

VIEWPOINTS

Academic Pharmacy Practice Fellowships Address Challenges of Evolving Pharmacist Roles

Therese I. Poirier, PharmD, MPH,^a McKenzie Ferguson, PharmD^a

^aSchool of Pharmacy, Southern Illinois University Edwardsville, Edwardsville, Illinois

Does the academy have the responsibility of preparing graduates to realize their potential in society? This would include preparing them to practice advanced patient care roles in community and nontraditional practice settings such as medical homes, student health clinics, public health clinics, university based clinics, or community pharmacy wellness clinics, and to prepare future practice faculty members for the challenges of academic positions.¹ With new regulations and the impact of the Affordable Care Act on the future of pharmacy, does the academy also have the responsibility to advance the practice of pharmacy in community and other nontraditional health care system settings? More than 10 years ago, an AACP task force provided numerous recommendations for postgraduate training to address the challenges of preparing future practice faculty members.¹ The current residency structure for preparing practice faculty members does not adequately prepare residency graduates to assume faculty roles in teaching and scholarship, nor does it prepare them for advance pharmacy practice beyond traditional health care systems.² Murphy advocated that pharmacy practice faculty members should be prepared to teach and conduct scholarship, in addition to serving as clinical role models.³ Even with teaching programs in existing residency training, there is a need to enhance the teaching and scholarship skills of future practice faculty members. An ACCP committee reviewed how residents are currently trained for academic positions and concluded that there is a need for quality standards for teaching programs, including an accreditation process.⁴

The academic community has a long history of leading the development of residencies and other postgraduate training for advancing pharmacy practice in healthcare systems and for developing clinical science as a respected academic discipline. However, with the momentum to obtain recognition of pharmacists as health care providers,

there is a need for further creativity and innovation to address postgraduate practice needs, which would also help advance practice in community and nontraditional health-care settings.

Creativity and collaboration are essential to meeting these challenges. Colleges and schools of pharmacy should have a mission for engaging in postgraduate pharmacy practice education. The American Society of Health-System Pharmacists' current accreditation process for residencies is not intended to meet the focus or needs of the academic community, community pharmacy, or nontraditional practice areas. Thus, another organization, such as the Accreditation Council for Pharmacy Education (ACPE), should develop quality standards and accreditation programs targeted to meet these needs. The model for postgraduate medical education might be considered where the schools are accredited but not the practice sites. Colleges and schools can help to achieve the goal of developing advanced practitioners to work in a variety of practice settings. It has been advocated that a tiered medical model for physician education should be followed for postgraduate pharmacy practice education.^{5,6}

A new pathway for creating postgraduate training that specifically meets needs for academic practice faculty members and advances community pharmacy practice should be developed. One model proposed is that the 1-year postgraduate fellowship be set up as an optional year experience affiliated with colleges and schools of pharmacy. In other words, first professional degree PharmD students or pharmacists who desire to practice advanced direct patient care and teach would matriculate into an academic fellowship. In contrast to current models of residency training, where students are paid for the clinical services rendered, an academic affiliated postgraduate fellow would only be paid for teaching services rendered. This would address the challenge of funding residencies without being tied into clinical services provided. It would assist colleges and schools of pharmacy with providing instructors to address curricular requirements for enhanced skills development and practitioners who could develop new types of patient

Corresponding Author: Therese Poirier, PharmD, MPH, School of Pharmacy, Southern Illinois University Edwardsville, Edwardsville, IL 62025. Tel: 618-650-5155. Fax: 618-650-5152. E-mail: tpoirie@siue.edu

care services in community pharmacy or nontraditional practice areas. Unique practice models, scholarship related to teaching, and expansion of clinical service present opportunities for innovation.

This type of academic fellowship would not only be intended to develop patient care skills but also enhance teaching and research skills. It would not be confined to meeting the same rigid standards for healthcare system practice that postgraduate year 1 residency programs must meet, but would allow for affiliation with various types of practice settings, including community practice. An academic fellowship in the colleges and schools of pharmacy would allow the fellow to develop skills in direct patient care, teaching, research, and scholarship, and in pharmacy practice settings other than health care systems.

Core competencies for faculty members have already been delineated.¹ At Southern Illinois University in Edwardsville, students have the option to pursue a specialized education track within the PharmD program that addresses teaching and learning and the scholarship of teaching and learning.⁷ Students who complete this track would be ideal for an academic fellowship, because they could apply skills learned in the track and focus on expanding clinical skills in various non-healthcare settings. A recognized accrediting agency like ACPE should be involved with setting quality standards for these academic pharmacy fellowships.

This fellowship would be another way for graduates to expand their patient care roles outside of the traditional health care system, serve the needs of the academy by becoming qualified pharmacy practice faculty members with teaching and research skills, and develop advanced patient care roles in community practice and nontraditional healthcare systems.

REFERENCES

1. Lee M, Bennett M, Chase P et al. Final report and recommendations of the 2002 AACP Task Force on the Role of Colleges and Schools in Residency Training. *Am J Pharm Educ.* 2004;68(1):Article S2.
2. Manasco K, Bradley A, Gomez T. Survey of learning opportunities in academia for pharmacy residents. *Am J Health-Syst Pharm.* 2012;69:1410-1414.
3. Murphy J, Hawkey L. Education, postgraduate training, board certifications, and experience requirements in advertisements for clinical faculty positions. *Am J Pharm Educ.* 2010;74(4):Article 73.
4. Aistrop D, Attride R, Biecklye A et al. Strategies for developing pharmacy residents as educators. *Pharmacotherapy.* 2011;31:65e-70e.
5. Johnson TJ, Teeters JL. Pharmacy residency and the medical training model: is pharmacy at a tipping point? *Am J Health-Syst Pharm.* 2011;68(16):1542-1549.
6. Allen D, Smith K. A hand and glove approach to pharmacy experiential education and residency training. *Am J Pharm Educ.* 2010;74(4):Article 65.
7. Poirier T, Santanello C. Impact of a pharmacy education concentration on students' teaching knowledge and attitudes. *Am J Pharm Educ.* 2010;74(2):Article 23.