

Global Trends and Opportunities for the Pharmacy Profession

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Learning Objectives


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- Highlight select global developments in clinical pharmacy education, post-graduate training, and practice
- Provide examples of the advancement of patient-focused pharmacist services and practice models
- Discuss challenges faced in relation to pharmacist qualifications and practice readiness for the new pharmacist roles
- Propose steps to ensure successful advancement of the profession and patient care
- Discuss key components of ACCP's Standards of Practice for Clinical Pharmacists

Patient-Focused Care

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- Shift from product- to patient-focused care



Health Professions Education

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- Reasons for the chasm in health care system
 - Complexity in health care
 - Changes in the public's health care needs
 - Challenges in the health care delivery system
- Recommendation
 - Restructure health professions education toward interprofessional practice

Vision for health professions education


“All health professionals should be educated to deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches and informatics.”

Crossing the Quality Chasm: A New Health System for the 21st Century, 2001. The Institute of Medicine. Health Professions Education: A Bridge to Quality, 2003. The Institute of Medicine.

Advances in Pharmacy Practice

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- Shift from product- to patient-centered care
- Expansion of pharmacy services
 - Practice settings
 - Specialty areas
 - Models of practice




Advancements in Patient-Focused Pharmacist Services

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- Promotion of health and wellness
- Prevention of diseases
- Immunization/vaccination
- Education of patients and care givers
- Medication reconciliation and transitioning of care


Global Trends and Opportunities for the Pharmacy Profession

Advancements in Patient-Focused Pharmacist Services



- Management of minor ailments
- Prescriptive authority
- Expanding scope of practice
- Telepharmacy/telehealth
- Personalized pharmacotherapy
- Provision of comprehensive medication management
- Delivery of advanced and specialized services

Practitioners in Direct Patient Care



BREADTH OF PATIENT/PRACTICE FOCUS

Professional degree in pharmacy & license

Broad → Narrow

Wide variety of patients and diseases

Wide variety of diseases in unique setting or population, or narrow disease focus

Generalist practitioner

Focused practitioner

Specialist

Subspecialist

Wide variety of patients and diseases; medically complex patients and/or therapies

Focused patient populations; medically complex patients, therapies, and/or technology

DEPTH OF KNOWLEDGE, SKILLS, & EXPERIENCE


Entry-Level

Advanced

These terms are intended more as descriptors than titles

Council on Credentialing in Pharmacy, 2009.

Specialty Board Certification



The Board of Pharmacy Specialties (BPS) currently recognizes

- Eight specialty practice areas

Ambulatory Care Pharmacy	Board Certified Ambulatory Care Pharmacist	BCACP	2009
Critical Care Pharmacy	Board Certified Critical Care Pharmacist	BCCCP	2013
Nuclear Pharmacy	Board Certified Nuclear Pharmacist	BCNP	1978
Nutrition Support Pharmacy	Board Certified Nutrition Support Pharmacist	BCNSP	1988
Oncology Pharmacy	Board Certified Oncology Pharmacist	BCOP	1996
Pediatric Pharmacy	Board Certified Pediatric Pharmacy Specialist	BCPPS	2013
Pharmacotherapy	Board Certified Pharmacotherapy Specialist	BCPS	1988
Psychiatric Pharmacy	Board Certified Psychiatric Pharmacist	BCPP	1992

- Added qualifications (pharmacotherapy specialists)
 - Cardiology
 - Infectious Diseases


Board Certified International Pharmacists



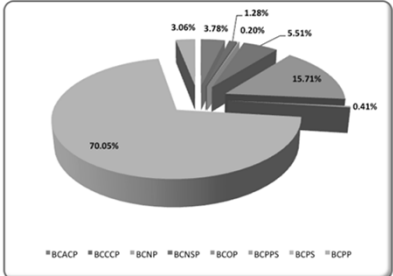
- As of March 2016, 1,960 specialty certifications have been granted to international pharmacists representing 45 countries

Australia	France	Kenya	Portugal
Bahamas	Germany	Korea	Puerto Rico
Bahrain	Guam	Korea - Republic (South)	Qatar
Bermuda	Hong Kong	Kuwait	Saudi Arabia
Cambodia	Hong Kong SAR, PRC	Lebanon	Singapore
Canada	Iran	Macao	Spain
Cayman Islands	Iraq	Malaysia	Sudan
China	Ireland	Netherlands	Taiwan/Taiwan Region
Costa Rica	Israel	New Zealand	Thailand
Ecuador	Japan	Pakistan	United Arab Emirates
Egypt	Jordan	Palestinian Territories	United Kingdom

Board Certified International Pharmacists



1,960 Specialty Certifications




Specialty	Percentage
BCACP	70.05%
BCCCP	3.06%
BCNP	3.78%
BCNSP	0.20%
BCOP	5.51%
BCPPS	0.41%
BCPS	1.28%
BCPP	0.20%


Data as of February 2016

ACCP International Clinical Pharmacist, Winter 2015–2016.

Trends and New Pharmacist Practice Models




- Interprofessional patient care services
- Collaborative drug therapy management (CDTM)
- Integrated, patient-centered care
 - Patient-centered medical home (PCMH)
- Evidence-based, outcomes-oriented
 - Financial incentives

The Expanding Role of Pharmacists in a Transformed Health Care System 

- Pharmacists practice in a variety of health care settings.
- Although they are most often associated with dispensing medications in retail pharmacies, their role is evolving to include providing direct care to patients as members of integrated health care provider teams.
- The integration of pharmacists into team-based models of care could potentially lead to improved health outcomes.
- States should consider engaging in coordinated efforts to address the greatest challenges pharmacists face: restrictions in CPAs, recognition of pharmacists as health care providers to ensure compensation for direct patient care services, and access to health IT systems.
- Examining state-specific challenges and promising practices from other states will allow states to develop policies that permit pharmacists to practice within the full scope of their professional training across the health care continuum.

National Governors Association, 2015.


The Role of Pharmacists 

Advancing the Responsible Use of Medicines: Applying Levers for Change


Identifies five primary recommendations with low-spending levels, highly improved health outcomes, and rapid time from initiation to effectualness that ministers of health and other health-system leaders can implement to effect the responsible use of medicine and save billions of dollars in global health spending.


- Strengthen the role of pharmacists to own medicines management for patients and to collaborate with physicians for revision.
- Support of targeted disease management programs for high-risk patients with chronic diseases such as diabetes to ensure timely therapy initiation.

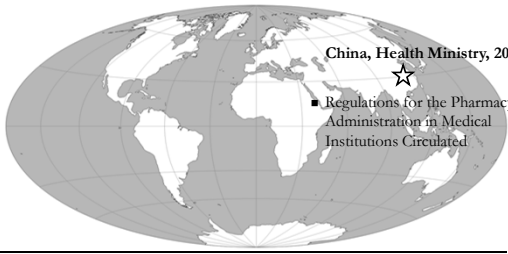
IMS Institute for Healthcare Informatics, 2012.

Advances in Pharmacy Practice 

- Shift from product- to patient-centered care
- Expansion of pharmacy services
 - Practice settings
 - Specialty areas
 - Models of practice
- Recognition of the clinical pharmacist and clinical pharmacy services




Recognition of Clinical Pharmacy Services 





China, Health Ministry, 2011

- Regulations for the Pharmacy Administration in Medical Institutions Circulated

Recognition of Clinical Pharmacy Services: China 

- “Medical institutions shall form clinical medical teams, consisting of physicians, clinical pharmacists and nurses, to carry out the rational use of drugs.”
- “Medical institutions shall be staffed with clinical pharmacists. Clinical pharmacists shall be full-time engaged in medication therapy, to provide patients with medication education and recommendations on safe medication.”
- “Medical institutions shall be staffed with an appropriate number of clinical pharmacists according to its character, task, and capacity: the number of clinical pharmacists is at least five in tertiary hospital (III classes hospital), and three in secondary hospital (II classes hospital). Clinical pharmacists shall hold an undergraduate degree or above in clinical pharmacy or pharmaceutical science, and shall undergo standardized training.”


Recognition of Clinical Pharmacy Services 



China, Health Ministry, 2011

South African Pharmacy Council, 2014
Clinical Pharmacy Specialty

Recognition of Clinical Pharmacy Services: South Africa



The State of Clinical Pharmacy in South Africa: Current and Future Perspectives

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²Chair and Vice Chair, South African Society of Clinical Pharmacy



- To promote research in clinical pharmacy
- To enable clinical pharmacy capacity building in teaching and practice institutions

Through its branches, SASOCP achieves these objectives by organizing regular continuing education meetings and workshops, as well as an annual conference in June of each year. Currently, SASOCP has five active branches—two in Gauteng Province, one in the North West Province, one in Cape Town, and one in Port Elizabeth. Antimicrobial stewardship, cardiovascular, and psychiatry workshops have been held thus far for pharmacists interested in clinical pharmacy.

The South African Pharmacy Council (SAPC), the statutory body, is in the process of recognizing clinical pharmacy as an area of specialization. The proposed requirements are at least a master's degree in clinical pharmacy, followed by a 2-year residency program and a preregistration examination. The requirements have not been finalized, but more information on this process should be available by June 2014.


ACCP International Clinical Pharmacist 2013-2014; 3(4): 1.

Advances in Pharmacy Practice

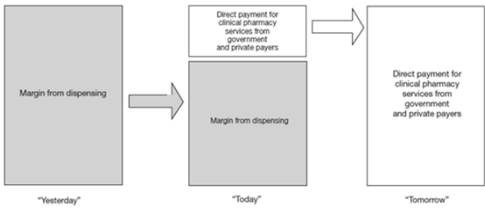



- Shift from product- to patient-centered care
- Expansion of pharmacy services
 - Practice settings
 - Specialty areas
 - Models of practice
- Recognition of the clinical pharmacist and clinical pharmacy services
- Reimbursement of pharmacy services

Reimbursement of Pharmacy Services




Payment Sources for Clinical Pharmacy Service



Pharmacotherapy 2011;31:1-8.

Evidence on Economic Evaluation of Clinical Pharmacy Services





Benefit-cost ratio

Study Period	No. of studies	Benefit-cost ratio
2006–2010	3	1.05:1–25.95:1
1996–2000	16	1.7:1–17.0:1 (median, 4.68:1)
1988–1995	7	1.08:1–75.84:1 (mean, 16.70:1)


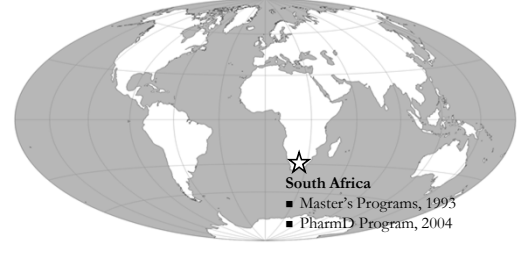
Touchette DR. Pharmacotherapy 2014;34:771–93; Schumock, GT. Pharmacotherapy 2003;23:113–32; Schumock, GT. Pharmacotherapy 1996;16: 1 188-208.

Advances in Pharmacy Practice

- Shift from product- to patient-centered care
- Expansion of pharmacy services
 - Practice settings
 - Specialty areas
 - Models of practice
- Recognition of the clinical pharmacist and clinical pharmacy services
- Reimbursement of pharmacy services
- Introduction and advancement of clinical pharmacy degrees and residency training programs

Education Reform

South Africa

- Master's Programs, 1993
- PharmD Program, 2004

Global Trends and Opportunities for the Pharmacy Profession

Education Reform: South Africa



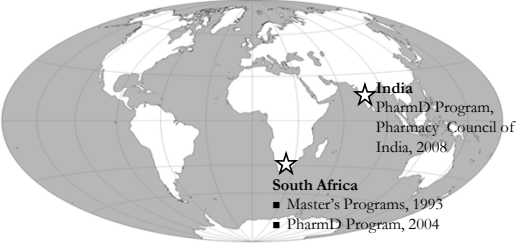


Table: Master's and Pharm.D. Degree Programs Offered in South Africa

Degree	MPharm	M.Sc. (Med) Pharmacotherapy	Pharm.D.
University	University of Limpopo – Medunsa Campus	University of the Witwatersrand	Rhodes University
Entry requirements	BPharm	BPharm	BPharm
No. of graduates	Ten graduates per year	Five graduates per year	Two or three graduates per year
Program duration	Minimum of 2 years, maximum of 4 years (part-time/full-time)	Minimum of 2 years, maximum of 4 years (part-time/full-time)	Minimum of 3 years (full-time)
Curriculum	Modules are offered as didactic teaching over a 1-month period. <ul style="list-style-type: none"> Pharmaceutical Care and Clinical Laboratory Tests Applied Pharmacokinetics Pharmacotherapeutic modules (all) <ul style="list-style-type: none"> Infectious Diseases 	Modules are offered as didactic teaching over a 1-month period. <ul style="list-style-type: none"> Compulsory modules <ul style="list-style-type: none"> Health Management and Managed Care Research Methodology Clinical Trials Clinical Laboratory Tests 	Modules are offered as didactic teaching and clinical rotations over a 3-month period. <ul style="list-style-type: none"> Introduction to the Pharmaceutical Care Process Pharmaceutical Systems and Management Practices Advanced Pharmaceutical

ACCP International Clinical Pharmacist 2013-2014; 3(4): 1.


Education Reform

South Africa
 ■ Master's Programs, 1993
 ■ PharmD Program, 2004

India
 ★ PharmD Program, Pharmacy Council of India, 2008

Education Reform: India



Pharmacy Education and Practice in India – A Profession in Transition*

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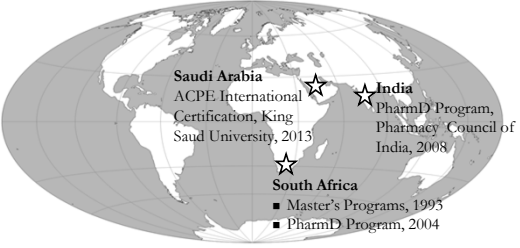
Pharmacy education in India has undergone a paradigm shift in the past 2 decades. Before this country's independence in 1947, a formal pharmacy education—a 3-year bachelor's of pharmacy degree—was offered by only three institutions (first in Banaras Hindu University in 1937), and there were no legal restrictions on the practice of pharmacy.² Only after India's independence was the concept of pharmacy practice realized. In 1948, the Pharmacy Act was enacted to set standards and regulate pharmacy education, the pharmacy profession, and the practice of pharmacy in India. The provisions of the Pharmacy Act are implemented through the Pharmacy Council of India (PCI), a statutory body established in 1949.³

Another breakthrough initiative taken by PCI is the provision of an opportunity to upgrade the qualification of existing diploma holders to graduate levels through 2-year blended-mode education. Moreover, the Pharmacovigilance Program of India has brought into focus the importance of the safe and quality use of medicines. These initiatives not only help create job opportunities for pharmacy graduates, but also bring a greater recognition to the pharmacy profession.

During the past decade, the pharmacy profession has expanded significantly in the implementation of need-based educational programs and professional practice. However, the future of the pharmacy profession rests on (1) developing well-qualified, knowledgeable, skilled, and competent human resources; (2) providing high-quality pharmaceutical care services in the health care system; and (3) fulfilling the other professional obligations/responsibilities on the basis of societal need. These are achievable only through changes in

ACCP International Clinical Pharmacist 2012; 2(1):1.

Education Reform






Saudi Arabia
 ★ ACPE International Certification, King Saud University, 2013

India
 ★ PharmD Program, Pharmacy Council of India, 2008

South Africa
 ■ Master's Programs, 1993
 ■ PharmD Program, 2004


Residency Training


Saudi Arabia
 ★ PGY-1 Residency Accreditation, King Faisal Specialist Hospital and Research Center, 2011

Iran
 ★ 4-Year Residency Program, Tehran University of Medical Sciences, 1994

Need for Standards



- Pharmacist services are shifting to embrace more advanced, patient-focused care.
- Progress, however, is varied and significant diversions exist between countries and institutions.
- Standards that delineate the qualifications and expectations of clinical pharmacists becomes increasingly to successfully advance clinical pharmacy practice.

ACCP Standards of Practice for Clinical Pharmacists 

ACCP began in 2011 a process to define the standards of practice for clinical pharmacists, including their qualifications, process for providing direct patient care, documentation of practice activities, and other qualities that define what can and should be expected of clinical pharmacists.

ACCP Standards of Practice for Clinical Pharmacists
American College of Clinical Pharmacy


- Sets forth ACCP's expectations for clinical pharmacists within the United States and countries around the world where clinical pharmacy is emerging.
- Serves as a reference for those designing and assessing clinical pharmacy education and training programs.
- Defines for the public, health professionals, and policy-makers what they can and should expect of clinical pharmacists.

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. *Pharmacotherapy* 2014; 34: 794-97.

ACCP Standards of Practice for Clinical Pharmacists
American College of Clinical Pharmacy


- Qualifications
- Process of care
- Documentation
- Collaborative, team-based practice and privileging
- Professional development and maintenance of competence
- Professionalism and ethics
- Research and scholarship
- Other responsibilities

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. *Pharmacotherapy* 2014; 34: 794-97.

I. Qualifications 

- Clinical pharmacists are practitioners who provide comprehensive medication management and related care for patients in all health care settings.
- They are licensed pharmacists with specialized advanced education and training who possess the clinical competencies necessary to practice in team-based, direct patient care environments.
- Accredited residency training or equivalent post-licensure experience is required for entry into direct patient care practice.
- Board certification is also required once the clinical pharmacist meets the eligibility criteria specified by the Board of Pharmacy Specialties (BPS).


American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. *Pharmacotherapy* 2014; 34: 794-97.

Clinical Pharmacy Defined 

The area of pharmacy concerned with the science and practice of rationale medication use

“Clinical Pharmacy is a health science discipline in which pharmacists provide patient care that optimizes medication therapy and promotes health, wellness, and disease prevention. The practice of clinical pharmacy embraces the philosophy of pharmaceutical care; it blends a caring orientation with specialized therapeutic knowledge, experience, and judgment for the purpose of ensuring optimal patient outcomes. As a discipline, clinical pharmacy also has an obligation to contribute to the generation of new knowledge that advances health and quality of life.”

The Definition of Clinical Pharmacy. ACCP. *Pharmacotherapy* 2008;28(6):816-7.

Credentialing and Professional Development 

Entry to Practice		Practice	
Education	Licensure	Practice	
Doctor of Pharmacy (Pharm.D.)	Licensure Renewal Mandatory Continuing Pharmacy Education	Postgraduate Education Advanced degrees (M.S., Ph.D.)	Certification Specialty Non-specialty Multidisciplinary
	Residency Traineeship Fellowship	Recertification	

Credentials: Documented evidence of professional qualifications

Modified from Council on Credentialing in Pharmacy

II. Process of Care

Process of Care Expected of Clinical Pharmacists

- Clinical pharmacists work in collaboration with other providers to deliver comprehensive medication management that optimizes patient outcomes.
- Care is coordinated among providers and across systems of care as patients transition in and out of various settings.

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. Pharmacotherapy 2014; 34: 794–97.

Process of Care Expected of Clinical Pharmacists

Assessment of the patient

The clinical pharmacist assesses medication-related needs by:

- Reviewing the medical record using a problem-oriented framework (e.g., interpreting and analyzing subjective and objective information) to determine the clinical status of the patient
- Meeting with the patient/caregivers to obtain and document a complete medication history to identify all of the patient's current medications (including regimens and administration routes), medication-taking behaviors, adherence, allergies, and attitudes and experiences with medication therapy
- Obtaining, organizing, and interpreting patient data
- Prioritizing patient problems and medication-related needs

American College of Clinical Pharmacy. Pharmacotherapy 2014; 34:794–97.

Process of Care Expected of Clinical Pharmacists

Evaluation of medication therapy

The clinical pharmacist identifies strategies to optimize medication therapy by:

- Assessing, with other members of the health care team, the appropriateness of current medications on the basis of health conditions, indication, and the therapeutic goals of each medication
- Evaluating the effectiveness, safety, and affordability of each medication
- Assessing medication-taking behaviors and adherence to each medication
- Identifying medication-related problems and evaluating collaboratively with other members of the health care team the need for intervention

American College of Clinical Pharmacy. Pharmacotherapy 2014; 34:794–97.

Process of Care Expected of Clinical Pharmacists

Development and implementation of a plan of care

The clinical pharmacist develops and implements, collaboratively with the patient and his/her health care providers, a plan for optimizing medication therapy by:

- Reviewing the patient's active medical problem list to inform and guide the development of an individualized assessment and plan for optimizing medication therapy
- Formulating a comprehensive medication management assessment and plan in collaboration with the health care team and implementing this plan to achieve patient-specific outcomes
- Educating the patient/caregivers (both verbally and in writing) to ensure understanding of the care plan, to optimize adherence, and to improve therapeutic outcomes
- Establishing patient-specific measurable parameters and time frames for monitoring and follow-up in collaboration with other members of the health care team

American College of Clinical Pharmacy. Pharmacotherapy 2014; 34:794–97.

Process of Care Expected of Clinical Pharmacists

Follow-up evaluation and medication monitoring

The clinical pharmacist performs follow-up evaluations in collaboration with other members of the health care team to continually assess patient outcomes by:

- Coordinating with other providers to ensure that patient follow-up and future encounters are aligned with the patient's medical and medication-related needs
- Revisiting the medical record to obtain updates on the clinical status of the patient and then meeting with the patient/caregivers to obtain an updated medication history to identify, assess, and document any new medication-related needs or problems
- Conducting ongoing assessments and refining the plan of care to optimize medication therapy and ensure that individual goals are achieved
- Monitoring, modifying, documenting, and managing the plan of care in collaboration with the patient/caregivers and his/her other health care providers

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. Pharmacotherapy, 2014; 34: 794–97.

Comprehensive Medication Management (CMM)

- The standard of care that ensures each patient's medications (i.e., prescription, nonprescription, alternative, traditional, vitamins, or nutritional supplements) are individually assessed to determine that each medication is appropriate for the patient, effective for the medical condition, safe given the comorbidities and other medications being taken, and able to be taken by the patient as intended.
- Includes an individualized care plan that achieves the intended goals of therapy with appropriate follow-up to determine actual patient outcomes.
- This all occurs because the patient understands, agrees with, and actively participates in the treatment regimen, thus optimizing each patient's medication experience and clinical outcomes.

Patient-Centered Primary Care Collaborative (PCPCC). The patient-centered medical home: integrating comprehensive medication management to optimize patient outcomes resource guide, 2nd ed. Washington, DC: PCPCC, 2012.

Comprehensive Medication Management: Ongoing Research

- Which patients and populations within primary care practices benefit the most from CMM?
- Among those who receive CMM, what is the impact on quality of care and cost? Are the patients in greatest need of medication optimization receiving CMM, and if so, what are best practices around the duration and frequency of follow-up?
- How can/should CMM be delivered, replicated, scaled, and sustained? In other words, how can medical practices do this most effectively?
- Which medication-related, clinical, and economic performance metrics are most relevant to today's primary care practices? What are the clinical pharmacist's contributions to helping the practice achieve these metrics?
- What are the clinical pharmacist's contributions to the net revenue generated by the practice, and
- what is the relative ROI of having the clinical pharmacist embedded in the office or clinic?

American College of Clinical Pharmacy. Comprehensive Medication Management in Team-Based Care.

III. Documentation

- Medication history
- Active problem list with assessment of each problem
- Plan of care to optimize medication therapy and improve patient outcomes

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. Pharmacotherapy 2014; 34: 794-97.

IV. Collaborative, Team-Based Practice and Privileging

- Clinical pharmacists work with other health professionals as members of the health care team to provide high-quality, coordinated, patient-centered care.
- They establish written collaborative drug therapy management (CDTM) agreements with individual physicians, medical groups, or health systems and/or hold formally granted clinical privileges from the medical staff or credentialing system of the organization in which they practice.
- These privileging processes, together with the applicable state pharmacy practice act, confer certain authorities, responsibilities, and accountabilities to the clinical pharmacist as a member of the health care team and contribute to the enhanced efficiency and effectiveness of team-based care.

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. Pharmacotherapy 2014; 34: 794-97.

V. Professional Development and Maintenance of Competence

- Clinical pharmacists maintain competence in clinical problem-solving, judgment, and decision-making; communication and education; medical information evaluation and management; management of patient populations; and a broad range of therapeutic knowledge domains.
- Clinical pharmacists maintain competency through:
 - A. Certification and maintenance of certification in the appropriate specialty relevant to their practice, including those specialties recognized by the Board of Pharmacy Specialties (BPS) or other nationally recognized multiprofessional certifications;
 - B. Consistent participation in continuing professional development (CPD) activities that enhance direct patient care practice abilities; and
 - C. Maintenance of active licensure, including required continuing pharmacy education activities, through the appropriate state board(s) of pharmacy.
- Clinical pharmacists also pursue professional and career development by participating in formal and informal activities that enhance research and scholarship, teaching, leadership, and/or management.

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. Pharmacotherapy 2014; 34: 794-97.

VI. Professionalism and Ethics

- Clinical pharmacists have a covenantal, "fiducial" relationship with their patients. This relationship relies on the trust placed in the clinical pharmacist by the patient and the commitment of the clinical pharmacist to act in the best interest of individual patients and patient populations, within the context of legal and ethical parameters.
- Clinical pharmacists exhibit the traits of professionalism: responsibility, commitment to excellence, respect for others, honesty and integrity, and care and compassion.
- They subscribe to the pharmacy profession's code of ethics and adhere to all pharmacist-related legal and ethical standards.

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. Pharmacotherapy 2014; 34: 794-97.

VII. Research and Scholarship

- Clinical pharmacists support and participate in research and scholarship to advance human health and health care by developing research questions; conducting or participating in clinical, translational, and health services research; contributing to the evolving literature in evidence-based pharmacotherapy; and/or disseminating and applying research findings that influence the quality of patient care.

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. Pharmacotherapy 2014; 34: 794-97.

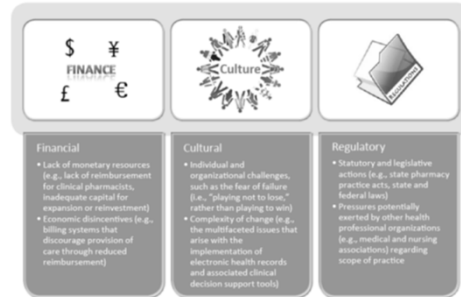
VIII. Other Responsibilities



- Clinical pharmacists serve as direct patient care providers, but they may also serve as educators, researchers, clinical preceptors/mentors, administrators, managers, policy developers, and consultants.
- As the clinical pharmacy discipline grows, it must continue to familiarize more patients, families, caregivers, other health professionals, payers/insurers, health care administrators, students, and trainees with the full range of clinical pharmacists' responsibilities.

American College of Clinical Pharmacy. Standards of Practice for Clinical Pharmacists. Pharmacotherapy 2014; 34: 794-97.

Barriers to Innovation in Health Care



ACCP International Clinical Pharmacist 2015; 5(3):1-2.

Ensuring Successful Advancement of the Profession



- Well-qualified, competent workforce
 - Clinical practitioners
 - Academicians
 - Preceptors
 - Professional leaders
- High-quality pharmacy services
 - Value of services documented
- Education of patients, the public, other health care professionals, and administrators

Thank You!

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