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ACCP POSITION STATEMENT

Standards of practice for clinical pharmacists

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Abstract

This document sets forth ACCP's expectations for clinical pharmacists within the United States and countries around the world where clinical pharmacy is emerging or already well established. It is also intended to serve as a reference for those designing and assessing clinical pharmacy education and training programs. In addition to articulating the clinical pharmacist's process of care, the eight standards described within address the clinical pharmacist's involvement in collaborative team-based, patient-centered care; credentialing and privileging; professional development and maintenance of competence; professionalism and ethics; research and scholarship; and other professional responsibilities. The standards define for the public, healthcare professionals, and policymakers what they can and should expect of clinical pharmacists.

KEYWORDS
clinical pharmacist, clinical pharmacy services, medication optimization, patient-centered care, professionalism, standards of practice

1 | QUALIFICATIONS

Clinical pharmacists are practitioners who provide comprehensive clinical pharmacy services* to achieve medication optimization for patients in all healthcare settings. They are licensed pharmacists with specialized advanced education and training who possess the clinical competencies necessary to practice in team-based, direct patient care environments.[1–3] To ensure foundational competency, accredited residency training or equivalent post-licensure experience is required for entry into direct patient care practice. Board certification, in their specialty or the most applicable therapeutic subject area, is also required once clinical pharmacists meet the eligibility criteria specified by the Board of Pharmacy Specialties (BPS; www.bpsweb.org).[3,4]

2 | PROCESS OF CARE

Clinical pharmacists work in collaboration† with other healthcare professionals to optimize patients' medications and improve health outcomes. Care of the patient is coordinated among members of the healthcare team and across systems of care as the patient transitions between settings. The clinical pharmacist provides comprehensive clinical pharmacy services using a consistent patient care process while working as part of an interprofessional healthcare team, whether providing comprehensive medication management in primary care and specialty clinic settings or providing patient-focused, setting-specific services in emergency, acute, or critical care. This approach aligns with the foundational components of the Pharmacists' Patient Care Process[5] but places a higher expectation for collaboration with other members of the healthcare team, highlights the responsibility for ongoing monitoring and management of the medication regimen, and acknowledges the need to incorporate additional steps specific to the setting and patient needs. The clinical pharmacist's patient care process includes the components described in the text that follows.[6]

2.1 | Collection of patient information

The clinical pharmacist assembles and evaluates the patient's medication-related‡ needs by:

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1. Obtaining, organizing, and interpreting data from the patient's medical record;
2. Meeting with the patient and/or caregivers, in person or virtually, to obtain and document a complete medication history to identify all the patient's current medications,[§] including regimens, administration routes, duration of therapy, medication-taking behaviors, adherence, allergies, and experiences with medication therapy[‖];
3. Reviewing patient data using a problem-oriented framework that includes interpreting and analyzing subjective and objective information to determine the patient's clinical status; and
4. Prioritizing patient problems and medication-related needs, including those involving preventive care, and identifying and mitigating health disparities related to social determinants of health.[7,¶]

2.2 | Assessment of the medication regimen

The clinical pharmacist identifies strategies to optimize medication therapy by:

1. Assessing, with other members of the healthcare team, the appropriateness of each current medication on the basis of health conditions, indication, and therapeutic goals;
2. Evaluating the effectiveness, safety, accessibility, and affordability of each medication;
3. Assessing medication-taking behaviors and adherence, noting areas for further discussion or patient education; and
4. Identifying medication-related problems and evaluating the need for intervention.

2.3 | Development of a plan of care for medication optimization

The clinical pharmacist develops a plan of care for medication optimization by:

1. Reviewing the patient's active medical problem list to inform and guide the development of an individualized medication optimization plan;
2. Formulating a plan for medication optimization that supports therapeutic and patient-focused outcomes; and
3. Reviewing the plan of care with other members of the healthcare team and making any necessary modifications.

2.4 | Implementation of the plan of care

In collaboration with the patient and/or caregivers and other members of the healthcare team, the clinical pharmacist implements a plan of care to achieve medication optimization by:

1. Educating the patient and/or caregivers on the medication regimen and its use, both verbally and in writing, to ensure understanding of the care plan, optimize adherence, and improve therapeutic outcomes;
2. Establishing patient-specific measurable parameters and developing a schedule for monitoring and follow-up; and
3. Documenting the plan of care in the patient's medical record.

2.5 | Follow-up evaluation and medication monitoring

The clinical pharmacist performs follow-up patient evaluations in collaboration with other members of the healthcare team to continually assess healthcare outcomes by:

1. Coordinating with other members of the team to ensure that patient follow-up and future encounters are aligned with the patient's medical and medication-related needs;
2. Revisiting the medical record to obtain updates on the patient's clinical status and, when necessary, meeting with the patient and/or caregivers to obtain an updated medication history to identify, assess, and document any new medication-related needs or problems;
3. Conducting ongoing assessments and refining the plan of care to optimize medication therapy and ensure the patient's healthcare goals are achieved; and
4. Documenting changes in the plan of care and communicating changes while ensuring collaboration with the patient and/or caregivers and other members of the healthcare team.

3 | DOCUMENTATION

Clinical pharmacists document their medication-related assessments and the plan of care to optimize patient outcomes in the patient's medical record. This should be done in compliance with accepted standards for documentation and billing, where applicable, within the health system, healthcare facility, clinic, physician office, or pharmacy where the care has been provided. Accepted standards must be adhered to for the use of health information technology, including electronic health records, telehealth services, electronic prescribing, and exchange of healthcare information across institutions or practice sites.

The following components of the encounter are essential to include in the documentation, which may be communicated in the form of a traditional subjective data, objective data, assessment, plan note or other framework consistent with the standards of documentation within the practice setting:

3.1 | Medication history

1. A brief summary of the patient's past medication use and related health problems as an introduction to the documentation that will follow;

2. All current medications, including information regarding actual use, adherence, and attitudes toward therapy; and
3. Medication-related allergies and any adverse drug events that may affect prescribing and monitoring or preclude the future use of a medication.

3.2 | Active problem list with assessment

1. A listing of health conditions and supporting data for the status of each condition being addressed in the current encounter or setting, emphasizing associated medications and medication-related problems that may affect the ability to achieve desired goals; and
2. Additional medication-related problems or other medical issues that may be unrelated to current health conditions.

3.3 | Plan of care to achieve medication optimization

1. The medication regimen that has been or will be implemented by the healthcare team, including medication, dose, dosage form, route, frequency, and relevant monitoring parameters; and
2. A team-based plan for follow-up evaluation and monitoring as well as future visits.

4 | COLLABORATIVE, TEAM-BASED PRACTICE, AND PRIVILEGING

Clinical pharmacists work as members of the healthcare team to provide high-quality, coordinated, patient-centered care.[8] They may establish collaborative practice agreements or collaborative drug therapy management agreements with individual providers, with medical groups, or within healthcare systems. In hospitals or healthcare systems, clinical pharmacists may undergo credentialing—a review of the individual's training, licensure, and certifications; and privileging—the process of authorizing a specific scope of practice and patient care services.[3,4] Institutional or setting-specific practice agreements and privileging, together with the applicable state practice act, ensure clinical pharmacists can provide comprehensive clinical pharmacy services and fully contribute to the efficiency and effectiveness of team-based care.

5 | PROFESSIONAL DEVELOPMENT AND MAINTENANCE OF COMPETENCE

Clinical pharmacists maintain competence in clinical problem-solving, judgment, and decision-making; communication and education; medical information evaluation and management; management of patient populations (an approach to planning for the healthcare needs of a group of patients); and a broad range of therapeutic knowledge domains.[3] In addition to the foundational competence achieved through residency training, clinical pharmacists maintain competence through:

1. Maintenance of active licensure, including required continuing pharmacy education activities, through the appropriate state board(s) of pharmacy;
2. Certification and maintenance of certification in the appropriate clinical pharmacy specialty relevant to their practice, including the specialties recognized by BPS or other nationally recognized multiprofessional certifications; and
3. Consistent participation in continuing professional development activities that enhance direct patient care practice abilities.

Clinical pharmacists may also pursue professional development by participating in formal and informal activities that enhance knowledge and skills in clinical research, scholarship, and leadership.

6 | PROFESSIONALISM AND ETHICS

Clinical pharmacists have a covenantal relationship with their patients. This relationship relies on the trust placed in the clinical pharmacist by the patient and the commitment of the clinical pharmacist to act in the best interest of individual patients and patient populations, within the context of legal and ethical parameters. Clinical pharmacists are guided by the Code of Ethics for Pharmacists and must adhere to all legal and ethical standards pertaining to the profession at both the state and federal levels.[9,10] They should also exhibit the traits of professionalism: altruism, honesty and integrity, respect for others, a professional presence that instills trust in others, professional stewardship, and a commitment to excellence.[11]

7 | RESEARCH AND SCHOLARSHIP

Clinical pharmacists support and engage in research and scholarship to advance health care through developing research questions and engaging in clinical, translational, or health sciences research. Working in collaboration with other healthcare professionals, clinical pharmacists contribute to the evolving literature in evidence-based pharmacotherapy and the dissemination and application of research findings that contribute to achieving the quintuple aim of health care: improved quality of care, reduced healthcare costs, improved patient experiences, improved provider work-life, and achievement of health equity.[12] Others advance health care in their roles within the pharmaceutical industry or agencies related to drug development and oversight.

8 | ADDITIONAL RESPONSIBILITIES

In addition to providing team-based care, many clinical pharmacists serve as educators, preceptors, and mentors for the next generation of clinical pharmacists and provide interprofessional education for

their team or other providers. Some may serve as health system administrators or leaders within the profession. Clinical pharmacists are also engaged in advocacy, health care-related policy development, and representing the profession in discussions with legislators or governmental agencies. As the clinical pharmacy discipline grows, it must continue to familiarize patients, caregivers, healthcare professionals, administrators, and payers, as well as pharmacy students and trainees, with the full range of clinical pharmacist responsibilities.

ENDNOTES

* Comprehensive clinical pharmacy services include developing a plan to optimize medication therapy that incorporates team-based collaboration to initiate, modify, monitor, and/or discontinue medications. In primary care settings, the plan addresses all of a patient's medications. In non-primary care settings, the plan is directed only toward medication therapy for which the practice is responsible (e.g., infectious diseases specialists will focus on optimization of anti-infective therapy and drugs/diseases that may be affected by that therapy). Implementing components of this plan may be delegated to the clinical pharmacist through a collaborative practice agreement, collaborative drug therapy management agreement, or other formalized management protocol.

† "Collaboration" in the context of this document refers to collaborative and cooperative practice activities performed by the clinical pharmacist as authorized by (1) state practice acts and (2) formal collaborative practice agreements or collaborative drug therapy management agreements with providers and/or conferred by privileging within the relevant practice site, health system, or institution.

‡ "Medication-related" applies to issues regarding (1) the indication/absence of indication, use and administration, therapeutic goals, adverse drug events, drug interactions, and monitoring of medications; (2) the patient's adherence, attitudes, beliefs, and preferences regarding their medications; and (3) any allergies or adverse reactions to medications.

§ "Medications" are defined as any of the following: prescription drugs, non-prescription drugs, vaccines, or complementary and alternative medications.

‖ Some patient conditions and clinical settings (e.g., EDs, ICUs, managed care, or mental health facilities) may render this activity unfeasible.

¶ "Social determinants of health" are defined by the Office of Disease Prevention and Health Promotion as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

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