

New Resources to Help Navigate Vaccine Conversations

Free ACCP Educational Program on Vaccines and Autism

ACCP is excited to introduce a new educational session, [Evidence-Based Communication on Vaccines and Autism](#), designed to equip clinicians with practical strategies for navigating today's challenging vaccine conversations.

Led by pediatric clinical pharmacy experts Dr Lucas Orth and Dr Bernard Lee, this program delivers clear, science-supported messaging and offers approachable communication techniques to help clinicians address concerns, build trust, and support shared decision-making with families.

As misinformation grows and vaccine hesitancy continues to affect public health, pharmacists play an essential role in guiding caregivers with empathy, clarity, and confidence. This session provides valuable tools to support these efforts and enhance clinical practice.

Access the CPE version: www.accp.com/store/product.aspx?pc=ECVA26

Non-CPE quick link: <https://vimeo.com/1170070372/4bb5df32a1>

AAP and ACP Vaccine Guidance

The American Academy of Pediatrics (AAP) has published an evidence-based [Child and Adolescent Immunization](#)

[Schedule](#) for the upcoming vaccination year, together with an accompanying [Policy Statement](#) outlining recommendations for the immunization of patients from birth through 18 years. These materials reflect the most current guidance reviewed by pediatric infectious disease experts.

The American College of Physicians (ACP) has released updated guidance on [COVID-19](#) vaccines and [Respiratory Syncytial Virus \(RSV\)](#) vaccines for adults who are not pregnant or immunocompromised. Updated immunization guidance and other evidence-based clinical resources can be found [here](#).

Clinical pharmacists play a critical role in providing vaccine education, assessing vaccine safety, and optimizing adherence to immunization schedules across care settings. As trusted medication and preventive care experts, they frequently engage with families, caregivers, and interdisciplinary teams—often at pivotal moments when vaccine hesitancy, safety concerns, or complex medical conditions require nuanced, evidence-based discussion. Use of the AAP immunization schedule and ACP guidance documents can support clinical pharmacists' contributions to shared decision-making related to vaccination.

Public-Facing Statement on Pharmacists and Vaccine Shared Decision-Making

Amid ongoing public confusion and concern about vaccinations—driven in part by differing recommendations from various sources—pharmacists remain a vital, trusted resource for clear, evidence-based guidance. To



Call for Abstracts
2026 ACCP Virtual Poster Symposium
May 19 & 20, 2026

Abstract Submissions
(except Research-in-Progress) Due:
March 23, 2026

The banner features a blue and white color scheme with a Wi-Fi symbol icon on the left and a photograph of a person pointing at a whiteboard on the right. The background includes faint molecular or network diagrams.

help address these challenges and reinforce consistent messaging, ACCP, together with 13 other national pharmacy organizations, issued a joint statement emphasizing the critical role that pharmacists play as frontline medication experts. The message highlights pharmacists' specialized training and their unique ability to facilitate informed, collaborative decisions about vaccinations—an especially important responsibility during respiratory virus season.

Read the full statement here: www.pharmacist.com/DNNGlobalStorageRedirector.ashx?egsfid=xGGpxqIPrZw%3d.

2026 ACCP Annual Meeting Call for Abstracts

October 17-20, 2026
Salt Lake City, Utah

Abstract Submission Deadlines

- **June 15, 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
- **August 15, 2026**
Research-in-Progress (Students, Residents, and Fellows only)
Encore Abstracts
- **September 1, 2026**
PRN Contributed Abstracts

Notification of Acceptance—Authors will be notified of acceptance or declination no later than the dates below.

- **August 15, 2026**
Advances in International Clinical Pharmacy Practice, Education, or Training; Case Reports; Clinical Pharmacy Forum; Original Research; Scoping Reviews; and Systematic Reviews/Meta-Analyses
- **September 1, 2026**
Research-in-Progress (Students, Residents, and Fellows only) and Encore abstracts

Publication Information

- Full-text abstracts (excluding Encore, Research-in-Progress, and PRN Contributed) will be published online in *JACCP*.
- Encore abstracts will have title, authors, and original citation only published online in *JACCP*.

- All accepted abstracts will appear in full text on the **ACCP Meeting website**

Abstract Categories

- Advances in International Clinical Pharmacy Practice, Education, or Training
- Case Reports
- Clinical Pharmacy Forum
- Original Research
- Scoping Reviews
- Systematic Reviews/Meta-Analyses
- Research-in-Progress (Students; Residents/Fellows)
- Encore Presentations

To view abstract submission details and submit an abstract, [click here](#).

PRNs Invited to Present a Poster at the Annual Meeting

ACCP PRNs are invited to submit abstracts for posters to be presented at the 2026 ACCP Annual Meeting in Salt Lake City, Utah. Abstracts with a maximum of 300 words are welcome. Abstracts can be descriptive in nature and do not necessarily need to contain an evaluative component. The PRN Contributed Posters category offers an opportunity to present various PRN member development events, grants, scholarships or awards, position paper development efforts, or other PRN activities of interest to fellow PRNs or ACCP members in general.

Abstracts will not be peer-reviewed. One submission per PRN is allowed, and the deadline for abstract submission is September 1, 2026. [Click here](#) to submit an abstract.

President's Column Making the Invisible Visible: Consumerism, Harm Prevention, and the Future of Clinical Pharmacy Advocacy

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



Consumerism in health care isn't coming; it's already here. Patients are making more choices, acting faster, and accessing more information than ever before. They compare options. They look for convenience. They weigh costs. They decide what "value" means, often before they ever meet with a clinician.

Attending my first meeting of the Joint Commission of Pharmacy Practitioners (JCPP) in January left me both energized and unsettled, in a good way. Energized, because the discussion made clear that consumerism is no longer a buzzword. The forces accelerating this movement are now familiar to all of us: patient portals, telehealth, home diagnostics, remote monitoring, and increasingly, digital tools that promise to “simplify” care but can just as easily create confusion. Both the professional and the lay literature captures this shift well. Patients are gaining autonomy and access to information at an unprecedented speed, but pharmacists still lack standardized, systematic ways to help patients make informed decisions, and equity and access remain real threats.¹ Unsettled, because JCPP speakers kept returning to a deceptively simple message: If we want the public to understand the value of pharmacists, we must translate our work into what consumers care about the most: preventing harm. Not “optimizing therapy.” Not even “improving outcomes” (though we do). The message that lands with patients is clearer and more urgent: A pharmacist helps keep you safe.

We should be honest about another reality: published work continues to suggest that public understanding of pharmacists’ clinical roles remains uneven. For example, consumer perception research in community pharmacy settings underscores the public’s limited understanding of what pharmacists do. And what patients demand does not always match the full scope of clinical pharmacist expertise and impact.² In a consumer-driven environment, we cannot assume people understand our clinical value unless we make it visible. Visibility becomes part of our work.

Consumerism Reframes the Value Conversation

In professional circles, we talk comfortably about medication optimization, comprehensive medication management, and clinical outcomes. However, consumers experience health care differently. They experience risk, confusion, and fragmented care—and too often, preventable medication-related harm.

From a consumer perspective, the most compelling value proposition is not a detailed description of responsibilities. It is safety. It is trust. It is the reassurance that someone is watching closely when therapies are complex, involve high risk, or are evolving quickly. Yet much of what pharmacists do to prevent harm remains invisible. When we succeed, nothing happens—there’s no adverse event, no crisis, no dramatic moment. The patient simply avoids harm. But in a consumer-driven world, this invisibility is a barrier. If the public cannot see our role, they are less likely to ask for us, expect us to be involved in their care, advocate for models that embed clinical pharmacists in clinical practice, or pay for our service.

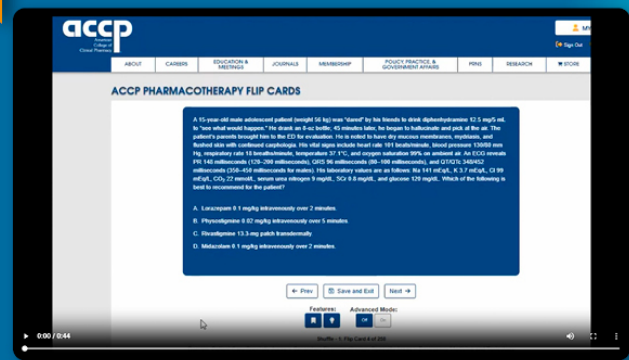
When Advocacy Moves Beyond Policy: What the ACCP Emergency Medicine PRN Is Modeling

One of the strongest examples I’ve seen of “making the invisible visible” comes from ACCP’s Emergency Medicine Practice and Research Network. Their 2025 paper, “The Missing Piece in *The Pitt*: A Call for Emergency Medicine Pharmacist Representation,”³ was intentionally published in an emergency medicine journal rather than a pharmacy journal and intentionally included a key emergency medicine physician advocate.



2026 ACCP Pharmacotherapy Flip Cards

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This decision was not incidental; it was strategic. If the goal is to influence how clinical pharmacists are understood and whether they are expected to be present on care teams, the message must reach beyond our profession.

The paper itself is masterful in tone and approach. It praises *The Pitt* for its authenticity while making a clear case that an essential member of modern emergency care teams is missing: the emergency medicine clinical pharmacist. It explains, in plain terms, how clinical pharmacists in the ED prevent medication errors before they reach patients by intercepting unsafe doses, incorrect routes, high-risk interactions, and other preventable harms when seconds matter.

What I appreciated most is that the authors did not frame clinical pharmacist inclusion as “nice to have.” They framed it as realism. In the real world, emergency medicine clinical pharmacists elevate team performance and patient safety. And in the world of storytelling, they argued, involvement of clinical pharmacists enhances the narrative. Indeed, when clinical decisions must be made under pressure and involve high-stakes medication choices, rapid interdisciplinary collaboration is exactly what audiences expect from an emergency medicine drama. But what impressed me most in speaking with authors Brian Gilbert and Kevin Mercer is that they did not treat the publication of their piece as the finish line. They treated it as the starting point.

A Living Advocacy Campaign and What Other PRNs Can Learn

Brian and Kevin described an effort that has become a living advocacy campaign, one built on persistence, creativity, and coalition building. Their goal isn’t simply to “get a clinical pharmacist on a show.” It’s bigger: to normalize the idea that clinical pharmacists belong at the bedside as part of emergency care and to help the public understand what pharmacist clinicians actually do when medication decisions are made under pressure. The authors have taken action across multiple fronts:

- **Coalition building beyond pharmacy.** They are actively growing a coalition of emergency physicians and other health professionals who recognize that public portrayals of emergency care often underrepresent essential team members. Coalitions matter because they change the narrative faster than a single profession advocating alone.
- **Engagement with media creators.** They have pursued efforts to connect with writers and producers, recognizing how difficult it can be to break into this world, yet choosing to step into it anyway. Their reasoning is straightforward: if

clinical pharmacists are not visible, creators won’t think to consult them, and if creators don’t consult them, they will remain absent.

- **Amplification through public channels.** They have used social media intentionally to extend the conversation and have seen signs that the message can travel beyond the pharmacy profession. They describe engagement that includes social media blasts, posts shared across networks, and even Reddit discussions, including some initiated by non-pharmacists. This is the signal we should be watching for: when the public begins to carry the message without being asked.
- **National emergency medicine visibility.** Momentum was accelerated further through a widely shared clip associated with the American College of Emergency Physicians. In this interview, Noah Wyle, star of *The Pitt*, explicitly acknowledges that the show has been underrepresenting pharmacists (together with respiratory therapists and physician assistants) and that the issue has been addressed.⁴ This matters—not because it flatters us, but because it illustrates a principle: visibility gaps can be closed when advocacy is sustained, specific, and collaborative.
- **Building infrastructure for long-term visibility.** To sustain the effort, they took another step many of us have never considered: registering with Hollywood, Health & Society, a University of Southern California–affiliated hub that connects entertainment writers with medical consultants.⁵ Their observation that pharmacists appear to be rare in this consultant pool reveals both a concern and an opportunity. If we want to be portrayed accurately and want the public to recognize our role, we must be present in the places where narratives are shaped. Looking ahead, Heather Blue (a past chair of the PRN) is leading a next-phase effort to assess emergency medicine pharmacist representation in the media and identify actionable opportunities to improve accuracy and visibility.

Of importance, their approach has been collaborative, not critical. They’ve acknowledged the strengths of *The Pitt* while inviting the writers to make it even more authentic. They’ve framed pharmacist representation not as a complaint, but as an improvement: better realism, better education for audiences, and better alignment with how emergency medicine actually functions.

Why This Matters Far Beyond Emergency Medicine

This is bigger than one television show and one PRN. The Emergency Medicine PRN is modeling a modern

form of advocacy that treats consumers as stakeholders who shape expectations and ultimately system design.

Plainly put: Patients won't ask for what they don't know exists.

In high-risk environments like the ED, clinical pharmacists prevent catastrophic medication-related harm every day—errors that never make the headlines because they were avoided. This is the paradox: our greatest value is often the harm that never happens. However, consumerism changes the stakes. If consumers don't understand our role, they are less likely to demand clinical pharmacist involvement, support pharmacist-funded models, or expect team-based care that includes medication safety expertise. Visibility, when done well, is not self-promotion. It is building an infrastructure to establish trust. And when our core promise is harm prevention, trust is not optional; it is the pathway to impact.

A Challenge to ACCP Members and PRNs

Policy engagement, reimbursement reform, and regulatory work remain essential. But in a consumer-driven era, public understanding is a parallel pathway to change, and we can act on it now. I encourage ACCP members and PRNs to consider 3 practical steps:

- **Define your harm prevention headline.**
If you had 1 sentence a consumer could repeat, what would it be? Keep it concrete and human: "A pharmacist helps prevent life-threatening medication harm and keeps you safe."

- **Choose 1 channel outside pharmacy.**
A physician-facing journal. A community forum. A patient advocacy partnership. A local news story. A podcast. A media consultation network. Pick 1 channel that consumers or other clinicians access and commit to learning how it works.
- **Build a coalition that makes your message harder to ignore.**
Consumers trust teams. When physicians, nurses, respiratory therapists, and pharmacists align around safety, the story becomes "what good care requires," not "what one profession wants." If we want patients to walk into an ED and say, "Where's the clinical pharmacist?", we must first help them understand why this question matters.

The future of clinical pharmacy will be shaped not only by what we do, but also by whether the patients we serve can clearly see it.

References

1. DiPiro JT, Couldry R, Dopp AL, et al. ASHP and ASHP Foundation Pharmacy Forecast 2026: strategic planning guidance for pharmacy departments in hospitals and health systems. *Am J Health Syst Pharm.* 2026;83(2):71-101. <https://doi.org/10.1093/ajhp/zxaf247>
2. Xuan YW, Goh HP, Rehman IU, et al. Assessing consumers' perception and demand on the community pharmacists' dispensing. *J Pharm Policy Pract.* 2023;16(1):162. <https://doi.org/10.1186/s40545-023-00609-1>



Futures Grants Application

Opens May 15, 2026

Visit www.accpfoundation.org/futures for more details.



3. Mercer KJ, Gilbert BW, Robertson A, Blue H, Kroll CE, Bellolio F. The missing piece in *The Pitt*: a call for emergency medicine pharmacist representation. *Am J Emerg Med.* 2025;96:291-292. <https://doi.org/10.1016/j.ajem.2025.08.037>

4. ACEP interview with Noah Wyle at ACEP25. www.youtube.com/watch?v=-F2FuXvAG7Y

5. Hollywood, Health & Society. Accessed February 2, 2026. <https://hollywoodhealthandsociety.org>

Tax Law Change for 2026: What It Means for You



New tax rules this year may influence how you choose to give to the ACCP Foundation and other nonprofits. The biggest change this year is that you can deduct up to \$1000 (single filers) or \$2000 (married couples) in charitable cash donations even if you don't itemize. So, your donation dollars can be optimized and make an impact through the ACCP Foundation. Note: Gifts to donor-advised funds are excluded.

For 2026, the standard deduction is \$16,100 for single filers and \$32,200 for married couples filing jointly. If you are 65 or older, you may claim a standard deduction that's even higher: \$2050 more if you are a single filer and head of a household and \$1650 more per qualifying individual if you are married filing jointly, married filing separately, or a qualifying widow(er). As noted above, a charitable cash donation of up to \$1000 (single filers) or \$2000 (married couples) can be deducted in addition to the standard deduction.

If you're interested in making an impact this year, we're ready to assist you. Contact Keri Sims at (913) 359-0874 or ksims@accp.com today to discuss your options.

The information contained herein was accurate at the time of printing. The information in this publication is not intended as legal or tax advice. For such advice, please consult an attorney or tax advisor. References to tax rates include federal taxes only and are subject to change. State law may further impact your individual results.

New ACCP Affinity Groups

The American College of Clinical Pharmacy (ACCP) announced the official launch of Affinity Groups during the 2025 ACCP Annual Meeting last October, marking a significant milestone in the College's ongoing commitment to fostering diversity, equity, inclusion, and belonging across its membership.

What Are Affinity Groups?

Affinity Groups are designed to bring together members who share social identity frameworks, creating

spaces for connection and support beyond professional practice areas. Unlike Practice and Research Networks (PRNs), which focus on clinical and research interests, Affinity Groups center on personal and social identities, offering members opportunities for meaningful dialogue, shared experiences, and community building.

Exciting News: The First 2 Official Affinity Groups Are Here!

ACCP is thrilled to announce the formation and approval of its first 2 official Affinity Groups:

- Black Diaspora Affinity Group
- Middle Eastern North African (MENA) Affinity Group

These inaugural groups represent an important step forward in building identity-based communities that support members, amplify lived experiences, and cultivate meaningful connection across the ACCP membership.

Members who share one of these identities and wish to join—or members interested in applying to establish a new Affinity Group—may do so at www.accp.com/affinity/.

Why Affinity Groups?

Originally introduced in 2022 by the Member Relations Committee and developed through the DEIA Committee, the Affinity Group initiative emerged in response to member feedback and a shared desire for identity-based spaces within ACCP. These groups aim to:

- Promote inclusivity and belonging
- Provide resources and support for underrepresented identities
- Encourage open dialogue on shared experiences and challenges

Application Process

Members may organically form identity-based communities, but formal recognition by ACCP grants additional support, including staff facilitation, access to ACCP's community platform, and potential meeting space at the Annual Meeting.

Applications require:

- A proposed group name reflecting the shared identity
- A set of goals and planned activities
- At least 15 interested members

Applications undergo review by the DEIA Committee and are forwarded to the Board of Regents for approval, consistent with the process used for new PRNs.

Core Values and Commitment

Affinity Groups are grounded in ACCP's core values, including its commitment to embrace diversity and inclusion and uphold integrity, honesty, reliability, and accountability. These values guide organizational decision-making and ensure that initiatives like Affinity Groups remove barriers and strengthen belonging across the College.

Get Involved

Whether you identify with one of the newly established groups or wish to bring forward a new Affinity Group proposal, ACCP welcomes your participation. Learn more or apply at www.accp.com/affinity/, or email DEIA@accp.com for additional information.

Washington Report

ACCP Congressional Communications: Lowering Health Care Costs for All Americans: An Examination of the Prescription Drug Supply Chain

John McGlew
Director of Government Affairs



On February 11, 2026, in the US House of Representatives, the Subcommittee on Health of the Committee on Energy and Commerce held a hearing titled [Lowering Health Care Costs for All Americans: An Examination of the Prescription Drug Supply Chain](#).

Executive leaders of organizations including [PhRMA](#), the [Biotechnology Innovation Organization](#), and the [National Community Pharmacists Association](#) provided testimony at the hearing. ACCP [submitted comments](#) reminding the committee to focus on improving the overall effectiveness and value of medication therapy, not simply the cost of medicines, and calling for legislative action to add a defined comprehensive clinical pharmacy benefit to the Medicare program.

With [rural health issues](#) central to the administration and Republicans in Congress, ACCP proposed that for rural communities, access to clinical pharmacy services would help create efficiencies across the health delivery system. Clinical pharmacists help deliver enhanced productivity for the entire health care team, allowing other team members to be more efficient in their own patient care responsibilities. Physicians are able to dedicate more time to the diagnostic and treatment selection

process, enabling them to be more efficient, see more patients, and spend more time providing medical care. Team members are freed up to practice at the highest level of their own scopes of practice by fully using the qualified clinical pharmacist's skills and training to coordinate the medication use process as a full team member.

The comments also reminded Congress that ACCP's advocacy proposal is supported by the [Primary Care Collaborative](#), in which many of the major primary care medical organizations are actively involved. Clinical pharmacists help ensure that older adults' medication use is effectively coordinated and, in doing so, enhance their health care outcomes, contributing directly to Medicare's goals for quality and affordability.

ACCP is currently working with the [GOP Doctors Caucus](#), an informal congressional body of Republican members of Congress with medical and health care provider backgrounds dedicated to patient-centered health care policy. The caucus often provides meaningful guidance to congressional Republican leadership.

ACCP-PAC Supports Advocacy Communications

ACCP-PAC is the only means by which ACCP can provide financial support to candidates for Congress who understand and support its issues and share its vision of a team-based, patient-centered, quality-driven approach to health care delivery.

ACCP-PAC is a nonpartisan, member-driven initiative, and all decisions regarding financial contributions to candidates are made by the [PAC Governing Council](#) according to certain established criteria:

- Position on key health care committees in Congress
- Proven support for pharmacy and health care-related issues
- Previous health care experience

The key health care-related committees in the House of Representatives are the Ways & Means and Energy & Commerce committees; those in the Senate are the Finance and the Health, Education, Labor & Pensions committees.

ACCP members who contribute to the PAC may recommend candidates to receive contributions. All PAC contributor recommendations will be considered; however, ACCP may not accommodate all requests. The ACCP-PAC Governing Council must approve all candidate contributions.

For more information, visit the ACCP-PAC website at www.accpaction.org or contact John McGlew (jmcglew@accp.com).

GTMRx Releases New CMM Residency Toolkit

The [Get the Medications Right \(GTMRx\) Institute](#) has released a new comprehensive medication management (CMM) resource for pharmacy residents and preceptors. The [CMM Residency Toolkit](#) is designed to provide pharmacy residents with a foundational knowledge of CMM. It introduces the CMM philosophy of practice and patient care process, steps for implementation, and standards for practice management. There are links for tools on how to assess readiness to implement CMM in a practice site or evaluate the performance of a CMM practice as well as use cases from a variety of practice settings demonstrating the value of CMM. The toolkit also provides links to additional resources on the [Optimizing Medications for Better Health](#) website and resources developed by ACCP and ASHP. The toolkit will also be added to the Professional Resources page on the ACCP website and the resource center for preceptors and ambulatory care specialists on the ASHP website.

The CMM residency toolkit was developed by members of the Evidence-Based Resources Subgroup of the GTMRx Practice and Care Delivery Transformation Workgroup. The lead for the subgroup was Tanner Buchanan, Pharm.D., with members John Armistead, BSPHarm, MS, FASHP; Marcia Buck, Pharm.D., FCCP, FPPA, BCPPS; Christie Schumacher, Pharm.D., FCCP, BCPS, BCACP, BCCP, BCADM, CDCES; and Ashley Yost, Pharm.D., BCPS, BCCCP.

2026 ACCP Clinical Research Challenge: Round 2 Letter of Intent Submission Underway



ACCP is pleased to announce that competition is underway in the 2026 Clinical Research Challenge (CRC). Research and scholarship contribute to improved health outcomes for patients and advances in the profession of clinical pharmacy. Critically evaluating and applying primary literature is an essential skill for students pursuing a career in clinical pharmacy.

This innovative and unique competition offers teams of 3 students (those in the first 2 professional years of their degree program) the opportunity to compete and advance through 3 rounds of competition. The 2026 competition began February 9 with 79 teams participating in Round 1: The Online Journal Club, which was based on the following literature and included all supplementary materials and figures, which are available to download as a PDF:

Pereira NL, Rihal C, Lennon R, et al. Effect of *CYP2C19* genotype on ischemic outcomes during oral P2Y₁₂ inhibitor therapy: a meta-analysis. *JACC Cardiovasc Interv.* 2021;14(7):739-750. www.jacc.org/doi/abs/10.1016/j.jcin.2021.01.024

Teams achieving the top 40 scores advanced to Round 2: Letter of Intent (LOI) submission. These teams were given a clinically focused research question with 2½ weeks to develop and submit a letter of intent

A promotional banner for the Journal of the American College of Clinical Pharmacy (JACC) Themed Issue. The banner features a photograph of an elderly man with glasses and a pharmacist sitting at a table with medication bottles. The JACC logo is in the top left. The main text reads 'CALL FOR PAPERS' and 'SUBMISSIONS DUE: SEPTEMBER 1, 2026'. Below this, it says 'AGE-FRIENDLY PRACTICE, EDUCATION, AND POLICY FOR OPTIMAL CARE OF OLDER ADULTS'. Two circular portraits of the guest editors, Nicole Brandt and Barbara J. Zarowitz, are shown. A circular graphic on the right contains icons for 'What Matters', 'Medication', 'Mind', and 'Mobility', with '4Ms' in the center.

Journal of the American College of Clinical Pharmacy - Themed Issue

CALL FOR PAPERS
SUBMISSIONS DUE: SEPTEMBER 1, 2026

...

**AGE-FRIENDLY PRACTICE,
EDUCATION, AND POLICY FOR
OPTIMAL CARE OF OLDER ADULTS**

Guest Editors
Nicole Brandt, PharmD, MBA
Barbara J. Zarowitz, PharmD,
MSW, FCCP

What Matters
Medication
Mind
Mobility
4Ms

following the criteria [outlined here](#). The LOI submissions were due March 2, 2026, and are currently under evaluation by the CRC Review and Oversight panels. Teams advancing to round 3 will be announced on March 23. To view a list of the teams participating in each round of the competition, please [click here](#).

Please join ACCP in recognizing and thanking the members of the CRC Review and Oversight panels for their contributions and service to the College in advancing this important program for our student members.

2026 CRC Oversight Panel

Sandra Benavides, Pharm.D., FCCP
Doug Fish, Pharm.D., FCCP, BCPS-AQ ID
Anne Hume, Pharm.D., FCCP, BCPS
Irene La-Beck, Pharm.D.
Beth Phillips, Pharm.D., FCCP, BCPS
Tiffany Pong, Pharm.D., BCPS

2026 Journal Club Review Panel

Allison Bernknopf, Pharm.D., BCPS
Timothy Gladwell, Pharm.D., BCACP, BCCP, BCPS

2026 CRC Review Panel

Jacob Brown, Pharm.D.
Kyle Burghardt, Pharm.D.
Daniel Crona, Pharm.D., PhD
Robert Di Domenico, Pharm.D., FCCP
Abigail Elmes, Pharm.D., MHPE, BCPS
Teresa Ho, Pharm.D., BCPS
Kelly C. Lee, Pharm.D., FCCP, BCPP
Abbie Leino, Pharm.D., BCPS
Tien Ng, Pharm.D., FCCP, BCPS
Phillip Rodgers, Pharm.D., FCCP, BCPS
Tyler Shugg, Pharm.D., PhD
James Stevenson, Pharm.D.
Rebecca Stone, Pharm.D., FCCP, BCACP, BCPS
Chad VanDenBerg, Pharm.D., BCPP
Lusi Zhang, Pharm.D., MHI

For complete information on the CRC, visit www.accp.com/stunet/crc/eligibility.aspx.

2026-2028 National Academy of Medicine Fellowship in Pharmacy—Call for Nominations

The National Academy of Medicine (NAM), together with the leadership of the American College of Clinical Pharmacy (ACCP) and the American Association of Colleges of Pharmacy (AACP), is pleased to announce the call for nominations for the 2026-2028 NAM Fellowship in Pharmacy.

NAM brings together the most eminent researchers, policy experts, and clinicians from across the country to work together to provide nonpartisan, scientific, and evidence-based advice to national, state, and local policymakers; academic leaders; health care administrators; and the public. NAM is uniquely qualified to offer an exceptional learning environment to selected early-career faculty and future leaders in medicine, pharmacy, and public health. Through an endowment from ACCP and AACP, the NAM Fellowship in Pharmacy was established under the NAM Fellowships program.

The overall purpose of the NAM Fellowship in Pharmacy is to enable talented, early-career health science scholars to participate actively in the health- and medicine-related work of the National Academies of Sciences, Engineering, and Medicine (the National Academies) and to further their careers as future leaders in the field. Nominations for the fellowship must be submitted by 3:00 p.m. (ET) on **June 1, 2026**.

Program Description

The NAM Fellowship in Pharmacy will be awarded for a 2-year period. During this time, fellows are expected to continue to work at their primary academic post while being assigned to a health- and medicine-related board of the National Academies. The boards are as follows:

- Children, Youth, and Families
- Food and Nutrition
- Global Health
- Health Care Services
- Health Sciences Policy
- Population Health and Public Health Practice

The fellowship requires a 10% to 20% commitment of time for 2 years and includes attendance at a 1-week orientation to health policy, the NAM Annual Meeting, and the meetings of the fellow's designated board. Domestic travel expenses are covered for participation in approved fellowship activities. In addition, the fellow will actively participate in the work of an appropriate study committee or roundtable, including contributing to its reports or other products. Studies that would enable the fellow to contribute to the value of integrating medicine and public health will be identified.

This experience will introduce the NAM Fellow in Pharmacy to a variety of experts and perspectives, including legislators, government officials, industry leaders, executives of voluntary health organizations, scientists, and other health professionals. In addition, each fellow will be assigned to a NAM member who will serve as a senior mentor during the 2 years of the fellowship.

A flexible research grant of \$25,000 will be awarded to each NAM Fellow in Pharmacy, which will be administered through the appropriate department in the fellow's home institution to advance the fellow's professional and academic career. This grant is not intended for use as a salary offset for the fellow, and no indirect costs are allowed.

Eligibility

Nominees for the NAM Fellowship in Pharmacy must:

- Be nominated by a member of NAM, the board of directors of AACCP, or the Board of Regents of ACCP
- Have completed a Pharm.D. and/or PhD degree from a relevant field of study in the pharmaceutical and clinical sciences
- Be able to dedicate 10% to 20% of time to the fellowship for 2 years
- Be between 4 and 10 years after completion of postgraduate work OR between 5 and 15 years after completion of a Pharm.D. degree
- Have sponsorship by an academic department head or equivalent supervisor
- Have endorsement by the dean or comparable senior leader
- Hold US citizen or permanent residency status at the time of the nomination

Selection Criteria

Nominees will be evaluated by a NAM-appointed committee on the basis of their professional qualifications, scholarship, and quality of professional accomplishments, as evidenced through publications and research grants, and relevance of current field of expertise to the work of NAM. Preference will be given to those with a demonstrated interest in and focus on advancing pharmacy practice and scholarship.

Nomination Packet

A complete application packet must be submitted for ACCP nomination and must include the following documents:

- Letters of recommendation and endorsement from:
 1. Department chair or equivalent supervisor
 2. Academic dean or comparable senior leader
 3. Other individual(s) familiar with the nominee's work
- An up-to-date curriculum vitae
- A brief 1-page biography

- A 1-page personal statement that describes the candidate's reasons for wanting to be a fellow for this particular program at this phase of their career

For the applicant to be considered by the ACCP Board of Regents for nomination as a Fellow for the 2026-2028 program, all required materials for potential nominees must be submitted by email to kpham@accp.com no later than 3:00 p.m. (ET) on June 1, 2026. If the ACCP applicant is able to secure a direct nomination from a NAM member, the materials may be submitted directly to the NAM nomination portal by the NAM member and do not require additional endorsement from ACCP.

The awardee will be notified by July 24, 2026, and the program will begin with an orientation on September 15-17, 2026, in Washington, DC. For questions about any aspect of the nomination process, please contact [Kathy Pham](#), ACCP Senior Director of Policy and Professional Affairs.

ACCP Visual Abstract Challenge for Postgraduate Trainees

ACCP is pleased to announce the 2026 ACCP Visual Abstract Challenge for postgraduate trainees. This competition is open to current residents and fellows. It combines skills to evaluate the primary literature with the ability to creatively communicate key components of published research. In today's digital environment, authors can increase the impact of their research through graphical representation of their work in visual abstracts. This innovative and unique competition offers individuals an opportunity to build their visual abstract creation skills for prepublished work in preparation for their own future publications. Prizes and complimentary registration for the 2026 ACCP Annual Meeting will be awarded to the top 5 participants. Submissions are due by April 15, 2026.

More information is available at www.accp.com/resfel/vac/.

2026 ACCP Clinical Pharmacy Challenge: Team Registration Deadline September 8



ACCP's novel pharmacy student team competition returns for its 17th season. The 2026 ACCP Clinical Pharmacy Challenge will offer eligible teams the opportunity to compete in up to 4 online rounds, with the top 8 teams advancing to the live quarterfinal competition at the 2026 ACCP Annual Meeting. Team registration is now available [online](#). **Plan now to participate this fall.**

Competition Overview

The ACCP Clinical Pharmacy Challenge is a team-based competition in which teams of 3 students compete against teams from other schools and colleges of pharmacy in a “quiz bowl”-type format. Only 1 team per institution can enter the competition. Institutions with branch campuses, distance satellites, and/or several interested teams are encouraged to conduct a [local competition](#). ACCP provides a local competition examination that institutions can use in selecting their team. Faculty members interested in using the examination can send an email request to Michelle Kucera, Pharm.D., BCPS, at mkucera@accp.com.

Preliminary rounds of the 2026 national competition will be conducted virtually in September. The quarterfinal, semifinal, and final rounds will be held live at the 2026 ACCP Annual Meeting in Salt Lake City, Utah, October 17-19, 2026.

Each round will consist of questions offered in the 3 distinct segments indicated below. Item content used in each segment has been developed and reviewed by an expert panel of clinical pharmacy practitioners and educators.

- Trivia/Lightning
- Clinical Case
- Jeopardy-style

Each team advancing to the quarterfinal round held at the ACCP Annual Meeting will receive 3 complimentary student full-meeting registrations. Each team member will receive an ACCP gift certificate for \$125 and a certificate of recognition. In addition, semifinal teams not advancing to the final round will receive a semifinal team plaque for display at their institution. The second-place team will receive a \$750 cash award (\$250 to each member) and a commemorative team plaque. The winning team will receive a \$1500 cash award (\$500 to each member), and each team member will receive a commemorative plaque. A team trophy will be awarded to the winning institution.

Students are not required to be members of ACCP to participate. Team registration may 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](#). If no ACCP faculty liaison has been identified, any faculty member from the institution can initiate the registration process. The registering faculty member must confirm the eligibility of all team members and/or alternates online before a team will be permitted to compete in the Clinical Pharmacy Challenge. **The deadline to complete 2026 team registration and confirm eligibility is September 8, 2026.**

UPCOMING EVENTS & DEADLINES:

[FIT/MeRIT Full Applications Due](#)

March 31, 2026

[ACCP Virtual Poster Symposium: Abstract Submission Deadline \(Except Research-in-Progress\)](#)

March 23, 2026

[ACCP Visual Abstract Challenge: Submissions Due](#)

April 15, 2026

[ACCP Virtual Poster Symposium: Research-in-Progress Abstract Submission Deadline](#)

April 21, 2026

[ACCP Foundation Futures Grants](#)

Application Opens

May 15, 2026

Application Deadline

September 1, 2026

[2026 ACCP Virtual Poster Symposium](#)

May 19 & 20, 2026

[2026-2028 National Academy of Medicine Fellowship in Pharmacy Nominations Due](#)

June 1, 2026

[2026 ACCP Annual Meeting Call for Abstracts](#)

All Abstract Categories Due (Except Research-in-Progress and Encore)

June 15, 2026

Research-in-Progress and Encore Abstracts Due

August 15, 2026

PRN Contributed Abstracts Due

September 1, 2026

[National Student Network Advisory Committee Applications Due](#)

June 15, 2026

[ACCP National Resident Advisory Committee Applications Due](#)

July 15, 2026

2026 ACCP Annual Meeting

October 17-20, 2026

Salt Palace Convention Center

For more information on the ACCP Clinical Pharmacy Challenge, including the competition schedule, sample items, and FAQ section, please [click here](#).

ACCP National Student Network Advisory Committee Applications Due June 15

Attention student pharmacists: Would you like to become more involved with the American College of Clinical Pharmacy? ACCP student members who want to develop leadership skills, expand opportunities for student pharmacists within ACCP, and introduce other students to the many facets of clinical pharmacy are encouraged to apply for appointment to the ACCP National Student Network Advisory Committee.

The National Student Network Advisory Committee is composed of student members appointed each year by the ACCP president. Members generally serve a 1-year term, and the committee is typically composed of 8 to 12 members. The leadership of the committee is also appointed by the ACCP president.

Leadership positions include the chair (1-year term), the vice chair (2-year term; serves the first year as the vice chair and then assumes the chair position during the second year), and the secretary (1-year term). Please [click here](#) for more information about the committee or to apply. The deadline for applications is June 15.

ACCP National Resident Advisory Committee Applications Due July 15

Are you a resident or fellow who is interested in becoming more involved in ACCP? The American College of Clinical Pharmacy encourages postgraduate trainees who want to enhance their leadership skills, network

with colleagues across the country, and interact with clinical pharmacy leaders to apply for appointment to the ACCP National Resident Advisory Committee.

The National Resident Advisory Committee is a standing committee composed of residents, fellows, or graduate students appointed each year by the ACCP president-elect. Members serve a 1-year term, and the committee is typically composed of 8 to 12 members. Appointed leadership positions include the chair (1-year term) and vice chair (1-year term).

The committee serves in an advisory capacity to the ACCP Board of Regents and staff, providing feedback and assistance in developing new programs and services for resident members consistent with the College's vision of clinical pharmacy practice, research, and education.

The committee will meet in person at the 2026 ACCP Annual Meeting in October and will communicate via conference calls and email to complete its assigned charges. Appointees to the National Resident Advisory Committee will receive a complimentary meeting registration to attend the ACCP Global Conference in 2027. [Click here](#) for additional information on the application process or to enter your application. The deadline for applications is July 15.

Member Recruiters

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

- | | |
|------------------|------------------|
| Sandra Cuellar | Mary Mekheil |
| Sally Falahat | Joshua Neumiller |
| Alan Gross | Miranda Norvell |
| Emily Hanners | Carrie Smith |
| Sandra Kane-Gill | Trista Unal |
| Daniel Majerczyk | Donald Watson |

Journal of the American College of Clinical Pharmacy - **Themed issue**

BREAKING THE CYCLE: ADVANCING SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY

Guest Editors | Kirk E. Evoy, Pharm.D., FCCP
Paul M. Stranges, Pharm.D., FCCP

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Title: Assistant or Associate Clinical Professor
(Multiple Positions)
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Location: Phoenix, Arizona

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Title: Inpatient Pharmacy Specialist, Pediatric Lead
Employer: Sutter Health
Location: Sacramento, California

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Title: Clinical Pharmacy Manager - Cancer Center
Employer: HonorHealth
Location: Scottsdale, AZ

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Title: Oncology Clinical Pharmacist
Employer: Novant Health, Inc.
Location: Wilmington, North Carolina

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Title: Clinical Pharmacist
Employer: Reading Hospital – Tower Health
Location: West Reading, Pennsylvania

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Title: Executive Director
Employer: ACCP
Location: Lenexa, Kansas (Hybrid)

[Learn More](#)