

# House of Delegates

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## Recommendations from the 2018 House of Delegates

The delegate[s] who introduced each Recommendation is [are] noted. Each Recommendation is forwarded to the appropriate body within ASHP for assessment and action as may be indicated.

### 1. Pharmacist-specific Issues in Parenteral Nutrition

Carol Rollins (AZ, MA)

**Recommendation:** Recommend that ASHP offer continuing education activities (e.g., boot-camp, plenary sessions, certificate program) that include patient care and pharmacist-specific issues (e.g., stability compatibility, calculations, storage) related to both adult and pediatric parenteral nutrition management.

**Background:** Many pharmacists, especially non-specialists, look to ASHP for continuing education related to parenteral nutrition (PN) as non-specialists are often being asked to manage the fluid and electrolyte portion of PN when a nutrition support specialist is no longer employed. Leaders in nutrition support pharmacy recognize a growing need for education related to pharmacy-specific information that often has a potentially profound effect on safety, especially as few colleges/schools of pharmacy and few residency programs now offer significant training in nutrition support, either adult or pediatric. Shortages have exacerbated issues of safety related to PN as product exchanges often carry compatibility and stability implications beyond those recognized by non-specialist pharmacist, and recent programming related to PN at ASHP meetings has primarily focused on ASPEN's recommendations for PN safety, not the pharmacist-specific issues. While a 70% overlap may exist in knowledge for interdisciplinary members managing PN, the pharmacist-specific information that has the potential for fatal outcomes is not "picked up" by any other profession and more pharmacist with minimal PN training are now performing PN management duties because training programs that help prepare pharmacists for this specialty role have become scarce.

### 2. Diversity and Inclusion

Christopher M. Scott (IN); Tate N. Trujillo (IN); IA, CT, PA, NH

**Recommendation:** Given the diversity of patients whom we serve, we recommend ASHP intentionally and strategically expand and support initiatives that promote diversity and inclusion in programming, policy, leadership, recognition, and membership. (This should incorporate all realms of diversity and inclusion, e.g., ethnic, cultural, gender, LGBTQ, etc.)

**Background:** Additional information available from contact.

### 3. Concern of Gray Market Distributors/Wholesalers

Lonnye Finneman (MT)

**Recommendation:** Council of Pharmacy Management revise existing ASHP drug distribution policy(s) to address the concern of gray market distributors/wholesalers contributing to increased drug prices and drug shortage issues.

**Background:** We have a nationwide issue with drug shortages and rising pharmaceutical costs. Gray market companies (such as Reliance Wholesale) are able to provide drug products even when primary wholesalers and manufacturers are unable to supply these products to customers, and therefore these drug products are not provided through normal distribution channels. These same gray market distributors/wholesalers have dramatically increased the cost of some of the drug they provide (i.e., dobutamine vial cost of \$99 per vial). Upon review of ASHP policy 1602 (Drug Product Supply Chain Integrity) and policy 1707 (Pharmaceutical Distribution Systems), this issue is not addressed. ASHP should have a firm stance on preventing these companies from contributing to the rising drug costs and drug shortages we are facing.

### 4. Multi-state Law Certification

Matthew Christie (ME)

**Recommendation:** ASHP work with states to develop regional licenses for pharmacists such as New England as done by other professions and VA.

**Background:** Additional information available from contact.

### 5. The Alignment of Beyond Use Dating for Single Dose and Multi-Dose Vials

Caryn Belisle (MA)

**Recommendation:** In order to reduce drug waste and mitigate safety risks in the event of drug shortages, all enforceable regulatory standards that address the beyond-use-date of a single or multi-dose drug vial must be in alignment with each other, and also recognize published literature that supports beyond-use-dating.

**Background:** With the impending draft revisions of USP <797>, the implementation of USP <800>, and the Joint Commission (JC) standards, there are misalignments with current practice standards as it pertains to drug shortages and reducing injectable vial waste. The JC has made it clear that the beyond use date (BUD) of a drug vial must not exceed that of what is recommended from the FDA approved package insert. This becomes a challenge when trying to mitigate risks during the drug shortage crisis, especially when USP <797> allows an extended BUD from a sterility standpoint. In addition, when studies in potency, stability, and sterility are completed at the local level or if there is actual published literature, it can become confusing as to what is or is not an acceptable BUD of a drug vial.

**6. Student Learner Consistency within Policies and Position Statements**

Section of Ambulatory Care Practitioners

**Recommendation:** The Section of Ambulatory Care Practitioners recommends that ASHP create an advisory group to review existing policies and position statements for alignment and the consistency of inclusion of student learners.

**Background:** In some ASHP policies and position statements, student learners are specifically called out, and in some, they are not. In some circumstances, it is appropriate to exclude student learners, however, a thorough review of existing policy would be helpful to ensure consistency.

**7. USP 797: Literature-based Beyond Use Dating**

Jeff Little (KS, MO)

**Recommendation:** ASHP should work with USP to develop evidence to support and potentially update USP 797 standard beyond use dating.

**Background:** USP 797 beyond-use dating leads to an incredible amount of wasted sterile preparations. The evidence to support the current beyond-use dating recommendations is lacking. ASHP could work with USP to develop evidence around beyond-use dating. This evidence could decrease waste in compounded sterile preparations and potentially even decrease the amount that health-systems spend on items from 503B compounding pharmacies.

**8. Creation of a New PGY-1 Residency Program in Pharmacy Operations**

Justin Konkol (WI and the Vizient Pharmacy Executive Committee)

**Recommendation:** We ask ASHP to create a task force to develop competency areas, goals, and objectives (CAGO) for the creation of a new PGY-1 health-system pharmacy operations residency program.

**Background:** There is an acute and significant need for pharmacists with specialized training to work in inpatient pharmacies, infusion centers, etc., that understand the operational components and complexities of this environment. Currently, there is not enough flexibility/time in PGY-1 pharmacy residencies to adequately train and develop the skillset needed to competently staff in these areas. There are a small number of PGY-2 programs in the market that focus on med use systems, but the graduates of these programs historically have been hired into administrative positions rather than staffing in the areas.

**9. Technician Representation on ASHP Councils**

Lindsay Massey (KS, MO, IL)

**Recommendation:** To recommend that ASHP evaluate the role of a technician representative on the ASHP Councils.

**Background:** With the newly formed ASHP Technician Forum, and the inclusion of student and new practitioner representatives, it may be of value to add a technician representative to certain councils.

**10. Meeting Attendance Incentives for ASHP-related Positions**

Section of Clinical Specialists and Scientists

**Recommendation:** Encourage ASHP to evaluate meeting related incentives to ASHP-related positions (e.g., program presenters, council chairs/vice chairs, section network facilitators, as appropriate) when meeting related activities are integral to the designated role.

**Background:** Understanding limited meeting monies, we ask ASHP to re-evaluate distribution of monies to members attending meetings to perform ASHP related duties such as those presenting programs, council chairs/vice chairs discussing policy rationales at the HOD and some section network facilitators who host networking sessions.

**11. Delegate Financial Support for ASHP Annual Summer Meetings**

Michelle Eby; Carla Darling; (Washington Metro Area)

**Recommendation:** We recommend that ASHP provide reduced or waived registration fees for each delegate to attend the ASHP Annual Summer Meetings.

**Background:** Regional delegates provide invaluable recommendations to ASHP, and this entails time, effort, and dedication. Local pharmacy societies work diligently to recruit experienced and knowledgeable pharmacists to represent their society but are unable to pay for the cost of travel to the Regional Delegate Conferences (RDC) and travel/registration to the ASHP Annual Summer Meetings for each delegate.

**12. Social Determinants of Health**

Davena Norris (NM)

**Recommendation:** To encourage the development of policy related to training pharmacists and student pharmacists to understand, identify, and address social determinants of health in collaboration with other team members.

**Background:** Social determinants of health (SDH) are the conditions under which people are born, grow, live, work, and age and the wider set of forces and systems shaping the conditions of daily life (WHO). SDH strongly influence health risk and outcomes. Thus, addressing SDH is important for improving health and reducing health disparities (Healthy People 2020). As pharmacists are increasingly integrated into healthcare teams, it is vital we become more knowledgeable about and develop skills for identifying and addressing SDH.

**13. Collaborative Practice Consistency**

Section of Ambulatory Care Practitioners

**Recommendation:** The Section of Ambulatory Care Practitioners recommends that ASHP convene a task force to review existing policies and position statements for consistency in use of the term collaborative practice.

**Background:** In 2017, the ASHP House of Delegates passed policy 1715 entitled Collaborative Practice. There was debate among delegates about the most appropriate term for this type of activity. Some ASHP policy position statements, such as policy 0905 refer to this activity as CDTM. The Section feels that a thorough review of existing policy for consistency of language would be helpful.

**14. New Antimicrobial Therapy Advocacy**

Lucas Schulz (WI)

**Recommendation:** To advocate for identification of innovative strategies to incentivize pharmaceutical manufacturers to continue developing and studying optimal use scenarios for novel antimicrobial agents and immune modulation therapies.

**Background:** Recent Congressional acts have encouraged industry to re-enter the antimicrobial R&D sphere; however, newly approved antimicrobials are met with restrictions and limited adoption into patient care due to very limited FDA approved indications. This slow uptake threatens the development pipeline. Therefore, ASHP should partner with industry to develop strategies to bring novel therapies and encourage use in clinical scenarios to market which do not place the health system financial well-being or patient care at risk.

**15. USP 800: Ensuring Safe and Consistent Implementation**

Jeff Little (KS, MO)

**Recommendation:** ASHP should work with USP to develop evidence based/expert opinion national standards for safe and consistent implementation of the USP 800 standard to prevent each institution from evaluating and developing their own standards.

**Background:** To promote safe, consistent, efficient, and cost-effective decisions, ASHP needs to provide leadership around the uncertainty with USP 800. The uncertainty will lead to institutions making their own decisions which will lead to variations in practice. One example is that ASHP should organize the literature review of NIOSGH Table 2 and Table 3 medications to standardize hazardous medication for a safe and consistent USP 800 implementation.

**16. Recruitment of Pharmacy Technicians to Pharmacy Workforce**

Lonnye Finneman (MT)

**Recommendation:** Recommend that the new Pharmacy Technician Forum develop and disseminate information related to career opportunities to enhance recruitment and retention of qualified pharmacy technicians.

**Background:** ASHP policy 1610 Career Opportunities for Pharmacy Technicians has a clause that states “To develop and disseminate information about career opportunities that enhances the recruitment and retention of qualified pharmacy technicians. In rural states, such as Montana, recruiting individuals to enter the workforce as a pharmacy technician is a challenge. So many career opportunities exist for pharmacy technicians and being a pharmacy technician can be a valuable and rewarding career. Many individuals have never heard about pharmacy technicians and the opportunities that exist, though. Therefore, there is a need to develop informational materials and bring national media attention to the need to recruit more qualified pharmacy technicians.

**17. Outside Access to Health System Electronic Health Records for Transitions of Care**

Dave Hager (WI)

**Recommendation:** That ASHP create a policy encouraging pharmacists in post-discharge care locations such as ALFs, SNFs, LTACs, and community pharmacies be granted health system electronic health record access to improve the safety of the transitions of care process with explicit oversight on who may obtain access by the health system's pharmacy department.

**Background:** Pharmacists must have access to patient data to make appropriate interventions during vulnerable transitions of care. Many health-system information systems departments make determinations on who may be granted external access the electronic health record without pharmacy department input. This policy would support the judicious expansion of EHR access to improve patient safety through transitions of care and establish the pharmacy department's role in evaluating the appropriateness of such requests.

**18. Emergency Supply of Medications during Catastrophic Events**

Charzetta James (FL)

**Recommendation:** To advocate for increased limits in day's supply of prescription medication dispensed by non-community pharmacy permit holders during catastrophic events.

**Background:** During Hurricane Irma many institutions were forced to keep higher patient census because of a lack of access to community pharmacies once discharged. Through the state of Florida patients were struggling to find pharmacies open to fill their prescriptions and were returned to the hospital. Currently only 72 hour supply is allowed. This recommendation advocates for up to 14 day supply to bridge the gap between the catastrophic event and service recovery in the community.

**19. Recognition of Perpetual Inventory of Controlled Substances in Automated Dispensing Technologies**

Kate McKinney (OH)

**Recommendation:** To encourage ASHP to partner with the DEA to recognize perpetual inventory of controlled substances (CII-V) for biennial inventory (title 21 CFR Part 1304.1) inventory requirements.

**Background:** ASHP's PAI encourages the use of automation and technology to support the expansion of the practice of pharmacy. Automated dispensing technologies are robustly utilized in the practice and delivery of health-system pharmacy. These technologies support pharmacy oversight to detect, deter, and decreased potential for drug diversion and support a closed loop chain of custody for disposition of drug. Following recommendations for and building upon the best practices described in the automation and technology section of the ASHP report ASHP Guidelines on Preventing Diversion of Controlled Substances. Recognition of perpetual inventory of ADTS is encouraged in place of biennial inventory required by the DEA.

**20. Pharmacist Authority to Prescribe Controlled Substances**

Heather Ourth (VA Affairs)

**Recommendation:** ASHP to develop policy and advocacy efforts to support state practice act expansion for prescribing of controlled substances by pharmacists, including federal authorization which allows pharmacists to obtain X waivers to prescribe medication assisted treatment.

**Background:** Currently 42 states prohibit the prescribing of controlled substances by pharmacists. This limits the pharmacist's ability to manage patients and fully integrate as providers in the areas of mental health, addiction, and pain management.

**21. ASHP Policy to Manage PBMs (or Guidelines)**

Nish Kasbekar (PA)

**Recommendation:** That ASHP develop strategies to assist health systems with managing PBM relationship or assisting health systems (providing guidance) to create their own.

**Background:** PBMs are unregulated and changing rules often. Hospital pharmacy departments are not always involved in PBM interactions. PBM have fees that could benefit pharmacy departments.



**22. Sections and Forums Integration**

Kevin Marvin (VT, MA, NE)

**Recommendation:** We recommend that ASHP develop a structure that manages issues identified by sections and forums that require integration of resources between the sections and forums to address specific topics and create specific deliverables. Furthermore, this structure should be supported by ASHP staff and have additional staff as specialized task forces are created.

**Background:** It is important that the appropriate specialists be involved in discussion and deliverables on issues impacting multiple sections. In addition, the work should be done in an integrated way to arrive at the best solution for all stakeholders.

**23. House of Delegates State Affiliate Membership Requirement**

Amada Hansen (OH)

**Recommendation:** Consider requiring state affiliate membership as a requirement of serving as a state representative for ASHP HOD.

**Background:** Active engagement with constituents within the state represented is imperative to effectively understand local practice dynamics. This is most efficiently achieved through state involvement.

**24. Amazon Entry into Pharmacy**

Section of Ambulatory Care Practitioners

**Recommendation:** The Section of Ambulatory Care Practitioners recommends that ASHP partner with other national pharmacy organizations to approach companies that are considering entry into the healthcare marketplace (i.e. Amazon) about being at the table for discussions that would affect the profession of pharmacy.

**Background:** There have been many conflicting reports about Amazon's entry into healthcare and the potential disruption of the pharmacy profession. There is confusion and tension among ASHP members regarding what could happen if Amazon enters the pharmacy market. Will prescriptions be orderable through Alexa and sent to patients' doors? Will community pharmacies become obsolete? As there is no clear idea of what may occur, it is difficult to prepare for the potential disruption. It is critical that ASHP is at the table with companies such as Amazon to serve as an important player in the decisions that get made, guide/influence the direction that Amazon takes, and/or at a minimum be responsible for informing members on strategy for how best to prepare.

**25. Addressing Barriers to Biosimilar Reimbursement**

Karen McConnell (CO); Amy Sipe (MO); Snehal Bhatt (MA)

**Recommendation:** For ASHP to evaluate the impact of reference product rebates on the third party reimbursement of biosimilar products.

**Background:** The adoption of biosimilars has been stymied due to rebate programs offered and paid by the pharmaceutical manufacturers of reference products (e.g., Remicade). These rebate programs, paid not only to providers, but also to third party payers (e.g., insurance), incentivize third party payers to not cover biosimilars. This results in biosimilar products not being available to many American patients. In order to support the availability and success of biosimilars in the US to foster competition, ASHP should oppose these rebate programs.

**26. Disclosure of Price Increases by Drug Product Manufacturers**

Jesse Hogue (MI)

**Recommendation:** ASHP should develop a policy to advocate that drug product manufacturers be required to provide public notification in advance of significant price increases.

**Background:** The Formulary and Pharmacy & Therapeutics Policy and Guideline Advisory Panel suggested such an amendment to ASHP policy 0814, recognizing the challenges presented by recent exorbitant drug price increases. Requiring early notification would enable health systems to proactively manage shortages and their budgets. These price increases are often passed on to patients out of necessity, which can then adversely impact patient access to those medications and therefore worsen patient outcomes.

**27. Professional Organization Involvement/Engagement as a Professional Obligation**

Katie Morneau (TX, NH)

**Recommendation:** Professional organization involvement is a professional responsibility and no current ASHP policies exist that speak to this topic.

**Background:** Other professional organizations have literature supporting value of membership in professional organizations (pharmacists do not). Value widely accepted by individuals but not necessarily workplaces and SOPs support from employers and SOPs vary widely and do not often reflect the value of service.

**28. Availability of Electrical Outlets at House of Delegates**

Carla Darling and Laura Zendel (Washington Metro Area)

**Recommendation:** Consider providing necessary resources for HOD meeting such as electrical outlets.

**Background:** In the era of growing electronic devices necessary to review, research, assess, and evaluate information, it would facilitate the work of delegates during the HOD meetings.

**29. Cannabinoids**

Scott Anderson (VA)

**Recommendation:** Recommend ASHP to review and update policy 1101 to include cannabinoids and related research.

**Background:** Additional research exists that was not available when the policy was created in 2011, as do additional cannabinoid products. State laws are being created as a result. ASHP should review their existing policy to include additional products and update the vocabulary with the correct terminology.

**30. House of Delegates Term Limits**

Scott Knoer (OH)

**Recommendation:** Consider imposing term limits on ASHP state delegates to give more members the opportunity to be involved and engaged.

**Background:** Being an ASHP delegate is a great way to get involved. Many leaders got their start as delegates. By imposing term limits more pharmacists can take part in this important process.

**31. Pharmacist Involvement in Post-Acute Care Settings**

Tammy Cohen (TX)

**Recommendation:** That ASHP recognize that post-acute care pharmacy services are integral components.

**Background:** A majority of hospitals in the U.S. are small and medium bed size. The request of ASHP is to include this group of facilities in future ASHP forecast publications (e.g., SNIF, LTAC).

**32. Student Programming: Resilience**

Nancy Korman (CA)

**Recommendation:** ASHP to develop programming specific for the student forum that addresses student specific scenarios which lead to burnout and stress.

**Background:** Today's pharmacy student feels the need to strive for perfection in many areas (academic, placement in the best pharmacy practice experiences, a CV replete with multiple leadership positions, community service activities, and research). In addition after graduation, they face the economic reality of a substantial debt from student loans. Their stress level is high, and they lack the tools to cope and be resilient. Programming focused on resilience and recognizing depression and suicidality in themselves and peers would be helpful.

**33. Utilization of Electronic Resources to Streamline Amendments, Recommendations, and New Business Items during the ASHP House of Delegates**

Mindy Burnworth, Carol Rollins, Renee Tyree (AZ)

**Recommendation:** To recommend that ASHP investigate alternative electronic methods to collate recommendations, amendments, new business items, and other HOD relevant materials to streamline efforts and facilitate timely dissemination of revised information.

**Background:** The ASHP House of Delegates has implemented several electronic modalities to enhance policy deliberation (such as ASHP Connect, housing of delegate materials on the ASHP website, streamlined electronic communications, audience response system voting), many of these being supported by ASHP staff. To further advance and streamline efforts, it would be valuable to utilize an open communication system or electronic database that could automatically convert amending language (that already includes strike-through, underlines) from ASHP Connect to the official ASHP Amending Language forms and other forms, thus, preventing duplicative work. This will allow for more timely policy deliberations and streamlined ASHP staff workload.

**34. Awareness and Education for Rare (Orphan) Diseases**

Mindy Burnworth, Carol Rollins, Renee Tyree (AZ)

**Recommendation:** To recommend that ASHP develop a statement on the pharmacist's role in the management of patients with rare (orphan) diseases and orphan drug products; further,

To develop a resource center on rare diseases that includes information on orphan drug products (e.g., unusual procurement procedures, special handling, dosing and administration) and related disease information; further,

To collaborate with rare disease, medical, and other pharmacy organizations to promote healthcare provider and public awareness, education, and resources for patients with rare disorders.

**Background:** Unfortunately, many healthcare practitioners do not receive formal training or education on rare diseases and orphan drugs in recognized healthcare educational programs. Thus, general knowledge of rare diseases and orphan drugs is inadequate, forcing "reactive" on-the-job self-teaching. The promotion of increased awareness of rare diseases and treatments by proactively sharing facts and resources to assist in the care of a patient with a rare disease will bridge the rare knowledge gap. Collaboration with other healthcare professions and organizations including the National Organization for Rare Disorders, the Canadian Organization for Rare Disorders, Rare Diseases Europe, the Office of Rare Diseases Research Genetic and Rare Diseases Information Center, and Orpha.net will also narrow the gap, especially in light of advances in precision medicine. This will complement the policy on "Ensuring Effectiveness, Safety, and Access to Orphan Drug Products," COT 1.

**35. Sterile and Non-Sterile Compounding Continuing Education**

Section of Ambulatory Care Practitioners, Home Infusion Section Advisory Group, MA, AZ

**Recommendation:** Recommend that ASHP include a tract with multiple activities related to sterile and non-sterile compounding for the Summer 2019 Meeting, and then continue to provide compounding-related CE activities especially sterile compounding, in small units (e.g., 1-4 hours) through various formats (e.g., Midyear meeting, electronic formats) to meet the growing need for education in compounding.

**Background:** Some states, including Massachusetts, now require pharmacists to obtain CE in compounding, both sterile and non-sterile, and other states are considering this requirement. The BPS specialty in sterile compounding will increase the need for this type of CE. ASHP's current resources in sterile compounding are great initial training tools; however, they are relatively large modules that will not meet the need for ongoing CE where this is now required for license renewal. Implementation of this recommendation will likely improve attendance at the ASHP Summer 2019 meeting in Boston (Massachusetts requires sterile and non-sterile compounding CE for license renewal) and continued provision of CE in sterile compounding would help keep ASHP as the leader for those needing ongoing education in sterile and non-sterile compounding.

**36. Use of International Classification of Disease Terminology in Publications**

Paul Driver (ID)

**Recommendation:** AJHP and ASHP should use International Classification of Disease (ICD) diagnosis code terminology in publications.

**Background:** Provider status for pharmacists is inevitable. Once this occurs, the use of ICD language will be essential to prevent denials and obtain reimbursements. In order to make this change as seamless as possible, it is important that the correct language be incorporated into documentation and communications. The use of ICD codes in publications will allow all readers and authors to incorporate language consistent with the current coding and be compliant with the reimbursement system.

**37. Reconsideration of Policy Title “Use of International System of Units for Patient and Medication-related Measurements”**

Elizabeth Wade (NH)

**Recommendation:** I recommend amending the title of the policy to include medication-related measurements.

**Background:** Amendments were approved at this 2018 session of the House of Delegates to incorporate medication-related measurements into the body of the policy. The title should reflect the changes.

**38. ASHP Guidelines for Pharmacist Relations with Industry**

Jim Lile (MI)

**Recommendation:** That ASHP complete the update to ASHP Guidelines for Pharmacists’ Relations with Industry

**Background:** The existing ASHP guideline has remained unchanged for 25 years. The guideline was last reviewed by the Council on Pharmacy Practice in 2009. The Council found the document in need of updating. Nearly nine years have passed since that recommendation. A request for an update on the status of this guideline was submitted to the HOD in 2017 and the guidelines were posted for public comment in September 2017 with a goal of completing drafting by year’s end. We request a subsequent update.

**39. Pharmacy Technician Forum Request**

Steven Gray (CA)

**Recommendation:** Ask the Pharmacy Technician Forum to consider the ASHP policy that was just adopted regarding Student Pharmacist Drug Testing to apply to student and employed pharmacy technicians for adoption next year.

**Background:** The California Board of Pharmacy has identified that drug abusing and diverting persons are enrolling in pharmacy technician training programs to get access to drugs during experiential training and after during employment. Further that drug abusing students and employees are more likely to abuse and divert drugs. Further, such persons are being recruited by gangs and organized crime to enroll in pharmacy technician training programs to become pharmacy technician employees.

**40. Recruitment Process: ASHP Residency Showcase**

Joan Kramer (KS, MO)

**Recommendation:** To recommend that ASHP convene a task force to assess the ASHP Residency Showcase and resident recruitment process, including but not limited to match rates and residency program return on investment for participation; further, to recommend the task force findings and action plan to close any identified gaps be presented to the ASHP Board of Directors within the next 12 months.

**Background:** The ASHP Residency Showcase has existed in its current format for more than a decade. There is sparse data demonstrating the current resident recruitment process ensures a strong candidate pool or successful match rate for residency programs. Additionally, the return on investment for residency program participation at the showcase is unknown. Twenty-first century recruitment updates, such as additional technology resources, are needed to attract the best candidates and sustain residency program participation.

**41. Incorporation of Sterile and Non-sterile Compounding Educational Sessions at the 2019 ASHP Summer Meetings**

Karl Gumpper (MA)

**Recommendation:** ASHP should provide educational sessions at the 2019 ASHP Summer Meetings that provide both sterile and non-sterile compounding to meet MA pharmacist annual CE requirements.

**Background:** The site of the 2019 ASHP Annual Meetings (Boston) is located in a state whose pharmacists involved in compounding (either directly or supervising) are required to obtain a minimum of 5 hours on sterile compounding and 3 hours in non-sterile compounding on an annual basis. In addition to attracting ASHP members, such sessions would attract non-ASHP members and provide additional revenue to ASHP. Additional interest in compounding topics would also be driven with the anticipated official date of adoption of USP 795 and USP 797 in December 2019. Sessions should include practical hands on materials as well as regulatory updates that would appeal to both inpatient practitioners as well as those involved in home care.