

International Pharmacy Residency Accreditation: The Saudi Experience[†]

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The health care system in Saudi Arabia is a national health care system in which the government provides free health care services to all citizens through different health care sectors.¹ Various governmental agencies regulate and control the system. These include the ministry of health (MOH), which provides health care coverage to around 60% of the Saudi citizens; the Saudi Food and Drug Authority (SFDA), which regulates pharmaceuticals, medical supplies, and medical devices; and the Saudi Commission for Health Specialties (SCHS), which regulates health-related training and licenses health care providers.¹

Pharmacy practice in Saudi Arabia dates back to the late 1950s, when the first school of pharmacy was established.² The clinical pharmacy concept was introduced in the mid-1970s when clinical pharmacists from the United States implemented pharmacokinetics, parenteral nutrition, and drug information services at King Faisal Specialist Hospital and Research Center (KFSH&RC; Division of Pharmacy Services, personal communication) in Riyadh. Similar to pharmacists' roles in other developed countries, the traditional role of pharmacists in Saudi Arabia has shifted from a focus on products and services to an emphasis on medication management and patient care. However, providing high-quality pharmaceutical care to patients has been a major challenge for pharmacists, even though most Saudi schools of pharmacy recently shifted from the bachelor's degree in pharmacy to the doctor of pharmacy (Pharm.D.) degree.²

In Saudi Arabia, the first pharmacy residency program was established at KFSH&RC in Riyadh in 1997 in affiliation with the St. Louis College of Pharmacy, St. Louis, Missouri (KFSH&RC; Division of Pharmacy Services, personal communication). Since then, the program has undergone several revisions and developments until reaching its current structure. The current program is 24-month postgraduate training with structured rotations in clinical and operational aspects

of pharmacy practice, education, research, and administration. Its goal is to prepare candidates to be independent pharmacy practitioners with a higher level of skills and knowledge to assume advanced practice roles. The description of the program, its development, and its structure has been discussed elsewhere.³

The program was first accredited by the SCHS, the official local accreditation body for health training, in 2001 and has undergone several reaccreditation processes during the past 10 years. Because of the absence of local or regional societies that set standards for this unique type of training, we elected to seek the American Society of Health-System Pharmacists (ASHP) "international" accreditation. The four main reasons that led the pharmacy administration at KFSH&RC to seek this international accreditation were as follows:

1. The rigorous accreditation process would require the pharmacy to demonstrate compliance with established high-level standards of practice, which would reflect positively on the overall quality of services provided to patients.
2. ASHP accreditation would ensure that the program underwent peer review to fulfill the requirements needed to provide a state-of-the-art practice environment to our residents.
3. Accreditation would push the pharmacy profession in Saudi Arabia forward, making other sites in the country strive to improve their training and clinical pharmacy services.

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4. Accreditation would attract future residents and encourage future employers to hire these residents after their graduation.

In September 2011, the program received ASHP accreditation as the first internationally accredited post-graduate year one (PGY1) residency program. The below table summarizes the residency program rotations.

Table. KFSH & RC – Riyadh PGY1 Pharmacy Residency Program Rotations

Rotation Type	Duration (wk)
Rotations Included in the First Year	
General Orientation	1
Ambulatory Care	5
Inpatient Care I	5
Inpatient Care II	5
IV Admixture	5
Administration	5
Drug Information	5
Introduction to Clinical Practice	5
Clinical Rotation I	5
Clinical Rotation II	5
Rotations Included in the Second Year	
<i>Pharmaceutical Care Core rotations</i> (6 required rotations)	
Cardiology	5
Critical Care	5
Infectious Diseases	5
Internal Medicine	5
<i>Elective rotations</i> (3 required rotations)	
Ambulatory Care	5
Hematology (adult/pediatric)	5
Nephrology	5
Oncology	5
Parenteral Nutrition	5
Pediatrics	5
Pharmacokinetics	5
Solid Organ Transplant	5

IV = intravenous; wk = week.

1. Department of Statistics. 2009 Health Statistical Year Book. The Saudi Ministry of Health. Available at www.moh.gov.sa/en/Ministry/Statistics/Book/Pages/default.aspx. Updated June 15, 2011. Accessed September 2, 2011.
2. Assiri Y. Emerging frontiers of pharmacy education in Saudi Arabia: the metamorphosis in the last fifty years. *SPJ* 2011;19:1-8.
3. Al-Haidari KM, Al-Jazairi AS. Establishment of a national pharmacy practice residency program in Saudi Arabia. *Am J Health Syst Pharm* 2010;67:1467-70.

†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

A Call for Input from International Pharmacists Practicing in Heart and Lung Transplantation

Members of the International Society of Heart and Lung Transplantation Committee on Pharmacology and the American College of Clinical Pharmacy Immunology/Transplantation and Cardiology Practice & Research Networks are seeking input from international pharmacists on a clinical statement that will assess, describe, and define the roles of transplant pharmacists working in the areas of heart and lung transplantation worldwide. If you are interested in contributing to the work of the group or possibly serving as an author, please contact Committee Chair, Robert Page, Pharm.D., MSPH, FCCP, at Robert.page@ucdenver.edu, by December 31, 2011. Your input will be extremely important as we define and advance pharmacists' roles in this unique specialty.

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>.

ACCP Partakes in International Seminar on Experiential Education in India

The Jagadguru Sri Shivarathreeshwara (JSS) College of Pharmacy held an International Seminar on Experiential Education in Pharmacy Practice on September 10–11, 2011, in Mysore, India. The theme for the program was on Developing Practice Skills through Experiential Education.

Attended by delegates from multiple pharmacy programs in Southern India, the seminar goal was to impart practice skills among pharmacy faculty involved in teaching and training doctor of pharmacy (Pharm.D.) students and prepare them for the role of preceptors. Four speakers from the United States addressed various professional issues related to the adoption of the Pharm.D. degree and preceptor development to ensure high-quality experiential education experiences. Topics discussed included global experience in Pharm.D. education and training, accreditation and professional standards, practice site development, incorporating evidence-based medicine into clinical practice, and preceptor development and student learning.

The four U.S. speakers who participated in the seminar were Wafa Dahdal from the American College of Clinical Pharmacy (ACCP), Lucinda Maine from the American Association of Colleges of Pharmacy (AACP), Kevin Moores from the Division of Drug Information Service (DDIS) at the University of Iowa (UIOWA), and Mike Rouse from the Accreditation Council for Pharmacy Education (ACPE).



Lighting of the Lamp at the Seminar Inauguration Ceremony. Participating in this event are (from left) Dr. H.G. Shivakumar, JSS College of Pharmacy Principal; Dr. Mruthyunjaya P. Kulenur, Registrar; Dr. B. Suresh, JSS University Vice Chancellor; Dr. Kevin Moores, DDIS, UIOWA; Mr. Mike Rouse, ACPE; Dr. Lucinda Maine, AACP; Dr. Wafa Dahdal, ACCP; and Dr. G. Parthasarathi, Head, Department of Clinical Pharmacy.

After the seminar, a 2-week staff development program on “Teaching and Learning Methodologies in Pharmacy Practice” convened. The program was attended by educators who teach pharmacy practice at the All India Council for Technical Education (AICTE)- and the Pharmacy Council of India (PCI)-approved colleges of pharmacy. Dr. Dahdal gave the keynote address on “Clinical Pharmacy Practice: A Tool for Better Patient Care.”

Clinical Pharmacy Education and Practice in Lebanon†

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Lebanon is a small country in the Middle East with a surface area of 10,452 km² and a population of around 4 million. The history of pharmacy education in Lebanon dates back to 1871, when the American Protestant missionaries established the first school of pharmacy at what is now the American University of Beirut¹ (AUB), and to 1889, when the French Catholic missionaries established the second school of pharmacy at Saint-Joseph University² (USJ). The pharmacy program at AUB was discontinued during the Lebanese Civil War in 1977. Today, Lebanon is home to five private pharmacy schools: USJ, Beirut Arab University, Lebanese American University (LAU), and the newly established Lebanese International University and Jinan University.

Lebanon is also home to one public pharmacy school, Lebanese University. These six pharmacy schools will soon account for more than 400 graduates every year. As of August 2011, there were 6056 pharmacists, 2372 community pharmacies, and 233 health-system pharmacies registered at the Lebanese Order of Pharmacists.³ The vast majority of registered pharmacists practice in a community or hospital pharmacy (51%), 16% work for the pharmaceutical industry, and 6% are affiliated with academic or governmental centers.³

The growing number of graduates and the lack of new practice settings exacerbated by a weak economy are factors likely to induce a significant decrease in job opportunities and satisfaction.⁴ A potential solution to this problem is the creation of opportunities for graduates to practice clinical pharmacy. Although all pharmacy schools in Lebanon are offering their students a variety of didactic and experiential courses to prepare them for a career in clinical pharmacy, the school of

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pharmacy at LAU has been focusing on this area of practice since the inception of its doctor of pharmacy program and its accreditation by the Accreditation Council for Pharmacy Education in 2002. Several LAU graduates have been pursuing residency training in the United States and have been instrumental in promoting clinical pharmacy education, practice, and research in Lebanon. The school of pharmacy at USJ, in collaboration with its affiliated teaching hospital Hôtel-Dieu de France and schools of pharmacy in France, has also been promoting clinical pharmacy by offering certificates, master's degrees, and postgraduate residency training in hospital pharmacy practice.

A career in clinical pharmacy is looking promising in Lebanon. As of August 2011, seven pharmacists certified by the Board of Pharmacy Specialties in pharmacotherapy, psychiatric pharmacy, and/or nutrition support were practicing in Lebanon.⁵ Clinical faculty members from six schools of pharmacy are precepting students and interacting with health care professionals in a variety of practice settings: community, ambula-

tory, hospital, and long-term care settings. If given the opportunity to be widely implemented, clinical pharmacy services have the potential to create several opportunities for pharmacists in this country.

1. American University of Beirut. History. Available at www.aub.edu.lb/main/about/Pages/history.aspx. Accessed November 1, 2011.
2. Saint-Joseph University. History. Available at www.usj.edu.lb/en/files/history.html. Accessed October 12, 2011.
3. Lebanese Order of Pharmacists. Available at www.opl.org.lb. Accessed November 1, 2011.
4. Salameh P, Hamdan I. Pharmacy manpower in Lebanon: an exploratory look at work-related satisfaction. *Res Social Adm Pharm* 2007;3:336–50.
5. Board of Pharmacy Specialties. Find a Board Certified Pharmacist. Available at www.bpsweb.org/resources/find_bcp.cfm. Accessed November 1, 2011.

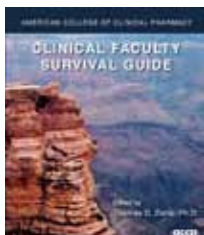
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Book Highlights

Clinical Faculty Survival Guide

an **accp** Publication

Written by expert clinical practitioners, educators, and scholars, ACCP's *Clinical Faculty Survival Guide* comprises a wealth of information, resources, and advice to new and prospective clinical faculty members. Seasoned faculty members serving as mentors to younger colleagues will find the book's content useful and advantageous for imparting career advice.



Contents include:

- Reaffirming the Human Nature of Professionalism
- Surviving and Thriving in the Academic Setting
- Clinical Practice
 - Inpatient/Acute Care Practice
 - Clinic/Office-Based Practice
 - Community Pharmacy Practice
 - Collaborative Practice
 - Credentialing of Pharmacists
- Teaching and Precepting
 - Teaching in the Classroom Environment
 - Effective Precepting
 - Active Learning
 - Instructional Technology

- Inculcating Professionalism
- Mentoring: Some Principles, Some Thoughts, and Some Tools
- Research and Scholarship
 - Research and Scholarship: An Orientation
 - Research and Scholarship for Practitioner-Educator Faculty
 - Research and Scholarship for Researcher-Educator Faculty
- Service
 - Service to University, Community, and Profession: A Path to Personal Growth, Effective Contributions, and Increased Visibility
- Leadership
 - Personal Leadership
 - Organizational Leadership
 - Project Leadership
- Professional Development
 - Continuing Professional Development and Life-long Learning

A best seller among ACCP's Teaching and Learning titles, the *Clinical Faculty Survival Guide* is a must-have for all clinical practitioners and educators.

More information on this guide is available at http://www.accp.com/bookstore/tl_01cfsg.aspx.

A Message from the Editor

Dear Colleagues:

As I reflect on what's taking place in the profession worldwide, it is very evident that we all are in pursuit of new practice models and services that will allow pharmacists to further their contributions to the betterment of human health. This pursuit, in turn, translates to the pursuit of high-quality professional education, postgraduate training, and professional development programs that will best prepare the necessary number of qualified pharmacists to provide these services. Such pursuits are much apparent in the articles published in this issue of *ACCP International Clinical Pharmacist*.

An example of the advancement of new patient-centered pharmacist roles and the changes in the education systems to support such advances taking place around the globe is described in the article on "Clinical Pharmacy Education and Practice in Lebanon." In addition to describing the evolution of professional education and new pharmacist roles in Lebanon, the article highlights the increasing number of pharmacists seeking specialty certification and the need for additional opportunities for pharmacists to practice clinical pharmacy in the country.

The article on "International Pharmacy Residency Accreditation: The Saudi Experience" underscores the importance of accreditation of postgraduate residency training programs that further advance pharmacists'

knowledge, skills, and experiences in providing safe and cost-effective patient care. Accreditation of a training program by an internationally or nationally recognized body is important to ensure that the program meets predetermined quality standards set forth by the profession.

Continuing professional development programs designed to equip pharmacists with the knowledge and skills necessary for them to take on new initiatives are paramount to the success of these initiatives. Sharing experiences with colleagues from across the globe, such as those that took place during the international seminar and staff development programs described in the piece on "ACCP Partakes in International Seminar on Experiential Education in India," are invaluable real-life experiences to all who are involved.

ACCP International Clinical Pharmacist editorial staff encourage pharmacist practitioners and educators to share their innovative practices and views on current issues of importance to the profession locally, nationally, and internationally.

Sincerely,



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

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April 27–May 1, 2012

Reno, Nevada



2012 ACCP Annual Meeting

October 21–24, 2012

Hollywood, Florida



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