

The Student Pharmacist's Guide to Managed Care Pharmacy Residency Programs

What you need to know to choose the right program for you

CREDITS

September 2010

Mark Brueckl, RPh, MBA, Assistant Director of Pharmacy Affairs, AMCP

The author gratefully acknowledges the assistance of:

Ashley Chon, PharmD, Formulary Management Clinical Pharmacist, Prescription Solutions

Lavanya Wijeratne Peter, PharmD, PGY1 Managed Care Pharmacy Resident, HealtheSystems, LLC.

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Introduction

“What’s the big deal about residency programs?” “Is it a requirement that I complete one?” “Will no one hire me unless I complete a residency?” “I’d like to complete a residency, but not in a hospital, are there any residency programs for me?”

These are just a few of the questions that student pharmacists mull over as they think about their career after completion of pharmacy school. This guide will try to help answer these and many other questions about residency programs. For those who have already decided to do a residency, this guide may help them find their “perfect” residency program. For others who may be interested, but are not sure if a residency is the thing to do, the guide may help them make a decision for or against completing a residency.

This manual is designed to provide a starting point for student pharmacists who are interested in pursuing a residency in managed care pharmacy. Due to the diversity in sites and types of managed care organizations, student pharmacists do not always have sufficient information to make rational choices when choosing residency programs. This document attempts to cover the topics of importance to those making this very significant decision for their pharmacy careers.

A. What is Managed Care Pharmacy?¹

Managed care is an organized approach to health care delivery that seeks to improve the quality and accessibility of health care—including medication therapy—in a cost-effective manner. Managed care pharmacy develops and implements comprehensive programs that deliver effective medication therapy and specific patient-care services to improve the overall health care of the patient.

Pharmaceutical expenditures have grown more rapidly than any other component in the health care system as a result of (1) the increased use of prescription medications, (2) the number of people covered by drug benefits and (3) the introduction of expensive new drugs into the marketplace. Pressures from employers, government agencies and consumers to curb health care expenditures challenge managed care organizations to initiate interventions that will improve outcomes for the populations they serve.

Pharmacists practicing in managed care settings apply their skills in areas such as assessing the appropriateness of medication therapy, cost containment and quality enhancement. They improve patient care through their work in formulary development, pharmacy benefit design, disease state management, patient and provider education, outcomes research, drug utilization management, data integration and analysis, medication therapy management and more. With their unique pharmacological and drug information knowledge, managed care pharmacists have a critical role in assuring that the patient receives optimal results from medication therapy in a timely and cost-effective manner. In a managed care system, the pharmacist is an integral part of the health care delivery team.

The growth and expanding influence of managed care in the American health care delivery system has led to the establishment of managed care pharmacy residency programs. Given the demands on today's managed care pharmacist, it can be argued that the need for residency training for pharmacists practicing in managed care settings is as great as or greater than for those practicing in other areas. In order for managed care pharmacy residencies to truly have an impact on managed care practice, many programs, each training multiple residents, are needed.

B. Who is Involved in Managed Care Pharmacy?¹

Managed care encompasses various health care professionals striving to achieve better health outcomes for their patient populations. There are traditional managed care organizations that include pharmacy and pharmacists, but there also are a number of settings that influence managed care or work with managed care. Pharmacists can be found in each of these managed care settings.

1. Health Plans/Health Maintenance Organizations (HMOs)

There are four types of HMO models: staff, group, network and independent practice association (IPA). Only a few "pure" HMO or health plan models exist today; most are either hybrids or combinations.

- **Staff model HMOs** employ salaried physicians who treat patients in HMO-owned and operated facilities. Other services such as laboratory, diagnostic and pharmacy usually are provided onsite.
- **Group model HMOs** contract with a multispecialty physician group practice to provide care for members.
- **Network model HMOs** contract with several primary and multispecialty group practices to offer greater geographic coverage. Independent and chain pharmacies also are under contract.
- **IPA model HMOs** do not have their own facilities; instead, they contract with community-based physicians or select group practices to provide care to their members. The IPA HMOs also contract with pharmacies, laboratories, community hospitals and diagnostic centers separately.

2. Preferred Provider Organizations (PPOs):

A contracted network of physicians, hospitals, pharmacies and other health care providers. The network usually is larger than what an HMO would offer and thus gives greater choice in accessibility of providers for a higher cost-sharing.

3. Point-of-Service (POS) Plans:

A hybrid of the HMO and the preferred provider organization (PPO). Point-of service plan members may obtain care through low-cost HMO providers or pay higher copayments to access the preferred provider organization providers. Premiums are higher, so greater choice in access results in higher out-of-pocket costs for consumers.

4. Mixed model and hybrid HMOs

Developed to meet specific care needs, goals or objectives. Special populations—for example, older patients or patients with certain chronic diseases—are served under such provider arrangements.

5. Pharmacy Benefit Management Companies (PBMs)

Pharmacy benefit management companies—referred to as “PBMs”—administer all aspects of a plan sponsor’s prescription drug benefit. A PBM may be owned by or affiliated with an insurance company, a health plan or preferred provider organization, a community pharmacy chain corporation, or another managed care organization; conversely, it may be a private, independent enterprise. PBMs may provide services directly or may oversee contracts with claims processors, provider networks, drug manufacturers and clinical consultants.

PBMs offer services such as:

- **Drug formulary management** including developing and maintaining the drug formulary for the managed care plan, developing clinical and pharmacoeconomic criteria and evaluating studies by pharmacy and therapeutics (P&T) committees.
- **Negotiating with pharmaceutical manufacturers** to provide disease management programs, other value-added programs and volume discounts based on utilization of the pharmacy benefit.

What is a Managed Care Pharmacy Residency Program?

A postgraduate year one (PGY1) managed care pharmacy residency program establishes criteria for systematic training of pharmacists for the purpose of achieving professional competence in the delivery of patient-centered care and in pharmacy operational services in managed care settings. The managed care pharmacy residency is an organized, directed, program that builds upon knowledge, skills, attitudes, and abilities gained from an accredited professional pharmacy degree program. The first-year residency program enhances general competencies in managing medication-use systems and supports optimal medication therapy outcomes for patients with a broad range of disease states. Residents in PGY1 residency programs are provided the opportunity to accelerate their growth beyond entry-level professional competence in patient-centered care and in pharmacy operational services, and to further the development of leadership skills that can be applied in any position and in any practice setting.²

A residency should not be confused with an internship or a fellowship. Internships represent training programs designed to meet the licensure requirements of boards of pharmacy, and fellowships concentrate on the development of research skills. A residency is concerned with development of professional practice knowledge, skills, and competency beyond the legal requirements for licensure, which is oriented toward specific aspects of pharmacy practice.³

PGY1 residents in managed care pharmacy are trained to deliver pharmaceutical care utilizing three practice models: 1) individual patient care in which the pharmacist communicates findings and recommendations to patients and those health care providers who provide care directly to the patient; 2) care provided to targeted groups of patients in which the pharmacist designs, conducts, monitors and evaluates the outcomes of organized and structured programs; and 3) population care management in which the pharmacist develops and implements medication-use policy.²

A. The Philosophy, Focus and Goal of Managed Care Pharmacy Residencies

- **Philosophy:**

The residency in managed care pharmacy is an advanced education and training program responsive to the needs of the professional marketplace and the health needs of society. In view of the drug information explosion, emerging reimbursement trends, changing health care delivery patterns, functional differentiation and specialization in health care, and increased recognition of the need to improve drug therapy management, it is essential that advanced education and training programs exist. Such programs should be designed specifically to optimize health care relative to drug therapy in the managed care environment. Such optimization of health care relative to drug therapy involves state-of-the-art clinical and fiscal management from managed care pharmacy practice sites.

- **Focus:**

The focus of the residency in managed care pharmacy is on the education and training of a cadre of clinical managers who can serve as creative and innovative leaders in advancing the standards of managed care pharmacy practice. Advancing these standards will serve the drug therapy needs of society in the most efficient and effective manner. Graduates of managed care residency programs are viewed as individuals who

will assume major responsibility for advancing and redefining managed care pharmacy practice in an evolving inter-professional system of health care delivery.³

- **Goal:**

The fundamental goal of the residency in managed care pharmacy is to provide a structured and advanced education and training experience for pharmacists whose ability, motivation, and career aspirations suggest potential for creative and innovative leadership in managed care pharmacy practice.³

B. What are the Learning Experiences Like?

Learning experiences in managed care pharmacy residencies typically involve several “longitudinal rotations.” Longitudinal rotations often span half or the whole residency year. This allows for continued learning in certain areas throughout the year. Because of these longitudinal rotations, the resident may have multiple concurrent learning experiences. Not all experiences will be longitudinal, however, and most programs have the traditional 4 to 8 week rotations for many learning experiences, as well.

C. What Skills are Learned?

Every residency program has similarities in the skills taught, but because of the diversity of practice sites, residents graduating from various programs will have different learning experiences. This is especially true of managed care pharmacy residency programs as the experience of a resident in a health plan will be different than that of a resident in a PBM or integrated health care delivery system.

However, every accredited managed care pharmacy residency program must teach the seven required outcomes associated with the residency accreditation standard.⁴ The seven outcomes are:

1. Understand how to manage the drug distribution process for an organization’s members

The goals and objectives of this outcome are focused on how managed care organizations deliver pharmacy services for their members. Residents learn about the basics of pharmacy network contracting, mail-order pharmacy service and claims processing.

2. Design and implement programs to enhance the efficacy of patient care

The goals and objectives of this outcome are focused on the provision of patient-centered care. Residents learn about and participate in the design and implementation of formularies, disease management and medication therapy management (MTM) programs, and provide patient-centered care to the organization’s members.

3. Ensure the safety and quality of the medication-use system

The goals and objectives of this outcome are focused on drug use evaluation (DUE), drug utilization review (DUR), treatment guidelines and quality improvement. Residents identify medication-related problems, review best practices and design quality improvement plans for the organization’s medication use system.

4. Provide medication and practice-related information, education and/or training
The goals and objectives of this outcome are focused on the delivery of drug information. Residents design and deliver prescriber and patient education programs and respond to drug information requests.

5. Collaborate with plan sponsors to design effective benefit structures to service a specific population's needs
The goals and objectives of this outcome are focused on the design of pharmacy benefits. Residents learn the keys to effective pharmacy benefits and participate in the review and analysis of benefit design.

6. Exercise leadership and practice management skills
The goals and objectives for this outcome are focused on the resident's professional development. Residents demonstrate their leadership abilities, ethical conduct and ability to work both independently and as part of an interdisciplinary team.

7. Demonstrate project management skills
The goals and objectives of this outcome are focused on the resident's project. Residents design, create, display and present a managed care pharmacy practice-related project.

Residency programs also offer a wide array of elective learning experiences. Each program offers different choices of electives, so residents are able to design a program that fits their skills and preferences. Examples of elective learning experiences include: additional experience with the drug distribution process, additional drug information experience, pharmaceutical contracting, and outcomes research.

D. For What Types of Managed Care Jobs Will the Residency Train Me?

Upon completion of a managed care pharmacy residency, the graduate should be competent in several practice areas within managed care pharmacy. These include: operations and management of the organization, clinical strategy, network relations, drug utilization, sales, and industry relations/contracting. In addition, the resident will have gained valuable experience in patient-centered care and necessary clinical skills. Examples of managed care positions that residents may be eligible for are listed below. Please note that this is not a complete list, and titles may vary.¹

1. Call Center Pharmacist

A pharmacist who provides telephone-based patient and prescriber education, patient counseling, drug information and customer service, as well as drug utilization review, health management and formulary management to promote effective drug therapy.

2. Clinical Pharmacist

This pharmacist often specializes in specific disease states, such as infectious disease or oncology, in which drug therapy is a primary treatment modality; attends rounds with physicians in hospitals and prepares drug selection analyses for P&T committees.

3. Clinical Pharmacy Manager

The clinical pharmacy manager designs and implements clinical pharmacy programs for PBMs and health plans and evaluates the performance of the clinical programs. Clinical programs include disease management programs, medication therapy management (MTM) programs, adherence and persistence programs, etc.

4. Clinical Services Coordinator

This pharmacist coordinates clinical partnership strategies with PBMs, managed care organizations (MCOs) and pharmaceutical manufacturers. Also may create and administer the MCO's medication therapy management programs.

5. Clinical Specialist/Academic Detailer

A pharmacist who works to educate physicians regarding clinically appropriate and cost-effective prescribing.

6. Drug Information Specialist

A pharmacist who provides drug information to health care professionals, patients and the public; evaluates coverage positions; develops monographs for Pharmacy and Therapeutics (P&T) committees; establishes clinical practice guidelines; and writes pharmacy newsletters for MCO staff.

7. Staff Pharmacist

In a group-model or staff-model Health Maintenance Organization (HMO), a staff pharmacist dispenses medications, delivers patient-care services, counsels patients and performs drug utilization review with objectives of managed care in mind.

Why Complete a Residency – What’s In It for Me?

The question asked by almost all student pharmacists is, “How will a residency help my career?” The answer is that it will help you become proficient in many areas of pharmacy practice, and should help you attain a position in the practice area of your choice. Of course, there are no guarantees that your “dream job” will fall into your lap, but completing a residency will provide you in one year’s time with a skill set that would take a pharmacist who has not completed a residency 3 to 5 years to acquire.

A. Advantages

1. Obtain a competitive advantage in the job market

- Employers are increasingly recognizing the value of residency training.
- Residency programs will train you how to function more effectively in the complex health care environment.
- It is claimed that a pharmacist who completes a one year residency program gains knowledge and skills equivalent to that of a pharmacist with 3 to 5 years of working experience.
- That additional experience and knowledge provides a competitive advantage over applicants who have not completed a residency.
- Gain additional technical skills in applications such as MS Access, MS Excel, etc.

2. Gain a clearer picture of what type of practice or area fits you best

- Residency programs provide a hands-on approach to learning – managing medication use in diverse patient care populations, interacting directly with patients, completing projects, giving presentations, participating in teaching activities and more.
- Completing a residency provides the opportunity to develop self-awareness of your strengths, interests, limitations and potential; a plan for lifelong learning and continuing professional development; and a commitment to the future of pharmacy.

3. Gain assistance from diverse preceptors to help define your professional goals

- Gain experience working with pharmacists and other healthcare team members, patients, students, preceptors, co-residents and managers.
- Develop critical thinking skills and integrate knowledge, skills and abilities into competence and confidence.
- Develop leadership skills and abilities required to effectively structure and influence change.
- Network with professionals both within and outside of the organization sponsoring the residency.

4. Additional advantages specific to managed care pharmacy residency programs:

a. Competitive salary

Within each region of the country, salaries offered to managed care pharmacy residents are similar to those offered in other types of pharmacy residencies.

b. No/minimal staffing requirement

For most managed care pharmacy residency programs sponsored by health plans and pharmacy benefit management companies (PBMs) staffing hours are typically not a required part of the curriculum. However, staffing may be a requirement of programs that are sponsored by integrated health care delivery systems.

c. Diversity of electives and flexibility of residency design

Managed care residency programs typically offer a wide range of elective learning experiences, and generally offer flexible scheduling of both longitudinal and block rotations.

B. Disadvantages

1. Reduced salary for one or more years

Because a residency program is a structured learning experience, residents receive a reduced salary compared to that of a typical pharmacist. However, residency training opens doors and gives one the flexibility to practice in many areas of the dynamic health care environment.

2. Additional disadvantages specific to managed care pharmacy residency programs

a. Limited number of residency programs

As of the printing of this Guide, there are approximately 45 managed care pharmacy residency programs, with the capacity for approximately 65 residents annually. The number of programs is growing steadily, but compared to the more than 1,000 total pharmacy residency programs, there are few openings for pharmacists wishing to pursue a managed care pharmacy residency.

b. Limited face-to-face patient interaction

Except for integrated health care systems, most managed care organizations do not have the capacity for direct face-to-face patient contact. Applicants who crave patient contact may decide that this is not the residency program for them. Although there may be minimal or no face-to-face patient contact, there are ample opportunities for residents to provide patient-centered care. Managed care pharmacy residents are involved in many clinical activities, such as reviewing patients' medication histories, making recommendations for treatment and treatment changes and following up on recommendations that have been made, through involvement in Medication Therapy Management, case management and other clinical programs.

c. Limited opportunities for PGY2 managed care programs

Residents seeking additional training in a specific area of managed care pharmacy may be limited to "on-the-job" training. As of the publishing of this Guide, there are only two "PGY2 Managed Care Pharmacy Systems" residency programs, offering a total of three residency positions. Both of the existing programs have a strong pharmacoconomics focus.

How to Choose the Right Managed Care Residency Program for You

A residency program is a 12 month commitment, and should not be taken lightly. A student pharmacist considering the undertaking should gather as much information as possible about each program he/she is considering. Some of the factors that should be considered when choosing a residency program follow.

A. Factors to Consider

1. Accreditation Status

AMCP views accreditation as an important step in the maturation of managed care pharmacy residency programs and supports the accreditation of all residency programs. Accreditation is a gauge with which to measure the quality of the learning experience offered by a residency program. When a residency program has attained accreditation, it means that it has been evaluated using a set of industry standards that assures that the resident receives a high quality, comprehensive learning experience.

Accredited residency programs:

- meet rigorous national training standards and have been reviewed by expert site survey teams
- are listed in the online residency directory on the American Society of Health-System Pharmacists (ASHP) and AMCP web sites
- participate in the residency matching program

In April 1999, the Boards of Directors of AMCP and ASHP approved an agreement for a partnership between the two organizations for the accreditation of residency programs in managed care pharmacy. The Boards also approved an initial managed care residency program accreditation standard and in April 2007, that standard was updated. The standard now in effect is: "Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs" and the associated "Required and Elective Educational Outcomes, Educational Goals, Educational Objectives, and Instructional Objectives for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs" delineate the learning experiences for managed care pharmacy residency programs. Click [here](#) to view the residency standard, and [here](#) to view the outcomes, goals and objectives. The purpose of the standard is to establish criteria for the systematic training of pharmacists for the purpose of achieving professional competence in the delivery of patient-centered care and in pharmacy operational services in managed care settings.

While the majority of managed care pharmacy residency programs are accredited or are seeking accreditation, there are a handful of programs which have not done so. If a residency program is not accredited does that mean that it provides a sub-standard learning experience? No. Just because a residency is not accredited does not mean that it is a poor program. However, it is more difficult for applicants to determine what the

different types of learning experiences are, what skills will be taught and the overall quality of non-accredited residency programs.

Whether the program is accredited or not, each applicant should perform due diligence to ensure that he/she has chosen the program for which he/she is best suited.

2. Location

The location of the residency program will not always be in the same city/town as your college or home, providing an opportunity to move to a different city/state. Here are some factors to consider.

a. Region

North, south, east or west – what region of the country are you considering for your residency program? Among other aspects, the prospective resident should be aware of the climate and weather associated with each residency site considered.

Note: Do not assume that the residency will be located at the organization's headquarters. The residency may be housed elsewhere, for example, a company may have its headquarters in Illinois; however, its residency is housed in California.

b. Population

Prospective residents should be aware of the physical location of the residency site. Prospective residents who are not comfortable in large metropolitan areas should look at sites that are in suburban or rural areas. Conversely, prospective residents who prefer a city with an active nightlife may not be happy with a residency site in a rural location.

c. Housing

You will need to find affordable housing for at least one year while completing the residency. How close to the worksite is this housing? Can you afford a solo apartment, or will a roommate be needed?

d. Transportation

At the residency site, what transportation options are available? Does the city/town have a well developed public transportation system, or is a car an absolute necessity? Is free parking at the apartment and/or worksite available? What are the traffic conditions? Commuting issues may also impact your decision for housing location.

3. Organization Type

As stated above, a resident's experience will vary based on the type of MCO that sponsors the residency program. Listed below are descriptions of the types of organizations that sponsor managed care pharmacy residency programs.

a. Integrated Health Care Delivery System

Integrated health care delivery systems combine physicians, hospitals, and other medical services with a health plan to provide the complete spectrum of medical care

for its customers. In a fully integrated system, the three key elements - physicians, hospital, and health plan membership - are in balance in terms of matching medical resources with the needs of purchasers and patients.⁵ Such organizations typically employ physicians, nurses, pharmacists and other health care professionals within their own medical facilities which include hospitals and pharmacies. Residents in these types of organizations have the greatest opportunities for face-to-face patient care while still learning managed care principles. Conversely, residents may have less exposure to network contracting and multiple formularies. Examples of integrated health care delivery systems include: Kaiser Permanente and Group Health Cooperative.

b. Health Plan

Arguably the best known type of managed care organization, health plans provide coverage for medical services by contracting with providers within the community. Health plans typically do not employ health care professionals to provide health care services, but rather to oversee and manage the health care benefits for their subscribers. Residents completing a program offered by a health plan learn managed care principles and population-based health care, but are also provided with opportunities to review the health care of individual patients. In addition to the pharmacy benefit, residents also are able to learn how the full spectrum of health care services provided to a plan's members is managed. Examples of health plans include: Blue Cross Blue Shield companies, United Health Group and Humana, Inc.

c. Pharmacy Benefit Management (PBM) Company

PBMs are organizations that manage pharmaceutical benefits for managed care organizations, other medical providers or employers. PBMs contract with clients with the goal of optimizing the clinical and economic performance of the clients' pharmacy benefits. PBM activities may include some or all of the following: benefit plan design, creation/administration of retail and mail service networks, claims processing and managed prescription drug care services such as drug utilization review, formulary management, generic dispensing, prior authorization and disease and health management.⁶ Many health plans contract with PBMs to manage their pharmacy benefit. Like residents in health plans, residents in PBMs learn managed care principles and population-based health care and are provided with opportunities to review the health care of individual patients. However, residents in PBMs typically have less exposure to aspects of health care other than the pharmacy benefit. Examples of PBMs include: CVS Caremark, Medco Health Solutions and Express Scripts, Inc.

d. Other Sites

The principles of managed care pharmacy can be taught in many different sites, and several managed care residency programs are conducted at sites that may not fit the categories described above. For example, organizations that provide pharmacy services to prisons offer managed care pharmacy residency programs. At least one consulting firm and several Department of Veterans Affairs (VA) Medical Centers also offer managed care pharmacy residency programs. Although these sites may not be

“typical” managed care organizations, they utilize many of the same managed care principles to provide quality pharmacy benefits to patients.

4. Preceptors

Preceptors are one of the most important aspects of any residency program. Residents learn from preceptors and the quality of a program’s preceptors should be a deciding factor for prospective residents when considering a residency site.

How does a prospective resident determine the quality of a program’s preceptors? The accreditation standard for residency programs contains requirements for preceptors that should lead to higher quality preceptors. Accredited residency programs should also have some form of preceptor development program in place – the goal of which is to increase the quality of the program’s preceptors. An organization that invests resources in its preceptors shows its support for its residency program, and higher quality preceptors should lead to a higher quality learning experience.

Prospective residents should also look to see if one or more of the program’s preceptors has been recognized by an outside organization for his/her precepting abilities, such as an award for precepting. Finally, speaking with a current or former resident should provide a clearer picture of what the prospective resident can expect from the program’s preceptors.

5. Coworkers

In addition to preceptors, the prospective resident will interact with other staff members at the site, and these staff members can affect a resident’s experience. Information about professional staff may be obtained through a search of publications and other public information, but a current or former resident, once again, will probably provide the most authoritative information about site staff.

6. Elective Rotations

The number and types of elective rotations can have a profound effect on the residency program. Most programs provide a variety of opportunities, so the prospective resident should determine what he/she wants out of the residency program and seek out programs that provide those types of learning experiences.

7. Number of Positions

Many programs sponsor more than one resident per year. Some sites sponsor two, and a few have three residents each year. More than one resident means greater opportunity to land the residency position. An additional benefit is the support gained from having a co-resident.

8. Miscellaneous

Other factors will influence prospective residents’ decisions about residency sites. Examples of additional decision factors include: residency program affiliation with a college of pharmacy, the prestige of the organization, and countless others. Some

prospective residents may have a long list of additional factors for consideration, while others may have few or none.

B. Sources of Information

1. Current/Past Residents

Current and past residents are arguably the most valuable resources in familiarizing oneself with a residency program. They can provide candidates with first hand information of what it is like to be part of a particular residency program.

Current residents should have the most up-to-date information about the program, structure and preceptors and will be able to comment on any recent changes. However, they may have limited insight on the entire program as they have not yet completed their residency and may not have experienced several rotations.

Residents who have completed the program will be able to provide a more thorough insight into the structure of the whole residency. They will also be able to provide information about all rotations, program preceptors as well as about job prospects after the residency, and how helpful the program preceptors were in their job search at the end of the program.

Contact information for current and former residents may be published on the site's residency website. If this information is not readily available, ask the residency director if it can be provided. Getting this information early in the application cycle (well before the ASHP Mid-year clinical meeting) is helpful in planning for the application year, and the input from current and former residents may help you narrow your choices to a select list of programs to which you will submit applications.

2. Residency Program Website

One of the best places to start your search for managed care pharmacy residencies is the AMCP website. Available residencies are listed and are sorted by residency type (PGY1 managed care pharmacy, PGY1 pharmacy, etc.) and accreditation status. The AMCP list provides information about each program including requirements, special features, number of positions available, salary and benefits and application deadline. ASHP also maintains a list of available accredited PGY1, PGY1 managed care, PGY1 community and PGY2 pharmacy residency programs. Because AMCP lists both accredited and non-accredited residency programs, there are several programs that appear on the AMCP listing that do not appear on the ASHP listing. Therefore it is important to check both websites to find the most complete list of all available residency programs. The AMCP residency program listing may be found [here](#) and the ASHP listing, [here](#).

Many programs listed on the AMCP site provide a web-link to the company or residency website. This website usually provides more comprehensive information about specific details of the residency program and/or organization. However, websites are not always updated as frequently as they should be, and may not list the most current information. Double check important things such as the number of residency positions, stipend

amount, amount of paid time off, etc., since this information may be subject to change on an annual basis. If the information seems outdated, it may be helpful to email the residency director directly to inquire how current the website is.

3. Other Sources

The prospective resident should take advantage of all resources in the search for the “perfect” residency program. Other sources of information that should be investigated/used include:

a. Residency Showcases

Residency showcases can be a major source of information for the prospective resident. Candidates are able to speak with preceptors and residents and learn a great deal of information about sites and programs. Both AMCP and ASHP sponsor residency showcases. The AMCP showcase is held at its Educational Conference each year in October where approximately 30 managed care pharmacy residency programs recruit candidates. The ASHP residency showcase is held at its Mid-Year Clinical Meeting in December and features hundreds of different programs (including some managed care residency programs).

b. State Association Meetings

Many state pharmacy associations have information about residency programs, or sponsor residency showcases. The prospective resident should contact the pharmacy association for the state in which the residency is located in an attempt to gather additional information.

c. School Informational Sessions

Colleges often invite residency programs to exhibit in their “job fairs.” Student pharmacists are able to meet and talk to the program representatives, which usually include one or more preceptors and/or residents.

The Application Process

Residency programs typically have application and interview processes that are similar in implementation. Accredited residency programs also follow the rules of the resident matching process before offering a residency position to a candidate. For details on the matching process, see Section E which starts on page 22.

The information provided in the following sections should help you maximize your potential to obtain that sought after residency position.

A. General Rules

Good organizational skills will help make the application process smooth and manageable. Plan ahead and decide how many programs you want to apply to and how many interview invitations will provide you with sufficient options from which to choose when making a final decision on a residency program. This number will differ from applicant to applicant based on each person's criteria, and what is manageable to one applicant may be too many for another.

Gauge how likely it is to get an interview based on your overall application packet. Assess your grades, extra-curricular activities and leadership skills, your essay, as well as how praiseworthy your letters of recommendation are likely to be and assess your candidacy. Apply to as many programs as needed (based on your assessment of your candidacy) to obtain 3-4 interview invitations. This number seems ideal. Applying to fewer programs may put you at risk for not securing a position. Applying to more (or interviewing at more) will put significant strain on your time, finances and other resources and may even impact performance in your clerkship rotations. It is important to weigh all these factors and plan your application process. It may be helpful to arrange for time off from rotations that coincides with the busiest time of the application year.

Once you have decided which programs to apply to, get organized with a planner and keep track of the deadlines for each program to ensure that applications and attachments are sent to your chosen programs in a timely manner.

B. Improving Your Chances/Making Yourself a Better Candidate

Another typical concern of student pharmacists is how to increase the chance of obtaining a residency. There are no hard and fast rules, but a few things that may make a candidate appear better suited for a residency include:

1. Involvement with a national pharmacy association

This is almost always viewed positively. For a candidate seeking a managed care pharmacy residency, AMCP is the organization in which to become involved. If your school has a student chapter, it is recommended that you become an active member. If your school does not have a student chapter, talk with student affairs about the possibility of starting one. AMCP staff will provide much assistance.

2. Managed care experience

Many MCOs offer intern/extern rotations and/or job shadowing. This is an excellent way to obtain the first-hand knowledge of managed care pharmacy. Information about internship programs may be found on the AMCP website, [here](#), and information about fourth professional year rotations may be found [here](#).

The Foundation for Managed Care Pharmacy (FMCP) sponsors two summer internship programs for second and third professional year student pharmacists. Information about the programs may be found on the [FMCP website](#) starting in late September or early October.

3. Familiarity with current managed care issues

Being knowledgeable about hot topics within managed care pharmacy shows interest in the profession, and signals that a candidate has taken the time to learn about the issues facing managed care. The AMCP website, other managed care websites and several magazines provide information about current events that affect managed care pharmacy.

C. The Application Form

The application is your first chance to make a favorable impression on the residency selection team/committee. Many programs make their application forms available on their residency website. You may also have received it along with other application materials while attending a residency showcase at your college, the AMCP Educational Conference or the ASHP Midyear Clinical Meeting. Most residency programs require that you type or print when filling out information for the application. Applicants should also provide a letter of intent, describing your reasons for choosing the particular program along with your resume or curriculum vitae.

You typically have to provide 2 to 3 letters of recommendation to support your application. Some programs may specify who should write the letters (e.g., a former employer, at least one faculty member and a non-relative practicing pharmacist, etc.) while others give you more flexibility.

Recommendation letters are weighed heavily by selection teams and you should carefully consider from whom you request letters. Make sure you ask only those who you know will give you a strong recommendation. To maximize your chances of getting a “glowing recommendation”, give your letter writers plenty of time (at least three weeks before they have to be mailed) so that they do not feel rushed. Allocate extra time around holidays (especially Thanksgiving, Christmas and New Year) to allow for travel plans and time out of the office. Consider the fact that mail may run slower during the holidays as well. Giving each letter writer addressed stamped envelopes may be appropriate, but always ask each writer if they have a personal preference before doing it yourself. It may also help to send a reminder email to each letter writer several weeks before the due date. Make sure to include the due date in the reminder email.

Some programs require that the applicant submit a signed waiver for each person who writes a letter on his/her behalf, agreeing to waive the right to see the contents of the letter. Other

programs also require the letter writer to sign a waiver. This requirement may cause delays in distributing the documents to your letter writers. In these instances, the application materials cannot be forwarded to letter writers by email, since a physical signature is required. The documents must be mailed or hand delivered, scanned and then emailed or faxed to the letter writer.

Most programs require a personal statement or essay from the candidate describing short and long term career goals, training and background, interest in residency training, interest in managed care pharmacy as well as why the particular program was chosen. Give yourself plenty of time to synthesize a master personal statement that covers these basic questions. Once you have this master document, you can edit it to suit each program's application. This may be a bit more challenging if you choose to apply to residency programs that are very different from each other.

Some programs also require essay type responses to a set of questions ranging from current industry topics to questions about ethics. Still others may ask that you critique a journal article or a similar assignment. Be prepared for "surprise" assignments and budget time accordingly.

D. The Interview

If you have managed to get an invitation to interview with a residency program, you have made it through the initial screening and selection process. Most programs extend interviews to a select number of candidates that they believe have strong enough credentials to meet the demands of the residency.

Prepare for the interview as you would an oral exam or a clinical skills exam at pharmacy school. It may help to find books that have lists of questions that you are likely to be asked at a residency or job interview. Start by synthesizing answers to these questions, writing down main points you want to include in your answers. Those who feel less confident in high pressure social situations may consider writing down actual responses and practicing those responses to yourself or friends.

Your school may have a career resource center that offers mock-interviews or practice interviews for job-seekers. Some have the ability to tape your mock-interview so that you can see how you appear to others. Tape review is a wonderful way of identifying nervous behaviors or distracting repetitive motions. If no such services are offered through your university, enlist a friend to videotape a mock-interview. You can then review the tape and obtain honest feedback from friends.

Most managed care residency programs require that you give a short 30 to 40 minute presentation (usually on a topic of your choice) for the selection committee. Find out ahead of time if the selection committee requires a candidate presentation at the interview site. Ask if they have a specific topic they prefer or if you can choose the focus of your presentation. It can be much easier if you can re-use a presentation you have already completed for a course, internship or rotation. If the presentation is old (over 1 year old) consider updating it to make it current. Be prepared to answer questions on the whole presentation, including

any updates. Remember too, the presentation should be tailored to fit the audience; therefore, presentations on issues of interest to managed care pharmacy are preferred.

Email a copy of the presentation to the preceptor so that handouts may be prepared, if needed. Save your presentation on a flash drive and bring it to the interview site in case the site is unable to locate your emailed slides. It is also a good idea to email a copy of the presentation to yourself as a backup.

Be prepared to give your presentation without your slides if necessary. Problems, such as, projector malfunction, software incompatibilities etc., may prevent you from using your slides. Print out a hard copy of your presentation including any speaker notes and take it with you. Even if you don't need this hard copy to present, it may be useful in the event of technical difficulties.

Even though somewhat uncommon for managed care residencies, some programs may ask you to perform a task specific to the organization, for example, make drug therapy recommendations, write a pharmacotherapy consult, etc. Ask the program director what to expect at the interview so that you may prepare accordingly.

Most program directors will email an itinerary for the interview ahead of time. Use this to learn the names of those on the interview committee and to orient yourself throughout the day. It may be helpful to print out the itinerary keep it in your folder to refer to during breaks to help you remember the names of the interviewers. This is not the time to rely on the calendar feature in your smart phone, since it appears unprofessional to look at your phone during the interview. If you have to use your phone wait until you are excused or on a break and use it in private.

It is very important to dress the part for the interview. According to some residency directors who are experienced in hiring, you have just a few seconds to make a first impression. Therefore it is important that you look clean, professional and well put-together when you arrive at the site. Choose a conservative (yet not out-dated) suit that is appropriate for a professional business setting. Have it cleaned and pressed before each interview. Pay attention to personal hygiene and grooming and keep nails and hair clean and trimmed and shoes polished. Keep a lint brush in the car or your bag for last minute touch ups – especially if you own a pet.

It is a good idea to call or email ahead and find out building-specific requirements, such as, where to park, whom to report to, etc. This will help you feel organized and in-control during the day of the interview. Take traffic patterns into account and leave yourself plenty of time to get to the site. Plan to arrive about 15 minutes early for your interview appointment. Arriving earlier may make you more nervous. Pack some light reading material to keep you occupied in case you arrive earlier than anticipated.

The program's current residents will be at the interview mainly to answer your questions. Make sure to be prepared with questions for them even if you have met them before. Members of the interview team may take you to lunch or dinner (based on the time of the

interview). Keep in mind that you are still “on the interview” and are being evaluated even during these events. Expect to dine in a somewhat upscale establishment, with the residency director, a current resident, a few preceptors and even other residency candidates.

It may be a good idea to review proper dining etiquette and become familiar with the etiquette required of someone of your gender. Knowing where to place your napkin, bag, hands, elbows, etc., and being familiar with the cutlery and table settings will help you stay relaxed and comfortable throughout the meal. Follow the lead of the others at your table for clues on what to order. Pick foods that are not likely to cause mishaps or promote awkward behavior on your part. Avoid foods that may cause greasy fingers or may get caught in your teeth (ribs, wings, corn on the cob, pizza, spinach, etc.), foods that are hard to maneuver (spaghetti, thin pasta, clams, oysters, crab legs, etc.), foods that are likely to spill (hot soup) and foods that may leave behind a lingering odor (garlic, onions, sardines, anchovies, etc.). Make sure to thank the person footing the bill for the meal in person.

Be courteous to all support staff that help you throughout your day, including anyone who corresponds with you before the day of the interview. Input from support staff is sometimes factored into the selection decision when choosing among two equally qualified candidates. Collect business cards from everyone on the interview team, including the current residents, and follow up with a hand written thank you note once you return home.

E. The Residency Match

1. Match Process

The Residency Matching Program (the “Match”) provides an orderly process to help applicants obtain positions in residency programs of their choice, and to help programs obtain applicants of their choice. Similar matching programs are in use in many other professions, including medicine, dentistry, psychology and law. In 2005, the ASHP Commission on Credentialing, the body within ASHP that reviews the accreditation of pharmacy residency programs, passed a resolution requiring participation in the Match by all accredited residencies. Note: non-accredited residency programs do not participate in the Match process, and can offer a residency position to a candidate at any time.

With the Match, applicants apply directly to programs they are interested in, and applicants and programs interview and evaluate each other independent of the Match. However, no offers are made by programs during the interview period. After all interviews are completed, each applicant submits a Rank Order List on which the applicant lists the desired programs, in numerical order of the applicant's preference. Similarly, each program submits a Rank Order List on which the program lists the desirable applicants, in order of the program's preference.

The Match then places individuals into positions based entirely on the preferences stated in the Rank Order Lists. Since all offers, acceptances, rejections and final placements occur simultaneously; the Match is an effective and fair means of implementing a standardized acceptance date. It allows programs and applicants to evaluate each other fully before determining preferences, thus alleviating the pressures to make premature decisions based on incomplete information.

In the Match, both applicants and programs should list choices in order of preference, without consideration for how they will be ranked by the other party. Applicants and programs do NOT receive information about the rankings submitted by other applicants and programs. Each applicant is given only the final result the applicant obtains in the Match. Each program is provided only with the final results of the Match, including the names of the applicants it obtains in the Match.

Additional details about the Match, including important dates, may be found on the National Matching Services Inc. website: www.natmatch.com.

2. Match Results

a. Match with 1st Choice

Applicants who match with their first site choice have found the “perfect” match. This means that the applicant’s first site choice has ranked the applicant highly. The program director and preceptors believe that the applicant will be an excellent candidate for the site’s residency program.

b. Match with Lower Choice

If the applicant does not match with his/her first program choice, all is not lost. In the majority of cases, an applicant may be matched to a program ranked lower on his/her list. The applicant will be matched to the highest ranked program on the applicant’s list that has an open position and has ranked the applicant.

c. Not Matched

It is possible that an applicant has been ranked lower than other candidates for his/her listed sites, and as a result the applicant does not match with any programs. Should this occur, the applicant still has options. Typically, many residency programs have not matched with applicants and have unfilled positions available. When the results of the Match are released, information regarding positions that remain available is provided to applicants who are not matched. Similarly, information regarding unmatched applicants is provided to programs with unfilled positions. These unmatched applicants and programs with positions available are free to contact each other and to negotiate directly with each other, independently of the Match, to fill available positions. Many candidates find and are accepted into residency programs during the so called “post-match scramble.”

Note: If you interviewed with a program before the match, and it still has an opening after the match, should you reapply during the “scramble,” you may be asked to interview a second time.

d. Not Matched and No Residency Position After the Scramble

The number of applicants applying to residency programs has increased exponentially in recent years, and while the number of residency programs and positions has also increased, the number of candidates seeing residencies has out-paced the growth of positions. It is not uncommon, therefore, for a large number of applicants to have

gone through both the Match and the scramble and fail to obtain a residency position. It is imperative to have a back-up plan in mind in case you find yourself un-matched and unable to “scramble” into an open position. Only you can decide what that plan is. Some may decide to obtain a position in a community or hospital pharmacy and apply for a residency program the following year. Others may decide to continue their education and obtain an MBA or other advanced degree. Be creative, but be sure to have a fall-back plan in place.

F. The Acceptance Letter

Upon completion of the Match, the matching site (the accredited residency program) sends an acceptance letter to the matched candidate, or if the program did not match with a candidate, the candidate found in the “scramble”. The offer letter typically specifies the position, duration, stipend and other company specific information. The candidate is required to sign and return the offer letter to the site before he/she is considered officially hired.

Non-accredited programs do not participate in the Match and have their own selection process. Once they have decided on their candidate, they customarily make a verbal offer by phone. The candidate is given a short time (a few days to a week) to accept or reject the offer. If the verbal offer is accepted, a formal acceptance letter will follow, which is similar in scope and content to those issued by accredited residency programs.

Position Accepted, Now What?

Now that you have accepted the residency position, you have just been presented with another set of big decisions. Where will you live? How will you get around the town? What will life be like as you complete the residency program? Below are a few suggestions to help you find answers to these important questions.

A. Housing

Housing is one of the most important decisions you will make, and may set the tone for the entire year. Several factors to consider when deciding where to live include:

- What are your work hours?
- What is the geographical setting of your program?
- Is it better to live close to the primary work site rather than commuting from a far locale?
- Will you need a car or is affordable public transportation available?
- Will you have to travel between several different sites during your residency, and will you need a car to get to and from these sites?
- Is it better to accept a longer commute in order to have a better choices such as a larger house or apartment, better school districts, safer neighborhoods, social and cultural offerings, etc.?
- What are your family needs (spouse, dependents, pets, etc.)?
- Is it better to rent or buy a house?

Discuss long term issues with family and determine your goals and consider involving a financial planner to help in making these decisions.

B. Transportation

Next to housing, transportation is the biggest issue you will have to contend with before you start the residency. Transportation and housing go hand in hand in that you will have to decide on transportation based on what is available for housing and vice versa.

Calculate the monthly cost of transportation, including cost of gas, vehicle maintenance, tolls, etc., if you drive, and compare that to the cost of commuting using public transportation (if available) to get a realistic view of transportation costs. Use this information in making your housing decisions.

It is also important to consider the time spent commuting each day and consider how that will affect your personal life. Can you catch up on reading while on your train or bus commute so that it is not time wasted?

Consider options, such as car-pooling, to reduce costs if you will live in a major city or a college town. If transportation costs are significant, it may make sense to spend more on housing to have a shorter (and less expensive) commute.

C. Residency Requirements

1. Licensure

Once a student pharmacist graduates with his/her PharmD degree, the last thing he/she wants to do is to get right back to the books. However, it is best to use the time right after graduation to study and take the required licensing exams. Once the residency program is started, the resident may find himself/herself too busy to devote time for studying. If possible, the graduate should complete the licensing exams before starting the residency in July. If the resident is moving to a new state, it may make sense to wait until getting settled in before taking the state-specific pharmacy law exams. Request help from former residents and co-residents (peers) that may have graduated from a college of pharmacy within that state.

Obtaining a pharmacist license is of utmost importance in the residency program. Many activities and learning experiences within the residency program cannot be completed without a pharmacist license.

Most programs require that the resident be licensed by the end of September of the residency year. In addition, programs typically expect that the resident will pass the exams on his/her first or second try. If additional attempts are required, the program director may decide to adjust the residency program accordingly. The consequences of not obtaining a pharmacist license by the specified date include: extending the duration of the residency program, reverting the resident's status to intern, or dismissal from the program.

2. Work Hours/Rules

It is important to find out on the first day, what the work hours are. Find out whether you are expected to start and finish work at specific times each day or if your hours are flexible and structured around your work load. Most managed care residencies offer an office-based corporate environment with some flexibility in schedule depending on your work load and job requirements.

Expect to put in longer hours than other employees at the office until you become acclimated to the environment. Since the learning curve in a managed care setting can be steep for many new pharmacy graduates, it is expected that you will spend more time learning the basics in the beginning of the program.

Determine the company culture early into your residency. Observe the dress code at work, and dress professionally even if other employees do not follow the code. For best results always follow the mantra: "Dress for the job you want, rather than the one you have."

Accredited pharmacy residency programs must comply with duty hour standards set by the Accreditation Council for Graduate Medical Education (ACGME). Residency, internal "staffing" and outside employment hours are all typically considered duty hours, and may not exceed 80 hours per week, averaged over a four-week period. Additional

requirements also apply. Refer to the duty hour standard (found [here](#)) should you have any questions.

Most residency programs allow the resident to work outside of the residency (“moonlighting”) to supplement income. You should ensure that outside employment is allowed before accepting such a position. Note also that residency programs sponsored by integrated health systems may require that the resident work a set number of hours at an internal pharmacy. These staffing hours may reduce the number of free hours available for outside employment.

Remember, your first duty is to the residency program, so do not over-extend yourself by working too many outside hours.

3. Conferences

Find out which conferences you will be attending during your residency year. Some may be mandatory, while others may be optional. Most managed care residency programs allow their residents to travel to at least one major conference, usually the AMCP Annual Meeting, which is held in April each year. If you have a travel budget plan your allocation of the funds to get the most out of your travels.

4. Residency Project

Every managed care residency program has a requirement for the completion of a year-long project. The typical project involves research on a topic of concern to the managed care organization. Examples include: adherence/persistence issues, prior authorization programs, therapeutic substitution, etc. Residents are usually provided with a list of potential project topics and are able to choose the one most favored.

The resident is expected to manage all aspects of the project, including: designing the project, obtaining Institutional Review Board (IRB) approval, acquiring the data, completing the analysis and presenting the results. All to be completed while performing the tasks associated with the residency program.

Good planning and time management skills are essential for the residency project. A resident cannot be a procrastinator and hope to deliver a quality result. Begin the project as early as possible. Some residency programs send project topic suggestions to residents upon receipt of the acceptance letter – before they start their residency year. Keep on top of all deliverables, and manage your time effectively to ensure timely completion of the residency project.

The typical output is a poster which is displayed at a national conference. For accredited residency programs, the project must also be written in an approved manuscript style. The manuscript may be submitted for publication, but it is not required. However, publication of the project is a reward for the many hours of work involved, so most residents submit their manuscript to at least one journal.

Completing the Residency Program

Congratulations! You have completed twelve months of an intense training experience and survived. You have endured numerous rotations, given many presentations to committees and staff, reviewed countless journal articles, completed a year-long project and presented a poster at a national and/or regional meeting, and along the way, learned a thing or two about managed care pharmacy. You have much to be proud of, so take a minute and reflect on your accomplishment. That's long enough! Now you have to decide what to do with the rest of your career in pharmacy.

A. PGY2 Residency

The completion of a PGY1 residency provides several options for a graduate, including undertaking a PGY2 residency. A PGY2 residency is an additional twelve month commitment in a specialized practice area of pharmacy, such as, ambulatory care, informatics, or geriatrics. The decision whether or not to complete a second year residency should be made before December of your PGY1 residency year, as the application and selection processes for PGY2 residencies follow the same rules as for PGY1 programs.

There are fewer PGY2 residency opportunities available than PGY1, although the numbers of programs and positions are increasing. If you wish to complete a second year residency in a managed care residency program, note that as of the publishing of this guide, there are only two "PGY2 Managed Care Pharmacy Systems" residency programs in existence, offering a total of three residency positions. Both programs have a strong pharmacoconomics focus, and both are ASHP accredited. More information about PGY2 residency programs may be found on the [ASHP website](#).

B. The Job Hunt

1. Retained by Organization

The majority of sites offering residency programs try to retain their residents, and why shouldn't they – they have spent the last year indoctrinating, training and molding the resident in the culture of the organization. All that time and effort goes to waste if the resident leaves to take his/her services elsewhere. If you are offered a position, you do not need to search for a new job, and you can look forward to (hopefully) many happy years of employment with the organization.

2. Looking Elsewhere

If you have decided not to pursue a second year residency, and have determined that the residency site will not be offering you a post-residency position, or have declined the position offered, you need to start the job search process as early as possible. Your completion of a PGY1 residency should be an asset as you hunt for your next position.

A suggested timeline for the job search follows:

- **Feb – March**

Casually check and obtain contacts from different companies. Check to see what

jobs are currently available at specific locations; see if anyone from your company knows of any job opportunities outside of the organization.

- **April**
Attend the AMCP Annual Meeting and Showcase. Make contact with someone from a company of interest and try to schedule a one-on-one interview with him/her over the phone. If you have existing contacts, try to meet with them in person during the AMCP meeting.
- **May – June**
Start applying to companies. Start interviewing as soon as possible. Note: some companies will respond within one week, while others may take up to five weeks to schedule an interview.
- **End of June**
Residency ends.
- **June – July**
Study for your licensure (if out of state).
- **July**
Start new job.

Many of the tips found in this guide may be useful in your post-residency job search, as well as other available resources. Good luck!

C. Resignation/Termination

Although not a planned outcome, circumstances exist where a resident is either unable to complete or incapable of completing the residency program. Some of the reasons for not completing the residency may be out of the resident's control, for example: illness or severe injury. In these instances, programs may offer the resident the opportunity to take a "leave of absence" and complete the time remaining for the residency after resolution of the illness/injury. For other factors, such as: failure to pass the licensing exam, failure to attain the level of competency required, or unprofessional conduct, programs typically do not offer options other than resignation or termination.

When a resident is confronted with termination, most sites offer the option of resigning rather than being terminated. Either case is not a situation that anyone wants to find himself/herself in. The only advantage to resigning is that there is less negativity associated with it than with termination, plus in future employment interviews, if asked about the fact that the residency was not completed, the job applicant can attempt to put a more positive spin on a resignation.

So what do you do now that you are no longer a resident? The obvious answer is you start looking for another job. Many of the tips found in this guide may be useful in the job search, and there are many more resources that can also help. Good luck!

Conclusion

This paper has attempted to offer insight into the “art” of finding a residency program for which a candidate is best suited. Because a residency program is viewed as a launching pad for one’s career, the choice of program is a very important decision for the fledgling pharmacist. There are many factors that come into play in the choosing of a program and the recruiting/hiring of a resident. An applicant wants to find the program that best matches his/her wants and needs and will provide quality learning experiences that will boost his/her career. Conversely, a program wants a candidate that is best suited for it and its decision points may be in conflict with the candidate’s. Please note that this document cannot guarantee that any candidate will be accepted by a residency program, let alone his/her preferred program. However, a candidate that follows the tips/suggestions and ideas discussed should improve his/her chances of attaining that highly sought after residency position.

Additional Resources for Student Pharmacists

ASHP Website

- **Additional Sources of Information**
A page of links to websites and articles with more information about residency programs
- **Residency Checklist**
A basic timeline for completion of Activities Related to Seeking a Residency
- **Residency Program FAQs**
A listing of the most frequently asked questions about residency programs
- **Seeking a Residency**
A page with links to several articles
- **Selecting a Residency that is Right for You**
A listing of key factors when researching residency programs
- **Why Should I do a Residency?**
Short videos with information about residency programs

References

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- ¹ Academy of Managed Care Pharmacy, *Mapping Your Career in Managed Care Pharmacy, A Student Pharmacist's Guide*, 2009
 - ² Accreditation Standard for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs, Prepared Jointly by the American Society of Health-Systems Pharmacists and the Academy of Managed Care Pharmacy, 2007.
 - ³ Adopted from the "APhA Community Pharmacy Residency Program: Programmatic Essentials." American Pharmaceutical Association, 1986
 - ⁴ Required and Elective Educational Outcomes, Educational Goals, Educational Objectives, and Instructional Objectives for Postgraduate Year One (PGY1) Managed Care Pharmacy Residency Programs Prepared Jointly by the American Society of Health-Systems Pharmacists and the Academy of Managed Care Pharmacy, 2007.
 - ⁵ Delivery of health care, integrated; at <http://www.mondofacto.com>; accessed 11/30/2009.
 - ⁶ AMCP's Glossary of Managed Care Terms; available at <http://www.amcp.org/amcp.ark?c=pr&sc=glossary>; accessed 11/30/2009.