

DEIA at ACCP: A Focus on Elected Offices

Although over the past decade the ACCP Board of Regents (BOR) has mirrored the ACCP membership in gender identity and represented diversity in geography and practice areas, other dimensions of diversity have been underrepresented. The June 2021 and December 2022 ACCP Diversity, Equity, Inclusion, and Accessibility (DEIA) member assessments both demonstrated a mismatch between the diversity of survey respondents and those in elected leadership positions. Further analysis of the diversity at each step in the continuum – beginning with the initial nomination, then acceptance of the nomination, followed by selection for the slate, and finally election to the position – revealed a lack of diversity in the initial nomination step that persisted throughout.

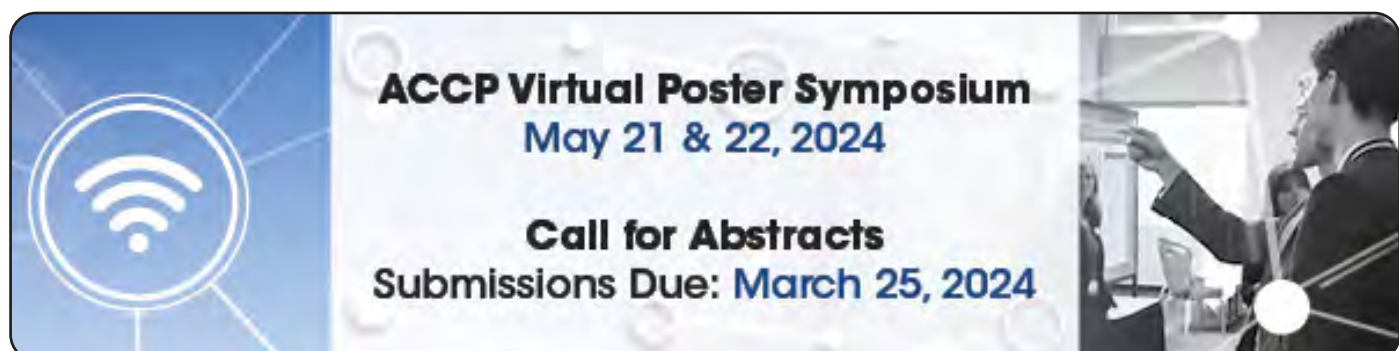
These results prompted a comprehensive evaluation of Nominations Committee policies and procedures by the 2022 DEIA Task Force. The task force subsequently implemented several BOR-approved changes to the now-standardized process, including:

1. Required DEIA training for the Nominations Committee chair and vice chair via a module focused on an overview of ACCP's DEIA data, followed by guidance on how to embody inclusive leadership
2. A communications campaign to encourage nomination of qualified members from underrepresented groups, including encouragement of self-nomination and a clear stepwise approach

engaging PRNs, regional chapters, the membership-at-large, and the DEIA Task Force

3. Revisions to the nominations portal to streamline the submission process for nominators and nominees and improve accessibility for self-nomination
4. Emphasis on the role of the Nominations Committee members in providing one-on-one counsel to nominees to discuss eligibility criteria and responsibilities of positions, when needed, so that nominees can make informed decisions about following through with dossier submission
5. An addition to the candidate statement requesting inclusion of how the candidate will promote DEIA in ACCP or encourage health equity among members, patients, and society
6. Multiple revisions to the evaluation rubric and process, including the addition of an assessment of the candidate's promotion of DEIA/health equity and a multistep approach with a semi-quantitative scoring process whereby all candidates meeting a predetermined threshold are considered for ranking for the slate
7. Enhanced transparency of the process by sharing evaluation criteria with membership via the nominations webpage

The full impact of these changes has not yet been realized and may be bolstered over time by the changing demographics of the membership. For example,



ACCP Virtual Poster Symposium
May 21 & 22, 2024

Call for Abstracts
Submissions Due: **March 25, 2024**

The banner features a blue background on the left with a white Wi-Fi symbol. On the right, there is a black and white photograph of a person in a suit pointing at a whiteboard in a meeting room.

DEIA assessments demonstrate the greatest racial and ethnic diversity in the youngest member segments (students, residents, and members 0–5 years) and more representative diversity in PRN leadership roles. As these young leaders progress through their careers and the association, it is hoped that they will consider the pursuit of elected College leadership. Furthermore, as efforts toward increasing the diversity of the nomination pool continue, ongoing efforts to evaluate subsequent steps in the nominations process continuum will be needed. An example of this ongoing evaluation from the 2023 DEIA Plan is an internal diversity audit of all leadership positions across the College. It is hoped that this approach will provide a more comprehensive demographics data set that allows identification of barriers to nomination acceptance, selection for the slate, or election.

FIT and MeRIT LOIs Due



Are you planning to apply for the [ACCP Foundation Mentored Research Investigator Training \(MeRIT\)](#) or [Focused Investigator Training \(FIT\)](#) program?

Letters of intent (LOIs) for the 2024 programs are due February 28, and FIT and MeRIT program applications will close March 31. This year’s MeRIT and FIT programs will be held June 3–7 on the campus of the University of Nebraska Medical Center College of Pharmacy in Omaha, Nebraska.

The MeRIT Program seeks candidates who are pharmacy faculty or practitioners who would like assistance with developing the abilities necessary to conduct investigator-initiated research. The FIT Program’s ideal applicants are research-focused pharmacists who are ready to undergo intensive research proposal development work in preparation for a submission/resubmission to the National Institutes of Health or other major funding source.

For more information about the FIT and MeRIT programs, or to download an application form, visit the Foundation’s Investigator Development page at accp-foundation.org/investigator/. All inquiries about these programs, LOIs, and completed applications should be emailed to Sheldon Holstad at sholstad@accp.com.

2024 ACCP Oncology Genomics Certificate Program Begins February 27

This unique certificate program blends interactive live online learning (via Zoom) with self-study programming to equip clinical pharmacists with the necessary skills

to apply oncology genomics to practice. This year from February 27 through May 13, participants will acquire the skills to interpret genomic reports, develop treatment plans on the basis of genomic data, interact with an interprofessional molecular oncology team, and learn strategies for implementing a molecular tumor board at their own institutions.

Expert faculty will lead weekly online sessions that provide foundational knowledge about somatic genomics and next-generation sequencing (NGS) and necessary tools for interpreting NGS reports to develop effective treatment plans. Faculty will delve into pertinent oncology specialty topics, including lung cancer genomics, gynecologic cancer genomics, and hematologic malignancies. Strategies for implementing a molecular tumor board will be demonstrated together with an exploration of related ethical, legal, and social issues for consideration. Participants will have the opportunity to join in facilitated discussions, receive mentorship to solidify learning, and gain practice through practice sessions and case-based presentations with peers. Self-study modules and exercises will reinforce program topics.

Registered participants who complete this program will receive a certificate of completion and 2.0 CEUs (20.0 contact hours).

[Click here](#) to learn more about the learning objectives, program faculty, and scheduled activities and to register.

Registration Rates	
Members (ACCP or HOPA)	\$390 (Note: There will be a separate nominal registration fee for Canvas LMS)
Nonmembers	\$690 (Note: There will be a separate nominal registration fee for Canvas LMS)

ACCP/ASHP Clinical Sessions Now Available for BCACP, BCGP, and BCOP Recertification Credit

The ACCP/ASHP Clinical Sessions are an educational series that explore cutting-edge, contemporary therapeutic topics and demonstrate scientifically sound clinical reasoning and decision-making. This series is designed to advance participants’ abilities to critically evaluate scientific evidence and effectively incorporate significant findings into daily practice, enhancing participants’ ability to provide effective and safe patient care.

Recertification Credit



The [BCOP Clinical Sessions](#) are available for up to 4.0 hours of BCOP recertification credit.



The [BCACP Clinical Sessions](#) are available for up to 6.0 hours of BCACP recertification credit.



The [BCGP Clinical Sessions](#) are available for up to 5.0 hours of BCGP recertification credit.

Note: Some programs included in the BCACP and BCGP Clinical Sessions package are available for BCACP/BCGP dual recertification credit. Visit the ACCP Bookstore product pages above for more information.

Pricing

The ACCP/ASHP Clinical Sessions are \$155 for ACCP members and \$260 for nonmembers. ASHP members should visit www.rxcertifications.org to receive member pricing.

2024 ACCP Clinical Research Challenge Is Underway



ACCP is pleased to announce that competition is underway in the ninth annual Clinical Research Challenge. Research and scholarship contributes to improved health outcomes for patients and advances in the profession of clinical pharmacy. Critically evaluating and applying the primary literature is an essential skill for students pursuing a career in clinical pharmacy.

This innovative and unique competition offers teams of three students (those in the first 2 professional years of their degree program) the opportunity to compete in round 1: The Online Journal Club. Teams achieving the top 40 scores will advance to round 2: Letter of Intent Submission. Teams with the top 20 scores after round 2 will advance to the third and final round: Research Protocol Development.

The 2024 competition began February 12 with 82 teams vying for a spot in round 2. Teams advancing to round 2 will be given a clinically focused research question and have 2½ weeks to develop and submit a letter of intent following the criteria outlined [here](#). Teams advancing to round 3 will be announced March 25.

For complete information on the Clinical Research Challenge, visit <http://www.accp.com/stunet/crc/eligibility.aspx>.

Emergence from the Crowd: How to Become a Standout Residency Candidate

Emergence from the Crowd is a 1-day virtual workshop designed for first-, second-, and third-year pharmacy students planning to pursue postgraduate residency training. Residency candidates must learn how to stand out in a highly competitive environment. The virtual workshop on Saturday, April 6, will engage students in interactive sessions on creating a curriculum vitae, managing finances, and writing an effective letter of intent. [Register now and view the schedule.](#)

ACCP Member Spotlight: Sherry (Sharon) K. Milfred-LaForest



Sherry (Sharon) K.M. LaForest, Pharm.D., FCCP, BCCP, is a clinical pharmacy specialist in cardiology and solid organ transplantation at the VA Northeast Ohio Healthcare System (VANEOHS) in Shaker Heights, Ohio.

LaForest received both her B.S. degree in pharmacy (1991) and her Pharm.D. degree (1992) from the University of Minnesota. She then completed a fellowship in cardiothoracic transplantation at Abbott Northwestern Hospital in Minneapolis, Minnesota. Subsequently, LaForest held clinical and academic positions in heart failure, heart transplantation, and multiorgan transplantation at Temple University in Philadelphia, Pennsylvania; Methodist Hospital in Indianapolis, Indiana; and UH Cleveland Medical Center in Cleveland, Ohio.

In her current position as a clinical pharmacy specialist, LaForest practices in the Heart Failure Shared Medical Appointment interdisciplinary group clinic, the Heart Failure Transitional Care Clinic, and the Heart Failure Medication Titration Clinic. In addition, she is a consultant for antiarrhythmic drug monitoring, outpatient general cardiology, and solid organ transplant services at the hospital where she has her practice. She also serves on several institutional committees, including as a pharmacy representative to the VANEOHS Research and Development Committee and the Advanced Heart Failure Committee and co-chair of the PHASER Pharmacogenomics Implementation Steering Committee. Her academic contributions include serving on a pharmacy residency project committee and serving as a preceptor for pharmacy residents and students in cardiology rotations. She has contributed to several professional publications through writing book chapters and research articles and has delivered many

invited lectures on pharmacotherapy and the role of the pharmacist in heart failure, organ transplantation, and transitions of care. She has been a co-investigator on VA-funded research grants examining methods to optimize heart failure pharmacotherapy. She has active research interests in these areas as well as in transitions of care, the pharmacist's role on interdisciplinary teams, and the impact of psychosocial factors on the effectiveness of heart failure pharmacotherapy.

From an early age, LaForest knew she wanted to be in a medical profession and was motivated by her mother, who practiced as a nurse. She has always gravitated toward science, particularly chemistry. In high school, she volunteered at a local hospital and was assigned to work in the pharmacy department. She decided then that "this would be a career to investigate further as it seemed like a perfect balance of science and direct patient care." The research experience as both an undergraduate and in pharmacy school led her to pursue fellowship training. Cardiology was always an interest of hers and was one of the specialties that offered a balance of clinical and research fellowships at that time. This led to her decision to pursue a fellowship in cardiac transplantation. Her fellowship director, Dr. Kathleen Lake, had a tremendous influence on LaForest's early career. Lake was very active in ACCP and other professional organizations. She demonstrated the value of sharing scientific findings and networking at these professional society meetings, including interprofessional organizations, such as transplantation. ACCP has been LaForest's "professional home" ever since she was introduced to the organization. At ACCP meetings, she gained new

knowledge from the didactic, high-quality scientific presentations, not all of which were related to cardiology or transplantation but were related to core topics in pharmacotherapy. She found value in these meetings, especially as a young clinician developing her own practice. ACCP became a forum to advance her own research and clinical skills as well as present scholarly work. When she moved on to her first post-fellowship position, she immediately gravitated to the strong local ACCP chapter and became very involved, developing leadership skills as a chapter officer. She was able to develop manuscript peer review skills and gain writing experience through ACCP and publications like PSAP. *Pharmacotherapy* and *JACCP* have always been a relevant source of new information in her day-to-day clinical work and served as an example of strong clinical research. Subsequently, she used these opportunities for submitting her scholarly work(s) for publication. These publication opportunities, as well as the valuable networking contacts the meetings offered, led to additional opportunities for participation on national committees and invited presentations. To this day, ACCP remains an important part of her professional life, and she continues to value the content presented in both print material and live meetings of this reputable organization.

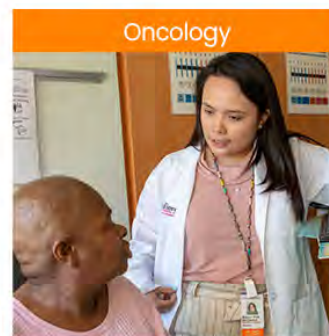
Often, students and residents ask her why she chose to be so involved in professional organizations and in activities like writing, manuscript review, research, and external presentations, which are not necessarily part of her day-to-day job description. Laforest responds by noting the great emphasis placed on burnout and clinician apathy today. As such, she often advises students

ACCP/ASHP Live Board Review & Recertification Courses

March 7–9, 2024 / Dallas, Texas

Early bird rates end on January 26, 2024

Register online at
www.rxcertifications.org




to find what excites them, kindles their passion in their chosen profession, and gets their creative juices flowing because this is what prevents burnout, from her point of view. For LaForest, scholarly work has always been her passion, even if it is outside her normal 8-hour workday: “Learning about new concepts, new pharmacologic mechanisms, new roles for a clinical pharmacist is what has propelled our profession forward.” For LaForest, being open to new roles, developing skills as direct patient care providers, and leading on drug therapy optimization tools – whether in pharmacokinetics, pharmacology, pharmacogenomics, or advancing equitable access to modern pharmacotherapy – have helped maintain clinical pharmacy within the multidisciplinary health care team. The clinical pharmacist offers a unique perspective on these aspects of clinical care, thus contributing to the ability of the medical team to provide equitable care for all patients. According to LaForest, “This is how clinical pharmacy as a profession has established and sustained the value of our role in the health care system.” To maintain this value as well as for their growth, pharmacists need to continue to share their new research and practice skills in the multidisciplinary team.

LaForest notes that the care of patients with heart failure and undergoing transplantation is a team sport. She started as the first pharmacist on the heart transplant or heart failure team at almost every institution where she took a new position. To prove her skills, she decided to address the difficult pharmacotherapy questions from all team members and advocated for her medical/nursing team members on pharmacy policy

while interweaving unsolicited information to achieve optimized patient-specific drug therapy. For LaForest, it is very important that all members of the multidisciplinary team – from the leaders (often physicians or advanced practice nurses/physician assistants) to the staff nurses, allied health professionals, and support staff – believe their role is respected and valued. As a clinical pharmacist, she has tried to model that respect and deference to expertise while learning new skills from her colleagues. She has learned motivational interviewing skills from her psychologist colleagues, patient-centric dietary barriers from dietitian colleagues, and medical history and physical examination tips from medical colleagues. Every professional sharing their skill set elevates an interdisciplinary team, and this has made her a better clinical pharmacy provider.

The VA has long been a pioneer for effective multidisciplinary care and collaborative teams. Many early publications demonstrating the benefit associated with clinical pharmacy providers came from the VA system. LaForest acknowledges that she has been fortunate to practice at the top of her license as a provider with a scope of practice directly interacting with patients in the VA system during the past 15 years of her career. She adds that clinical pharmacists are currently training the next generation to have the skills needed to be comprehensive medication management (CMM) providers. Concurrently, she states that advocacy for provider status is required: “Advocacy for federal provider status for pharmacists to be compensated for delivering CMM is an important focus area for our profession since provider status is not universal.” As these newly

Journal of the American College of Clinical Pharmacy - Themed Issue



CLINICAL PHARMACY PRACTICE IN MENTAL HEALTH

Guest Editors
M. Lynn Crismon, Pharm.D., FCCP
A. John Rush, M.D.

credentialed CMM providers move into new institutions and new positions, demonstrating a high level of competency in partnering with their medical and nursing colleagues, they will model the benefit of clinical pharmacy providers locally. At that point, state regulatory barriers and reimbursement questions will still need to be addressed. In addition to advocacy at the state and federal levels, benefit can be demonstrated by creating peer-reviewed publications of CMM in clinical pharmacy settings. Research, quality improvement projects, and organizational position papers are all valuable additions to this effort. She does not think results need to be earth-shattering; they just need to be available to those who advocate for provider status. Finally, LaForest challenges clinical pharmacists as a profession to “get our voice outside of our institutions to be heard toward these higher goals of national provider status and CMM reimbursement.”

Washington Report Positioning and Advancing Clinical Pharmacists Practicing in Substance Use Disorder Treatment

John McGlew
Director of Government Affairs



One of ACCP’s top legislative priorities – as approved by the ACCP Board of Regents in the College’s [Advocacy Platform](#) – involves increasing patient access to comprehensive clinical pharmacy services for managing mental health and addiction. ACCP is currently exploring opportunities on Capitol Hill and across different regulatory agencies to increase access to team-based clinical pharmacy services for patients receiving substance use disorder (SUD) treatment.

SUPPORT Act on Capitol Hill

Working with its partners at the American Society of Addiction Medicine (ASAM), ACCP recently participated in a stakeholder [initiative](#) to advance [H.R.4531, the Support for Patients and Communities Reauthorization \(SUPPORT\) Act of 2023](#).

The SUPPORT Act builds on landmark 2018 legislation that contained important funding for community-based treatment and recovery programs, including a requirement that state Medicaid programs cover all three FDA-approved medications for opioid use disorder (MOUD) – buprenorphine, methadone, and naltrexone.

A Senate [companion bill to the SUPPORT Act](#) is currently under consideration by the Senate Committee on Health, Education, Labor and Pensions (HELP). ACCP will

continue to work with its stakeholder partners throughout the remainder of the 118th Congress to ensure the bill’s passage into law.

Reauthorization of the SUPPORT Act includes important new provisions aimed at addressing challenges that have emerged since passage of the original legislation. The new provisions would:

- Permanently place xylazine in Schedule III of the Controlled Substances Act while maintaining access for veterinarians and ranchers to use in animals
- Provide resources for training and education related to fentanyl and other illicit substances for first responders, particularly in rural areas
- Renew support for individuals in SUD treatment and recovery to live independently and participate in the workforce
- Protect mothers and infants by reauthorizing resources for residential SUD treatment for pregnant and postpartum women
- Ensure Medicaid beneficiaries have access to MOUD

[Click here](#) to review a section-by-section summary of H.R.4531 from the House Committee on Energy and Commerce.

[Click here](#) to read the text of the bill.

[Click here](#) for a summary of the Energy and Commerce Health Subcommittee field hearing on the SUPPORT Act in Gettysburg, Pennsylvania.

Addiction Recovery Medical Home Alternative Payment Model (ARMH-APM)

ACCP is also working closely with its partners at the Alliance for Addiction Payment Reform. The Alliance is a national multisector alliance of health care industry leaders – including payers, health systems, and subject matter experts – dedicated to aligning incentives and establishing a structure that promotes the type of integration and patient care capable of producing improved outcomes for patients, payers, and health systems.

The Alliance has developed the Addiction Recovery Medical Home (ARMH) model, an alternative payment model (APM) engineered to provide patients with a long-term, comprehensive, and integrated pathway to treatment and recovery. Of importance, the APM specifically includes clinical pharmacists in its [model care recovery team](#).

Thanks to this ongoing partnership, the Alliance has also published an [Issue Brief: Coordinated and Comprehensive Medication Management in Substance Use Disorder Treatment and Recovery](#). The publication states that clinical pharmacists are responsible for comprehensive medication management (CMM) in

team-based patient care environments and that medication plans for CMM that are led by a clinical pharmacist as part of an interdisciplinary team must include clear and measurable goals of therapy with specific follow-up time intervals to ensure optimal medication use and outcomes.

ACCP Task Force on Opioid Use Disorder

Within ACCP, the Task Force on Opioid Use Disorder – led by Paul Stranges, Pharm.D., FCCP, BCACP (chair), and Kathleen Adams, Pharm.D., BCPS (vice chair) – is currently developing an important new ACCP commentary that examines clinical pharmacists’ contributions to the management of OUD. This highly anticipated paper will be an important advocacy tool in ACCP’s communications on Capitol Hill and with other key stakeholders.

JACCP: The Journey of a New Journal



Jerry L. Bauman, Pharm.D., FCCP, Editor-in-Chief, JACCP

*Dean Emeritus and Distinguished Professor Emeritus
University of Illinois at Chicago College of Pharmacy*



Through strategic planning, the members and leaders of ACCP decided to begin a new and second official journal. With the relatively recent increase in new journals, including official journals of medical professional societies and for-profit biomedical journals, not everyone thought this was a good idea. But ACCP members and leaders felt that returning ACCP’s first official journal, *Pharmacotherapy*, back to its original aim (i.e., publishing impactful papers on clinical pharmacology and therapeutics) would create an unmet need for research and reviews on clinical pharmacy practice, clinical education, and health policy affecting clinical pharmacists. Thus, *JACCP* was established to provide a forum specifically for clinical pharmacists,

including not only the membership of ACCP but all clinical pharmacists around the world. *JACCP* is unique among biomedical journals in this respect. And so it is: ACCP has two official journals with distinct, but complementary aims. *JACCP* is now in its seventh year.

The first two issues were published in 2018, and publication frequency increased over the next 2 years: six issues in 2019; eight issues in 2020; and monthly issues from 2021 to present. Since going monthly in 2021, *JACCP* has received over 350 submissions per year. The acceptance rate has held steady at around 44% over this time; however, the acceptance rate for unsolicited submissions has dropped to about 27% (eliminating invited papers and editorials, letters to the editor, and official ACCP papers). Official ACCP white papers, commentaries and meeting abstracts are now published in *JACCP*. Citations of papers published in *JACCP* have increased impressively through the years: 86 citations in 2021; 244 citations in 2022 (a 184% increase); and 336 citations in 2023 (a 49% increase). Examples of impact are “Feeling the Burn? A Systematic Review of Burnout in Pharmacists” with 50 citations (doi.org/10.1002/jac5.1218) and the “2019 Update to the American College of Clinical Pharmacy *Pharmacotherapy* Didactic Curriculum Toolkit,” a guide for colleges of pharmacy developing their didactic curriculum, with 48 citations (and downloaded over 4000 times [doi.org/10.1002/jac5.1178]). Some of *JACCP*’s most-downloaded manuscripts can be attributed to its rapid response to the COVID-19 pandemic. An editorial published online on March 30, 2020, titled “Roles of the Clinical Pharmacist During the COVID-19 Pandemic,” has been downloaded over 29,000 times and cited 52 times (doi.org/10.1002/jac5.1231). As an international journal, *JACCP* followed this article with “Global Contributions of Pharmacists During the COVID-19 Pandemic” in September 2020, which represented nine countries and has been downloaded over 20,000 times and cited 43 times (doi.org/10.1002/jac5.1329). In 2023, 50% of all downloads occurred outside the United States.

JACCP is indexed in Clarivate’s Emerging Sources

	JACCP Metrics			
	2020	2021	2022	2023
Submissions	431	366	347	365
Papers published	166	186	148	158
Citations	36	86	250	369
Full text views	101,000	124,000	141,000	245,000
CiteScore		1.6	2.1	2.6
Impact factor				1.6

Citation Index, which allows for the attainment of an impact factor (IF). *JACCP* is also indexed in Elsevier's Scopus database, which gives *JACCP* its version of an IF called CiteScore. *JACCP*'s IF (granted in 2023) is 1.6, and its CiteScore for 2022 is 2.1. However, the CiteScore can be adjusted on a monthly basis: in early January 2024, *JACCP*'s CiteScore increased to 2.6. Impact factors and CiteScores are calculated somewhat differently, but both use the number of citations over a time interval as the numerator and the number of citable papers published over a time interval as the denominator. Hence, as the number of citations increases from year to year (as they have for *JACCP*), the IF and CiteScore correspondingly increase. This is anticipated to be the case for *JACCP*. However, the most widely used biomedical journal indexing service is MEDLINE, which is also the most difficult to attain. *JACCP* applied for MEDLINE indexing in fall 2021 but was unsuccessful (the success rate of applicants in this pool was about 8%). *JACCP* is currently reapplying with the hope that this application will be viewed positively and a decision will be made within this calendar year. Once MEDLINE indexing is secured, the number of submissions, the IF, and the CiteScore will also increase.

JACCP aims to publish papers that significantly affect clinical pharmacy practice and education. Therefore, *JACCP* requires that potential authors use the [EQUATOR Network](#), including the STROBE Checklist for observational trials and the PRISMA guidelines for systematic and scoping reviews. In addition, a recurring section titled "[Research and Scholarly Methods](#)" was created to guide investigators and authors through appropriate research methods to improve manuscript quality.

Experts in statistical methods and pharmacoeconomic analyses were added to the editorial board to provide valuable feedback to authors.

I would like to thank everyone who has contributed to *JACCP*'s initial success, including the associate editors of *JACCP*; the staff at Pharmacotherapy Publications, Inc.; the *JACCP* editorial board; those who provide expert reviews for submitted papers; and, most importantly, the authors of the papers submitted and accepted for publication in *JACCP*.

Call for Consensus Recommendation Proposals



The journal publishing arm of ACCP, Pharmacotherapy Publications, Inc., is issuing a call for consensus recommendation proposals for both of ACCP's journals, *Pharmacotherapy* and *Journal of the American College of Clinical Pharmacy (JACCP)*. *Pharmacotherapy* has published three consensus recommendation manuscripts endorsed by several national and international organizations, and many more manuscripts are in progress. This year, the board of directors is also accepting proposals for clinical pharmacy practice-based recommendations. Full calls for proposals can be reviewed on the individual journal websites.

- [Drug-/Drug Class-Specific Consensus Recommendations for publication in *Pharmacotherapy*](#)
- [Clinical Pharmacy Practice Consensus Recommendations for publication in *JACCP*](#)

ACCP COMMENTARY

Best Practices for
Supporting and Improving
Pharmacy Resident
Research and Quality
Improvement Projects



ACCP National Resident Advisory Committee Applications Due June 15



2023-2024 National Resident Advisory Committee

Back Row (L to R): Timothy Jeffries, Megan Edwards, Rowan Rosewarne, Kirstie Freibert (Vice-Chair), Tanner Melton (Chair), Jaycee Blair
Front Row (L to R): Angel-Rose Weber, Marion Javellana, Kaitlyn Phillips, Lorraine Todor, Edith Ford
Not Pictured: Jacob Peace, Temi Sofeso

Are you a resident or fellow who is interested in becoming more involved in ACCP? The American College of Clinical Pharmacy encourages postgraduate trainees who want to enhance their leadership skills, network with colleagues across the country, and interact with clinical pharmacy leaders to apply for appointment to the ACCP National Resident Advisory Committee.

The National Resident Advisory Committee is a standing committee composed of resident, fellow, or graduate student members appointed each year by the ACCP president-elect. Members serve a 1-year term, and the committee typically has 8–12 members. Appointed leadership positions include the chair (1-year term) and the vice chair (1-year term).

The committee serves in an advisory capacity to the ACCP Board of Regents and staff, providing feedback and assistance in developing new programs and services for resident members consistent with the College's vision of promoting clinical pharmacy practice, research, and education.

UPCOMING EVENTS & DEADLINES:

[2024 FIT/MeRIT LOIs Due](#)

February 28, 2024

[2024 ACCP/ASHP Board Review and Recertification Courses](#)

March 7-9, 2024

Westin Galleria Dallas - Dallas, TX

[2024 Virtual Poster Symposium: Abstract Submission Deadline \(Except Research-in-Progress\)](#)

March 25, 2024

[2024 FIT/MeRIT Applications Due](#)

March 31, 2024

[2024 Emerge From the Crowd](#)

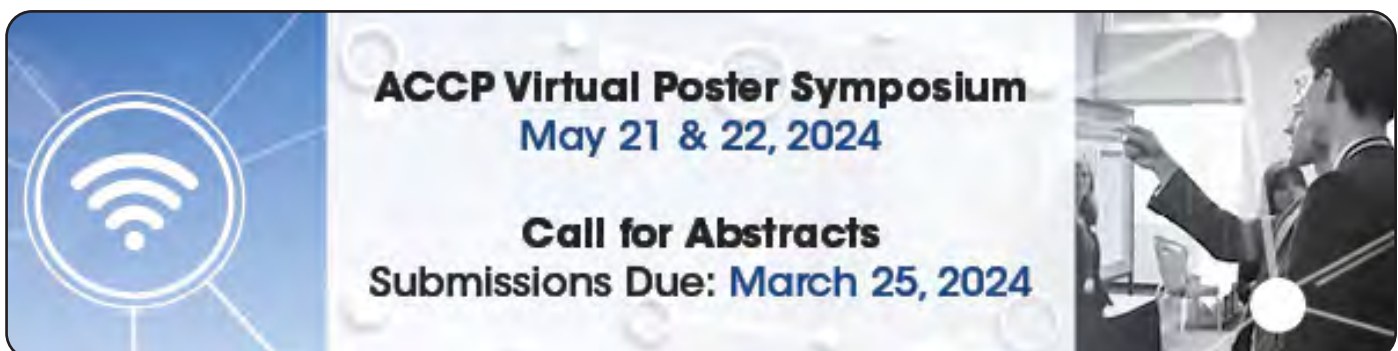
April 6, 2024

Virtual

[2024 Virtual Poster Symposium: Research-in-Progress Abstract Submission Deadline](#)

April 22, 2024

The committee meets in person at the ACCP Annual Meeting each fall and communicates through conference calls and email to complete its assigned charges. Appointees to the National Resident Advisory Committee receive a complimentary meeting registration to attend the ACCP Global Conference. [Click here](#) for additional information on the application process or to enter your application. The deadline for 2024 applications is June 15.

A banner for the ACCP Virtual Poster Symposium. On the left is a blue square with a white Wi-Fi symbol. The text in the center reads: "ACCP Virtual Poster Symposium May 21 & 22, 2024 Call for Abstracts Submissions Due: March 25, 2024". On the right is a black and white photo of a person in a suit pointing at a whiteboard.

ACCP National Student Network Advisory Committee Applications Due June 15



2023-2024 National Student Network Advisory Committee

Back Row (L to R): Dylan LeBoeuf, Ashkan Rastegar, Obioma Opara, Abdullah Al Anbari, Ryan Kreill (Vice-Chair), Kerim Cakir
Front Row (L to R): Kelsey Ihns, Geetha Lingechetty (Secretary), Kaely Miller (Chair), Angela Robichaud, Shiyi Lan
Not Pictured: Rajsmeet Macwan

Attention student pharmacists: Would you like to become more involved with the American College of Clinical Pharmacy? ACCP student members who want to develop leadership skills, expand opportunities for student pharmacists within ACCP, and introduce other

students to the many facets of clinical pharmacy are encouraged to apply for appointment to the ACCP National Student Network Advisory Committee.

The National Student Network Advisory Committee is composed of student members appointed each year by the ACCP president. Members usually serve a 1-year term, and the committee typically has 8–12 members. Committee leadership is also appointed by the ACCP president.

Leadership positions include the chair (1-year term), the vice chair (2-year term; serves the first year as the vice chair and then assumes the chair position during the second year), and the secretary (1-year term). Please [click here](#) for more information about the committee or to apply. The deadline for 2024 applications is June 15.

Member Recruiters

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

Kiri Carmody	Caitlin Gibson
Craig Cooper	Emily Lesky
Christopher Daly	Jade Morton
Saarah Elberhoumi	Adam Smith
Amy Evans	Riffat Zahoor

ACCP Career Center



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pharmacy careers.



Featured Positions

Title: Director of Clinical Pharmacy Services
Employer: Legacy Community Health
Location: Houston, Texas

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Title: Internal Medicine and Transplant Clinical
Pharmacy Specialist Positions
Employer: UofL Health
Location: Louisville, Kentucky

[Learn More](#)

Title: Clinical Pharmacists
Employer: McLeod Health
Location: Florence, South Carolina

[Learn More](#)

Title: Pharmacy Clinical Specialist
Employer: Phoebe Putney Health Systems
Location: Albany, Georgia

[Learn More](#)

Title: Pharmacy Manager – New Arrowhead Hospital
Employer: Phoenix Children’s Hospital
Location: Phoenix, Arizona

[Learn More](#)

Title: Clinical Pharmacist Specialist - General Pediatrics
Employer: Nicklaus Children’s Health System
Location: Miami, Florida

[Learn More](#)

Title: Clinical Pharmacy Specialist
Employer: Luminis Health
Location: Lanham, Maryland

[Learn More](#)

ACCP Career Center



The place for clinical
pharmacy careers.



Featured Positions

Title: Pediatric Critical Care Supervisor
Employer: Oregon Health & Science University
Location: Portland, Oregon

[Learn More](#)

Title: Infusion Pharmacist
Employer: NewYork-Presbyterian Brooklyn
Methodist Hospital
Location: Brooklyn, New York

[Learn More](#)

Title: Assistant/Associate Professor – Psychiatry
Employer: Western University of Health Sciences,
College of Pharmacy
Location: Pomona, California

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