

The NACDS/NCPA Community Pharmacy Practice Residency Guidelines

Purpose

A Community Pharmacy Practice Residency will assist practitioners in enhancing their skill level in the areas of patient care, ownership/community pharmacy management, pharmacy education and project development.

The purpose of the NACDS/NCPA Community Pharmacy Practice Residency Guidelines is to identify and describe the structure, content and objectives of community pharmacy practice residency training.

The overall goals of the residency are to prepare pharmacists to provide pharmacist care in ways that meet the needs of patients, payers and other health care providers as partners in the delivery of cost-effective patient care services and to enhance ownership and community pharmacy management skills.

Background

It is well known that community pharmacy is one of the most accessible patient health care settings. However, it has been underused as a training site for Pharmacy Residents in the development of innovative patient care services and ownership/community pharmacy management skills. A variety of factors affecting community pharmacy, pharmacy education and the health care system indicate that a change in practice philosophy may be appropriate and inevitable.

With the advent of the doctor of pharmacy degree as the sole entry-level degree for pharmacy and the movement of patient care from the institutional to the ambulatory setting, opportunities for community pharmacists to provide pharmacist care to patients in the community setting are increasing.

Recent graduates will find that many community pharmacies are exploring ways to enhance their patient care services. Community Pharmacy Practice Residencies equip pharmacists with advanced skills beyond the core educational skills set to prepare them to practice at advanced levels in the community setting.

- I. **Overview and Structure.** A Community Pharmacy Practice Residency is a post-graduate program offering advanced training in community pharmacy practice.
- A. **Overview.** The residency is designed to provide advanced training in community pharmacy with concentration in four areas:
1. Creation, development, and implementation of innovative pharmacist care programs. Examples include compounding, immunization, diabetes, respiratory, or lipid management programs, or other programs mutually agreed upon between the Resident, Residency Director, Residency Preceptors, and owner(s)/community pharmacy manager(s). Pharmacist Care® is defined as a comprehensive approach to pharmacist-directed patient care management through which community pharmacists provide an expanded level of patient care that focuses on disease prevention and wellness and includes monitoring, evaluating, counseling, intervening and directing medication-related therapies to enhance patient care and improve health outcomes.
 2. Development of ownership/community pharmacy management skills that prepare the Resident to own/manage a successful, profitable community pharmacy practice.
 3. Work in conjunction with the affiliated school or college of pharmacy to educate and provide both classroom and “real world” experiential community pharmacy practice applications to pharmacy students.
 4. Development of research and problem solving techniques while investigating a topic relevant to the community pharmacy practice site.
- B. **Goals.** The residency in community pharmacy practice emphasizes four areas of knowledge and experience: community based clinical practice, ownership/community pharmacy management, education and project development. The goals of the residency are:
1. To advance the skills of the Resident by providing direct patient care in community pharmacy settings in which the Resident can contribute and actively participate in daily patient care activities with the guidance of a Residency Preceptor;
 2. To prepare the Resident to make appropriate decisions in managerial core competencies, such as financial and human resource management, marketing, and legal considerations essential to the ownership/management of a community pharmacy practice;
 3. To educate pharmacy students through active participation in introductory and/or advanced community pharmacy practice experiences and didactic education; and
 4. To complete a residency project suitable for publication and presentation.

- C. **Objectives.** Upon completion of the residency, the Resident will be capable of adequately satisfying the following learning objectives:
1. **Patient Care**
 - a. Design, develop, market and seek reimbursement for new patient care services for use in a community pharmacy or enhance pharmacist care service programs existing at the residency site;
 - b. Manage and monitor patients utilizing available technology and clinical knowledge while maintaining active communication between pharmacists, other health care providers and patients;
 - c. Provide patients with prescription and nonprescription medications and develop the role of the pharmacist as a patient consultant in the selection of self-care products.
 2. **Ownership/Community Pharmacy Management**
 - a. Learn skills associated with owning/managing a community pharmacy practice which includes acquiring a comprehensive understanding of financial and human resource management, marketing, business law and other applicable management principles;
 - b. Identify criteria for location analysis and financing options to successfully purchase/manage a community pharmacy practice.
 3. **Pharmacy Education.** Educate pharmacy students about community pharmacy practice, including patient care and management; and
 4. **Residency Project.** Complete a residency project applicable to the resident's activities and suitable for publication and presentation.
- D. **Outcomes.** This program will provide opportunities for the Resident to develop skills in the areas of community-based clinical practice, ownership/community pharmacy management, education and project development as they relate to community pharmacy practice. At the conclusion of the program, the Resident should leave the practice site with the skills to function as a self-directed professional practitioner and the knowledge to develop pharmacist care programs. Individuals who complete the residency will have the skills to assume the role of a primary pharmacy care provider in a community pharmacy setting and assume ownership/ management of a community pharmacy and/or a faculty position in community pharmacy practice management.

II. **Description of the Residency.** The residency is devoted to creation of and/or enhancement of patient-oriented services that lead to enhanced skills as an independent professional clinician. Additionally, the Resident will learn financial elements of daily operations including but not limited to third party analysis, inventory maintenance and control, pricing, physical plant, and human resources management and the skills necessary to own/manage a community pharmacy.

A. **Duration:** One calendar year with a typical start date of July 1st.

B. **Discussion.**

1. The Resident's schedule will be planned to include:

all outlined components of the program to include no less than 2,000 contact hours of training, extending over a minimum period of 50 weeks

attendance at a national meeting hosted by the National Association of Chain Drug Stores and/or the National Community Pharmacists Association. In addition to the NCPA and/or NACDS meeting, residents may attend other meetings of local, state or national organizations as appropriate.

providing direct supervision of the drug distribution service, not to exceed more than 20 percent of his/her time dispensing or supervising the dispensing of prescriptions.

2. Consulting with patients regarding both prescription and over-the-counter medications is an integral part of daily practice and a cornerstone upon which patient-oriented services are built. Residents will be expected to develop and improve their clinical skills in the areas of patient communication, interaction with other health care professionals, and the systematic provision of drug information as related to community pharmacy practice. Examples of demonstrated skills in patient communications shall be documented and reviewed by the Residency Director.

3. The Resident will develop a systematic problem solving approach to prevent, identify and resolve potential therapeutic and management problems. This process involves the application of previously learned knowledge and requires its direct application in pharmacy practice. The application of patient care skills and development of professional judgment will be emphasized such that the Resident becomes proficient with the dual skills necessary to manage patient care as well as a community pharmacy practice. The role of the community pharmacist as clinician, practitioner, educator, and financial manager will be modeled throughout the residency experience.

4. Affiliation with a school or college of pharmacy offers the Resident access to the physical and educational resources available in the academic institution.

- C. **Residency Director.** The Residency Director is responsible for coordinating and overseeing the residency. The Residency Director is a pharmacist owner or community pharmacist in good standing with the state board of pharmacy and who is employed at the pharmacy residency site and has demonstrated an interest and proficiency in enhancing patient care. Often, the Residency Director may have a previously established relationship with an accredited school or college of pharmacy. The Residency Director will act as a liaison among the Resident, the Residency Preceptor(s), and the affiliated school or college of pharmacy. The Residency Director may also act as a Residency Preceptor.
- D. **Residency Preceptor.** The Residency Preceptor is a pharmacist owner or community pharmacist in good standing with the state board of pharmacy who is employed at the pharmacy residency site and has demonstrated an interest and proficiency in enhancing patient care. Residency preceptors are expected to impart their practice philosophies to the Resident.
- E. **Residency Site.** Many residency sites will have developed a specialty in a patient care service. For example, some sites may already specialize in patient services, such as compounding, diabetes care, or osteoporosis screenings. The Resident will enhance development of already existing patient care services and/or develop new services to be offered at the site. Two or more sites may share one Resident. However, appropriate communication between the sites must take place to ensure consistency and quality in the Resident's training.
- F. **Resident Eligibility**
1. The Resident must be a licensed pharmacist. Successful completion of either a bachelor of science in pharmacy or doctor of pharmacy degree by an accredited college/school of pharmacy by the beginning of the residency program is required.
 2. The applicant must have or be in the process of obtaining licensure in the state where the residency is located. The license must be obtained within 90 days of beginning the program. If the license is not obtained within this period, the Resident may be terminated.
 3. Final Resident selection will be based upon an evaluation of college transcripts, letters of recommendation and a demonstrated interest in a career in community pharmacy. A personal interview may be required at the Resident's expense. Final approval of each Resident is the responsibility of the Residency Director.

III. **Content and Objectives.** The Resident will demonstrate an ability to develop and provide innovative pharmacist care services and to apply community pharmacy ownership/management skills. The following specifications must be met:

A. **Residency Activities**

1. **Patient Care**

- a. Effectively counsel patients using OBRA '90 guidelines.
- b. Monitor the drug therapy and provide appropriate patient education for:
 - 1) Appropriate dose and indication
 - 2) Adverse drug reactions
 - 3) Drug interactions
 - 4) Prescribing duplications
 - 5) Compliance
- c. Providing drug information services which may include but are not limited to:
 - 1) Information on new drugs and their availability
 - 2) Presentations/demonstrations to appropriate private and/or community groups
 - 3) Newsletters for health care providers and patients
 - 4) Drug use in special patient population categories
 - 5) General health and wellness information
- d. Dispensing of prescription and non-prescription medications to patients and developing the role of the pharmacist as a patient self-care consultant.
- e. Providing primary care and/or consultation to patients which may involve but are not limited to:
 - 1) Joint pharmacist-physician clinic visits with patients
 - 2) Pharmacist follow-up with patients
 - 3) Pharmacist home visit of patients
 - 4) In-pharmacy management of patients
 - 5) Pharmacist consultation to long term care facilities
 - 6) Compliance enhancement programs
 - 7) Administer medications when appropriate and allowed by state law

- f. Work with the Residency Director to assess and enhance pharmacist care services provided at the residency site
 - g. Develop new innovative services to meet the needs of the patients served at the residency site
 - h. Work with pharmacy school faculty and/or the Residency Director or Preceptor to implement innovative pharmacist care services
 - 1) Design and implement methodology to measure patient outcomes
 - 2) Follow quality improvement measures to enhance patient outcomes
2. **Ownership/Community Pharmacy Management**
- a. Strategic Management Formulation
 - 1) Evaluate and develop a business plan and marketing strategy for a community pharmacy practice site
 - 2) Develop relationships with wholesalers, manufacturers, professional associations and community organizations
 - 3) Review and analyze existing and targeted strategic relationships
 - b. Financial Management
 - 1) Understand purchasing methodologies and philosophies
 - 2) Participate in operations budget analysis and complete a budget analysis of an existing innovative service(s) or a service developed during the residency
 - 3) Understand inventory control's effect on cash flow and overall operation management
 - 4) Participate in third party contract review. Analyze and make recommendations regarding third party contracts
 - 5) Analyze and recommend means to enhance cash flow
 - 6) Review and analyze balance sheet, income statement and other pertinent financial documents. Discuss financial information from the *NCPA-Searle Digest* and/or *The Chain Pharmacy Industry Profile* prepared by NACDS

- c. Personnel Management
 - 1) Prepare and/or revise the site's policy and procedures manual
 - 2) Observe, assess and design employee training methods for the policy and procedures manual
 - 3) Observe, recommend and implement changes to enhance the efficiency of work flow
 - d. Review appropriate legal management issues
 - 1) Apply for and maintain pharmacy licenses
 - 2) Understand applicable liability insurance
 - 3) Understand personnel management issues (interview questions, minimum wage, working conditions, etc.)
 - e. Accurately assess the value, document and successfully bill patients and insurers for pharmacist care services provided at the residency site
- 3. **Education.** Provide classroom instruction at the affiliated school or college of pharmacy when appropriate and provide community pharmacy practice guidance to students at the practice site
 - 4. **Residency Project.** The Resident will consult with the Residency Director and appropriate pharmacy school faculty to identify a topic applicable to the residency site, and
 - a. Complete a project suitable for publication
 - b. Present the completed project at an NACDS or NCPA national meeting or other appropriate venue

B. **Responsibilities of Residency Preceptors and Director.** The Residency Preceptors will provide guidance and facilities to assist the Resident in satisfying the above activities by providing instruction on the following topics:

- 1. **Patient Care**
 - a. Orientation to the practice including:
 - 1) Review of the residency site's policy and procedures manual
 - 2) Introduction to pharmacy personnel
 - 3) Introduction to other health care professionals
 - 4) Familiarization with the marketing area
 - 5) Discussion of pharmacy work flow
 - 6) Introduction to pharmacy security procedures

- b. Orientation to the dispensing system including:
 - 1) Efficient handling of prescriptions
 - 2) Prescription records, filing, cost analysis, dispensing trend analysis, cost to dispense analysis, etc.
- c. Patient monitoring methods, delivery of patient education and patient follow-up
 - 1) Provision of oral, written and/or multi-media patient education
 - 2) Review or development of patient compliance programs
 - 3) Review or development of patient follow-up programs
 - 4) Demonstration of appropriate patient counseling technique utilizing OBRA '90 guidelines
 - 5) Patient consultation on non-prescription products, such as OTC medications, durable medical equipment and other medical devices
- d. Discussion and analysis of special services such as:
 - 1) The Preceptor will assess the Resident's ability (and educate, if necessary) to use and demonstrate medical devices such as but not limited to: diabetes screening and monitoring instruments, sphygmomanometers, and inhalation therapy equipment
 - 2) Implement systems to measure patient outcomes
 - 3) Follow continuous quality improvement measures to enhance the program's patient outcomes
 - 4) Information service to patient and provider such as:
 - a) Completion of drug information requests
 - b) Maintain a databank of general health and wellness information
 - c) Provide brochures, pamphlets and videos for health and drug information
- e. Participation in geriatric care services (when available at site) such as but not limited to:
 - 1) Participate in in-service instruction sessions
 - 2) Attend with consultant and witness methods of checking compliance and drug use

- f. Demonstration of primary care and/or consultation to patients which may involve but are not limited to:
 - 1) Joint pharmacist-physician clinic visits with patients
 - 2) Pharmacist follow-up with patients
 - 3) Pharmacist home visit of patients
 - 4) In-pharmacy management of patients
 - 5) Pharmacist consultation to long term care facilities
 - 6) Compliance enhancement programs
 - 7) Administer medications when appropriate and allowed by state law

2. **Ownership/Management**

- a. Discussion and analysis of inventory control systems, such as:
 - 1) Conduct actual inventory and/or analyze inventory control methods
 - 2) Visits to drug wholesalers
 - 3) Study of earned discounts and their impact
 - 4) Return goods policies of manufacturers
 - 5) Analysis of wholesaler programs
- b. Discussion and analysis of third party programs and managed-care organizations, such as:
 - 1) History
 - 2) Cause and effect relationships between third party prescription programs and community pharmacy practice
 - 3) Familiarization with possible statutory resolutions
 - 4) Maximization of profit strategies
 - 5) Effect of increasing use
 - 6) Contract analysis
 - 7) Negotiating with third parties
 - 8) Billing for pharmacist care services
- c. Discussion and analysis of pharmacy financial statements and financial planning including:
 - 1) Balance sheet
 - 2) Profit and loss statement

- 3) Changes in financial position
- 4) Budgeting
 - a) Projecting sales
 - b) Projecting expenses
 - c) Purchasing needs
 - d) Cash budget
- d. Accounts receivable (AR) system management (if applicable) such as:
 - 1) Applications processing
 - 2) Set credit terms
 - 3) Determine AR average collection period and the impact on cash flow and profitability of AR
- e. Discussion of Human Resource Management such as:
 - 1) Policy and Procedure Manual
 - a) Job descriptions
 - b) Job analysis
 - c) Personnel evaluation
 - d) Wages/benefits package
 - 2) Hiring methods including:
 - a) Application forms
 - b) Interviewing techniques (e.g., leading questions, probing questions, open-ended questions)
 - c) Review of Equal Employment Opportunity Commission (EEOC) and Career Guidelines
- f. Marketing of pharmacy services to the community and other healthcare providers
 - 1) Pharmacy's marketing philosophy and practices
 - 2) Discussion and analysis of marketing a community pharmacy and its services, such as but not limited to:
 - a) How to build a favorable image
 - b) Prepare an advertising and promotion budget
 - c) Assessing the pharmacy's target market needs and develop or review existing patient care programs to satisfy those needs
 - d) Selecting and creating a professional image

- e) Demonstrating value of services to patients
- f) Evaluate currently used advertising systems
- g Financing for pharmacy ownership (as it applies to privately owned independent pharmacy) including:
 - 1) Developing a business plan
 - 2) Conducting prospective business analysis
 - 3) Performing location analysis
 - 4) Evaluating financing options such as:
 - a) Employee Stock Option Plan (ESOP)
 - b) Wholesaler financed
 - c) Financial institution
- h. Assist the Resident in accurately assessing the value, documenting care and successfully billing patients and insurers for pharmacist care services provided at the residency site
- 3. **Education.** To schedule time to allow the Resident to educate pharmacy students through active participation in introductory and/or advanced community pharmacy practice experiences and didactic education.
- 4. **Residency Project.** The Resident will consult with the Residency Director and appropriate pharmacy school faculty to identify a topic applicable to the residency site, and complete a project suitable for publication and presentation at an NACDS or NCPA national meeting or other appropriate venue.

IV. Evaluations

- A. The Residency Director and/or Residency Preceptor will provide monthly evaluations of the progress of the Resident as related to the satisfactory completion of residency objectives. Any deficiencies must be addressed as they are identified. Written evaluations must be shared with the Resident.
- B. Each Resident will maintain monthly written self-evaluations assessing the residency site and the Preceptor. In addition, the Resident will document demonstration of practice competencies, written records of training—including schedules and descriptions of daily activities—and complete reports describing the satisfactory achievement of objectives. It is expected that evaluations and reports will be shared with the Residency Director and the appropriate Residency Preceptor to create a communication pattern that results in continuous quality improvement.

Acknowledgements

The National Association of Chain Drug Stores (NACDS) and National Community Pharmacists Association (NCPA) would like to thank the following organizations for allowing us to adopt portions of their guidelines in the creation of this document:

- Purdue University and Family PharmaCare Center Pharmacy
- American College of Apothecaries

NACDS and NCPA would also like to thank the contributing authors to the above mentioned guidelines:

- Scott K. Stolte, Pharm.D., Assistant Professor, Department of Pharmacy Practice, Shenandoah University
- Dennis J. McCallian, Pharm.D., F.A.C.A., Adjunct Associate Professor of Pharmacy Practice, Purdue University and President and Chief Executive Officer, Family PharmaCare Center, Inc.
- Michael T. Rupp, Ph.D., Professor of Pharmacy Administration, Midwestern University-Glendale
- Steven R. Abel, Pharm.D., F.A.S.H.P., Professor and Head of the Department of Pharmacy Practice, Purdue University.

Additionally, NACDS and NCPA would like to thank the numerous community pharmacist practitioners; community pharmacy practice residents, residency preceptors and residency directors; and representatives of national pharmacy organizations and colleges and schools of pharmacy who reviewed this document and submitted their comments.

Edited by: B. Douglas Hoey, R.Ph., M.B.A., NCPA Vice President, Professional and Practice Affairs, and Sandra Kay Jung, M.S., R.Ph., NACDS Director, Pharmacy Research and Educational Programs