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Dear Colleagues:

The [joint statement](#) issued by the American Academy of Emergency Medicine, the American College of Osteopathic Emergency Physicians, the American College of Emergency Physicians, the Council of Residency Directors in Emergency Medicine, and the Society for Academic Emergency Medicine on September 3, 2020, regarding the postgraduate training of nurse practitioners and physician assistants and the related [statement](#) issued by the American Board of Emergency Medicine are of considerable concern to a wider audience of health care professionals, including clinical pharmacists. The number of clinical pharmacists working as members of the care team in emergency departments (EDs) throughout the United States continues to grow. Accredited postgraduate pharmacy residency training is critical to ensuring an adequate clinical pharmacist workforce to meet the demand of this specialized practice setting.¹

Postgraduate residency training of clinical pharmacists was established by the pharmacy profession more than 50 years ago. In addition to their formal education (2–4 years of undergraduate study and 4 years of professional study leading to the Pharm.D. degree), today's clinical pharmacists preparing for a career in emergency medicine complete 2 years of postgraduate residency training, with the second year in either a critical care pharmacy residency or, more recently, one of the growing number of emergency medicine pharmacy residencies. The American College of Clinical Pharmacy (ACCP) shares the [concerns expressed by the American Society of Health-System Pharmacists](#) (ASHP) regarding the joint statement from the emergency medicine societies above, which suggests that the terminology used in residency and fellowship training be limited to medical school graduates and that physicians determine the standards for postgraduate education/training and scope of practice for other health care professions. Indeed, this statement contradicts an earlier position statement published by the American College of Emergency Physicians in 2015 titled "Clinical Pharmacist

Services in the Emergency Department,” which ends with the statement “ACEP encourages emergency medicine rotations for pharmacy residents and clinical research regarding pharmacist access in the ED.”²

Clinical pharmacists perform a vital role in medication dosing and preparation during resuscitation and procedural sedation, management of drug toxicity, antimicrobial stewardship, and optimization of medications administered in the ED or ordered for use after discharge. The value of pharmacy residency-trained clinical pharmacists in emergency medicine has been documented in peer-reviewed work published in the emergency medicine literature.³ Many clinical pharmacists are also involved in collaborative continuous quality improvement within the ED, as well as interprofessional education and research. In a recent example from 2019, Bedy and colleagues at the University of Missouri-Columbia Department of Emergency Medicine found that medical residents benefited not only from the assistance of residency-trained clinical pharmacists working to provide patient care as members of the ED team, but also from the additional pharmacology education they provided. The clinical pharmacists also provided input on the assessment of medical residents’ pharmacology knowledge, improving the department’s ability to assess achievement of ACGME (Accreditation Council for Graduate Medical Education) milestones.⁴

ACCP represents a worldwide community of more than 18,000 clinical practitioners, educators, researchers, trainees, and students committed to clinical pharmacists’ advancement of quality patient care. Most ACCP members are residency-trained, board-certified clinical pharmacists who practice as part of integrated health care teams. Almost 1000 of its members belong to the Emergency Medicine Practice and Research Network, ACCP’s special interest group focused on practice and research in the area of emergency care. ACCP has long been committed to pharmacy residency training as the standard for entry into team-based care.⁵ Maintaining the availability of high-quality pharmacy residency training programs is essential for ACCP members, including those who serve as preceptors or pharmacy residency program directors. Pharmacy residency training is also the primary means of meeting the eligibility requirements for specialty board certification in the profession. For the past decade, ACCP has led the development of petitions for new specialties within pharmacy, and in 2019, ACCP collaborated with ASHP to submit a petition for recognition of emergency medicine pharmacy as a specialty. In February 2020, the Board of Pharmacy Specialties approved emergency medicine as the 14th pharmacy specialty, reflecting the documented evidence of the impact of, and demand for, clinical pharmacists in this practice setting. ACCP’s involvement in postgraduate training and credentialing also includes membership in the ASHP Commission on Credentialing, the profession’s accreditation body for pharmacy residencies; and ACCP’s longstanding program providing peer review of pharmacy research fellowship training programs.

ACCP remains committed to interprofessional team-based practice, education, and research. We steadfastly support the need for residency training of all clinical pharmacists working in team-based practice and the value of research fellowship programs to develop the next generation of clinical pharmacy researchers. We would welcome the opportunity to discuss the value of interprofessional postgraduate training that includes pharmacy residents in the emergency medicine setting and to collaborate in future communications regarding postgraduate training for health care professionals.

Sincerely,



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¹American College of Clinical Pharmacy (ACCP). Standards of Practice for Clinical Pharmacists. *Pharmacotherapy* 2014;34:794-7. Available at <https://www.accp.com/docs/positions/guidelines/standardsofpractice.pdf>. Accessed September 16, 2020.

²American College of Emergency Physicians (ACEP). Position Statement: Clinical Pharmacist Services in the Emergency Department. Approved June 2015. Available at <https://www.acep.org/globalassets/new-pdfs/policy-statements/clinical-pharmacist-services-in-the-emergency-department.pdf>. Accessed September 16, 2020.

³Morgan SR, Acquisto NM, Coralic Z, et al. Clinical pharmacy services in the emergency department. *Am J Emerg Med* 2018;36:1727-32.

⁴Bedy SC, Goddard KB, Stilley JAW, Sampson CS. Use of emergency department pharmacists in emergency medicine resident milestone assessment. *West J Emerg Med* 2019;20:357-62.

⁵American College of Clinical Pharmacy (ACCP). Qualifications of pharmacists who provide direct patient care: perspectives on the need for residency training and board certification. *Pharmacotherapy* 2013;33:888-91. Available at https://www.accp.com/docs/positions/commentaries/Commntry_BOR_DPC_phar1285.pdf. Accessed September 16, 2020.