AACP REPORT

Address of the 2020-2021 President and Immediate Past President to the First House of Delegates at the 2020 Virtual Annual Meeting of the American Association of Colleges of Pharmacy

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Sorensen: Last year, I stood before the House of Delegates to present my incoming President’s address, and I started with the opening line of Charles Dickens’ Tale of Two Cities, “It is the best of times, it is the worst of times.” I shared my belief that, despite the challenging issues of the day – a reduced enrollment pipeline, employment challenges for our graduates, frustrations on the part of many pharmacists regarding their work environment – that there were great opportunities awaiting our profession if we worked collectively to orient academic pharmacy toward those opportunities. We left last year’s annual meeting with a “best of times” view and commitment to focus on achieving a bold aim where, by 2025, 50% of primary care physicians in the United States will have a formal relationship with a pharmacist.

And then, COVID-19 entered our reality. Add another tick mark in the “worst of times” column.

Yes, our current pandemic has created new challenges. Every one of our institutions has had to adapt in ways we never thought would be required, on a timeline we couldn’t imagine would be possible. Shifting to new instructional methods with little prior experience, reorganizing and revising experiential education programs in real time, addressing budgetary challenges with no preparation time. These are certainly issues that could easily bring us back to a “worst of times” mindset.

But just as it has brought us new challenges, the pandemic also presents new opportunities. The work that we were committed to one year ago has not diminished in importance. In fact, as the pandemic disrupts many long-standing structures in health care, new opportunities are emerging to position pharmacists as critical contributors to health care and essential members of care teams.

Lin: You just heard President Sorensen talk about his bold agenda this past year to transform practice. As I thought through where we need to go as an Academy and as a profession, two core beliefs were central to my thinking. One is the inextricable link between pharmacy education and practice transformation, and second is the concept of grit. This leads to the themes of our work together this year: transformation and grit. I will come back to these themes in a minute.

These two core beliefs also impact two target populations. First are the student pharmacists who come to our schools because they want to help people live better and healthier lives. Second are the patients that our students will take care of throughout their careers. Everything that we do is about serving the best interest of student pharmacists and patients.

Our work is guided by two goals: First, the JCPP vision of “patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based health care.” This guided President Sorensen’s focus on practice transformation this year. This is how we can work in the best interest of patients.

The second, as pharmacy educators, AACP’s mission to “advance pharmacy education, research, scholarship, practice and service, in partnership with members and stakeholders, to improve health for all.” This is one of the ways in which we achieve that overarching vision set by the JCPP and work in the best interest of our student pharmacists.

Webster’s Dictionary defines “transform” as to change in character or condition. When we think about the care that pharmacists are capable of providing, we have to do more than just tweak how we practice; we need to
change the character and condition of practice to achieve the JCPP vision. We have to transform how we teach the next generation of pharmacists.

This theme of transformation is critical to the education that our students will experience and the care that our patients will receive. This idea of transformation is not new and has been discussed over the years in many different ways. But I think to truly achieve excellence and work towards our collective vision for pharmacy practice and the mission of AACP, it takes grit.

If you have not read the book *Grit* by Angela Duckworth, I would highly recommend it. Dr. Duckworth describes two components of grit: passion and perseverance.

Passion begins with intrinsically enjoying what you do. We all love to teach; we have heard faculty say that it is exciting to see the lightbulb go on for students, and for those who practice, seeing patients improve and meet clinical outcome goals keeps them going even when the practice setting is not ideal. But passion alone will not take us to excellence or to where the pharmacy profession or pharmacy education need to be. The passion has to endure beyond what is in vogue today and build over time.

I believe we all have passion for what we do. Certainly, AACP has been unwavering in its commitment to excellence in pharmacy education.

The second critical component of grit is perseverance. This is the willingness to be dogged in the pursuit of our goal: getting up again and again when there are failures or obstacles. To look critically at where our weaknesses are and to work on them in a disciplined way. To achieve excellence, we have to be willing to stay the course even when things are not going well. We know we have challenges with enrollment in our schools, barriers to practice such as reimbursement issues, and the change from a product focused to a patient focused profession, to name just a few.

This does not even take into consideration the impact of COVID-19 on every segment of society this year. The AACP had to re-think how we conduct our annual meeting because of the pandemic. I hope you will all agree the AACP staff have risen to the occasion and are offering an outstanding program. I think you will also agree that pharmacists have embraced many opportunities to improve the care of patients in need. And we are all aware of the myriad of issues that we had to address in our schools.

The combination of passion and perseverance, grit, is what will lead us to the transformation of pharmacy practice and education that will result in providing better care to our patients. The work of each AACP president builds on the work of previous presidents, because no single president can achieve our collective vision. Each president creates the building blocks that would lead to achieving our ultimate goal: pharmacists providing quality care to patients. It is my belief in the importance of grit that led me to charge the standing committees this year to continue and further the work of practice and education transformation. The focus once again will be on actions because we cannot be passive in our work and time is of the essence. Dr. Sorensen and I will now share what has been accomplished to date and where we will go in the future.

**Sorensen:** Thank you for sharing this overview of your theme for Standing Committee work this year, President-Elect Lin. As we provide additional details regarding the work of these committees, let’s start with the Professional Affairs Committee. This past year, this committee focused on a goal of creating multi-stakeholder demand for the collaboration between pharmacists and primary care practitioners in collaboration with other national organizations. The committee conducted focus groups and interviews to help identify critical strategies to achieve this goal. They have suggested new ways to share successful practice models with our membership and proposed new inter-organizational partnerships. How do you envision this year’s committee will build on this work?”

**Lin:** Before I talk about the Professional Affairs Committee, Todd, I just want to say that all of the committees are charged with reading all of the 2019-2020 committee reports as I think that will provide context for continuing their work. Also, the Argus Commission recommended AACP establish the Center for Academic Innovation and Practice Transformation, which I am very excited about. Each committee will identify relevant activities for the Center and for consideration by the AACP Strategic Planning Committee and AACP staff.

As for the Professional Affairs Committee, as we consider pharmacists as accountable partners in patient-focused and team-based care, we need to think about practices that extend beyond primary care and that of physician practices. While the recommendations of last year’s committee are being implemented for primary care, we now need to look at other types of practices as well. We know they exist, but how can they be replicated? Also, there are many other mid-level providers who believe they can do what pharmacists do and are less costly. If we are to create our role, we must:

1. Identify opportunities and models of integration of pharmacist care services in physician and other health provider practices beyond primary care.
2. Differentiate and make the case for the integration of pharmacist care services from that of other midlevel providers.
So, the committee, chaired by Dr. Gina Moore from University of Colorado will be examining these two issues this year.

**Sorensen:** Anne, that final charge, focused on differentiating the unique contributions of pharmacists in health care in relation to other providers, is so important as value-focused compensation systems grow in health care. To be successful in that endeavor, we need to rethink how we approach workforce development, and that was the focus of this past year’s Academic Affairs Committee. Based on their work this year, the committee has declared that traditional professional development for pharmacists will not be adequate, as roles change and employment opportunities shift. I appreciated their work in defining a set of ideal principles, characteristics, and design elements for high-quality workforce development programs. When you think about how COVID-19 has affected both schools and practitioners, how do you envision that the pandemic will influence how the committee will approach this theme this year?”

**Lin:** You are so right, Todd, that traditional professional development for pharmacists is inadequate. As I said earlier, COVID-19 has impacted every segment of what we do, including higher education. The pandemic further highlighted that no single school has all the resources that we need. If our focus is on achieving our ultimate goal, then we need to think about how we can work together rather than just as independent schools towards this vision. It does not mean we lose our individuality as a school, but how can we work more effectively as partners? It is also clear that how we practice will also change for future and current practitioners in light of COVID-19. What can schools do to meet the needs of the current and future workforce? The Academic Affairs Committee, chaired by Dr. Andrew Bzowyckyj, Pacific University Oregon, is charged to:

1. Determine what changes made in colleges and schools of pharmacy during the COVID-19 pandemic should be continued to advance pharmacy education.
2. Develop a realistic model for colleges and schools of pharmacy to share resources to meet the curricular needs of member schools.
3. Create strategies for colleges and schools of pharmacy to meet current and future workforce development needs, particularly in light of the changes in health care delivery as a result of the COVID-19 pandemic.

**Sorensen:** I really appreciate your call for collaboration across our Academy to better meet the evolving workforce development needs across our profession. That rings true for the work we need to do as educators in strengthening the professional identity of our graduates. Professional identity formation is a relatively new concept in pharmacy and the Student Affairs Committee really dug into the concept this past year. In their report, they differentiate this concept from professionalism, articulate how professional identity formation is critical for practitioners in an evolving profession and outline an initial action plan on this topic for AACP. How do you envision this work will carry forward to generate new levels of engagement with professional identity formation among our member institutions this year?

**Lin:** Knowing your identity as a pharmacist, as you say Todd, is critical for pharmacists. Because this is a new concept in pharmacy, we need a framework for how to incorporate Professional Identity Formation into curricular and co-curricular components in colleges and schools of pharmacy. That is one of the charges to the committee. This framework should include, but not be limited to, learning outcomes, strategies for achieving outcomes in a progressive fashion and assessment strategies. But providing a framework is not enough for rapid adoption of new concepts into our schools. So, the committee is also charged to guide schools in the application of implementation science principles to the inclusion of professional identity formation in colleges and schools of pharmacy. Dr. Kristin Janke, University of Minnesota, will be leading this committee.

**Sorensen:** When we consider opportunities to drive change in pharmacists’ practice, we often think about that work from a national perspective. However, the reality is that the most important work of producing change occurs at the local level. This past year, the Strategic Engagement Committee explored the importance of school engagement with state pharmacy associations, as well as the value of seeking to develop collaborations with professional societies of other health disciplines, such as medicine. They’ve outlined ways in which AACP could support effective organizational partnerships at the local level. What will be the “next steps” in this work in 2020-21?

**Lin:** It is all about partnerships, Todd, and we need to expand our network. As pharmacy educators, we alone cannot transform practice. Our ability to collaborate with state pharmacy organizations is critical to changing practice in states. Given our focus on having pharmacists as members of health care teams and interprofessional education and practice, we know we can only transform practice if we collaborate with other health professional organizations. To that end, I have charged the Strategic engagement committee, chaired by Dr. Jennifer Adams from Idaho State University, to:
1. Identify advocacy strategies to leverage the temporary expansion of pharmacist practice capabilities granted during the COVID-19 pandemic for sustained expansion. Pharmacists are involved in COVID-19 testing in some states and we want to be ready to administer the vaccine once it becomes available.

2. Identify strategies for how colleges and schools and individual members of AACP and AAMC can collaborate on formal programming at our respective conferences and collaborative projects to advance interprofessional practice.

Sorensen: Anne, you’ve spoken to committee charges that will help us identify and promote emerging practices and critical strategies for enhancing our work in both education and practice transformation. But in order to achieve our goals, we need to implement those strategies. Implementation science is growing in its application to the spread of innovations in health. A commonly cited statistic from the field is that, on average, it takes 17 years for research evidence to become commonly applied in practice. Certainly, we can’t wait 17 years for the emerging innovations in pharmacy practice to become common in practice. This year’s Research and Graduate Affairs Committee found that the application of this discipline in pharmacy is quite limited. The committee outlined an array of strategies to accelerate the application of implementation science in academic pharmacy, which will accelerate spread and scale of innovations in pharmacy practice. What have you cued up for the Research and Graduate Affairs Committee this year?

Lin: Todd, we definitely cannot wait 17 years! We know how important it is to be able to replicate successful educational strategies and practice models across the United States, and we have looked to implementation science to help us with this. Yet, there is currently not enough expertise within pharmacy to meet the need. In order to accelerate the development of individuals with this expertise, the Research and Graduate Affairs Committee will:

1. Develop a competency framework for graduate education and training in implementation science in colleges and schools of pharmacy.

2. In order to fulfill the need for qualified individuals, the Committee is also charged with developing a micro-credentialing or badge process for implementation science that can be offered by AACP.

3. To accelerate this even further, the Committee will develop a mechanism by which AACP members can be paired with implementation science experts on an identified practice advancement project on an annual basis.

This work will be led by Dr. Kimberly Garza from Auburn University.

Sorensen: Thank you for sharing this plan. I appreciate how the specificity in your charges create tangible actions we can take as an Academy to grow this discipline that is so important in supporting the changes in practice and education we need to adopt. Finally, let’s discuss the work of the Argus Commission. Each year, AACP looks to this Commission, comprised of the previous five Presidents of AACP, to apply the breadth of their leadership experience to the evaluation of horizon topics facing the association and its member institutions. Earlier you referenced an exciting and bold recommendation from this year’s Argus Commission, which is for AACP to establish a Center for Academic Innovation and Practice Transformation. The Center will serve as a convening point in our Academy and help accelerate efforts to transform pharmacy education and practice. You’ve noted that each of the standing committees this year are charged with contributing planning for this Center. With that underway, what challenge have you asked the Argus Commission to take on this year?

Lin: No one could have anticipated the COVID-19 pandemic and the widespread impact that it has on every segment of our society. Health care delivery is a significant example. We need to know which changes may be temporary and what will continue into the future. Importantly, how will we practice differently because of COVID-19? The pandemic has further emphasized the importance of interprofessional education and practice, and the Commission will identify strategies for how AACP can work more effectively with other health professional education associations to further develop opportunities for interprofessional education and practice. Dr. Cynthia Boyle, University of Maryland will chair the commission.

The charges for all the committees are ambitious. They focus on actions that will expand how and where the pharmacist will practice; engage schools in developing the professional identity of students; develop the expertise needed in implementation science to perpetuate effective practice models and educational strategies; develop our current and future workforce; and partner with other health professions organizations to further develop interprofessional education and practice.

So, the focus for this year is Transformation of Education and Practice with Grit! Thank you to Todd for setting the foundation for our continuing work this year. I thank everyone who volunteered to serve on our committees. Our appointees have hard work to do, but what you do will have impact for years to come on our student pharmacists and patients. Beyond members of committees and taskforces, I know you all have great ideas and suggestions. Please feel free to reach out to me about your ideas and thoughts. I also thank you for your support in our work. Have a great meeting.