



Being a Clinical Pharmacist—A Resounding Success

To bolster the efforts of pharmacists who are implementing and advancing clinical pharmacy services around the globe—and in agreement with the American College of Clinical Pharmacy's (ACCP) priority to promote the professional development of clinical pharmacists—"Being a Clinical Pharmacist: Applying Knowledge and Skills to Team-Based Patient Care" was first offered in conjunction with the 13th Asian Conference on Clinical Pharmacy in Haiphong, Vietnam, this past September.

The aim of this 1-day program is to introduce participants to advanced clinical pharmacy practice and develop specific skills that pharmacists can implement in their daily practice to optimize patient care. The two opening sessions provided an overview of the different patient-care services and described the roles and responsibilities of clinical pharmacists and the ways in which they carry these out in the acute and ambulatory care settings. Then, using illustrative patient cases in internal medicine, cardiology, nephrology, psychiatry, and infectious diseases, a series of sessions showed how clinical pharmacists apply pharmacotherapy knowledge and skills in real-life settings, with a focus on recommending therapy, patient and pharmacotherapy assessment, monitoring, and patient education. The program also included two sessions on the pharmacist's role in the provision of consult services and interprofessional practice.

More than 100 pharmacists representing Cambodia, China, Hong Kong, Kuwait, Libya, Mongolia, Philippines, Singapore, Thailand, and the host country, Vietnam, participated in *Being a Clinical Pharmacist*.

After the *Being a Clinical Pharmacist* sessions, program faculty took part in the Asian Conference on Clinical Pharmacy. The theme of this year's conference was "The Clinical Pharmacist and Patient Care: Opportunities and Challenges." The conference commenced with welcoming remarks by Dr. Nguyen Van Hung, Associate Professor and Founding Dean, Faculty of Pharmacy, Haiphong Medical University, on behalf of the organizing committee, and Dr. Yolanda R. Robles, President of the Asian Conference on Clinical Pharmacy. Two keynote speakers, Dr. Barry L. Carter, Professor, University of Iowa and Fellow of the American College of Clinical Pharmacy, and Dr. Michael S. Maddux, Executive Director, American College of Clinical Pharmacy, began the conference itself with two thought-provoking presentations on "Team-Based Care to Implement Evidence-Based Guidelines: Strategies to Improve Patient Outcomes" and "Getting

the Medicines Right—How Clinical Pharmacy Will Contribute to Future Health Care Teams," respectively.

During the 3 conference days, presenters explored current issues facing the profession and exchanged ideas, research findings, and advances in clinical pharmacy education, postgraduate training, and practice in their respective institutions and countries. The conference was an exceptional venue where East met West!



Being a Clinical Pharmacist program faculty. Pictured (left to right): Michael S. Maddux (Executive Director, American College of Clinical Pharmacy); William Kehoe (Professor and Chair, University of the Pacific); Wafa Y. Dahdal (Director of International Programs, American College of Clinical Pharmacy); Brian Hemstreet (Associate Professor, University of Colorado); and Alan H. Lau (Professor and Director, International Clinical Pharmacy Education, University of Illinois at Chicago).

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Responsible Use of Medicines Defined

In March 2013, the Board of Pharmaceutical Practice of the International Pharmaceutical Federation instituted a working group to define “responsible use of medicines.” The ensuing definition reflects a continuum of access, appropriate selection and use of medicines, and follow-up, and involves patients and their families, health care professionals, and policy-makers, all of whom are key stakeholders in ensuring the responsible use of medicines.

The working definition indicates that responsible use of medicines means that “a medicine is only used when necessary and that the choice of medicine is appropriate based on what is proven by scientific and/or clinical evidence to

be most effective and least likely to cause harm. This choice also considers patient preferences and makes the best use of limited healthcare resources.” It also means “[t]here is timely access to and the availability of quality medicine that is properly administered and monitored for effectiveness and safety” and that “[a] multidisciplinary collaborative approach is used that includes patients and carers in addition to health professionals assisting patients in their care.”

Members of the this working group were Philip J. Schneider (USA), Parisa Aslani (Australia), Jacqueline Surugue (France), James G. Stevenson (USA), Wafa Y. Dahdal (USA), and Luc Besançon (The Netherlands).

2013 Clinical Reasoning Series Programs—Critical Appraisal and Application of Best Scientific Evidence to the Care of Patients in the Ambulatory Care Setting and Intensive Care Units

Clinical Reasoning Series



The 2013 home study editions of ACCP’s Clinical Reasoning Series programs are now available. Each program offers 6.0 hours of continuing pharmacy education (CPE) credit.

The 2013 From Theory to Practice: Clinical Reasoning Series in Ambulatory Care Pharmacy program titled “Evidence-Based Screening and Prevention Strategies,” designed for board-certified ambulatory care pharmacists (BCACPs), provides an overview of contemporary evidence-based screening and prevention strategies for cardiovascular diseases, type 2 diabetes mellitus, and chronic kidney disease. The program summarizes the scientific evidence and patient care recommendations necessary for enhancing patient outcomes and includes activities designed to advance participants’ abilities to incorporate significant findings into daily practice. For more information on program content, learning objectives, and CPE and BCACP recertification credit, and to order your copy, visit www.accp.com/bookstore/crsam13.aspx.

The 2013 From Theory to Bedside: Clinical Reasoning Series program titled “Pain, Agitation, and Delirium in the Intensive Care Unit,” designed for board-certified pharmacotherapy specialists (BCPSs), provides an overview of contemporary strategies for the assessment and optimal management of pain, agitation, and delirium. Sessions offer an in-depth analysis of published scientific evidence and learning exercises that help inform patient care decisions and advance the application of best evidence to clinical practice. For more information on program content, learning objectives, and CPE and BCPS recertification credit, and to order your copy, visit www.accp.com/bookstore/crsph13.aspx.

The home study editions include audio/slide synchronized presentations, MP3 audio files, PDF files of the program book and associated documents, and an online posttest.

To be eligible for 6.0 hours of specialty recertification credit, BCACPs and BCPSs must successfully complete the respective program’s Web-based posttest by November 30, 2013.

Mark Your Calendar



International Certification of Professional Pharmacy Degree Programs

At its June meeting, the Board of Directors of the Accreditation Council for Pharmacy Education (ACPE), the U.S. agency for the accreditation of professional degree programs in pharmacy, approved the first international pharmacy degree program certification.

International program certification, which is distinct from accreditation and available only to programs outside the United States, attests that the program is in compliance with and meets the criteria set forth in the International Quality Criteria for Certification of Professional Degree Programs in Pharmacy.¹ The certification decision is based on a review of the College's self-study report, an on-site evaluation, consideration by the ACPE International Commission, and final approval by the ACPE Board of Directors.

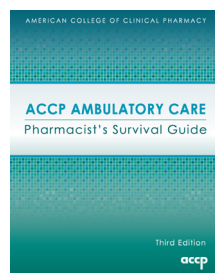
The first ACPE international certification was granted to King Saud University College of Pharmacy, Kingdom of Saudi Arabia, which offers both bachelor of pharmacy and doctor of pharmacy degree programs.



The ACPE site visit team with leaders of King Saud University (KSU) College of Pharmacy in Saudi Arabia during their site visit in early 2013. Pictured (left to right): Peter Vlasses, Executive Director ACPE; Yousif Asiri, Dean, KSU College of Pharmacy; Abdulrahman Almoammar, Vice Rector of Health Colleges at KSU; Robert Beardsley, President of ACPE Board of Directors; Fahd Alkelabi, Vice Rector for Quality and Development at KSU; Wafa Dahdal, Director of International Programs, American College of Clinical Pharmacy; Abdullah Als Salman, Vice Rector for Academic Affairs at KSU; and Mike Rouse, Assistant Executive Director, Professional Affairs and Director, International Services, ACPE.

1. Accreditation Council for Pharmacy Education. International Quality Criteria for Certification of Professional Degree Programs in Pharmacy. 2012. Available at www.acpe-accredit.org/pdf/ACPE_InternationalQualityCriteria_06202012.pdf. Accessed October 31, 2013.

Book Highlights



ACCP Ambulatory Care Pharmacist's Survival Guide an **accp** Publication

Now in its third edition, the *ACCP Ambulatory Care Pharmacist's Survival Guide* is a valuable resource for all ambulatory care pharmacists. Developed by members of ACCP's Ambulatory Care Practice and Research Network, this resource encompasses contributions from real-life practices divided into the following four sections:

- Ambulatory Care Basics – Scholarship for Clinicians, Reimbursement
- Clinical Practice – Managing Clinics for Hypertension, Lipids, Diabetes, Asthma, Hepatitis, and more
- Education – Student and Resident Rotations, Medical Residents, Multi-Learner Activities

- Practice Management – Collaborative Drug Therapy Management, Professional Practice Evaluation, Transition of Care, Shared Medical Appointments, and more

Expanded to more than 500 pages, this edition offers over 70 guidance documents such as dosing and management guidelines, decision tools, monitoring protocols, patient interview guides, policy and procedures, and collaborative practice agreements. These real-life examples of successful advanced clinical practices are invaluable for building or expanding patient care services.

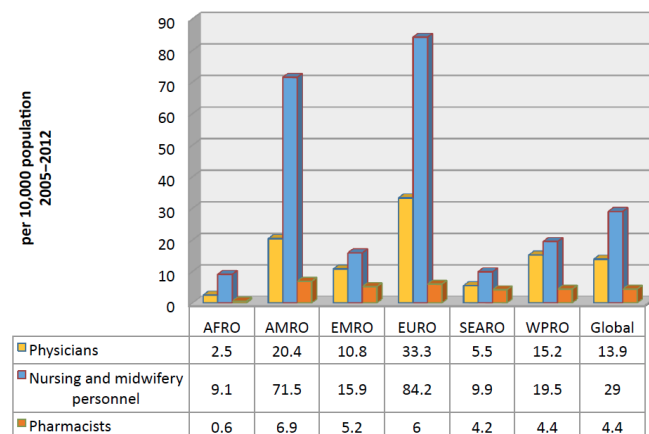
This third edition of the *ACCP Ambulatory Care Pharmacist's Survival Guide* is available in print and online (PDF files), as well as in an e-media version for use with e-readers and tablets. More information on this guide is available at www.accp.com/bookstore/pd_03acsg.aspx

Divergence of the Pharmacy Workforce Around the Globe

The 2013 World Health Statistics report published earlier this year provides a comprehensive summary of the current status of national health and health systems. The report includes data on nine areas of relevance to global public health: life expectancy and mortality, cause-specific mortality and morbidity, selected infectious diseases, health service coverage, risk factors, health systems, health expenditures, health inequities, and demographic and socioeconomic statistics.

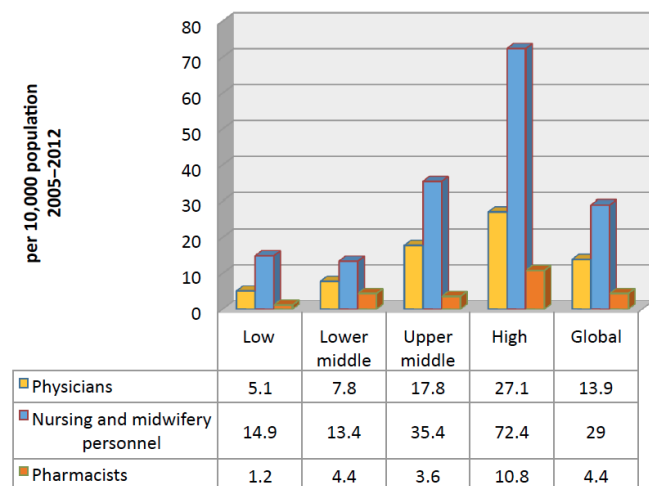
One of the indicators listed under the area of health systems is the density of health care professionals. The global density of pharmacists in health systems was reported to be 4.4 per 10,000 population in 2005–2012. The range of country-specific density was reported as between less than 0.05 and 20, with a median of 2.2 per 10,000 population during the same period. Figures 1 and 2 depict the density of pharmacists, as well as that of physicians and nursing and midwifery personnel, in health systems by the World Health Organization Member State regions and the World Bank income groups, respectively.^{1,2}

Figure 1. Workforce Density in Health Systems by WHO Region



WHO Regional Office for Africa (AFRO); the Americas (AMRO); the Eastern Mediterranean (EMRO); Europe (EURO); South-East Asia (SEARO); and the Western Pacific (WPRO).

Figure 2. Workforce Density in Health Systems by Income Group



1. World Health Organization. World Health Statistics 2013. Available at www.who.int/gho/publications/world_health_statistics/2013/en/. Accessed October 28, 2013.
2. World Health Organization. Health Statistics and Health Information Systems: Definition of Region Groupings. Available at www.who.int/healthinfo/global_burden_disease/definition_regions/en/. Accessed October 28, 2013.

Call for Papers

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

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

To obtain more information and submit an article, see Information for Authors at www.accp.com/docs/international/InformationForAuthors.pdf.

Advertise with ACCP International Clinical Pharmacist

Announcements of quality educational programs, conferences, or products and position listings of interest to the international audience may be published in *ACCP International Clinical Pharmacist*.

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

A Message from the Editor

Dear Colleagues:

This issue of the *ACCP International Clinical Pharmacist* newsletter includes several articles that highlight the divergence of the pharmacy workforce and its practices around the globe, together with the efforts that are underway to advance pharmacist services.

Although clinical pharmacy practice is well established in some countries, efforts are still ongoing to establish and advance patient-centered services in others. The challenge faced is the lack of mentors and role models with the necessary expertise to guide the development of these services. The article titled “*Being a Clinical Pharmacist—A Resounding Success*” describes a unique professional development program held earlier this year, in conjunction with the 13th Asian Conference on Clinical Pharmacy. The program, intended to introduce advanced clinical pharmacy practices and the skills required by pharmacists to provide clinical services at their institutions, was very well received.

The article titled “*Responsible Use of Medicines Defined*” reports on the working definition of the responsible use of medicines developed by the International Pharmaceutical Federation. Whereas the definition is inclusive of all stakeholders, pharmacists, as the experts on medicines, should assume lead positions to ensure the responsible use of medicines.

The article titled “*International Certification of Professional Pharmacy Degree Programs*” reports on the first international certification granted by the Accreditation Council for Pharmacy Education. The certification attests that a program meets agreed-on quality criteria and standards

for international programs. The article titled “*Divergence of the Pharmacy Workforce Around the Globe*” highlights the global difference in the density of pharmacists practicing in health systems, as reported by the World Health Organization.

Two other articles, “*2013 Clinical Reasoning Series Programs—Critical Appraisal and Application of Best Scientific Evidence to the Care of Patients in the Ambulatory Care Setting and Intensive Care Units*,” intended for clinical pharmacists and board-certified specialists, and “*Book Highlights: ACCP Ambulatory Care Pharmacist’s Survival Guide*,” intended for ambulatory care pharmacists, highlight key professional development programs for pharmacists seeking to advance their skills and practices.

I conclude this message by emphasizing how imperative it is that both individual pharmacists and profession leaders take the time to reflect on the divergence of not only the density of pharmacists, but also the credentials, scopes of practice, and types of services provided by pharmacists around the globe, together with the implications these factors may have on the care provided to our patients, the profession, and society.



Wafa Y. Dahdal, Pharm.D., BCPS