ACCP Report

American College of Clinical Pharmacy

Michael S. Maddux, Pharm.D., FCCP; Executive Director

Vol. 30, No. 8; August 2011

"CAB" Bond Named 2011 Parker Medalist

The late C.A. "CAB" Bond, Pharm.D., FCCP, has been chosen by the Parker Medal Selection Committee as the 2011 recipient of the College's Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy. Before his death in June 2009, Dr. Bond served as University Distinguished Professor and Professor of Pharmacy Practice at Texas Tech University Health Sciences Center School of Pharmacy.

Paul Parker was one of clinical pharmacy's most influential proponents. Before his death in 1998, Dr. Parker spent 24 years as Director of Pharmacy at the Chandler Medical Center/University of Kentucky in Lexington. His innovations include the development of decentralized pharmacy services, the placement of pharmacists in the hospital's clinical areas, and the development of the nation's first pharmacist-staffed drug information center. Dr. Parker's vision for pharmacy practice was passed along to the more than 150 residents and fellows who trained in the Kentucky program during his tenure. These disciples included many of today's leaders in clinical pharmacy who continue to pass on his wisdom and vision to their trainees. The Paul F. Parker Medal recognizes an individual who has made outstanding and sustained contributions to the profession that improve patient or service outcomes, create innovative practices, affect populations of patients, further the professional role of pharmacists, or expand the recognition of pharmacists as health professionals.

In making its selection, the Parker Medal Committee commented on Dr. Bond's contributions to clinical pharmacy:

> He stood out because of his seminal research relating pharmacy services to patient outcomes. This sustained work has had major impact on the pharmacy profession as it documented the economic impact of clinical pharmacists in various healthcare settings. Committee members further noted Dr. Bond's leadership and innovation in use of large databases in addressing important and practical questions related to clinical pharmacy services. It was agreed that the impact of his work has been both potent and far-reaching, positively affecting clinical pharmacy both nationally and internationally.

During his career, Dr. Bond received substantial research funding and wrote more than 150 research and professional publications. He also made innumerable scientific and professional presentations at state, national, and international medical and pharmacy meetings. In 2007, Dr. Bond was appointed as a Scientific Editor for *Pharmacotherapy.* He earned National Research Awards from the American Society of Health-System Pharmacists Research and Education Foundation for seven different research papers. In 2005, Dr. Bond received the Russell R. Miller Award from the American College of Clinical Pharmacy for sustained contributions to the literature of clinical pharmacy. In 2001, he was the recipient of Texas Tech University Health Sciences Center President's Distinguished Research Award, and in 2006, the University bestowed on him the title of The University Distinguished Professor. In 2007, the University of California–San Francisco School of Pharmacy selected Dr. Bond as its Distinguished Alumnus. He also received a 1994 Practice Achievement Award from the Veterans Administration, where his practice was recognized as one of

the best clinical pharmacy practices by the Department of Veteran Affairs.

Richard Scheife, Editor-in-Chief of *Pharmacotherapy*, commented in his letter of nomination on Dr. Bond's research addressing the effects of clinical pharmacy services on patient outcomes:

> [His work] has exerted a profound impact on the practice of clinical pharmacy, as well as showcasing to the rest of the world the vital roles of the clinical pharmacist to the well-being of patients everywhere. Further, these articles clearly demonstrate the innovative and incredibly detailed methods that CAB has used to demonstrate objectively the pivotal importance and value of clinical pharmacy services to all stakeholders in the health care arena.

Peter Vlasses, Pharm.D., FCCP, BCPS, Executive Director of the Accreditation Council for Pharmacy Education, wrote in his letter of support,

> Dr. Bond's research has greatly expanded the evidence base to support the value of clinical pharmacy services on reducing patient morbidity and mortality, along with demonstrating the cost savings of these services. I contend that this body of work is so important to clinical pharmacy's literature, that it alone, even if ignored (though not possible) CAB's many other professional accomplishments, would warrant his receiving the Parker Medal.

University of Illinois College of Pharmacy Dean Jerry Bauman added,

> Dr. Bond's papers have served as some of the most important publications that are used broadly to justify the expansion of clinical pharmacy services. Moreover, they have helped transform the once rare employment of nontraditional clinical pharmacists in health care systems to the situation now where these individuals and their patient care services are commonplace. I can tell you that whenever such a paper by CAB would appear, the first thing I would do is pass it along to our hospital administrators.

The 2011 Paul F. Parker Medal will be presented during the Opening General Session at the 2011 Annual Meeting in Pittsburgh, Pennsylvania, on Sunday morning, October 16. Dr. Cynthia Raehl will attend to accept the medal, and Dr. Scheife will deliver a brief acceptance address. The Parker Medal Selection Committee is composed of representatives from member organizations of the Joint Commission of Pharmacy Practitioners, together with past presidents of ACCP. Members of the 2011 committee are John Bosso (chair), Jeffrey Baldwin, Bradley Boucher, Harold Godwin, Thomas Hardin, Dennis Helling, Lynnae Mahaney, Robert Smith, Shelly Spiro, and Barbara Zarowitz.

Time Is Running Out—Register Your Team for the 2011 ACCP Clinical Pharmacy Challenge Today!

ACCP's novel national pharmacy student team competition follows up on its 2010 debut with a bigger and better configuration for 2011. Because of the unprecedented level of interest in last year's inaugural competition, ACCP has expanded the Clinical Pharmacy Challenge, adding more online rounds and increasing the number of teams invited to participate in live competitions during the ACCP Annual Meeting.

Team registration is available online. Visit the ACCP website at http://www.accp.com/stunet to view current team registrations. Please note that all team registrations must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP faculty liaison at https://wwwaccp.com/stunet/liaisons.aspx. All team registrations must be completed by the deadline of September 6, 2011. Visit the ACCP Web site at http://www.accp.com/stunet/compete/overview.aspx to register.

Eligible teams will have the opportunity to compete in up to four online rounds, with the top eight teams advancing to the live quarterfinal competition at the 2011 ACCP Annual Meeting in Pittsburgh, Pennsylvania, this October.

Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition. Teams of three students will

compete against teams from other schools and colleges of pharmacy in a “quiz bowl”–type format. Only one team per institution may enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a local competition (http://www.accp.com/stunet/compete/eligibility.aspx#trEligibility_title).

ACCP has created a local competition exam, which institutions may use when determining their team representatives. ACCP Faculty Liaisons may obtain the exam by e-mail request to Michelle Kucera at *mkucera@accp.com*.

Preliminary rounds of the national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the ACCP Annual Meeting in Pittsburgh, October 15–17, 2011. To see the competition schedule, go to http://www.accp.com/stunet/compete/eligibility.aspx#trSchedule_title.

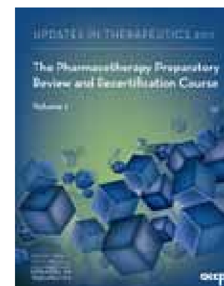
Each round will consist of questions offered in the three distinct segments indicated below. Item content used in each segment has been developed and reviewed by an expert panel of clinical pharmacy practitioners and educators.

- Trivia/Lightning
- Clinical Case
- Jeopardy-style

Each team advancing to the quarterfinal round held at the ACCP Annual Meeting will receive three complimentary student full meeting registrations. Each team member will receive an ACCP gift certificate for $125 and a certificate of recognition. In addition to the above, semifinal teams not advancing to the final round will receive a semifinal team plaque for display at their institution. The second-place team will receive a $750 cash award ($250 to each member) and a commemorative team plaque. The winning team will receive a $1500 cash award ($500 to each member), and each team member will receive a commemorative plaque. A team trophy will be awarded to the winning institution.

Students are not required to be members of ACCP to participate. Team registration may be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP faculty liaison. If no ACCP Faculty Liaison has been identified, any faculty member from the institution may initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. **The deadline to complete team registration and confirm eligibility is September 6, 2011.**

2011 Pharmacotherapy Preparatory Review Course Instructional Materials Available



Instructional materials are available for the 2011 edition of Updates in Therapeutics: The Pharmacotherapy Preparatory Review and Recertification Course, the same course that was presented live at ACCP’s Updates in Therapeutics 2011.

The Updates in Therapeutics: The Pharmacotherapy Preparatory Review and Recertification Course is ideal for pharmacy professionals who are preparing for the Pharmacotherapy Specialty Certification Examination administered by the Board of Pharmacy Specialties (BPS) and for those who are seeking a self-paced review and refresher of disease states and therapeutics. Developed by Board-Certified Pharmacotherapy Specialists, the course content provides a comprehensive review of the knowledge domains covered in the pharmacotherapy specialty certification examination. The course uses a case-based approach, with strong emphasis on the thought processes needed to solve patient care problems in each therapeutic area.

The course materials are available in a variety of formats to best suit your learning style. The online course, print workbook and CD-ROM package, and online workbook and CD-ROM package are available for continuing pharmacy education credit. The maximum number of continuing pharmacy education credits available for the preparatory course is 24.0 hours.

Visit the ACCP Bookstore at www.accp.com/bookstore to order the newest edition of the Pharmacotherapy Preparatory Review and Recertification Course.

ACCP Elects 2011 Fellows

Thirty ACCP members have been elected Fellows of the American College of Clinical Pharmacy and will be recognized during a special ceremony on October 16 at the College's 2011 Annual Meeting in Pittsburgh, Pennsylvania. Recognition as a Fellow is awarded to ACCP members who have demonstrated a sustained level of excellence in clinical pharmacy practice and/or research. Fellows can be recognized by the initials "FCCP" as part of their title.

The 2011 ACCP Fellows are:

Amie Brooks, Pharm.D.; St Charles, MO
Elizabeth Chester, Pharm.D., MPH; Aurora, CO
Sheryl Chow, Pharm.D.; Playa Vista, CA
Catherine Crill, Pharm.D.; Memphis, TN
Shannon Finks, Pharm.D.; Memphis, TN
Jeremy Flynn, Pharm.D.; Lexington, KY
Reginald Frye, Pharm.D., Ph.D.; Gainesville, FL
Steven Gabardi, Pharm.D.; Wilmington, MA
Michael Gonyeau, Pharm.D.; Boston, MA
B. Joseph Guglielmo, Pharm.D.; San Francisco, CA
Collin Hovinga, Pharm.D., M.S.; Austin, TX
Joanna Hudson, Pharm.D.; Memphis, TN
Brian Irons, Pharm.D.; Lubbock, TX
June F. Johnson, Pharm.D.; Des Moines, IA
Donna Kraus, Pharm.D.; Chicago, IL
Grace Kuo, Pharm.D., MPH; La Jolla, CA
Jennifer Le, Pharm.D.; La Jolla, CA
Craig Lee, Pharm.D., Ph.D.; Chapel Hill, NC
Kelly Lee, Pharm.D.; La Jolla, CA
Mark Malesker, Pharm.D.; Omaha, NE
Lisa McDevitt-Potter, Pharm.D.; Quincy, MA
Ian McNicholl, Pharm.D.; San Francisco, CA
Thomas Nolin, Pharm.D., Ph.D.; Pittsburgh, PA
Kari Olson, Pharm.D.; Aurora, CO
Brian Overholser, Pharm.D.; Indianapolis, IN
Kerry Pickworth, Pharm.D.; Columbus, OH
Christin Rogers, Pharm.D.; Boston, MA
Leigh Ann Ross, Pharm.D.; Jackson, MS
Amy Seybert, Pharm.D., M.S.; Pittsburgh, PA
Rebecca Sleeper, Pharm.D.; Lubbock, TX

After nomination by their colleagues, Fellow candidates undergo a comprehensive and rigorous evaluation by the Credentials: Fellowship Committee of their practice and research accomplishments. Among the criteria evaluated by the committee are examples of patient care service or educational programs developed by the nominee; certifications or other credentials earned; drug therapy management responsibilities; educational presentations; consultantships; service to publications; original research presentations, projects, funding, and publications; and other professional activities and awards. Individuals nominated as Fellows also must have made a substantial contribution to ACCP through activities such as giving presentations at College-sponsored meetings; providing service as an abstract, curriculum vitae, ACCP Clinical Pharmacy Challenge, Research Institute, or *Pharmacotherapy* reviewer; contributing to College publications or being an item writer for the ACCP Clinical Pharmacy Challenge; serving as a committee member; or earning tenure as a Practice and Research Network, chapter, or other elected ACCP officer.

Members of the 2011 Credentials: Fellowship Committee, each of whom dedicated many hours to the review of FCCP applications and other documents, were David Allen, Jacque Bainbridge, Oralia Bazaldua, Dianne Brundage, David Burgess (vice chair), Jeffrey Delafuente, Christopher Destache, Lori Dickerson, Paul Dobesh, Mary Ensom, Mark Haase, Mary Hayney, Daniel Healy, Melanie Joy, David Lourwood, James Lyon, Gary Levin (chair), Julie Maurey, Margaret Noyes Essex, Mary Beth O'Connell, Beth Phillips, Beth Resman-Targoff, Jay Rho, Melody Ryan, Marisel Segarra-Newnham, Larry Segars, Maureen Smythe, Roger Sommi, Eva Vasquez, Dan Wermeling, and Cathy Worrall.

ACCP Academy Career Advancement Certificate Program: A New Name for a Growing Program

The ACCP Academy's Clinical Practice Advancement certificate program is now the **Career Advancement certificate program**. The new name better describes the program's mission to assist clinical pharmacists in further advancing their career development as they embark on new clinical endeavors.

Dr. Joseph Saseen, the Career Advancement Program Director, talked with *ACCP Report* about the rationale for the name change.

We have changed the name of the program to more aptly reflect the intent and content of the program's curriculum," he said. "This was a much-needed change to eliminate any confusion about the overall purpose and scope of this program. The Career Advancement certificate program is designed for clinical pharmacy practitioners who are interested in advancing their careers. It is not designed to further develop clinical skills taught in residency training or to demonstrate the knowledge and skills required for board certification or graduate programs. The Career Advancement certificate program will help clinical pharmacy practitioners focus on career planning, demonstrate the value of their clinical services, and facilitate their own professional development. This program will be beneficial to all clinical pharmacy practitioners who are looking for further guidance and direction to help them excel and reach their professional goals.

Career Advancement Primer to Be Offered at the ACCP Annual Meeting

The foundational prerequisite course, the Career Advancement Primer, will be presented as a premeeting symposium on Saturday, October 15, at the ACCP Annual Meeting in Pittsburgh. To register online for this symposium, go to www.accp.com/am. The early registration deadline is September 9, 2011.

Visit the ACCP Academy at www.accp.com/academy to learn more about the Career Advancement certificate program and to download a program application.

Earn 6.0 CPE Hours Toward BCPS Recertification Credit While Attending ACCP's Annual Meeting

Board-Certified Pharmacotherapy Specialists (BCPSs) seeking live programming to earn continuing pharmacy education (CPE) credit toward recertification can now register for "From Theory to Bedside: Clinical Reasoning Series." Approved by the Board of Pharmacy Specialties (BPS) in January 2011, this live education series will explore cutting-edge, contemporary therapeutic topics and employ active learning exercises designed to advance the skills and abilities of BCPSs.

The series debut program, to be held Saturday, October 15, 2011, in conjunction with the 2011 ACCP Annual Meeting, will focus on "Oral Antithrombotic Therapy" and provide 6.0 CPE credit hours.

Delivered by national experts on antithrombotic therapy, the program will provide an overview of new and emerging antithrombotic therapies through the following presentations:

- The Science of Antithrombotic Agents—Therapeutic Implications
- New and Emerging Oral Anticoagulants
- New and Emerging Antiplatelet Strategies
- Monitoring of New Antithrombotic Agents and Special Considerations
- Pharmacogenomics—Therapeutic Implications
- Formulary, Anticoagulation Clinic, and Pharmacoeconomic Considerations

To be eligible for recertification credit, BCPSs must attend the live program and successfully complete a Web-based posttest by November 30, 2011. More information on the program agenda, learning objectives, faculty, and registration details is available at http://www.accp.com/meetings/am11/.

Attend ACCP Academy's Basic Training for New Clinical Faculty and Preceptors

New and returning faculty will want to be sure to attend this popular premeeting symposium. Delivered in a workshop format, this session introduces clinical faculty and preceptors to the foundational principles of teaching in the classroom and clinical settings. The workshop will be offered in Pittsburgh, Pennsylvania, on Saturday, October 15, immediately before the 2011 ACCP Annual Meeting. In addition to investigating the professional nature of teaching, participants will create learning outcomes, design teaching strategies to achieve the outcomes, and use criteria-referenced and evidence-based feedback to improve student abilities.

Basic Training for New Clinical Faculty and Preceptors serves as the prerequisite, required course for the ACCP Academy Teaching and Learning certificate program. Designed to provide a foundation for faculty and preceptors beginning their careers, this full-day course engages participants in thoughtful discussions and small group exercises. One of ACCP's best-received educational courses, Basic Training successfully builds young academicians' base knowledge in planning, implementing, and assessing student learning.

Using strategies designed for both classroom instruction and clinical precepting, participants will integrate the concepts of critical thinking, active learning, ability-based education, and assessment-as-learning. At the end of the session, participants will be prepared to develop strategies for planning, implementing, and assessing educational experiences that achieve clearly defined student outcomes in didactic and clinical settings and to clarify their own purposes, goals, and philosophy for teaching.

Don't miss out! Basic Training is offered only once a year, and online registration is available at www.accp.com/am.

Let ACCP Help with This Year's Recruiting Efforts

Recruiting the candidate you want is time-consuming and costly, but ACCP can make it easier. The College provides a variety of advertising options designed to reach the high-quality clinical pharmacy specialists you need at an affordable price. The ACCP Career Center, available online at www.accp.com/careers, provides detailed information on a variety of recruiting options, including online position listings, *ACCP Report* position announcements, and position listings in ACCP's official journal, *Pharmacotherapy*.

Whether you're looking for a seasoned professional or seeking to promote future residency and fellowship positions, the ACCP online position listings can be tailored to fit your needs. Listing a regular position online is only $175 for ACCP members, and if you're listing a residency or fellowship, the cost is only $75. Imagine listing an upcoming residency position for under $100! Moreover, through the ACCP Web site, your reach extends beyond ACCP's more than 12,000 members to *any* pharmacist or student visiting the ACCP Web site to look for available positions. The Online Position Listings page is the second most-visited page on the ACCP Web site. You can even feature your listing so that it appears at the top of any position search. To reach a targeted audience, employers can select from a variety of specialists or students, and the position will then be e-mailed to them directly.

Searching for next year's residents or fellows? Take part in the ACCP Residency and Fellowship Forum on Monday, October 17, during the ACCP Annual Meeting. This event offers programs the opportunity to get a head start on this year's resident and fellow recruiting. Searchable online listings will offer Forum participants a sneak peek at available positions before the meeting. Visit http://www.accp.com/meetings/am11/residentFellowHighlights.aspx for more information on this year's ACCP Residency and Fellowship Forum.

ACCP Report position listings provide another economical option for those seeking to fill positions now. ACCP's monthly e-newsletter, delivered directly to ACCP members, is a great venue for promoting available positions in academia, the pharmaceutical industry, and clinical practice. ACCP's monthly journal, *Pharmacotherapy*, also offers opportunities to promote open positions to the journal's audience of clinicians and scientists.

For more information on these and other recruitment opportunities available through ACCP, including the annual ACCP Residency and Fellowship Forum, visit us online at www.accp.com/careers.

Report of the Nominations Committee

The Nominations Committee has recommended the following slate of candidates for 2012. Elections will occur in spring 2012, and successful candidates will assume office at the 2012 ACCP Annual Meeting in Hollywood, Florida.

President-Elect:

Gary Levin, Pharm.D.; Henderson, NV
Gary Yee, Pharm.D.; Omaha, NE

Treasurer:
Mark Munger, Pharm.D.; Salt Lake City, UT
Bradley Phillips, Pharm.D.; Athens, GA

Regent:
John (Jack) Burke, Pharm.D.; St. Louis, MO
Suzanne Nesbit, Pharm.D.; Bel Air, MD
Terry Schwinghammer, Pharm.D.; Washington, PA
Judith Smith, Pharm.D.; Houston, TX

Research Institute Trustee:
Larisa Cavallari, Pharm.D.; Chicago, IL
Michael Ernst, Pharm.D.; Iowa City, IA
Grace Kuo, Pharm.D., MPH; La Jolla, CA
Evan Sisson, Pharm.D., MSHA; Chester, VA

Additional nominations may be made in writing to the Secretary of the College, Julie Banderas, ACCP, 13000 W. 87th Street Parkway, Lenexa, KS 66215. Nominations must state clearly the qualifications of the candidate, be signed by at least 68 *Full* Members (1% of eligible Full Members), and be submitted no later than September 16, 2011.

Respectfully submitted,
Dawn Havrda, Chair; Joseph Guglielmo, Vice Chair; Laura Borgelt, Judy Cheng, Stuart Haines, Mary Roth McClurg, and Gordon Sacks

Washington Report

John McGlew
Associate Director of Government Affairs

Is Washington Broken? Debt Ceiling Debate Overview

The battle that raged in Washington over the federal debt ceiling saw the level of vitriolic partisanship sink to new lows, even by Beltway standards. As congressional and White House leaders forged an 11th-hour deal to dramatically cut government spending in exchange for raising the debt ceiling, the sense was that there were no winners in this grueling process, only losers.

Public opinion of congressional handling of the debt debate could not have been clearer—throughout the month of July, polls consistently showed a 75% disapproval rating for both parties, with only 19% voicing their approval.[2]

But the stalemate that has enveloped Washington is just a symptom of a broader malaise in leadership that can be traced back for more than a decade.

How Did We Find Ourselves Here?

The National Debt Clock has been a feature in Manhattan since 1989, its ticker constantly updating the total current U.S. gross national debt as well as each family's share of this debt. So although the debt ceiling crisis might be a relatively recent one, the issue of the national debt has long been a concern.

Yet just a decade ago, the national debt was seen as more of a curiosity than a crisis. In fact, remarkably, the debt clock itself was turned off between 2000 and 2002 as the national debt was actually falling during this period.[3]

Debate in the 2000 Presidential elections focused on what to do with a projected federal surplus—Governor George W. Bush and Vice President Gore didn't agree on much, but both felt that the government was taking in too much money.

But these projections were based on 1990s-level federal revenues, government spending, and, importantly, the unemployment rate.

Market Volatility

The first sign of what was to come was the collapse of the tech bubble in 2000. In March of that year, the NASDAQ peaked at 5048.62, but it had fallen to 3321.29 by April 10.[4]

Next, the terrorist attacks of September 2001 prompted a massive drop in markets across the globe and paralyzed, briefly, the U.S. financial infrastructure in Manhattan. The New York Stock Exchange (NYSE) remained shuttered for four sessions after the attacks.[5]

And even as markets began to claw back some of the losses directly stemming from the terrorist attacks, the effect of the dot-com collapse and a series of accounting scandals (Enron, Arthur Andersen, and WorldCom) remained a drag on the economy.

The Cost of War

Not only did the 9/11 attacks cause massive financial panic and wipe trillions of dollars in wealth from the books, but these atrocious events also prompted massive, expensive national security initiatives.

Less than a month after the Twin Towers fell in lower Manhattan, the United States launched Operation Enduring Freedom aimed at dismantling the Al-Qaeda terrorist organization and capturing or killing its leader, Osama bin Laden. Ten years later, the United States still has almost 100,000 troops on the ground in Afghanistan, who have overseen huge advances against forces of terror in that country, the establishment of democratic elections, and, more recently, the successful mission to eliminate Osama bin Laden.

Almost exactly a year after American troops entered Afghanistan, the U.S. Congress approved the "Authorization for Use of Military Force Against Iraq Resolution of 2002," which authorized the President to defend the national security of the United States against the continuing threat posed by Iraq and enforce all relevant United Nations Security Council Resolutions regarding Iraq.[6]

Operation Iraqi Freedom was launched on March 19, 2003, to "disarm Iraq of weapons of mass destruction, end Saddam Hussein's alleged support for terrorism, and free the Iraqi people."[7]

More than 250,000 troops (the vast majority of which were American) participated in the invasion of Iraq and toppled the Hussein regime within 21 days of combat operations. However, the resulting power vacuum and civil strife between insurgents and warring factions meant the United States has been embroiled in conflict within Iraq ever since. The Pentagon currently targets December 31, 2011, as the date for final troop withdrawal.[8] Saddam Hussein was captured by American troops on December 13, 2003. To date, the Iraq war is estimated to have cost the United States (in purely financial terms) more than $3 trillion.[9]

In addition, the federal Department of Homeland Security was created as a response to the 9/11 attacks, bringing together 22 government agencies (including Immigration and Customs Enforcement and the U.S. Customs Service) under a unified department. The Department's mission is to ensure a homeland that is safe, secure, and resilient against terrorism and other hazards.[10]

Domestic Indulgence

Ironically, President George W. Bush never intended for his legacy to focus on foreign policy. The centerpiece of his 2000 campaign was his promise to significantly reduce the tax burden on the American people and send those projected surpluses back from Washington to American families.

The Economic Growth and Tax Relief Reconciliation Act of 2001[11] and the Jobs and Growth Tax Relief Reconciliation Act of 2003[12] collectively became known as the "Bush Tax Cuts" and were estimated to have cost the Treasury an initial $1.5 trillion over 10 years. President Obama's decision to extend the Bush tax cuts means these cuts now are estimated at $2.8 trillion.[13]

The Bush presidency also ushered in the Medicare Modernization Act (MMA), signed into law in 2003 and taking effect January 1, 2006. The best-known provision in the MMA was the creation of Medicare Part D, designed to subsidize the cost of prescription drugs for Medicare beneficiaries. Although the benefit includes deductibles, copays, and out-of-pocket costs for beneficiaries (including the "donut hole"), the Congressional Budget Office estimated the cost of the benefit at $558 billion during 2004–2013.[14]

Democratic Congress and White House

In November 2006, the Democratic Party took control of the Senate and the House of Representatives after an emphatic victory in the congressional elections. With Harry Reid sworn in as Senate Majority Leader and Nancy Pelosi making history as the first female Speaker of the House, Democrats launched an ambitious "100 Hour Agenda" for their return to the majority. This agenda focused on regulating lobbying practices, raising the minimum wage, investing in stem cell research, and reforming the Medicare Part D program and other areas perceived to have been neglected during the Bush administration.[15]

Despite a limited attempt to enforce a pay-as-you-go policy to avoid new deficit spending, little attention was paid to the issue of the national debt. Meanwhile, the economy roared ahead, the Dow Jones Industrial Average (DJIA) reaching its all-time high of 14,093 in October 2007.

Economic Armageddon

Less than a year after the Dow hit these dizzying heights, Lehman Brothers, the Wall Street titan, filed for Chapter 11 bankruptcy. Left exposed after a reckless, leveraged investment in the subprime housing market, Lehman held $600 billion of assets financed with just $30 billion of equity by the end of August 2008.[16] Despite frantic pleas to the federal

government, the stricken firm was denied a federal bailout, leaving Chapter 11 the only option.

Lehman's repaid demise stunned the global financial system. The DJIA, which stood at 11,143 on the week of September 22, plunged almost 3000 points to 8451 by October 6. The U.S. Treasury, which had previously warned of the dangers of federal bailouts, sprang into action. Congress eventually passed the Emergency Economic Stabilization Act of 2008, which included the $700 billion Troubled Asset Relief Program (TARP). TARP recipients included AIG, Bank of America, Citigroup, Chrysler, Goldman Sachs, GM, and many others.

Although TARP was signed into law by President George W. Bush, this unprecedented level of government intervention into private markets continued after the election of President Barack Obama in November 2008.

The American Recovery and Reinvestment Act (ARRA)

ARRA, also known as the "stimulus," provided $787 billion in additional government spending:

- Providing $288 billion in tax cuts and benefits for millions of working families and businesses
- Increasing federal funds for education and health care as well as entitlement programs (such as extending unemployment benefits) by $224 billion
- Making $275 billion available for federal contracts, grants, and loans[17]

Patient Protection and Affordable Care Act (PPACA)

The ongoing expansion of government spending, and of government itself, continued with the passage in March 2010 of the Affordable Care Act, delivering on Obama's pledge to comprehensively reform America's health care delivery system. Widely criticized for its length and complexity, as well as its potential for uncontrollable costs to the American taxpayer, the PPACA nevertheless represents an important step toward meaningful reform of our health care system, including important clinical pharmacy provisions.

2010 Congressional Elections

Against this backdrop of Wall Street bailouts, government expansion of health care, and a national unemployment rate stuck above 9%, 2010 saw the emergence of a movement toward fiscal discipline in the form of the Tea Party. Although not technically a national political party, the Tea Party movement has emerged as a genuine grassroots power, helping the Republicans regain control of the House of Representatives. The congressional Tea Party Caucus counts 60 House members among its numbers,[18] although not every member of Congress who aligns with Tea Party principles actually belongs to the Caucus.

Tea Party members, elected to Washington to address runaway spending and ensure fiscal responsibility, were justifiably horrified by President Obama's 2012 budget proposal, which would have increased the national deficit by another $7.2 trillion during the next decade. According to the *Washington Post*, "President Obama's budget kicks the hard choices further down the road."[19]

Unwilling to give the Washington establishment a pass on an issue considered the greatest threat to American national security, the Tea Party saw its chance to influence the debate when the President called for a normally routine vote to increase the debt limit.[20]

Hope and Change or Politics as Usual?

The rise of the Tea Party successfully focused political and public energy on this critical issue. But the debate also brought another, perhaps more serious question to the forefront—is America's political system broken beyond repair?

Rating agencies who threatened to downgrade America's "AAA" status were not reacting to (admittedly legitimate) weaknesses in the U.S. economy, but rather to fears over the ability of Congress and the White House to manage the economy in a responsible, sustainable manner.[21]

And with Democrats and Republicans both playing partisan politics and showing reluctance to compromise, it's no surprise that international faith in Washington to honor the nation's debt is diminished. Both political parties are guilty of protecting their base and entrenched interests at the expense of what's best for the country.

Throughout the debate, Democrats refused to consider any significant cuts to the three main entitlement programs—Medicare, Medicaid, and Social Security[22]—even though these entitlement programs, combined with interest payments, will absorb all government spending by 2025.[23]

Republicans for their part, refused to consider any revenue increases, including popular (or

populist) proposals such as closing tax loopholes for oil companies or corporate jet tax subsidies.[24]

What Does the Final Deal Look Like?

On Tuesday, August 2, just hours before the Treasury's deadline, the Senate voted 74-26 to clear the bill after the House passed the measure by a margin of 269-161. Leaders in both parties called the deal a triumph of compromise, but it is clear that the deal represents just the beginning of a long process to resolve the nation's financial woes.[25]

- **Increase to the Debt Ceiling** – The compromise allows a debt ceiling increase by as much as $2.4 trillion dollars total, including an immediate increase of $400 billion dollars.
  - President Obama would be permitted to request another $500 billion increase in the coming months, which Congress could vote to disallow by a veto-proof two-thirds margin.
  - A further increase of between $1.2 trillion and $1.5 trillion would be available after a special committee identifies matching levels of additional spending cuts.
- **Spending Cuts** – The agreement calls for cuts of more than $900 billion over 10 years in spending from programs, agencies, and day-to-day spending. It would include security-related and non–security-related cuts.
- **Bipartisan "Super Committee" –** The agreement creates a 12-person House and Senate special committee to identify further spending cuts.
  - The committee must complete its work by Thanksgiving – November 23 – and Congress must hold an up or down vote on the committee recommendations by December 23.
  - The committee could overhaul the tax code or find savings in benefit programs like Medicaid, Medicare, or Social Security.
  - Congress could not modify the committee's recommendation.
- **Automatic Cuts** – Should the special committee deadlock or should Congress reject the committee's recommendations, then automatic across-the-board spending cuts of at least $1.2 trillion would go into effect.
- **Balanced Budget Amendment** – The agreement requires that the House of Representatives and the Senate vote on a Balanced Budget Amendment to the Constitution, although its passage is not guaranteed.
- The compromise does not include any immediate revenue additions or tax increases.[26]

What's Next?

Anyone who breathed a sigh of relief upon hearing Congress finally reached a last-minute deal will probably be disappointed at how the remainder of 2011 unfolds in Washington. Rather than the "grand bargain" the White House had hoped for, the fraught debate achieved merely a short-term fix for the nation's debt woes. The initial $917 billion in discretionary spending reductions has been described as a "down payment"[27] on future, more significant spending cuts. On Capitol Hill, attention almost immediately shifted to the formation of a new, 12-member, bipartisan bicameral committee charged with finding an additional $1.2 trillion in cuts. Whether the committee is successful in finding consensus between the two deadlocked sides greatly depends on who is appointed to the committee.

The timetable for the Joint Select Committee on Deficit Reduction (a.k.a. the Super Committee) to develop its proposal is as follows (action could occur before these deadlines):

Tuesday, August 16	Congressional leaders to appoint members and co-chairs of the committee
Friday, September 23	First meeting of the committee
Wednesday, November 23	Committee's report and recommendation
Friday, December 2	Committee transmits legislative language based on recommendations
Friday, December 9	Completion of consideration of recommended legislation in other congressional committees with jurisdiction (no amendments allowed)
Friday, December 23	Final action by House and Senate
Tuesday, January 31, 2012	Joint Select Committee terminates

It's no secret that the bulk of the savings will come from defense spending and health care, namely Pentagon and Medicare budgets. However, it's not yet clear what impact this will have on ACCP's advocacy agenda. Any legislative effort that would increase Medicare spending would be almost impossible to

sell on Capitol Hill in this current environment. But as Congress and the federal agencies explore ways to reduce Medicare spending while protecting benefits for seniors, Medicare will need to focus on quality outcomes, as well as ensuring maximal value for the health care dollar. ACCP believes there will be important opportunities to fully integrate the clinical pharmacist into multidisciplinary, patient-centered health care teams as the process of reforming Medicare proceeds.

A Solution?

It's clear that the path to resolving America's spending and deficit problems is blocked not by a lack of ideas but by a lack of willingness to compromise and make tough decisions.

In 2010, President Obama created the National Commission on Fiscal Responsibility and Reform to identify policies to improve the fiscal situation in the medium term and to achieve fiscal sustainability over the long run.

The bipartisan commission, chaired by former Republican Senate leader Alan K. Simpson and former White House chief of staff under President Bill Clinton Erskine B. Bowles, developed a nonbinding but economically ambitious package of spending cuts and tax increases.

The "Simpson-Bowles" plan called for deep cuts in domestic and military spending, a gradual 15-cents-a-gallon increase in the federal gasoline tax, limiting or eliminating popular tax breaks in return for lower rates, and benefit cuts and an increased retirement age for Social Security.[28]

Those changes and others, none of which would take effect before 2012 to avoid undermining the fragile economic recovery, would erase almost $4 trillion from projected deficits through 2020 and stabilize the accumulated debt.

However, with Democrats standing firm in their opposition to entitlement reform and Republicans bound by their pledge not to raise taxes, the recommendations of the panel were never implemented.

Merriam-Webster's dictionary[29] defines compromise as follows:

> A: settlement of differences by arbitration or by consent reached by mutual concessions.
>
> B: something intermediate between or blending qualities of two different things.

The Simpson-Bowles proposal clearly meets this definition and, at the same time, puts our nation on the path to fiscal sustainability. Washington knows what action it needs to take. Now, it needs to find the courage to act.

References

[1]Politico article. Who's Up, Who's Down on Debt Deal Finale. Available at http://www.politico.com/news/stories/0811/60377.html. Accessed August 4, 2011.

[2]RealClearPolitics poll. Congressional Job Approval. Available at http://www.realclearpolitics.com/epolls/other/congressional_job_approval-903.html. Accessed August 4, 2011.

[3]Time Magazine article. A Brief History of the Times Square Debt Clock. Available at http://www.time.com/time/business/article/0,8599,1850269,00.html. Accessed August 4, 2011.

[4]NASDAQ Interactive Stock Chart. Available at http://www.nasdaq.com/aspx/dynamic_charting.aspx?symbol=GOOG&selected=GOOG. Accessed August 4, 2011.

[5]NYSE fact sheet. History of the New York Stock Exchange Holidays. Available at http://www.nyse.com/pdfs/closings.pdf. Accessed August 4, 2011.

[6]107th Congress Public Law 243. Available at http://www.gpo.gov/fdsys/pkg/PLAW-107publ243/html/PLAW-107publ243.htm. Accessed August 4, 2011.

[7]President George W. Bush radio address. President Discusses Beginning of Operation Iraqi Freedom. Available at http://georgewbush-whitehouse.archives.gov/news/releases/2003/03/20030322.html. Accessed August 4, 2011.

[8]Huffington Post article. Iraq Withdrawal Date for U.S. Troops May Be Pushed Back Beyond 2011. Available at http://www.huffingtonpost.com/2011/05/11/iraq-withdrawal-2011-delay_n_860188.html. Accessed August 4, 2011.

[9]Washington Post article. The True Cost of the Iraq War: $3 Trillion and Beyond. Available at http://www.washingtonpost.com/wp-dyn/content/article/2010/09/03/AR2010090302200.html. Accessed August 4, 2011.

[10]Department of Homeland Security Missions and Responsibilities. Available at http://www.dhs.gov/xabout/responsibilities.shtm. Accessed August 4, 2011.

[11]Public Law 107-16, June 7, 2001. Available at http://www.irs.gov/pub/irs-utl/egtrra_law.pdf. Accessed August 4, 2011.

[12]H.R. 2 108th Congress. To Provide for Reconciliation Pursuant to Section 201 of the Concurrent Resolution on the Budget for Fiscal Year 2004. Available at http://www.gpo.gov/fdsys/pkg/BILLS-108hr2enr/pdf/BILLS-108hr2enr.pdf. Accessed August 4, 2011.

[13]Washington Post article. Revisiting the Cost of the Bush Tax Cuts. Available at http://www.washingtonpost.com/blogs/fact-checker/post/revisiting-the-cost-of-the-bush-tax-cuts/2011/05/09/AFxTFtbG_blog.html. Accessed August 4, 2011.

[14]Congressional Budget Office Letter to House Ways & Means Committee Chair Rep. Bill Thomas. Available at

http://www.cbo.gov/doc.cfm?index=6076&type=0. Accessed August 4, 2011.

[15]Democrats 2012. 100 Hour Agenda. Available at http://www.dccc.org/pages/100hours. Accessed August 4, 2011.

[16]CNBC article. Lehman Brothers Files for Bankruptcy, Scrambles to Sell Key Business. Available at http://www.cnbc.com/id/26708143. Accessed August 4, 2011.

[17]White House fact sheet. The Recovery Act. Available at http://www.recovery.gov/About/Pages/The_Act.aspx. Accessed August 4, 2011.

[18]Rep. Michele Bachmann news update. Members of the Tea Party Caucus. Available at http://bachmann.house.gov/News/DocumentSingle.aspx?DocumentID=199440. Accessed August 4, 2011.

[19]Washington Post editorial. President Obama's Budget Kicks the Hard Choices Further Down the Road. Available at http://www.washingtonpost.com/wp-dyn/content/article/2011/02/15/AR2011021500055.html. Accessed August 4, 2011.

[20]Washington Post article. What's the Debt Ceiling and Why Is Everyone in Washington Talking About It? Available at http://www.washingtonpost.com/business/economy/whats-the-debt-ceiling-and-why-is-everyone-in-washington-talking-about-it/2011/04/15/AFSS4R1D_story.html. Accessed August 4, 2011.

[21]Politico article. U.S. Credibility & Credit Agencies. Available at http://www.politico.com/news/stories/0811/60356.html. Accessed August 4, 2011.

[22]New York Times editorial. To Escape Chaos, a Terrible Deal. Available at http://www.nytimes.com/2011/08/01/opinion/to-escape-chaos-a-terrible-debt-deal.html?_r=2. Accessed August 4, 2011.

[23]Economist article. The Elephant in the Room. Available at http://www.economist.com/blogs/dailychart/2011/03/americas_budget. Accessed August 4, 2011.

[24]Politico article. A Will Without a Way for Tax Reform. Available at http://dyn.politico.com/printstory.cfm?uuid=C673DDC1-FA19-4C28-BA7A-3F5AB-4D223B3. Accessed August 4, 2011.

[25]Roll Call article. Is Congress Able to Move On? Available at http://www.rollcall.com/issues/57_19/Congress-Tries-to-Move-On-From-Debt-Deal-207980-1.html?pos=adp. Accessed August 4, 2011.

[26]CBS News article. A Summary of the Debt Ceiling Compromise. Available at http://www.cbsnews.com/8301-503544_162-20086655-503544.html. Accessed August 4, 2011.

[27]Bloomberg article. Senate Votes Today on U.S. Debt Compromise Amid Doubts Over Impact of Plan. Available at http://www.bloomberg.com/news/2011-08-02/senate-votes-today-on-u-s-debt-compromise-amid-doubts-over-impact-of-plan.html. Accessed August 4, 2011.

[28]National Commission on Fiscal Responsibility and Reform report. The Moment of Truth. Available at http://www.fiscalcommission.gov/sites/fiscalcommission.gov/files/documents/TheMomentofTruth12_1_2010.pdf. Accessed August 4, 2011.

[29]Merriam-Webster dictionary. Available at http://www.merriam-webster.com/dictionary/compromise?show=0&t=1312482391. Accessed August 4, 2011.

2012 Committee and Task Force Progress Report

ACCP thanks the more than 750 ACCP members who expressed interest in devoting time to committees, task forces, and other volunteer activities during the upcoming year. All members were asked to indicate the specific ACCP activities in which they were interested by responding to ACCP's annual survey for volunteers, conducted from June 24 to July 15. President-Elect Lawrence Cohen is expected to complete the initial committee roster assignments soon, and committee/task force e-mail invitations will be sent to members by August 29. Because some members may find themselves unable to serve, it is expected that additional invitations will be distributed in early September. ACCP will provide a final update on 2012 committees and task forces in next month's newsletter.

Attention Students, Residents, and Fellows: Apply Online Now for 2011 ACCP Annual Meeting Travel Awards

Have you thought about attending an ACCP meeting, but the financial resources available to cover your travel and registration costs are limited? ACCP and its members want to help!

ACCP Student Travel Awards and Resident/Fellow Travel Awards enable students and postgraduate trainees to attend ACCP meetings by awarding travel stipends and/or complimentary meeting registrations. Apply online now for an award to attend the ACCP Annual Meeting in Pittsburgh, Pennsylvania, October 16–19, 2011.

How to Apply

Students: Student members of ACCP who are full-time pharmacy students pursuing their first professional pharmacy degree are invited to apply for an award. Applicants are asked to submit a completed application, which includes a curriculum vitae or resume, two letters of reference, and an essay of no more than 500 words detailing the applicant's objectives for attending an ACCP meeting. All application materials should be submitted online at http://www.

accp.com/stunet/award.aspx. *The application deadline is September 2, 2011.*

Residents/Fellows: To qualify, applicants must be current resident or fellow members of ACCP who are enrolled in a residency or fellowship program at the time of the meeting. Applicants must submit a curriculum vitae, an essay of no more than 250 words detailing the applicant's objectives for attending an ACCP meeting, and a personal reference from the residency or fellowship program director or his or her designee. All materials should be submitted online at http://www.accp.com/membership/resfelAward.aspx. *The application deadline is August 23, 2011.*

For more information on ACCP travel awards, contact Jon Poynter, ACCP Senior Membership Project Manager, at jpoynter@accp.com or (913) 492-3311, ext. 21.

Volunteer Recognition

The following individuals have made significant contributions to ACCP during the past 2 years. ACCP congratulates these individuals for being nominated by their peers and thanks them for their significant contributions to the organization.

Canadian College of Clinical Pharmacy

Tom Brown, Pharm.D., Director of the Doctor of Pharmacy Program and Associate Professor at the University of Toronto and Director of Pharmacy Services at Women's College Hospital, Toronto, Ontario, Canada.

Northern California College of Clinical Pharmacy

Tina Denetclaw, Pharm.D., BCPS, Clinical Pharmacist, Marin General Hospital, Greenbrae, CA, and Associate Clinical Professor, University of California, San Francisco, CA.

Sharya Bourdet, Pharm.D., BCPS, Clinical Pharmacist, Veterans Affairs Health Systems San Francisco Health Sciences and Assistant Clinical Professor, University of California, San Francisco, CA.

Katherine Yep, Pharm.D., FASCP, Clinical Pharmacist, California Pacific Medical Center, San Francisco, CA.

Critical Care PRN

Tony Gerlach, Pharm.D., BCPS, Specialty Practice Pharmacist in Critical Care, Ohio State University Medical Center, and Clinical Assistant Professor, The Ohio State University College of Pharmacy, Columbus, OH.

Dusty Linn, Pharm.D., BCPS, Clinical Pharmacist, Methodist University Hospital, Memphis, TN.

Scott Bolesta, Pharm.D., BCPS, Assistant Professor, Nesbitt College of Pharmacy and Nursing, Wilkes-Barre, PA.

Amy Dzierba, Pharm.D., BCPS, Clinical Specialist and PGY2 Critical Care Residency Director, New York-Presbyterian Hospital, New York, NY.

Kathryn Connor, Pharm.D., BCPS, BCNSP, Clinical Specialist, University of Rochester Medical Center and Assistant Professor, St. John Fisher College, Rochester, NY.

Education and Training PRN

Haley Phillippe, Pharm.D., BCPS, Assistant Clinical Professor, Harrison School of Pharmacy and University of Alabama Division of Family Medicine, Auburn, AL.

Nancy Shapiro, Pharm.D., BCPS, Clinical Assistant Professor, University of Illinois at Chicago, College of Pharmacy, Chicago, IL.

Heather P. Whitley, Pharm.D., BCPS, CDE, Clinical Assistant Professor, Auburn University, Harrison College of Pharmacy, Auburn, AL.

Michael J. Peeters, Pharm.D., M.Ed., BCPS, Clinical Assistant Professor, University of Toledo College of Pharmacy, Toledo, OH.

Sekhar Mamidi, Pharm.D., Assistant Professor, Ohio Northern University, Ada, OH.

Samantha Karr, Pharm.D., BCPS, Assistant Professor, Midwestern University, College of Pharmacy-Glendale, Glendale, AZ.

Tina Harrach Denetclaw, Pharm.D., BCPS, Clinical Pharmacist, Marin General Hospital, Greenbrae, CA, and Associate Clinical Professor, University of California, San Francisco, CA.

Immunology and Transplantation PRN

Eric Tichy, Pharm.D., BCPS, Clinical Pharmacy Specialist and PGY2 Solid Organ Transplant Program Director, Yale-New Haven Hospital, New Haven, CT.

Nicole Pilch, Pharm.D., M.S., BCPS, Clinical Specialist and Clinical Assistant Professor, South Carolina College of Pharmacy–Medical University of South Carolina Campus, Charleston, SC.

Visit http://www.accp.com/membership/vrp.aspx to view the current listing of volunteers recognized and their specific contributions to the College.

Pharmacotherapy Pearls

Pharmacotherapy's Impact Factor Report

Stephen E. Cavanaugh, B.A.
Richard T. Scheife, Pharm.D., FCCP
Wendy R. Cramer, B.S., FASCP

The Institute for Scientific Information impact factor is a measure used by researchers, authors, and libraries to judge the overall "quality" of a journal. Journals with higher impact factors are held to be more prestigious and of higher impact than are those with lower impact factors. Indeed, tenure and promotion committees often not only assess a candidate's number of publications, but also factor in the impact factor of the journals in which the candidate has published.

Pharmacotherapy's most recent 1-year impact factor remained largely unchanged (i.e., 9/100 of a point lower than last year's), as did the journal's 5-year impact factor (which increased from 2.255 to 2.260); these are the highest impact factors among the pharmacy journals. We have created the following report so that you can see the relevant data for each pharmacy journal.

Journal	Total Cites	Articles	Impact Factor	5-year Impact Factor	Self-Cite (%)	Rank (X/249)
Pharmacotherapy	4438	134	2.631	2.260	2	101
AJHP	3491	137	2.219	1.967	8	130
Annals of Pharmacotherapy	5697	232	2.166	2.163	3	135
JAPhA	1212	77	1.329	1.264	16	183
JMCP	1017	42	2.392	—	10	121
AJPE	1129	147	1.265	1.280	62	185

MEDIAN IMPACT FACTOR FOR ALL PHARMACY & PHARMACOLOGY JOURNALS (249 TOTAL): **2.369**

Details of *Pharmacotherapy*'s impact factor:

Cites in 2010 to items published in:
2009 = 288
2008 = 504
Sum: 792

Number of items published in:
2009 = 135
2008 = 166
Sum: 301

Calculation of *Pharmacotherapy*'s impact factor:

$$\frac{\text{Cites to recent items}}{\text{Number of recent items}} \qquad \frac{792}{301} = \mathbf{2.726}$$

	Research Articles	Citable Items Reviews	Combined	Other Items
Number in JCR year 2010 (A)	83	51	134	17
Number of references (B)	2275	3620	5895	250.00
Ratio (B/A)	27.4	71.0	44.0	14.7

Journal Source Data

The Source Data Table shows the number of citable items in the Journal Citation Report (JCR) year. Citable items are further divided into articles (i.e., research articles) and reviews.

An item is classified as a review if it meets any of the following criteria:

- It cites more than 100 references
- It appears in a review publication or a review section of a journal
- The word *review* or *overview* appears in its title
- The abstract states that it is a review or survey

Other items include editorials, letters, news items, and meeting abstracts. These items are not counted in JCR calculations because they are not generally cited. Data in this column are available only in JCR 2003 and subsequent years.

The table also shows the number of references cited by the articles and reviews in the JCR year. The ratio of references to citable items indicates the average number of references cited by an article or review.

ISI Impact Factor

The Institute for Scientific Information (ISI) impact factor reported each year reflects data from the

previous 2 years. The 2010 impact factor is calculated as follows:

$$\frac{\text{Number of cites in 2010 to articles published in 2008 and 2009}}{\text{Number of articles published in 2008 and 2009}}$$

Ranking in the pharmacy and pharmacology journal category is by "*x*/*N*," where *x* is the rank and *N* is the number of journals.

Comparative data with other journals in this category appear below:

Year		*PPI*	*DICP*	*AJHP*
2005				
	IF	1.920	1.837	1.437
	x/192	93	98	120
2006				
	IF	1.900	2.259	1.935
	x/199	103	85	102
2007				
	IF	2.012	1.985	1.708
	5-yr IF[a]	2.026	1.918	1.621
	x/205	112	113	126
2008				
	IF	2.527	2.305	1.763
	5-yr IF	2.347	2.153	1.744
	x/216	91	106	135
2009				
	IF	2.726	2.453	2.097
	5-yr IF	2.255	2.190	1.961
	x/236	90	111	132
2010				
	IF	2.631	2.166	2.219
	5-yr IF	2.260	2.163	1.967
	x/249	101	135	130

[a]Five-year IFs have only been compiled by ISI JCR since 2007.
AJHP = *American Journal of Health-System Pharmacy*; *DICP* = *Annals of Pharmacotherapy*; IF = impact factor; *PPI* = *Pharmacotherapy*.

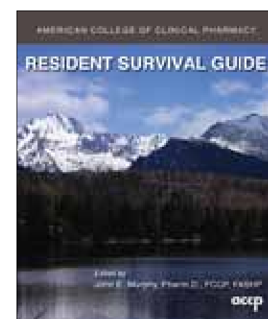
ACCP's Popular Online Curriculum Vitae Review Service Returns

As the clinical pharmacy profession continues to experience an increase in demand and competition for residency positions and first-rate jobs, it is vital that students and postgraduate trainees have a well-written CV. An effective CV provides a positive image for future selection committees or employers, and it distinguishes an individual from the rest of the crowd. As questions arise in preparing and completing a CV, wouldn't it be helpful to have a seasoned professional review it?

Now through April 1, 2012, student, resident, and fellow members may submit their CVs online as a Microsoft Word document and have them randomly assigned to a volunteer ACCP member reviewer. The ACCP reviewer will provide his/her comments and suggested edits using the track changes feature of Microsoft Word. Participants will receive an e-mail containing feedback from the reviewer within 2 weeks.

When preparing a CV for review, be sure to take advantage of ACCP's other Web-based resources. Learn or review the basics of CV formatting, view sample CVs, and access valuable "curriculum vitae pearls," which provide practical insights in developing a CV. These services and other resources are accessible from the ACCP Web site at http://www.accp.com/stunet/cv.aspx. For questions about the ACCP CV Review Service, contact Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

New *Resident Survival Guide* Available in September



Available this fall in the ACCP Bookstore, the *Resident Survival Guide* will offer clinical pharmacy residents a valuable roadmap for negotiating the residency experience. Dr. John Murphy and a team of experienced clinical faculty and preceptors will discuss topics of interest to new and continuing residents. Chapters will include:

1. Finding a Quality Training Program
2. Changing Your Perspective: Transitioning from Student to Practitioner
3. What to Expect: Navigating New Professional Territory
4. Clinical Practice: Taking Responsibility for Patient Care
5. Teaching and Precepting: Assuming the Role of an Educator
6. Research: Becoming a Scholar
7. Balancing Professional and Personal Priorities
8. After Residency: Determining Career Direction

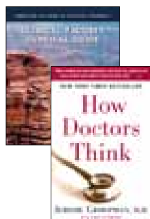
9. Professional Networking and Career Advancement
10. Lifelong Learning as a Professional Obligation

Each chapter includes a reflective essay written by a pharmacy resident that gives a personal account of what to expect from the residency experience.

Potential and current clinical pharmacy residents will benefit in their residency experience from being armed with insight and advice from leaders in the clinical pharmacy profession. The *Resident Survival Guide* will be available September 2011 in the ACCP Bookstore at www.accp.com/bookstore.

ACCP Academy Recommendations from the ACCP Bookstore

Are you attending the ACCP Academy programs in Pittsburgh? Faculty from the Academy programs have compiled a list of required and recommended books to enhance your Academy experience. Now would be a good time to purchase these titles—giving you many opportunities to examine the books before your Academy sessions. Faculty-recommended titles include:

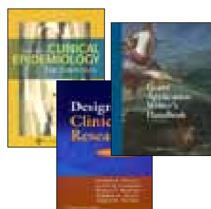


Career Advancement (formerly Clinical Practice Advancement)

Clinical Faculty Survival Guide
How Doctors Think

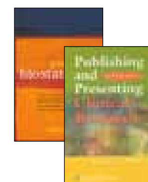
Leadership and Management

Good to Great: Why Some Companies Make the Leap...And Others Don't
Leadership and Self-Deception: Getting Out of the Box
On Becoming a Leader, Revised Edition



Research and Scholarship

Clinical Epidemiology: The Essentials, Fourth Edition
Designing Clinical Research, Third Edition
Grant Application Writer's Handbook, Fourth Edition
Primer of Biostatistics, Sixth Edition
Publishing and Presenting Clinical Research, Second Edition



Teaching and Learning

Classroom Assessment Techniques: A Handbook for College Teachers, Second Edition
Clinical Faculty Survival Guide
The Joy of Teaching: A Practical Guide for New College Instructors
Mastering the Techniques of Teaching, Second Edition
Re-visioning Professional Education: An Orientation to Teaching

Visit the ACCP Bookstore for these recommended titles as well as other useful resources. See the Academy Web page for more information on ACCP Academy programs.

ACCP PBRN: There's Strength in Our Numbers

Thanks to all of you who took time to register with the ACCP PBRN. We would like to provide you with an update of our progress.

To date, the PBRN has 708 individual members. ACCP PBRN pharmacists provide clinical services an average of 6 half-days/week. This represents 2709 half-days/week on the basis of individual pharmacist responses to our registry survey. For the 437 pharmacists who provide direct patient care, the median number of patients seen by our PBRN members each week is 30. This equates to 18,722 patient encounters by our PBRN clinical pharmacist members in 1 week and almost 1 million encounters annually.

Around 35% of ACCP PBRN members use scope of practice or collaborative care agreements. Virtually all the PRNs are represented. As such, the ACCP PBRN membership reflects a true cross section of the ACCP membership, as shown in the table that follows.

ACCP PBRN Membership by PRN

Count	PRN Code	PRN Name
80	AMED	Adult Medicine
182	AMBU	Ambulatory Care
98	CARD	Cardiology
15	CNSY	Central Nervous System
22	CADM	Clinical Administration
105	CRIT	Critical Care
6	DINF	Drug Information
60	EDTR	Education and Training
17	EMED	Emergency Medicine
34	ENDO	Endocrine and Metabolism
24	GERI	Geriatrics
19	GILN	GI/Liver/Nutrition
14	OCEC	Health Outcomes
46	HMON	Hematology/Oncology
35	IMTR	Immunology/Transplantation
96	INFD	Infectious Diseases
21	NEPH	Nephrology
27	PAIN	Pain and Palliative Care
39	PEDI	Pediatrics
5	INDU	Pharmaceutical Industry
13	PKPD	Pharmacokinetics/Pharmacodynamics
18	WOMN	Women's Health

Four hundred three sites are registered in 48 states and 14 countries. About 53% of our ACCP PBRN members practice in an inpatient or emergency department setting, 36% in an outpatient setting, and the remaining 11% in managed care, community health center, long-term care, community pharmacy, and government settings. Eighty-four percent of practice sites are located in urban areas with populations of more than 50,000 people. Almost two-thirds of our members use electronic medical records, and virtually all have Internet and e-mail capabilities (86%).

We expect the publication of the results from our demonstration project, the MEDAP (Medication Error Detection, Amelioration, and Prevention) Study, later this year, and the abstract presentation at the ACCP Annual Meeting this October in Pittsburgh. This sentinel feasibility project for the ACCP PBRN was successful in documenting more than 700 pharmacist interventions related to medication safety.

The ACCP PBRN encourages interested investigators to contact the PBRN with their project ideas; moreover, the ACCP PBRN is available to support the practice-based research efforts of our membership. Contact us today with your comments and sug

The ACCP Research Institute—Your Partner in Advancing Practice Through Research

Jimmi Hatton, Pharm.D., FCCP, FCCM
Chair, ACCP Research Institute Board of Trustees

For the past 3 years, it has been my distinct pleasure to participate as one of your elected members to the Research Institute (RI) of ACCP. Perhaps like many of you, I found that my understanding and appreciation of this group and its activities was initially somewhat limited. My early career benefited from the RI's financial investment in my research program as a young faculty member, but beyond that, I lost touch with this arm of our organization. My tenure on the RI Board has allowed me to gain new respect for the vision, commitment, and innovation of this group of ACCP research colleagues, and I would like to share with you a glimpse of what I have learned.

About 4 years ago, the RI leadership team had the courage to risk moving our research investments from individual member grants to a larger, global program in which clinical pharmacy practice research could be conducted using a practice-based research network (PBRN). This step into uncharted territory required tenacity to overcome the obstacles to this paradigm shift. Persistence and determination by our colleagues, particularly Drs. Grace Kuo and Jacque Marinac, facilitated our progress toward a clearer concept of this research direction. As ACCP members, you now have opportunities to collaborate in research that advances clinical practice. The launch and validation of the PBRN provide us the chance to participate in national research that defines the value of clinical pharmacists' interventions.

We are fortunate to have ACCP colleagues committed to clinical pharmacy's future and our continued development as clinical pharmacists. Although some of our members are intimidated by research and others are unfamiliar with methods for PBRN protocols, the RI has launched initiatives to meet these needs. The Focused Investigator Training (FIT) Program is an opportunity for professional development that creates a mentored experience in research and grantsmanship skills. In addition, Dr. Dan Touchette serves as PBRN director and works with a Community Advisory Panel of ACCP members to identify practice-based research questions relevant to clinical pharmacy.

I encourage each ACCP member to become familiar with the RI and its offerings. As a profession, we are in the midst of monumental changes in health care and on the cusp of enormous opportunities that will define clinical pharmacy for our future colleagues. The RI is your team of colleagues committed to investing in the documentation of our contributions to national health care goals. There is a way for each ACCP member to collaborate with the RI. Joining the PBRN, attending annual program offerings, supporting the Frontiers Fund, or applying for the FIT Program are ways to support the goals of our leaders in the RI. These Board members are our partners, designing programs and opportunities that equip us individually and collectively for the exciting future challenges in clinical pharmacy.

Although not everyone will have the opportunity to serve on a Board, there is a place for every member of ACCP as part of ACCP's research mission. I welcome your thoughts and ideas. My tenure on the Board is closing at year's end, but my education as a researcher has been forever changed. I encourage you to find your place in clinical pharmacy research and join with your colleagues to equip yourself as a partner, defining our future through research. Thank you for providing me the opportunity to serve you in this capacity.

Frontiers Fund: Celebrating Success

FIT Graduates Secure More than $12 Million in New Grant Monies

ACCP PBRN Completes Inaugural Project

In 2009, the Frontiers Fund launched a new campaign, asking members to donate to the new mission of the Research Institute (RI) and the Focused Investigator Training (FIT) Program and to create a nationwide clinical pharmacy practice-based research network (PBRN). Through these programs, the RI will receive national recognition as *the* place for clinical pharmacists to sharpen their research skill and prepare to compete for significant research funds. We appreciate the faith and confidence of our Frontiers Fund donors in supporting our new efforts in the past few years. We want to thank our donors and assure you that your donations have resulted in a great return on investment.

The annual FIT Program was offered for the fourth time earlier this summer. So far, 46 investigators have graduated from this highly rated grantsmanship program. The FIT Program graduates of the 2008 and 2009 classes have generated more than $12 million in new grant monies—simply astounding!

Our second fundraising goal was to establish the first national clinical pharmacy PBRN. Our thanks go out to the more than 700 ACCP PBRN members who have joined this network. We built it and you came.

Special thanks go to our members who participated in the inaugural MEDAP (Medication Error Detection, Amelioration, and Prevention) Study, which documented more than 700 medication error–related clinical pharmacist interventions. The manuscript will be published later this year, and an abstract will be presented in Pittsburgh at the ACCP Annual Meeting. The potential for the ACCP PBRN to contribute robust and meaningful outcomes data to the clinical pharmacy community cannot be overestimated.

As the RI celebrates the success of the FIT Program graduates and the completion of the inaugural ACCP practice-based research project, we recognize these programs were made possible by the contributions of several hundred ACCP members and organizations, as well as by the several PRNs who donated in 2010 and 2011. However, we cannot achieve continued growth and success without your financial support. Your tax-deductible donation will:

- Develop researchers
- Build the ACCP PBRN
- Generate evidence

...to further document the value of clinical pharmacy services and advance pharmacy research.

More information about the Frontiers Fund, including a complete list of donors since 1998, is available at http://www.accpri.com/. Please consider donating to help the Frontiers Fund in 2011 and join the others who have contributed to its success.

2011 Frontiers Fund Committee: Ron Evens, Susan Fagan (Chair), Stuart Haines, Jimmi Hatton (Chair, Board of Trustees), and Ralph Raasch.

AHRQ Publishes New Resource Materials on Treatment of Type 2 Diabetes

The Agency for Healthcare Research and Quality (AHRQ) recently published its updated systematic review on the comparative effectiveness of oral medications for the treatment of type 2 diabetes. The 2011 update includes newer medications and two-drug combinations. In addition, it contains patient and clinician summaries to support shared decision-making in the use of oral treatments for type 2 diabetes. Faculty slides are also available. For more information go to http://cl.publicaster.com.

As clinical pharmacists are well aware, the management of hyperglycemia is an important focus of treatment to achieve improved macrovascular and microvascular outcomes in patients with type 2 diabetes. Controlling blood glucose levels often requires several strategies, including weight loss, if needed; dietary control; increased physical activity; and antidiabetic medications.

Among the key findings of the new AHRQ report:

- Many antidiabetic medications given *by themselves* work equally well to lower blood glucose;
- Two-drug combinations decrease hemoglobin A1c further;
- Most agents (except metformin and glucagon-like peptide-1 receptor agonists) are associated with weight gain; and
- The risk of mild to moderate hypoglycemia varies—it is highest for second-generation sulfonylureas and is increased for some two-drug combinations over monotherapy.

More detailed research results are outlined in AHRQ's new Clinician Research Summary, which provides the "clinical bottom line" on the treatments' glycemic control, weight gain, and risk of adverse events. A companion summary for consumers outlines research findings in plain language and provides background information on type 2 diabetes and treatment options. Both are available on AHRQ's Effective Health Care Program Web site (www.effectivehealthcare.ahrq.gov), together with other research reports on diabetes.

This information, as well as a wide range of information and resources of AHRQ, is available as a "focus" link on the ACCP Web site under the "Professional Resources" tab.

Pharmacy Organizations' Collaborative on Health Care Technology Continues to Make Progress

The Pharmacy e-Health Information Technology (e-HIT) Collaborative, formed in 2010 under the auspices of the American Pharmacists Association (APhA) by several national pharmacy organizations, including ACCP, has completed a busy and successful first year of operation. During that time, several ACCP members have participated in the work of the collaborative, most notably ACCP Board of Regents member Terry Seaton, whose interest and expertise in the areas of electronic health records and clinical decision support systems have proved quite valuable to the group's work. ACCP Associate Executive Director Edwin Webb represents ACCP on the Coordinating Council of the collaborative.

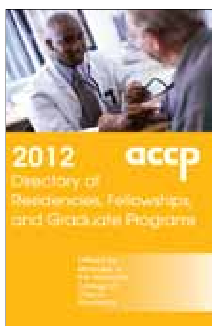
The primary work of the collaborative is to ensure the meaningful use of standardized electronic health records (EHRs) that support safe, efficient, and effective medication use and continuity of care, as well as to facilitate access to the patient care services of pharmacists and other members of the interdisciplinary patient care team.

The collaborative recently launched a new Web site (www.pharmacyhit.org) to provide information on its work, goals and objectives, and communications to officials within the U.S. Department of Health

and Human Services (DHHS), the Office of the National Coordinator for Health Information Technology (HIT; within DHHS), and the Centers for Medicare & Medicaid Services (CMS). In turn, the DHHS, the Office of the National Coordinator for HIT, and CMS are directing the evolution of the nation's electronic health information infrastructure as part of ongoing health care system reform efforts.

A link to the collaborative's Web site has been added to the list of links on ACCP's Web site under the "Professional Resources" tab.

Call for New and Updated Training Program Directory Listings: Deadline Is August 31



The *ACCP Directory of Residencies, Fellowships, and Graduate Programs* is available both on the Web and in print. The 2012 print directory will be distributed this December to prospective residency, fellowship, and program candidates and to each U.S. school and college of pharmacy. All ACCP members who serve as principal preceptors of residencies, fellowships, or clinical scientist graduate degree programs (M.S., Ph.D.) are encouraged to list or update their programs in the directory no later than August 31, 2011.

Responses received by August 31 will be listed in the 2012 print directory. The directory will be available in November 2011 and distributed to students, residents, and practitioners at the 2011 ASHP Midyear Clinical Meeting and the 2012 APhA Annual Meeting. In addition, it will be sent at no charge to any ACCP member who requests a copy (see future editions of the *ACCP Report* and the ACCP Web site for information on how to request a copy of the 2012 directory). The College provides this service at no charge to ACCP members. All listings must be updated, however; listing will automatically expire if they are not updated annually, even if a program is already listed in the directory.

The College has notified all ACCP members by e-mail and asked them to update their listings by verifying accuracy and making any needed changes. This ensures that all listings are correct and up-to-date for prospective applicants who rely on this information. Directory listings that are not updated and verified by the deadline above, however, will be automatically removed from the directory. It is easy to list or update a program. Last year's listings already appear on the directory Web site. To add, edit, or delete a listing, go to http://www.accp.com/resandfel. If an ACCP member already has a program listed in the current directory, he/she can just open it, make any changes or additions, and resubmit it. If the member has forgotten his/her password, it can be accessed through ACCP's password reminder system at http://www.accp.com/signin/forgotPassword.aspx.

Remember, listings must be added, updated, or deleted by August 31, 2011. If any member experiences technical difficulties, or has questions regarding directory updates, he/she should contact Brent Paloutzian at bpaloutzian@accp.com.

New Web-Based CPE Program Available at the ACCP Web Site

New, on-demand continuing pharmacy education (CPE) activities, **"Patient Cases in VTE Prevention,"** are now available on the ACCP Web site. Test your clinical decision-making skills by accessing three new, on-demand patient case studies. These 1-hour CPE activities focus on VTE prevention in medical, surgical, and pediatric patients. Each case study is accredited for pharmacists, physicians, nurses, nurse practitioners, and case managers. These activities can be accessed online, anytime before May 30, 2012, and there is no fee to participate. Go to http://www.accp.com/education/freeCEPrograms.aspx to link to the program.

New Members

Mohammad Al Nahedh
Asima Ali
Nicholas Bacon
Mei Bell
Prachi Bhatt
Arunava Biswas
Lindsay Blaise
Neda Borhani
Amanda Botteicher
George Brown
Ashley Buckley
Philong Bui
Tam Bui
Ryan Camden
Elise Carlson
Robert Carr
Jessica Casey
Holly Causey
Timothy Chiu
Eunah Cho

Julie Cho
Sora Choi
Thomas Combahee
Lauren Cook
Lydia Cronic
Jennifer Curello
Susan Cywiak
Greg Davis
Sean DeFrates
Lindsey DeMers
Kitty Deng
Lauren Dickinson
Eric Dietrich
Bonnie DiLorenzo
Jesslee Du Plessis
Muamer Dzebo
Hesham Elarabi
Nancy Elrod
Sara Eltaki
Fanak Fahimi
Betty Fang
Elizabeth Felder
Caitlin Frail
Erin Gaffney
Asim Ghosh
Balaram Ghosh
Justin Griner
Genevieve Hale
Christine Hannan
Lalymar Havern
Kristina Hazard
Jennifer Hibbs
Richard Hine
Keri Hogan
Heather Houseknecht
Sukhjeet Hundal
Anita Jackson
Elizabeth Jennings
Ashley Johnson
Justin Julius
Priyanka Kancherla
Jaydeep Khatri
Alice Kim
Katie Kline
Megan Kloet
Christianah Kolajo
Matthew Kostoff
Sarah Land
Jeffrey Larsen
Hyein Lee
David Leedahl
Jonathan Leung
David Lim
Dennison Lim
Lori Long
Angela Loo
Kajua Lor
Jennifer Lose
Chung Lu
James Lukose
Thomas Lupton
Vivian Ma
Livia Macedo
Shirin Madzhidova
Gracielle Manipon
Nicholas Mariani
Jacob Marler
Jenny Martinez
Nicole McClellan
Corey McEwen
Gloria Meredith
Jennifer Miles
Lacey Miller
Matthew Miller
Robert Miller
Ronni Miller
Amanda Misiewicz
Jean Mok
Brian Moore
Leslie Moore
Thomas Moran
Hussein Mroueh
Caroline Mulcrone
Kara Murray
Kyle Murray
Ahmad Nessar
Dian Norman
Alexandria Padgett
Lesley Pahs
Jenny Park
Amit Patel
Jaini Patel
Sarah Pennie
Thuyvan Phan
Brolin Poole
Hillary Powell
Christine Puschak
Millie Rajyaguru
Timmi Rathappillil
Katherine Raymond
Samuel Reveron
Albert Rizos
Holly Rosenblatt
Wafik Shaker
Tiffany Shin
Justin Simon
Jennifer Smith
Michael Smith
Brandon Snedeger
Julie Srorn
Matthew Strods
Jeremy Stultz
Raidah Subeh
Sarah Tischer
PhanAn Tong
Jennifer Towle
Dylan Turner
Lucy Ung
Kelly Valla
Suong Vo
Jacqueline Von Vital
Randall Voytilla
Don Vu
Susan Warrington
Sarah Wenger
Alexandra Wesolowski
Amanda Whiddon
Ben White
Philip Williams
Monica Wilson
Agnes Withers
Jessica Wooster
John Yaeger
Elnaz Zoghi
Amanda Zomp

The following individuals recently advanced from Associate to Full Member:

Tania Ahuja
Megan Buchanan
Christina Ciccarello
Misilene Fulse
Kelly Gauthier
JoEllen Hanigosky
Lori Hensic
Jonathan Hunchuck
Nancy Keefer
Ryan Kuhn
Min Kwon
Joyce Lee
Stephen Lemon
Anna Morin
Carol Motycka
Anne Niemiec
Sung Hyun Oh
Laurie Schmitt
Demetra Tsapepas
Lindsay Varga
Mary Jo Vierkant

New Member Recruiters

Many thanks to the following individuals for recruiting colleagues to join them as ACCP members:

Stephanie Ballard
Adewale Balogun
Jena Burkhart
Katherine Carey
Henry Dunnenberger
Amy Franks
Evelyn Hermes DeSantis
Laura Holden
Sarah Hutton
Peter Juve
Samantha Karr
Jill Krisl
Lindsey McGreer
Matthew Miller
Susan Miller
Nicholas Norgard
Cindy O'Bryant
Maria Pruchnicki
Jill Rebuck
Jacqueline Roh
Garrett Schramm
Judith Smith
Steven Smith
Trent Towne

Clinical Pharmacy Specialists
Ambulatory Care, Cardiology, Critical Care, Hematology-Oncology, Organ Transplant
King Abdulaziz Medical City
Riyadh, Saudi Arabia

King Abdulaziz Medical City (KAMC) is the main medical center campus for the Saudi Arabia National Guard Health Affairs (NGHA) system and serves as the largest medical complex in Saudi Arabia. NGHA's goal is to be recognized as the leading health care system in the Gulf through the provision of excellent patient care, state-of-the-art education and training, and cutting-edge research.

Located in Riyadh, KAMC is a health sciences center that includes colleges of medicine, dentistry, pharmacy, nursing, applied medical sciences, and public health and informatics. The campus is expanding from its current 1500 inpatient beds to 2400 beds by 2014, including the construction/addition of a children's hospital, neuroscience center, oncology center, transplant center, women's center, and psychiatric and addiction institute. In addition, the Medical City is increasing and enhancing its ambulatory care services across its centers and clinics.

Successful candidates will participate in the further growth and development of an already established clinical pharmacy program by optimizing pharmacotherapy outcomes in a progressive, U.S.-style academic/team care environment. Opportunities are available to educate pharmacy students, medical students, and pharmacy residents. Research participation and publication is encouraged. Attendance at professional and scientific meetings for presenting research and other scholarly work is supported.

Qualified candidates must possess a Pharm.D. degree from an ACPE-accredited institution with a PGY2 residency, fellowship, or equivalent clinical experience. Board certification is preferred.

KAMC offers an excellent salary and benefits package. Salary includes tax-free earnings with an additional 15% cost-of-living allowance and free, furnished, and completely outfitted housing in a modern, state-of-the-art housing complex. Benefits include 30 days of annual leave, 11 holidays, an annual vacation with an airline ticket to your family home/point of origin, and a "midyear benefit" of an airline ticket to London or 10 extra days of leave; free medical care and emergency dental care; Internet access, a telephone code for personal national and international phone calls, and free cable TV with up to 100 channels; free sports and social club access; and bus transportation to/from KAMC and shopping malls and shopping districts. Contracts are 1 year in duration; a sign-on bonus equal to 1 month's salary is awarded upon contract renewal.

Positions are available immediately. Qualified candidates should send a letter of interest, a curriculum vitae, and three letters of reference by e-mail to:

Ms. Sarah Al Mahri
King Abdulaziz Medical City
Corporate Nursing and Clinical Recruitment Services
AND
Abdulkareem M. Al Bekairy, M.Sc., Pharm.D.
Assistant Director, Clinical Pharmacy (KAMC)
E-mail: cncrs.clinical@gmail.com AND BekairyA@ngha.med.sa

Clinical Pharmacists
Ambulatory Care, Drug Information,
Hematology-Oncology, Internal Medicine
King Abdulaziz Medical City
Riyadh, Saudi Arabia

King Abdulaziz Medical City (KAMC) is the main medical center campus for the Saudi Arabia National Guard Health Affairs (NGHA) system and serves as the largest medical complex in Saudi Arabia. NGHA's goal is to be recognized as the leading health care system in the Gulf through the provision of excellent patient care, state-of-the-art education and training, and cutting-edge research.

Located in Riyadh, KAMC is a health sciences center that includes colleges of medicine, dentistry, pharmacy, nursing, applied medical sciences, and public health and informatics. The campus is expanding from its current 1500 inpatient beds to 2400 beds by 2014, including the construction/addition of a children's hospital, neuroscience center, oncology center, transplant center, women's center, and psychiatric and addiction institute. In addition, the Medical City is increasing and enhancing its ambulatory care services across its centers and clinics.

Successful candidates will participate in the further growth and development of an already established clinical pharmacy program by optimizing pharmacotherapy outcomes in a progressive, U.S.-style academic/team care environment. Opportunities are available to educate pharmacy students, medical students, and pharmacy residents. Research participation and publication is encouraged. Attendance at professional and scientific meetings for presenting research and other scholarly work is supported.

Qualified candidates must possess a Pharm.D. degree from an ACPE-accredited institution with a PGY1 residency or equivalent clinical experience. Board certification is preferred.

KAMC offers an excellent salary and benefits package. Salary includes tax-free earnings with an additional 15% cost-of-living allowance and free, furnished, and completely outfitted housing in a modern, state-of-the-art housing complex. Benefits include 30 days of annual leave, 11 holidays, an annual vacation with an airline ticket to your family home/point of origin, and a "midyear benefit" of an airline ticket to London or 10 extra days of leave; free medical care and emergency dental care; Internet access, a telephone code for personal national and international phone calls, and free cable TV with up to 100 channels; free sports and social club access; and bus transportation to/from KAMC and shopping malls and shopping districts. Contracts are 1 year in duration; a sign-on bonus equal to 1 month's salary is awarded upon contract renewal.

Positions are available immediately. Qualified candidates should send a letter of interest, a curriculum vitae, and three letters of reference by e-mail to:

Ms. Sarah Al Mahri
King Abdulaziz Medical City
Corporate Nursing and Clinical Recruitment Services
AND
Abdulkareem M. Al Bekairy, M.Sc., Pharm.D.
Assistant Director, Clinical Pharmacy (KAMC)
E-mail: cncrs.clinical@gmail.com AND BekairyA@ngha.med.sa