Starting a Community Pharmacy Residency Program: Tips of the Trade

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Disclosures

• No Disclosures
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CPE Information

- Target Audience: Pharmacists
- ACPE#: 0202-0000-19-016-L04-P
- Activity Type: Knowledge-based
**Learning Objectives**

At the completion of this knowledge-based activity, participants will be able to:

• Discuss the purpose and scope of PGY1 Community-based pharmacy residency training.

• List potential benefits of engaging in PGY1 Community-based pharmacy residency training from the perspective of your practice, patients, and pharmacists.

• Describe PGY1 Community-based Pharmacy accreditation standard requirements for practice sites to engage in these programs.

• Describe PGY1 Community-based Pharmacy accreditation standard program requirements required to develop and implement a quality residency education and training program.

• Identify tools, resources and programs that provide information and direction on effectively designing and implementing a community-based pharmacy residency program.
1. Which of the following is NOT a benefit of engaging in PGY1 Community-based pharmacy residency training?

A. Participation in practice-based research
B. Exposing more patients to pharmacists’ clinical proficiency
C. Limited control and responsibility of sites if partnership is established with universities
D. Provision of educational and leadership opportunities for practicing pharmacists leading to enhanced retention
2. Which of the following patient care services being offered at a residency site is OPTIONAL?

A. Immunizations
B. Specialty pharmacy
C. Health and wellness
D. Patient-centered medication distribution
3. The primary purpose of a PGY1 Community-Based Residency Program is to prepare residents to be ______________.

A. Clinical faculty members
B. Community-based pharmacist practitioners
C. Compounding pharmacists
D. Experts in diabetes management
4. The PGY1 Community-Based Residency Program Standard is a ______________ for conducting a residency program.
   A. Mandatory minimum standard
   B. Mandatory optimal standard
   C. Voluntary minimum standard
   D. Voluntary optimal standard
Why Community Pharmacy?

Location
Location
Location
No longer about...
Better Approach
Community-based Pharmacist Practitioners (CPP)

• Planning Committee evaluated the vision and future of Postgraduate Year 1 (PGY1) Community Pharmacy Residency Programs

• How do we differentiate pharmacists who provide patient care services—from brief educational consultations to complicated management of patients—in the community setting?
  • Practitioners: qualified to provide and routinely deliver a certain level of services
Defining the Community
Categories of Services Performed by CPPs

• Medication Optimization
• Assessment, Management, and Monitoring of Acute and Chronic Conditions
• Wellness Services
• Patient Empowerment
• Team-based Care
• Population Health
Four Tenets of CPPs

• A CPP:
  • Provides direct patient care to meet the health care needs of patients in the communities they serve
  • Creates, advances, and influences team-based care to the benefit of patients they serve
  • Strives to enhance management of community-based pharmacy practices to focus on the delivery of patient care services
  • Serve as a leader within community-based practice settings, their local communities, and within the profession of pharmacy
A 12 month postgraduate education and training experience, usually from July 1 to June 30, in a community-based pharmacy setting.
Types of PGY1 Residency Programs

Community  Pharmacy  Managed Care
PGY-1 Community-Based Pharmacy Residency Programs

• Resident is mentored under the guidance of an experienced Community-Based Pharmacist Practitioner

• Resident develops advanced skills
  • Patient care
  • Teaching
  • Practice management
  • Leadership
  • Quality Improvement
  • Service development
  • Research

• Resident receives a stipend, benefits, and travel/presentation opportunities
What You Need to Know...

• Difference between student pharmacists and residents
• Difference between residents and pharmacists
  • Residents are not “cheap” pharmacists
• Residents are not a mechanism to develop enhanced patient care services
• Residency culture is important
  • Training program
  • Learning environment
Residency Lingo

• Accreditation
  • Accreditation is a **voluntary** quality improvement process administered through APhA and ASHP
    • Standard
    • Competencies, Goals and Objectives
  • Students look to accreditation as a quality “seal of approval” when considering a program
  • Graduation from an accredited residency program can be used as criteria for some credentials and for PGY2 Residency Programs
Residency Lingo

• Program Director
  • Licensed pharmacist responsible for the entire residency program

• Preceptor
  • A licensed pharmacist who is responsible for the day-to-day education and training of a resident.
  • A resident may have one or several preceptors throughout the residency

• Preceptors in Training
  • Pharmacists who do not fully meet the qualifications for residency preceptors are designated as preceptors-in-training
Residency Lingo

• Site
  • The actual practice location where the residency experience occurs
    • Single site
      • A residency site structure in which the practice site assumes total responsibility for the residency program.
      • A minimum of 40% of the resident’s training program occurs at a home-based site
    
  • Multi-site
    • A residency site structure in which multiple organizations or practice sites are involved in the residency program
    • Residents spend greater than 25% of the program away from the sponsoring organization/main site at another single site
    • Multiple residents in a program and they are home-based in separate sites
Residency Lingo

• Site Coordinator
  • A preceptor in a multiple-site residency program who is designated to oversee and coordinate the program’s implementation at an individual site that is used for more than 25% of the learning experiences

• Sponsoring Organization
  • The organization assuming ultimate responsibility for the coordination and administration of the residency program
    • University-based program – University conducts the program and is affiliated with one or more practice sites
    • Site/Corporate-based program – Site/Corporation conducts the program, but may affiliate with University for some aspects of residency training
Residency Lingo

• PhORCAS™
  • The Pharmacy Online Residency Centralized Application Service™ is a web-based tool that enables programs to receive candidates’ applications electronically

• Resident Matching Program
  • An orderly process to help applicants obtain positions in either postgraduate year one (PGY1) or postgraduate year two (PGY2) pharmacy residency programs of their choice, and to help residencies obtain applicants of their choice
  • Each applicant and residency must accept the Match Agreements when they register to participate in the Match
Residency Lingo

• PharmAcademic™
  • A web-based tool provided at no cost to all programs in the ASHP accreditation process
    • Program design
    • Record-keeping/documentation
    • Evaluation of residents
    • Residents’ evaluation of the program
PGY1 Community-Based Pharmacy Residency Accreditation

• Jointly by APhA and ASHP
• Accreditation Standard
  • Establishes criteria for systematic training of pharmacists for the purpose of achieving professional competence in the delivery of patient-centered care and in pharmacy services
• Required Competency Areas, Goals and Objectives
  • Used with the Accreditation Standard
  • The four competency areas and their associated goals and objectives are required and must be included in all programs
    • Patient Care
    • Leadership and Management
    • Advancement of Community-Based Practice and Improving Patient Care
    • Teaching, Education and Dissemination of Knowledge
PGY1 Community-Based Pharmacy Residency Accreditation

• Guidance Document
  • Interpretation is provided to help programs better understand their level of compliance with the Standard and describes how compliance with the Standard will be evaluated by accreditation surveyors

• Accreditation Application Process
  • No resident in Program
    • Application grants Pre-Candidate Status
      • Able to use PhORCAS and Resident Matching Program
  • Resident in Program
    • Application grants Candidate Status
      • Able to use PhORCAS and Resident Matching Program
PGY1 Community-Based Pharmacy Residency Accreditation

- Accreditation Fees
  - Application
  - Yearly Fee

- Accreditation Visit
  - ASHP Surveyor
  - Practitioner Surveyor
  - Compliance with the Standard
    - Fully Compliant
    - Partially Compliant
    - Not Compliant
  - Accreditation
PGY1 Community-Based Pharmacy Residency Program Purpose Statement

“To build upon the doctor of pharmacy (PharmD) education and outcomes to develop community-based pharmacist practitioners with diverse patient care, leadership, and education skills who are eligible to pursue advanced training opportunities including postgraduate year two (PGY2) residencies and professional certifications.”
Benefits

THINK  PAIR  SHARE
Benefits

- Promotion of patient care services
- Engaging in community outreach
- Participation in practice-based research
- Partnering with other health care providers
- Building relationships with academic institutions
- Exposing more patients to pharmacists’ clinical proficiency
Benefits

• Improvement of patient satisfaction and loyalty
• Ensuring that the practice site stays progressive
• Enhancement of the experiential site for pharmacy students
• Development of services that are sustainable, generate revenue and contribute to financial viability
• Creating energy among the pharmacy team through introduction of progressive ideas
• Provision of educational and leadership opportunities for practicing pharmacists leading to enhanced retention
Benefits

• Increased opportunities for staff to provide care
• Increased potential for staff recruitment
• Increased visibility to the consumer/patient
• Increased potential for research on improved delivery of pharmacy services
• Increased visibility with other health care providers
• Increased communication with academia
Partnering with Universities

- Advantages:
  - Access to the resources of the University
  - Experienced preceptors (residency/accreditation)
  - Faculty member in charge of recruitment/training/evaluative process and mentoring in the clinical aspects
  - Corporation provides the practice sites and administrative/management experiences
  - Corporation benefits from clinical and research expertise of the faculty
Partnering with Universities

• Disadvantages:
  • Lack of control - program goals/administration
  • Funding – who will pay
  • Differences in expectations of the resident
Fundamentals of Partnership

• Must be included as a part of the school’s strategic plan
• Must dedicate appropriate school resources to support its operation
• Must have a core group of faculty who are experienced in community-based practice
• Must have committed community practitioners and practice sites on board
• Integrate community residency program into school’s total residency program
• Develop an affiliation agreement with the site prior to initiating residency
Benefits to Universities

- Increased experiential sites
- Increased opportunities for faculty development
- Increased opportunities for research
- Potential recruitment tool for students and new faculty
- Increased communication with community-based practitioners
Benefits

- Benefits of Pursuing Residency Program Accreditation
  - Certifies program quality and consistency
  - Programs receive support, outside evaluation and feedback
  - Ensures program participates in continuous quality improvement
  - Increased appeal to prospective residency candidates
  - PGY2 residencies and fellowships require *accredited* PGY1 residency as prerequisite
• Standard 1: Requirements for Resident Selection and Resident Completion of the Program
• Standard 2: Responsibilities of the Program to the Resident
• Standard 3: Design and Conduct of the Residency Program
• Standard 4: Requirements of the Residency Program Director and Preceptors
• Standard 5: Requirements for Organizational Structure of the Residency Program
• Standard 6: Pharmacy Practice
Standard 1

• Requirements for Resident Selection and Resident Completion of the Program
  • Intended to help ensure success of residents and that exemplary pharmacists are identified for further development for the benefit of the profession and contributions to patient care
  • Residents must be pharmacists
    • Committed to attaining professional competence beyond entry-level practice
    • Committed to attaining the program’s educational goals and objectives
    • Supportive of the organization’s mission and values
Guidance for Standard 1

• Formal process for admitting residents
• Residents are eligible for licensure within 90 days
• Formal program policies are in place for expectations of the resident
  • Dismissal
  • Licensure
  • Moonlighting
  • Duty Hours
  • Tracking of duty hours and moonlighting
  • Professional, family, sick and extended leave
Guidance for Standard 1

• Formal program policies are in place for successful completion of the program
  • Learning experiences
  • Achievement of goals and objectives
  • List of required duties and responsibilities
  • List of products for completion
  • List of required presentations
Standard 2

• Responsibilities of the Program to the Resident
  • Exemplary environment for residents’ learning
    • Training
    • Preceptors
    • Completion of program
Guidance for Standard 2

• Residency program is a minimum of 12 months
• Program complies with ASHP Duty-Hour Standards
• Program adheres to the ASHP Pharmacy Residency Matching Program
• Program provides residents with a letter of acceptance
• Program has qualified preceptors
• Program provides residents with an area to work
• Program Director documents successful completion of the program and residents receive a certificate of completion
• Program Director complies with the provisions of the Standard
Standard 3

• Design and Conduct of the Residency Program
  • Training enables residents to achieve the purpose, goals, and objectives of the residency program
  • Become more mature, clinically competent practitioners, enabling them to address patients’ needs
  • Proper design and implementation of programs helps ensure successful residency programs
Guidance for Standard 3

• Program is conducted in a manner that supports the purpose and the required educational competency areas, goals and objectives

• Residency Advisory Committee

• Required Competency Areas
  • Patient care
  • Leadership and management
  • Advancement of community-based practice and improving patient care
  • Teaching, education, and dissemination of knowledge

• All goals and objectives are tied to learning experiences
Guidance for Standard 3

• Program structure and design is described and documented
  • Required and elective learning experiences
  • Type and length of learning experience
    • Longitudinal
    • Rotational
    • Extended
    • Concentrated

• Learning Experiences have documented descriptions
• Orientation Learning Experience
Guidance for Standard 3

• Patient Care
  • Diverse patient populations
    • Medication management services
    • Health and wellness
    • Immunizations
    • Disease state management
    • Care transitions
    • Patient-centered medication distribution
  • Two-thirds of the program is in patient care activities
  • Longitudinal learning experiences
  • Documentation of patient care services
Guidance for Standard 3

• Program has assessment and evaluation procedures
• Evaluation of residents
  • Initial
  • Formative (ongoing, regular)
  • Summative
• Residents evaluation
  • Self-reflection
  • Self-evaluation
• Program Director creates, maintain and documents a development plan for resident
• Resident evaluates learning experience and preceptors
Guidance for Standard 3

• Continuous residency program improvement
  • Formal program evaluation
  • Graduate tracking
Standard 4

• Requirements of the Residency Program Director and Preceptors
  • Residency program director (RPD) and preceptors are critical to the residency program’s success and effectiveness
  • Their qualifications and skills are crucial
  • Residency program director and preceptors:
    • Professionally and educationally qualified pharmacists
    • Committed to providing effective training of residents
    • Committed to being exemplary role models for residents
Guidance for Standard 4

• Residency Program Director Eligibility
  • Has completed an ASHP-accredited PGY1 residency and a minimum of three years of pharmacy practice experience in a community or ambulatory practice environment
  • Has completed ASHP-accredited PGY1 and PGY2 residencies with one or more years of pharmacy practice experience in a community or ambulatory practice environment
  • Has not completed an ASHP-accredited residency, but has five or more years of pharmacy practice experience in a community or ambulatory practice environment
Guidance for Standard 4

- Residency Program Director Qualifications
  - Serves as a role model as evidenced by:
    - Leadership within the pharmacy department or within the organization through a documented record of improvements in and contributions to pharmacy practice
    - Demonstration of ongoing professionalism and contribution to the profession
    - Participation in workgroups or committees within the organization
Guidance for Standard 4

• Preceptor Eligibility
  • Has completed an ASHP-accredited PGY1 residency and a minimum of one year of pharmacy practice experience in a community or ambulatory practice environment
  • Has completed ASHP-accredited PGY1 and PGY2 residencies with six months of pharmacy practice experience in a community or ambulatory practice environment
  • Has not completed an ASHP-accredited residency, but has three or more years of pharmacy practice experience in a community or ambulatory practice environment
Guidance for Standard 4

• Preceptor Qualifications
  • Ability to use preceptor roles (i.e., instructing, modeling, coaching, and facilitating) at the level required by residents
  • Ability to assess and provide appropriate feedback on the residents’ performance
  • Recognition in the area of pharmacy practice for which they serve as preceptors
  • An established, active practice in the area for which they serve as preceptor
  • Maintenance of continuity of practice during the time of residents’ learning experiences
  • Ongoing professionalism, including a personal commitment to advancing the profession
Guidance for Standard 4

- Preceptors in Training
  - Pharmacists who do not fully meet the qualifications for residency preceptors are designated as preceptors-in-training
  - Each is assigned an advisor or coach who is a qualified preceptor
  - Each has a documented preceptor development plan to achieve qualifications to become a residency preceptor within two years
Standard 5

• Requirements for Organizational Structure of the Residency Program
  • Organization conducting the residency must meet:
    • Accreditation standards,
    • Regulatory requirements, and other nationally applicable standards
  • Have sufficient resources to achieve the purposes of the residency program
Guidance for Standard 5

- Program has a sponsoring organization
- Practice locations have sought and accepted outside appraisal of facilities
- Practice locations are staffed with personnel who are committed to seek excellence in patient care
- Program is either single-site or multi-site
  - Resident has a home-base practice location (no less than 40% of time)
  - Site coordinator
Standard 6

• Pharmacy Practice
  • Pharmacy facilities and services provide the learning environment where residents are trained, it is important that they train in exemplary environments.
  • Pharmacy practice should have a role in providing safe and effective medication use systems:
    • Effective leadership
    • Collaboration with others
    • Quality improvement efforts
    • Appropriate organization
    • Staffing
    • Automation
Guidance for Standard 6

• Pharmacy practice is led and managed by a professional, legally qualified pharmacist
• Practice has a well-defined organization structure
  • Mission statement
  • Policies and procedures
  • Descriptions of roles and responsibilities of personnel
  • Medication-use systems are safe and effective
  • Pharmacists patient care services are safe and effective
    • Scope of services
• Strategic plan
• Compliance with all applicable federal, state, and local laws, codes, statutes and regulations
• Compliance with current national practice standards
• Sufficient resources for the needs of the patient population
Guidance for Standard 6

• Patient care services
  • Medication management services
  • Health and wellness
  • Immunizations
  • Disease state management
  • Care transitions

• Patient-centered dispensing is safe and effective

• Pharmacists are providing professional services

• Continuous Quality Improvement
  • Patient care outcomes
  • Skills of the practice staff
Characteristics of practice sites

- Typical Practice Settings

Figure 1. Vision of community medication use.

Examples of patient care services being offered, at a minimum:

- Medication management including comprehensive medication management and targeted medication intervention services with follow-up
- Health and wellness
- Immunizations
- Disease state management incorporating medication management
- Care transitions incorporating medication reconciliation and medication management
- Patient-centered medication distribution
Examples of additional services being offered:

- Health Testing
- Pharmacy Research
- Leadership/Management
- Home Care
- Public Health
- Managed Care
- Teaching and Learning
- Specialty Pharmacy
- Emergency Preparedness
Characteristics of practice sites

- Residency Program Director (RPD)
  - Need someone motivated to serve in this role
  - Consider time commitment

- Preceptors
  - Consider quantity of preceptors
  - Need to be motivated and aware of the time commitment
  - Types of preceptors (preceptors vs. preceptors-in-training vs. non-pharmacist preceptors)
  - Need preceptors with expertise in following competency areas, at minimum:
    - Patient care
    - Leadership and management
    - Advancement of community-based practice and improving patient care
    - Teaching, education and dissemination of knowledge

Characteristics of practice sites

• Other Considerations
  • Consider funding by the residency site or alternate funding sources
  • Resident must spend at least 2/3 or more of the program in direct patient care activities
  • Longitudinal patient care delivery
  • Settings/environments with and without access to existing sources of complete patient health data
  • Access to patient health care record for documentation of patient care (electronic health record – EHR)
Characteristics of practice sites

• Environment
  • Positive
  • Teamwork
  • Teaching/mentoring

• Facilities
  • Private or semi-private area

• Equipment
  • Internet access
  • Drug information resources
  • Screening or monitoring tools
Characteristics of practice sites

• Funding
  • Residency sites
    • Staffing
    • Patient care services
  • University
    • Especially if the resident has teaching obligations
• Wholesalers
• Grants
• Pharmaceutical Industry
• Some states may have allowances for residency funding
Are You Ready for A Resident?

• Assessment Tool
• Have you considered the resources needed to support a residency program?
  These include but aren't limited to:
  • Resident stipend
  • Fringe benefits
  • Funds to support activities such as attendance at regional residency conferences and national association meetings
  • Preceptors' time commitment
  • Recruitment

*Adapted from ASHP RU Ready Self-Assessment Tool
Are you ready for a resident?

- Do you plan to partner with another organization in the development and implementation of the residency program?
- Do you plan to offer all learning experiences at your practice site?
- Are members of the pharmacy staff familiar with the purpose of residency training?
- Does the proposed residency program director meet the eligibility requirements of the accreditation standard?
- Do potential preceptors meet the accreditation standard’s eligibility requirements?

*Adapted from ASHP RU Ready Self-Assessment Tool*
Are you ready for a resident?

• Has the residency program director, in collaboration with preceptors, begun to design the structure of the residency program’s learning experiences?

• Do the residency program director and preceptors understand the requirements of the assessment strategy for resident, preceptor, and learning experience evaluations and documentation?

• Do pharmacy services extend to all areas of the practice site in which medications are prescribed, dispensed, administered and monitored?

*Adapted from ASHP RU Ready Self-Assessment Tool
Are you ready for a resident?

• Have pharmacy leaders developed short- and long-term goals for the management of clinical services and operations?
• Are procedures in place to ensure medication-use systems (ordering, dispensing, administration, and monitoring) are safe and effective?
• Are procedures in place to ensure patient care services are safe and effective?
• Have pharmacy leaders assessed the pharmacy’s compliance with federal, state, and local laws, codes, statutes, and regulations governing pharmacy practice unique to the practice in addition to current national practice standards and guidelines?

*Adapted from ASHP RU Ready Self-Assessment Tool
Are You Ready for a Resident?

• Enhanced patient care services
  • Beyond patient counseling
  • Potential for advanced clinical opportunities

• Motivated pharmacy team
  • Appropriate staffing
  • Advanced training
  • Role model

• Site/Corporate Support
  • Local
  • Regional
  • National

*Adapted from ASHP RU Ready Self-Assessment Tool
Getting Started...

• Plan! Plan! Plan!
• Network with established programs
• Establish collaborative relationships
• Understand Accreditation Standard and Guidance Document
• Develop program structure
  • Program Director
  • Preceptors
  • Resident learning experiences
• Apply for Accreditation
• Recruit first resident!
Tools, Resources & Programs

APhA Community-based Pharmacy Residency Program Education Offerings

**LEVEL 1**

APhA SCDI

To help with systematic program design, this program is a combination of 2.75 hours online and 8 hours live training. This program is the starting point for programs to initiate, thoughtfully plan and implement a new program. Program is appropriate for all primary preceptors, coordinators, designees, program directors and anyone involved in the design and implementation of a program.

**LEVEL 2**

APhA Meeting the Requirements of Residency Accreditation Online Training Program

To assist with attaining accreditation as a quality assurance mechanism, this program provides an online 10-hours of on-demand training. To assist with providing quality assurance through achievement of accreditation, regulations, standards, goals, and objectives and explains how these materials can be used as a quality assurance mechanism for a community-based residency. This program provides knowledge and understanding for participants on creating a quality program and achieving accreditation recognition. The program is appropriate for all preceptors, coordinators, designees and program directors.

**LEVEL 3**

APhA MTR Quality Improvement Series

Providing knowledge and skills in the quality improvement of your program, this program provides a combination of 4 hours of self-directed information and exercises and 2 hours of live application. This program is for current, existing programs looking to evaluate and improve their program materials. The program is intended for individuals from programs that are preparing for an accreditation survey (initial or reaccreditation) or for accredited programs that are seeking to engage in effective quality improvement strategies and activities. The program is appropriate for all coordinators, designees, program directors or any other individuals involved in the administration and coordination of an existing community-based residency program.

For more information on the APhA Community-based Pharmacy Residency Program Education Offerings, contact James Owen, APhA Vice President of Practice and Science Affairs @jowen@aphanet.org.
Tools, Resources & Programs

• Programming at national meetings
  • APhA Annual Meeting
  • ASHP Midyear
  • ASHP National Pharmacy Preceptors Conference
Tools, Resources & Programs

- Online Resources
  - APhA (https://www.pharmacist.com/career-center/residencies)
  - ASHP (https://www.ashp.org/Professional-Development/Residency-Information)

https://www.pharmacist.com/career-center/residencies
Tools, Resources & Programs

• Online Communities

  • APhA Preceptor SIG Community
    • **Mission:** To create a professional network of pharmacists who share an interest in any or all aspects of precepting student pharmacists and/or pharmacy residents.
    • **Website:** [https://www.pharmacist.com/preceptor-sig-0](https://www.pharmacist.com/preceptor-sig-0)

  • ASHP Residency Program Directors Community

[https://connect.ashp.org/home](https://connect.ashp.org/home)

Summary

- Community-based pharmacy residency programs help to advance community pharmacy practice
- Community-based pharmacy residency programs can add direct and indirect value to a community pharmacy practice
- Conducting a community pharmacy residency takes time and effort but reaps significant rewards
- Resources, training, assistance and potentially partnership will help you in this process
Questions

Do You and Your Practice Have What it Takes to Educate and Train the Next Generation of Community-based Pharmacist Practitioners?
1. Which of the following is NOT a benefit of engaging in PGY1 Community-based pharmacy residency training?

A. Participation in practice-based research
B. Exposing more patients to pharmacists’ clinical proficiency
C. Limited control and responsibility of sites if partnership is established with universities
D. Provision of educational and leadership opportunities for practicing pharmacists leading to enhanced retention
2. Which of the following patient care services being offered at a residency site is OPTIONAL?
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B. Community-based pharmacist practitioners
C. Compounding pharmacists
D. Experts in diabetes management
4. The PGY1 Community-Based Residency Program Standard is a ______________ for conducting a residency program.
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