Residency programs in Australia- better late than never!

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Introduction
The lack of formal or structured experiential training programs post-registration (post-licensure) has been a barrier to strengthening and expanding pharmacists’ roles and scopes of practice in Australia.

ASHP Residency Programs have been integral to pharmacist development in the United States for 53 years, yet similar programs of post-graduate experiential learning in Australia have not been developed, especially on a national scale.

Objective
In 2016, the Society of Hospital Pharmacists of Australia committed to a project to implement in 2017 the first phase of a structured, formalised, supported and accredited national two-year Residency Program.

The program will target pharmacists in their foundation years, or those new to hospital pharmacy practice (See Figure 1.)

Methods
In 2014 and 2015, SHPA members who have demonstrated innovative practice have been invited to attend an ideas “think tank” known as Future Summit. At these summits, members identified the profession must be better trained in practical skills within the workplace. They recognised the need to ensure a future workforce that can adapt its core roles and responsibilities to meet the new and emerging needs of patients and the public.

Models of clinical fellowship and residency programs were proposed and this concept was supported by the SHPA Federal Council. Federal Council committed funds to undertake a residency program implementation project.

A project manager and a Residency Project Steering Committee were appointed. The Steering Committee has broadly representative membership according to its Terms of Reference (see Table 1).

An environmental scan of existing residency programs including those in the United States, UK, Canada and Singapore has been conducted. SHPA has reached out to ASHP and is in early discussions about mutual benefits to both organisations regarding residency programs.

Hospital pharmacy department directors around Australia have been canvassed to gauge their support for residency programs and their capacity to change staffing establishment to accommodate residencies.

Project deliverables in order to meet a 2017 implementation timeline have been defined within a Project Charter (see Figure 2).

Results
Communication and promotion to hospital pharmacies and SHPA members has highlighted the Residency Program project as one of three critical workforce projects being conducted by SHPA (as part of our “Residency, Research and Redesign” strategy).

Direct engagement with Directors of Pharmacy (via State DoP meetings) and members (e.g. CPD events) has been positive and there appears to be strong interest in a future SHPA residency program. Other marketing and promotion has included flyers, media releases, a webpage and journal article (see Figure 3).

Initial stakeholder consultation suggests there is wide variability across hospital pharmacy departments in workplace training and support for early career pharmacists. For this reason, a baseline survey has been distributed to all hospital pharmacy directors throughout Australia to better understand the cross-section of experiential programs currently in place (see Figure 4).

The survey addresses 7 themes and asks 49 questions about training and professional development.

Accreditation standards have been developed and cover 36 criteria across four domains (see Table 2). The standards will soon be released at an upcoming national SHPA Residency Symposium; the symposium invites key people likely to be directly involved in implementation of a residency within their own hospital.

Conclusion
Whilst the university entry path is different between Australia and the USA (e.g. Bachelor/Masters v. PharmD), the principles of a formalised practitioner development process are shared - better definition of the pathway from undergraduate through to registration (licensure) and progression to advanced practice.

The existence of such a pathway signifies a mature profession. It is broad in its range of competence domains, covering aspects of professional practice and clinical proficiency, but also encompassing a commitment to leadership and management, and research and education skills development.

Though early days, SHPA’s Residency Program aims to set a solid foundation for the practitioner that starts with a generalised base. Practitioners are then better equipped to progress to more focused and specialised practice.

Additional Resources
- Non-pharmacist health professional
- "NonPh - National Association of Pharmacy Students of Australia

Figure 1. Where does residency sit within an Australian pharmacist’s professional development?

Figure 2. Project deliverables leading to first phase implementation in 2017

Table 2: Accreditation Standards - Domains

<table>
<thead>
<tr>
<th>Resident: Residency site relationship</th>
<th>Capacity and experience of department and staff</th>
<th>Range of pharmacy services and ability to deliver the residency curriculum</th>
<th>Commitment to professional development</th>
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Figure 4. Survey opening screen shot and snapshots of early data

Acknowledgements
- Members of the SHPA Residency Project Steering Committee: Peter Fower (Chair), Dr Alan Coombes, Dan Guidone, Cathy Martin, Cameron Phillips, Prof Andrew Mangioli, Dr Chris Freeman, Catherine Brown, Matthew Scott
- SHPA President Prof. Michael Dooley and CEO Kristin Michaels
- ASHP and the opportunity to share learnings in pharmacy residency training across the Pacific Ocean

Disclosures
Andrew Matthews is an employee of SHPA.

About SHPA
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SHPA supports pharmacists to meet medication and related service needs, so that both optimal health outcomes and economic objectives are achieved for Australians, as individuals, for the community as a whole and for healthcare facilities within our systems of healthcare.

Figure 3. Example communications collateral

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