Family medicine pharmacy residency programs

Family medicine practices have employed clinical pharmacists for over 20 years. The early incorporation of clinical pharmacists in these positions has allowed for the training of pharmacy students, residents, and fellows in family medicine. The interaction between clinical pharmacists and family medicine providers started because of a movement to emphasize the provision of health care by a team comprising multilevel providers to bring comprehensive medical care to patients.

What is a family medicine pharmacy residency? A universal definition has not been established. Programs that focus on family medicine may be accredited by the American Society of Health-System Pharmacists (ASHP) under the categories of primary care pharmacy practice or pharmacotherapy, or they may create their own goals and objectives as a new specialized area under development. Currently, most ASHP-accredited pharmacy residency programs that focus on family medicine are accredited under the category of primary care pharmacy practice. Assuming that family medicine pharmacy residencies are similar to primary care pharmacy residencies, family medicine pharmacy residencies should “develop the pharmacist’s competence to practice in a wide variety of primary care practice settings.” Originally, family medicine pharmacy residencies fit well into the primary care pharmacy residency model secondary to the ambulatory patient care focus. However, over the past several years, most family medicine pharmacy residency programs have incorporated training in both inpatient and outpatient pharmacotherapy. The majority of primary care pharmacy practice residencies accredited by ASHP focus on outpatient pharmacotherapy. The purist definition of a family medicine pharmacy residency is a program that allows the resident to experience both inpatient and outpatient clinical pharmacy training, participate in the activities of training with family medicine physicians in a residency program, and develop skills in evidence-based medicine, clinical education, and scholarly work. Therefore, the question arises, should a new ASHP-accredited specialty in family medicine be developed to truly define the family medicine pharmacy residency experience?

Currently, there are 63 ASHP-accredited primary care pharmacy residency programs nationwide. It is difficult for prospective residents to identify existing family medicine pharmacy practice residency programs using the current ASHP residency directory, as they are listed according to the accreditation standard under which each program was reviewed. Some ASHP-accredited primary care pharmacy residency programs list family medicine as the focus under the special features section of their listing, but the only way to identify these programs from the directory is to search individual primary care pharmacy residency programs and then review the special features section of each program. Alternatively, the American College of Clinical Pharmacy (ACCP) residency directory can be searched for family medicine pharmacy residency programs, but the directory includes a mix of residencies that may or may not be ASHP accredited and includes only programs offered by members of ACCP. The ACCP directory lists 16 residency programs in which family medicine is either the primary specialty or the secondary specialty. Seven of these 16 residency programs list family medicine as their primary focus, with a mixture of academia, ambulatory care, primary care, or pharmacotherapy as secondary areas of focus. Five of the 16 residency programs listing family medicine as a focus area in the ACCP directory are ASHP-accredited primary care pharmacy practice residency programs. The small number of ASHP-accredited primary care pharmacy residency programs that focus on training in family medicine suggests that primary care pharmacy residency programs...
accreditation by ASHP is a poor fit for family medicine pharmacy residency programs.

Program curriculum. ASHP has released new accreditation standards that will go into effect in 2007. Under the new standards, some primary care pharmacy residency programs that have been considered specialized programs in the past may elect to convert to postgraduate year-one (PGY1) programs. All programs must determine if they will convert to PGY1 programs or continue as postgraduate year-two (PGY2) programs in time to recruit for the 2007–08 residency year. To transition to a PGY1 program, the program must meet the core outcomes for PGY1 residencies. The remainder of this article focuses on programs that currently fall under the category of PGY2 primary care pharmacy residency programs. However, changes to the goals and objectives specific to this practice area were proposed in 2006 and include a change in the name of this category to PGY2 residencies in ambulatory care pharmacy.

The curriculum for each family medicine pharmacy residency program varies by practice site and each residency director’s goals for the program. The program should be structured to have a set balance between inpatient and outpatient components to allow for learning in both environments. This differs from the standard PGY2 primary care pharmacy residency, which focuses on outpatient pharmacotherapy but may offer elective rotations in inpatient settings. The core of the outpatient training component of a family medicine pharmacy residency program is a longitudinal experience with a university-based family medicine clinic with a family medicine residency program for physicians. The resident works in the clinic for a required number of hours weekly throughout the year. The required inpatient component usually occurs with an inpatient family medicine team. This provides the resident with the opportunity to gain knowledge in inpatient pharmacotherapy, as well as experience in transitioning the patient back into the primary care clinic once the patient is released from the hospital. Prospective residents should look for PGY2 family medicine pharmacy residency programs that allow for electives in both inpatient and outpatient areas of practice to broaden the resident’s knowledge base in different therapeutic areas.

Academia is another important part of a PGY2 family medicine pharmacy residency program. The extent of academic experience and the types of experiences are based on the practice site, program director, individual resident, and the program’s goals and objectives. The resident may have a required minimum number of academic experiences, as well as additional elective experiences for residents pursuing careers in academia. These activities may include facilitating patient case discussions, didactic lecturing, evaluating students’ oral presentations, providing hospital or clinic inservice education programs, and serving as a preceptor for pharmacy students and pharmacy practice residents. Similar educational activities are available as part of other PGY2 primary care pharmacy residency programs but are primarily limited to programs that are affiliated with academic institutions. A unique component of most PGY2 family medicine pharmacy residency programs is the participation in educational activities within a family medicine physician residency program. Another key requirement of a PGY2 family medicine pharmacy residency program is to develop a research project that will be worthy of publication after its completion, but this requirement exists in PGY2 primary care pharmacy residency programs as well.

Personal experience and perspective. In my last few years of pharmacy school, I decided that I wanted to pursue a career in academia and felt that I needed to complete two years of residency to reach this goal. I developed an interest in family medicine early during my pharmacy practice residency and then searched for a family medicine pharmacy residency to meet my goals. I completed my pharmacy practice residency at a teaching hospital that was not affiliated with a university or college of pharmacy. After researching many different programs available, I knew that the program at the University of Colorado at Denver and Health Sciences Center (UCDHSC) was the best fit for many reasons. The family medicine pharmacy residency at UCDHSC is the only program listed in the ACCP directory with family medicine as the primary specialty that is also accredited by ASHP as a primary care pharmacy residency program listing family medicine in the special features section of that directory.4,5 At the UCDHSC the program fits quite well into the previously mentioned definition of the “true” PGY2 family medicine pharmacy residency program. At the University of Colorado, family medicine pharmacy residents are allowed to choose inpatient electives in the areas of internal medicine, cardiology, and geriatrics. The outpatient electives included rotations in the university’s anticoagulation, endocrinology, internal medicine, neurology, oncology, and pulmonary clinics. The geriatric outpatient clinic is a required rotation in the family medicine pharmacy residency program at UCDHSC.

One major reason that I selected UCDHSC was that all of the past residents who completed the residency program have become board certified in pharmacotherapy. This parallels the trend of family medicine clinical pharmacists seeking board certification. A survey of 130 family medicine clinical pharmacists involved in family medicine residency programs in the United States in 2000 revealed that 94.7% were board certified in pharmacotherapy.6 Completion of a family medicine or ambulatory care residency was reported by 47.2% of the responding family medicine clinical pharmacists.7 In 2005, the Society of Teachers of Family Medicine Group on Pharmacotherapy identified clinical pharmacists as ideally suited and uniquely qualified to coordinate the pharmacotherapy curriculum components of medical residency programs in the United States.8 Clearly, the number of opportunities is growing for graduates of family medicine pharmacy residencies to educate physicians completing medical residency programs.

My experiences during my residency at UCDHSC have allowed me to gain clinical experience (inpatient and outpatient), academic experience (e.g., serving as a preceptor, lecturing, facilitating), research experience, board certification in pharmacotherapy, and the independence to develop into a clinical pharmacy specialist. Completing a phar-
Pharmacy practice residency provided the foundation necessary to specifically focus on expanding my knowledge in family medicine pharmacotherapy during my second residency. Without a pharmacy practice residency, I would not have been able to expand my knowledge of evidence-based medicine and apply these practices to patient care. My excitement and enthusiasm about a career in academia have become even stronger through my residencies. I believe this is in part due to the great mentors I had early in my career, as well as choosing residencies that gave me the flexibility to grow as a clinical pharmacist and teacher. The completion of two residencies allowed me to obtain a faculty position at a college of pharmacy with a clinical practice working with an inpatient family medicine residency program for next year.


Joel C. Marrs, Pharm.D., BCPS, Assistant Professor
Department of Pharmacy Practice
College of Pharmacy
Oregon State University
Portland Campus at Oregon Health and Sciences University
840 SW Gaines Street
Portland, OR 97239
marrsj@ohsu.edu

At the time of writing, Dr. Marrs was Family Medicine Specialty Resident and Clinical Instructor, University of Colorado at Denver and Health Sciences Center, Denver.

DOI 10.2146/ajhp060201