Monday Highlights

- **Keynote Address** (7:45–9 a.m.)
- **Late Breakers in Pharmacotherapy** (9:15–10:45 a.m.)
- **International Scientific Paper Presentations** (9:15–11:15 a.m.)
- **Clinical Pharmacy Challenge Finals** (11–11:30 a.m.)
- **PRN Focus Sessions** (1:30–3 p.m.)
- **Great Eight Best Paper Presentations** (1:30–5:45 p.m.)
- **PRN Focus Sessions** (3:15–4:45 p.m.)

**ACCPLeadership Continues to Build Upon Successes**

As ACCP leadership transitions from one president to the next, incoming President Terry Seaton, Pharm.D., FCCP, BCPS, offered a theme for the upcoming year that also sums up the successes of the past year: “Making the good better”—shorthand for this year’s emphasis on the role of implementation science in advancing clinical pharmacy.

ACCP Board of Regents President Judith Jacobi detailed the accomplishments in the previous year, including the ACCP Global Conference, which has drawn representatives from more than 40 countries and a record number of registrants at more than 2,000.

Current ACCP membership numbers more than 16,000, including 574 individuals from other countries. “I’m hoping we’ll have a few more non-U.S. members after this meeting,” Dr. Jacobi said. “A year ago, when I was privileged to step to this podium, I talked about a book that I had read that got into the ‘why’ of what we do,” Dr. Jacobi said. “In the case of the people in this room, it’s an excitement about pharmacy, being willing to give high standards of practice day in and day out.”

She detailed how ACCP had promoted high standards of practice throughout the previous year, including the roll out of the Standards of Practice for Clinical Pharmacist program. “It sets the bar at a level we can all measure ourselves against,” she said.

She also discussed the College’s $2.5 million comprehensive medication management grant—and the fiscal approach that allowed it to happen. “We’ve put a lot of responsibility on our shoulders and have confidence in how they might come through for us,” she said of the grant awardees.

One key aspect of that grant, implementation strategies, also figures prominently in Seaton’s theme for his coming term as ACCP Board of Regents president: “Closing the Gap: Implementing Policies, Programs, and Evidence-Based Practices.” Seaton said this can be characterized more simply as “Making what’s good better.”

“Within healthcare and within clinical pharmacy, we have a problem,” Dr. Seaton said. “There are many policies, programs, and evidence-based prac-

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24 Named ACCP Fellows at Opening General Session

Two dozen professionals joined the ranks of ACCP Fellows Sunday morning.

Front row, from left: Christina L. Aguillante, Pharm.D.; FCCP; Katherine P. Smith, Pharm.D., FCCP, BCPS; Debra J. Barnett, Pharm.D., FCCP, BCPS, BCACP; Shaunta M. Ray, Pharm.D., FCCP, BCPS; Carrie S. Olphant, Pharm.D., FCCP, BCPS; Cherry W. Jackson, Pharm.D., FCCP, BCPP; E. Kelly Hester, Pharm.D., FCCP, BCPS; Mary G. Amato, Pharm.D., FCCP, MPH, BCPS; Dianne May, Pharm.D., FCCP, BCPS.

Back row, from left: Todd D. Sorensen, FCCP, Pharm.D.; Asad E. Patanwala, Pharm.D., FCCP, BCPS; Douglas L. Jennings, Pharm.D., FCCP, BCPS; Benjamin W. Van Tassell, Pharm.D., FCCP, BCPS; Michael C. Thomas, Pharm.D., FCCP, BCPS; Michelle L. Hilaire, Pharm.D., FCCP, BCPS; Joseph P. Vande Griend, Pharm.D., FCCP, BCPS; David L. DeRemer, Pharm.D., FCCP, BCPS; Daniel M. Riche, Pharm.D., FCCP, BCPS; Michael P. Dorsch, Pharm.D., FCCP, M.S., BCPS; Eli N. Deal, Pharm.D., FCCP, BCPS; Christopher K. Finch, Pharm.D., FCCP, BCPS; R. Chris Rathbun, Pharm.D., FCCP, BCPS; Kerry L. LaPlante, Pharm.D., FCCP; and Kristy H. Lucas, Pharm.D., FCCP.

Frontiers Lecture Showcases

Lab and Trials

An old drug with a bad reputation is offering new treatment options, according to the 2015 recipient of the ACCP Therapeutic Frontiers Lecture Award.

William Douglas Figg, Sr., Pharm.D., MBA, made his remarks Sunday after presentation of the award, which recognizes an ACCP member or nonmember for advancing pharmacotherapy. Dr. Figg is head of the Clinical Pharmacology Program at the Center for Cancer Research in the National Institute of Health’s National Cancer Institute.

Dr. Figg noted that he was the 35th recipient of the award, and that eight prior winners—including five of the last 10—held Pharm.D. degrees. “Clearly the research within the profession has improved dramatically,” he said.

Dr. Figg’s work is built upon that of another Therapeutic Frontiers Lecture award winner. In 1971, Dr. Judah Folkman theorized that cancer tumors do not grow past a certain size without recruitment of...
Awards Recipients Demonstrate a Passion for Clinical Pharmacy

Whether at the beginning of their careers or capping long and illustrious ones, the honorees at Sunday’s Awards and Recognition Ceremony shared one key trait: a passion for clinical pharmacy. That was true whether the award winner was a clinical practitioner, researcher, or educator.

ACCP New Investigator Award

The recipient of the ACCP New Investigator Award, Steven M. Smith, Pharm.D., MPH, BCPS, is assistant professor of pharmacy and medicine, Departments of Pharmacotherapy & Translational Research and Community Health & Family Medicine, in the Colleges of Pharmacy and Medicine at the University of Florida.

Dr. Smith’s work has focused on hypertension with an emphasis on treatment-resistant hypertension.

In brief remarks, he said the number of such patients is up 2.5-fold since 1988. “We can all think of a number of factors, like similar trends in obesity rates,” Dr. Smith said. “But that may be partially artifactual since there is a much greater focus on trying to achieve blood pressure control and in general being more aggressive with anti-hypertensive therapy.”

ACCP Clinical Practice Award

Roland N. Dickerson, Pharm.D., FCCP, FACN, FASHP, FCCM, BCNSP, professor of clinical pharmacy practice at the University of Tennessee Health Sciences Center College of Pharmacy in Memphis, Tenn., was honored with the ACCP Clinical Practice Award.

Addressing young clinicians in the audience, Dr. Dickerson advised them to “not think of this achievement as unfathomable, as I once did.” His advice is to “keep working hard and continue to move the profession forward, and you may one day have the opportunity to receive this award.”

ACCP Education Award

Kelly R. Ragucci, Pharm.D., FCCP, BCPS, CDE, professor and chair, Department of Clinical Pharmacy and Outcomes Science at the South Carolina College of Pharmacy’s Medical University of South Carolina, received the ACCP Education Award.

Dr. Ragucci said she was “deeply humbled and honored” to receive the award and join the ranks of previous winners. “All of you have inspired an influenced me,” she said. “I say that I am humbled because there are so many of you, passionate and inspired educators. I’m only one of many such individuals.”

New from ACCP!

Critical Care Pharmacotherapy

Edited by Brian Erstad, Pharm.D., FCCP, BCPS

Critical Care Pharmacotherapy offers the most comprehensive publication on the cutting-edge field of critical care pharmacotherapy.

- Contributions from the most experienced critical care pharmacists in the field.
- More than 40 chapters cover topics in supportive care, infectious diseases, neurocritical care, and more.
- A special foreword on the historical analysis of critical care pharmacy practice.

Now available for preorder at the On-site Bookstore!
Pharmacy Around the World: Key Challenges in Clinical Practices

The world may be getting smaller, but pharmacy practice still varies widely across the world. Sunday’s presentation “Global Advancements in Clinical Pharmacy Practice” took attendees around the globe Sunday afternoon.

And while it is true that pharmacy may be practiced differently, there is a keen awareness of the potential that comes from raising the practice standards of pharmacists both in the clinical and community settings. These key differences and common struggles were highlighted in presentations from pharmacy practice experts from Singapore, China, the Philippines, Saudi Arabia, and Europe.

Singapore

Although challenges are common in Singapore—an aging population and increasing healthcare costs to name a few—it’s the shortage of clinical pharmacists that presents the biggest obstacle. Lita Chew, chief pharmacist for the Singapore Ministry of Health, said Singapore has 3.7 clinical pharmacists per 10,000 residents.

“I don’t think the government will spend the money to make up the difference,” she said. “The waiting time will be a problem unless we have technology and other means to help close the gap.”

Dr. Chew also cited challenges of being more proactive with health care and needing to “fight the status quo.” But there are positive signs, too. “Our government is supportive of increasing the capacity and capability of health care professionals. Tomorrow’s pharmacy workforce needs to ride this wave.”

There is also a need to change perceptions. “Most people still see pharmacists as dispensers,” Chew said. “We want to transform that to a perception of pharmacists as care providers.”

China

The practice of clinical pharmacy has grown in China in recent years, according to Zhu Zhu, a professor from Peking University Medical College.

“The government pays attention to health care,” she said. That attention included developing a series of policies and regulations regarding hospital reform. “These policies and regulations pushed pharmacists to shift their focus from medication dispensing to patient-oriented care.”

Patients generally receive medication from a hospital after visiting a doctor’s clinic. The installation of automatic dispensing machines has reduced wait time to less than 10 minutes. Pharmacists also work in revising medical orders and in drug monitoring.

“The Chinese government, pharmacy schools, and pharmacists, no matter whether from hospitals or the community, have taken action to promote clinical pharmacy practice,” she said. “We are learning, practicing, and improving.”

The Philippines

Challenges unique to The Philippines are largely due to its population of 100 million spread across 7,100 islands and the country’s propensity for natural disasters. In addition, 40 percent of the population is below the poverty line. “That’s a challenge to our practice,” said Yolanda Robles, professor at the University of the Philippines Manila.

Until recently, Philippine pharmacists—and other health care professionals—would seek work abroad. That is currently changing, leading to an increase in pharmacists’ professional development. Dr. Robles said, “Hospitals have become interested in being accredited by JCI, which counts

Dr. Mary Roth McClurg, representing the University of North Carolina’s Estelman School of Pharmacy, discusses the plans for studying the impact of CMM in contemporary primary care medical practice.

ACCP Is Looking for a Few Good Tweets

Join the Twitter conversation at the 2015 Global Conference by sharing meeting photos, news, and clinical insights and you may win a prize from ACCP!

A panel of judges will review each day’s posts using #ACCPGC15 and select the best Tweet of the Day! Daily winners may choose one of the following prizes:

- Clinical Pharmacy in the United States: Transformation of a Profession
- Nourishing the Soul of Pharmacy: Stories of Reflection
- Resident Survival Guide
- $25 ACCP Gift Code to be used at the ACCP Bookstore

Tweet to Compete!

The Certified Geriatric Pharmacist credential is ideal for the pharmacist who serves older adults.

Only one credential has been established to recognize pharmacists with expertise in the care of older adults and the provision of medication therapy management services to geriatric patients—the Certified Geriatric Pharmacist (CGP), administered by the Commission for Certification in Geriatric Pharmacy.

The CGP examination is computer-based and is offered at test centers around the United States and Canada. The examination is 150 multiple-choice questions, and is offered in four test windows throughout the year. A pharmacist must have a current pharmacist license with two years of experience to be eligible to take the examination.

Visit www.ccgp.org for more information.
ACCP Clinical Pharmacy Challenge: 2015 Championship Team to be Crowned Today

The final round of the 2015 ACCP Clinical Pharmacy Challenge will be held at 11 a.m. today in Continental Ballroom 4. Today’s final round has students from The University of Minnesota and Thomas Jefferson University Jefferson College of Pharmacy vying for the title of Clinical Pharmacy Challenge Champion.

From the record-setting initial field of 108 teams, eight schools survived four rounds of online competition and advanced to compete in live rounds at the Global Conference:

- South Carolina College of Pharmacy
- Thomas Jefferson University Jefferson College of Pharmacy
- University of California, San Francisco School of Pharmacy
- University of Iowa College of Pharmacy
- University of Minnesota College of Pharmacy
- University of Oklahoma College of Pharmacy
- University of Pittsburgh School of Pharmacy
- University of Utah College of Pharmacy

To learn the paths each team took to reach the final round, stop by the ACCP registration desk and view the competition brackets and results from the weekend’s quarterfinal and semifinal round matchups, or follow ACCP on Facebook or Twitter for the latest Challenge updates.

Past winners of the ACCP Clinical Pharmacy Challenge are:

- 2010 - University of Minnesota College of Pharmacy
- 2011 - Campbell University College of Pharmacy and Health Sciences
- 2012 - Northeastern University Bouvé College of Health Sciences School of Pharmacy
- 2013 - East Tennessee State University Bill Gatton College of Pharmacy
- 2014 - Purdue University College of Pharmacy

Keynote

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providers, payors, and policy-makers, as well as the various quality measurement approaches that have been developed and deployed in various payer markets. His audience will also hear how clinical pharmacists can affect quality measurement as it relates to medication use.

Barr has served as the senior vice president of the Division of Medical Practice at the American College of Physicians and as the chief medical officer of the Baltimore Medical System. He was also appointed by Maryland Governor Martin O’Malley to the Maryland Health Care Commission in 2013. Barr has an undergraduate degree in forest biology from the State University of New York – Syracuse, a medical degree from New York University, and an MBA from Vanderbilt University. He has been board certified in internal medicine for more than 25 years. Early in his career, he worked for the United States Air Force as both a staff internist and a chief of internal medicine, and he has held several academic appointments.

In addition, Barr has written on various elements of quality improvement, including the patient-centered medical home, for publications such as the Annals of Internal Medicine, Journal of the American Medical Association (JAMA), Journal of Oncology Practice, and American Journal of Preventive Medicine.

Listen to Session Recordings After the Meeting

As a meeting benefit, you can access free recordings of the keynote address, selected core programs, and select PRN focus sessions after November 5 at www.accp.com/myaccount. Registrants for three presymposia can also access recordings of those sessions.

ACCP members who are unable to attend the Global Conference will also be able to purchase session recordings. The 21 sessions being recorded are listed in session handouts (available at www.accp.com/gc) and include the following:

**SATURDAY**
- Research Primer (available to Research Primer registrants only)
- 2015 From Theory to Bedside: Clinical Reasoning Series—Heart Failure: Current and Emerging Management Strategies (available to From Theory to Bedside registrants only)
- 2015 From Theory to Practice: Clinical Reasoning Series in Ambulatory Care Pharmacy—Novel Agents and Management Strategies in Endocrinology (available to From Theory to Practice registrants only)

**MONDAY**
- Keynote Address: Measuring Quality in Patient-Centered Care—Challenges and Opportunities
- Medication Safety: National and International Perspectives
- Innovations in Practice Technology
- Clinical Administration PRN Focus Session—Patient Monitoring Prioritization and Productivity Measurement to Grow and Sustain Pharmacy Services
- Emergency Medicine PRN Focus Session—High-Risk, High-Reward Interventions in Emergency Medicine
- Endocrine and Metabolism PRN Focus Session—New Tools in the Diabetes Toolbox
- Pediatric PRN Focus Session—A Global Approach to Pediatric Patient Care: Unifying Scope of Practice, Pharmacokinetics/Pharmacodynamics, and Medication Safety

**TUESDAY**
- Advancing Clinical Pharmacy Practice: Innovative Models
- Best Practices/Dilemmas in Pharmacy Education
- Scientific Author Development
- Adult Medicine PRN and Ambulatory Care PRN Focus Session—Transitions of Care Management: Best Practices
- Ambulatory Care PRN Focus Session—Billing Practices in Ambulatory Care Pharmacy: Developing, Implementing, and Sustaining ideal Models
- Geriatrics PRN Focus Session—The Beers Criteria: A Focus on the 2015 Update
- HIV PRN Focus Session—HIV Across the Ages
- Perioperative Care PRN Focus Session—Perioperative Care: Balancing the Scales Between Bleeding and Clotting
- Pharmacokinetics/Pharmacodynamics/Pharmacogenomics PRN and Central Nervous System PRN Focus Session—An Update of Psychotropic Pharmacogenomics

**WEDNESDAY**
- Advances in the Pharmacotherapy of Cardiovascular Diseases
- Optimal Management of Community- and Hospital-Acquired Methicillin-Resistant *Staphylococcus aureus* Infections

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blood vessels.

Research then found the importance of angiogenesis as cancer tumors progressed. “One of the theories is that all antiangiogenic drugs should be teratogenic,” Dr. Figg said. “Only recently have we been able to do this type of analysis.”

Scientists began to revisit thalidomide, a 1950s-era drug taken off the market after being tied to birth defects. Thalidomide has been approved in the United States for certain specific uses—such as leprosy treatment and for multiple myeloma. But would it work on solid tumors?

Hypothesizing that thalidomide would be a good antiangiogenic, Dr. Figg’s team tested it on chicken embryos. It failed.

“The next question was whether there is a metabolite of thalidomide that has the antiangiogenic properties.”

Encouraged, the research moved forward.

Combination therapy with thalidomide and docetaxel was attempted. There was no statistically significant difference in outcomes. That meant going back to the laboratory, where estramustine was added to the mix. A clinical trial showed a 90% decline in PSA concentrations with that combination. But there were a number of toxicities.

Back to the lab again, where the combination was again tinkered with, adding a heparin analog to reduce clotting that had shown up in the last trial.

This time, “very few individuals were not responding to the treatment,” Dr. Figg said. He pointed to an M.D. Anderson study that treated men with thalidomide before surgery, then compared the removed gland with biopsy tissue. “What they ultimately found was that thalidomide was affecting the tumor environment.”

There still is much investigation to be done, including whether thalidomide has an effect on targeting stem cells. Bevacizumab also is being evaluated because studies have found that it has “done great with progression-free survival, but failed at overall survival,” Dr. Figg said.

And there is more to be learned about the effects of anti-inflammatory agents.

But there is cause for celebration. Dr. Figg pointed to the overall survival rate for men with castrate-resistant prostate cancer was 12 months in 1992. Thalidomide has increased that to 18 months and combination therapies have pushed it beyond 24 months. “We’re clearly having an impact on overall survival.”

“One of the theories is that all antiangiogenic drugs should be teratogenic. Only recently have we been able to do this type of analysis.”

– Dr. Figg
Leadership
Continued from page 1

tics, and yet we have not fully implemented them into our daily practices as clinicians, researchers, and educators. I want to focus on closing that gap.”

His plan is to use implementation science to do so. “NIH has done a good job defining this: the use of strategies to adopt and integrate evidence-based health interventions and change practice patterns within specific settings,” Dr. Seaton said. “We're intending to bridge the gap between public health, clinical practice patterns within specific settings,” Dr. Seaton said. “We're intending to bridge the gap between public health, clinical research, and everyday practice by building a knowledge base about how health information, interviews, and new clinical practices and policies are transmitted and translated for public health.

Dr. Seaton sees pharmacists as uniquely positioned to take advantage of implementation science. “Pharmacists are implementing all the time and they’re describing all the time,” he said. “Few of them are using the implementation models. ACCP has an opportunity to lead in this area.”

Larissa Cavallari, Pharm.D., FCCP, BCPS, chair of the Research Institute Board of Trustees, offered an update on Research Institute programs, noting that there are a record number of abstracts at this meeting and a total of six poster sessions over the next 4 days. The ACCP Research Institute Futures Grants were awarded to three junior investigators and two student award winners. Dr. Cavallari said the grants program will continue in 2016, with more information coming soon.

PRN Focus Sessions Highlight Latest Trends and Issues in Clinical Pharmacy

ACCP’s Practice and Research Networks offer an engaging lineup of highly specialized focus sessions on Monday and Tuesday, Oct. 19 and 20. These educational programs are open to all meeting attendees.

Monday’s scheduled PRN focus sessions are as follows:

• Cardiology PRN Focus Session—Making Bloody Sense of Antithrombotic Therapy During Percutaneous Coronary Intervention
• Clinical Administration PRN Focus Session—Patient Monitoring Prioritization and Productivity Measurement to Grow and Sustain Pharmacy Services
• Emergency Medicine PRN Focus Session—High-Risk, High-Reward Interventions in Emergency Medicine
• Endocrine and Metabolism PRN Focus Session—New Tools in the Diabetes Toolbox
• Hematology/Oncology PRN Focus Session—Confronting the Global Epidemi of Human Papillomavirus (HPV)
• Infectious Diseases PRN Focus Session—Antimicrobial Stewardship in Unique Practice Settings
• Nephrology PRN Focus Session—Treatment and Complications of Chronic Kidney Disease in Special Populations
• Pediatrics PRN Focus Session—A Global Approach to Pediatric Patient Care: Unifying Scope of Practice, Pharmacokinetics/Pharmacodynamics, and Medication Safety
• Pharmaceutical Industry PRN and Global Health PRN Focus Session—Globalization of the Pharmaceutical Industry: Drug Development and Ethical Considerations
• Women’s Health PRN Focus Session—Healthy Mom, Healthy Baby: Best Practices in Optimizing Preconception Health and Pregnancy Outcomes

PRN Schedules Poster Rounds

Members of the EMED PRN invite all attendees to join them for “Professor Walk Rounds” of the Scientific Poster Presentations. Emergency medicine faculty and experts will exchange ideas and commentary with authors of poster whose content is relevant to this area of practice. Rounds will begin at the start of each poster session, with tour and Associated Malignancies
• Immunology/Transplantation PRN Focus Session—Novel Approaches to Immunomodulation After Transplantation
• Infectious Diseases PRN Focus Session—Antimicrobial Stewardship in Unique Practice Settings
• Nephrology PRN Focus Session—Treatment and Complications of Chronic Kidney Disease in Special Populations
• Pediatrics PRN Focus Session—A Global Approach to Pediatric Patient Care: Unifying Scope of Practice, Pharmacokinetics/Pharmacodynamics, and Medication Safety
• Pharmaceutical Industry PRN and Global Health PRN Focus Session—Globalization of the Pharmaceutical Industry: Drug Development and Ethical Considerations
• Women’s Health PRN Focus Session—Healthy Mom, Healthy Baby: Best Practices in Optimizing Preconception Health and Pregnancy Outcomes

International Events Planned

To promote networking among international attendees, an International Reception will be held from 5–p.m. today in Continental Ballroom 5. All international meeting registrants are invited to attend.

On Wednesday at 11:30 a.m., the Closing Ceremony and International Awards Presentations will wrap up the Global Conference. This ceremony will feature speakers, poster and paper awards, and a commemorative photo of all ceremony attendees will be taken and posted on ACCP’s Web site.

Tweet of the Day

Winner of Sunday’s Tweet of the Day #ACCPCGC15 was Sandra Benavides.
Clinical Pharmacy Challenge Teams Perform Under Pressure

The 108 teams that started the online portion of the Clinical Pharmacy Challenge were further narrowed to four during Saturday’s quarterfinals. The eight quarterfinal teams answered questions in the four distinct segments. The same structure was used in Sunday’s semifinals and will be used again in today’s finals.
Awards
Continued from page 2

ACCP New Educator Award
Brent N. Reed, Pharm.D., BCPS (AQ Cardiology), assistant professor in the Department of Pharmacy Practice and Science at the University of Maryland School of Pharmacy and a clinical pharmacy specialist on the advanced heart failure service at the University of Maryland Medical Center in Baltimore, is the 2015 recipient of the ACCP New Educator Award.

Dr. Reed detailed a conversation with his parents while he was in high school, discussing career options. “I recall quite vividly one thing they said about when I go home for the holidays. It’s an honor to be recognized for something I truly love doing.”

ACCP New Clinical Practitioner Award
Megan E. Musselman, Pharm.D., M.S., BCPS, clinical pharmacy specialist in emergency medicine/critical care at North Kansas City Hospital in Kansas City, Missouri, was presented the ACCP New Clinical Practitioner Award.

Dr. Musselman expressed her thanks for the support and encouragement she has received throughout her career from her family members and many friends.

Continued from page 3

Global medication management as one of the components of safety,” she said. “This is where administrators become aware of the need for clinical pharmacy in their hospitals.”

Working with associations like ACCP has helped, Dr. Robles said, both in holding professional development programs and in assisting with standards.

“We have identified major drivers that will make change happen. With the support of our ACCP colleagues and friends in the Asian region, we will be able to sustain the effort.”

Working with ACCP also shows the potential in what can happen. “We need more champions among physicians and other health professionals,” Dr. Robles said. “It’s a challenge, but it’s something that you also went through here in the United States. I hope we’ll be able to pass through this stage successfully.”

Saudi Arabia
As in other countries, the role of clinical pharmacists is transitioning from a focus on the product to “an emphasis on medication management and patient care,” according to Saleh Aldekhail, Pharm. D. Saudi Arabia – director, pharmaceutical care services, King Saud Abdulaziz Medical City, Riyadh.

Dr. Aldekhail discussed a multi-step process that has been undertaken to deal with a shortage of clinical pharmacists. That has meant developing a career ladder with clear goals and promotions. It also has meant creating a Pharm.D. scholarship program which allows about a dozen students to pursue Pharm.D. and post-graduate work abroad annually.

While that will take years, the Kingdom also has focused on recruiting highly trained practitioners from the United States. “Recruitment offers immediate results,” Dr. Aldekhail said.

Europe
As a continent instead of a single country, Europe offers its own unique differences, according to Oliver Bourdon, chief of pharmacy, Robert Degraff hospital in Paris, France. With 9.5 billion prescriptions written in the EU each year, “making better use of the competencies of European pharmacists can help the European government optimize the use of medicine and reduce the overall cost of healthcare,” Bourdon said.

Europe also offers a diverse picture, from home visits in the Netherlands to administration of vaccines in others. “The level of service can be different between countries and even within the same countries,” Bourdon said.

NOW AVAILABLE FOR PURCHASE!

2016-2018 Series of ACCP Self-Assessment Programs for Specialty Recertification

Ambulatory Care Self-Assessment Program (ACSA)
The nine books in the 2016-2018 series are Endocrinology/Rheumatologic Care, Dermatologic Care, Infection Primary Care, Oncologic/Hematologic Care, Neurologic/Psychiatric Care, Fluids and Nutrition/GI Care, Cardiologic Care, Women’s and Men’s Care, and Nephrologic/Geriatric Care.

Critical Care Self-Assessment Program (CCSA)
The nine books in the 2016-2018 series are Infectious Critical Care, Medication Administration/Critical Care Research, Pain and Sedation/Support and Prevention, Cardiology Critical Care, Renal/Pulmonary Critical Care, Neurocritical Care, IC Technology, Medical Issues in the ICU, Toxicology/Practice Issues, Fluids and Electrolytes/Hepatic Care/GI Care.

Pediatric Self-Assessment Program (PedSA)
The eight books in the 2016-2018 series are Immunology, Pediatric Critical Care, Research Ethics/Study Design, Pediatric Emergencies, Sedation and Analgesia, Pediatric Oncology, Fluids/Electrolytes/Nutrition, and Neonatal and Pediatric Septica.

Pharmacotherapy Self-Assessment Program (PSA)
The nine books in the 2016-2018 series are Cardiology, GI/Fluids and Nutrition, Women’s and Men’s Health, Endocrinology/Nephrology, Pulmonary and Emergency Medicine, Women’s and Men’s Health, Endocrinology/Nephrology, Pulmonary and Emergency Medicine, Pediatrics/Geriatrics, Infectious Diseases, Hematology/Oncology, and Neurology/Psychiatry.