

Preliminary Request for the Board of Pharmacy Specialties to Consider a New Specialty February 6, 2012

1. Name of the practice area of the proposed specialty.

Infectious Diseases Pharmacy Practice

2. Description of the specialty practice area, the work of pharmacists engaged in it, and its overall impact on society.

The practice of infectious diseases (ID) pharmacists focuses on the pharmaceutical care of patients with various acute infections, patients with chronic diseases caused by infection (such as HIV), and patients at risk for infection. ID pharmacists practice in a variety of settings with various degrees of independence. Many ID pharmacists work on interdisciplinary teams with physicians and other healthcare colleagues to manage the care of patients with infections. Others work on antimicrobial stewardship teams, the utilization of which is a recent trend in inpatient settings that has greatly increased since joint guidelines were published in 2007 by the Infectious Diseases Society of America (IDSA) and the Society for Healthcare Epidemiology of America (SHEA). Some ID pharmacists work mainly to take care of patients infected with HIV in both outpatient and inpatient settings.

The diversity of practice among ID pharmacists leads to heterogeneity in the job descriptions of individual pharmacists who practice in ID. However, fundamental activities of ID pharmacists include:

- Prospective and concurrent evaluation of drug therapy in patients with infections, including medications impacted by the choice of anti-infective agents
- Assisting in the choice of empiric antibiotic therapy for patients with suspected infections
- Stewarding choices of definitive antibiotic therapy for patients with positive culture results
- Service to infection control, hospital-acquired infection, antibiotic subcommittees, and antibiotic stewardship committees in healthcare settings
- Selecting antiretroviral therapy for patients with newly diagnosed or long-standing HIV infection
- Monitoring anti-infective therapy to ensure optimization and improve patient outcomes
- Counseling of patients with infectious diseases regarding their disease processes and pharmacotherapy options
- Pharmacokinetic monitoring of antibacterial, antifungal, and antiviral agents
- Production, distribution, and implementation of guidelines for optimal antimicrobial use in institutions
- Formulary management regarding anti-infective agents
- Pharmacotherapy-related education to healthcare professionals
- Participation in quality assurance programs to enhance pharmaceutical care in patients with infectious diseases

In addition, many ID pharmacists are involved in teaching pharmacotherapy to pharmacy students, medical students, pharmacy/medical residents, and fellows. A number of ID pharmacists are also involved in outcomes, basic, and translational research.

ID pharmacists possess specialized knowledge and experience in the care of patients with or at risk for infections. Many have completed formal, post-graduate residency and/or fellowship training in ID practice and/or research environments. Post-doctoral training in ID has been available for several years, and a number of residency and fellowship programs in ID pharmacy practice are long-standing and successful. In 2009, a joint opinion paper by the Society of Infectious Diseases Pharmacists (SIDP) and the ACCP Infectious Diseases Practice and Research Network (ACCP ID-PRN) was published in *Pharmacotherapy* that outlined a preferred path for practitioners to become an ID pharmacist. This document, the aforementioned IDSA/SHEA antimicrobial stewardship guidelines, and numerous studies documenting the effect of pharmacists on patient care with infectious diseases, demonstrate the unique nature of the ID pharmacist and the benefits that these individuals can contribute to society.

3. Estimates of potential numbers of pharmacists who might seek such certification (using available data such as number of residents and residency programs, organizational member surveys, and evolving practice and environmental changes in the profession expected to support the specialty practice).

SIDP has more than 500 members, and the ACCP ID-PRN has a membership of greater than 1,500. While overlap between the two organizations exists, it is reasonable to presume that not all ID pharmacists are members of either organization. A conservative estimate is that at least 2,000 ID pharmacists are currently in practice. The IDSA/SHEA guideline has had the effect of increasing the number of antimicrobial stewardship programs directed by ID pharmacists, further increasing the demand for these practitioners. It is also notable that the referenced SIDP-ACCP ID-PRN joint opinion paper, which was supported by the membership and officers of both organizations, recommends the development of a certification examination in infectious diseases pharmacy.

As of October 2011, the American Society of Health-System Pharmacists (ASHP) lists 43 ASHP-accredited PGY2 Infectious Diseases Pharmacy residencies and 3 accredited HIV Pharmacy residencies. This number has grown substantially over the past 10 to 20 years, but particularly in the past 5 years. It also does not include non-accredited programs or programs seeking accreditation. ACCP lists 10 fellowship programs in ID pharmacy. Further, SIDP and other associations have begun to launch programs designed to assist pharmacists who are performing (or are interested in) antimicrobial stewardship tasks to increase their proficiency in ID. As of September 2011, nearly 300 participants had enrolled in the SIDP stewardship certificate program since its inception in Fall 2010. These pharmacists have often completed one year of general residency training or have moved into clinical ID practice through experience instead of formal post-doctoral training. Many of these individuals are likely to seek to certify their knowledge gained through non-traditional pathways by completing a specialty examination.

4. Potential sources of financial resources to develop and implement the specialty prior to receipt of candidate fees.

The organizations listed below support consideration by BPS of this request for recognition of the proposed specialty. A firm commitment to providing resources to help develop and implement the specialty is in place from at least one of the organizations listed. It is expected that each of the organizations listed, and perhaps others, will actively consider its role in financial support and resource development in any and all next steps should BPS move forward in its process of recognition of this proposed specialty.

5. Name(s) and contact information of the requestor(s).

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References:

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