

ACCP Report

American College of Clinical Pharmacy

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The Strategic Plan of the American College of Clinical Pharmacy

The strategic planning process of the American College of Clinical Pharmacy typically occurs on a three- to five-year cycle. Every fourth or fifth year, ACCP organizes a major planning initiative that includes a broad representation of its membership. This initiative updates and creates a new strategic plan, identifies goals and objectives, and begins the process of developing action-oriented strategies to achieve the stated objectives. In the interim, the ACCP Board of Regents, Research Institute Board of Trustees, and *Pharmacotherapy* Board of Directors assume primary responsibility for establishing priorities, working on selected goals and objectives, monitoring progress, and refining the plan as needed to reflect changes in environmental conditions. Over 1000 ACCP members have provided input to the College's strategic plan by participating in surveys, focus groups, and strategic planning retreats.

The goal of ACCP's strategic planning effort is to develop, implement, and monitor an integrated strategic plan for all facets of the organization. This requires a shared vision of where we are trying to move the entire organization while recognizing that the individual missions of ACCP, the Research Institute, and *Pharmacotherapy* all contribute to achieving this vision in their unique ways. The process and timeline used to develop this planning document are depicted in Figure 1.

Core Values and Mission

The College's strategic plan is built on a foundation composed of the organization's core values and mission. All organizations—whether for-profit businesses or professional associations like ACCP—are guided by their values and mission. Although many have never taken the time to examine and articulate them, the nature of their values and mission often distinguish the truly successful organizations from the rest of the pack.

Values are beliefs, often deeply held, about what is important. They comprise principles, standards, or qualities considered inherently worthwhile or desirable. Everyone has a value system that encapsulates what they stand for and that they use to judge the world around them and to examine their experiences. Good organizations also have clearly identified values upon which they base, and against which they judge, their actions. Clarifying values for the organization makes it more likely that the organization's actions will

be principled, consistent, and clear. An organization's mission is a reflection of its core purpose and serves as its fundamental reason for being. It serves as a beacon to guide the organization in its long-term endeavors.

Figure 1. Summary of ACCP's Strategic Planning Process

- July 2006: 16-month strategic planning process is announced in the July 2006 *ACCP Report*.
- July 2006: Nearly 1000 ACCP members provide input on core values, vision, and critical issues for the College and the pharmacy profession by completing a Web-based survey.
- August 2006: Preliminary draft of core values, vision, and emerging critical issues is developed after the Board of Regents analysis and discussion of survey results.
- October 2006: About 100 members participate in focus groups conducted at 2006 Annual Meeting to validate draft core values, vision, and critical issues.
- December 2006: Strategic Planning Steering Committee (SPC) develops consensus draft of critical issues.
- January 2007: Strategic Planning Meeting of Board of Regents reviews critical issues, develops strategic directions, and updates core value and vision statements.
- February 2007: Strategic Planning Retreat, led by the SPC, develops strategic objectives for each critical issue and strategic direction.
- March 2007: Teleconferences with the *Pharmacotherapy* and Research Institute Boards review and build consensus on critical issues, strategic directions, and draft objectives.
- April 2007: Board of Regents review and refine final SPC draft of strategic objectives and develop specific strategies and tactics.
- July 2007: Board of Regents approves final strategic plan.
- October 2007 and beyond: Implement the plan!

Figure 2. Core Values that Characterize the American College of Clinical Pharmacy

- Passion for extending the frontiers of clinical pharmacy.
- Dedication to excellence in patient care, research, and education.
- Commitment to challenge the status quo, state our beliefs, and act on them.
- Integrity, honesty, reliability, and accountability in all actions.
- Courage to lead while remaining responsive to the needs of members.

A Vision for Pharmacy and ACCP

A dynamic and forward-looking organization will establish a long-range vision for itself and then set about working to make that vision a reality. This vision was established during the College's 2002 strategic planning process and was reaffirmed and/or revised during development of the 2007 plan. Consistent with ACCP's core values and mission, such a vision should be attainable but should also fall well outside one's usual comfort zone. It should be bold and exciting such that it can stimulate progress for many years to come. Finally, it should have a relatively long-term horizon, looking 10-30 years into the future.

As a first step in validating ACCP's core values and vision statements, a Web-based survey of College members was conducted in July 2006. These survey data and the extensive comments provided by participants were used to draft proposed statements of ACCP's core values and purpose. Individuals representing the College's Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, members-at-large, and staff refined these drafts to develop an updated statement of ACCP's core values (Figure 2) and mission (Figure 3). They also updated existing vision statements for the profession of pharmacy (Figure 4) and ACCP (Figure 5). In both cases, the vision statements are accompanied by a series of brief descriptors to help determine when the vision has been achieved. These accompanying statements also provide a general roadmap

Figure 3. Mission of the American College of Clinical Pharmacy

The American College of Clinical Pharmacy's purpose is to advance human health by extending the frontiers of clinical pharmacy.

Through strategic initiatives, partnerships, collaborations, and alliances, ACCP:

- Provides leadership, professional development, advocacy, and resources that enable clinical pharmacists to achieve excellence in practice, research, and education.
- Advances clinical pharmacy and pharmacotherapy through support and promotion of research, training, and education.
- Promotes innovative science, develops successful models of practice, and disseminates new knowledge to advance pharmacotherapy and patient care.

to indicate what must be accomplished to make the vision a reality.

Reaction and input to these drafts were obtained from ACCP members during a series of focus groups held during the College's 2006 Annual Meeting in St. Louis. This input was used to develop the final statements shown in Figures 2–5.

Critical Issues

In December 2006, ACCP's Strategic Planning Steering Committee (Appendix 1) used the information gathered through the survey and focus groups, integrated with a consideration of the College's vision statements, to identify the major critical issues currently faced by the organization. Subsequent planning efforts focused on clearly defining these critical issues. Participants in this process are listed in Appendix 2.

Critical Issues, Strategic Directions, and Objectives for the American College of Clinical Pharmacy

The following is the essence of ACCP's 2007 strategic plan. It is intended to guide the organization for the next three to five years. It will generally determine how professional, human, and financial resources will be applied. Moving in a given strategic direction (i.e., achieving the stated goal) by meeting defined objectives should work toward resolving a given critical issue. A variety of specific initiatives will be undertaken to achieve each objective. In each case, the target date for meeting a given objective is by the end of the respective year. Please note that while this plan articulates those issues *most* critical to the organization, it does not address all of the College's initiatives or priorities (both current and future) that will be pursued over the next five years.

CRITICAL ISSUE 1: How can ACCP establish clinical pharmacy as an essential component of health care in all practice settings?

STRATEGIC DIRECTION 1.1: Establish clinical pharmacy as an essential service within the pharmacy practice model.

Objective 1.1.1 By 2008, collaborate with other stakeholders to lead the development of a document that defines the clinical components of the pharmacy practice model.

Objective 1.1.2 By 2008, develop a "patient bill of rights" that describes what clinical pharmacy services patients should expect from any practice.

STRATEGIC DIRECTION 1.2: Implement the clinical pharmacy components of the Joint Commission of Pharmacy Practitioners (JCPP) pharmacy practice model in all health care settings.

Objective 1.2.1 By 2008, begin the establishment of mechanisms to assist practitioners in implementing the JCPP model's clinical pharmacy services.

Objective 1.2.2 By 2009, develop quantitative tools (and qualitative tools, where applicable) to assist practitioners and institutions in measuring the outcomes of clinical pharmacy services.

Objective 1.2.3 By 2009, all state practice acts will enable a model of care that includes clinical pharmacy services (e.g., all 50 states provide for collaborative drug therapy management or other systems that enable provision of direct patient care).

STRATEGIC DIRECTION 1.3: Engage key stakeholders in recognizing the value of clinical pharmacy services.

Objective 1.3.1 By 2010, establish quality metrics for clinical pharmacy services in concert with key stakeholders.

Objective 1.3.2 By 2011, disseminate to key stakeholders clinical pharmacy service metrics together with a guide to their interpretation.

STRATEGIC DIRECTION 1.4: Seek inclusion of clinical pharmacy services as a benefit under Medicare Part B and major private insurance plans.

Objective 1.4.1 By 2010, one major health plan will have recognized clinical pharmacy services as a covered benefit.

Objective 1.4.2 By 2012, legislation will have been proposed to secure Medicare Part B recognition of clinical pharmacy services as a covered benefit.

CRITICAL ISSUE 2: How does ACCP maximize the effectiveness of efforts to achieve its advocacy agenda?

STRATEGIC DIRECTION 2.1: Leverage and enhance grass roots advocacy efforts to advance ACCP's advocacy agenda.

Objective 2.1.1 By 2008, establish a communication system on the ACCP Legislative Action Center for ACCP Advocates and other members to report information about legislative and regulatory issues at the state level for staff monitoring and analysis.

Objective 2.1.2 By 2009, a minimum of five members from each state will have completed the ACCP Advocates Basic Training Program to develop and enhance their individual advocacy skills and capabilities with local, state, and federal officials.

Objective 2.1.3 By 2009, a minimum of 50% of leaders within ACCP (e.g., Board of Regents and Committee/PRN chairs) will have completed the ACCP Advocates Basic Training Program to develop and enhance their individual advocacy skills and capabilities with local, state, and federal officials.

Objective 2.1.4 By 2010, the Board of Regents will have examined the feasibility and value of establishing an ACCP Political Action Committee and determined whether or not one should be established.

STRATEGIC DIRECTION 2.2: Increase the development of effective partnerships and alliances with other health professional, payer, quality, and consumer groups.

Figure 4. Vision for the Profession of Pharmacy

As health care providers responsible for quality patient care, pharmacists will be accountable for optimal medication therapy in the prevention and treatment of disease.

ACCP believes this vision *must* be achieved within the next 10-15 years. The following indicators are suggested to demonstrate progress toward achieving this vision.

- The standard of practice in any health care setting will hold the pharmacist responsible for developing patient drug therapy plans.
- Pharmacists will be accountable for engineering and overseeing a fail-safe medication use system, managing the drug therapy of individual patients, and serving as the primary source for drug information.
- Pharmacists will be responsible for the development, management, and integration of medication distribution systems; most distribution functions will be accomplished by technicians and automated systems.
- Pharmacists will consistently influence legislative, regulatory, and health care policy development to improve medication therapy.
- Pharmacists will serve essential roles in the development of most guidelines involving pharmacotherapy.
- Most pharmacists will provide direct patient care and participate in other clinical activities not tied to the sale of a drug product.
- Formal, postgraduate residency training will be required to enter direct patient care practice. The majority of pharmacists providing direct patient care will be board certified.
- Pharmacists will frequently be recognized as principal investigators for pharmacotherapy research, generate a substantial portion of the research that guides drug therapy, and compete successfully with other health care professionals for research funding.
- Pharmacists will be the primary drug therapy educators of other health care professionals.

Objective 2.2.1 By 2009, conduct at least three exhibits at strategically selected meetings of medical, consumer/quality, and payer organizations to share information on clinical pharmacy practice models and quality and value outcomes.

Objective 2.2.2 By 2009, establish one jointly developed and funded demonstration project to examine the value and impact of clinical pharmacy services on stakeholders' key interests.

Objective 2.2.3 By 2010, ACCP will have hosted at least three educational forums on the value of clinical pharmacy services in health care. The forums will target (at a minimum) one physician organization, one payer organization, and one consumer or quality improvement organization.

Figure 5. Vision for the American College of Clinical Pharmacy

The American College of Clinical Pharmacy will drive positive changes in health care as the professional organization most influential in advancing pharmacotherapy in the prevention and treatment of disease.

The time frame by which ACCP expects this vision to be achieved is 10-15 years in the future. The statements below are provided as descriptors of what selected aspects of the environment will look like when the vision is achieved. These descriptors are provided both to make the vision more vivid and to suggest directions for ACCP and its members during the next 10-15 years.

- The College will be at the forefront of the profession, with a membership that fully represents the diversity of clinical pharmacists engaged in practice, leadership, education, and research.
- Other health professional organizations, local and national policy makers, and the news media will seek out ACCP and its members for expert opinions on pharmacotherapy-related issues.
- ACCP's educational programs and publications will be used by members of all health professions as essential sources of pharmacotherapy information.
- The College's members will be leaders in developing innovative models of practice, education, and research.
- Legislative, health policy, and regulatory measures initiated by ACCP—often in collaboration with other advocacy groups—will result in a medication use system that provides exemplary access, efficiency, safety, effectiveness, and economy.
- ACCP members will frequently be recognized as principal investigators for important clinical trials and other pharmacotherapy research. They will compete successfully for research funding for the purpose of creating and disseminating new knowledge to guide drug therapy.
- The College will be the leading health profession organization advancing pharmacotherapy research.
- Reflecting the preparation and credentials necessary to practice clinical pharmacy, 80% of ACCP's members will have completed residency training and will be board certified.

Objective 2.2.4 By 2010, develop a joint initiative with a nonpharmacy, nonprofit organization in an area of mutual interest to promote optimal patient care.

Objective 2.2.5 By 2010, develop a joint initiative with the Pharmaceutical Research and Manufacturers of America (PhRMA) and/or the Biotechnology Industry Organization (BIO) in an area of mutual interest to promote optimal patient care.

STRATEGIC DIRECTION 2.3: Increase the strategic development and dissemination of ACCP positions to influence public policy related to quality, access, and cost of health care.

Objective 2.3.1 By 2009, ACCP will have developed and disseminated a series of three position papers on the issues of i) quality, ii) access, and iii) cost of health care.

Objective 2.3.2 By 2010, at least one key stakeholder organization will have endorsed each of the three position papers described above.

CRITICAL ISSUE 3: How can ACCP advance its research mission?

STRATEGIC DIRECTION 3.1: Develop and strengthen the research knowledge, skills, and competitiveness of clinical pharmacists in clinical, translational, and health services research.

Objective 3.1.1 By 2008, develop a plan to increase the number of pharmacy students who pursue a research career.

Objective 3.1.2 By 2011, 60 clinical pharmacists will have completed the research curriculum of the ACCP Academy (i.e., foundational training).

Objective 3.1.3 Within its first three years, 60 clinical pharmacists will have completed the "summer investigator development program" (i.e., advanced training).

Objective 3.1.4 By 2012, federal grant submissions by ACCP members will have increased by 50% from its 2007 baseline.

STRATEGIC DIRECTION 3.2: Support and implement ACCP's Research Agenda.

Objective 3.2.1 By 2008, construct and implement a communications plan designed to build member understanding and support of the college's research agenda.

Objective 3.2.2 By 2009, establish an ACCP research network through the Research Institute to address critical priorities within the College's research agenda.

STRATEGIC DIRECTION 3.3: Ensure sufficient financial and other resources to adequately pursue ACCP's research mission.

Objective 3.3.1 Implement the existing or appropriately modified Research Institute staff plan no later than 2008.

Objective 3.3.2 By 2009, establish a minimum of 3 new partnerships, collaborations, or alliances to advance ACCP's research mission.

Objective 3.3.3 By 2010, ACCP will increase by 50% the extramural funding that supports pursuit of the College's research mission.

CRITICAL ISSUE 4: How does the College ensure that it has the volunteer resources needed to achieve its vision and mission?

STRATEGIC DIRECTION 4.1: Increase volunteer engagement and enable members to meaningfully contribute to ACCP's mission.

Objective 4.1.1 By 2008, establish a formal training process for ACCP volunteer chairs.

Objective 4.1.2 By 2008, develop a volunteer appreciation or recognition program.

Objective 4.1.3 By 2009, increase by 50% the number of volunteers who are making specific contributions to ACCP's mission.

Objective 4.1.4 By 2009, develop a process that better aligns assigned task(s) to member talents, interests, and abilities to commit time.

CRITICAL ISSUE 5: How can ACCP increase its contribution to ensuring an appropriately educated and skilled clinical pharmacy workforce?

STRATEGIC DIRECTION 5.1: Increase efforts to promote the development of clinical pharmacists through formalized post-graduate training.

Objective 5.1.1 By 2008, ACCP will collaborate with other pharmacy organizations, the Commission on Credentialing, and other stakeholders to increase the number of accredited community pharmacy residency positions in the U.S.

Objective 5.1.2 By 2008, ACCP will work with other stakeholder organizations to implement strategies to re-establish Medicare funding for PGY-2 pharmacy residency programs.

Objective 5.1.3 By 2009, ACCP will implement strategies to increase the number of accredited pharmacy residency positions formally affiliated with family medicine or other physician residency programs.

STRATEGIC DIRECTION 5.2: Facilitate the evolution of pharmacy's post-licensure credentialing system.

Objective 5.2.1 By 2008, contribute to the convening of a profession-wide conference (independently or collaboratively) to examine both the current and potential new framework(s) for recognition of specialties and subspecialties in pharmacy.

Objective 5.2.2 By 2009, develop and promote a profession-wide model for privileging of clinical pharmacists in health care settings.

STRATEGIC DIRECTION 5.3: Provide support for curricular content development and delivery in schools of pharmacy to better prepare the future clinical pharmacy workforce.

Objective 5.3.1 By 2008, develop a pharmacotherapy curriculum toolkit and make it available to all college of pharmacy curriculum committee chairs.

Objective 5.3.2 By 2008, the ACCP Academy will promote offerings designed to support effective achievement of curricular outcomes.

STRATEGIC DIRECTION 5.4: Develop the leadership and management skills of clinical pharmacists.

Objective 5.4.1 By 2008, ACCP will have developed and promoted a coherent series of leadership development opportunities for members.

Objective 5.4.2 By 2010, 100 ACCP members will have enrolled in or completed the leadership and management curriculum of the ACCP Academy.

Appendix 1: Strategic Planning Steering Committee

Jill Burkiewicz; Midwestern University
M. Lynn Crismon; University of Texas
C. Lindsay Devane; Medical University of South Carolina
Joseph DiPiro; South Carolina College of Pharmacy
Robert Elenbaas; American College of Clinical Pharmacy
Susan Fagan; Medical College of Georgia
Stuart Haines; University of Maryland
Gary Matzke; Virginia Commonwealth University
Michael Maddux; American College of Clinical Pharmacy
William Miller; University of Iowa
Nancy Perrin; American College of Clinical Pharmacy
Melissa Somma McGivney; University of Pittsburgh
Kathleen Stringer; University of Michigan
C. Edwin Webb; American College of Clinical Pharmacy

Appendix 2: Strategic Planning Retreat Participants

LeAnn Causey Boyd; Causey's Rx Solutions
Jill Burkiewicz; Midwestern University
Rachel Couchenour; sanofi-aventis
Joseph DiPiro; South Carolina College of Pharmacy
Robert Elenbaas; American College of Clinical Pharmacy
Curtis Haas; University of Rochester
Stuart Haines; University of Maryland
Ila Harris; University of Minnesota
William Kehoe; University of the Pacific
Jill Kolesar; University of Wisconsin
Michael Maddux; American College of Clinical Pharmacy
Gary Matzke; Virginia Commonwealth University
William Miller; University of Iowa
Todd Nesbit; The Johns Hopkins Hospital
Tom Peddicord; Novartis
Nancy Perrin; American College of Clinical Pharmacy
Angela Porter; Asheville VA Medical Center
Jon Poynter; American College of Clinical Pharmacy
Mary Roth; University of North Carolina
Joseph Saseen; University of Colorado
Glen Schumock; University of Illinois
Wendi Sirna; American College of Clinical Pharmacy
Melissa Somma McGivney; University of Pittsburgh
Sarah Spinler; University of the Sciences in Philadelphia
Kathleen Stringer; University of Michigan
Keith Thomasset; Boston Medical Center
C. Edwin Webb; American College of Clinical Pharmacy
Barbara Wells; University of Mississippi

Call for Nominations

PLEASE NOTE:

Due November 30, 2007 – Nominations for Fall 2008 awards (Clinical Practice, Education, Russell Miller, Service), the 2009 Therapeutic Frontiers Lecturer, and 2009 elected offices.

Due February 15, 2008 – Nominations for the 2008 Parker Medal, 2008 ACCP Fellows (FCCP), and 2009 Spring Awards (New Investigator, New Educator, New Clinical Practitioner).

Additional information on award criteria may be obtained from ACCP headquarters.

2008 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been full members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates may be nominated by any two Full Members other than the nominee, or by any Fellow. Current members of the Board of Regents and the Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2008.**

2009 Officers and Regents: President-Elect, Treasurer, Regents, Research Institute Trustees. Nominees must be Full Members of ACCP and should have 1) achieved excellence in clinical pharmacy practice, research, or education; 2) demonstrated leadership capabilities; and 3) made prior contributions to ACCP. Current members of the Nominations Committee are ineligible. **Nomination deadline: November 30, 2007.**

2008 Education Award: Recognizes an ACCP member who has shown excellence in the classroom or clinical training site, conducted innovative research in clinical pharmacy education, demonstrated exceptional dedication to clinical pharmacist continuous professional development, or shown leadership in the development of clinical pharmacy education programs. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2007.**

2008 Clinical Practice Award: Recognizes an ACCP member who has developed an innovative clinical pharmacy service, provided innovative documentation of the impact of clinical pharmacy services, provided leadership in the development of cost-effective clinical pharmacy services, or shown sustained excellence in providing clinical pharmacy services. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2007.**

2008 Russell R. Miller Award: Recognizes an ACCP member who has made substantial contributions to the literature of clinical pharmacy, either in the form of a single especially noteworthy contribution or sustained contributions over time. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2007.**

2009 Therapeutic Frontiers Lecture: Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. Recipients need not be ACCP members. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2007.**

Robert M. Elenbaas Service Award: Given only when a particularly noteworthy candidate is identified in recognition of outstanding contributions to the vitality of ACCP or to the advancement of its goals that are well above the usual devotion of time, energy, or material goods. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: November 30, 2007.**

2008 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service, including but not limited to patient care, leadership, administration, financial, technological, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must include the nominee's curriculum vitae, resume, or biographical sketch as available, and at least three letters of support that describe the individual's accomplishments relative to the award criteria. At least one letter of support must be from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Selection Committee, or ACCP staff are ineligible.

Nomination deadline: February 15, 2008.

2009 New Clinical Practitioner Award: This award will be given at the 2009 International Congress on Clinical Pharmacy, April 2009, in Orlando, FL. Its purpose is to recognize and honor a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years; and must be less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCP") are not eligible. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

Nomination deadline: February 15, 2008.

2009 New Educator Award: This award will be given at the 2009 International Congress on Clinical Pharmacy, April 2009, in Orlando, FL. Its purpose is to recognize and honor a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years; and must be less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCP") are not eligible. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

Nomination deadline: February 15, 2008.

2009 New Investigator Award: This award will be given at the 2009 International Congress on Clinical Pharmacy, April 2009, in Orlando, FL. Its purpose is to highlight the research program of an ACCP member who has made a major impact in an aspect of clinical pharmaceutical science. Nominees must have been members of ACCP for more than 3 years; must be less than 6 years since completion of their terminal training or degree, whichever is most recent; and must have a research program with a significant publication record having a programmatic theme, or an especially noteworthy single publication. Fellows of ACCP (i.e., "FCCP") are not eligible. All nominations must include a letter of nomination detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible.

Nomination deadline: February 15, 2008.



Mark Your Calendar for the 2008 Spring Meeting

Join us April 5–9 in scenic Phoenix, Arizona, for the Spring Practice and Research Forum and Updates in Therapeutics: The Pharmacotherapy Preparatory Course. With over 325 days of sunshine per year, Phoenix presents visitors with a picturesque experience and an abundance of outdoor adventures. Meeting events will be held at the Phoenix Convention Center in the heart of downtown Phoenix. This booming area is home to Phoenix's professional sports teams, the Arizona Science Center, theaters, dining and shopping venues, and much more.

Plan to arrive in Phoenix in time to participate in a premeeting symposium on Saturday, April 5. Take advantage of interactive, tailored programming including ACCP Academy programs in *teaching and learning* or *leadership and management*; sessions focusing on therapeutic specialty areas; and career development programming designed specifically for students.

Saturday also marks the first day of the Pharmacotherapy Preparatory Course. Beginning on Sunday, the core meeting program includes the Keynote Address on improving medication safety; the Scientific Series on translational research and pharmacogenomics; the Practice Management Series on the value of pharmacy interventions and recruitment/retention; a series on how to excel in scholarly activity and scientific writing; and the Pharmacy Education Series on involving students in pharmacotherapy research and advancing the profession through political advocacy.

In addition to curricular programming, plan to participate in PRN-developed therapeutic area Focus Sessions, Satellite Symposia, Scientific Poster Sessions, PRN Business Meetings and Networking Forums, and more. Watch the ACCP Web site, www.accp.com, for complete meeting details and plan now to join us in Phoenix!

Abstract Submission Deadline for 2008 Spring Practice and

Research Forum is November 16

All investigators in the field of clinical pharmacy and therapeutics are invited to submit abstracts to be considered for presentation at the ACCP 2008 Spring Practice and Research Forum. Abstracts may be submitted in one of the following four categories:

Original Research: Abstracts must describe original research in education, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Encore presentations are accepted for review.

Clinical Pharmacy Forum: Abstracts must describe the delivery, development, justification, or documentation of

innovative patient care services. Encore presentations are accepted for review.

Resident and Fellow Research: Submission and evaluation criteria are those of an Original Research presentation except that the research effort is ongoing.

Student Submissions: Submission criteria are those of an Original Research presentation. Partially completed data are acceptable. Abstracts should provide an assessment of the likelihood of project completion by the date of presentation. The presenting author must be a student. **Note:** The student submission deadline is Friday, December 14, 2007, midnight, Pacific Time.

Submission Process: Abstracts must be submitted online at <http://accp.confex.com/accp/2008sp/cfp.cgi>. Deadline for all non-student abstract submissions is Friday, November 16, 2007, midnight, Pacific Time. Authors will be notified by e-mail of acceptance of their papers by January 18, 2008. For more information, please contact Emma Webb, Coordinator of Professional Development, at (913) 492-3311, or emmawebb@accp.com.

Washington Report

John McGlew
Assistant Director,
Government Affairs

FDA Reauthorization Expands Agency's Funding and Authority



On September 27, 2007, President George W. Bush signed H.R. 3580, the FDA Amendment Act, into law, reauthorizing the Prescription Drug User Fee Act (PDUFA IV) for an additional five years and strengthening FDA's post-marketing drug safety authority.

President Bush's signature brought to a conclusion nine months of analysis and debate over the future of FDA. Scrutiny of the Agency was fueled in part by public outcry over the withdrawal of rofecoxib (Vioxx®) and broader concerns over the effectiveness of FDA in protecting the public health.

With PDUFA set to expire September 30, 2007, there was a fear that ideological differences between the House, Senate, and Bush administration would result in a stalemate that would have delayed reauthorization. Indeed, FDA Administrator Andrew C. von Eschenbach, M.D., was preparing for a worst-case scenario that would have required him to issue dismissal notices to about 2,000 employees.

Furthermore, the reauthorization process involved serious debate among stakeholders over a number of controversial issues, including a perceived conflict of interest associated with the PDUFA program, concern over direct-to-consumer advertising by pharmaceutical manufacturers, and disputes over provisions that would have established a regulatory pathway for approval of generic biotechnology drugs.

History of PDUFA

PDUFA dates back to 1992, when the program was established to decrease review times for new drugs. Prior to the passage of PDUFA, FDA's new drug review process

lagged behind those of other countries, often resulting in delayed access to important new medicines for U.S. patients.

The launch of the PDUFA program resulted in significant improvements in FDA funding for the drug review program. The Agency was able to eliminate backlogs of original applications and supplements and to implement new performance goals that would help ensure a more efficient and effective approval process.

In 1997, PDUFA II continued to shorten the review performance goals and improved the interactions between the FDA and drug manufacturers during the early years of drug development.

The passage of PDUFA in 2002 (PDUFA III) authorized FDA to spend user fee funds on post-market risk management programs. In addition, PDUFA III contained provisions that allowed the development of two “continuous marketing application” pilot programs, which enabled FDA and industry to enter into agreements to engage in frequent scientific feedback and dialogue during the investigational new drug phase of product development.

Concern over Perceived Conflicts of Interest

The majority of stakeholders agree that in order for FDA to carry out its mission, it requires a dedicated, sustainable funding source. However, critics continue to voice concern over drug manufacturers providing the very funding by which their products are approved and made available to the public.

For many observers, the fact that FDA relies on funding from those organizations that stand to gain economically when the drug or device is approved represents a significant conflict of interest. Some FDA employees even commented that the system of having the industry fund FDA operations could have a corrupting influence on the agency’s safety responsibilities.

Further criticism stems from the fact that the bulk of user fees goes toward paying the salaries of employees hired to speed up that approval process rather than safety monitoring. Critics therefore complained that FDA prioritizes faster drug approvals over drug safety.

The Need for Dedicated Funding

Few would disagree that FDA, as an agency, is under-funded. Jim Greenwood, former Congressman and current head of the Biotechnology Industry Organization (BIO), commented, “Very simply, FDA is drowning under the weight of its added responsibilities and its budget woes, and it sees [user fees] as its life line.”¹

While the size and scope of the industries it regulates have increased substantially, FDA’s resources have increased only modestly. The FDA regulates more than \$1 trillion worth of products — almost 10 percent of the USA’s gross domestic product (GDP). It not only regulates the \$280 billion U.S. drug industry, but also the food industry, the cosmetic industry, and any number of products that we use in our daily lives, from medical devices to lasers and microwave ovens.

Under the PDUFA funding mechanism, application fees are paid for every drug that manufacturers seek approval for — so as more investigational agents are brought before the FDA for approval, the fees paid grow accordingly.

This dedicated funding source is also necessary in order to safeguard the long-term viability of FDA. The application fee

revenues must, by law, be applied to the process of approving new drugs — Congress cannot easily divert these revenues elsewhere or cut this funding stream to help pay for other spending or tax cuts.

What PDUFA IV Accomplished

Increased User Fees. Importantly, the fees that drug manufacturers pay when they submit drug applications will increase to \$400 million, an \$87.4 million increase over the current base.

Post-Market Surveillance. The bill grants FDA new powers to force drug manufacturers to conduct post-market clinical trials and fine them if they don’t follow through. Until now, this process had been largely passive; some major clinical trials requested by regulators were never completed. FDA will also have expanded powers to mandate new label warnings when problems emerge.

Risk Evaluation and Mitigation Strategy (REMS). The bill allows new drugs to be approved through a REMS process. For drugs with little risk, the strategy might not be required, or it might be as simple as a request to report side effects and a label with safety information, as are currently required for all drugs. For drugs that raise major potential safety concerns, the strategy might require additional clinical trials, a program to train physicians in using the drug safely, or limits on advertising to the public.

Clinical Trials Registry. One of the farthest-reaching changes may be a new requirement demanding that the drug companies not only list all of their clinical trials in a registry maintained by the National Institutes of Health, but also include the results of these studies. This central clearinghouse will be accessible to the general public and will conform to the international standards developed by the World Health Organization.

Reagan-Udall Foundation. The bill will also require the creation of a new center, the Reagan-Udall Foundation, to develop new research methods to accelerate the search for medical breakthroughs. The purpose of the Foundation is to establish a public-private partnership to advance FDA’s Critical Path Initiative to modernize medical product development, accelerate innovation, and enhance product safety.

Conflicts of Interest. The bill also strengthens FDA’s safeguards against conflicts of interest on its scientific advisory committees by requiring all individuals under consideration for appointment on an advisory committee to disclose all financial interests that may be affected by the committee’s decisions.

What Wasn’t Included

Some important and controversial measures were not included in the bill—largely to ensure that a compromise was reached.

Direct-to-consumer advertising was “largely spared” from new restrictions in the legislation. Drug companies will have to pay fees to fund agency reviews of television commercials that are submitted, but the submission of commercials remains voluntary.

In addition, provisions that would have established a regulatory pathway for approval of generic biotechnology drugs were not included in the legislation. Despite a major

¹ Boston Globe Article: Drug makers lobby US to hike FDA funds.

Available at: http://www.boston.com/business/globe/articles/2006/07/13/drug_makers_lobby_us_to_hike_fda_funds/

² Kaiser Network Report. Available at: http://www.kaisernetwork.org/daily_reports/rep_index.cfm?hint=3&DR_ID=47669

lobbying effort, generic drug makers failed to persuade lawmakers to attach legislation that would allow them to market generic versions of biotech drugs.

The debate over follow-on biologics will continue throughout the 110th Congress and beyond. ACCP will continue to monitor this issue and provide updates to members as developments occur.

Reaction to the FDA Amendment Act

In general, the reauthorization of PDUFA was hailed as a positive step for the Agency and for health care. Senate Health, Education, Labor and Pensions (HELP) Chair Edward Kennedy (D-Mass.) said, "It's the most important legislation for drug safety I think probably in the history of the country and also includes food safety as well."² Kennedy's Republican counterpart, Ranking Member Mike Enzi (R-Wyo.), said, "This bill will meet the challenges of protecting American consumers and patients and usher in a new era of drug safety."³

Bill Vaughan, senior policy analyst with the Consumers Union, welcomed the reauthorization: "Both chambers of Congress and both parties have united in passing a landmark drug safety reform bill. It will help save countless lives in the future by more quickly detecting and warning of dangerous drugs."⁴

The Pharmaceutical Research and Manufacturers of America said the measure is a "critical step to make our nation's drug safety system—which already is the best in the world—even better."⁵

Public Citizen, a national non-profit public interest group, was more skeptical, noting that "Since PDUFA was passed in 1992, the FDA has treated the drug industry more as a stakeholder and client than a business to be regulated." In a letter urging members of the House and Senate to oppose the reauthorization, Public Citizen warned that PDUFA IV "would force the FDA to become even more dependent for its funding on the very industry over which it has regulatory authority."⁶

ACCP and the FDA Amendment Act

ACCP followed the reauthorization process closely, submitting comments during an FDA public meeting and tracking the legislation through Congress. In our comments, we stated our support for the reauthorization of PDUFA to ensure that the FDA receives the necessary funding to allow a more predictable, streamlined process for drug review and to reduce overall review and approval time. However, we went on to warn the Agency of concern over the continuing erosion of FDA's funding outside the user fee programs.

Finally, we stated our support for additional Congressional appropriations of public funds to the FDA to ensure that the Agency can carry out its legal mandates to protect the public health to the degree necessary to ensure the safety and efficacy of drugs, biologics, and devices.

ACCP in Washington, DC

ACCP's number one advocacy priority is to achieve full coverage for direct patient care medication management services of qualified pharmacists under Medicare Part B.

Through our ACCP Advocates Program, we are encouraging ACCP members to develop ongoing working relationships with members of Congress and their staffs on pharmacy-related issues. The two chief functions of an ACCP Grassroots Advocate are:

- To help educate policy makers on issues affecting the practice of clinical pharmacy,
- To serve as a resource and provide expertise to policy makers to assist them in developing effective legislation.

For more information on the ACCP Advocates Program or on ACCP's work in Washington, DC, contact John K. McGlew, Assistant Director, Government Affairs at jmcglew@accp.com or (202) 756-2227.

Support the Frontiers Fund and Double Your AMEX Membership Rewards Points!

ACCP members who also are American Express® Cardmembers enrolled in the AMEX Membership Rewards program can earn double Membership Rewards points when you donate to the ACCP Frontiers Fund online through the GivingExpressSM program from American Express. Your donation must be made by December 31, 2007, and must be made through the online GivingExpressSM program at <http://amex.justgive.org/nonprofits/donate.jsp?ein=43-1717075>.

As an added feature, you can establish a recurring monthly or annual donation, if desired. Or you can redeem Membership Rewards Points to make your donation! Note that qualifying donations must be made through the above Web site. Donations made directly to the ACCP Research Institute using your American Express card will not qualify for the bonus membership points.

Terms and Conditions (per American Express)

This bonus point promotion is available only when you make a donation with your American Express Card on the American Express Donation Site, americanexpress.com/give, between October 1, 2007, and December 31, 2007. To be eligible to earn bonus points, you must be enrolled in the Membership Rewards program at the time of the donation and must charge your purchase on an eligible, enrolled American Express Card. Terms and conditions of the Membership Rewards program apply. For more information, visit americanexpress.com/rewards or call 1-800-AXP-EARN (297-3276). Donations of Membership Rewards points are not tax deductible. Bonus points will be credited to your Membership Rewards account within 6-8 weeks after charges appear on your billing statement. The maximum number of points you can earn during this promotion is 25,000. Bonus ID 0731.

Please note: American Express will deduct a transaction fee of 2.25% from your donation to cover processing costs. The charities will receive your donation amount, minus the 2.25% American Express processing fee, from our partner JustGive. This transaction fee is similar to or less than the processing fee the charity would pay if you were to charge

3 ibid

4 Consumers Union Press Release. Available at: http://www.consumersunion.org/pub/core_health_care/004907.html

5 PhRMA Statement on Congressional Passage of PDUFA. Available at: http://www.phrma.org/news_room/press_releases/phrma_statement_on_congressional_passage_of_pdufa/

6 Public Citizen Press Release. Available at: <http://www.citizen.org/pressroom/release.cfm?ID=2428>

your donation with your American Express Card through any other means (i.e., over the phone to the charity, through the charity's Web site, etc.). You will not be charged any additional fees for using the American Express Donation Site, and the full amount of your donation is 100% tax-deductible.

Important Web Information on the Acute Porphyrias for Pharmacists

*Peter V. Tishler, M.D.
Brigham & Women's Hospital
Boston, MA
American Porphyria Foundation*

Pharmacists must know that certain drugs may adversely affect individuals afflicted with one of the acute porphyrias. The U.S. Acute Porphyria Drug Database is available online (www.porphyrifoundation.com/about_por/drugs/search_lasso) to help you deal with these patients and assist their physicians.

The acute porphyrias are a group of pharmacogenetic diseases in which acute, life-threatening attacks can be brought on by the use of certain medications (see Anderson KE, et al. Recommendations for the Diagnosis and Treatment of the Acute Porphyrias. *Ann Intern Med* 2005;142:439-50). The four acute porphyrias are intermittent acute porphyria, variegate porphyria, coproporphyria, and ALA dehydratase deficiency porphyria. Each represents an inherited defect in the biosynthesis of heme, required by the cytochrome P450 enzymes for the disposition of most drugs. Some drugs, particularly those metabolized by the most common forms of P450, can precipitate an acute attack, which is an ascending polyneuropathy that can culminate in respiratory paralysis and death. Obviously, it is important to avoid these harmful drugs. Physicians with little experience in dealing with the porphyrias will need the assistance of informed pharmacists in determining which drugs are safe and which are unsafe and contraindicated for use in individuals with these acute porphyrias.

To assist pharmacist, physician, and patient, we have developed this database of drugs and their safety for patients with an acute porphyria. We call your attention to this resource and hope that you will use it when you deal with patients with one of the acute porphyrias. Use the Web address listed above, or log onto the Web site of the American Porphyria Foundation (www.porphyrifoundation.com) and click on Drug Safety Database in the blue box on the home page.

Pharmacotherapy Pearls

Annual Call for *Pharmacotherapy* Reviewers

Wendy R. Cramer, B.S., FASCP
Richard T. Scheife, Pharm.D., FCCP

The value of the academic reviewer in all quality bioscience publications cannot be overstated. Only someone who is actively involved in and has a passion for clinical practice or research can accurately assess the scientific rigor and impact of a given manuscript submitted for publication.



So, how does one make the leap from an impassioned pharmacy clinician or researcher to that of an academic reviewer?

To address these questions, we held a seminar entitled "How to Be a 5-Star Reviewer" at last week's ACCP Annual Meeting in Denver. The seminar provided answers to age-old questions that should concern every great reviewer: What is the purpose of peer review and what it will never catch? What is the function of reviewers? What are the journal's responsibilities to reviewers? What are reviewers' responsibilities to the journal? Ample time will be available to answer all of your specific questions. If you were unable to attend the seminar, or if you would like to obtain samples of exemplary reviews, you can download a PDF file of the handout from this seminar by going to www.pharmacotherapy.org, clicking on "Article Submission and Review," and at the bottom left of the page, clicking on "Five-Star Reviewer."

If you would like to become a reviewer, you may do so online. Simply go to the Manuscript Central Web site (*Pharmacotherapy's* online manuscript management system) at <http://mc.manuscriptcentral.com/pharmacotherapy>. Then, proceed to "create account" at the top right-hand portion of the page and follow the step-by-step directions. You will be prompted to provide contact information, and you will be able to specify your areas of expertise (you may choose one or several) from a list of over 100 specialty areas.

We look forward to hearing from you as a potential *Pharmacotherapy* reviewer!

Awards, Promotions, Grants, etc.

Edward Bednarczyk, Pharm.D., FCCP, was recently named Chair of the Department of Pharmacy Practice at the University at Buffalo School of Pharmacy and Pharmaceutical Sciences. **Judy Cheng**, Pharm.D., MPH, BCPS, FCCP, has been appointed Professor of Pharmacy Practice at the Massachusetts College of Pharmacy and Health Sciences. She also has been selected to receive the 2007 Young Alumnus Award by the University of the Sciences in Philadelphia. **Moses Chow**, Pharm.D., FCCP, was recently appointed Professor of Pharmacy Practice and Administration at Western University of Health Sciences College of Pharmacy. **David Elliott**, Pharm.D., FCCP, has been named Associate Chair for the Charleston Division of Clinical Pharmacy at West Virginia University School of Pharmacy. **Mary H. H. Ensom**, Pharm.D., FCCP, Professor of Pharmaceutical Sciences at the University of British Columbia, was recently inducted as a Fellow of the Canadian Academy of Health Sciences. **Christopher Finch**, Pharm.D., BCPS, and **Andrea Franks**, Pharm.D., BCPS, have been promoted to the rank of Associate Professor of Clinical Pharmacy at the University of Tennessee College of Pharmacy. **Mary Stamatakis**, Pharm.D., has been named Associate Dean for Academic Affairs and Educational Innovation at the West Virginia University School of Pharmacy. **David Zgarrick**, Ph.D., was recently appointed as the John R. Ellis Distinguished Chair in Pharmacy Practice at the Drake University College of Pharmacy and Health Sciences.

New Members

Casey Adkins
Alison Allen
Laura Atkinson
Megan Au
Jason Baechle
Julie Bartell
Sarita Bhat
Kristy Brancolini
James Brands
Victoria Brink
Kellie Burke
Sarah Cooper
Heidi Crabtree
Jared Crandon
Patricia Davis
Kideest-Mimi Demesse
Patrick Dunn
Damien Eastman
William Elliott
Jessica Eveleth
Joao Felicio
Elizabeth Flynn
Carol Fox
Jennifer Frakes
Richard Gendron
Katherine Gerrald
Jo Ann Gibbs
Nicholas Giller
Derek Grimm
Laura Gurnee
Anna Hang
Nader Hanna
Meredith Harper
Farnaz Heidari
Nancy Hope
Christine Huber
Aisha Hussain
Julie Johnson
May Joseph
Shine Joseph
Roberta Kaczor
Lori Kesteloot
Gregory Knudsen
Min Kwon
Linh Lam
Weng Man Lam
Asma Lat
Jean Lee-Yoo
Wichitah Leng
Susan Leong
Nathalie Letarte
Kimberly Lewis
Karen Liang
Jenny Lin
Christopher Malabanan
Brandon Maples
Zachary Marcum
Kwaku Marfo
Steve McFadden
Jacqueline McKenzie
Andrea Mendyk
James Miller
Jennifer Min

Clare Mohrman
Paul Morales
Maxine Ng
Giang Nguyen
Ginah Nightingale
Enyioma Nwankwo
Teresita Ortiz
Gabriel Ouellette
Dina Patel
Rani Patel
Ruchi Patel
Casey Peters
Kyle Peters
Rebecca Pettit
Divaker Rastogi
Alison Rauch
Chase Reed
David Reeves
Ali Reza Rejali
Maryam Rejali
Gregory Richardson
Daniel Riding
Felicia Rodriguez
Rebecca Rogers
Erika Rolik
Parsh Sachdeva
Solmaz Sahraeyan
Tanya Santiago
Sohini Sarkar
Kimberly Sarosky
Lisa Schaale
Amy Schlesinger
Mary Elizabeth Shilliday
Melanie Siv
Amanda Spangler
Camellia Speegle
Jordan Steves
Maggi Stgermain
Artie Strunk
James Taleroski
Lisa Tarakji
Stacey Thacker
Jennifer Thomas
Rebekah Thomas
Beth Tracy
Bill Trinh
Michele Tsugawa
Roseann Visconti
Kent Williams
Shauna Winters
Alison Wright
Sandra Wright
Sherry Xie
Jason Yeh
Joann Youssef

The Following Members Recently Advanced from Associate to Full Member

Elizabeth Coast-Senior
Jill Hara
Debra Lopez
Santhi Masilamani
DeLinda McDaniel

Jennifer Sandi
Rebecca Taylor

New Member Recruiters

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

Scott Bolesta
Brandon Bookstaver
Amie Brooks (McCord)
Imad Btaiche
Jill Burkiewicz
Ann Canales
Allison Chung
Henry Cohen
Michael Crouch
Jay Currie
Sharon Dickey
Brian Hodges
Lori Hornsby
Elim Ijo
Anna Wodlinger Jackson
LaDonna Jones
Aryun Kim
Laura Krugger
Elizabeth Marino
Mary Ellen O'Day
Matthew Pitlick
Rodoula Plakogiannis
Peter Shupenes
Harinder Sikand
Katherine Smith

**Clinical Faculty Positions
College of Pharmacy - The University of Arizona**

The Department of Pharmacy Practice and Science invites applications for dynamic full-time clinical faculty positions (as nontenure-eligible assistant, associate, or full professors).

Practice or Research Specialty/Focus: Practice sites will be the University Medical Center and the Arizona Cancer Center in Tucson. Preferred applicant areas of practice include Pediatrics, Cardiovascular Medicine, Diabetes, and Hematology-Oncology.

Position Description: Nontenure-eligible clinical faculty position with development of innovative clinical practice, teaching, and scholarship in a dynamic, progressive environment.

Required or Desired Credentials and Experience: Applicants must possess a Pharm.D. degree, have completed a residency and/or fellowship, exhibit the ability and dedication to develop an innovative patient care practice, participate in scholarship, and demonstrate a commitment to excellence in teaching. Board certification and specialty residency training are desirable, but equivalent experience will be considered. The successful candidate must become licensed to practice pharmacy in Arizona. Salary and academic rank are negotiable and will be based on qualifications.

Description of Institution/Organization: The University of Arizona College of Pharmacy is currently ranked among the top 10 colleges of pharmacy in the nation, in both education and research. The University of Arizona is located in Tucson, a blossoming economic and recreational center driven by a vibrant multicultural population (~850,000) reflecting the richness of the Southwest. Tucson is surrounded by a majestic desert and beautiful mountains rising more than 9,000 feet.

Application Deadline: The position will remain open until filled. Review of applications will begin on October 15, 2007.

Desired Starting Date: Negotiable.

Salary Range: Commensurate with experience.

Contact Information: Interested applicants should submit a faculty application to www.hr.arizona.edu (Job #39214) and send a curriculum vitae and letter of interest with the names and contact information for three references to:

**Michael Katz, Pharm.D.
Chair, Search Committee
Department of Pharmacy Practice and Science
College of Pharmacy
The University of Arizona
1295 N. Martin
Tucson, AZ 85721-0202
Telephone: (520) 626-8774
E-mail: katz@pharmacy.arizona.edu**

The University of Arizona is an EEO/AA Employer M/W/D/V.

**Faculty Position in Clinical Pharmacy
University of California, San Diego
Skaggs School of Pharmacy and Pharmaceutical Sciences**

The University of California, San Diego, Skaggs School of Pharmacy and Pharmaceutical Sciences (SSPPS) is seeking applicants to join the clinical pharmacy faculty. The successful candidate will have responsibilities in clinical practice, experiential teaching, classroom teaching, and clinical research in the SSPPS and the VA San Diego Healthcare System.

Qualified individuals must have a Pharm.D. degree, hold board certification in Pharmacotherapy (BPS), have completed a postgraduate residency and/or fellowship, possess experience and demonstrated competence in teaching, have a record of creativity and promise for academic advancement, and be eligible for licensure in California.

Joint Appointment General Description: At the VA San Diego Healthcare System (<http://www.san-diego.med.va.gov/>), the candidate will hold an appointment in the Department of Pharmacy and will participate in clinical practice in the ambulatory care, inpatient, or specialist settings as a clinical pharmacist. In this capacity, the candidate will be responsible for working with physicians, physician-scientists, clinical investigators, nurses, and pharmacists to support the VA's three main missions: clinical care, research, and education.

At the SSPPS (<http://pharmacy.ucsd.edu>), the candidate will be responsible for teaching students, residents, and fellows. He/she will have the responsibility to lecture in pharmaceutical sciences courses, to develop elective courses as appropriate, and to participate in faculty governance. The candidate is expected to establish a research program in his/her area of expertise.

Salary and Appointment Level: Salary and appointment will be commensurate with qualifications and experience and will be based on published university pay scales. Review of applications will begin in October 2007 and continue until the position is filled. To apply, send via e-mail a detailed resume/curriculum vitae; a statement of practice, teaching, and research interests; and the names and addresses of three references to:

**Chair, VA Clinical Pharmacy Search Committee
c/o Cynthia Barlow
UCSD, SSPPS
9500 Gilman Drive MC 0657
La Jolla, CA 92093-0657
E-mail: cbarlow@ucsd.edu**

Please reference advertisement #ACCP0907.

*UCSD is an Affirmative Action/Equal Opportunity Employer
committed to excellence through diversity.*

**Assistant/Associate Professor
Department of Pharmacology**

Kansas City University of Medicine and Biosciences (KCUMB) seeks applicants for a faculty position in the Department of Pharmacology at the academic level of assistant or associate professor. This academic appointment offers an opportunity to join an exciting institutional and regional effort to enhance life sciences research. Candidates will hold a Ph.D. in Pharmacology, Pharm.D., D.O., or M.D. degree. The successful candidate will have potential for contributing and advancing the university through (i) scholarly publications from active research programs, (ii) attainment of external grant funding, (iii) excellence in teaching, (iv) effective mentoring of graduate students, and (v) participation in the enhancement/expansion of innovative systems-based instructional curriculum for medical students. For additional information, contact: Larry W. Segars, Pharm.D., Dr.PH., FCCP, BCPS, Associate Professor and Chair, Department of Pharmacology and Microbiology, by telephone at (800) 234-4847, ext. 2224, or by e-mail at lsegars@kcumb.edu.

KCUMB, an expanding institution with an emerging emphasis on research and health maintenance, recently completed a 46,000-square-foot building for bioscience research. We are Missouri's largest medical school and strive to hire outstanding faculty and staff to provide an exemplary medical education for approximately 1,000 osteopathic medical and graduate students. Excellent pay is complemented by an exceptional benefits package. We are located in the historic Northeast part of Kansas City, Missouri, near downtown and collaborating institutions.

To apply, send a letter of interest for Job #07-31; a curriculum vitae; a statement of research, teaching goals, and philosophies; a summary of perceived strengths for the position; and contact information for three references to:

Dawn M. Rohrs
Executive Director of Human Resources
1750 Independence Ave.
Kansas City, MO 64106-1453
Telephone: (800) 234-4847, ext. 2371, or (816) 283-2371
Fax: (816) 283-2285
E-mail: employment@kcumb.edu (Word or PDF format only please)

Pre-employment drug screen and background check required.

www.kcumb.edu KCUMB is a committed key stakeholder and integral part of the Kansas City Area Life Sciences Institute. www.kclifesciences.org
EOE.

**Dean
Arnold & Marie Schwartz College of Pharmacy and Health Sciences
Long Island University
Brooklyn, New York**

Long Island University invites applications and nominations for the position of Dean of the Arnold & Marie Schwartz College of Pharmacy and Health Sciences, Brooklyn Campus of Long Island University. The Dean serves as the chief academic and administrative officer of the College, responsible for programmatic leadership, budget, enrollment, planning, development, and personnel. The Dean reports to Long Island University's Vice President for Academic Affairs.

The Dean will play a key role in articulating the College's vision, developing new sources of external funding, developing relationships with corporations, recruiting outstanding faculty and students, and maintaining the College's accreditation with the Accreditation Council for Pharmacy Education. A member of the American Association of Colleges of Pharmacy, the College enrolls nearly 1400 pre-professional and professional students in the Pharm.D. program. The College also offers the Ph.D. in Pharmaceutics, and M.S. degrees in Pharmaceutics, Pharmacology/Toxicology, Pharmacy Administration, and Drug Regulatory Affairs.

The University seeks an individual with leadership, vision, creativity, and strong communication skills, and welcomes qualified candidates from academia, industry, or government. The essentials:

- Ability to work collaboratively with and motivate colleagues;
- Deep and sophisticated understanding of the critical issues in pharmacy education today, including an understanding of how health care is changing and how this will affect the education and credentialing of pharmacists;
- Ability to expand the College's research funding and programs;
- Interest in expanding external relationships in the corporate pharmaceutical communities, particularly in the greater New York region;
- Ability to serve as chief advocate, spokesperson, and fundraiser for the College;
- Demonstrated managerial and leadership ability;
- Commitment to cultural diversity;
- A doctoral degree in pharmacy or a pharmacy-related Ph.D.

To ensure full consideration, applications should be received by December 3, 2007. Applications will be reviewed until the position is filled. Rank and salary will be commensurate with qualifications. Please respond with a cover letter, CV or resume, and the names and contact information for five references. Candidates will be notified before any of their references are contacted. Materials should be submitted *electronically* to the chair of the search committee:

Dr. Daniel Rodas
Vice President for Planning
E-mail: pharmacysearch@liu.edu

Candidate nominations are welcome and may be submitted to the same e-mail address above. Questions about the search may be directed to Daniel J. Rodas at (516) 299-4259 or by e-mail to daniel.rodas@liu.edu.

Long Island University is an Equal Opportunity/Affirmative Action Employer.