Starting in 2015, clinical pharmacists who specialize in caring for the critically ill and pediatric patients will be able to pursue certification in these practice areas. Recognized by the Board of Pharmacy Specialties (BPS) in 2013, these two specialties will offer examinations for the first time next fall.

The two specialties afford qualified clinical pharmacists additional opportunities for the recognition of their unique expertise. Pharmacists currently can be board certified in ambulatory care pharmacy, nuclear pharmacy, nutrition support, oncology, psychiatry, and pharmacotherapy (with the option of added qualifications in either cardiology or infectious diseases).

As of March 2014, a total of 1245 specialty certifications representing 36 countries had been granted to international pharmacists by BPS (Table).

<table>
<thead>
<tr>
<th>Country</th>
<th>Hong Kong</th>
<th>Lebanon</th>
<th>Singapore</th>
<th>Bahrain</th>
<th>Iran</th>
<th>Macau</th>
<th>South Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bermuda</td>
<td>Ireland</td>
<td>Malaysia</td>
<td>Spain</td>
<td>Canada</td>
<td>Israel</td>
<td>Netherlands</td>
<td>Sudan</td>
</tr>
<tr>
<td>Costa Rica</td>
<td>Japan</td>
<td>Norway</td>
<td>Switzerland</td>
<td>Egypt</td>
<td>Jordan</td>
<td>Pakistan</td>
<td>Taiwan Region</td>
</tr>
<tr>
<td>France</td>
<td>Kenya</td>
<td>Puerto Rico</td>
<td>Thailand</td>
<td>Germany</td>
<td>Korea</td>
<td>Qatar</td>
<td>United Arab Emirates</td>
</tr>
<tr>
<td>Guam</td>
<td>Kuwait</td>
<td>Saudi Arabia</td>
<td>United Kingdom</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

The most common specialty certification among international pharmacists is pharmacotherapy, followed by oncology and then nutrition support pharmacy. The figure that follows depicts the percentage of international pharmacists certified in each of the currently recognized specialties.

Pharmacists seeking recognition and planning to take the 2015 specialty examination for the critical care pharmacy or pediatric pharmacy specialty can benefit from ACCP’s prominent, most comprehensive, and most up-to-date preparatory review courses. Both the Critical Care Pharmacy Preparatory Review Course and the Pediatric Pharmacy Preparatory Review Course will be offered live at the ACCP Updates in Therapeutics® 2015 meeting, to be held April 10–14, 2015, in Chicago, Illinois, followed by a home-study format released in June 2015.

Figure. International pharmacist certification by specialty.

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BCACP = Board Certified Ambulatory Care Pharmacist; BCNP = Board Certified Nuclear Pharmacist; BCNSP = Board Certified Nutrition Support Pharmacist; BCOP = Board Certified Oncology Pharmacist; BCPP = Board Certified Psychiatric Pharmacist; BCPS = Board Certified Pharmacotherapy Specialist.

More information on ACCP’s critical care pharmacy and pediatric pharmacy preparatory review courses is available at www.accp.com/education/criticalcare.aspx and www.accp.com/education/pediatrics.aspx, respectively.

The second edition of *Quality Assurance of Pharmacy Education: The FIP Global Framework* was released at the 2014 FIP Congress held August 31 – September 4, 2014, in Bangkok, Thailand.

The *Framework* is a valuable resource for facilitating the establishment or improvement of quality assurance systems of professional pharmacy education. As such, it is divided into the following major areas:

- Prerequisites for Quality Assurance in Pharmacy Education;
- Quality Criteria and Quality Indicators for Pharmacy Education; and
- The Quality Assurance Agency.

The document delineates five pillars (context, structure, process, outcomes, and impact) and three foundations (science, practice, and ethics) of quality. Criteria for quality assurance and specific indicators are provided in a practical, user-friendly format for individuals or institutions to employ for self-assessment purposes, external reviews, and continuous quality improvement efforts at the institutional, regional, or national level.


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**Home-Study Editions of Clinical Reasoning Series Now Available**

In line with previous editions, the 2014 Clinical Reasoning Series offers the most up-to-date, in-depth, critical appraisal of topical issues affecting health care and pharmacist services.

*Oral Anticoagulants: Critical Appraisal of the Evidence and Implications for Patient Care* offers a comprehensive review of the non–vitamin K antagonist oral anticoagulants. Sessions include a prelude on biostatistics and study design and applications to the published studies on oral anticoagulants; a comprehensive overview of the current evidence on non–vitamin K antagonist oral anticoagulants; a summary of the scientific and clinical literature on pharmacogenomic-guided dosing of warfarin highlighting the controversies surrounding its application to daily practice; and, finally, a session on anticoagulation management services providing practical examples to enhance outcomes and billing practices.

*Health Care–Associated Infections* offers an update on the common infections contributing to prolonged hospitalizations and added health care costs. Sessions provide an overview of contemporary strategies for the optimal management of pneumonia, surgical site infections, and gastrointestinal infections and offer approaches and stewardship strategies on process and outcome improvements.

The home-study editions of both programs, including audio-slide–synchronized presentations, online handouts, and posttests, are now available to be reviewed and completed at one’s own pace. The following table summarizes the intended audience, the specialty recertification/continuing pharmacy education credits offered, and the due dates for submitting the program posttests for recertification and continuing education credits.

**Table. 2014 Clinical Reasoning Series Programs**

<table>
<thead>
<tr>
<th>Program</th>
<th>Oral Anticoagulants: Critical Appraisal of the Evidence and Implications for Patient Care</th>
<th>Health Care–Associated Infections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intended Audience</td>
<td>BCACPs, BCPSs, clinical pharmacists</td>
<td>BCPSs, clinical pharmacists</td>
</tr>
<tr>
<td>Specialty recertification/CPE credit hours</td>
<td>6.0 credit hours</td>
<td>6.0 credit hours</td>
</tr>
<tr>
<td>Recertification due date</td>
<td>November 30, 2014</td>
<td>November 30, 2014</td>
</tr>
<tr>
<td>CPE due date</td>
<td>October 11, 2017</td>
<td>October 11, 2017</td>
</tr>
</tbody>
</table>

BCACP = Board Certified Ambulatory Care Pharmacist; BCPS = Board Certified Pharmacotherapy Specialist; CPE = continuing pharmacy education.

Clinical pharmacists, Board Certified Ambulatory Care Pharmacists (BCACPs), and Board Certified Pharmacotherapy Specialists (BCPSs) seeking continuing education credit must successfully complete the Web-based posttest for the respective program by the specified due dates.


American College of Clinical Pharmacy

ACCP International Clinical Pharmacist

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](http://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](http://www.accp.com/docs/international/RateCard.pdf).

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Book Highlights

Pharmacogenomics: Applications to Patient Care, Third Edition

Pharmacists and health care practitioners, educators, and trainees providing patient care services are affected by the ever-advancing science of pharmacogenomics. In response, ACCP’s third edition of Pharmacogenomics: Applications to Patient Care, developed by expert clinicians and researchers in the field, provides a state-of-the-art, clinically germane resource that distills the overwhelming body of scientific and clinical evidence and suggests practical actions for the translation and clinical application of pharmacogenetics to everyday practice.

The book covers a spectrum of topics, from the evolution of pharmacogenomics to the clinical application of pharmacogenetics in the clinical setting, with particular focus on select classes of agents and diseases/conditions; competencies for health care professionals; pharmacogenomics research; and regulatory, ethical, and economic issues, among others. Following are the titles of the 22 chapters that constitute the book:

- Evolution of Pharmacogenomics
- Clinical Implementation of Pharmacogenomics
- Genomic Medicine
- Implementing Pharmacogenetics in the Clinical Setting and Competencies for Health Care Professionals
- Pharmacogenetics of Antiplatelet Drugs
- Pharmacogenetics of Anticoagulant Drugs
- Pharmacogenetics of Lipid-Lowering Drugs
- Pharmacogenetics in Mental Health
- Pharmacogenetics in Pain Disorders
- Pharmacogenetics of Somatic Mutations in Cancer
- Germline Pharmacogenetics in Oncology
- Pharmacogenomics of Immunosuppressants
- *HLA* Pharmacogenetics and Serious Cutaneous Adverse Drug Reactions
- Pharmacogenetics of Hepatitis C Treatment
- Pharmacogenetics of HIV Treatment
- Ethical, Legal, and Social Challenges to Pharmacogenetics
- Cost-effectiveness, Economic Incentives, and Reimbursement Issues
- The Role of Pharmacogenomics and Targeted Therapeutics in the FDA Drug Approval Process
- Pharmacogenetics in Drug Discovery and Development
- Principles of Genetics and Genetic Medicine
- Applied Molecular and Cellular Biology
- Study Design and Analysis Approaches in Pharmacogenomics Research

Pharmacogenomics: Applications to Patient Care is a comprehensive resource for pharmacists and other health care professionals seeking to understand the clinical significance of the current evidence and to learn from the field experts about how best to apply pharmacogenomics at the point of care.

Dear Colleagues:

The featured article in this issue of ACCP International Clinical Pharmacist, “First-Time Offerings for the Critical Care and Pediatric Pharmacy Specialties,” highlights the beginning of the certification examination for clinical pharmacists who, for some time now, have provided specialized services in these areas. Starting in 2015, qualified clinical pharmacists will be recognized in eight distinct specialties.

Included also in this issue is the article titled “A Global Resource on Quality Assurance of Pharmacy Education.” This article highlights the release of the new edition of Quality Assurance of Pharmacy Education: The FIP Global Framework, a key document for all individuals, institutions, and national organizations involved in, or overseeing, pharmacy education.

Other articles bring attention to pharmacotherapy programs available to the practicing pharmacist and the forthcoming release of the third edition of Pharmacogenomics: Applications to Patient Care.

Finally, in view of the featured articles in the past two issues of ACCP International Clinical Pharmacist, I would be remiss if I did not note the current efforts by the European Society of Clinical Pharmacy (ESCP) to determine the existing perceptions of what clinical pharmacy is among its members and to develop a harmonized definition of clinical pharmacy within Europe. I recently attended the ESCP Symposium on Clinical Pharmacy held October 22–24 in Copenhagen, Denmark, where I learned more about the ongoing debate on the definition and role of the clinical pharmacist versus that of the clinical pharmacologist or the physician—a debate that, I am sure, is and will be taking place quite often around the world as the clinical pharmacist’s role in the provision of direct patient care evolves. Although the discussions are unique to the individual country and scenario, I highly urge all of those involved in such debates, including individual pharmacists, health care administrators, policy-makers, and professional executives, to refer to ACCP’s definition of clinical pharmacy (Pharmacotherapy 2008;28:816-7) and the Standards of Practice for Clinical Pharmacists (Pharmacotherapy 2014;34:794-7).

Sincerely,

Wafa Y. Dahdal, Pharm.D., BCPS

Mark Your Calendar

2015 Updates in Therapeutics®
April 10–14, 2015
Chicago, Illinois

2015 ACCP
Global Conference on Clinical Pharmacy
October 17–21, 2015
San Francisco, California
Call for Abstracts

All investigators in the fields of clinical pharmacy, clinical pharmacology, and pharmacotherapy—ACCP members and nonmembers alike—are invited to submit abstracts of papers to be considered for presentation at the ACCP Global Conference on Clinical Pharmacy in San Francisco, California, October 17–21, 2015.

All investigators who have abstracts accepted for poster presentation, except for “Encore” presentations, will have abstracts published online in *Pharmacotherapy*. “Encore” abstracts will be published full-text in the Meeting Guide. Posters from all categories will be distributed across the poster display sessions/days throughout the meeting. Poster session/day assignments will be made as early as possible, but no later than August 15, 2015.

Consult the complete submission instructions and guidelines at https://accp.confex.com/accp/2015am/cfp.cgi for further details.

SPECIAL GLOBAL CONFERENCE CATEGORIES

International Clinical Pharmacy Practice: Abstracts must describe the development, delivery, justification, or documentation of clinical pharmacy practice outside the United States. Abstracts that describe efforts to develop, advance, or position clinical pharmacists to optimize patient care are encouraged. Abstracts may be descriptive and need not contain an evaluative component. The abstract must not have been published in abstract form or presented elsewhere. 
*Abstract Submission Deadline: February 15, 2015*

International Clinical Pharmacy Education and Training: Abstracts must describe the development, delivery, or advancement of clinical pharmacy education/training outside the United States. Abstracts may be descriptive and need not contain an evaluative component. The abstract must not have been published in abstract form or presented elsewhere. 
*Abstract Submission Deadline: February 15, 2015*

Original Research: Abstracts must summarize hypothesis-driven research findings. Basic, clinical, translational, dissemination/implemention, and educational research are examples of acceptable research. Topics should appeal to a clinical pharmacy audience and may include research in drug metabolism, health services, education/pedagogy, medication safety, patient/population outcomes, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, pharmacogenomics, pharmacology, or pharmacotherapy. Abstracts reporting in vitro or animal research are welcome. 
*Abstract Submission Deadline: February 15, 2015*

Clinical Pharmacy Forum: Abstracts must describe the development, delivery, justification, or documentation of innovative clinical pharmacy services. Abstracts that address components of the ACCP Standards of Practice for Clinical Pharmacists (see http://www.accp.com/standards) and/or describe efforts to develop, advance, or position clinical pharmacists to optimize patient care are encouraged. Abstracts may be descriptive and need not contain an evaluative component. 
*Abstract Submission Deadline: February 15, 2015*

Residents and Fellows Research-in-Progress: Submission and evaluation criteria are those of an Original Research abstract except that the research effort is ongoing. Descriptions of planned research efforts without data should not be submitted. Submission of partly completed data is acceptable.
- The presenting author must be in a postgraduate training program (PGY1 or PGY2 residency, Ph.D./master’s graduate degree program, or fellowship program).
- Abstracts submitted in the Resident and Fellow Research-in-Progress category are not eligible for the Resident and Fellow Best Paper competition. *Note: To be eligible for the Resident and Fellow Best Paper competition, the research must be complete, and the abstract must be submitted under the Original Research category, indicating that it was conducted by a resident/fellow.*
Continued from page 5.

International Trainee “Late Decision” Abstract Submission Deadline: July 1, 2015
U.S. Trainee Abstract Submission Deadline: July 1, 2015

Students Research-in-Progress: Submission and evaluation criteria are those of an Original Research abstract except that the research effort is ongoing. Descriptions of planned research efforts without data should not be submitted. Submission of partly completed data is acceptable.
- The presenting author must be a first-professional degree (Pharm.D. or BSPharm) student.
- Abstracts submitted in the Student Research-in-Progress category are not eligible for the Student Best Paper competition. *Note: To be eligible for the Student Best Paper competition, the research must be complete, and the abstract must be submitted under the Original Research category, indicating that it was conducted by a student.

International Trainee “Late Decision” Abstract Submission Deadline: July 1, 2015

Deadline: July 1, 2015
U.S. Trainee Abstract Submission Deadline: July 1, 2015

Encore Presentation: Submission and evaluation criteria are those of either the Original Research or the Clinical Pharmacy Forum category, except that the same abstract was presented elsewhere, or published in abstract form only, before this meeting.
- Abstracts submitted as Encore Presentations must not be modified from the previously presented/published version.
- Submit Encore Presentation abstracts as either Original Research or Clinical Pharmacy Forum, and select “encore” when prompted.

Acceptance Notification Dates
- Those who submit abstracts with a February 15, 2015, submission deadline will be notified of selection by April 15, 2015.
- Those who submit abstracts with a July 1, 2015, submission deadline will be notified of selection by August 15, 2015.

See complete submission instructions and guidelines at https://accp.confex.com/accp/2015am/cfp.cgi.