

## ACCP Executive Director Announces Retirement Board of Regents Launches National Search



ACCP Executive Director Michael S. Maddux, Pharm.D., FCCP, met with the Board of Regents on December 19 to inform them of his plan to retire at the end of 2026, completing 23 years as the College's chief executive officer. After meeting with the board, Maddux shared

his retirement plans with the ACCP staff and prepared the following message for ACCP members:

It has been my privilege to serve as ACCP's Executive Director since January 1, 2004. During this time, I have had the fortune to learn from and work with exceptional ACCP members, board members, and staff colleagues both within and outside the College. Since 2004, ACCP has enjoyed steady growth and diversification of its membership, educational programs, publications, professional and interprofessional relationships, government affairs activities, research agendas, journal productivity, PRNs, and international engagements. Supported by a committed and talented staff, it has been an honor to serve the organization's members and leadership. I am formally notifying the board now of my plan to retire on December 31, 2026, to allow the College ample time to identify a successor.

Since Maddux joined ACCP as its second Executive Director, the College has continued to grow and advance its programs, services, and financial footing. Among its accomplishments during this period, ACCP doubled its membership, developed a separate student member category and established student chapters at more than 100 schools and colleges of pharmacy, expanded its PRNs to a total of 28, led the successful development and submission of 8 new specialty petitions to BPS, created 2 unique national student competitions (Clinical Pharmacy Challenge and Clinical Research Challenge), launched a second official ACCP journal (*JACCP*), established the ACCP Academy certificate programs, expanded

its government and professional affairs staff, became the only pharmacy organization to serve as a member of the Primary Care Collaborative Executive Committee, founded in 2006 the Congressional Healthcare Policy Fellow Program in collaboration with ASHP and VCU, launched the ACCP elective APPE in professional leadership, engaged in extensive international clinical pharmacy professional development programs and global consulting, established the National Student Network and National Resident advisory committees, formed a DEIA task force that was subsequently transitioned to a standing committee, vastly increased the number of other committee and member volunteer opportunities within the College, created the "Emerge from the Crowd: How to Be a Standout Residency Candidate" program and its companion *Field Guide*, initiated in 2012 the Virtual Poster Symposium (the first virtual poster forum offered by a pharmacy organization), funded the landmark CMM in Primary Care Study, launched the ACCP Professional Leadership Development Program, purchased and made the final mortgage payment on its headquarters property in suburban Kansas City, increased its total assets by more than 6-fold, and formed the new ACCP Foundation, Ltd.

Maddux commented:

The high levels of ACCP member clinical expertise, aptitude for research and scholarship, and commitment to education and training have driven the College's success since its inception. Our members turn "the ACCP flywheel" of productivity—reinforcing the observation that we are truly a member-driven organization. When I joined ACCP, I benefited tremendously from the vision and leadership of my predecessor, Robert Elenbaas, and have had the great fortune of working year after year with outstanding boards and an equally outstanding ACCP staff. As I head toward retirement, I'm confident the College is the professional organization best positioned to help clinical pharmacists serve patients and society.

A search for the next Executive Director is now underway. For more information, please see the ACCP Executive Director [position announcement](#).

## ACCP Foundation Recognizes 2025 Donors



The ACCP Foundation sincerely thanks all of its 2025 donors.

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### Schedule for 2026 FIT/MeRIT Investigator Development Informational Calls



The ACCP Foundation will host informational conference calls for anyone interested in learning more about the Foundation's 2026 programs for pharmacist-investigator development: Focused Investigator Training (FIT) and Mentored Research Investigator Training (MeRIT). The primary purpose of each conference call is to help familiarize potential applicants with each program's process and outcomes. Those interested in learning more about the FIT and MeRIT programs need participate in only 1 of the informational calls scheduled for each desired program. Contact Sheldon Holstad ([sholstad@accp.com](mailto:sholstad@accp.com)) for videoconference information.

#### MeRIT informational conference calls:

- Thursday, January 22, 2026: 3:00-3:30 p.m. (ET)
- Wednesday, February 11, 2026: 1:00-1:30 p.m. (ET)

#### FIT informational conference calls:

- Thursday, January 22, 2026: 4:00-4:30 p.m. (ET)
- Wednesday, February 11, 2026: 2:00-2:30 p.m. (ET)

The 2026 FIT and MeRIT programs will be held concurrently from June 1 to June 5 on the campus of the UNC Eshelman School of Pharmacy in Chapel Hill, North

Carolina. Letters of intent to attend either program are due by February 28, and full applications are due by March 31, 2026. For an informational brochure or program application, visit [accpfoundation.org/investigator](http://accpfoundation.org/investigator).

### ACCP Clinical Research Challenge Online Registration Open; Team Registration Deadline February 4, 2026



ACCP's innovative and unique competition offers teams of 3 pharmacy students an opportunity to participate in an online journal club and the chance to submit a clinical research proposal. Plan now to [participate](#) in 2026. Team Registration Deadline: February 4, 2026.

The competition is only open to pharmacy students pursuing their first professional pharmacy degree from an accredited institution or one that has been granted candidate status. Pharmacy students must be in the first 2 years of their first professional pharmacy degree program (P1 and P2 students for 4-year programs; P1 and P2 students for 3-year accelerated programs; and the first 2 professional years of 0- to 6-year or 0- to 7-year programs). Only 1 team per institution can enter the competition. Institutions with branch campuses, distance satellites, or more than 1 interested team are encouraged to conduct a local competition. ACCP provides a written examination that institutions can use as a basis for their [local](#) competition, if they wish. This examination may be requested by the ACCP faculty liaison or registering faculty member by email. Please address your email request to Michelle Kucera, Pharm.D., BCPS, at [mkucera@accp.com](mailto:mkucera@accp.com).

Students are not required to be members of ACCP to participate. Team registration should be submitted online and must be initiated by a current faculty member at the respective institution. Students interested in forming a team should contact their ACCP [faculty liaison](#). The deadline to complete team registration and confirm eligibility for the 2026 competition is **February 4, 2026**. For additional competition information including schedule, FAQs, and sample questions, [click here](#).

## Call for Nominations

All nomination materials, including letters, curricula vitae or resumes, and other supporting documents, can be submitted online to ACCP. For all awards, honors, and officer/board positions, the College strongly urges the nomination of qualified individuals who identify as members of underrepresented groups in ACCP. The online nominations portal specifies the nominating materials required for each award, honor, and elective office. This portal is available at [www.accp.com/membership/nominations.aspx](http://www.accp.com/membership/nominations.aspx).

### **DEADLINES:**

**Due February 1, 2026**—Nominees' supporting documents must be uploaded in the nominations portal for the fall 2026 awards (Robert M. Elenbaas Service, C. Edwin Webb Professional Advocacy, Russell R. Miller, Clinical Practice, Education, and Excellence in DEIA awards) and the 2027 elected offices.

**Due February 15, 2026**—Nominations and supporting documents for the 2026 Parker Medal; nominations for the 2027 Therapeutic Frontiers Lecture, the 2026 “new” awards (New Investigator, New Clinical Practitioner, and New Educator), and the 2026 ACCP Fellows (FCCPs).

**Due April 1, 2026**—Nominees' supporting documents must be uploaded in the nominations portal for the 2026 “new” awards (New Investigator, New Clinical Practitioner, and New Educator) and the 2027 Therapeutic Frontiers Lecture.

### **DESCRIPTIONS:**

**2026 ACCP Fellows:** Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any 2 Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Foundation Board of Directors, Credentials: Fellowship Committee, or ACCP staff are ineligible for consideration. **Nomination deadline: February 15, 2026.**

**2026 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy:** Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service—including, but not limited to, patient care, leadership, administration, finance, technology, information processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. Nominations must consist of a letter detailing the nominee's qualifications for this award and contributions to the profession of pharmacy; the nominee's curriculum vitae, resume, or biographical sketch as available; and a minimum of 3 letters of recommendation. At least 1 of these letters must be from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Foundation Board of Directors, Parker Medal Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2026, including supporting documents.**

**2027 Therapeutic Frontiers Lecture Award:** Honors an internationally recognized scientist whose research is actively advancing the frontiers of pharmacotherapy. The recipient of this award is not required to be an ACCP member. Nominations must include a letter of nomination from an ACCP member to the chair of the Awards Committee detailing the nominee's qualifications for this award and sustained contributions to pharmacotherapy, the nominee's curriculum vitae, and a minimum of 2 letters of recommendation from other ACCP members. At least 1 of these letters must be from an individual outside the nominee's current institute of practice. Self-nominations are not permitted. Current members of the Board of Regents, Foundation Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2026. Supporting documents are due April 1, 2026, as noted above.**

**2026 New Investigator Award:** This award highlights the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. Nominees must have been a Full Member of ACCP at the time of nomination and a member at any level for at least 3 years; they must have a research program with a significant publication record having a programmatic theme or an especially noteworthy single publication; and it must have

been within 6 years since completion of their terminal professional pharmacy training or degree, whichever is most recent. If an individual pursues an additional degree beyond a professional pharmacy degree or training (ie, PhD), this additional degree will not be considered a terminal degree, and the 6-year time interval will extend from completion of the terminal pharmacy training or degree. Nominations will consist of a letter from an ACCP member to the chair of the Awards Committee detailing the nominee's qualifications for this award and the significance/impact of the research program, the nominee's curriculum vitae, and a minimum of 2 letters of recommendation from other ACCP members. At least 1 of these letters must be from an individual outside the nominee's current institute of practice. Self-nominations are not permitted. Current members of the Board of Regents, Foundation Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2026. Supporting documents are due April 1, 2026, as noted above.**

**2026 New Clinical Practitioner Award:** This award recognizes a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for at least 3 years. In addition, nominees must have completed their terminal professional pharmacy training or degree (whichever is most recent) within 6 years from the time of selection by the Board of Regents. If an individual pursues an additional degree beyond a professional pharmacy degree or training (ie, PhD), this additional degree will not be considered a terminal degree, and the 6-year time interval will extend from completion of the terminal pharmacy training or degree. Fellows of ACCP (ie, "FCCPs") are ineligible. Nominations will consist of a letter from an ACCP member to the chair of the Awards Committee detailing the nominee's qualifications for this award and

the significance/impact of clinical contributions, the nominee's curriculum vitae, and a minimum of 2 letters of recommendation from other ACCP members. At least 1 of these letters must be from an individual outside the nominee's current institute of practice. Self-nominations are not permitted. Current members of the Board of Regents, Foundation Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2026. Supporting documents are due April 1, 2026, as noted above.**

**2026 New Educator Award:** This award recognizes and honors a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for at least 3 years. In addition, nominees must have completed their terminal professional pharmacy training or degree (whichever is most recent) within 6 years from the time of selection by the Board of Regents. If an individual pursues an additional degree beyond a professional pharmacy degree or training (ie, PhD), this additional degree will not be considered a terminal degree, and the 6-year time interval will extend from completion of the terminal pharmacy training or degree. Fellows of ACCP (ie, "FCCPs") are ineligible. Nominations will consist of a letter from an ACCP member to the chair of the Awards Committee detailing the nominee's qualifications for this award and the significance/impact of clinical contributions, the nominee's curriculum vitae, and a minimum of 2 letters of recommendation from other ACCP members. At least 1 of these letters must be from an individual outside the nominee's current institute of practice. Self-nominations are not permitted. Current members of the Board of Regents, Foundation Board of Directors, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2026. Supporting documents are due April 1, 2026, as noted above.**

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## 2026 ACCP Virtual Poster Symposium: Call for Abstracts

### Important Dates

- **March 23, 2026** – Submission deadline for:
  - Advances in International Clinical Pharmacy Practice Education or Training
  - Case Reports
  - Clinical Pharmacy Forum
  - Original Research
  - Scoping Reviews
  - Systematic Reviews/Meta-Analyses
- **April 21, 2026** – Submission deadline for Research-in-Progress abstracts (*Students, Residents, and Fellows ONLY*)
- **April 28, 2026** – Authors will be notified of acceptance or declination.

### About the Virtual Poster Symposium

The 2026 ACCP Virtual Poster Symposium (VPS) will be held **May 19 and 20, 2026**, with posters available for asynchronous viewing May 16 to 24, 2026. Launched in 2012, the VPS provides an alternative to in-person conferences, enabling participants to share research and engage with colleagues without travel barriers.

All investigators in clinical pharmacy and clinical pharmacology—both ACCP members and nonmembers—are invited to submit abstracts. A **\$50 nonrefundable fee** applies to each submission.

Accepted abstracts (except “Encore” and “Research-in-Progress”) will be published in *JACCP*.

### Interactive Sessions

Presenters will be available for real-time Q&A during one of 2 live sessions (May 19 or May 20, 7-9 p.m. [ET]) via online chat. Presenters may also offer live video/audio Q&A using their preferred platform (eg, Zoom, Teams). Attendance is free and open to all—including colleagues, friends, and family.

### Submit Your Abstract

For complete submission instructions, guidelines, and review criteria—or to submit an abstract—visit [2026 ACCP Virtual Poster Symposium](#).

## President’s Column

### Unwritten: Navigating a Leadership Transition, Building on a Strong Foundation, and Launching the Next Chapter



*Denise H. Rhoney, Pharm.D., FCCP, FNCS, MCCM*

On December 19, 2025, our executive director, Michael S. Maddux, Pharm.D., FCCP, informed the Board of Regents of his plan to retire at the end of 2026, completing 23 years as ACCP’s chief executive officer. He later shared a message with members reflecting on the privilege of serving since January 1, 2004, and on ACCP’s steady growth in membership, educational programs, publications, professional and interprofessional relationships, government affairs, research agendas, journal productivity, PRNs, and international engagement.

Leadership transitions are significant, particularly when they follow longstanding service. They invite us to honor what has been built while thoughtfully preparing for what comes next. This moment is both personal and institutional: personal in the gratitude we owe Mike for his service and institutional in the Board’s stewardship responsibility as we conduct a deliberate, mission-centered succession process with care, objectivity, transparency, and time. We recognize, with genuine gratitude, the progress ACCP has made during Mike’s tenure while also embracing the responsibility to plan carefully for what follows. The next chapter will demand clarity and foresight because the environment around us is changing fast.

Health care systems are under strain. Payment and value expectations are evolving. Teams are reconfiguring.



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**PURCHASE YOUR GEAR**

Technology is accelerating. And, perhaps most visibly, artificial intelligence (AI) has moved from a distant horizon to a daily reality in clinical environments.

My presidential theme this year is *Unwritten*, the idea that the next chapter of clinical pharmacy has not yet been fully defined. We are actively writing it. Moments like this remind us that our profession's story is shaped over time through the decisions we make, the standards we set, and the impact we choose to pursue.

### **A 2026 Opportunity: Shaping Safe AI Use in Medication Management, Centered on Preventing Harm**

As we enter 2026, I believe ACCP has a timely opportunity to lead in an area directly aligned with our mission and obligation to patients: setting clear expectations and guidance for how AI should be evaluated and governed when used for medication-related tasks—keeping medication safety and preventable harm at the center.

We are not starting from scratch. The ACCP Drug Information PRN recently published an opinion paper on responsible AI use, highlighting the urgent need for coordinated oversight, thoughtful implementation, and education, together with practical recommendations to build AI literacy for clinicians, trainees, and patients.<sup>1</sup>

At the same time, broader health care organizations are moving quickly to define pragmatic governance approaches. The American Heart Association, for example, released a Science Advisory describing evaluation across phases of the AI life cycle—pre-deployment, implementation, and post-deployment—and grounding AI governance in practical principles such as strategic alignment, ethical evaluation, usefulness/effectiveness evaluation, and financial performance.<sup>2</sup> This life cycle framing is highly transferable and signals that professional societies can help set clear expectations for what “responsible” looks like in real-world settings. A key point, however, is that medication use is not simply another clinical domain for AI. It is uniquely high risk because it requires precision, contextual judgment, and safety-critical reasoning, often across complex regimens and rapidly changing clinical states.

Emerging evidence underscores that we are not yet where we need to be. In an evaluation of large language model performance on foundational medication management tasks, accuracy was 49% for matching medications to available formulations and 54.7% for identifying the interacting pair in drug-drug interaction tasks, and only 65.8% of generated medication order sentences were free of medication/abbreviation errors.<sup>3</sup> Even on “basic” medication tasks, performance can be inconsistent, with omissions and unsupported outputs that raise legitimate patient safety concerns.

Similarly, a clinician-annotated benchmarking study of large language models for drug-drug interaction identification found uneven performance across judgment formats and noted that self-consistency decreased as task complexity increased, reinforcing the need for reliability-aware evaluation before medication safety applications can be used confidently.<sup>4</sup>

*This is exactly where ACCP's voice matters.*

Clinical pharmacists are explicitly trained, and ethically grounded, to prevent medication-related harm. We understand the operational realities of medication systems, the clinical nuance of risk-benefit decisions, and the patient-level consequences of errors. ACCP also has the structural advantage of a large, engaged expert network; a scholarly ecosystem; and a history of convening the field when guidance and standards are needed.

As AI becomes more embedded in clinical workflows, the need for supervision, guardrails, and professional accountability will become even more important. A recent *New England Journal of Medicine* review underscores that responsible AI use depends on deliberate supervision and strategies that preserve clinical reasoning, reminding us that human accountability does not disappear as tools become more powerful.<sup>5</sup>

### **Next Steps**

I am not advocating that ACCP chase every new tool, nor that we duplicate the efforts underway in other organizations. I am suggesting that ACCP can help define the medication-focused “how” of responsible AI in ways that are distinctly within our lane. Practical next steps could include:

- Convening stakeholders to align on what medication-focused AI governance must require
- Advancing reporting and benchmarking expectations for AI tools that touch medication decisions so that safety, reliability, and monitoring are not optional or vague
- Building member-facing education and literacy resources so that pharmacists can engage AI confidently, understanding the benefits, limitations, and guardrails, while building on the strong foundation already provided by ACCP<sup>1</sup>
- Anchoring this work in medication safety and preventable harm, ensuring innovation is paired with accountability

If we do this well, ACCP can help ensure that AI doesn't simply make health care faster, but also makes medication use safer, more reliable, and more accountable.

## Unwritten, Again

Mike's retirement announcement invites us to honor the pages already written, and his years of service, leadership, and influence, while also looking ahead to the next chapter. It positions ACCP to lead with purpose: we have the time to plan, the expertise to guide us, and a mission to help define the future of medication use so that innovation can advance care while protecting patients.

The next chapter of clinical pharmacy is still **Unwritten**. But if there is one thing I hope we write clearly in the years ahead, it is this: when new technology touches the medication use system, clinical pharmacists will not stand on the sidelines. We will help build the standards, safeguards, and evidence that patients deserve.

## References

1. Abdalla M, Saad M, Abazia D, et al. Responsible use of artificial intelligence in health care: evidence, challenges, and best practices: an opinion of the Drug Information Practice and Research Network of the American College of Clinical Pharmacy. *J Am Coll Clin Pharm*. 2025;8(12):1333-1361. <https://doi.org/10.1002/jac5.70131>
2. Jain SS, Goto S, Hall JL, et al. Pragmatic approaches to the evaluation and monitoring of artificial intelligence in health care: a science advisory from the American Heart Association. *Circulation*. 2025;152(23):e433-e442. <https://doi.org/10.1161/CIR.0000000000001400>
3. Henry K, Xu S, Blotske K, et al. Performance evaluation of large language model (LLM) for medication management tasks. arXiv; 2025. <https://arxiv.org/pdf/2509.22926v2>
4. Blotske K, Zhao X, Henry K, et al. Drug-drug interaction identification using large language models. medRxiv. Preprint posted December 3, 2025. <https://doi.org/10.64898/2025.12.03.25341549>
5. Abdunour RE, Gin B, Boscardin CK. Educational strategies for clinical supervision of artificial intelligence use. *N Engl J Med*. 2025;393(8):786-797. <https://doi.org/10.1056/NEJMra2503232>

## FCCP Nominations Due February 15

Are you planning to nominate a colleague for Fellowship in the American College of Clinical Pharmacy (FCCP)? Fellowship in ACCP recognizes excellence in the practice and science of clinical pharmacy and is awarded to individuals who have made sustained contributions to the College and demonstrated exceptional performance in clinical pharmacy practice and/or research.

To be considered for Fellowship, candidates must be nominated by any of the following: 2 Full Members of ACCP, 1 Fellow of ACCP, or a member of the Board of Regents. Separate letters of recommendation are not required or considered in the evaluation process.

Nominees for FCCP must (1) be Full Members of ACCP for at least 5 years, (2) have been in practice for at least 10 years since receipt of their highest professional pharmacy degree (Pharm.D. or BS), and (3) have made sustained contributions to ACCP.

Once the nomination period closes, eligible nominees will receive email notification of their nomination and are asked to submit the necessary application materials to be considered for recognition as a Fellow. Completed applications are reviewed by the Credentials: Fellowship Committee and then submitted for approval by the ACCP Board of Regents.

After nomination by their colleagues, Fellow candidates undergo a comprehensive evaluation of their service to the College and their practice and research accomplishments. Persons nominated as a Fellow must have made a substantial contribution to ACCP through activities such as presentations at College-sponsored meetings; service as a reviewer for ACCP, *Pharmacotherapy/JACCP*, or the ACCP Foundation; contributions to College publications; service as a committee member; or contributions as a Practice and Research Network Chair, chapter officer, or elected ACCP officer or Regent. Practice and research criteria evaluated by the committee include examples of patient care service or educational programs developed by the nominee; certifications or other credentials earned; drug therapy management responsibilities; educational presentations; consultancies; service to publications; original research presentations, projects, funding, and publications; and other professional activities and awards.

Newly elected Fellows are inducted during the College's Annual Meeting and recognized at the Annual Fellows Dinner. Fellows may be recognized by the initials "FCCP" as a part of their title as long as they are ACCP members in good standing.

Nominations for FCCP are submitted online at [www.accp.com/membership/nominations.aspx](http://www.accp.com/membership/nominations.aspx). The deadline for submitting nominations is February 15. For more information about nominating or becoming a Fellow of ACCP, email [membership@accp.com](mailto:membership@accp.com).

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A DAF is like a charitable savings or investment account. You establish your fund with a DAF administrator using cash, appreciated securities, or even complex assets like real estate or business interests. Many donors set up a DAF at their local community foundation or open an account online with a large financial services organization, like Fidelity or Vanguard.

After funding your DAF, you can recommend one-time or ongoing grants from the fund to a qualified nonprofit, such as the ACCP Foundation, Ltd. (EIN 04-2720360). If the Foundation is not listed as a potential recipient within your online DAF administrator system, please notify Keri Sims ([ksims@accp.com](mailto:ksims@accp.com)).

### The Benefits

1. **You can take your time and make thoughtful grants to the causes you love the most.** You qualify for an income tax charitable deduction in the year you transfer money (or other assets) into the fund—regardless of when you recommend the grant. This means you can contribute money to your DAF and take the deduction this year, then take your time deciding where your grants will eventually go.
2. **You will harness the potential of the market to grow your giving.** Your DAF contributions are invested in the market, so there's a good chance (but no guarantees, of course) that they will grow in value while in the fund. This is extra money you can use to support places and causes you're passionate about.
3. **You won't have to deal with all of those receipts.** You won't have to track individual contributions, no matter whether you fund 1 cause or 100 using your DAF. You will receive a single tax document each year, making recordkeeping a breeze.

**BONUS BENEFIT:** You can also make the ACCP Foundation, Ltd., the beneficiary of your DAF. This way, whatever is left in the fund during your lifetime or as part of your legacy will go toward our mission.

### Discover the Power of DAFs

Whether you make your impact on clinical pharmacists today or through planned giving after your lifetime, your gift matters. Please contact Keri Sims at (913) 359-0874 or [ksims@accp.com](mailto:ksims@accp.com) to discuss your plans.

The information in this publication is not intended as legal or tax advice. For such advice, please consult an attorney or tax advisor. State law may further impact your individual results.

## Primary Care Investment Guide Recommends Integrating Clinical Pharmacy in Advanced Primary Care

The Primary Care Collaborative (PCC) hosted a webinar in December 2025 highlighting the release of the Primary Care Investment Guide. Developed by the Harvard Medical School Center for Primary Care—with support from the California Health Care Foundation and the Commonwealth Fund—the guide demonstrates why greater and sustained investment in advanced primary care is essential to improving health outcomes.

The guide breaks down how advanced primary care services such as clinical pharmacy services, behavioral health integration, care management, population health and social needs interventions lead to better outcomes for patients. It brings together insights from more than 40 stakeholder interviews, case studies, spending analyses, and literature reviews, providing a better understanding of which primary care functions create the greatest value. It also includes a closer look at 5 states that are leading in the primary care investment space.

The guide states that the following 6 team-based services improve health outcomes, reduce costs, enhance patient experience, support workforce well-being, and advance equity:

- **Embedded Clinical Pharmacists** to optimize medication management and chronic disease control
- **Behavioral Health Integration**, including the Primary Care Behavioral Health model and the Collaborative Care Model
- **Care Management** for patients with complex medical or social needs
- **Population Health Programs** that use data to close care gaps and proactively manage chronic disease
- **Social Determinants of Health and Disparities Initiatives**, including systematic screening and community health worker support
- **eConsults**, enabling rapid, specialist input and reducing avoidable referrals

Of these 6 team-based services, only clinical pharmacy services showed a strong level evidence of impact from the literature.

**Table 1. Impact of Advanced Primary Care Services**

APC Service	Insights from Health Organization Leadership		Evidence of Impact on Cost/Utilization from the Literature (n)
	Impacts on Cost/Utilization	Other Reported Impacts	
<b>Behavioral Health Integration</b>	↓ ED visits ↓ readmissions	Improved depression/anxiety management; ↑ PCP confidence; ↓ clinician burden; ↑ access for vulnerable patients	<b>Limited evidence</b> (8)
<b>Clinical Pharmacy Services</b>	↓ ED visits cost savings	Improved diabetes/hypertension control; ↑ adherence; ↓ PCP workload	<b>Strong</b> (33)
<b>Care Management</b>	↓ hospitalizations ↓ re-admissions	Improved chronic disease control; Better follow-up after discharge; ↑ continuity; ↓ provider burden	<b>Moderate</b> (39)
<b>Population Health</b>	↑ revenue from meeting incentives ↓ hospitalizations and readmissions from RPM	Improved screening; improved chronic disease outcomes; ↓ care gaps; ↑ equity ; ↓ burnout; ↑ job satisfaction	<b>Moderate*</b> (11)
<b>Social Determinants of Health</b>	↓ ED visits for social crises	↑ access to supports; ↑ engagement; ↑ family stability; ↑ provider satisfaction	<b>Limited evidence</b> (1)
<b>E-Consults</b>	↓ unnecessary referrals	Faster clinical decision-making; ↑ access; ↑ provider and patient satisfaction; Enhanced PCP capability	<b>Limited, but Strong</b> (8)

Courtesy of Amie Alley Pollack at Harvard Medical School

The Investment Guide details how policymakers, employers, provider organization leadership, practices and health plans can holistically assess, plan and prioritize investments, in particular the integration of clinical pharmacy services, in team-based advanced primary care services.

[Click here](#) to access the executive summary and recommendations.

[Click here](#) to access the full report.

### ACCP Papers

Easily access key information in ACCP position papers, white papers, commentaries, and guidelines through [www.accp.com](http://www.accp.com).

As a member-driven organization, the College’s greatest strength is the many contributions of its members. Among the many ways that members contribute to the implementation of ACCP’s strategic plan is through the writing of ACCP papers. Official ACCP papers include position statements, white papers, guidelines, issue briefs, and commentaries. Each year, ACCP committee and task force charges include the development of ACCP papers to address ongoing and emerging strategic initiatives. Current committees and task forces are developing white papers on rewards and advancements for clinical pharmacists, collaborations between community-based and clinic-based pharmacists, learning outcomes of simulation modalities in pharmacy education

and training, postgraduate year one pharmacy residency program equivalency, and application of clinical treatment guidelines in real-world practice. In addition, commentaries are being developed on increasing the number of postgraduate training opportunities to meet current/future demands and opportunities for pharmacists to pursue health disparities research.

Participating on a committee or task force writing an ACCP paper is an opportunity to serve the College while completing published scholarship and expanding your professional network. All members are encouraged to express interest in these opportunities during the ACCP call for volunteers each summer. Be sure to include a description of your relevant expertise, experience, or interest in the topic.

ACCP papers are published in the *Journal of the American College of Clinical Pharmacy (JACCP)*, and all JACCP content is available to ACCP members. Links to full-text ACCP papers are also available to both members and nonmembers through the ACCP website ([www.accp.com](http://www.accp.com)) under Policy, Practice, & Government Affairs → [ACCP papers](#). Within this section of the webpage, you can search current and archived ACCP papers by paper type as well as by title or keyword. An example search is illustrated below. Wondering whether ACCP has a paper in an area of interest? Search ACCP papers today!

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## Washington Report

### Clinical Pharmacy and Capitol Hill: ACCP Submits Comments to Senate Committee on Veterans Affairs

John McGlew  
Director of Government Affairs



After a December 3 Senate Committee on Veterans Affairs (VA) [hearing](#) on Medication Management in VA Healthcare, ACCP submitted comments to the Senate Committee highlighting key studies showing clinical pharmacy practitioners in the VA improving access, clinical outcomes, and cost-effectiveness in the delivery of team-based care.

Related to the Senate hearing, the Government Accountability Office (GAO) released a study titled “Status of Key Recommendations Related to Mental Health and Medication Management.” The study focused on mental health treatment plans and opioid safety risk mitigation strategies. [Click here](#) to read the GAO study.

ACCP’s comments focused on the VA National Pharmacogenomics Program, Clinical Pharmacy, Mental Health and Substance Abuse Disorder, and Optimizing Medications Through Telehealth: [Protecting Veteran Access to Telemedicine Services Act of 2025](#).

[Click here](#) to read ACCP’s comments.

ACCP has close ties with this Senate committee, where Mikayla Harris, Pharm.D., a former [Congressional Health Policy Fellow](#), currently serves on staff.

After completing her fellow year, where she served in the office of Sen. Lisa Murkowski (R-AK), Harris now serves as a legislative assistant in the Senate Committee on Veterans Affairs.

Harris provided the following reflection on her time as the 2024-2025 American College of Clinical Pharmacy/ American Society of Health-System Pharmacists/ Virginia Commonwealth University (ACCP-ASHP-VCU) Congressional Healthcare Policy Fellow:

Pharmacy practice and the legislative world are very different. That being said, the experiences from working in clinical settings bring an invaluable perspective when considering implications of potential legislative policy. Pharmacy professionals have so many transferable skills that make them so versatile, so don’t be afraid to step outside of your comfort zone. Your voice is needed.

The fellowship program, directed by VCU School of Pharmacy Associate Professor Kristin Zimmerman, was founded in 2006 under the leadership of ACCP’s C. Edwin

Webb, Pharm.D., MPH, FCCP. Over the years, it has produced a [distinguished cohort of fellows](#) who have gone on to make impacts in the field of health care policy.

The application deadline for the 2026-2027 fellowship is January 31, 2026! For more information about the ACCP-ASHP-VCU Congressional Healthcare Policy Fellowship, [visit our website](#) or contact Program Director Kristin Zimmerman at [kzimmerman@vcu.edu](mailto:kzimmerman@vcu.edu).

### Announcing PainSAP 2027 Led by Series Editors Smith and Nesbit

ACCP is pleased to announce the Pain Management Self-Assessment Program (PainSAP) series editors, Michael A. Smith, Pharm.D., FCCP, FAAHPM, BCPS, and Suzanne A. Nesbit, Pharm.D., FCCP, FASHP, BCPMP. Smith and Nesbit jointly bring more than 40 years of pain management patient care experience to the PainSAP visioning and development process.

The Board of Pharmacy Specialties launched the Board Certified Pain Management Pharmacist (BCPMP) credential in 2025. ACCP and the American Society of Health-System Pharmacists (ASHP) collaborated to provide Pain Management Pharmacy Preparatory Review Courses, and there are currently more than 50 board-certified pain management pharmacists (BCPMPs). ACCP is now partnering with ASHP to release a Pain Self-Assessment Program (PainSAP) every other year beginning July 2027. Pain management is the eighth specialty in ACCP’s self-assessment program portfolio. PainSAP will provide BCPMPs with the opportunity to earn 15 to 20 hours of BCPMP recertification credit.



Dr Michael A. Smith received his Pharm.D. degree from the University of Pittsburgh School of Pharmacy. Subsequently, he completed pharmacy practice and internal medicine residencies at the University of Pittsburgh Medical Center Presbyterian Shadyside.

Smith serves as a clinical professor of clinical pharmacy at the University of Michigan and a research health scientist at the Geriatric Research Education and Clinical Center at the LTC Charles S. Kettles VA Medical Center. Smith created a PGY2 pain management and palliative care residency program and served as its director from 2018 to 2024. Smith is an NIH-funded researcher with a focus on improving the pain experience of people at increased risk of conditions associated with chronic pain, such as older adults and cancer survivors, by ensuring all patients receive the right treatment at the right time. He is a Fellow of ACCP and the American Academy of Hospice and Palliative Medicine.



Dr Suzanne A. Nesbit received her BS degree in pharmacy from Ohio Northern University and her Pharm.D. degree from The Ohio State University. She currently serves as a clinical pharmacy specialist in pain management and opioid stewardship at The Johns Hopkins

Hospital and is director of Graduate Clinical Education in the School of Medicine at Johns Hopkins University. Nesbit’s tenure at Johns Hopkins exceeds 24 years, and she has served as the PGY2 pain management and palliative care residency program director for 19 years. She has been critical to the development of several research and pain management protocols. Nesbit is a board-certified pain management pharmacist. She is a past president of ACCP and has been recognized as a Fellow of both ACCP and the American Society of Health-System Pharmacists.

Future PainSAP end users will be the direct beneficiaries of the complementary expertise and leadership of Smith and Nesbit.

We are excited to offer a timely and impactful continuing education program tailored to pain management pharmacists, grounded in real-world expertise and developed by pain management pharmacists for pain management pharmacists.

–Drs Smith and Nesbit

## CMS Innovation Center Announces New Payment Model

The Center for Medicare and Medicaid Innovation (CMS Innovation Center) has issued a [request for applications](#) in the Advancing Chronic Care with Effective, Scalable Solutions (ACCESS) payment model. [This model](#) tests an outcome-aligned payment approach in Original Medicare to expand access to new technology-supported care options that help people improve their health and prevent and manage chronic disease. The voluntary model focuses on conditions affecting more than two-thirds of people with Medicare, including high blood pressure, diabetes, chronic musculoskeletal pain, and depression. It will span 10 years beginning July 5, 2026.

ACCESS care organizations are expected to offer integrated, technology-supported care that may include:

- Clinician consultations
- Lifestyle and behavioral support (nutrition, exercise, smoking cessation)
- Therapy and counseling
- Patient education and care coordination
- Medication management
- Ordering and interpreting diagnostic tests and imaging

## UPCOMING EVENTS & DEADLINES:

### [FIT/MeRIT](#)

Informational Calls

*January 22 and February 11, 2026*

Letters of Intent to Apply Due

*February 28, 2026*

Full Applications Due

*March 31, 2026*

### [Clinical Research Challenge Team Registration Deadline](#)

February 6, 2026

### [ACCP Virtual Poster Symposium - All abstract categories \(except Research-in-Progress\) Due](#)

March 23, 2026

### [ACCP Virtual Poster Symposium - Research-in-Progress Due](#)

April 21, 2026

### [ACCP Virtual Poster Symposium](#)

May 19 & 20, 2026

### **2025 ACCP Annual Meeting**

*October 17-20, 2026*

*Salt Palace Convention Center*

- Use or monitoring of FDA-authorized devices, including device software, or devices that are subject to FDA enforcement discretion

Care may be provided in person, virtually, asynchronously, or through other technology-enabled methods as clinically appropriate.

The [ACCESS Model Request for Applications](#) is now available. Complete the [ACCESS Model Interest Form](#) to be notified about model updates. To be considered for the model’s first performance period beginning July 5, 2026, applications must be submitted by **April 1, 2026**. Applications received after this date will be considered for a January 1, 2027 start.

## Member Recruiters

Many thanks to the following individuals for recruiting colleagues to join them as ACCP members:

Justin Arnall  
Kaitlin Beyler  
Hope Brandon  
Julie Caler  
Kristin Griebe  
Joseph Guidos

Sandra Kane-Gill  
Jacob King  
Jovin Panthapattu  
Alina Price  
Krystal Riccio  
Eric Wright

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**Employer:** ACCP  
**Location:** Lenexa, Kansas (Hybrid)

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**Employer:** University of Rochester  
**Location:** Rochester, New York

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**Title:** Pharmacist 2, Clinical Specialist - Solid Organ Transplant  
**Employer:** University of Rochester  
**Location:** Rochester, New York

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**Title:** Supervisory Pharmacist (Investigational Research and  
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**Employer:** National Institutes of Health  
**Location:** Montgomery County, Maryland

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**Title:** Supervisory Pharmacist (Medication Safety and Regulatory  
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**Employer:** National Institutes of Health  
**Location:** Montgomery County, Maryland

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**Title:** Assistant/Associate Professor (Clinical)  
**Employer:** Oregon State University College of Pharmacy  
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**Title:** Clinical Pharmacists  
**Employer:** Reading Hospital – Tower Health  
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**Title:** Assistant/Associate Professor Infectious Diseases & Inpatient Family  
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**Employer:** Bill Gatton College of Pharmacy  
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**Location:** Stockton, California

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