

HERE'S YOUR COPY OF "DRAKE BLUE," THE DRAKE UNIVERSITY MAGAZINE, **wrapped with a special message** FROM RAYLENE M. ROSPOND, DEAN OF THE COLLEGE OF PHARMACY AND HEALTH SCIENCES

College of Pharmacy and Health Sciences Update


Raylene M. Rospond, dean

If you have attended a local, state or national pharmacy association meeting recently, there is one issue under discussion that would have been hard to miss. The American College of Clinical Pharmacy and the American Society of Health System Pharmacy have released position papers supporting mandatory residencies for all pharmacists who will be providing direct patient care.

In 2005, the AACP Board of Regents supported the work of the 2004 AACP Task Force on Residencies that stated "Formal, postgraduate residency training will become mandatory before one can enter practice." The ASHP House of Delegates approved the following resolution in June 2007, "To support the position that by the year 2020, the completion of an ASHP-accredited, postgraduate-year-one residency should be a requirement for all new college of pharmacy graduates who will be providing direct patient care."

In June 2008, David J. Warner, director of residency program development for ASHP spoke on this issue to the House of Delegates of the Iowa Pharmacy Association. Following his comments, Don Letendre, dean at the University of Iowa College of Pharmacy and I were provided an opportunity to respond and comment. A change such as this rivals the change from the BS to the PharmD as the entry-level degree and therefore mandates that I engage our alumni in this conversation.

FUNDAMENTAL PREMISES SUPPORTING MANDATORY RESIDENCIES

The fundamental premises upon which ACCP and ASHP have built their position supporting mandatory residencies are true.

- The patients, their conditions, treatments and the health care system are becoming increasingly complex.
- Patient care experience beyond that received in the pharmacy curriculum adds depth and breadth to the pharmacist's ability to provide not only direct patient care but any level of service.
- Advanced patient care roles may require additional training and experience beyond that received in pharmacy school.
- The pharmacy curriculum does not graduate a mature practitioner.
- Residency training has advanced the practice of pharmacy.

The Blue Sheet
is published for alumni and friends of Drake University College of Pharmacy and Health Sciences

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I cannot disagree with any of these statements, and I believe that would be true of most pharmacy professionals. However, when these premises are extended into arguments, and when they are examined in the context of conversation rather than in isolation, several inaccuracies as well as inconsistencies are revealed.

The most concerning assumption made by ACCP is that "Contemporary doctor of pharmacy curricula, although more clinically intense than previous 5-year professional baccalaureate degree programs, do not produce graduates with the ability levels necessary to manage complex drug therapy." If the new ACPE standards are reviewed, the environmental factors that prompted the review and changes included: reports of the Institute of Medicine, collaborative health care practice legislation providing expanded "direct patient care" role for pharmacists, new CAPE outcomes, Medicare Modernization Act, and the Vision of Pharmacy Practice 2015 provided by the Joint Commission of Pharmacy Practitioners. All of these environmental factors and needed competencies were included in the new standards for an entry-level practitioner. If the complexity of drug therapy in select practices is beyond this level, that supports additional clinical training for those practicing in those environments. It does not support additional clinical training for all graduates.

SCOTTSDALE CONFERENCE – PHARMACY RESIDENCY TRAINING IN THE FUTURE

ASHP convened an invitation-only stakeholders' roundtable discussion in January 2005. The resulting consensus statements were published in the American Journal of Hospital Pharmacy. A premeeting survey of participants demonstrated that 80 percent agreed with the following statement:

> "Clinical maturity is not obtained after one year of residency training."

"Colleges provide an adequate knowledge base; however, residencies have become necessary to allow individuals to integrate their knowledge into practice."

It is important to note that this conference convened before the new ACPE accreditation standards of 2007 were approved. These standards require integration of the curriculum, 300 hours of introductory practice experiences and 1440 hours of advanced practice experiences. The rationale for these changes was to further integrate knowledge into practice and to provide students with direct patient care experiences early in the curriculum. In addition, when these new standards were under review, national pharmacy associations argued against

the proposed new standards for introductory pharmacy practice experiences. This seems incongruent since one to two years prior, the same individuals indicated they thought pharmacy curricula were inadequate in producing graduates who could provide direct patient care.

Another statement from the conference was "Practitioners need clinical maturity that residency training fosters." Residency training is only one path to clinical maturity. Clinical maturity is not obtained after only one year of residency training or equivalent work experience. Clinical maturity is a goal we all hope to achieve by the end of our professional careers.

SUPPLY VS. DEMAND FOR RESIDENCIES

Do our graduates want residency training? ASHP data indicate that participants in the ASHP residency matching program have increased from 345 in 1990 to 2,092 in 2008. In March 2008, 1,769 positions were offered; 1,497 matched. An additional 344 accepted residencies post the match, resulting in 1,841 pharmacists entering accredited residencies (PGY1 or PGYs) in 2008.

The interest in residencies is supported by our own Drake graduates. Thirty-one of the 120, 2008 Doctor of Pharmacy graduates (26 percent) entered a post-graduate residency or fellowship this summer. However, demonstrated interest and/or the need to increase the number of residency positions or programs are not sound arguments for mandatory residencies. If these arguments were sound, colleges or schools of pharmacy would never deny a qualified candidate admission into the pharmacy program.

AN INTERNAL VS. EXTERNAL POINT OF REFERENCE

The issue under conversation is not whether residency training is a valued experience. The issue is whether residency training should be mandatory. I don't believe that arguments in support have the necessary substance for this transition even in 2020. More concerning is the amount of time and energy this conversation is requiring on the part of individuals, associations, and colleges and schools of pharmacy. This is an internal conversation and debate within the profession of pharmacy. Our profession is notorious for spending decades on such debates (BS vs. PharmD).

As a profession we are debating an educational requirement before clear roles for advanced patient care are available. Should the energies of the profession remain focused on this internal debate when there are so many critical issues external to the profession that require our complete attention, such as whether the AMA House can even consider a resolution to restrict other professions from using the title "doctor"; when we have legislators who don't even recognize our role in "direct patient care" when they discuss appropriate reimbursement for pharmacists; whether or not our profession continues to be an afterthought at any major health care forum; whether or not our profession is not even included in legislation to provide student loan forgiveness for practitioners focusing on rural and elder care; whether or not the general public recognizes the value of the pharmacist or the profession. Where should the profession's energies be directed?

GET INVOLVED AND HAVE YOUR VOICE HEARD

Support of mandatory residencies by individuals or professional associations may create a pathway to the future that we all envision for pharmacy. Scenario planning would support that alternative endpoints be considered. Is it possible that mandatory residencies may decrease interest in pursuing a pharmacy career? Is it possible that there is a breakpoint where automation, internationalization, declining demand, compensation adjustments, practice reimbursement deficiencies, and eight to nine years of costly education result in less and less interest and willingness to invest the time and money required to become a practicing pharmacist? The answer is unknown. What can you do? Get involved. Whatever your position, participate in professional meetings and debate. Be an active part in determining our profession's future.

2008 College of Pharmacy and Health Sciences Hooding Ceremony.

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Drake University College of Pharmacy and Health Sciences
Weaver Medal of Honor Award Lecture and Reception

Wednesday, April 22, 2009