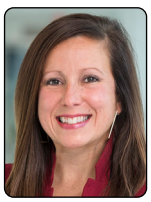
accp Report
American College of Clinical Pharmacy
Michael S. Maddux, Pharm.D., FCCP; Executive Director
Vol. 45, No. 7; July 2026

## Shapiro Chosen ACCP President-Elect

**Nancy L. Shapiro**, Pharm.D., FCCP, BCACP, CACP, was chosen as ACCP president-elect in the annual elections held this spring. Shapiro is clinical professor and associate head for education in the Department of Pharmacy Practice at the University of Illinois Chicago (UIC) Retzky College of Pharmacy. She received her BS and Pharm.D. degrees from the University of Iowa and then completed a primary care specialty residency at UIC. Shapiro currently serves as coordinator and clinical pharmacist of the pharmacist-managed Antithrombosis Clinic at the University of Illinois Hospital and Health Sciences System. She served as director of the PGY2 ambulatory care pharmacy residency for 13 years and trained hundreds of pharmacy students (IPPE and APPE) and residents (PGY1 and PGY2) and 100+ international pharmacists at her practice site. Shapiro has served ACCP in many capacities, including as a Board of Regents member, PRN officer and committee member, and chair of numerous ACCP committees. She is ACCP's representative on the ASHP Commission on Credentialing, a mentor for the ACCP Professional Leadership Development Program, and faculty liaison for the UIC ACCP student chapter.



In other election results, **Scott Bolesta**, Pharm.D., FCCP, FCCM, BCCCP, was selected as ACCP secretary and **Ann M. Philbrick**, Pharm.D., FCCP, BCACP, and **Jennifer Twilla**, Pharm.D., FCCP, FACHE, BCPS, as regents. Bolesta is a tenured professor at the Nesbitt School of Pharmacy at Wilkes University and practices clinically in the ICU at Commonwealth Health Wilkes-Barre General Hospital. Philbrick is a professor at the University of Minnesota in the Department of Pharmaceutical Care and Health Systems (college of pharmacy) and the Department of Family Medicine and Community Health (medical school) in Minneapolis, Minnesota. Twilla is the director of pharmacy at Methodist University Hospital in Memphis, Tennessee, and an assistant professor at the University of Tennessee Health Science Center College of Pharmacy.

**Douglas Jennings**, Pharm.D., FCCP, FACC, FAHA, FHFSA, and **Christina M. Madison**, Pharm.D., FCCP, AAHIVP, were elected to 2- and 3-year terms, respectively, as ACCP Foundation directors. Jennings is a professor and chair of pharmacy practice at the Thomas J. Long School of Pharmacy at the University of the Pacific. Madison is founder and CEO of The Public Health Pharmacist, PLLC, a consulting firm focused on advancing public health.

Shapiro will begin her term as president-elect after the 2026 ACCP Annual Meeting in October and will assume the presidency the following year. As president, she will serve as chair of the Board of Regents and guide College programs and activities. In an interview with the *ACCP Report*, she commented:

> I am truly humbled to be elected President-Elect of ACCP! It has always been my professional home, and best aligns with my goals for clinical practice, research, education, and training. The current landscape of health care, and clinical pharmacy in particular, has many opportunities and challenges ahead. ACCP needs to be ready to predict and pivot to potential changes while staying focused on our core purpose and advocating on behalf of our members. We must continue to highlight the impact clinical pharmacists have on medication optimization and build even stronger relationships with multidisciplinary organizations to advocate for clinical pharmacist services. In addition, we must continue to work collaboratively with other pharmacy organizations to develop, advance, and position clinical pharmacists to best serve our patients and society. I look forward

to taking this journey with all of you, leading with energy, and focusing on our collective success!

Each incoming member of the Board of Regents and Board of Trustees will be installed during the 2026 ACCP Annual Meeting in Salt Lake City, October 17-20. Other candidates for office in the 2026 elections were Michelle Fravel, Tracy Hagemann, Daren Knoell, Dan Majerczyk, and Paul Stranges.

Members of the 2025 Nominations Committee who recommended the 2026 slate of candidates to the Board of Regents were Jessica Cottreau (chair), Candice Garwood (secretary), Robert Parker (vice chair), Kelly Cochran, M. Lynn Crismon, Beth Phillips, and Jennifer Trofe-Clark.

## ACCP Journal Publications Increasing Impact

Impact factors (IFs) are published each year by Clarivate Analytics, a provider of multiple products pertaining to scientific research insights. Impact factors reflect a journal's performance and status through a record of how often its articles are cited in other biomedical journals. The release of IF data is eagerly awaited each year by publishers and editorial teams. The data released last month ranked journals with respect to citations during 2025 of articles published during 2023-2024.

The IF for *Pharmacotherapy* increased from 3.4 to 4.0, placing the journal in the top one-third of all journals in the Pharmacy and Pharmacology category. The IF for the *Journal of the American College of Clinical Pharmacy* (*JACCP*) increased from 1.5 to 1.7, and the journal continues to grow in submissions and reach.

The IF should not be the sole measure of journal quality, but it remains a vital measure in biomedical publishing of a journal's impact on its field. The journal's citation metrics alongside data on downloads, international readership, and comparisons with other journals are all measures of its success.

ACCP journal publication is made possible through the combined efforts of many individuals, including publication staff, editors, editorial board members, and reviewers. Most important are the authors who choose to submit their best work to the official journals of ACCP, *Pharmacotherapy* and *JACCP*.

Included among the top articles published in 2023-2024 with the most citations in 2025 are the following.

jaccp Journal of the American College of Clinical Pharmacy

| ***JACCP* article titles** | **Publication year** | **2-year citations** | **Author** |
|---|---|---|---|
| 2023 update to the American College of Clinical Pharmacy Pharmacotherapy Didactic Curriculum Toolkit | 2024 | 21 | Kolanczyk D |
| Research and scholarly methods: measuring medication adherence | 2023 | 21 | Marrs J |
| Research and scholarly methods: thematic analysis | 2023 | 18 | Cernasev A |
| Standards of practice for clinical pharmacists | 2023 | 14 | ACCP |
| Falling pass rates on the North American Pharmacist Licensure Examination signal an emerging crisis for a growing number of pharmacy schools | 2024 | 13 | Brown D |
| Role of artificial intelligence in pharmacy practice: a narrative review | 2023 | 10 | Wong A |
| Identifying ideal pharmacist-to-patient ratios for the successful provision of clinical pharmacy services | 2024 | 7 | Martello J |
| Rewards, recognition, and advancement for clinical pharmacists | 2023 | 7 | Bondi D |
| Can artificial intelligence educate your patient? | 2023 | 6 | Armstrong D |

# PHARMACOTHERAPY

| ***Pharmacotherapy* article titles** | **Publication year** | **2-year citations** | **Author** |
|---|---|---|---|
| Adverse effects of antidepressant medications and their management in children and adolescents | 2023 | 61 | Strawn J |
| International consensus recommendations for the use of prolonged-infusion beta-lactam antibiotics: Endorsed by the American College of Clinical Pharmacy, British Society for Antimicrobial Chemotherapy, Cystic Fibrosis Foundation, European Society of Clinical Microbiology and Infectious Diseases, Infectious Diseases Society of America, Society of Critical Care Medicine, and Society of Infectious Diseases Pharmacists | 2023 | 35 | Hong L |
| Utility of triazole antifungal therapeutic drug monitoring: insights from the Society of Infectious Diseases Pharmacists: Endorsed by the Mycoses Study Group Education and Research Consortium | 2023 | 31 | Johnson M |
| Role of lipoprotein(a) in atherosclerotic cardiovascular disease: a review of current and emerging therapies | 2023 | 24 | Dixon D |
| Current therapies and challenges for the treatment of *Staphylococcus aureus* biofilm-related infections | 2023 | 23 | Kebriaei R |
| A systematic review of clozapine-associated inflammation and related monitoring | 2023 | 18 | Leung J |
| Sulbactam-durlobactam: a novel β-lactam-β-lactamase inhibitor combination targeting carbapenem-resistant *Acinetobacter baumannii* infections | 2023 | 17 | Rybak M |
| Management of noncytotoxic extravasation injuries: a focused update on medications, treatment strategies, and peripheral administration of vasopressors and hypertonic saline | 2023 | 16 | Kiser T |
| Antimicrobial susceptibility testing: an updated primer for clinicians in the era of antimicrobial resistance: insights from the Society of Infectious Diseases Pharmacists | 2023 | 15 | Hirsch E |
| Aztreonam-avibactam: the dynamic duo against multidrug-resistant gram-negative pathogens | 2024 | 15 | Al Musawa M |

## Your Home Base in Salt Lake City: The Hyatt Regency

The best time to book your hotel is the moment you register for the 2026 ACCP Annual Meeting in Salt Lake City, and the best place to book is the ACCP headquarters hotel, the Hyatt Regency Salt Lake City. Here's why the Hyatt should be your home away from home during your time in Salt Lake City.

### The Meeting Comes to You

The Hyatt Regency Salt Lake City is directly connected to the Salt Palace Convention Center, where all conference educational sessions will be held. You won't even have to step outside, cross a street, or wait for a ride-share to get to a session. This matters more than it sounds: temperatures on mid-October mornings in Salt Lake City hover in the low 40s, and PRN breakfasts start early. An elevator ride beats a 15-minute walk in the cold every time.

And it isn't just the educational sessions. The Opening Reception, the Committee and Task Force Luncheon, and the PRN Business Meetings and Networking Forums all take place at the Hyatt itself. When the evening PRN receptions wind down, you're already home. No coat, no long walk back—just an elevator ride. Some of the most valuable hours of the meeting will happen just floors away from your room.

### What You Don't Want to Miss

There's also the part of the Annual Meeting that no one schedules: the conversation in the elevator, the colleague you run into in the lobby, the new friend you meet in the hotel bar, the impromptu dinner group forming after the last session. Experienced meeting attendees know that much of the real networking happens at the headquarters hotel after the sessions end. When you stay at the Hyatt, you're always just steps away from whatever happens next.

### Something You May Not Know About Your Reservation

To secure meeting space and keep registration rates affordable, ACCP contracts a block of rooms at the headquarters hotel years in advance. This contract is a financial commitment: when rooms in the block go unfilled, the College pays penalties, and these costs can eventually show up in future registration fees. Thus, every attendee who books within the ACCP block is quietly helping to keep this meeting affordable for everyone. It's one of the simplest ways to support the College.

We know every travel budget is different, and we're grateful you're coming to Salt Lake City. Booking through the ACCP room block is a choice that pays off twice: once for you and once for your professional home.

**Reserve your room**: Book through the official **ACCP housing link** to receive the group rate and in-block benefits, including complimentary Wi-Fi and 24/7 free access to the hotel's Health Club. The block is limited and expected to sell out as the meeting approaches, so reserve early to secure your home away from home.

## Call for Late Breaking Original Research

**IMPORTANT DATES:**

- **Late-Breaking Original Research Submission Deadline**
  - August 23, 2026 (11:59 p.m. CT)
- **Notification of Acceptance**
  - September 4, 2026

There is still time to participate in the 2026 ACCP Annual Meeting in Salt Lake City, October 17-20. **ACCP is now accepting Late-Breaking Original Research abstracts through August 23, 2026, at 11:59 p.m. (CT).**

Authors with completed research and important new findings that were not available at the time of the regular abstract submission deadline are encouraged to submit a late-breaking abstract for consideration. This is an opportunity to present timely, innovative research to a clinical pharmacy audience.

All accepted late-breaking original research abstracts that are presented at the Annual Meeting by the designated presenting author will be published online in full text in *JACCP*, an official journal of ACCP. All accepted abstracts will also be published in full text on the ACCP Meeting website/app.

To review complete submission instructions, guidelines, eligibility requirements, and review criteria, or to submit an abstract, visit www.accp.com/abstracts/index.aspx?mc=26AM.

**Additional Information:**

- Authors will be notified of acceptance or declination no later than September 4, 2026.
- The presenting author must be listed as an author on the abstract and registered for the Annual Meeting.
- Late-Breaking Original Research abstracts must report findings from completed research.
- Detailed submission requirements, formatting instructions, eligibility criteria, and review standards are available on the ACCP website.

## Support Investigator Development and Clinical Pharmacy Research Through the Maddux Fund

The ACCP Foundation has established the Michael S. Maddux Fund to support investigator training and clinical pharmacy research and simultaneously honor Dr Maddux's lifetime of service to our profession. The fund will provide support for those continuing Maddux's legacy by extending the frontiers of clinical pharmacy and demonstrating the courage to lead.

At the end of this year, Maddux will retire after 23 years as ACCP's executive director. Before succeeding Bob Elenbaas as ACCP's second executive director in 2004, Mike was an accomplished clinical pharmacist and recipient of the ACCP Clinical Practice Award in 1992. His research and practice were focused on optimizing the pharmacotherapy for patients undergoing solid organ transplantation. He later transitioned into academic administration with a focus on the professional development of clinical pharmacists, abilities-based education, and curriculum assessment.

ACCP has experienced incredible growth in membership under Maddux's leadership with a corresponding increase in staff to support this growth. ACCP is fiscally sound with new and diverse revenue-generating programs; total assets have increased more than 6-fold under his leadership. During his tenure, ACCP exited rental office space in Midtown Kansas City and purchased its suburban headquarters property in Lenexa, established student chapters at more than 100 schools of pharmacy, expanded its number of PRNs to 28, led the successful submission and approval of 8 new specialty petitions to the Board of Pharmacy Specialties, created 2 unique national student competitions (the popular Clinical Pharmacy Challenge and Clinical Research Challenge), established an annual Fellows Dinner to honor incoming FCCPs, expanded ACCP's Washington, DC office, and launched ACCP's second official journal (*JACCP*). Although this sample of ACCP advances clearly points to Maddux's effective leadership, he attributes ACCP's success to its members:

> 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.

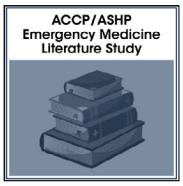
The Foundation is grateful that many have already committed to supporting this initiative (current donors) and invites you to join them with a contribution to the Michael S. Maddux Fund for Investigator Training and Clinical Pharmacy Research. The Foundation can accept 1-time or recurring donations online at www.accp-foundation.org/maddux. Contact Keri Sims (ksims@accp.com) to establish a pledge (up to 5 years), set up a gift through a Donor-Advised Fund (DAF), or make a Qualified Charitable Distribution (QCD) from an IRA.

The ACCP Foundation, Ltd. is a 501(c)(3) non-profit organization (EIN 04-2720360). All gifts will be recognized as contributions to your lifetime giving total to the ACCP Foundation, Ltd.

## Available for BCEMP and BCGP Credits: Emergency Medicine and Geriatric Pharmacy Literature Studies

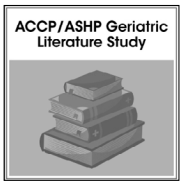
New opportunities to earn BCEMP or BCGP recertification credits will be available beginning today. Purchasing ACCP/ASHP's Literature Studies modules provides immediate access to peer-selected, contemporary articles that are relevant to specialty practice. The BCEMP Literature Study is available for up to 10.0 hours of BCEMP recertification credit. The BCGP Literature Study is available for up to 10.0 hours of BCGP recertification credit.

**2026 ACCP/ASHP Emergency Medicine Pharmacy Specialty Recertification Literature Study**




Module 1A: Infectious Diseases (3.0 contact hours)
Module 1B: Pediatrics (4.0 contact hours)
Module 1C: Cardiology (3.0 contact hours)

**2026 ACCP/ASHP Geriatric Pharmacy Specialty Recertification Literature Study**




Module 1A: Cardiovascular (5.0 contact hours)
Module 1B: General Geriatrics (5.0 contact hours)

Purchase these products at the ACCP Bookstore.

## President's Column
### Unwritten: Stories That Move Systems

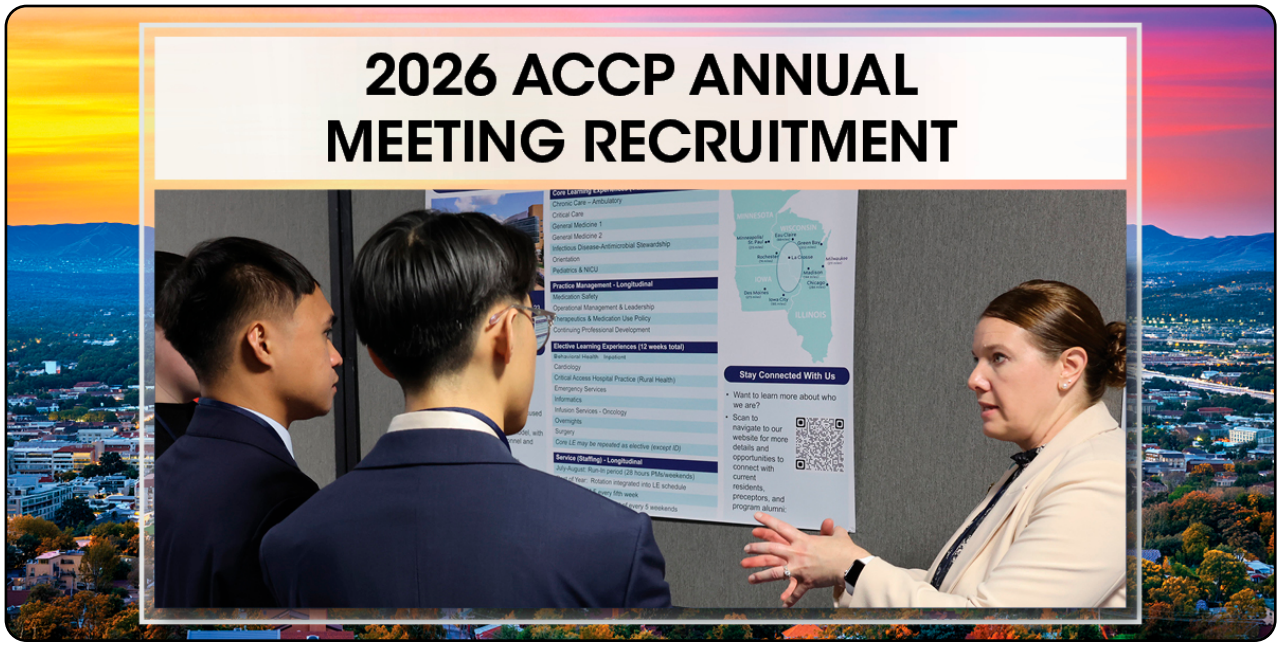
*Denise H. Rhoney, Pharm.D., FCCP, FNCS, MCCM*

Over the past several months, in conversations with pharmacy leaders, interprofessional colleagues, and national stakeholders, I have heard a message that continues to resonate with me:

*Stories matter. Not as anecdotes alone. Not as a substitute for evidence. Stories as translation.*

As pharmacists, we often describe ourselves as medication experts. This is true, and it matters. But I am increasingly convinced that *medication expert* is not the story that moves people. It is only the foundation. The more compelling story is what our expertise protects, what it prevents, and why it matters to patients, families, health care teams, and communities. Expertise is the input. Harm prevention is the story.

This distinction matters because many people outside the pharmacy profession experience our value not through lists of credentials, services, or knowledge domains but through patient care that becomes safer, clearer, more accessible, more reliable, or less likely to cause harm. They experience it when a confusing regimen finally makes sense, an unsafe dose is corrected, duplicate therapy is discontinued, a medication is made affordable, monitoring is implemented, or an adverse effect is recognized before it becomes an emergency. For clinical pharmacists, this is where our professional



purpose resides: not simply in knowing medications, but also in using this knowledge to reduce preventable medication-related harm.

The challenge we face, however, is that much of this work remains invisible. When clinical pharmacists prevent harm, often nothing dramatic happens. The patient is not hospitalized. The ED visit does not occur. Bleeding events, hypoglycemic episodes, readmissions, treatment failures, and therapy abandonment are avoided. The patient simply continues on, safer than before. This invisibility is part of the paradox of our work, which is why the way we tell our story matters.

**What Broader Pharmacy Conversations Are Teaching Me**

This lesson has become clearer for me in national pharmacy conversations in which ACCP participates alongside other organizations and stakeholders. The topics are often expansive: health IT interoperability, digital infrastructure, rural health transformation, workforce dynamics, payment mechanisms, public health policies, care access, technology applications, and emerging care models. At first glance, these may sound like policy- or systems-based topics. But beneath each of them is a human question: Can the health care system see what patients need before harm occurs?

For clinical pharmacists, this question is inseparable from the patient's medication story and is more than a medication list. A *medication list* only tells us what is currently prescribed. A *medication story* tells us whether therapy is safe, effective, accessible, understood, monitored, and still appropriate. It includes what changed after a hospitalization, what the patient can afford, what the patient is actually taking, what monitoring is overdue, what adverse effects may be emerging, what instructions are unclear, and what risk still needs attention. When this story does not extend across care settings, risk emerges.

This is why health IT interoperability should not be framed only as a technology issue. It is also a patient safety issue. TEFCA, the Trusted Exchange Framework and Common Agreement, operates as a nationwide framework for health information sharing intended to reduce barriers to electronic health information exchange among health care providers, patients, public health agencies, and payers.[1] This may sound technical, but it becomes meaningful when it helps the right information reach the right person or entity at the right time.

Medication decisions depend on context. A prescription without an indication may be misunderstood. A dose without renal function assessment may be unsafe. A refill gap without an understanding of the affordability context may be mislabeled as nonadherence. A discharge medication list without verification of patient understanding may create confusion. A clinical pharmacist intervention that cannot be seen by the rest of the care team may protect the patient once but fail to change the system that allowed an error to occur. This is not just an information gap. It is a harm-prevention gap.

**Rural Health Transformation Makes the Stakes Visible**

The national focus on rural health transformation brings this issue into sharper focus. CMS describes the Rural Health Transformation Program as a $50 billion allocation of funds to approved states over 5 years, with $10 billion available each fiscal year from 2026 through 2030.[2] CMS has also described the program as supporting expanded access to care in rural communities, strengthening the rural health workforce, modernizing rural facilities and technology, and supporting innovative models that bring dependable care closer to home.[3] This creates an important opening for clinical pharmacy. It also creates an important responsibility.

Rural health transformation cannot only be about hospitals, broadband access, telehealth platforms, dashboards, or payment models. These may be necessary facilitators, but they are not sufficient on their own. Transformation must also address what happens in the spaces between formal care encounters. Clinical pharmacists, especially those practicing in community pharmacies, often work in the spaces between hospital discharge and follow-up—the gaps that exist among a prescription written and a medication taken, a telehealth visit and the patient's daily medication routine, a therapeutic plan and the patient's ability to afford it, a new diagnosis and the monitoring needed to use treatment safely—between confusion and harm.

In rural communities, these spaces are likely to be wider. A patient may leave a hospital miles away with a changed regimen and limited follow-up. A patient may receive care through telehealth but rely on a local pharmacy to understand and obtain the prescribed therapy. A patient with a chronic illness may face transportation barriers, health care workforce shortages, affordability challenges, medication shortages, limited monitoring access, or fragmented communication across care settings.

In these moments, pharmacists do more than dispense medications. They detect risk, interpret medication information, recognize when something does not fit, identify access barriers, clarify instructions, support adherence, monitor for effectiveness and toxicity, and help patients understand what to do next. This is harm prevention.

But accessibility alone is not transformation. A pharmacist's accessibility becomes transformative only

when the pharmacist's observations, interventions, and concerns can be documented, exchanged, acted on, and valued by the broader care system.

**From Data to Meaning**

Another lesson I am learning from these conversations is that data and stories are not in opposition to one another—they are complementary. Data can show patterns, gaps, and opportunities. Stories explain why these gaps matter.

A dashboard may show that a patient is overdue for monitoring, but a clinical pharmacist can uncover why: transportation, cost, misunderstanding, adverse effects, limited access to care, or a regimen that no longer fits the patient's lifestyle. A shared record may show that a medication was prescribed, but a clinical pharmacist can help determine whether the patient obtained it, understood it, and was able to use it safely. This is the bridge pharmacy can offer. We translate medication data into patient-specific meaning and patient stories into systems-based lessons.

Of course, evidence matters and we should continue to use it. But evidence alone does not always help others understand what medication harm prevention looks like in the life of a patient, the workflow of a care team, or the design of a safer system. This is where storytelling becomes strategy.

**The Stories We Need Now**

In an earlier column, I encouraged ACCP members to share the resources, models, tools, and examples they are using to improve medication safety, patient safety, and health care quality. I still believe this sharing is essential. But what I am learning through broader conversations is that our stories must do more than describe pharmacist activity. They must be translated into pharmacist value. They cannot simply celebrate our work. They must help others understand why the work matters and what should change because of it.

A stronger story does not begin with "A pharmacist reviewed the medication list." It begins with "A patient was at risk of harm because…" A stronger story does not stop with "The pharmacist made a recommendation." It continues with "That recommendation prevented…" And a stronger story does not end with "The team accepted the intervention." It asks, "What would need to change so that this kind of prevention occurs reliably, not just when a pharmacist happens to be present?" This is where storytelling becomes strategy. A medication harm-prevention story should:

1. Begin with the risk, not the role. The role matters more when the risk is clear. Was the patient at risk of bleeding, hypoglycemia, kidney injury, treatment failure, uncontrolled symptoms, readmission, confusion, or not receiving needed therapy? Begin with what was at stake.
2. Make the invisible visible. Much of our best work prevents something from happening: adverse drug events, ED visits, readmissions, loss of trust, therapy abandonment. The story has to help others see the harm that did not occur because a pharmacist intervened.
3. Connect the action to the patient. It is not enough to say a recommendation was accepted. What changed for the patient? Was a dose corrected, duplicate therapy discontinued, a monitoring plan created, an affordability barrier resolved, a discharge plan clarified, therapy made safer, more effective, more accessible, or more understandable?
4. Identify the system lesson. The best stories do not end with individual excellence. They reveal what the system needs to learn. Was information missing? Did data fail to travel? Was the pharmacist's intervention invisible to the rest of the care team? Did the payment model fail to recognize the work? Did a rural access gap make the pharmacist's role essential?
5. Tell the story in language others can repeat. "Medication optimization" may be accurate, but "we prevented harm" is clearer. "Comprehensive medication management" may describe the service, but "we helped ensure this patient's medicines would help rather than harm" explains the purpose. If others cannot repeat our value, they cannot carry it forward.

**The Call to Action**

So, my ask is evolving. Although I am still asking ACCP members to share examples of the resources, practices, and models that improve medication safety, patient safety, and health care quality, I am also asking that we tell these stories differently.

- Begin with the risk.
- Describe the harm prevented.
- Identify the system gap.
- State what should change.
- Use understandable, impactful language.

Wherever you practice, teach, lead, investigate, or serve, there is a harm-prevention story to tell. It may be a patient care story, research story, education story, quality improvement story, advocacy story, public health story, workforce story, or systems story. It may come

from a bedside decision, clinic encounter, transition of care, stewardship initiative, deprescribing conversation, pharmacogenomics consult, medication access intervention, clinical decision support tool, learner activity, population health dashboard, policy change, or community partnership. The setting matters less than the lesson:

- What risk was present?
- What did the pharmacist see, know, ask, connect, or anticipate that changed the outcome?
- What harm was prevented or made less likely?
- What gap in the system did the story reveal?
- What changes are needed to make this kind of prevention reliable, visible, and expected?

These are the kinds of stories that can move systems. They can inform rural health transformation, shape interoperability conversations, guide payment reform, influence quality measurement, strengthen education and training, help policymakers understand why medication harm prevention is not optional, help patients and families understand what clinical pharmacists do and why our presence matters.

The next chapter of clinical pharmacy will be shaped by technology, data, payment, policy, workforce, science, and public expectations. But these forces alone will not elucidate our value. We must describe it clearly enough that others can see it, repeat it, build it into systems, and expect it as an essential component of safe care.

*We are medication experts. But this is not where the story ends. Our story is what this expertise prevents.*

And if we tell the story well—with evidence as well as clarity, humanity, and purpose—we can help ensure medication harm prevention is not invisible, accidental, or dependent on chance. We can help make it expected, measurable, and part of the infrastructure of care. This is how stories move systems. This is how we write the next chapter.

## References


1. Office of the National Coordinator for Health Information Technology. Trusted Exchange Framework and Common Agreement (TEFCA). Accessed July 8, 2026. https://healthit.gov/policy/tefca/

2. Centers for Medicare & Medicaid Services. Rural Health Transformation (RHT) Program. Accessed July 8, 2026. https://www.cms.gov/initiatives/rural-health-transformation-rht-program/overview

3. Centers for Medicare & Medicaid Services. CMS announces $50 billion in awards to strengthen rural health in all 50 states. Published December 29, 2025. Accessed July 8, 2026. https://www.cms.gov/newsroom/press-releases/cms-announces-50-billion-awards-strengthen-rural-health-all-50-states

## Apply Pharmacogenomics with Confidence—Register Today!

Registration is now open for the 2026 Applied Pharmacogenetics Certificate Program! Begin the program on August 4 and complete your certificate by November 29.

Designed for clinical pharmacists, the program provides a flexible, practice-based learning experience that combines live virtual sessions with self-paced study. This ACPE-accredited program offers 22.0 contact hours (2.2 CEUs) over 3 months and equips participants with the knowledge and skills needed to integrate pharmacogenomics into clinical practice.

**What You'll Gain**

- A strong foundation in evidence-based pharmacogenomics
- Flexible, self-paced learning with curated resources and guided exercises
- Interactive discussions and live virtual sessions with expert faculty
- Access to advanced topics and real-world application exercises
- Opportunities to collaborate and network with peers
- Personalized guidance as you develop your own clinical implementation plan
- Increased confidence in applying pharmacogenomic principles in practice
- 22.0 contact hours (2.2 CEUs) through an ACPE-accredited program

**Program Highlights**

- Self-study modules completed at your convenience
- Live virtual engagement with experienced faculty
- Interactive video chats and discussion sessions
- Practical, hands-on learning focused on implementation
- Contemporary content grounded in current evidence and practice

**Registration Rates**

- ACCP Members: $395/Nonmembers: $695

Click here for complete program details and registration information.

## BPS Issues Calls for Grant Applications, Board of Directors Applications, and Award Nominations

The Board of Pharmacy Specialties has issued calls for the following opportunities.

**1. 2026-2028 Research Seed Grants Call for Applications**

The Board of Pharmacy Specialties (BPS) is accepting applications for the 2026-2028 BPS Research Seed Grant Program.

**Application Deadline:** July 31, 2026

**Funding Available:** Two grants of up to $5,000 each

BPS is seeking research proposals examining the impact of pharmacist board certification on:

- Patient outcomes
- Healthcare systems
- Interprofessional collaboration
- Pharmacist employment, professional development, and wellbeing

**Eligibility:** Any U.S.-based pharmacist or investigator

Application Link: https://www.research.net/r/HWSQMSP

**Announcement & Program Details:** 2026-2028 BPS Seed Grant Press Release

Questions may be directed to Ellie LaNou at elanou@aphanet.org.

ACCP COMMENTARY

Importance of Residency Training for the Provision of Comprehensive Clinical Pharmacy Services

**2. BPS Board of Directors Call for Applications (2027–2029 Term)**

The Board of Pharmacy Specialties (BPS) is seeking applications for individuals to serve on the BPS Board of Directors for a three-year term beginning January 2027 and concluding December 2029.

**Application Deadline:** August 3, 2026, at 5:00 PM ET

**Open Positions**:

- One public member position
- Four pharmacist member positions

A minimum of 10 years of professional experience is required for consideration.

Applicants should review the position qualifications, responsibilities, and time commitments contained in the call for applications information booklet before submitting an application.

**Application Link:** Board of Directors Application Link

**Announcement & Details:** 2027 BPS Board of Directors Call for Applications Press Release

Questions may be directed to Brian Lawson at blawson@aphanet.org.

**3. 2027 Awards Call for Nominations**

The Board of Pharmacy Specialties (BPS) is now accepting nominations for the 2027 BPS Awards Program.

**Nomination Deadline:** August 24, 2026, at 5:00 PM ET

The BPS Awards Program recognizes individuals and organizations that have made meaningful contributions to advancing BPS Board Certification and the role of board-certified pharmacists in improving patient care.

**Award Categories:**

- **BPS Rising Star Award** – Recognizes early-career pharmacists making outstanding contributions to advancing BPS Board Certification.
- **BPS Weaver Penna Award** – Recognizes individuals for exceptional lifetime voluntary contributions to advancing BPS Board Certification.
- **BPS Beacon Award** – Recognizes healthcare organizations that have demonstrated outstanding support for BPS Board Certification.

**Nomination Form**: https://bps.lineupteams.com/members/application/01c7443d-4dd8-4817-9313-2fc7b59bd65e/request

**Announcement & Program Details:** 2027 BPS Awards Press Release

Questions may be directed to Sajel Lewis at slewis@aphanet.org.

## Attention Students and Trainees: Apply for 2026 Annual Meeting Travel Awards

Have you considered attending an ACCP meeting but need additional financial resources to cover travel and registration costs? ACCP and its members want to help!

ACCP student and resident/fellow travel awards enable students and postgraduate trainees to attend ACCP meetings by providing travel stipends. Apply online now for an award to attend the 2026 ACCP Annual Meeting in Salt Lake City, October 17-20, 2026.

**How to Apply**

**Students:** Student members of ACCP in good standing who are full-time students pursuing their first professional pharmacy degree at an accredited college or school of pharmacy are invited to apply for a travel award. Applicants should submit a completed online application, a CV or resume, a personal essay of up to 500 words describing the applicant's interest in ACCP and objectives for attending the national meeting, and 2 letters of recommendation from a clinical pharmacy practitioner or faculty member.

The Dr. Kimberly B. Tallian Memorial Endowed Student Travel Award is also available to student travel award applicants. This award honors the legacy of Kimberly B. Tallian, Pharm.D., FCCP, FASHP, FCSHP, BCPP, APH, a neuropsychiatric pharmacist, longtime ACCP member, ACCP Foundation supporter, and Fellow of the College.

Students interested in this award should include an essay that describes their interest in clinical pharmacy as a career, their interest in psychiatric or neurologic clinical pharmacy practice or research, their interest in ACCP, and their objectives for attending a national ACCP meeting. Applicants without an interest in psychiatric or neurologic clinical pharmacy practice or research will also be considered.

All application materials for student travel awards should be submitted online here. The application deadline is August 28, 2026.

**Residents/Fellows:** To qualify, applicants must be current resident or fellow members of ACCP in good standing who are enrolled in a training program at the time of the meeting. Applicants should submit a completed online application, a CV or resume, a personal essay of up to 250 words describing the applicant's interest in ACCP and objectives for attending the national meeting, and 1 letter of recommendation.

All application materials for resident/fellow travel awards should be submitted online here. The application deadline is August 28, 2026.

For more information on ACCP travel awards, contact membership@accp.com.

## Applications Open for DEIA Travel Awards for Residents, Fellows, Graduate Students, and New Practitioners

As part of ACCP's commitment to reducing barriers to clinical pharmacy career pathways and fostering an inclusive professional community, the College will offer up to 5 travel awards to support attendance at the 2026 ACCP Annual Meeting in Salt Lake City, October 17-20. Eligible applicants include ACCP members from underrepresented groups who are currently residents, fellows, graduate students, or new practitioners. All applicants must be within 6 years of earning their pharmacy degree.

Each award covers full-meeting registration and includes a $1000 stipend to offset travel and lodging expenses.

Applicants must be current ACCP members who identify with an underrepresented dimension of identity. Underrepresented dimensions of identity may include, but are not limited to, individuals from underrepresented racial or ethnic backgrounds, persons with diverse gender identities or sexual orientations, persons with disabilities, and persons affected by persistent poverty, discrimination, or inequality.

A complete application includes a curriculum vitae, 1 letter of recommendation, and a personal essay. To respect confidentiality, applicants and award recipients will not be publicly identified without explicit consent.

**Application deadline: August 1**. Learn more and apply here.

## Call for BPS Pharmacy Informatics Item Writers

The Board of Pharmacy Specialties is requesting applications for 2026 examination item writers for the Pharmacy Informatics certification examination.

- **Application deadline**: August 14, 2026.
- **Deliverables**: Selected participants will draft and submit 5 to 10 exam items beginning in September 2026.
- **More information**: Details on item writer responsibilities and time commitment can be found here.

Informatics pharmacists are encouraged to submit an application by August 14.

## ACCP Member Spotlight: Julia Fadul

Julia Fadul, Pharm.D., is a clinical pharmacy specialist in the Malignant Hematology Clinic at Moffitt Cancer Center, where she provides comprehensive care for patients with leukemia, lymphoma, and multiple myeloma. In her role, she is involved in chemotherapy verification, side effect management, patient counseling, and interdisciplinary collaboration with physicians, nurses, and advanced practice providers to optimize patient outcomes. Fadul earned her Pharm.D. degree from Duquesne University in Pittsburgh, Pennsylvania, and completed both her PGY1 residency and her PGY2 oncology residency at the University of Rochester Medical Center in Rochester, New York.

A strong advocate for professional involvement, Fadul encourages students, residents, and fellow practitioners to stay engaged and connected throughout their careers, emphasizing that even small opportunities can lead to meaningful relationships and future leadership roles. She joined ACCP as a student and has remained

actively involved ever since. During pharmacy school, she served as her student chapter president and collaborated with neighboring schools on ACCP activities. After completing residency and entering clinical practice, she became involved with the ACCP Hematology/Oncology PRN Membership and Operations Committee, eventually serving in a leadership capacity. Working alongside colleagues, she helped develop the ACCP Hematology/Oncology PRN travel award. Fadul considers the relationships she has built through ACCP to be among her most valuable professional connections, and she finds great satisfaction in seeing collaborative projects and initiatives pursued within ACCP come to fruition.

Fadul is committed to providing patient-centered care by meeting patients where they are and tailoring her approach to each patient's needs. She recognizes that no 2 counseling sessions are alike. Although some patients prefer detailed discussions about treatment mechanisms and potential side effects, others benefit most from straightforward guidance and clear instructions for symptom management. Her ability to adapt her communication style ensures patients receive information in a manner that is both meaningful and impactful.

Advocacy is another cornerstone of Fadul's professional philosophy. She believes pharmacists should continuously advocate for the profession through both their daily practice and their active engagement in professional organizations. By remaining involved at the national and regional levels, she stays informed about legislative and regulatory developments affecting pharmacy practice and takes advantage of opportunities to participate in committees, workgroups, and advocacy initiatives. Through these efforts, Fadul contributes to the continued advancement of the profession as well as the delivery of high-quality patient care.

Outside her professional responsibilities, Fadul recently discovered a passion for needlepointing and has quickly become an enthusiastic hobbyist. One of her personal goals is to complete a needlepoint stocking and, ultimately, create stockings for family members.

# Washington Report

## ECAPS/Main Street Pharmacy Access Act: Congress Recognizes Pharmacists Delivering Collaborative Patient Care Services

*John McGlew*
*Director of Government Affairs*

Recent congressional action related to H.R. 3164, the Main Street Pharmacy Access Act—formerly referred to as the Ensuring Community Access to Pharmacist Services Act (ECAPS)—provides encouraging evidence that Congress increasingly understands and recognizes the importance of integrating pharmacists into collaborative care structures to ensure optimal patient outcomes.

With the House Ways and Means Committee advancing H.R. 3164—an unprecedented step forward for the community pharmacy—here's how ACCP has been working with its colleagues in pharmacy and medicine to help increase patient access to team-based pharmacists' services.

### Capitol Hill Strategy

Throughout 2026, working both independently and as part of multiorganizational coalitions, ACCP has been holding meetings with staff who serve on the legislative committees with jurisdiction over Medicare in key offices on Capitol Hill:

- Senate Finance Committee
- House Energy and Commerce Committee
- House Ways and Means Committee

As part of this legislative strategy, ACCP has specifically targeted 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. These medical professionals in Congress work to

develop patient-centered, patient-driven health care reforms focused on quality, access, affordability, portability, and choice. Targeting these offices provides ACCP with a forum to respond to questions about the American Medical Association (AMA) "scope creep" advocacy campaign. Highlighting the Joint Commission of Pharmacy Practitioners Pharmacists' Patient Care Process and the ACCP Standards of Practice for Clinical Pharmacists, ACCP's team in Washington, DC, believes there is an opportunity to enhance the College's collaborative advocacy work with medical societies, including the AMA.

**ACCP and ECAPS/Main Street Pharmacy Access Act**

The College's advocacy success depends on helping policymakers understand the unique value that clinical pharmacists bring to patient care teams. As the ECAPS/Main Street Pharmacy Access Act now moves through the House of Representatives from the Ways and Means Committee to the Energy and Commerce Committee, ACCP will actively be lobbying with its pharmacy colleague organizations to support Medicare coverage for these collaborative, team-based services delivered in community pharmacies.

**ACCP-PAC Supports the College's Advocacy Communications**

ACCP-PAC is the only federal political action committee dedicated specifically to advancing the practice of clinical pharmacists and the care of their patients. ACCP-PAC is nonpartisan and supports candidates based on their alignment with ACCP's mission to advance the profession and improve human health as well as their demonstrated leadership on issues important to ACCP members, such as protecting Medicare funding for pharmacy residencies. Click here to learn more about ACCP-PAC.

ACCP-PAC is the only means by which ACCP can provide financial support to help candidates for Congress who understand and support the College's 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

ACCP members who contribute to the PAC may recommend candidates to receive contributions. All PAC contributor recommendations will be considered; however, we 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).

## JCPP Discusses Strategies to Expand Access to and Integration of Pharmacist-Provided Patient Care

The Joint Commission of Pharmacy Practitioners (JCPP) convened national pharmacy organization leaders for its summer meeting on June 25 at the Embassy Suites in Alexandria, Virginia. The full-day meeting, titled "Increasing Access and Improving Patient Care Outcomes with Technology," brought together CEOs, presidential officers, and senior staff from national pharmacy associations to examine how technology, policy, and communication can be leveraged to strengthen patient care across practice settings.

Throughout the day, participants explored real-world models and national strategies in 3 core areas: rural health transformation, health information technology and interoperability, and the critical role of pharmacists as trusted messengers in today's health care environment.

The morning opened with a panel on state-level Rural Health Transformation projects featuring representatives from Missouri and Alaska, who described how pharmacists are being integrated into care teams to expand access in medically underserved communities. Panelists highlighted technology-enabled services and use of data to demonstrate and document pharmacist service value, payment approaches for pharmacist-provided care, and early impact on patient outcomes. The discussion underscored the opportunity for state and national organizations to support and

replicate successful models emerging from these grant-funded initiatives.

A subsequent session with Deputy National Coordinator for Health IT Mark Atalla, Pharm.D., MBA, at the Office of the National Coordinator for Health IT, examined federal efforts to advance interoperability and their implications for pharmacist-provided care. The facilitated dialogue addressed pharmacy data flows, medication and clinical data standards, TEFCA (Trusted Exchange Framework and Common Agreement), and QHINs (Qualified Health Information Networks) and how improved data exchange can enable pharmacists to participate more fully in care coordination and value-based models.

Building on the national perspective, a late-morning panel featuring pharmacists Jeff Rochon of the Pharmacy HIT Collaborative and Frank Harvey of Surescripts focused on interoperability "inside pharmacy," highlighting practical success stories, remaining barriers, and concrete steps that organizations can take to support the adoption of interoperable systems that facilitate the inclusion of pharmacists in multidisciplinary activities. Speakers emphasized the importance of standards, workflow integration, and sustainable business models for technology investments in both large and small pharmacy settings.

In the afternoon, participants turned to communication and trust in the session "Being a Trusted Messenger," led by Todd Wolynn, MD, MMM, FAAP, executive director of Trusted Messenger. The session addressed evidence-based communication strategies, steps to counter misinformation, approaches to build trust with patients and communities, and processes by which pharmacy organizations can equip members to effectively explain new care models, digital tools, and access issues to patients, families, and policymakers.

The session concluded with a structured "Takeaways and Next Steps" discussion, during which participants identified areas for follow-up work, including supporting rural health innovation involving pharmacists, advancing priority interoperability use cases, and exploring tools and training to strengthen pharmacists' roles as trusted professionals.

The summer JCPP meeting was attended in person by ACCP President Denise Rhoney, Executive Director Michael Maddux, Associate Executive Director Sheldon Holstad, and Director of Strategic Initiatives Amie Brooks. JCPP's next meeting will be held September 17, 2026, at the Embassy Suites in Alexandria.

## 2026 ACCP Clinical Pharmacy Challenge: Team Registration Deadline September 8

ACCP's novel pharmacy student team competition returns for its 17th season. The ACCP Clinical Pharmacy Challenge offers eligible teams the opportunity to compete in up to 4 online rounds, with the top 8 teams advancing to the live quarterfinal competition. This year's live competition will take place at the ACCP Annual Meeting in Salt Lake City, October 17-20, 2026. 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 may 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 exam that institutions may use in selecting their team. Faculty members interested in using the exam may 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 ACCP Annual Meeting in Salt Lake City.

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 may 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 team registration and confirm eligibility is September 8, 2026**.

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

## Registration Is Open for the ACCP PGY2 Residency and Fellowship Showcase

Join us for the ACCP PGY2 Residency and Fellowship Showcase on Wednesday, October 28, from 5 to 8 p.m. (CDT). Take advantage of this free virtual event to make meaningful connections with a diverse group of highly qualified candidates.

Designed to ensure increased access to clinical pharmacy career paths—regardless of financial means or ability to travel—the event is open to ALL.

Recruiters will select a 1-hour time slot to participate in the showcase. The event will emphasize PGY2 and fellowship programs. Current residents and fellows are encouraged to participate in the showcase to help recruit. This live event allows for interaction with candidates through the videoconference platform of the recruiter's choice.

Complete the free, low-hassle registration process now to secure your preferred time slot (time slot is selected after registration within the position listing). Space is limited. Please share this information with residents, fellows, and colleagues! Learn more and apply.

## *JACCP* Publishes Consensus Recommendations for Clinical Pharmacist Integration into the Acute Stroke Care Team

The Consensus Recommendations for Clinical Pharmacist Integration into the Acute Stroke Care Team have been reviewed and endorsed by the American College of Clinical Pharmacy, Neurocritical Care Society, Society for Academic Emergency Medicine, and Society of Critical Care Medicine. In addition, the American Academy of Neurology has affirmed the value of these recommendations.

Clinical pharmacists are increasingly recognized as vital contributors to acute stroke care, yet their role remains inconsistently defined and underused across health care systems. This consensus statement explores the expanding presence of clinical pharmacists within

## UPCOMING EVENTS & DEADLINES:

ACCP DEIA Travel Awards Application Deadline
August 1, 2026

ACCP Annual Meeting Abstract Research-in-Progress & Encore Submissions Due
August 15, 2026

ACCP Annual Meeting Late-Breaking Original Research Submissions Due
August 23, 2026

ACCP Resident/Fellow Travel Awards Application Deadline
August 28, 2026

ACCP Student Travel Awards Application Deadline
August 28, 2026

ACCP Foundation Futures Grants Application Deadline
September 1, 2026

ACCP Annual Meeting PRN Abstract Submissions Due
September 1, 2026

ACCP Clinical Pharmacy Challenge Team Registration Due
September 8, 2026

2026 ACCP Annual Meeting
October 17-20, 2026
Hyatt Regency Salt Lake City
Salt Palace Convention Center
Salt Lake City, Utah

ACCP PGY2 Residency and Fellowship Showcase
October 28, 2026
Virtual

SNPhA x ACCP Residency Showcase
November 10 & 12, 2026
Virtual

interdisciplinary stroke teams, particularly in the management of both acute ischemic stroke (AIS) and hemorrhagic stroke. An interprofessional panel of 17 experts, led by ACCP members Brian Gilbert and Caitlin Brown, reviewed the published literature and developed a consensus in adherence to the Grading of Recommendations Assessment, Development, and Evaluation (GRADE) methodology.

Despite the very low quality of evidence, a consensus was reached for the following recommendations: (1) clinical pharmacist involvement in AIS care for adult patients presenting to the ED and (2) clinical pharmacist involvement in hemorrhagic stroke care for adult patients presenting to the ED. A critical factor in improving time-sensitive treatment and equity in care delivery is integrating the clinical pharmacist into the acute stroke care team. The recommendations are published open access in the July 2026 issue of *JACCP.*

## ACCP Joins Pharmacy Organizations in Response to ACIP Charter Changes

ACCP recently joined eight national pharmacy organizations in a collaborative letter to U.S. Department of Health and Human Services Secretary Robert F. Kennedy regarding recent changes to the CDC Advisory Committee on Immunization Practices (ACIP) charter. The coalition emphasized the importance of maintaining a transparent, evidence-based approach to vaccine policy and ensuring recommendations continue to be guided by scientific expertise.

The letter expressed concerns that charter changes could affect the rigor, transparency, and timeliness of ACIP recommendations and outlined several recommendations, including merit-based member selection, timely review of vaccines following FDA actions, and clear public recordkeeping processes. ACCP is proud to collaborate with pharmacy colleagues in advocating for policies that support evidence-based immunization practices and public trust in vaccine recommendations.

## Advancing Medication Optimization: ACCP Recommends Enhancements to NCQA Advanced Primary Care Standards

ACCP recently submitted comments on the Advanced Primary Care (APC) accreditation standards proposed by the National Committee for Quality Assurance (NCQA), expressing strong support for including medication management while urging NCQA to place greater emphasis on medication optimization as a core goal of advanced primary care. ACCP recommended that the standards adopt comprehensive medication management (CMM) as the framework for achieving medication optimization, ensuring that every medication is assessed for appropriateness, effectiveness, safety, and adherence.

ACCP also encouraged NCQA to recognize the important role of clinical pharmacists as integrated members of interdisciplinary primary care teams and to strengthen references to CMM throughout the accreditation standards. The recommendations are intended to better align the APC program with evidence-based, team-based care models that improve patient outcomes, enhance safety, and reduce total cost of care.

**Read ACCP's full comments on the proposed NCQA Advanced Primary Care Accreditation Standards here.**

## Registration Is Open for the SNPhA x ACCP Residency Showcase

The American College of Clinical Pharmacy (ACCP) and the Student National Pharmaceutical Association (SNPhA) are collaborating for the fifth year to offer a streamlined, flexible, remote residency and fellowship showcase. Take advantage of this free virtual event on November 10 and 12, from 4 to 8 p.m. (CST), to make meaningful connections with a diverse group of highly qualified clinical pharmacy candidates.

Designed to ensure increased access to clinical pharmacy career paths—regardless of financial means or ability to travel—the event is open to ALL. Pharmacy recruiters and candidates are encouraged to attend the event irrespective of ACCP or SNPhA membership status.

Complete the free, low-hassle registration process now to secure your preferred time slot (time slot is selected after registration within the position listing). Please share this information with students and colleagues! Learn more and register.

## Member Recruiters

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

Bryan Au
Nina Benson
P. Brandon Bookstaver
Sophia Candelaria
Laura Cannon
Christy Duginski
Norman Fenn
Adinoyi Garba
Mary Hayney
Monika Hornung
Heather Johnson
Taylor Jones
Alla Khaytin
John Knebel
Kirsten Loch
Robert MacLaren
Kara Mendola
Alison Orvin
Lauren Palkovic
Norma Ponce
Duaa Qureshi
Kaeli Singer
Bojana Stevich-Heemer
Rebecca Stone

# ACCP Career Center

**The place** for clinical pharmacy careers.

## Featured Positions

Title: Clinical Pharmacist (Full-time/Locum)
Employer: Bermuda Hospitals Board
Location: Paget, Bermuda

Learn More

Title: Clinical Pharmacist Practitioner – Oncology
Employer: Novant Health
Location: Wilmington, North Carolina

Learn More

Title: Clinical Pharmacy Specialist - HIV/ID
Employer: Chase Brexton Health Care
Location: Baltimore, Maryland

Learn More

Title: Pharmacy Clinical Specialist – Pharmacogenomics Ambulatory
Employer: Cleveland Clinic
Location: Cleveland Clinic, Ohio

Learn More