

ACCP International Clinical Pharmacist

Editor: Wafa Y. Dahdal, Pharm.D., BCPS (AQ Cardiology) • Volume 1; Issue 1

The Clinical Pharmacist

The American College of Clinical Pharmacy (ACCP), in an effort to ensure an appropriately educated and skilled clinical pharmacy workforce, published a definition of clinical pharmacy and established competencies against which the performance of clinical pharmacists could be measured. This article highlights ACCP's definition of clinical pharmacy, important qualities that define clinical pharmacists, and major competency areas required for clinical practice. The abridged definition of clinical pharmacy is "that area of pharmacy concerned with the science and practice of rational medication use."¹ The unabridged definition of clinical pharmacy states that it is "the health science discipline in which pharmacists provide patient care that optimizes medication therapy and promotes health, wellness, and disease prevention" and further delineates three parts to the definition: the discipline of clinical pharmacy, the clinical pharmacist, and the roles of the clinical pharmacist within the health care system.

The definition unequivocally states that the clinical pharmacist:

- cares for patients in all health care settings;
- applies evidence-based guidelines, evolving sciences, and emerging technologies;
- applies legal, ethical, social, cultural, economic, and professional principles;
- assumes responsibility and accountability for managing therapy in direct patient care settings;
- practices independently and in consultation/collaboration with other health care professionals; and
- generates, disseminates, and applies new knowledge that contributes to improved health and quality of life.

To distinguish clinical pharmacists from other pharmacists who perform some clinical functions as part of their practice, important qualities that define the clinical pharmacist have been identified by ACCP. ACCP states that clinical pharmacists²:

- have a broad scope and depth of pharmacotherapy knowledge and clinical skills;
- spend most of their time providing pharmacotherapy independently or in collaboration with other health care providers;
- have completed postgraduate residency training; and
- maintain and further develop competence through practice and continued professional development.



Five major competency areas have been identified by ACCP: (1) clinical problem solving, judgment, and decisionmaking; (2) communication and education; (3) medical information evaluation and management; (4) management of patient populations; and (5) therapeutic knowledge. For each area, specific competency statements that further describe the abilities necessary to practice as a clinical pharmacist are defined.

ACCP's definition of clinical pharmacy and the competencies established for the clinical pharmacist are composed of statements that encompass each of the core competencies identified by the Institute of Medicine: (1) provide patient-centered care to diverse populations, (2) work effectively as members of interprofessional teams, (3) employ evidence-based practice to optimize care, (4) apply quality improvement techniques, and (5) use informatics in practice.³ These five competencies represent the overarching core competencies for members of all health professions. ACCP's definition and competency statements further delineate these to the practicing clinical pharmacist.

- American College of Clinical Pharmacy. The definition of clinical pharmacy. Pharmacotherapy 2008;28:816–7.
- 2. Burke JM, Miller WA, Spencer AP, et al. Clinical pharmacist competencies. Pharmacotherapy 2008;28:806–15.
- Institute of Medicine. Health Professions Education: A Bridge to Quality. Washington, DC: National Academies Press, 2003.

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Board Certification of the Pharmacist Specialist

Pharmacy credentialing and continuing professional development have gained momentum throughout the world. As pharmacists assume new and increasingly complex clinical roles, public assurance of the competency of pharmacists becomes essential. There is great interest in defining the processes by which quality care and professional accountability can be ensured. Certification is one such process.

Because terms may be defined differently in various parts of the world, the term *certification* in this article conforms to the following definition:

The voluntary process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. This formal recognition is granted to designate to the public that this individual has attained the requisite level of knowledge, skill, and/or experience in a well-defined, often specialized, area of the total discipline. Certification usually requires initial assessment and periodic reassessments of the individual's knowledge, skills, and/or experience.¹

Board certification in any of the specialty practice areas recognized by the Board of Pharmacy Specialties (BPS) represents an important professional achievement for clinical pharmacists. Six pharmacy specialties are currently recognized by BPS: ambulatory care pharmacy, nuclear pharmacy, nutrition support pharmacy, oncology pharmacy, pharmacotherapy, and psychiatric pharmacy.

As of March 2011, 561 specialty certifications have been granted by BPS to 542 pharmacists practicing in Australia, Canada, Egypt, Germany, Hong Kong, Ireland, Israel, Ivory Coast, Japan, Jordan, Kenya, Kingdom of Saudi Arabia, Lebanon, Qatar, Macau, Malaysia, Netherlands, New Zealand, Republic of Korea, Singapore, Spain, Switzerland, Thailand, United Arab Emirates, and United Kingdom. The following figure depicts the international pharmacist certification by specialty (BPS, unpublished data, 2011).



BCNP = Board Certified Nuclear Pharmacist; BCNSP = Board Certified Nutrition Support Pharmacist; BCOP = Board Certified Oncology Pharmacist; BCPP = Board Certified Psychiatric Pharmacist; BCPS = Board Certified Pharmacotherapy Specialist.

The number of board-certified pharmacist specialists is on the rise. The American College of Clinical Pharmacy (ACCP) envisions a future where most clinical pharmacists who provide direct patient care will be board certified .² ACCP is working closely with BPS and other professional organizations to increase the number of recognized pharmacy specialties in the near future.

More information on board certification may be found at <u>http://www.accp.com/careers/certification.aspx</u>.

- Council on Credentialing in Pharmacy. Credentialing in Pharmacy: A Resource Paper. Washington, DC: Council on Credentialing in Pharmacy, November 2010.
- Saseen JJ, Grady SE, Hansen LB, et al. Future clinical pharmacy practitioners should be board-certified specialists. Pharmacotherapy 2006;26:1816–25.

Continuing Pharmacy Education in Japan ⁺

Nahoko Kurosawa, Ph.D. Professor of Pharmacy Hokkaido Pharmaceutical University School of Pharmacy, Japan

In Japan, the pharmacy educational system was changed in 2006, with separation into two curricular tracks: a traditional 4-year program with a laboratory orientation and a new 6-year licensure-oriented program. On the one hand, those who complete the 6-year program are awarded "Gakushi (Yakugaku)" (meaning "Bachelor of Pharmacy" in Japanese, but the English expression of this degree is very controversial in Japan), and graduates are able to obtain a national pharmacy license. On the other hand, those who complete the 4-year program are awarded "Gakushi (Yaku kagaku)" (meaning "Bachelor of Pharmaceutical Science"), and graduates are not able to obtain a national pharmacy license.

This change was made to accommodate the strong demand for high-quality pharmacists as health care providers to deliver pharmaceutical care. Since 2006, most Japanese pharmacy schools have offered the 6-year program, and most of the

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Continuing Pharmacy Education in Japan ⁺

enrolled students have the aim of becoming pharmacists (as opposed to pharmaceutical scientists).

The first graduates of the 6-year program will appear in March 2012. All pharmacists need continuing education (CE), but for those who registered as pharmacists through the 4-year program, CE is seen as especially important for bridging clinical skills and maintaining competence. Many CE programs are currently provided by pharmacy schools, pharmacist societies, pharmaceutical companies, and others, but the content and quality are highly variable.

The Council on Pharmacists Credentials (CPC) is an independent national agency established in 2004 to accredit CE programs in pharmacy. It received authorization as a nonprofit foundation in July 2010. The CPC governing body has representatives from the pharmacy and health professions, as well as from academic and educational representatives. CPC has established standards on all aspects of program evaluation, including standards on credentialing bodies, program planning and content, budgets, and administrative activities.

Fourteen organizations are currently accredited as providers of CE credentialing programs by CPC, and four types of CE credentialing programs exist: (1) CE credentialing programs to improve pharmacists' competence by implementing and evaluating training programs (live lectures, clinical training, distance education, etc); (2) special training programs to improve pharmacists' competence by certifying them with specific abilities and aptitudes; (3) pharmacy specialties credentialing programs to recognize and certify pharmacists who have specialized pharmaceutical knowledge and skills in certain disease categories, practice areas, or particular diseases; and (4) others. Upon completion of CE programs, pharmacists receive a certificate from each provider, and some employers recognize or reward them.

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Presently, in Japan, it is widely acknowledged that CE is indispensable for good pharmacy practice. However, the degree and extent of acceptance vary because much CE is still "voluntary" (there is no renewal system of pharmacy license in Japan). Although the concepts of "self-appraisal" and "evaluation" are well understood, the concept of "planning" the continuing professional development (CPD) for each individual's personal circumstances is insufficiently advanced. A major thrust at present is the development of a "personal CPD portfolio" to further enhance the understanding and acceptability of CPD.

[†]Opinions, judgments, and data expressed or implied in this article are those of the author and do not reflect the policy or position of the American College of Clinical Pharmacy, and the American College of Clinical Pharmacy provides no warranty regarding their accuracy or reliability.

Book Highlights

Clinical Pharmacist's Guide to Biostatistics and Literature Evaluation

An ACCP Publication

Edited by: Robert DiCenzo, Pharm.D., FCCP, BCPS



Whether you are interpreting the medical literature to optimize patient care, improve health outcomes,

or generate hypothesis for research, an understanding of biostatistics is essential for success. Despite exposure to biostatistics in undergraduate and professional education, pharmacists tend to be less confident in their knowledge of biostatistics and their ability to interpret the medical literature than in their clinical skills.

This guide, designed to support pharmacists' preparation for the Pharmacotherapy and Ambulatory Care Pharmacy specialty certification examinations, provides a concise overview of biostatistics and its application to literature evaluation and patient care. Contents include:

- Section I: Basics of Biostatistics and Statistical Tests
 - Basics of Biostatistics
 - Choosing the Appropriate Statistical Test
- Section II: Literature Interpretation and Application to Patient Care
 - Interpreting Results from Clinical Trials
 - Pharmacoepidemiology

Features of this guide include:

- A table of helpful equations
- Selected bibliography
- Self-assessment questions designed to test ones mastery of the material
- Answers to the self-assessment questions with detailed explanations and additional references

More information on this guide may be found at <u>http://www.accp.com/bookstore/ro_01cpgbl.aspx</u>.

A Message from the Editor

Dear Colleagues:

This is indeed an exciting time for the pharmacy profession worldwide. The focus of the profession is increasingly shifting from the pharmaceutical product to the ultimate beneficiary of the services pharmacists provide, the patient.

As the profession endorses this patient-oriented focus, it is presented with several opportunities including:

- Reforming pharmacy curricula to be more clinical and patient-focused than product-focused;
- Expanding roles for pharmacists in new patient care settings;
- Continuing professional development (CPD) and competencies needed to ensure proficiency in the new roles pharmacists are undertaking; and
- Establishing reimbursement for clinical services provided by pharmacists.

ACCP International Clinical Pharmacist is a quarterly newsletter intended for the international clinical pharmacy community, including clinical pharmacists, educators, and administrators who oversee clinical pharmacy practice and education. The editorial mission of the newsletter is to advance clinical pharmacy by providing a forum for colleagues to learn about and discuss issues related to clinical practice development and advancement, patientcentered services, education and training of future clinical pharmacists, credentialing, and CPD.

Articles published in the newsletter will explore topics on contemporary professional and regulatory issues relevant to clinical pharmacy practice, new clinical pharmacy roles, new practice models, health technology, patient advocacy, didactic teaching and experiential training of pharmacy students and residents, pharmacy practice and educational research, and CPD.

Call for Papers

Individuals are invited to submit articles for publication in future issues of the newsletter on the following departments:

- Clinical Pharmacy Practice
- Clinical Pharmacist or Clinical Practice Profile
- Patient Care
- Research and Practice
- Pharmacy Education
- Continuing Professional Development

For more information and to submit an article, see <u>http://www.accp.com/docs/reportIntl/0411/Information</u> for Authors.pdf.

Most fitting for the first issue of the newsletter is the article on "The Clinical Pharmacist," in which the definition of clinical pharmacy and the competencies of a clinical pharmacist, as defined by the American College of Clinical Pharmacy (ACCP), are presented. Future issues of the newsletter will present definitions and competencies put forth by professional organizations in other parts of the world. One issue of considerable international attention is continuing education (CE) and CPD. The article on "Continuing Pharmacy Education in Japan" represents one nation's efforts to advance CE programs for pharmacists delivering pharmaceutical care. The third article in this issue, "Board Certification of the Pharmacist Specialist," highlights pharmacy specialties currently recognized by the Board of Pharmacy Specialties (BPS) and international pharmacist certifications by specialty.

The editorial staff of ACCP International Clinical Pharmacist invites international pharmacists to contribute to the newsletter; indeed, for the newsletter to serve as a true platform for the exchange of information and to stimulate a rich international dialogue on topics of importance to clinical pharmacists caring for patients around the globe, such contributions are vital.

I hope you will find the articles published in this debut issue of ACCP International Clinical Pharmacist of interest and relevance to you, and I look forward to your contributions to future issues of the newsletter.

Sincerely,

Wafa y. Jahdal

Wafa Y. Dahdal, Pharm.D., BCPS (AQ Cardiology)

Mark Your Calendar



2011 Annual Meeting Pittsburgh, PA October 16–October 19 *David L. Lawrence Convention Center*

2012 Updates in Therapeutics Reno, NV April 27–May 1 *Peppermill Resort Spa Casino*

