Health care professionals across the globe are pushing to implement and advance interprofessional education and collaborative practice. In the United States, the importance of patient-centered multidisciplinary care teams to the improvement of patient safety and need for interprofessional education was highlighted in *Crossing the Quality Chasm: A New Health System for the 21st Century* and *Health Professions Education: A Bridge to Quality*, two landmark reports issued by the Institute of Medicine in 2001 and 2003, respectively.\(^1\,^2\)

According to the World Health Organization (WHO), **interprofessional education** occurs when two or more professions learn about, from, and with each other to enable effective collaboration and improve health outcomes; **collaborative practice in health care** occurs when multiple health workers from different professional backgrounds provide comprehensive services by working with patients, their families, carers and communities to deliver the highest quality of care across settings.

An increasing body of evidence confirms that interprofessional education enables effective collaborative practices, which in turn optimize health services, strengthen health systems, and improve health outcomes.\(^3\)

In its *Framework for Action on Interprofessional & Collaborative Practice*, the World Health Organization (WHO) outlined several actions to advance interprofessional education. The report indicates that the creation of frameworks for clear interprofessional outcomes could result in lifelong learning for health workers to enable them to become and remain collaborative-practice ready throughout their career.\(^1\) In addition to institutional and local competencies, national interprofessional competencies have been developed in the United States and Canada.

In May 2011, the American Association of Colleges of Pharmacy (AACP) in partnership with five professional organizations representing other health care professionals, the Interprofessional Education Collaborative (IPEC), released a report on core competencies for interprofessional collaborative practice. The report identifies four competency domains:\(^4\):

- Values/Ethics
- Roles/Responsibilities
- Interprofessional Communication
- Teams and Teamwork

A general competency statement defines each domain, and 38 specific competencies further elucidate the four domains/general competency statements.

The national interprofessional competency framework issued by the Canadian Interprofessional Health Collaborative (CIHC) identifies six competency domains. These are as follows:\(^5\):

- Interprofessional communication
- Patient/client/family/community-centered care
- Role clarification
- Team functioning
- Collaborative leadership
- Interprofessional conflict resolution

A competency statement defines each domain, and 39 specific descriptors further elucidate the six domains/competency statements.

A comprehensive review of the underlying principles for the development of the competencies and the specific competencies/descriptors is beyond the scope of this article. Table 1 lists the competency domains and general competency statements for the United States and Canada.

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Table 1.

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<th>Interprofessional Education Collaborative (IPEC), United States</th>
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<td><strong>Values/Ethics:</strong> Work with individuals of other professions to maintain a climate of mutual respect and shared values</td>
<td><strong>Interprofessional Communication:</strong> Learners/practitioners from different professions communicate with each other in a collaborative, responsive, and responsible manner</td>
</tr>
<tr>
<td><strong>Roles/Responsibilities:</strong> Use the knowledge of one’s own role and those of other professions to appropriately assess and address the health care needs and populations served</td>
<td><strong>Patient/Client/Family/Community-Centered Care:</strong> Learners/practitioners seek out, integrate, and value, as a partner, the input and the engagement of the patient/client/family/community in designing and implementing care/services</td>
</tr>
<tr>
<td><strong>Interprofessional Communication:</strong> Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease</td>
<td><strong>Role Clarification:</strong> Learners/practitioners understand their own role and the roles of those in other professions and use this knowledge appropriately to establish and achieve patient/client/family and community goals</td>
</tr>
<tr>
<td><strong>Teams and Teamwork:</strong> Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable</td>
<td><strong>Team Functioning:</strong> Learners/practitioners understand the principles of teamwork dynamics and group/team processes to enable effective interprofessional collaboration</td>
</tr>
<tr>
<td><strong>Teams and Teamwork:</strong> Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient/population-centered care that is safe, timely, efficient, effective, and equitable</td>
<td><strong>Interprofessional Conflict Resolution:</strong> Learners/practitioners actively engage self and others, including the client/patient/family, in positively and constructively addressing disagreements as they arise</td>
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Pharmacy leaders, educators, practitioners, and administrators must note these interprofessional competencies and, as new team-based, patient-centered care models emerge worldwide, take the necessary actions for pharmacists to assume their unique role within the health care team.


Maddux Addresses 11th Asian Conference on Clinical Pharmacy

ACCP Executive Director Michael Maddux delivered the keynote address, “Caring for Our Patients: How Clinical Pharmacy Is Transforming the Profession’s Future,” at the 11th Asian Conference on Clinical Pharmacy in Pasay City, Philippines, on June 24. Dr. Maddux discussed ACCP’s vision for the future of clinical pharmacy and noted the likely indicators that will demonstrate progress toward achieving the vision. He emphasized the importance of credible credentialing and privileging processes; recognition of clinical pharmacists by employers, regulators, and payers; and documentation in the biomedical and health services literature of the value of clinical pharmacists’ contributions to health outcomes. Dr. Maddux also gave a plenary lecture during the conference titled “Credentialing Clinical Pharmacists Who Provide Direct Patient Care.”

Attended by more than 1000 pharmacists from 15 countries, the 3-day conference featured 15 scientific and professional plenary sessions; a series of symposia focusing on clinical pharmacy education, practice, and research; and scientific posters and oral platform presentations. The 12th Asian Conference on Clinical Pharmacy will be held July 7–9, 2012, in Hong Kong.

ACCP Executive Director Michael Maddux accepts the Keynote Speaker’s Plaque from Ma. Victoria Eliza Aquino-Dee, the sister of Philippines President Benigno Aquino III; also pictured, left to right, are Leonila M. Ocampo, RPh, M.S., President of the Philippine Pharmacists Association and Organizing Committee Chair; Yolanda R. Robles, Ph.D., the Country Conference Chair and Professor of Pharmacy, University of the Philippines College of Pharmacy, Manila; and Hiroyuki Kamei, President of the Asian Conference and Professor, Faculty of Pharmacy, Meijo University, Nagoya, Japan.
Ambulatory Care Pharmacists Just in Time for Silver Tsunami in Singapore

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Department of Pharmacy, Faculty of Science,
National University of Singapore, Singapore

Although it is the smallest country in Southeast Asia, Singapore is a modern cosmopolitan city-state that is both financially prosperous and culturally rich. The philosophy of its health care system emphasizes individual responsibility toward healthy living, and medical expenses are covered through a national system of individual health savings accounts and copayment. Although Singapore’s health care expenditure is low at 4.5% of GDP, this is expected to grow as the population ages and chronic diseases increase in prevalence. As a U.S.-trained ambulatory care pharmacist who grew up in California, I decided 4 years ago to come to Singapore for the challenge and opportunity of promoting ambulatory care pharmacy in Asia.

The role of pharmacists in Singapore started to evolve clinically less than a decade ago, with the majority of patient activities taking place in hospital settings. When I arrived, the concept of ambulatory care was rather new, and the idea of pharmacists in Singapore furnishing prescriptions for multiple chronic diseases or carrying out drug optimization without being seen by a physician again on the same day was only theoretical. However, with the world’s second-fastest aging population, Singapore was preparing to combat the burden of chronic diseases to be brought on by the coming “silver tsunami.” The need to provide better chronic disease management at the ambulatory care level, therefore, became increasingly urgent for all health care providers, including pharmacists.

Of the 5.1 million Singapore residents, about 1 million are afflicted with one or more chronic medical conditions. Diabetes, hypertension, and dyslipidemia, with prevalences of 11.3%, 23.5%, and 17.4%, respectively, are among the most common noncommunicable diseases. In 2007, with the support of family physicians from a government outpatient clinic, I piloted the first pharmacist-managed diabetes clinic in Singapore, also known as the Hypertension, Diabetes, and Lipids Clinic (HDL-C), as a model for a holistic and integrated care delivery system for patients with uncontrolled long-term conditions. The service has since expanded to four government outpatient clinics and one hospital-based outpatient clinic, where ambulatory care pharmacists work collaboratively with other health care providers. To its traditional doctor-nurse model, Singapore is adding a new team-based care model involving experts from different areas of chronic disease management.

Today, the concept of ambulatory care pharmacists in the primary care setting is no longer foreign to Singapore, and the idea of pharmacists optimizing medication therapy or furnishing prescriptions on behalf of the physicians within the scope of their expertise is more or less customary. More pharmacists are needed for ambulatory care as more Singaporeans turn gray, and the challenges of training more clinical pharmacists competent in their clinical skills and in the management of clinics have been identified. How the practice of ambulatory care pharmacy evolves in the next decade may well determine the role of pharmacist-managed clinics in Singapore’s health care infrastructure and in the coming battle against the silver tsunami.


*Opinions, judgments, and data expressed or implied in this article are those of the author and do not reflect the policy or position of the American College of Clinical Pharmacy, and the American College of Clinical Pharmacy provides no warranty regarding their accuracy or reliability.

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To obtain more information and submit an advertisement, see Advertising Rate Card at http://www.accp.com/docs/international/ RateCard.pdf.

Mark Your Calendar

2011 Annual Meeting
Pittsburgh, PA
October 16–October 19
David L. Lawrence Convention Center

2012 Updates in Therapeutics
Reno, NV
April 27–May 1
Peppermill Resort Spa Casino

An ACCP Publication

Developed by the ACCP Ambulatory Care Practice and Research Network members, the ACCP Ambulatory Care New Practitioner Survival Guide/Resource Manual is intended to serve as a resource for both new and seasoned clinicians practicing in the ambulatory care setting. The manual provides detailed examples of successful clinical practices that are invaluable for building or expanding clinical pharmacy practices in the ambulatory care setting.

Contents include the following:
- Clinical Services—this section includes information on practice-related issues such as:
  - How to initiate pharmacy involvement in an ambulatory clinic, clinical pharmacist privileges, and collaborative practice agreement among other professional issues of relevance to ambulatory care practitioners
  - Samples of policies and procedures, protocols, algorithms, forms, surveys, and letters used in clinics such as anticoagulation, endocrinology, asthma, smoking cessation, hypertension, and many more
- Education—this section includes information on educational issues such as:
  - Competencies, assessment, and practice questions
  - Goals, objectives, curricula, and activities for various ambulatory care rotations

Every practitioner practicing in the ambulatory care setting would benefit from this excellent resource.


Pharmacotherapy Review Program for Clinical Pharmacists Practicing in Asia

For the first time ever, the American College of Clinical Pharmacy will deliver a pharmacotherapy review course in Asia. The Pharmacotherapy Review Program for Advanced Clinical Pharmacy Practice will take place September 10–12, 2011, in Hong Kong.

The intended audience is pharmacists seeking a high-quality, up-to-date overview of pharmacotherapeutics and those preparing for the Board of Pharmacy Specialties (BPS) certification examination in Pharmacotherapy. The 3-day live course will engage participants in learning activities designed to advance clinical judgment and problem-solving skills required in clinical practice. Course modules are Biostatistics and Clinical Trials, Cardiology, Endocrinology, Gastroenterology, Infectious Diseases, Nephrology, and Pulmonary Diseases.

In addition to attending the live course, program participants will receive complementary access to the online course of the “Updates in Therapeutics®: The Pharmacotherapy Preparatory Review and Recertification Course,” 2011 edition. The online course includes course handouts as Portable Document Format (PDF) files, audio/slide synchronized presentations, and eight continuing pharmacy education (CPE) tests. Registrants can use the online tests to self-assess their mastery of the materials and earn up to 24.0 hours of CPE credit.

More information on this program is available at http://www.accp.com/education/hongkong.aspx.

Preparatory Review Programs for Pharmacists Seeking Board Certification

Pharmacists preparing to sit for the Board of Pharmacy Specialties (BPS) certification examinations for Ambulatory Care Pharmacy, Oncology Pharmacy, or Pharmacotherapy specialties may want to take advantage of preparatory review courses offered by ACCP. The courses, published annually, provide the most up-to-date, comprehensive reviews of pharmacotherapeutic and patient care topics presented in a concise, application-based format. These courses also serve as excellent resources for pharmacists seeking to update their knowledge and skills in these areas.

Table 2 lists the available courses by specialty.

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Dear Colleagues:

Articles published in this issue of *ACCP International Clinical Pharmacist* underscore clinical pharmacists’ unique knowledge, skill, and abilities and their impact on the profession, patient care, and health systems.

The article titled “Interprofessional Education and Collaborative Practice: National Competencies of Two Nations” highlights the importance of interprofessional education and team-based practice models to enhance patient safety. The article summarizes competency domains and general statements put forth by national organizations in United States and Canada. These guidelines will further guide educators from different disciplines to work together and design learning activities that will prepare future generations of health care professionals to work in interprofessional settings.

Countries around the globe are mapping their own journey to establishing and advancing clinical pharmacy. The article titled “Ambulatory Care Pharmacists Just in Time for Silver Tsunami in Singapore” presents the experience of a clinical pharmacist establishing clinical pharmacy services in Singapore. This represents one example of how clinical pharmacists are contributing to the advancement of the profession and patient care across the globe.

*ACCP International Clinical Pharmacist* editorial staff invite international pharmacists to share their stories and views on professional issues of importance to clinical pharmacy education and practice.

Sincerely,

Wafa Y. Dahdal, Pharm.D., BCPS (AQ Cardiology)

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**Call for Papers**

Individuals are invited to submit articles for publication in future issues of the newsletter on the following departments:

- Clinical Pharmacy Practice
- Clinical Pharmacist or Clinical Practice Profile
- Patient Care
- Research and Practice
- Pharmacy Education
- Continuing Professional Development

For more information and to submit an article, see [http://www.accp.com/docs/international/InformationForAuthors.pdf](http://www.accp.com/docs/international/InformationForAuthors.pdf).

**Advance International Ordering from ACCP Publications**

International pharmacists attending the 2011 ACCP Annual Meeting are afforded the opportunity to purchase books in advance of the meeting, pick them up at the On-site Bookstore in Pittsburgh, and carry them back home in their suitcases.

Advance International Ordering eliminates shipping fees on most book purchases. Registrants will receive additional information by e-mail. Register for the meeting and purchase books before September 16 to qualify for this promotion.