Pharmacy Postgraduate Year – 2 Residency Development

It All Starts With YOU

MSHP Annual Meeting 2015
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Munson Medical Center
Traverse City, MI

Disclosures

• Michael Tiberg has no financial disclosures at this time.

Objectives

1. Identify why your organization may want to explore the possibility of a PGY-2 specialized residency training program.
2. Describe the time-line that may be involved with the development of a new PGY-2 residency program.
3. List the organizations, websites, and other programs that may be helpful in the development of a new PGY-2 residency program.
Munson Medical Center (MMC)

- 391 bed acute care teaching hospital
- Level 2 trauma center
- Pharmacy residency program
  - PGY-1 residency
    - Established in 2004
    - 2004: 1 resident
    - 2006: 2 residents
    - 2011: 4 residents
  - PGY-2 residency
    - Established in 2015
    - 1 resident in infectious diseases
    - Future plans:
      - Oncology
      - Emergency medicine
      - Cardiology

Definitions

- PGY-1 – Post graduate year one pharmacy residency
- PGY-2 – Post graduate year two specialized pharmacy residency
- RPD – Residency program director
- RLS – Residency learning system, systematic approach to residency training by the ASHP

A PGY-2 residency is in a focused or recognized specialty area of pharmacy practice and embraces the concept that additional knowledge and experience are required for practitioners with responsibility and accountability for optimal patient outcomes in focused areas of practice.

Murphy JE et al. Pharmacotherapy 2006;722-33

ACCP Commentary

The Need for PGY2-Trained Clinical Pharmacy Specialists

American College of Clinical Pharmacy

Kelly R. Ragucci,* Cindy L. O’Byrne, Krista Bova-Campbell, Marcia L. Buck, William E. Dugger, Jennifer L. Donovan, Kayleigh Emerson, Paul O. Goldstein, Robert J. Haight, Cynthia Jaccarino, John E. Murphy, and Cindy Pollock

Summary Results of the Match for Positions Beginning in 2015

Residencies and Programs

NOTE: These statistics pertain to the matching process only, and therefore exclude the PGY2 programs and 20 PGY3 positions that were filled through the Early Commitment Process.

PARTICIPATION

<table>
<thead>
<tr>
<th></th>
<th>PGY1</th>
<th>PGY2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Residents Participating in the Match</td>
<td>1312</td>
<td>446</td>
<td>1758</td>
</tr>
<tr>
<td>Programs Participating in the Match</td>
<td>261</td>
<td>107</td>
<td>368</td>
</tr>
<tr>
<td>Positions Offered in the Match</td>
<td>1591</td>
<td>503</td>
<td>2094</td>
</tr>
</tbody>
</table>

Summary Results of the Match for Positions Beginning in 2015

MATCH RESULTS

<table>
<thead>
<tr>
<th></th>
<th>PGY1</th>
<th>PGY2</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filled</td>
<td>Programs Filled in the Match</td>
<td>1024</td>
<td>458</td>
</tr>
<tr>
<td></td>
<td>Positions Filled in the Match</td>
<td>230</td>
<td>91</td>
</tr>
<tr>
<td>Unfilled</td>
<td>Programs with Unfilled Positions</td>
<td>194</td>
<td>193</td>
</tr>
<tr>
<td></td>
<td>Positions Remaining Unfilled</td>
<td>26</td>
<td>112</td>
</tr>
</tbody>
</table>

Note: No Family Medicine Residencies were submitted to the Match for 2015. The unmatched positions (28 PGY1 positions and 20 PGY2 positions).

Summary of PGY-2 Programs and Positions Offered and Filled for the 2015 Match
### ASHP Accredited PGY-2 Programs in Michigan

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Positions</th>
<th>Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ambulatory Care</td>
<td>4</td>
<td>Beaumont - Royal Oak, University of MI Hospital, Harper University Hospital, John A. Dingell VA Medical Center</td>
</tr>
<tr>
<td>Critical Care</td>
<td>4</td>
<td>Beaumont - Royal Oak, Henry Ford Hospital, University of MI Hospital, Detroit Receiving Hospital</td>
</tr>
<tr>
<td>Cardiology</td>
<td>2</td>
<td>University of MI Hospital, VA Ann Arbor Healthcare System</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>1</td>
<td>Detroit Medical Center/Detroit Receiving Hospital</td>
</tr>
<tr>
<td>Health System Pharmacy Administration</td>
<td>2</td>
<td>University of MI Hospital, Beaumont Hospital/Royal Oak</td>
</tr>
<tr>
<td>Infectious Diseases</td>
<td>4</td>
<td>University of MI Hospital, Detroit Medical Center, Henry Ford Hospital, Munson Medical Center</td>
</tr>
<tr>
<td>Oncology</td>
<td>2</td>
<td>Karmanos Cancer Center/Detroit Med University of MI Hospital</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>2</td>
<td>Spectrum Health, University of MI Hospital</td>
</tr>
<tr>
<td>Pharmacotherapy</td>
<td>1</td>
<td>Harper University Hospital</td>
</tr>
<tr>
<td>Informatics</td>
<td>1</td>
<td>University of MI Hospital</td>
</tr>
<tr>
<td>Solid Organ Transplant</td>
<td>1</td>
<td>University of MI Hospital</td>
</tr>
</tbody>
</table>

* Pending accreditation

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“PPMI Summit recognized the value of an integrated practice model as an effective strategy to support a breadth of pharmacy services as PGY1 residency-trained pharmacists provide clinical services in a generalist practice model…patient care demands support the need for specialized practice knowledge only developed through the completion of a postgraduate year 2 specialty residency.”

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**Daniel M. Ashby 2011 ASHP Harvey A. K. Whitney Lecture**

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### Why should your organization consider developing a specialized PGY-2 program?

**PROS**
- Expertise in the pharmacy
- Attracts highly qualified individuals
- Adds onto current educational process
- Allows for specialization of other areas of interest (i.e. oncology/ED/cardiology)
- Demonstrates leadership
- Recruitment of future specialists at your site

**CONS**
- Large time commitment in the development
- Lack of interest by:
  - Pharmacy staff
  - Administration
  - Pharmacy
  - C suite
- Lack of funding/financial support
- Lack of personnel with the desired expertise
ACCP Position Statement

- **Recommendation 2:**
  All pharmacy residency programs should be accredited based on appropriate and regular standards-based review.

- **Recommendation 3:**
  Residencies should be accredited as either entry-level postgraduate year 1 (PGY-1) or advanced-practice level (PGY-2) or beyond.

- **Recommendation 6:**
  New full-time clinician-educator faculty appointed to the rank of assistant professor should have completed at least 2 years of postgraduate residency training.

Murphy J.E. et al. Pharmacotherapy 2006;22:33
PGY-2 Residency Trained Pharmacists in Academia

Number of U.S. colleges and schools of pharmacy

1996 ➔ 75
2012 ➔ 119
(45% increase)

Value and Justification of Specialty-Trained Clinical Pharmacists

- Organizations requiring specialty trained pharmacists
  - United Network of Organ Sharing (UNOS)
  - Transplant pharmacists: CMS requirement
  - American Academy of Pediatrics (AAP)
    - Intensive care units
    - Oncology units
  - Society of Critical Care Medicine (SCCM)
  - Infectious Disease Society of America (IDSA)
    - Antimicrobial Stewardship Team


Administration
“Show Me the Money”

Why develop a PGY-2 residency at your institution?

What are the benefits of the program to the institution?

How much will it cost?
PGY-2 Residency Funding

Federal
- CMS – 2003 funding was retracted for PGY-2 pharmacy residency programs

State and local sources
- College of Pharmacy – educational support
- State pharmacy associations

Expanded revenue resources
- Additional PGY-1 weekend coverage

Grants
- Pharma
- Professional organizations

Does size matter?
In the development of a specialized residency

- Large university medical centers
- Moderate size community teaching hospitals
- Small rural hospitals or specialty hospitals

ASHP Accreditation Standard for PGY-2 Pharmacy Residency Programs

The Standard describes the criteria used in evaluation of practice sites that apply for accreditation – 6 Standards

- The accreditation program is conducted under the authority of the ASHP Board of Directors and is supported through formal partnerships with several other pharmacy associations.
ASHP Accreditation Standard for PGY-2 Pharmacy Residency Programs

1. Requirements and selection of residents
2. Responsibilities of the program to the resident
3. Design and conduct of residency program
4. Requirements of the RPD and preceptors
5. Requirements of the site conducting the residency program
6. Pharmacy services

PGY-2 Timeline Development

AUGUST:
- ASHP National Residency Meeting

OCTOBER:
- PGY-2 approval, development of residency manual

DECEMBER:
- ASHP recruitment

FEBRUARY:
- Interview candidates or early commitment

MARCH:
- Offer resident position (YEAR-1)

JULY:
- Resident begins, submit application for accreditation to ASHP

MARCH:
- ASHP on-site accreditation process

MAY:
- ASHP accreditation approval – retroactive for all of year 1

RLS – 9 steps of the RLS Process

1. Identify the program's objectives and outcomes
2. Define the program's goals
3. Map educational goals and learning experience to the Accreditation Council for Pharmacy Education (ACPE) competency framework
4. Identify learning experiences that contribute to ACPE competencies
5. Map the learning experience
6. Measure resident competence
7. Evaluate the learning experience
8. Align educational goals and learning experiences to the Accreditation Council for Pharmacy Education (ACPE) competency framework
9. Assess educational goals and learning experiences to the Accreditation Council for Pharmacy Education (ACPE) competency framework
Resident Candidate Application Process

- PhORCAS 3.0 ➔ Pharmacy online residency centralized application service
- National Matching Service

Phase 1 and Phase 2 of the Match

Phase I and Phase II of the Match

The match for residency programs beginning in 2016 will be conducted in two Phases.

Phase I: All applicants and programs submit their Rank Order Lists by the Rank Order List deadline for Phase I of the Match. The matching algorithm will be performed using these Rank Order Lists to place applicants into positions. The results of Phase I of the Match will then be distributed to applicants and programs.

Phase II: Programs with unfilled positions in Phase I of the Match will offer those positions to unmatched applicants in Phase II of the Match. New programs or positions that receive funding after Phase I of the Match may also be added into Phase II of the Match, and applicants who did not participate in Phase I of the Match may participate in Phase II. All eligible positions for Phase I and all programs with available positions after Phase I submit their Rank Order Lists by the Rank Order List deadline for Phase II of the Match. A second match will be carried out using those Rank Order Lists, and the results of Phase II of the Match will then be distributed.

The results of Phase II of the Match are released, a random match process will be implemented, in accordance with AACP Match Rules. To assist applicants who are still seeking a residency to be placed into programs with positions available.

Resident Candidate Application Process: Early Commitment

Formal, written policy regarding the promotion of the PGY2 residency to PGY1 residents, and how candidates will be selected and assessed.

The program must be registered for the Match, not necessary for the resident.

The candidate must be a current PGY1 resident in a PGY1 residency offered by the same sponsor as the PGY2 residency.

The PGY1 resident and PGY2 residency program director must both sign a letter of agreement, deadline December 18, 2015.

The PGY2 residency program must pay a non-refundable fee of $175 US to National Matching Services Inc. (NMS), deadline December 18, 2015.
- Transition during 2015-16 for all residents in a PGY-2 program
- "Combining these products will better serve the pharmacy education providers, students and residents through comprehensive electronic tools to help measure student and resident competencies and facilitate improvements in operational efficiencies of the programs."

Websites, Organizations, Meetings etc.

- Professional Pharmacy organizations – ASHP, ACCP
- Meetings – National Pharmacy Preceptors Conference, ASHP Midyear, ACCP
- Neighboring organizations with current programs
- Pharma

Qualifications - Residency Personnel

- RPD
- Preceptor
ASHP Accreditation Survey

- ASHP requires that the organization contact them at the time the residency begins – don’t hesitate
- Reviews all processes of the residency within 9 months of initiation

ASHP Accreditation Survey: Pre-Survey Questionnaire

Purpose
The pre-survey questionnaire serves to maximize the effectiveness and efficiency of the ASHP accreditation survey by providing the on-site survey.

Process
Designed to coincide with the ASHP Accreditation Standard for Postgraduate Year Two (PGY2) Pharmacy Residency Programs.

Requirements
The questionnaire does not require that all information important to the team’s evaluation be provided in advance of the survey.
ASHP Accreditation Survey

• The pre-survey questionnaire must be completed and returned to the Director of Accreditation Services at ASHP no less than 45 days prior to the scheduled on-site survey.

• A site survey is scheduled and conducted by a lead surveyor from ASHP and one volunteer practitioner with specialization in the program area.
Random RPD Thoughts of a Newly Developed ID PGY-2 Residency Program

- If you are at all serious about starting a program get administration, including the C suite, involved very early on
- You can’t start too early
- This is a team effort, this will not be completed by one individual
- Can’t stress the importance of networking with other programs
- Be creative when pursuing funding
- ASHP website is very helpful to answer questions, contact ASHP directly they are very interactive
- Picking a strong resident the first year is very important
- Don’t get discouraged, it’s going to take time and a lot of hard work
- Be prepared for the survey team, they don’t want you to fail

“Be the change that you wish to see in the world.”

*Mahatma Gandhi*