Residency pathways to ambulatory care practice: Essential insights for students, residents, and educators


Objective: To provide a guiding document describing residency training opportunities in ambulatory care for students, postgraduate year 1 (PGY1) residents, practicing pharmacists, and pharmacy educators.

Summary: Student pharmacists, residents, practitioners, and educators can benefit from a guiding document describing the various pathways to develop as an ambulatory care practitioner through residency training. The benefits and differences of PGY1 and postgraduate year 2 (PGY2) ambulatory care residency programs are included.

Conclusion: There are many possible training options for pharmacists interested in pursuing a career in ambulatory care pharmacy practice. In addition to the required ambulatory and community experience required for all Doctorate of Pharmacy students, postgraduate training in an ambulatory environment can allow for specialization. Candidates for residency training can complete a PGY1 pharmacy residency or a PGY1 community-based pharmacy residency, possibly followed by a PGY2 ambulatory care residency. Career paths for ambulatory care pharmacists vary regionally across the country according to competition for positions, local availability of training programs, and the experience of regional leaders. A comprehensive description of these available training pathways and advantages of each are beneficial for students, residents, practicing pharmacists, and educators.

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and this increased to 132 programs in 2017.3 There also continue to be multiple PGY1 pharmacy residencies that are based entirely or partially in the ambulatory care environment, in addition to 190 PGY1 community-based pharmacy residency programs.2

PGY1 pharmacy residencies

The ASHP standards for PGY1 Pharmacy Residencies4 can be achieved in ambulatory or hospital care environments. Most hospital-based residencies will include ambulatory care experiences. Pursuing a hospital-based PGY1 residency will give the resident significant experience with inpatient care, which can be an important foundation for a PGY2 ambulatory care residency. Many hospital-based residencies have significant ambulatory care rotation options that allow residents to experience the continuum of care with inpatient and outpatient rotations. There is also the option to complete a PGY1 pharmacy practice residency in a clinic-based ambulatory care setting, typically primary care clinics, including large health systems or federally-qualified health centers. Residents will have a concentrated ambulatory experience, with perhaps a larger panel of patients and greater practice autonomy. Residents will be able to become an integral member of the care team in their clinic. These programs may include experience in community pharmacies.

Patient care

In any PGY1 pharmacy residency, patient care is a key component of the resident’s learning. Pharmacists who are completing a PGY1 residency in the ambulatory care environment can expect to care for patients with significant medical complexities as a key member of the health care team. Residents will mature in their clinical skills during the PGY1 residency to prepare to be an independent clinician. Just as a hospital-based PGY1 residency can include ambulatory care experiences, an ambulatory care–based PGY1 residency can also include some hospital-based experiences.

Leadership and management

Leadership and management goals achieved in PGY1 training provide the resident with a broad overview of the operations of the pharmacy department. Activities can include participation in system committees, discussion of administrative topics, working on quality improvement projects, and collaborating with administrators as they perform their daily duties.

When the resident completes residency training, they are prepared to understand general areas of management, such as budgeting; however, they may need further development to carry out this type of task independently.

Table 1

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<thead>
<tr>
<th>Location</th>
<th>Typical services offered</th>
<th>Potential reimbursement models</th>
<th>Comments</th>
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<tr>
<td>Outpatient clinic (includes patient-centered medical home, federally qualified health centers, physician offices, and health system clinics)</td>
<td>CMM, MTM, CDM, CMR, health and wellness, interprofessional team care, transitions of care, immunization, population health management</td>
<td>Direct MTM billing codes, incident-to billing, value-based, capitated, shared savings payments</td>
<td>Patients may participate through general recruitment or provider referral; patient visits may occur before, during, or after visits with other interprofessional team members</td>
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<tr>
<td>Community pharmacy</td>
<td>CMM, MTM, CDM, CMR, health/wellness, transitions of care, point-of-care testing, medication synchronization, immunization, population health management</td>
<td>Medicare Part D plans, immunization, diabetes education, value-based, and MTM billing codes</td>
<td>Patients may participate through general recruitment or provider referral</td>
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<tr>
<td>Telehealth (includes phone and electronic communication models, and may be based in a clinic or community pharmacy)</td>
<td>CMM, MTM, CDM, CMR, transitions of care, population health management</td>
<td>Value-based; direct billing continues to evolve for telehealth but can include chronic care management and transitional care management</td>
<td>Patients may come from provider referral or identification through population health processes</td>
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Abbreviations used: CMM, comprehensive medication management; MTM, medication therapy management; CDM, chronic disease management; CMR: comprehensive medication review.
Tips on what to look for in a PGY1 pharmacy residency program

When looking for a PGY1 pharmacy residency in an ambulatory environment, potential candidates should be advised that there is currently no uniform designation. PGY1 residencies in the ambulatory environment are typically listed as a PGY1 pharmacy residency. This lack of designation can make it difficult for a candidate to identify potential residencies. Therefore, candidates should look for programs that match individual interests by asking specific questions and networking with pharmacists knowledgeable in the area.

PGY1 community-based pharmacy residencies

The standards for PGY1 community-based pharmacy residencies are similar to the PGY1 pharmacy residencies. A key difference is that these programs have a larger focus on providing patient care in various ambulatory settings, which include pharmacies and clinics. The definition of “community-based practice” is broad, and programs are diverse in their structure and patient care opportunities.8 Consistent with the BPS definition of ambulatory care practice, the vision of PGY1 community-based pharmacy residency training is to prepare “advanced providers accountable for meeting the needs of patients and society by managing medication therapy and optimizing health outcomes.”6

Patient care

Residents in a PGY1 community-based pharmacy residency program provide patient care in different settings depending on the organization and partnerships of each program. For PGY1 community-based programs offered by community pharmacies, patient care may take place within the setting of the pharmacy in designated patient care rooms. Some programs will have established partnerships with local primary care clinics for clinic-based patient care experiences, as well. Services provided in a pharmacy setting may be focused on specific areas of practice, such as travel medicine and immunizations. Some pharmacies may have collaborative practice agreements with medical providers for management of chronic conditions through a referral process. Pharmacy residents in this setting may also participate in medication therapy management through contracts with third-party payers, employers, and other entities.

Leadership and management

Community-based pharmacy residents receive training in leadership and management. Depending on the program, this training could include a focus on leadership within the organization and management of patient-centered drug distribution, or it could include training on clinical practice development and patient panel management.

Tips on what to look for in a PGY1 community-based pharmacy residency

Because of the diversity of patient care opportunities in community pharmacies, it is important to investigate the specific patient care settings available for resident learning experiences. Prospective residents should inquire about the structure, the time designated for ambulatory care training, the specific setting for ambulatory care learning, and the scope of practice allowed by pharmacists and residents in the care settings. The candidate should look for programs that provide the types of patient care and disease state management opportunities that align with career goals.

PGY2 ambulatory care pharmacy residencies

PGY2 pharmacy residency training programs build on the knowledge, skills, attitudes, and abilities established during the PGY1 residency. The PGY2 residency is focused in a specific area of practice to raise the resident's level of expertise in clinical and leadership skills.

Patient care integrated with practice management and leadership

Advancement of patient care, practice management, teaching, and leadership skills specific to the ambulatory care setting are expected to develop as residents progress from PGY1 into PGY2 ambulatory care pharmacy residencies. PGY2 ambulatory care pharmacy residency programs emphasize the continual development of expertise in comprehensive medication management and clinical leadership within interprofessional care teams. By the end of the PGY2 experience, residents demonstrate greater competence with evidence-based management of complex patients. By participating in the practice management and leadership activities, PGY2 ambulatory care pharmacy residents are well positioned to develop and lead others in innovative practice models. PGY2 ambulatory care pharmacy residencies also often provide expanded opportunity for involvement in scholarly activity, leadership, and exposure to clinical teaching and precepting.7

Tips on what to look for in a PGY2 ambulatory care residency program

As with the PGY1 candidate exploring ambulatory care, a variety of factors are important to consider, including long-term career goals. Differences in structure and focus of PGY2 residency programs exist. Some programs include brief rotation experiences in multiple specialized areas of practice (e.g., HIV, renal, hepatitis C clinic), whereas others emphasize longitudinal experiences in primary care practices. Opportunities for teaching and precepting vary and serve as important considerations for those with interest in a career in academia.

General tips on what to look for in a residency experience

As candidates contemplate the best pathway, they should consider their own personal experiences and alignment with overall career goals. Regardless of which type of ambulatory care residency experience is pursued, there are common characteristics for candidates to consider as they seek a program that best matches these personal goals. Box 1 provides a list of specific questions that are useful in elucidating these factors, including practice setting, longitudinal experiences, patient care services,
Box 1
Key questions for applicants to ask any residency program

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patient care management, residency history, academic training, and ambulatory care leadership opportunities.

**Employer expectations: Credentialing and privileging**

All pharmacists pursuing residency training should consider what role their residency experience will play in future credentialing and privileging. As described previously, the ambulatory care pharmacy practitioner has a variety of roles and responsibilities. Expectations for training and credentialing may differ depending on the employer and responsibilities of a specific position. Many health systems or other large employers of ambulatory care pharmacists are implementing or have implemented a credentialing or privileging process, or both.

**Credentialing** is the process through which a health care provider is given authority to provide patient care. Credentials are documented evidence of licensure, education, training, or other qualifications. Some employers may require a specific type of training or credential (e.g., PGY2 ambulatory care pharmacy residency) to be considered for a position. Others may specify that the pharmacist must obtain certain credentials within a certain period after being hired (e.g., become a board-certified ambulatory care pharmacist [BCACP] within 3 years of hiring date; information about qualifications to sit for the BCACP examination are available at [www.bpsweb.org](http://www.bpsweb.org)). Privileging refers to defining the scope of patient care services that are authorized, based on a review of the practitioner’s credentials and performance. Privileges are enjoyed by a relatively small group of people, usually because of additional education and experience. Privileging can restrict certain practice types or services to individuals with additional expertise or training (e.g., collaborative drug therapy management agreement in pain restricted to individual with...
additional training in pain management). Some privileging processes used by employers may require peer review or ongoing expectations for continuing professional development in specific therapeutic areas to maintain privileges.

For residency applicants, it can be helpful to review job postings or talk to employers in the types of health systems, clinics, and pharmacies in the geographical area of interest for the future. Currently, the expectations for the credentials that are needed to be an ambulatory care pharmacist vary by region and employer. Knowing the expectations of potential future employers will assist residency candidates in choosing the residency training that best suits their career goals.

Career expectations after residency training

After completion of a PGY1 pharmacy residency or a PGY1 community pharmacy residency, graduates are expected to enter a clinical position with similar patient care opportunities. It is expected that they can competently join existing care teams in community pharmacy, or primary or specialty clinics providing comprehensive medication management (CMM). Graduates should be competent in providing CMM, collaborating with other health professionals, and educating patient and health professionals on medication- and practice-related topics. Graduates may take positions with companies that are seeking to expand patient care activities to new sites or regions, or as clinical faculty at colleges of pharmacy. Graduates of a PGY1 program wanting to expand research skills or desiring an appointment as a faculty member may benefit from completion of a PGY2 ambulatory care pharmacy residency, particularly one with a focus in academia. The differentiation in requirements for faculty positions will be dependent on the individual resident, program, geographical region, and position availability.

After completion of PGY2 ambulatory care pharmacy residency programs, graduates may also competently join existing care teams in primary or specialty clinics providing comprehensive medication management. They have the skills needed to lead teams in developing new patient care models or expanding clinical pharmacy services into new ambulatory care settings. Given the increased opportunities that exist for PGY2 residents in scholarship, service, and teaching, PGY2 residents are often qualified to pursue faculty positions of academic training programs.

Summary

It is important for residency applicants to reflect on and identify specific career goals, including practice setting, geographic preference, scope of practice, and job responsibilities beyond patient care. Once these goals are identified, specific inquiries can be made when applying to PGY1 or PGY2 residencies to determine the best fit. Individuals who mentor or precept students and residents should also be familiar with the various opportunities within ambulatory care training to help guide their trainees appropriately.

References


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