



ACCP Report

Michael S. Maddux, Pharm.D., FCCP; Executive Director

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ACCP Launches New Initiative to Seek Provider Status for Clinical Pharmacists Working in All Practice Settings

On November 21, 2012, the ACCP Board of Regents authorized the launch of a comprehensive initiative that will pursue legislative and regulatory changes to the Medicare program and relevant sections of the Social Security Act (42 USC and relevant sections, primarily Section 1861) to recognize the direct patient care services of qualified clinical pharmacists as a covered benefit under the Medicare program, regardless of the settings in which they practice.

Background and Rationale

As the movement toward more patient-centered, team-based, and quality-focused care accelerates in the Medicare program, as well as in private sector delivery systems, the critical importance of “getting the medications right” as a fundamental priority in health system reform in all settings of care has been increasingly recognized by health care stakeholders. Although current payment policy and traditional practice focus on the prescribing and distribution of medications, they fail to provide for a coordinated process of care that ensures effective and safe medication use. Consequently, medications are not being used optimally to help achieve overall patient care goals. The involvement of qualified clinical pharmacists, as part of interprofessional health care collaborations within community/ambulatory practices, institutional settings, or managed care settings, can address this fundamental health care delivery need.

ACCP will pursue this specific and targeted effort in 2013 by employing a comprehensive, focused, and consistent approach. The formation of a coalition of organizations representing other stakeholders (from within and outside the pharmacy profession) to work collaboratively toward this objective is planned. However, the membership of this coalition will be determined solely by

the ability and commitment of each potential partner to fully support the initiative’s policy and legislative framework and to contribute meaningfully to achieving its stated goals.

This initiative will be the primary legislative objective and policy priority for ACCP going forward, and the College is committed to long-term engagement in this effort. Indeed, in an increasingly challenging fiscal environment for the Medicare program, it is vital that a specific and demonstrably successful approach be employed to the objective of “getting the medications right” for Medicare beneficiaries. ACCP believes such an approach offers the greatest potential to achieve this objective.

Policy and Legislative Components

Direct Patient Care Services—

The “What” of the Proposed Coverage Initiative

The scope of the “direct patient care services” being proposed for coverage is based on the definition of direct patient care originally developed by ACCP and subsequently referenced in the glossary of terms within the Scope of Practice paper published in 2009 by the Council on Credentialing in Pharmacy (see www.pharmacycredentialing.org/Contemporary_Pharmacy_Practice.pdf).

These services are provided through a comprehensive and consistent process of care, in a collaborative/team-based environment, that is based on guidelines supported by the Patient-Centered Primary Care Collaborative and several of its member organizations (see <http://www.pcpcc.net/guide/medication-management>).

The services rely on direct observation of and interaction with the patient and include the (1) evaluation; (2) initiation, modification, or discontinuation; and (3) ongoing monitoring of patient-specific pharmacotherapy that contribute to the overall clinical goals of care for the patient. The pharmacotherapy plan is developed and implemented in full collaboration with the patient and his or her physician and health care team.

Direct patient care services are delivered in accordance with the clinical pharmacist's general authority under state law to perform these activities together with either (1) the provisions of an established collaborative drug therapy management (CDTM) agreement with a physician or physician group (or other recognized provider) and/or (2) privileges to perform the services that have been granted to the clinical pharmacist by the medical staff of the institution or health care system within which the clinical pharmacist practices. These services may be provided in any health care setting that is licensed, accredited, or otherwise authorized to provide such services, as long as the preceding and following provisions are in place.

Qualified Clinical Pharmacists—

The “Who” of the Proposed Coverage Initiative

“Qualified clinical pharmacists” will possess credential(s) beyond entry level that are commensurate with the scope of services being proposed for coverage and that ensure the clinical pharmacist's ability to contribute to team-based, patient-centered care. ACCP will advocate that clinical pharmacists possess the following credentials to be recognized as providers within the Medicare program.

- A Pharm.D. degree (or B.S. in pharmacy with evidence of equivalent pharmacotherapeutic knowledge and clinical experience) from an Accreditation Council for Pharmacy Education (ACPE)-accredited degree program of a U.S. college or school of pharmacy;
- A valid CDTM agreement with a physician or physician group and/or clinical privileges formally granted to the clinical pharmacist by the medical staff or credentialing system within the health care facility where the clinical pharmacist practices;
- Evidence that the clinical pharmacist has completed an accredited postgraduate residency program or has an equivalent level of experience in the provision of direct patient care;
- Board certification or eligibility for certification as may be deemed appropriate and relevant to the practice in which the pharmacist is engaged and as may be required or expected in a CDTM agreement and/or by the privileging mechanisms under which the clinical pharmacist practices. Examples of such certification include those offered by the Board of Pharmacy Specialties or the Commission for Certification in Geriatric Pharmacy and/or multidisciplinary certifications within a specialized area of practice.

Next Steps

ACCP Government and Professional Affairs staff members have initiated targeted outreach to a range of professional and policy organizations, both within and outside the profession, with which relationships were previously developed during the passage and implementation of the Affordable Care Act. Enhanced outreach to these stakeholders will include discussions of the details of the “what” and the “who” outlined earlier.

The ACCP Board of Regents has committed multiyear financial support for this initiative and will retain the professional services of a consultant lobbying firm to support and facilitate the work of ACCP staff in pursuing this effort.

Pharmacist Organizations Partner to Seek Specialty Recognition for Pediatric and Critical Care Pharmacy Specialties

ACCP, the American Pharmacists Association (APhA), and the American Society of Health-System Pharmacists (ASHP) have partnered to submit petitions to the Board of Pharmacy Specialties (BPS) in seeking recognition of both critical care pharmacy practice and pediatric pharmacy practice as specialties in pharmacy. These three organizations were joined by the Pediatric Pharmacy Advocacy Group (PPAG) as a full partner in preparing and submitting the pediatrics petition.

For each petition, the sponsoring organizations provided a detailed case for specialty recognition according to the criteria established by BPS. For pediatrics, the petition describes the complex and unique needs of pediatric patients, who require highly individualized care because of varying ages, weights, and developmental stages. Board recognition is essential because the health challenges facing today's pediatric patients are not being adequately addressed by pharmacists in general practice or other specialty practices, according to the organizations in their petition to BPS. The number of pharmacists who devote most of their time to pediatric pharmacy practice is estimated to be between 4000 and 5000 practitioners.

About 70% of all pediatric hospital bed-days are for chronic illnesses. In 2006, around 14% of U.S. children were reported to have special health care needs, and 22% of households with children had at least one child with a special health care need. Although the needs are substantial and diverse in pediatrics, the Children's Hospital Association has reported that shortages of pediatric

care mean that many young patients must wait weeks and sometimes months to get an appointment. In a nationwide survey of rural hospitals, more than 36% responded that they were experiencing a shortage of pediatric providers within all disciplines.

For the critical care petition, the three organizations provided a detailed case for specialty recognition by citing the highly complex needs of critically ill or critically injured patients who require intensive care, usually with life-and-death consequences. The petitioners urged board recognition because the complexity of critical illnesses requires that patients have access to the expertise of a critical care pharmacist specialist who brings a deep understanding of how drugs function and interact in critically ill patients. The number of pharmacists who devote most of their time to critical care pharmacy practice is estimated to be between 4000 and 5000.

Each year in the United States, 5 million patients of all ages become critically ill or are critically injured and require intensive care through medical, surgical, or specialty intensive care units in hospitals, trauma centers, and health systems. Medication management of these patients requires the application of specialized knowledge and skill across a wide range of disease states, which often present at the most extreme ends of the spectrum. These skills must be coupled with an in-depth understanding of the clinical and pathophysiologic

differences between critically and noncritically ill patients, as well as the management of common disease states under uncommon circumstances.

BPS held an open hearing for both petitions on Tuesday, December 4, at the ASHP Midyear Clinical Meeting in Las Vegas. This open hearing was part of BPS's public comment period, soliciting input from the pharmacy profession, other health professions, third-party payers, and the public in support of or opposition to these petitions. BPS will consider the comments from this hearing in its deliberations, together with the evidence presented by the petitioning organizations, to determine whether the criteria for recognizing a new pharmacy specialty have been met.

The petitions and related information on the comment process may be viewed on the BPS Web site (www.bpsweb.org). In addition, the petitions may be viewed on the ACCP Web site at:

- www.accp.com/docs/positions/petitions/Final_Submitted_PEDIATRICS_PETITION_11_20_12.pdf.
- www.accp.com/docs/positions/petitions/Final_CRITICAL_CARE_PETITION_For_BPS_Post.pdf

To learn more about ACCP's efforts to increase pharmacy specialty recognition, visit www.accp.com/careers/specRecog.aspx.

Call for Nominations

Nominations for the 2013 "New" Awards (New Clinical Practitioner, New Educator, and New Investigator), 2013 Parker Medal, and 2013 ACCP Fellows (FCCPs) are **due February 15, 2013**. All nomination materials, including letters, curricula vitae or resumes, and other supporting documents, can be submitted online to ACCP. The online nominations portal specifies the nominating materials required for each award, honor, and elective office. This portal is available at www.accp.com/membership/nominations.aspx.

2013 ACCP Fellows: Fellowship is awarded in recognition of continued excellence in clinical pharmacy practice or research. Nominees must have been Full Members of ACCP for at least 5 years, must have been in practice for at least 10 years since receipt of their highest professional pharmacy degree, and must have made a sustained contribution to ACCP through

activities such as presentation at College meetings; service to ACCP committees, PRNs, chapters, or publications; or election as an officer. Candidates must be nominated by any two Full Members other than the nominee, by any Fellow, or by any member of the Board of Regents. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmacotherapy* Board of Directors, or Credentials: FCCP Committee are ineligible for consideration. **Nomination deadline: February 15, 2013.**

2013 Paul F. Parker Medal for Distinguished Service to the Profession of Pharmacy: Recognizes an individual who has made outstanding and sustained contributions to improving or expanding the profession of pharmacy in an area of professional service, including but not limited to patient care, leadership, administration, finance, technology, information

processing, service delivery, models of care, and advocacy. The award is not limited to pharmacists or ACCP members. All nominations must consist of a letter to the Chair of the Selection Committee detailing the nominee's qualifications for this award and his or her contributions to the profession of pharmacy; the nominee's curriculum vitae, resume, or biographical sketch as available; and a minimum of three letters of recommendation. At least one of these letters must be from an individual outside the nominee's current practice locale. Current members of the Board of Regents, Research Institute Board of Trustees, *Pharmaco*therapy Board of Directors, Selection Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2013.**

2013 New Clinical Practitioner Award: This award recognizes and honors a new clinical practitioner who has made outstanding contributions to the health of patients and/or the practice of clinical pharmacy. Nominees must have been Full Members of ACCP at the time of nomination and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2013.**

2013 New Educator Award: This award recognizes and honors a new educator for outstanding contributions to the discipline of teaching and to the education of health care practitioners. Nominees must have been Full Members of ACCP at the time of nomination

and members at any level for a minimum of 3 years, and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2013.**

2013 New Investigator Award: This award's purpose is to highlight the research program of an ACCP member who has made a major impact on an aspect of clinical pharmaceutical science. Nominees must have been at the time of nomination members of ACCP for more than 3 years; they must have a research program with a significant publication record having a programmatic theme or an especially noteworthy single publication; and it must have been less than 6 years since completion of their terminal training or degree, whichever is most recent. Fellows of ACCP (i.e., "FCCPs") are ineligible. All nominations must include a letter of nomination from an ACCP member detailing the nominee's qualifications for the award, the nominee's curriculum vitae, and two letters of support (also from ACCP members) that describe the individual's accomplishments relative to the award criteria. At least one of the letters of support must be from an individual outside the nominee's current place of employment. Additional letters of support also may be included, including letters from non-ACCP members. Self nominations are not permitted. Current members of the Board of Regents, Awards Committee, or ACCP staff are ineligible. **Nomination deadline: February 15, 2013.**

Call for Abstracts for the 2013 ACCP Virtual Poster Symposium: Due January 18

All investigators in the field of clinical pharmacy and therapeutics, whether ACCP members or not, are invited to submit abstracts of papers to be considered for presentation at the ACCP Virtual Poster Symposium (May 21–22, 2013).

Posters will be on display May 21–22 for asynchronous viewing and comment. In addition, two interactive sessions will be scheduled on May 21 and May 22, when authors will be available for real-time online question-and-answer sessions alongside their virtual posters. The technology required for presenters and participants is minimal—a broadband Internet connection, a current browser, and Skype (free software).

All papers accepted for poster presentation, except for the “Encore Presentation,” will have abstracts published online in *Pharmacotherapy* and be automatically entered in Best Poster Award competitions. Abstracts may be submitted in one of the following categories:

ORIGINAL RESEARCH: Abstracts must describe original research in education, therapeutics, pharmacokinetics, pharmacodynamics, pharmacoeconomics, pharmacoepidemiology, or pharmacogenomics. Abstracts that describe in vitro or animal research are welcome. Abstracts will be evaluated on originality, hypothesis/objectives, study design, results, and conclusions. All papers accepted will be assigned to a virtual poster format.

CLINICAL PHARMACY FORUM: Abstracts must describe the delivery, development, justification, or documentation of innovative clinical pharmacy services. Abstracts dealing with payments or cost analyses are encouraged. Abstracts may be descriptive only and need not contain an evaluative component. The abstract must not have been published in abstract form or presented elsewhere before the ACCP Virtual Poster Symposium (May 21–22, 2013). Abstracts will be evaluated on originality of the service or program, adequacy of justification/documentation, adaptability to other settings, and significance to clinical pharmacy. All papers accepted will be assigned to a virtual poster format.

RESIDENT AND STUDENT RESEARCH-IN-PROGRESS: Submission and evaluation criteria are those of an “Original Research” presentation except that the research effort is ongoing. Descriptions of planned research efforts without data should not be submitted. Submission of partly completed data is acceptable. Abstracts should provide an assessment of likelihood of project completion by date of presentation. The presenting author must be a resident (“resident” is defined as being either a PGY1 or PGY2 resident in a recognized and accredited residency program) or student (“student” is defined as one who is currently earning his or her first professional degree, 2012 graduates permitted). All papers accepted will be assigned to a virtual poster format. Graduate students and fellows are invited to submit abstracts in the Original Research and/or Clinical Pharmacy Forum categories.

Submission Deadline

All abstracts accepted for presentation (with the exception of “Encore Presentations”) in the Original Research and Clinical Pharmacy Forum categories will automatically be entered in the Best Poster Award competition. All abstracts submitted in the Resident and Student Research-in-Progress categories will be entered in the Best Resident and Student Research-in-Progress Poster competition. The finalists for both categories will be notified by May 1, 2013, and will be judged during the Virtual Poster Symposium by a panel of judges. The winners and runners-up of both categories will also be invited to give a platform presentation at ACCP’s Annual Meeting in Albuquerque, New Mexico, October 13–16, 2013.

The deadline to submit abstracts in the Original Research, Clinical Pharmacy Forum, and Resident and Fellow Research-in-Progress categories is Friday, January 18, 2013, 11:59 p.m. (PST). Authors will be notified by e-mail of acceptance of their papers by Monday, April 1, 2013. See complete submission instructions and guidelines at accp.confex.com/accp/2013vp/cfp.cgi.

Support ACCP Squared Study and Get a Year-end Tax Deduction



Donations to the Frontiers Fund will further advance the mission of the Research Institute to develop clinical pharmacists as investigators and demonstrate the value of clinical pharmacy as a profession.

In 2013, the ACCP PBRN will continue the third phase of its major initiative, the *ACCP Activities of Clinical Pharmacists (ACCP Squared Study)*. The ACCP PBRN has been charged with creating a plan to document the value of clinical pharmacists, the topic that consistently ranks as the No. 1 priority of the ACCP membership. The time to show your support for this effort is now. Your tax-deductible gifts make the important work of the ACCP Research Institute possible.

Special thanks go to the 2012 Frontiers Fund Committee. The committee members are Susan Fagan (Chair), Ron Evens, Ralph Raasch, and Stuart Haines. It is not too late to make a tax-deductible donation in 2012. Please visit the Web site at www.accpri.org and give today.

Attention Students: Want to Maximize Your Ability to Secure a Residency Position? Register Today for “Emerge from the Crowd: How to Become a Standout Residency Candidate”



Are you planning to complete a residency after graduation? You probably know that of the 3706 PGY1 applicants who participated in the ASHP Resident Matching Program in 2012, about 39% did not match with a program.¹ As competition among residency applicants continues to increase, it is important for students to know what type of candidates residency programs look for and learn the steps that can be taken now to distinguish themselves from the crowd.

Make plans now to join ACCP in Reno this April for an informative and interactive program titled “Emerge from the Crowd: How to Become a Standout Residency

Candidate.” This unique program is designed to help first-, second-, and third-year pharmacy students maximize their ability to secure a residency position upon graduation.

Students attending this exciting new program will receive 12.5 hours of interactive programming over 2 days. The program will begin on Saturday, April 20, and conclude on Sunday, April 21, running alongside the Updates in Therapeutics®: The Ambulatory Care Review and Recertification Course and Pharmacotherapy Preparatory Review and Recertification Course at the Peppermill Resort in Reno, Nevada.

Students will learn from experts in the field of clinical pharmacy about the steps that they can take now to rise above the competition when applying for a residency during their final academic year. Topics include developing leadership skills, gaining valuable work and experiential opportunities, professional networking, engaging in scholarly activity, CV writing, and achieving academic success. Attendees will also have the opportunity to sit down face-to-face with current residents and residency program directors to gain from their perspectives and advice during a special roundtable session.

Register today at www.accp.com/ec. Questions? Contact us at (913) 492-3311 or e-mail at accp@accp.com.

1. American Society of Health-System Pharmacists. ASHP Resident Matching Program, 2012. Available at www.natmatch.com/ashprmp. Accessed October 1, 2012.

End-of-Year Special: Residents, Fellows, and Graduate Students Can Join ACCP for Half Price!

Attention residents, fellows, and graduate students: From now through December 31, first-time resident, fellow, and graduate student members of ACCP can join for just \$40—half off the regular resident and fellow/graduate student member rate!

ACCP resident, fellow, and graduate student members have access to several important membership benefits, including:

- **Deeply discounted rates to register for ACCP’s Updates in Therapeutics®: The Pharmacotherapy Preparatory Review and Recertification Course and the Ambulatory Care Pharmacy Preparatory Review and Recertification Course in Reno, Nevada, April 19–23:** Considering specialty certification in either Pharmacotherapy or Ambulatory Care Pharmacy?


Take advantage of special member rates—register by the early bird deadline for maximum savings.

- **Reduced rates on board certification preparatory materials for home study:** Prepare for your specialty board examination with electronic or print study materials available to you at discounted rates.
- **Reduced pricing on any module in the *Pharmacotherapy Self-Assessment Program (PSAP) or Ambulatory Care Self-Assessment Program (ACSAP) series:*** The PSAP and ACSAP series are approved by the Board of Pharmacy Specialties for use in BCPS and BCACP recertification.
- **Free 1-year membership in an ACCP Practice and Research Network (PRN).** Join one of ACCP's 22 PRNs and network with specialists in your focused area of interest.
- **Complimentary subscription to *Pharmacotherapy*:** Resident, fellow, and graduate student members receive an electronic subscription to this essential reference for the clinical pharmacist.

To take advantage of this special one-time offer, you can join or renew your ACCP membership online at www.accp.com/membership/join.aspx. Alternatively, you can download a specially marked membership application at www.accp.com/docs/membership/ACCP_Resident_Fellow_Application_2012_promo.pdf. Complete the application and mail or fax it back to our office.

This offer is only valid for first-time ACCP resident, fellow, or graduate student members (this includes previous students renewing as either a resident or fellow/graduate student member). Applications must be received by December 31, 2012, to receive the discounted membership rate. Applications must include preceptor/program director's name and anticipated date of residency/fellowship completion.

Application Fee Waived for Fellowship Program Peer Review

 ACCP is pleased to announce that it will waive the application fee for any ACCP member who wishes to submit his or her research fellowship program for peer review by December 31, 2012. In addition, a rolling application review process will be employed during this period. It is expected that all qualifying

applicants will complete the review and approval process within 6 weeks of submitting their application. For more information about peer review of fellowships, visit www.accp.com/resandfel/peerReview.aspx.

Download the ACCP peer-review application form at www.accp.com/docs/resandfel/FellowshpPeerRevApplic13.docx.

ACCP Updates in Therapeutics® 2013 Registration Now Open



Register now at www.accp.com/ut and plan to attend Updates in Therapeutics® 2013, April 19–23, 2013, in Reno, Nevada. This meeting will offer two comprehensive 5-day courses to help you prepare for the specialty certification examinations administered by the Board of Pharmacy Specialties (BPS) in Pharmacotherapy and Ambulatory Care Pharmacy.

ACCP's Ambulatory Care Pharmacy and Pharmacotherapy review courses will guide you through a comprehensive review of the knowledge domains within each specialty. Each course consists of a series of case-based lectures presented by faculty who are nationally recognized content experts. Each lecture places strong emphasis on the processes necessary to manage patient care problems in the specific therapeutic area.

Both the Pharmacotherapy and the Ambulatory Care Pharmacy review courses will be available for recertification credit. Earn 24.0 contact hours of BCPS recertification credit by attending and successfully completing the associated posttest for the Pharmacotherapy Preparatory Review and Recertification Course, or earn 27.0 contact hours of BCACP recertification credit by attending and successfully completed the associated posttest for the Ambulatory Care Pharmacy Preparatory Review and Recertification Course.

Basic meeting registration begins at \$495 for ACCP full and associate members. (ACCP student, resident, and fellow member registration rates begin at the low

price of only \$330). Basic meeting registration provides access to Ambulatory Care Pharmacy OR Pharmacotherapy review course lectures, the available continuing pharmacy education credit (recertification credit is available with purchase of the posttest), admission to the complimentary continental networking breakfasts offered Saturday through Monday, the course workbook of your choice (either the Ambulatory Care Pharmacy workbook OR the Pharmacotherapy workbook), and the PDFs of the course slide decks of your choice (either Ambulatory Care OR Pharmacotherapy). The workbook contains extensive and detailed content outlines for each lecture, self-assessment questions for each therapeutic area, and a series of patient cases to help you reinforce and gauge your mastery of the content.

ACCP Academy Tracks Offered at ACCP's Spring Meeting in Reno



Registration is now open for the ACCP Academy program-

ming offered in conjunction with ACCP's spring meeting, *Updates in Therapeutics® 2013*, from April 19–23, 2013, in Reno, Nevada. Registration is only \$230 for ACCP full and associate members (ACCP resident and fellow member registration rates begin at the low price of only \$135) who plan to attend the Career Advancement, Leadership and Management, Research and Scholarship, or Teaching and Learning ACCP Academy tracks. Registration includes all sessions within the ACCP Academy track of your choice, available continuing pharmacy education credit, admission to the complimentary continental networking breakfasts offered Saturday through Monday, and program handouts for the ACCP Academy track sessions you attend.

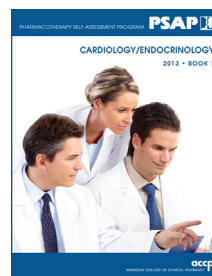
The four tracks of ACCP Academy programming will include both required modules and elective courses, according to preestablished course schedules. The foundational prerequisite courses ("primers") for entry into the Leadership and Management and the Research and Scholarship certificate programs will each be presented from 8:00 a.m. to 5:00 p.m. on Friday, April 19.

Each Academy will concentrate its programming over a 2-day period to enable Academy participants to minimize both travel expense and time away from their practice. An abbreviated schedule for each Academy track is summarized below. For a full programming schedule, consult the ACCP Web site at www.accp.com/acad.

ACCP Spring Meeting Academy Schedule

Academy	Courses	Schedule
Leadership and Management	Leadership Primer	April 19
	Interpersonal Leadership Development	April 20
	Leadership and Management Elective (TBA)	April 20
	Leadership and Management Elective (TBA)	April 20
Research and Scholarship	Research Primer	April 19
	Statistical Issues	April 20
	What Makes Up an Intervention? (elective)	April 20
	Creating Your Research & Scholarship Road Map (elective)	April 20
Career Advancement	Extending Your Practice by Mentoring and Precepting	April 21
	Establishing Clinical Credibility: Making Friends and Winning Over Enemies (elective)	April 21
	Delivering Interactive and Engaging Presentations as a Clinical Pharmacist (elective)	April 21
	Establishing Interprofessional and Patient-Centered Roles	April 22
Teaching and Learning	Planning for Effective Teaching	April 21
	Teaching and Learning Elective (elective)	April 21
	Teaching and Learning Elective (TBA)	April 21
	Assessing Student Learning	April 22

Order the New PSAP Series by December 31 for Special Savings



The new PSAP series launches in January 2013 with *Cardiology and Endocrinology*, the first of six books in this Web-based series. The basic full-series subscription is competitively priced at \$285 for members, a savings of 25% or more off the single e-book price for all six

2013–2015 releases. Moreover, for a limited time, ACCP is offering an additional \$50 savings on the new E-media Package.

The introductory price of \$335 for members and \$505 for nonmembers is a savings of more than 35% over the single-book price. The E-media Package provides all six online books plus the convenience of

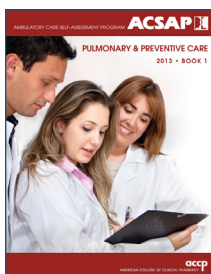
accessing the PSAP text and self-assessment questions on an e-reader, tablet, or Android phone. Full-color graphics are provided as separate files. Also included is the popular “listen and learn” PSAP Audio Companion, consisting of MP3 files of all six books that can be downloaded to a listening device or burned onto audio CDs.

This special offer applies to full-series E-media Package orders placed before midnight, December 31, 2012, on the [ACCP Web site](#). When placing your order, enter Promotional Code **PIO12**.

ACCP’s premier home study series for the pharmacotherapy specialist provides pertinent therapeutic updates to enhance and assess practice skills and improve patient outcomes. PSAP has been approved by the Board of Pharmacy Specialties for recertification of Board Certified Pharmacotherapy Specialists. In addition to *Cardiology and Endocrinology*, the other five books in the series and their release dates are *Special Populations* (July 15, 2013); *Critical and Urgent Care* (January 15, 2014); *Chronic Illnesses* (July 15, 2014); *Infectious Diseases* (January 15, 2015); and *Central Nervous System and Pharmacy Practice* (July 15, 2015).

To ensure the lowest price on all six releases, plus the E-media Package, place your order for PSAP 2013–2015 now on the [ACCP Web site](#).

Order the New ACSAP Series by December 31 for Special Savings



ACCP’s latest product for the ambulatory care pharmacist is ACSAP, the Ambulatory Care Self-Assessment Program. The new ACSAP series launches in January 2013 with *Pulmonary and Preventive Care*, the first of six books in this Web-based series. The basic

full-series subscription is competitively priced at \$285 for members, a savings of 25% or more off the single e-book price for all six 2013–2015 releases. Moreover, for a limited time, ACCP is offering an additional \$30 savings on the new E-media Package.

The introductory price of \$315 for members and \$455 for nonmembers is a savings of almost 35% over the single-book price. The E-media Package provides all six online books plus the convenience of accessing the ACSAP text and self-assessment questions on an e-reader, tablet, or Android phone. Full-color graphics are provided as separate files.

This offer applies to full-series E-media Package orders placed before midnight, December 31, 2012, on the [ACCP Web site](#). When placing your order, enter Promotional Code **AIO12**.

This new home study series provides pertinent therapeutic updates to enhance and assess practice skills and improve patient outcomes. ACSAP has been approved by the Board of Pharmacy Specialties for recertification of Board Certified Ambulatory Care Pharmacists (BCACPs). In addition to *Pulmonary and Preventive Care*, the other five books in the series and their release dates are *Infection Primary Care* (July 15, 2013); *Endocrinology/Rheumatology* (January 15, 2014); *Cardiology Care* (July 15, 2014); *Neurologic and Psychiatric Care* (January 15, 2015); and *Women’s and Men’s Care* (July 15, 2015).

To ensure the lowest price on all six releases, plus the E-media Package, place your order for ACSAP 2013–2015 now on the [ACCP Web site](#).

Washington Report

John McGlew
Associate Director of
Government Affairs



Advancing Provider Status Through the ACCP Political Action Committee (ACCP-PAC)

Perspectives on the Outcomes of the 2012 Election

For more than a decade, ACCP’s No. 1 advocacy priority has been to secure payment for pharmacists’ services under the Medicare program. We firmly believe that seeking recognition for the defined services of qualified clinical pharmacists delivering patient-centered, team-based, and quality-focused care is the correct approach toward meeting the needs of patients and fulfilling the mission of the Medicare program (see the lead story in this issue of the *ACCP Report*). However, we also understand the magnitude of the task we face.

The College is fully committed to pursuing this effort, but our success depends on the support and engagement of ACCP members. Political contributions are an essential component of our advocacy toolkit, helping to raise our profile on Capitol Hill and show support for members of Congress who share our vision for the role of clinical pharmacists in an evolving Medicare program.

The ACCP-PAC depends entirely on the support of ACCP members. Although many PACs represent various segments of the pharmacy profession, **ACCP has the only PAC dedicated to advancing the practice of**

clinical pharmacy. With more than 13,000 members eligible to contribute to the PAC, ACCP is in a position to become one of the most prominent pharmacy PACs in Washington. To do this, we need the widespread support of our membership. **If each ACCP member contributed just \$25, the ACCP-PAC would raise \$350,000.**

All ACCP members should consider donating at least \$25 to the ACCP-PAC. [Click here](#) to learn more about your PAC and making a contribution.

The Current Legislative Landscape

As negotiations inch forward about how to address the budget deficit and avert the economic catastrophe of crossing over the “fiscal cliff,” the nation remains fundamentally divided on the issues of taxation and government spending. Although Democrats have long called for increasing taxes, particularly on the wealthiest Americans, many Republicans have pledged to oppose all tax hikes.

However, beneath the surface, an unlikely consensus exists on the issue of entitlement reform. Both parties are beginning to publically recognize that Medicare and Social Security, in their current forms, are on an unsustainable path. And both parties agree that protecting the long-term integrity of these programs is a priority.

Of course, clear policy differences exist between the two sides on what constitutes a path to sustainability for entitlement spending. But when faced with slashing benefits to seniors or shifting costs to beneficiaries and states, lawmakers agree that the solution will lie in efforts to reform Medicare payment and care delivery models.

Progress toward reforming payment and delivery models is well under way through the work of the Patient-Centered Primary Care Collaborative (PCPCC) and in provisions authorized under the Affordable Care Act (ACA). These include the development of accountable care organizations (ACOs) and patient-centered medical homes, initiatives to improve quality in the area of transitions of care, and other programs focused on achieving the administration’s “triple aim” of better care for patients, better outcomes for populations, and lower overall health care costs.

The importance of “getting the medications right” as part of health system reform has been increasingly recognized by health care stakeholders and policy-makers as essential to protecting the future of the Medicare program. The involvement of qualified clinical pharmacists, as part of interprofessional health care collaborations, can help achieve this goal.

The ACCP-PAC Governing Council

The ACCP-PAC is directed by the PAC Governing Council, which provides oversight and strategic leadership for the operations of the ACCP-PAC.

The ACCP-PAC Governing Council consists of the following ACCP members:

Chair:	Leigh Ann Ross, Pharm.D., BCPS
Treasurer:	Gary R. Matzke, Pharm.D., FCP, FCCP
Secretary:	Michael S. Maddux, Pharm.D., FCCP
Member:	Anna Legreid Dopp, Pharm.D.
Member:	Terry Seaton, Pharm.D., FCCP, BCPS (Board of Regents Liaison)

ACCP funds the administrative expenses associated with operating the PAC, so all member contributions go directly to support pro-clinical pharmacy candidates.

2012 Election Outcome Overview—

The Presidential Race

Amid the frenzied campaigning and barrage of political advertising, one historical oddity seemed to define the nature of the 2012 presidential campaign—that no Republican has won the presidency without winning Ohio. Although eight states in total made up the battleground in which the election would be decided, Ohio’s 18 Electoral College votes were considered vital—symbolically, historically, and mathematically—to win the White House.

In the end, President Obama prevailed over Governor Romney by 332 Electoral College votes to 206. By this measure, the president recorded a resounding and comprehensive victory. The popular vote, however, told a different story, with President Obama winning by a slim margin of only 2%, or about 3.5 million votes of almost 122 million votes cast.

The president won by just 0.9% in Florida and 1.9% in Ohio—razor-thin margins that ultimately yielded the president 47 Electoral College votes. Granted, a Romney victory in those two swing states would still have left him somewhat short of the 270 votes needed to secure the White House, and President Obama did carry all but two (Indiana and North Carolina) of the states he won in his 2008 landslide victory.¹

But the anomaly of the Electoral College system, coupled with a grueling Republican primary process, produced an outcome that might suggest a fundamental national political realignment. Further analysis proved this not to be the case and revealed that the country remains very much divided politically.

After all, 4 years is a long time in politics. Karl Rove spoke of a “permanent Republican majority,”² a notion made redundant by subsequent Democratic victories. Meanwhile, New Jersey Governor Chris Christie, a likely contender for the 2016 Republican presidential nomination, is currently enjoying an approval rating of 67% *among Democrats*.³ Therefore, Republicans, understandably disappointed by the outcome of the 2012 election, certainly have some grounds for optimism.

2012 Election Overview—The Senate Race

In a scenario similar to the presidential election, Senate results across the country point to a swing toward the Democratic Party that does not accurately reflect the underlying political mood of the nation.

Undoubtedly, November 6, 2012, was a good night for Senate Democrats. One year ago, such a result appeared impossible. Democrats were defending 21 seats compared with 10 Republican seats. Of these 21 seats, several were in traditionally Republican states (Missouri, Montana, Nebraska, North Dakota) or were open races after long-standing Democratic senators (Kohl-MN, Conrad-ND, Nelson-NE) announced their retirement. Combined with a struggling economy and a perceived weakness at the top of the ticket, only the most optimistic Democrats expected to retain their majority in the Senate.

Admittedly, Senate Republicans also faced some uphill battles, particularly in New England. Senator Olympia Snowe’s retirement opened up the contest in Maine, whereas Senator Scott Brown (R-MA) was always expected to struggle to retain the seat once held by Ted Kennedy. Yet despite their numerical advantage and the favorable political landscape, Republicans managed to snatch defeat from the jaws of victory.

However, this outcome can be attributed to a combination of weak Republican candidates and costly campaign errors, rather than an outright endorsement of the Democratic Party or its leadership at the national level. In Missouri, incumbent Senator Claire McCaskill (D) was lagging behind her Republican challenger, Rep. Todd Akin, until his clumsy (and later retracted) comments regarding “legitimate rape.” McCaskill went on to win the race 54.7% to 39.2%.⁴ A similar story played out in Indiana, where six-term Republican powerhouse Senator Dick Lugar was defeated in the primary to a Tea Party-endorsed candidate whose campaign inexperience and hard-line political positions opened the door for an unexpected victory for Democrat Joe Donnelly. In Montana

and North Dakota, Democrats managed to successfully distance themselves from President Obama and the national party, emphasizing their local roots and running near-perfect campaigns. In the end, incumbent Montana Senator Jon Tester (D) defeated Republican Congressman Denny Rehberg 48.7% to 44.8%, while in North Dakota, Heidi Heitkamp prevailed over Rick Berg by 50.5% to 49.5%, less than 3000 votes.⁵ Overall, the Democratic Party retained its Senate majority, holding 53 seats to the Republicans’ 45. Two Independent Senators (King-ME and Sanders-VT) will caucus with the Democrats.

As the focus shifts to the 2014 midterm election, Democrats will have to defend 20 seats, with only 13 Republicans up for reelection. Republicans have already identified six seats currently held by Democrats that could decide control of the Senate. The targeted incumbents are as follows: Mark Begich (Alaska), Kay Hagen (North Carolina), Tim Johnson (South Dakota), Jay Rockefeller (West Virginia), Mark Pryor (Arkansas), and Mary Landrieu (Louisiana). The GOP, anxious to avoid some of the missteps of 2012, hopes its primary process will yield a strong slate of candidates.

1. Politico 2012 Election Results. Available at www.politico.com/2012-election/map/#/President/2012/. Accessed December 5, 2012.
2. NBC News Transcripts. Meet the Press, November 7, 2004. Available at www.msnbc.msn.com/id/6430019/ns/meet_the_press/t/transcript-november/. Accessed December 5, 2012.
3. Washington Post Article. Chris Christie: The Most Popular Republican in the Country. Available at www.washingtonpost.com/blogs/the-fix/wp/2012/11/27/chris-christie-the-most-popular-republican-in-the-country/. Accessed December 5, 2012.
4. Washington Post 2012 Election Results. Available at www.washingtonpost.com/politics/campaigns. Accessed December 5, 2012.
5. Huffington Post Article. Heidi Heitkamp Election Results: Democrat Defeats Rick Berg in North Dakota Senate Race. Available at www.huffingtonpost.com/2012/11/07/heidi-heitkamp-election-results-2012_n_2049748.html. Accessed December 5, 2012.

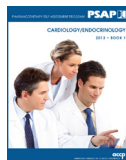
ACCP Bookstore Offers End-of-Year Special



As a special year-end opportunity, ACCP [Online Bookstore](#) orders of \$100 or more placed before January 1, 2013, will receive discounted shipping. Free shipping is available on all orders shipped to addresses in the continental United States, and orders sent to other locations will receive shipping discounts of up to 75%.

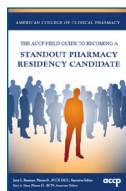
To receive your discount, place your order as usual at the [Online Bookstore](#) and enter **Promotional Code EOY12**. This special offer ends at midnight (CST) on December 31, 2012.

Old and new favorite titles from the subject areas of [Therapeutics](#), [Research and Outcomes Assessment](#), [Teaching and Learning](#), [Practice Development](#), and [Leadership and Administration](#) are available in the bookstore, including these recent publications:



[Pharmacotherapy Self-Assessment Program](#). ACCP's premier home study program for the Board Certified Pharmacotherapy Specialist continues to be your best source for evidence-based updates.

Preorder single print books now, including *Cardiology/Endocrinology*, which will be released January 15, 2013. (Free shipping is not available on the full PSAP print series.)



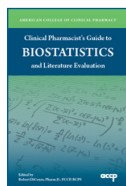
[The ACCP Field Guide to Becoming a Standout Pharmacy Residency Candidate](#).

Written for first-, second-, and third-year pharmacy students planning to pursue postgraduate residency training, *The ACCP Field Guide* offers a multiyear, step-wise approach for maximizing curricular and extracurricular experiences to best prepare for postgraduate residency training. ACCP's newest publication is a must-have for anyone planning to pursue residency training.

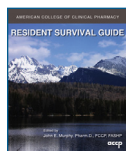


[Pediatric Pharmacotherapy](#). Pharmacotherapy education has long been without a source for concise pediatric pharmacotherapy information. ACCP's *Pediatric Pharmacotherapy* has been developed to meet this need. Written by experts in the field, *Pediatric Pharmacotherapy* focuses on the

unique therapeutic needs of infants, children, and adolescents. Readers will learn about specific disease states, as well as drug selection and use, monitoring of effectiveness and toxicity, prevention of medication errors, and patient/caregiver education. Preorder your copy today.



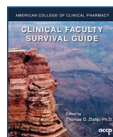
[Clinical Pharmacist's Guide to Biostatistics and Literature Evaluation](#) was developed to bolster the pharmacist's knowledge and confidence in using biostatistical tools for interpreting the medical literature to optimize patient care, improve health outcomes, or generate hypothesis for research.



[Resident Survival Guide](#). This valuable road map will help clinical pharmacists in training get the most from their residency experience. The insight and advice will benefit potential and current residents as they negotiate the challenges and gain lifelong advantages from their residency experience.



[Nourishing the Soul of Pharmacy: Stories of Reflection](#) is a volume of reflective stories. Every pharmacist should read this collection of essays written by pharmacists from every area of practice—stories that have led to complex insight and improved patient care.



ACCP's [Clinical Faculty Survival Guide](#) offers new and seasoned clinical faculty practical information, advice, and encouragement for succeeding in the roles of practitioner, teacher, researcher, and scholar.

ACCP PBRN Welcomes Three New Members of the 2013 Community Advisory Panel



The ACCP PBRN is pleased to announce three new members to join the 2013 Community Advisory Panel (CAP). Beginning January 1,

2013, Wesley Byerly, Collin Hovinga, and Margie Snyder will join current CAP members Rex Force (Chair), Varsha Bhatt-Mehta, Kari Olson, Richard Parrish II, Kelly Rudd, Orly Vardeny, and Alan Zillich. In addition, we wish to thank Lori Dickerson (Past Chair), David Hoff, and Nathan Painter, whose service on the CAP ends in 2012.

The CAP is a standing committee to the ACCP PBRN with the mission of representing the breadth and depth of PBRN members. Furthermore, the CAP is used as a mechanism for readily available feedback regarding the feasibility and practicality of proposed research projects. You may read more about the CAP members by visiting www.accpri.org/cap/index.aspx.

From the Desk of an ACCP PBRN Community Advisory Panel Member:



Tips on (Successfully) Navigating the Institutional Review Board Process

*Kelly M. Rudd, Pharm.D., BCPS, CACP
Member, ACCP PBRN Community Advisory Panel*

When developing and implementing a research project, there are several important considerations. The ACCP PBRN has posted a series of communications that address many of these key components: (1) how to make a great research question, (2) how to use your clinical

practice and the PBRN as your “laboratory,” (3) the POWER of numbers and how the PBRN can help you meet your “n,” and (4) how to use the resources of the ACCP PBRN to both conduct and statistically support your study analysis.

One additional important, and often stressful, component of human subjects’ research is navigating the institutional review board (IRB) process. As both a clinician-researcher and senior IRB member, I sympathize from both sides. Allow me to share a few things I’ve learned through the years:

1. Depending on your practice location, approval by a “central” IRB may be sufficient. The ACCP PBRN has access to and uses a central IRB to review and approve research projects, and its resources are accessible to PBRN researchers as well. All IRBs have the same main purpose: to provide ethical and regulatory oversight of research that involves human subjects, give guidance to ensure sound research design and scientific integrity, and determine whether the research contributes to generalizable knowledge and is worth exposing subjects to risk.

2. Before embarking on the IRB journey, seek out your local IRB contact *before* submitting any projects. If in doubt, look for a contact with the title of Regulatory Affairs Associate or Certified IRB Professional (CIP). Ask this professional whether central IRB approval is acceptable at your institution; obtain the necessary forms, time line, and deadline information; and acquire essential items to facilitate the navigation of your local IRB process. In the long run, this will save both the researcher and the IRB time and frustration.

If approval by a central IRB is acceptable, your workload will be greatly minimized, likely allowing the PBRN study a more expeditious start. Alternatively, if your site also requires local IRB approval, the contact made is invaluable. Most IRBs are very welcoming and helpful, with the ability to guide you through the nuances of their process.

3. Finally, ensure your Human Research Protections certificate is *current*. Most IRBs require that this certification be performed at least annually, and it is a “hard stop” in the IRB process. As a benefit of membership, ACCP PBRN members have access to the Collaborative Institutional Training Initiative (CITI)

Program curriculum course at no charge, which credentials members to participate in PBRN research.

Each IRB is slightly different, but with patience, persistence, and assistance from the ACCP PBRN, your association with an IRB can lead to a great partnership, ensuring balance between solid scientific design and merit and protections of the human subjects being studied.

ACCP Academy Acknowledgments



One-on-one mentoring is among the most effective strategies

used by the ACCP Academy to develop the knowledge, skills, attitudes, and values of Academy enrollees. Mentors of the Academy volunteer their time to provide regular guidance and feedback to enrollees throughout the program. On behalf of the ACCP Academy and its participants, we would like to extend a special thank you to all who have served as a mentor to an ACCP Academy participant during the past year:

- | | |
|---------------------------|-------------------------|
| Prasad Abraham | Gayle A. Brazeau |
| Nahla H. Ahmed | C.R. Breese |
| Abdelrahman Mohamed Ahmed | Burnis D. Breland |
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| Diane Alexander | J. Douglas Bricker |
| William P. Allen | Daniel Brown |
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Amy R. Donaldson	Mohamed Izham Bin Mo-	Edith A. Nutescu	Katherine P. Smith
Kathy Donley	ham Ibrahim	Donald S. Nuzum	Lisa S. Smith
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Margarita Echeverri	Kristen M. Jones	Mary K. Onysko	Pamela L. Stamm
Lea S. Eiland	Tina J. Kanmaz	Patricia L. Orlando	Maria Stephan
Shareen El-Ibiary	Gary Keil II	Shelley H. Otsuka	Cindy D. Stowe
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Marty Eng	Kathleen B. Kennedy	Lynn R. Patton	Vonda Swartz
Stanley Erk	Robert Kerr	Angela H. Pegram	Osama Tabbara
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Keith A. Hecht	Robert J. Michocki		
E. Kelly Hester	Katherine D. Mieure		
Michelle Hilaire	Michael Miller		

Interested in serving as an Academy mentor? E-mail Zangi Miti at zmiti@accp.com.

New Members

Suzanna Abramova	Fabiola Dabady	Rachel Hoffman	Noosheen Nafissi
Tamkeen Quraishi Abreu	Jessica Dabady	Kelly Holcomb	Anita Nayar
Aktar Ahmed	Ahmad Dali	Anna Hufendick	Nicole Nesselhauf
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Shubha Bhat	Amin Esmaily-Fard	Amanda Kimsey	Trung Pham
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Jennifer Blake	Krista Finch	Michelle Kunita	Elizabeth Poorman
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Michael Botros	Matthew Flaherty	Toi Yi Lam	Zachary Post
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G. Chan	Michael Geisel	Jevon Lewis	Robert Richardson
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Janice Chheda	Jessica Gobin	Laura Lourenco	Alyssa Robertson
Jason Chheda	Pik Wei Goh	Tuan Luu	Victoria Rupp
Juinting Chiang	Jared Gower	Michael MacEvoy	Alexandra Saastad
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Eva Chugh	Willa Grubbs	Carrie Martin	Harrison Saull
Enoch Claude	Stephanie Gryzmala	Brandon Martinez	Corey Scheer
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		Jessica Mina	Young Shin
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Nicole Wegrzyn
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Justin Wilder

Kerrie Williams
Chelsea Williamson
Liza Wilson
Susan Woody
Guo Xu
Jennifer Yam
Kristyn Yemm
Debbie Yen
Genevieve Young
Tzukuan Young
George Zaky
Francis Zamora
Jacqueline Zeeman

**The following
individuals recently
advanced from
Associate to Full
Member:**

David Ball
Tamara Berg
Jamie Cavanaugh
Nibal Chamoun
Tyler Dieker
Matthew Felbinger
Kelly Gibas
Nicole Gillespie
William Greene
Moses Iorngurum
Delaney Ivy
Marie Johnston
Ashley Pearson
Emily Roth

Kelli Rumbaugh
Maritsa Serlemitsos-Day
Joanie Spiro
Vanessa Thomas
Michael Tiberg
Philip Trapskin

**New Member
Recruiters**

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

Jamie Allman
Lindsay Arnold
Jennifer Austin
Sandra Benavides
Scott Bergman
P. Brandon Bookstaver
Emily Breedlove
Alexis Burke
Lucinda Buys
Todd Canada
Bernard Cino
Rebecca Collins
Jessica Dabady
Justina Damiani
Robert DiDomenico
Duchess Domingo
Chi Duong
Matthew Eckley
Kristi Emmons
Sarah Erush
Eric Farmer

Megan Goodwin
Adam Gregg
Sara Griesbach
Dawn Havrda
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Amanda
Howard-Thompson
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Kenna Payne
Hanna Phan
Nasheet Quraishi
Cynthia Raehl
Leigh Ann Ross
Nana Safo
Thomas Sandifer
Nicole Scovis
Melanie Townsend
Du (Fiona) Tran
Don Vu
Lisa Zimmerman

Season's Greetings from ACCP!

Wishing our friends and colleagues a happy holiday
season and a prosperous new year.





Director of Research American College of Clinical Pharmacy

The American College of Clinical Pharmacy (ACCP) is seeking candidates for the senior staff position of Director of Research.

The Director of Research serves as director of the ACCP Research Institute; oversees the creation of new ACCP initiatives that facilitate investigator development, including investigator development programs within the Research Institute and the ACCP Academy; advances the College's overall research mission and strategic plan; serves as a liaison to selected ACCP or Research Institute standing or ad hoc committees; and represents ACCP and the ACCP Research Institute to other organizations and agencies for research-related and other professional activities.

As director of the ACCP Research Institute, she or he will serve as the institute's chief operations officer; direct other Research Institute staff; oversee the institute's strategic and financial planning; supervise the

institute's fund-raising activities; prepare and monitor an annual budget; and identify, develop, and implement initiatives to increase the quantity and scope of research and investigator development programs provided by the Research Institute.

The Director of Research reports to the ACCP Executive Director and serves as a member of the ACCP senior staff. This individual will ideally be a senior, experienced individual with an extensive background in research, pharmacy/medical education, and clinical pharmacy practice. Education as a pharmacist and experience in human research are highly desired.

The College offers a competitive salary and benefits program. It is desired that the successful candidate join ACCP in early 2013. Recruitment will continue until the position is filled. Candidates should submit a letter of interest and curriculum vitae to:

Richard Collins, J.D.
Operations Manager
American College of Clinical Pharmacy
13000 W. 87th St. Parkway
Lenexa, KS 66215
Telephone: (913) 492-3311
E-mail: rcollins@accp.com



**Academic Clinical Faculty
College of Pharmacy
King Saud bin Abdulaziz University
for Health Sciences
Riyadh, Saudi Arabia**

The King Saud bin Abdulaziz University for Health Sciences (KSAU-HS) is located in Riyadh and houses six colleges. These are the Colleges of Medicine, Pharmacy, Dentistry, Public Health and Health Informatics, Applied Medical Sciences, and Nursing. Two satellite KSAU campuses are also located in the cities of Jeddah and Al-Ahsa. The close affiliation of KSAU-HS with the National Guard Health Affairs (NGHA) hospitals, the most advanced medical complex in the region, has enabled the university to enhance its curricula and academic programs and given the university and its students full access to clinical and teaching sites staffed with exceptionally competent health professionals.

Open faculty positions in the Department of Pharmacy Practice: The KSAU College of Pharmacy is seeking applicants from several clinical specialties for non-tenure-track faculty positions in the Department of Pharmacy Practice at the assistant, associate, or full professor level. Responsibilities include developing, coordinating, and delivering didactic education; developing and maintaining innovative clinical practice sites at the affiliated, state-of-the-art, 1200-bed National Guard Hospital in Riyadh; and conducting scholarly activity, including collaborative research and publication.

The newly established College of Pharmacy at KSAU-HS employs a U.S.-style innovative Pharm.D. curriculum through a collaborative partnership with the University of Tennessee College of Pharmacy. The curriculum is delivered by U.S.-educated and trained

faculty/clinicians of diverse nationalities. The curriculum is designed to achieve educational outcomes consistent with ACPE accreditation standards for professional programs leading to the Pharm.D. degree.

Qualified candidates must possess a Pharm.D. degree from an ACPE-accredited institution with a PGY1 and PGY2 residency, fellowship, or equivalent clinical experience. Board certification is preferred.

KSAU-HS offers an excellent salary and benefits package commensurate with education and experience. Salary includes tax-free earnings; furnished and completely outfitted housing in a modern, state-of-the-art housing complex; and an educational allowance of up to three (3) eligible dependents enrolled in grades 1–12. Benefits also include 60 days of annual vacation leave, 11 holidays, an annual airline ticket to faculty members and eligible dependents to and from their home or point of origin, annual paid professional development leave, free medical care and emergency dental care, Internet access, a complimentary telephone code for personal national and international phone calls, free cable TV with up to 100 channels, free sports and social club access, and bus transportation to/from KAMC and nearby shopping malls and shopping districts.

Positions are available immediately. Qualified candidates should send a letter of interest, a curriculum vitae, and three letters of reference by e-mail to:

Abdulkareem Albekairy, Pharm.D.
Associate Dean, Academic & Student Affairs
College of Pharmacy, KSAU-HS
E-mail: bekairy@ngha.med.sa

OR

Nabil Khalidi, Pharm.D.
Associate Professor, Pharmacy Practice
College of Pharmacy, KSAU-HS
Associate Professor Emeritus
University of Michigan
E-mail: khalidin@ksau-hs.edu.sa



**Clinical Pharmacy Specialists
Ambulatory Care, Cardiology, Critical Care,
Hematology-Oncology, Organ Transplant
King Abdulaziz Medical City
Riyadh, Saudi Arabia**

King Abdulaziz Medical City (KAMC) is the main medical center campus for the Saudi Arabia National Guard Health Affairs (NGHA) system and serves as the largest medical complex in Saudi Arabia. NGHA's goal is to be recognized as the leading health care system in the Gulf through the provision of excellent patient care, state-of-the-art education and training, and cutting-edge research.

Located in Riyadh, KAMC is a health sciences center that includes colleges of medicine, dentistry, pharmacy, nursing, applied medical sciences, and public health and informatics. The campus is expanding from its current 1500 inpatient beds to 2400 beds by 2014, including the construction/addition of a children's hospital, neuroscience center, oncology center, transplant center, women's center, and psychiatric and addiction institute. In addition, the Medical City is increasing and enhancing its ambulatory care services across its centers and clinics.

Successful candidates will participate in the further growth and development of an already established clinical pharmacy program by optimizing pharmacotherapy outcomes in a progressive, U.S.-style academic/team care environment. Opportunities are available to educate pharmacy students, medical students, and pharmacy residents. Research participation and publication is encouraged. Attendance at professional and

scientific meetings for presenting research and other scholarly work is supported.

Qualified candidates must possess a Pharm.D. degree from an ACPE-accredited institution with a PGY2 residency, fellowship, or equivalent clinical experience. Board certification is preferred.

KAMC offers an excellent salary and benefits package. Salary includes tax-free earnings with an additional 15% cost-of-living allowance and free, furnished, and completely outfitted housing in a modern, state-of-the-art housing complex. Benefits include 30 days of annual leave, 11 holidays, an annual vacation with an airline ticket to your family home/point of origin, and a "mid-year benefit" of an airline ticket to London or 10 extra days of leave; free medical care and emergency dental care; Internet access, a telephone code for personal, national, and international phone calls, and free cable TV with up to 100 channels; free sports and social club access; and bus transportation to/from KAMC and shopping malls and shopping districts. Contracts are 1 year in duration; a sign-on bonus equal to 1 month's salary is awarded upon contract renewal.

Positions are available immediately. Qualified candidates should send a letter of interest, a curriculum vitae, and three letters of reference by e-mail to:

Ms. Sarah Al Mahri
King Abdulaziz Medical City
Corporate Nursing and Clinical Recruitment Services
AND
Abdulkareem M. Al Bekairy, M.Sc., Pharm.D.
Assistant Director, Clinical Pharmacy (KAMC)
E-mail: cncrs.clinical@gmail.com AND BekairyA@ngha.med.sa