Human Resources

Promoting the Image of Pharmacists and Pharmacy Technicians (1828)
Source: Council on Education and Workforce Development
To promote the professional image of pharmacists and pharmacy technicians who work in all settings of health systems to the general public, public policymakers, payers, other healthcare professionals, and healthcare organization decision-makers.

This policy supersedes ASHP policy 0703.

Workforce Diversity (1705)
Source: Council on Education and Workforce Development
To affirm that a diverse and inclusive workforce contributes to health equity and health outcomes; further,

To advocate for the development of a workforce whose background, perspectives, and experiences reflect the diverse patients for whom pharmacists provide care.

Drug Testing (1717)
Source: Council on Public Policy
To recognize the use of pre-employment and random or for-cause drug testing during employment based on defined criteria and with appropriate testing validation procedures; further,

To support employer-sponsored drug programs that include a policy and process that promote the recovery of impaired individuals; further,

To advocate that employers use validated testing panels that have demonstrated effectiveness detecting commonly abused or illegally used substances.

This policy supersedes ASHP policy 9103.

Career Opportunities for Pharmacy Technicians (1610)
Source: Council on Education and Workforce Development
To promote pharmacy technicians as valuable contributors to healthcare delivery; further,

To develop and disseminate information about career opportunities that enhances the recruitment and retention of qualified pharmacy technicians; further,

To support pharmacy technician career advancement opportunities, commensurate with training and education; further,

To encourage compensation models for pharmacy technicians that provide a living wage.

This policy supersedes ASHP policy 0211.

Credentialing, Privileging, and Competency Assessment (1415)
Source: Council on Education and Workforce Development
To support the use of post-licensure credentialing, privileging, and competency assessment to practice pharmacy as a direct patient-care practitioner; further,

To advocate that all post-licensure pharmacy credentialing programs meet the guiding principles established by the Council on Credentialing in Pharmacy; further,

To recognize that pharmacists are responsible for maintaining competency to practice in direct patient care.

This policy supersedes ASHP policy 0006.

Financial Management Skills (1207)
Source: Council on Pharmacy Management
To foster the systematic and ongoing development of management skills for health-system pharmacists in the areas of (1) health-system economics, (2) business plan development, (3) financial analysis, (4) metrics for clinical and distributive services, (5) pharmacoeconomic analysis, (6) diversified pharmacy services, (7) compensation for pharmacists' patient-care services, and (8) revenue cycle compliance and management; further,

To encourage colleges of pharmacy to incorporate these management areas in course work and experiential education; further,

To encourage financial management skills development in pharmacy residency training programs and new practitioner orientation.

This policy was reviewed in 2016 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Board Certification for Pharmacists (1225)
Source: Section of Clinical Specialists and Scientists
To support the principle that pharmacists who practice where a pharmacy specialty has been formally recognized by the profession should become board certified in the appropriate specialty area; further,

To recognize the Board of Pharmacy Specialties (BPS) as an appropriate organization through which specialties are formally recognized and specialty pharmacy certification should occur; further,

To advocate prioritization for recognition of new specialties in those areas where sufficient numbers of postgraduate year two residency training programs are established and where adequate numbers of pharmacists are completing accredited training programs to prepare them to practice in the specialty area; further,

To advocate for standardization of credentialing eligibility and recertification requirements to include consistent requirements for advanced postgraduate residency training; further,

To promote a future vision encouraging accredited training as an eventual prerequisite for board certification; further,

To encourage BPS to be sensitive to the needs of current practitioners as prerequisites evolve; further,

To actively encourage and support the development of effective training and recertification programs that prepare specialists for certification examination and ensure the maintenance of core competencies in their area of specialization.

Professional Socialization (1113)
Source: Council on Education and Workforce Development
To encourage pharmacists to serve as mentors to students, residents, and colleagues in a manner that fosters the adoption of: (1) high professional standards of pharmacy practice, (2) high personal standards of integrity and competence, (3) a commitment to serve humanity, (4) analytical thinking and

ethical reasoning, (5) a commitment to continuing professional development, and (6) personal leadership skills.

This policy was reviewed in 2015 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

Credentialing and Privileging by Regulators, Payers, and Providers for Collaborative Drug Therapy Management (0905)

Source: Council on Public Policy

To advocate expansion of collaborative drug therapy management (CDTM) practices in which the prescriber and the licensed pharmacist agree upon the conditions under which the pharmacist initiates, monitors, and adjusts a patient's drug therapy; further,

To acknowledge that as a step toward the goal of universal recognition of and payment for pharmacist CDTM services, public or private third-party payers may require licensed pharmacists to demonstrate their competence to provide CDTM, before the payers authorize them to engage in or be paid for such clinical services; further,

To support (1) the development (as a professional initiative by pharmacist associations rather than as a government activity) of national standards for determining a pharmacist's competence to provide CDTM and (2) the appropriate use of these standards by clinical privileging systems, government authorities, and public or third-party payers; further,

To support the use of clinical privileging by hospitals and health systems to assess a licensed pharmacist's competence to engage in CDTM within the hospital or health system; further,

To advocate that state boards of pharmacy apply the principles of continuous quality improvement in assessing the quality, safety, and outcomes of CDTM.

(*Note: Privileging* is the process by which an oversight body of a health care organization or other appropriate provider body, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that setting.)

This policy was reviewed in 2013 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

Intimidating or Disruptive Behaviors (0919)

Source: Council on Pharmacy Management

To affirm the professional responsibility of the pharmacist to ensure patient safety by communicating with other health care personnel to clarify and improve medication management; further,

To advocate that hospitals and health systems adopt zero-tolerance policies for intimidating or disruptive behaviors; further,

To encourage hospitals and health systems to develop and implement education and training programs for all health care personnel to encourage effective communication and discourage intimidating or disruptive behaviors; further,

To encourage colleges of pharmacy and residency training programs to incorporate training in communications and managing intimidating or disruptive behaviors; further,

To collaborate with other organizations to advocate codes of conduct that minimize intimidating or disruptive behavior in hospitals and health systems.

This policy was reviewed in 2013 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Education, Prevention, and Enforcement Concerning Workplace Violence (0810)

Source: Council on Public Policy

To advocate that federal, state, and local governments recognize the risks and consequences of workplace violence in the pharmacy community and enact appropriate criminal penalties; further,

To collaborate with federal, state, and local law enforcement and other government authorities on methods for early detection and prevention of workplace violence; further,

To encourage all workplace environments to develop and implement a policy for pharmacy personnel that (1) educates about prevention and deterrence of workplace violence, (2) identifies escalating situations that can lead to violence and instructs employees on protection and self-defense, and (3) provides continued support and care to heal personnel who were directly or indirectly involved in an incident of workplace violence; further,

To encourage the health care community to develop and maintain a communication network to share information about incidents of potential and real workplace violence.

This policy was reviewed in 2017 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

Appropriate Staffing Levels (0812)

Source: Council on Public Policy

To advocate that pharmacists at each practice site base the site's pharmacist and technician staffing levels on patient safety considerations, taking into account factors such as (1) acuity of care, (2) breadth of services, (3) historical safety data, and (4) results of research on the relationship between staffing patterns and patient safety; further,

To advocate that regulatory bodies not mandate specific, uniform pharmacy personnel ratios but rather ensure that site-specific staffing levels optimize patient safety; further,

To encourage additional research on the relationship between pharmacy staffing patterns and patient safety.

This policy was reviewed in 2017 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

Influenza Vaccination Requirements to Advance Patient Safety and Public Health (0615)

Source: Council on Professional Affairs

To advocate that hospitals and health systems require health care workers to receive an annual influenza vaccination except when (1) it is contraindicated, or (2) the worker has religious objections, or (3) the worker signs an informed declination; further,

To encourage all hospital and health-system pharmacy personnel to be vaccinated against influenza; further,

To encourage hospital and health-system pharmacists to take a lead role in developing and implementing policies and procedures for vaccinating health care workers and in providing education on the patient safety benefits of annual influenza vaccination; further,

To work with the federal government and others to improve the vaccine development and supply system in order to ensure a consistent and adequate supply of influenza virus vaccine.

This policy was reviewed in 2015 by the Council on Pharmacy Practice and by the Board of Directors and was found to still be appropriate.

Staffing for Safe and Effective Patient Care (0201)
Source: Council on Administrative Affairs
To encourage pharmacy managers to work in collaboration with physicians, nurses, health-system administrators, and others to outline key pharmacist services that are essential to safe and effective patient care; further,

To encourage pharmacy managers to be innovative in their approach and to factor into their thinking legal requirements, accreditation standards, professional standards of practice, and the resources and technology available in individual settings; further,

To support the following principles:

- Sufficient qualified staff must exist to ensure safe and effective patient care;
- During periods of staff shortages, pharmacists must exert leadership in directing resources to services that are the most essential to safe and effective patient care;
- Within their own organizations, pharmacists should develop contingency plans to be implemented in the event of insufficient staff—actions that will preserve services that are the most essential to safe and effective patient care and will, as necessary, curtail other services; and
- Among the essential services for safe and effective patient care is pharmacist review of new medication orders before the administration of first doses; in settings where patient acuity requires that reviews of new medication orders be conducted at any hour and similar medication-use decisions be made at any hour, there must be 24-hour access to a pharmacist.

This policy was reviewed in 2016 by the Council on Pharmacy Management and by the Board of Directors and was found to still be appropriate.

Pharmacist Recruitment and Retention (0218)
Source: Council on Legal and Public Affairs
To support federal and state incentive programs for new pharmacy graduates to practice in underserved areas; further,

To provide information and educational programming on strategies used by employers for successful recruitment and retention of pharmacists and pharmacy technicians; further,

To conduct regular surveys on trends in the health-system pharmacy work force, including retention rates for pharmacists and pharmacy technicians.

This policy was reviewed in 2016 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

Professional Development as a Retention Tool (0112)
Source: Council on Educational Affairs
To recognize that pharmacy department staff development is an essential component of staff recruitment and retention as well as quality of work life; further,

To recognize that staff development encompasses more than formal inservice or external programs and includes informal learning among colleagues, mentoring, and other types of learning; further.

To strongly encourage pharmacy directors and health-system administrators to support staff development programs as an important benefit that aids in recruiting and retaining qualified practitioners; further,

To assist pharmacy directors with staff development initiatives by providing a variety of educational programs, services, and resource materials.

This policy was reviewed in 2015 by the Council on Education and Workforce Development and by the Board of Directors and was found to still be appropriate.

Employee Testing (9108)
Source: Council on Legal and Public Affairs
To oppose the use of truth-verification testing such as polygraphs as routine employment practices because of the possible interference with the rights of individuals; further,

To recognize the limited use of such testing during employment where such testing may protect the rights of individuals against false witness.

This policy was reviewed in 2016 by the Council on Public Policy and by the Board of Directors and was found to still be appropriate.

ASHP Policy Positions 2009–2018 (with Rationales)
Pharmacy Management: Human Resources

1828

Promoting the Image of Pharmacists and Pharmacy Technicians

Source: Council on Education and Workforce Development

To promote the professional image of pharmacists and pharmacy technicians who work in all settings of health systems to the general public, public policymakers, payers, other healthcare professionals, and healthcare organization decision-makers.

This policy supersedes ASHP policy 0703.

Rationale

The success of ASHP's advocacy efforts relies on public perception of the pharmacists, student pharmacists, and pharmacy technicians we represent. Promoting the image of pharmacy, which consistently ranks among the most trusted professions, is an ongoing priority for ASHP. In addition, as stated in the ASHP Statement on Professionalism, one of the fundamental services of a professional is recruiting, nurturing, and securing new practitioners to that profession's ideals and mission. The recruitment of pharmacists and pharmacy technicians begins in high school or even earlier, when students are exploring potential careers. ASHP is committed to highlighting opportunities for pharmacy careers in all health-system settings to maintain a pool of quality candidates for those careers.

1705

Workforce Diversity

Source: Council on Education and Workforce Development

To affirm that a diverse and inclusive workforce contributes to health equity and health outcomes; further,

To advocate for the development of a workforce whose background, perspectives, and experiences reflect the diverse patients for whom pharmacists provide care.

Rationale

As the U.S. becomes more heterogeneous, the pharmacy workforce should reflect and respond to this increasingly diverse patient base. An inclusive pharmacy workforce is best able to positively impact the health and wellness of patients for whom pharmacists provide care. According to the Institute of Medicine, increasing diversity among healthcare providers is associated with improved access to care for racial and ethnic minority patients, greater patient choice and satisfaction, and better educational experiences for health professions students.[1,2] Diversity in the pharmacy workforce includes, but is not limited to, the categories of sexual

[1] Smedley BD, Butler AS, Bristow LR, eds. In the nation's compelling interest: ensuring diversity in the health-care workforce. Washington, DC: National Academies Press; 2004.

[2] Cohen JJ, Gabriel, BA, Terrell C. The case for diversity in the health care workforce. *Health Aff*.2002;21(5):90-102.

orientation and gender expression, age, national origin, socioeconomic origin, ethnicity, culture, gender, race, religion, and persons with disabilities.[3] A diverse pharmacy workforce will provide the best care for all patients.

1717
Drug Testing
Source: Council on Public Policy

To recognize the use of pre-employment and random or for-cause drug testing during employment based on defined criteria and with appropriate testing validation procedures; further,

To support employer-sponsored drug programs that include a policy and process that promote the recovery of impaired individuals; further,

To advocate that employers use validated testing panels that have demonstrated effectiveness detecting commonly abused or illegally used substances.

This policy supersedes ASHP policy 9103.

Rationale
Controlled substance diversion and abuse has reached the attention at the highest levels in the U.S., with even the White House weighing in on the crisis. In the past 4-5 years, the Drug Enforcement Administration has levied large fines on chain drugstores, drug wholesalers, and even major hospitals. Pharmacy managers and pharmacists-in-charge have increasing responsibility of ensuring controlled substance management and storage across large healthcare organizations. There is an increased risk to organizations as acquisitions of physician office practices, clinics, and other nonhospital-based business units continue, and many challenges exist for healthcare institutions in managing controlled substances.
ASHP recognizes that drug testing job applicants and employees whose responsibilities may bring them into contact with controlled substances is an essential element of diversion prevention programs. Pre-employment and random or for-cause drug testing should be performed based on defined criteria, with appropriate testing validation procedures, and have demonstrated effectiveness detecting commonly abused or illegally used substances. In addition, drug testing should be supported by an employee addiction recovery program, as outlined in the ASHP Statement on the Pharmacist's Role in Substance Abuse Prevention, Education, and Assistance.

1610
Career Opportunities for Pharmacy Technicians

[3] American Medical Association. AMA policies on LGBT issues. http://www.ama-assn.org/ama/pub/about-ama/our-people/member-groups-sections/glbt-advisory-committee/ama-policy-regarding-sexual-orientation.page (accessed 2016 Oct 4).

Source: Council on Education and Workforce Development

To promote pharmacy technicians as valuable contributors to healthcare delivery; further,

To develop and disseminate information about career opportunities that enhances the recruitment and retention of qualified pharmacy technicians; further,

To support pharmacy technician career advancement opportunities, commensurate with training and education; further,

To encourage compensation models for pharmacy technicians that provide a living wage.

This policy supersedes ASHP policy 0211.

Rationale

As the responsibilities of pharmacy technicians expand and their role as a vital member of the healthcare team is recognized, it is imperative that pharmacy technicians be well trained and competent to perform those responsibilities. Pharmacists cannot achieve their goals for quality patient care without the support of competent pharmacy technicians. To support pharmacists, it is important that pharmacy technician positions be viewed as a career option and not just a job. As such, pharmacy technicians should be given opportunities for life-long advancement and should be compensated a living wage to ensure that being a pharmacy technician is a viable career option. (For the purposes of this policy, a living wage is defined as one sufficient to provide the basic things, such as food and shelter, needed to live an acceptable life.[4])

The median annual salary of pharmacy technicians in the U.S., $29,320 in 2012, falls short by approximately $5,000 per year of the median annual salaries for other health technologists and technicians.[5] Pharmacy technicians do not earn as much as dental hygienists ($71,530) or radiologic technologists ($56,760).[6] If a wage and benefits, commensurate with skills and responsibility, were paid to pharmacy technicians, the pharmacy profession could expect a better return on employee investment and reduced turnover rates. Improving wages and benefits would encourage workers to make a career of being a pharmacy technician and reinforce their vital role on the healthcare team.

1415

CREDENTIALING, PRIVILEGING, AND COMPETENCY ASSESSMENT

Source: Council on Education and Workforce Development

To support the use of post-licensure credentialing, privileging, and competency assessment to practice pharmacy as a direct patient-care practitioner; further,

[4] Merriam-Webster online (http://www.merriam-webster.com/dictionary/living wage).

[5] Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook, 2014-2015 Edition, Pharmacy Technicians. http://www.bls.gov/ooh/healthcare/pharmacy-technicians.htm (accessed 2015 Jul 23).

[6] US News and World Report. Best Health Care Jobs 2015, Pharmacy Technician: Salary. http://money.usnews.com/careers/best-jobs/pharmacy-technician/salary (accessed 2015 September 8).

To advocate that all post-licensure pharmacy credentialing programs meet the guiding principles established by the Council on Credentialing in Pharmacy; further,

To recognize that pharmacists are responsible for maintaining competency to practice in direct patient care.

This policy supersedes ASHP policy 0006.

Rationale

Pharmacists engaged in direct patient care should possess the education, training, and experience necessary to function effectively, efficiently, and responsibly in that role. As their role in direct patient care has increased, pharmacists have recognized that they are independently responsible for maintaining their credentials and competencies. Currently, no specific objective measures are available for determining competence to provide direct patient care, however. Until such measures are available, pharmacists can establish their competence through post-licensure education, training, and certification, and health care organizations can ensure that practitioners with the right skills are matched to the scope of practice expected through competency assessment and their credentialing and privileging processes.

Although many avenues of credentialing and competency assessment currently exist, hospital and health-system credentialing and privileging of pharmacists is a relatively recent phenomenon. ASHP and the Council on Credentialing in Pharmacy (CCP) are in agreement that pharmacists should be expected to participate in credentialing and privileging processes to ensure they have attained and maintain competency to provide the scope of services and quality of care that are required in their practices (Council on Credentialing in Pharmacy Guiding Principles for Post-Licensure Credentialing of Pharmacists, February 2011.) To ensure the quality of post-licensure credentialing programs, they should be required to adhere to the guiding principles developed by CCP.

Note that several definitions are integral to proper understanding of this policy (definitions taken from the Council on Credentialing in Pharmacy, Credentialing in Pharmacy: A Resource Paper, except as noted):

Credential: documented evidence of professional qualifications.
Credentialing: (1) the process of granting a credential, and (2) the process by which an organization obtains, verifies, and accesses and individual's qualifications to provide patient care services.
Privileging: the process by which an oversight body of a health care organization or other appropriate provider body, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that setting.
Competence: The ability of the individual to perform his/her duties accurately, make correct judgments, and interact appropriately with patients and colleagues.
Competency: A distinct knowledge, skill, attitude, or value that is essential to the practice of a profession.
Direct patient care: involves the pharmacist's direct observation of the patient and his

or her (i.e., the pharmacist's) contributions to the selection, modification, and monitoring of patient-specific drug therapy. This is often accomplished within an interprofessional team or through collaborative practice with another health care provider. (American College of Clinical Pharmacy definition, as endorsed in: Council on Credentialing in Pharmacy. Scope of contemporary pharmacy practice: roles, responsibilities, and functions of pharmacists and pharmacy technicians.)

1207
FINANCIAL MANAGEMENT SKILLS
Source: Council on Pharmacy Management

To foster the systematic and ongoing development of management skills for health-system pharmacists in the areas of (1) health-system economics, (2) business plan development, (3) financial analysis, (4) metrics for clinical and distributive services, (5) pharmacoeconomic analysis, (6) diversified pharmacy services, (7) compensation for pharmacists' patient-care services, and (8) revenue cycle compliance and management; further,

To encourage colleges of pharmacy to incorporate these management areas in course work and experiential education; further,

To encourage financial management skills development in pharmacy residency training programs and new practitioner orientation.

This policy supersedes ASHP policy 0508.

Rationale
Revenue cycle compliance and management represent an increasingly important aspect of the business operations of hospitals and health systems. Pharmacy leaders must exert leadership in managing medication-related revenue cycle compliance in order to ensure financial success of the health care enterprise. Pharmacy leaders must develop and maintain knowledge and skills in this area

1225
BOARD CERTIFICATION FOR PHARMACISTS
Source: Section of Clinical Specialists and Scientists

To support the principle that pharmacists who practice where a pharmacy specialty has been formally recognized by the profession should become board certified in the appropriate specialty area; further,

To recognize the Board of Pharmacy Specialties (BPS) as an appropriate organization through which specialties are formally recognized and specialty pharmacy certification should occur; further,

To advocate prioritization for recognition of new specialties in those areas where sufficient numbers of postgraduate year two residency training programs are established and where adequate numbers of pharmacists are completing accredited training programs to prepare them to practice in the specialty area; further,

To advocate for standardization of credentialing eligibility and recertification requirements to include consistent requirements for advanced postgraduate residency training; further,

To promote a future vision encouraging accredited training as an eventual prerequisite for board certification; further,

To encourage BPS to be sensitive to the needs of current practitioners as prerequisites evolve; further,

To actively encourage and support the development of effective training and recertification programs that prepare specialists for certification examination and ensure the maintenance of core competencies in their area of specialization.

Rationale

As medication therapies become more complex, the need for specialized expertise increases. Some areas of health care practice evolve to the point where certification, based on formal accredited training and psychometrically valid examination, is needed to assure the public and other health care professionals of a level of competence, quality, and consistency among specialists practicing in that field. Certification, as defined by Council on Credentialing in Pharmacy, is the process by which a nongovernmental agency or an association grants recognition to an individual who has met certain predetermined qualifications specified by that organization. Formal recognition of pharmacy specialties demonstrates the unique knowledge, skills, and abilities of pharmacists in well-defined areas of practice and provides the assurance the public and other health care professionals need.

ASHP has long recognized the value of specialty certification. ASHP has been involved in four of the six petitions to the Board of Pharmacy Specialties (BPS) requesting recognition of new pharmacy specialties. ASHP was the sole petitioning organization for two specialties, and has worked jointly with other organizations in developing two other specialties. The *ASHP Long Range Vision for Pharmacy Work Force in Hospitals and Health Systems* states that pharmacists who provide services in an area where specialty certification exists should be certified in that specialty, and the *ASHP Supplemental Standards for Postgraduate Training* require such certification of residency program directors only. More recently, the Pharmacy Practice Model Initiative (PPMI) recommended that pharmacists who provide drug therapy management should be certified through the most appropriate BPS board-certification process if such a specialty has been established (Recommendation B10).

BPS is currently the only pharmacist-certifying organization accredited by the National Commission for Certifying Agencies (NCCA). NCAA accreditation ensures very high quality standards in the professional certification industry. Although other organizations have developed an array of credentials of differing value, those credentials do not necessarily represent the recognition of a unique area of specialization and the development of processes

recognized by the profession to ensure the quality of specialty practice. It is also important to distinguish the recognition of specialties within the practice of pharmacy from other multidisciplinary certifications. Although some similarities exist in the nature of such programs, they also do not represent the recognition of a unique area of specialization and the development of processes recognized by the pharmacy profession to ensure the quality of specialty practice.

The profession should be more strategic in its efforts to grow and mature new specialties. To date, the pharmacy profession has relied upon an episodic petitioning process to identify and recognize new specialties. A methodical specialty development process would prioritize recognition of areas of practice for which a sufficient number of high-quality training programs exist and would promote development of training programs in emerging areas of pharmacy specialization in advance of specialty recognition.

Eligibility requirements for Board certification vary widely among currently recognized specialties. Although it may not currently be possible to require residency training as a prerequisite for all BPS specialty certification applicants, over time postgraduate year two residency training should become the preferred prerequisite to establish consistent requirements across specialties and provide a stronger linkage between training and certification. ASHP policy currently supports the principle that accredited training is an important future prerequisite for pharmacy technicians prior to certification by the Pharmacy Technician Certification Board. This same principle that accredited training should precede certification should also apply to specialists in our profession. It will be important for BPS to plan for this future vision and evolve requirements in a manner that is sensitive to the needs of existing practitioners.

1113

PROFESSIONAL SOCIALIZATION

Source: Council on Education and Workforce Development

To encourage pharmacists to serve as mentors to students, residents, and colleagues in a manner that fosters the adoption of: (1) high professional standards of pharmacy practice, (2) high personal standards of integrity and competence, (3) a commitment to serve humanity, (4) analytical thinking and ethical reasoning, (5) a commitment to continuing professional development, and (6) personal leadership skills.

This policy supersedes ASHP policy 0110.

Rationale

One of the most important outcomes of a successful student–preceptor relationship may be the most difficult to measure: the growth of the student as a professional through the development of professional values such as integrity, ethics, leadership, and giving back to the community. Among the barriers that often hinder the professional socialization of students are the inadequate preparation of preceptors to do more than pass along clinical or management knowledge and the lack of a supportive environment that places value on the mentoring role of the preceptor.

Other barriers to effective professional socialization of students through their preceptors relate to declining emphasis on internship by boards of pharmacy, which in effect reduces the amount of time that the intern has with his or her preceptor, and the fact that many preceptors are not filling that role voluntarily but rather are pressured into doing so.

0905
CREDENTIALING AND PRIVILEGING BY REGULATORS, PAYERS, AND PROVIDERS FOR COLLABORATIVE DRUG THERAPY MANAGEMENT
Source: Council on Public Policy

To advocate expansion of collaborative drug therapy management (CDTM) practices in which the prescriber and the licensed pharmacist agree upon the conditions under which the pharmacist initiates, monitors, and adjusts a patient's drug therapy; further,

To acknowledge that as a step toward the goal of universal recognition of and payment for pharmacist CDTM services, public or private third-party payers may require licensed pharmacists to demonstrate their competence to provide CDTM, before the payers authorize them to engage in or be paid for such clinical services; further,

To support (1) the development (as a professional initiative by pharmacist associations rather than as a government activity) of national standards for determining a pharmacist's competence to provide CDTM and (2) the appropriate use of these standards by clinical privileging systems, government authorities, and public or third-party payers; further,

To support the use of clinical privileging by hospitals and health systems to assess a licensed pharmacist's competence to engage in CDTM within the hospital or health system; further,

To advocate that state boards of pharmacy apply the principles of continuous quality improvement in assessing the quality, safety, and outcomes of CDTM.

(*Note:* "Privileging" is the process by which an oversight body of a health care organization or other appropriate provider body, having reviewed an individual health care provider's credentials and performance and found them satisfactory, authorizes that individual to perform a specific scope of patient care services within that setting.)

This policy supersedes ASHP policy 0318.

Rationale
Over 45 states permit collaborative drug therapy management (CDTM). ASHP not only supports CDTM but advocates its expansion. To help achieve the goal of recognizing and paying pharmacists for CDTM services (a step toward universal recognition of pharmacists as health care providers), ASHP recognizes that public and private payers may require pharmacists to demonstrate competence to provide CDTM and that state licensure may not be the only state-imposed legal requirement to provide those services. For example, federal legislation (H.R. 5780) has been proposed that would allow Medicare payment for CDTM to pharmacists

designated by state law as a "clinical pharmacist practitioner" or "pharmacist clinician" (currently North Carolina and New Mexico, respectively). These two designations are conferred upon licensed pharmacists who complete physical assessment training and experiential hours.

ASHP supports a professional initiative to develop national standards for determining pharmacist competence and the appropriate use of these standards by clinical privileging systems, governments, and public or third-party payers. ASHP continues to support the application of the clinical privileging process to CDTM as practiced within hospitals and health systems and notes the need for state boards of pharmacy to establish quality improvement processes with respect to patient safety and outcomes of CDTM services.

0919
INTIMIDATING OR DISRUPTIVE BEHAVIORS
Source: Council on Pharmacy Management

To affirm the professional responsibility of the pharmacist to ensure patient safety by communicating with other health care personnel to clarify and improve medication management; further,

To advocate that hospitals and health systems adopt zero-tolerance policies for intimidating or disruptive behaviors; further,

To encourage hospitals and health systems to develop and implement education and training programs for all health care personnel to encourage effective communication and discourage intimidating or disruptive behaviors; further,

To encourage colleges of pharmacy and residency training programs to incorporate training in communications and managing intimidating or disruptive behaviors; further,

To collaborate with other organizations to advocate codes of conduct that minimize intimidating or disruptive behavior in hospitals and health systems.

Rationale
Intimidating or disruptive behaviors can lead to medical errors, contribute to poor patient satisfaction, increase costs, and cause staff turnover. Such behaviors range from passive behaviors such as refusal to answer questions or return pages and use of condescending language to overt actions such as verbal outbursts or physical threats. A 2003 survey on workplace intimidation by the Institute for Safe Medication Practices revealed that 88% of respondents had encountered condescending language, 79% had encountered reluctance or refusal to answer questions or phone calls, 48% had been subjected to strong verbal abuse, and 4% reported actual physical abuse. Intimidating behavior was not limited to physicians or prescribers. Nearly half (49%) of the respondents reported that experience with intimidation altered the approach to order clarifications or questions about medication orders, increasing the intimidated professional's reluctance to intervene.

There has been growing attention to this issue, especially by the nursing profession, with results such as the universal protocol and time-outs to prevent wrong site, wrong

procedure, or wrong person surgery. Although pharmacy has until now given little attention to the issue, ASHP believes organizations should develop training programs to discourage disruptive behaviors and to train employees in handling disruptive situations, and colleges of pharmacy and residency training programs should also provide training in this area. Such organizational efforts will help with compliance with The Joint Commission leadership standard on disruptive behavior (LD.03.01.01) that became effective January 1, 2009.