



Message from the Chair – March, 2011

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Dear Colleagues,

This month I would like to take the time to discuss a few issues that the Section Executive Committee considers priorities and offer you the opportunity to weigh in. **ASHP Connect** is set to go live on April 4th! This is a great opportunity for you to communicate specifically with others in similar specialty practices or interests. Our list serve will be phased out in May once Connect goes live. As the April 4th ASHP Connect launch day approaches, be on the lookout for specific instructions on how to use our new communication tool! For more information go to <http://www.ashpmedia.org/connect/connectinfo.html>

Get Involved! Within the next couple of days be on the lookout for a “Call to Get Involved!” There are many opportunities to get involved with the Section including four section advisory groups (SAG), one committee, and network facilitators in 16 specialty areas that help address issues important to section members. Please take a few minutes when you receive the “Call” to submit your information via a Qualtrics survey. This will provide you the opportunity to indicate interest to contribute to the section via a group, committee or network facilitator. You may indicate your desire to serve at any time through the year via this mechanism; however please keep in mind that decisions are generally made only once a year. The following are the current advisory groups, networking areas, and committees. Click on the link to see the specific charges of each group.

- [SAG on Clinical Leadership](http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/SAG-on-Clinical-Leadership.aspx)
<http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/SAG-on-Clinical-Leadership.aspx>
- [SAG on Emerging Sciences](http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/SAGonEmergingSciences.aspx)
<http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/SAGonEmergingSciences.aspx>
- [SAG on Emergency Care](http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/SAGonEmergencyCare.aspx)
<http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/SAGonEmergencyCare.aspx>
- [SAG on Preceptor Skills Development](http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/SAG-on-Preceptor-Skills.aspx)
<http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/SAG-on-Preceptor-Skills.aspx>
- [Educational Steering Committee](http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/Committees.aspx)
<http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/Committees.aspx>
- [Network Facilitators](http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/NetworkFacilitators.aspx)
<http://www.ashp.org/Import/MEMBERCENTER/Sections/SectionofClinicalSpecialistsandScientists/AboutThisSection/NetworkFacilitators.aspx>

The projects for each of the groups are extensive including educational programming, Webinars, networking sessions, journal articles, etc. The following network facilitator terms are nearing completion and the Executive Committee will be looking for individuals interested in serving the next term including anticoagulation, cardiology, critical care, emergency care, immunology/transplant, infectious diseases, nutrition, pain management, pharmacokinetics, and primary care/pharmacotherapy. The term is a two year commitment. Responsibilities include reviewing the ASHP Connect postings, coordinating and facilitating the network session at the Midyear Clinical Meeting, and providing quarterly updates on key issues within the area of specialty.

Residency Capacity – Many of our members are no doubt anxiously awaiting March 23rd and it's not to see how their basketball brackets are holding up. March 23rd is match day so whether you are waiting to find out where you matched, whom you matched, or what the current numbers have reached it will be a day that I expect many of our Section members will have marked on their calendars. Many of you undoubtedly reviewed last year's numbers and it is predicted that the number of resident candidates who will participate in the match will increase again this year. The question will be is that increase exponential and will the number of positions increase proportionally?

Last month ASHP sponsored a Pharmacy Residency Capacity Stakeholders Conference. The purpose of the conference was to identify ways to grow residency training programs. I encourage you to review the material presented at the conference which may be found at the following link:

<http://www.ashp.org/Import/ACCREDITATION/New/Pharmacy-Residency-Capacity-Stakeholders-Conference.aspx> Although the focus of the stakeholders conference was about growing programs, this connects with many of the discussions had by our Preceptor Skills Development Advisory Group. To date this SAG has been focused on identifying resources that will contribute to current preceptor roles and manage programs overall. So looking at the three areas that were discussed, I am curious what the sections discussion would have been if we were all present at the session. Let's start with the following questions:

- What are the barriers to increasing the number of residents to rotation preceptor at your facility?
- Should expansion focus first on increasing the size of current programs or developing new programs?
- Should there be tools developed for application in various programs that can just be directly applied with minimal alteration?

As first step to discussions with colleagues I would encourage you to possibly discuss these questions at the regional residency conferences. Once ASHP Connect launches we will also begin posting such questions for people to share ideas for expanding the number of residency positions.

Board Certification – here will be another Ambulatory Care preparation program at the APhA meeting and prior to the ASHP Summer Meeting for those interested in taking the exam in October. As noted in the previous message, the Executive Committee devoted some time during our strategic planning meeting discussing ASHP's role in the development of new certifications. ASHP has been involved with four of the six currently approved specialty areas and was the sole petitioning organization for two specialties, oncology and psychiatric pharmacy. In addition ASHP has worked jointly with other organizations in two other areas, ambulatory care and nutrition support. As a committee we recommended and encourage ASHP to continuously promote to the membership its involvement as a leader in petitioning for specialty credentialing. There was further discussion of the variability of

eligibility and recertification requirements for each of the specialty areas. The Executive Committee believes there should be a standardization of credentialing eligibility and recertification requirements which align with residency training and practice model. Take a look at the blog posting on ASHP Connect regarding Board Certification in Pharmacy to see a summary of the current eligibility and recertification requirements <http://ashpblog.squarespace.com/blog/tag/bps> .

As we ponder the creation of new certification specialties consider the following:

- Should there be a certification for every specialized area of practice? If not, what metric should be used to determine that a certificate is needed?
- Do you agree that there should be standardized eligibility criteria to sit for an exam? If so, what criteria should be considered?
- Do you agree that there should consistent criteria applied for recertification?

Gaining your feedback on these issues will be extremely valuable as the committee continues to discuss and prepare recommendations to the ASHP Board of Directors. Feel free to post a comment on the blog or as a discussion thread on the new ASHP Connect in April.

As you reflect on the challenges of expanding the number of residency programs and board certification think about how decisions made regarding these issues will facilitate the advancement of a new pharmacy practice model.

Sincerely,

Mary Hess, Pharm.D., FASHP, FCCM, FCCP

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