

## **Preliminary Request for the Board of Pharmacy Specialties to Consider a New Specialty April 4, 2011**

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

Pediatric Pharmacy Practice

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

The pediatric pharmacy practice area focuses on the pharmaceutical care of pediatric patients, regardless of practice setting. Pediatric pharmacists practice in acute care, ambulatory care, and critical care environments. As summarized by the Pediatric Pharmacy Advocacy Group (PPAG – see <http://www.ppag.org/en/cms/61/>), the responsibilities of pediatric pharmacists include:

- Evaluating new medications to recommend those that are safest and most effective for individual patients;
- Advising physicians and other health care personnel about medication selection and administration;
- Counseling patients and parents directly to help them use their medication wisely;
- Monitoring every stage of medication therapy to improve all aspects of effectiveness;
- Providing crucial quality checks to detect and prevent harmful drug interactions or reactions and potential mistakes;
- Working under sterile conditions to combine injectible medications with fluids to create compounds that patients receive intravenously;
- Supervising the dispensing and distribution of medication; and
- Obtaining and maintaining supplies of medications that meet quality standards for purity and effectiveness and managing the proper storage of these products to ensure freshness and potency.

In addition, many pediatric pharmacists are involved in teaching pharmacotherapy to pharmacy students, medical students, pharmacy/medical residents, and other health care practitioners. A number of pediatric pharmacists are also involved in basic and/or translational research.

Pediatric pharmacists possess specialized knowledge and experience in the care of pediatric patients. Many have completed formal, post-graduate residency training in a pediatric practice environment. They possess unique knowledge of the epidemiology and pathophysiology of pediatric diseases; the pharmacotherapy of pediatric patients; the application of pharmacokinetic, pharmacodynamic, and pharmacogenomic principles to pediatric care; operational and clinical systems designed to assure medication safety; patient/parent/caregiver counseling to optimize medication adherence; and disease prevention and health maintenance in pediatric patients. They also possess the ability to contribute to, and evaluate, biomedical literature pertinent to pediatric pharmacotherapy.

Safe and optimal pediatric pharmacotherapy requires contributions from all members of the specialized health care team. Pharmacists have been recognized as an essential member of that team. For example, a Policy Statement from the American Academy of Pediatrics recommends that pediatric pharmacists be “available to prescribers and nurses to participate in drug therapy development and monitoring” and that institutions should “integrate clinical pharmacists into patient care rounds with physicians and nurses...”(1). Furthermore, the Joint Commission, in a 2008 Sentinel

Event Alert titled, “Preventing pediatric medication errors” (see [http://www.jointcommission.org/assets/1/18/SEA\\_39.PDF](http://www.jointcommission.org/assets/1/18/SEA_39.PDF)), lists as one of its suggested actions, “Have a pharmacist with pediatric expertise available or on-call at all times.” The Sentinel Alert also calls for institutions to “Create pediatric satellite pharmacies and technicians with pediatric expertise to areas or services such as neonatal/pediatric critical care units and pediatric oncology units.”

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).

A 2010 survey of pediatric pharmacist members of the American College of Clinical Pharmacy (ACCP), the American Society of Health System Pharmacists (ASHP), and PPAG, found that 79.8% of 1985 respondents (1584) would plan to sit for a pediatric pharmacy specialty certification exam, if offered. As not all pediatric pharmacists were aware of, or responded to, this survey, this may be a conservative estimate of the current number of pharmacists likely to pursue pediatric specialist certification. In addition to this existing pool of practitioners, ASHP listed in February 2011 33 current PGY-2 pediatric residency training programs. Taken together, we believe that the number of current and future pediatric pharmacists is sufficient to support establishment of this new specialty area.

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

The ACCP Board of Regents is committed to providing resources to help support the development and implementation of this specialty. In addition, the College will reach out to other professional pharmacy organizations, seeking their support and/or sponsorship as a co-petitioning organization for the pediatric pharmacy practice specialty.

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

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Reference:

1. American Academy of Pediatrics. Policy Statement. Prevention of Medication Errors in the Pediatric Inpatient Setting. Pediatrics 2003;112(2):431-6.