The American College of Clinical Pharmacy (ACCP) urges the American Medical Association House of Delegates to reject Resolution # 303, introduced by the Illinois delegation to the House of Delegates. ACCP is a national professional and scientific society representing almost 10,000 practicing clinical pharmacists, educators, and researchers. The College and its members are dedicated to excellence in clinical pharmacy and patient pharmacotherapy.

ACCP finds it distressing that knowledgeable health professionals would introduce a resolution seeking to bind AMA and its staff to an overly physician-centric policy that truly reflects bygone times — and that would codify an attitude that patients, health professions educators in all disciplines, and the Institute of Medicine have soundly rejected. It is equally troubling that the introducers of this resolution appear to have very limited knowledge of the professional degree program and residency training structure in other health professions in general and the pharmacy profession in particular. Pharmacy’s postgraduate residency training programs undergo a rigorous accreditation process and help to prepare the vanguard of this nation’s consistently most trusted health professionals — pharmacists.

The resolution is wholly inconsistent with the facts of both contemporary professional education programs and current and historical residency training programs in pharmacy. Its adoption would undermine AMA’s commitment to objectivity, scientific and technical accuracy, and, most importantly, helping patients receive the highest quality of care from ALL of the health professionals who contribute to their care.

As the AMA knows, or should know:

- the accredited degree programs that produce the nation’s pharmacists are recognized professional doctorates (the same as professional, non-graduate degree doctorates in medicine, dentistry, education, and so forth). The national accrediting body, the Accreditation Council for Pharmacy Education, is recognized by the U.S. Department of Education. Pharmacy’s professional degree programs conform in all respects to the criteria for professional doctorates established and embraced by higher education and university faculty throughout the United States.
- pharmacy residents and pharmacy residency programs have existed for nearly 75 years. Pharmacy residency programs are accredited by the Commission on Credentialing of the American Society of Health-System Pharmacists and comprise both Postgraduate Year 1 (PGY-1) programs, which are eligible for inclusion in pass-through cost calculations for Medicare GME funding payments by the Centers for Medicare and Medicaid Services (CMS), and Postgraduate Year 2 (PGY-2) programs in more than 20 standards-based training disciplines,
including pharmacotherapy, pediatrics, oncology, critical care, and nutrition support to name just a few.

ACCP agrees that it is vital that patients fully understand the roles, responsibilities, scopes of practice, and credentials/qualifications of all health professionals involved in their care. Well-managed patient care teams and practices strive to make this information available and abundantly clear to their patients. This is the information that patients need and deserve as they receive care.

This resolution, if adopted, will not further this important goal. Rather, if the resolution could somehow be enforced in health care settings (which seems highly unlikely since it would involve restrictions on freedom of truthful speech), it will countenance communication of misinformation about the education, training, and credentials of at least some health professionals on the patient care team.

If for some reason the AMA and its members feel that it is necessary to “reserve for exclusive use” any single title or descriptor for practitioners of the medical disciplines within health care settings, ACCP suggests that the term “physician” be selected, since this term clearly differentiates “medical doctors” from others with professional doctoral degrees. Pharmacists are more than pleased to introduce themselves as such to their patients, whether or not the patient appreciates the fact that their pharmacist has most likely completed a professional, doctoral degree program and often one or two years of an accredited postgraduate residency program.

In summary, ACCP urges the AMA House of Delegates to soundly defeat this flawed resolution. We believe it will diminish the image of physicians if its language makes its way into the public arena. And it will undoubtedly detract from the progress of recent years toward enhanced collaboration between physicians and pharmacists in improving the pharmacotherapy that patients receive.

Michael S. Maddux, Pharm.D., FCCP
Executive Director
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Whereas, Certain specialty societies recognize that many allied health care professions have improved their educational standards and incorporated doctorate designations in their training programs; and

Whereas, Many nursing schools have re-titled their training program as a Residency and their students as Residents, despite the traditional attribution of these titles to medical doctors and their training programs; and

Whereas, The growing trend of this title encroachment is of concern because patients will be confused when the titles of Doctor, Resident and Residency are applied to non-physicians who hold non-medical doctorates or to non-physicians in training; therefore be it

RESOLVED, That our American Medical Association adopt that the title “Doctor,” in a medical setting, apply only to physicians licensed to practice medicine in all its branches, dentists and podiatrists (New HOD Policy); and be it further

RESOLVED, That our AMA adopt policy that the title “Resident” apply only to individuals enrolled in physician, dentist or podiatrist training programs (New HOD Policy); and be it further

RESOLVED, That our AMA adopt policy that the title “Residency” apply only to physician, dentist or podiatrist training programs (New HOD Policy); and be it further

RESOLVED, That our AMA serve to protect, through legislation, the titles “Doctor,” “Resident” and “Residency.” (Directive to Take Action)

Fiscal Note: Staff cost estimated at less than $500 to implement.

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