



The Strategic Plan of the American College of Clinical Pharmacy

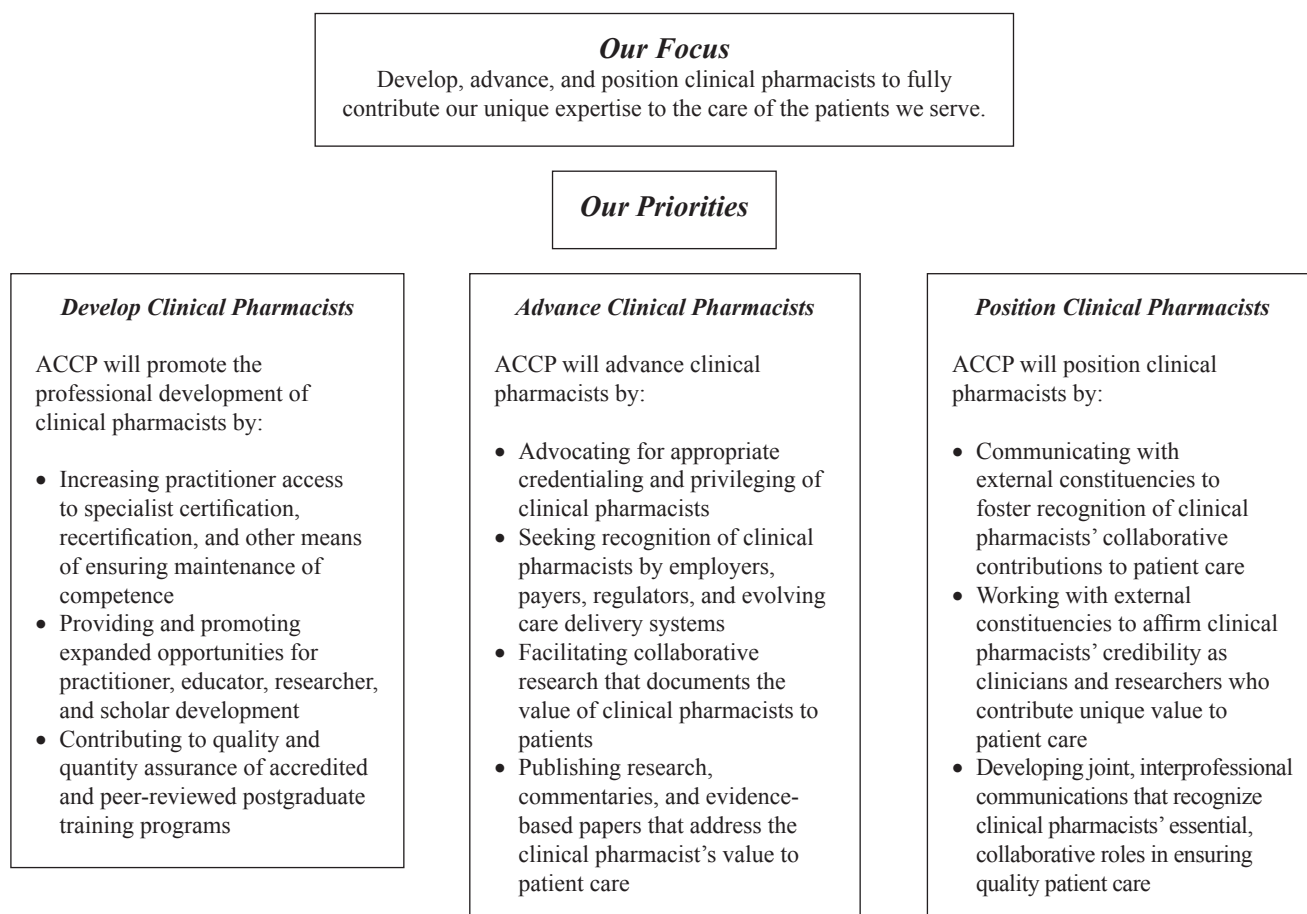
The Strategic Plan of the American College of Clinical Pharmacy

(Endorsed by the ACCP Board of Regents: November 12, 2010)

The strategic planning process of the American College of Clinical Pharmacy has typically occurred on a 3- to 5-year cycle. Every fourth or fifth year, ACCP has organized a major planning initiative that included a broad representation of its membership. These initiatives have served to update and create a new strategic plan, identify goals and objectives,

and begin the process of developing action-oriented strategies to achieve the stated objectives. In the interim, the ACCP Board of Regents, Research Institute Board of Trustees, and *Pharmacotherapy* Board of Directors assume primary responsibility for establishing priorities, working on selected goals and objectives, monitoring progress, and refining the plan as needed to reflect changes in environmental conditions. During past planning initiatives, which usually take about 1½ years to complete, more than 1000 ACCP members have provided input to the College’s strategic plan by participating in surveys, focus groups, and strategic planning retreats.

Figure 1. Overview of the 2010 ACCP Strategic Plan.



In 2010, a more streamlined planning process was initiated about a year earlier than usual, primarily to respond to current changes in the professional environment, better focus the College's efforts, and accomplish plan development in a relatively short time. In addition, a new process to accomplish *continuous* organizational strategic planning will be initiated in 2011 (see below). As always, the goal of ACCP's strategic planning activities is to develop, implement, and monitor an integrated strategic plan for all facets of the organization. This requires a shared vision for organizational direction and recognition that the individual missions of ACCP, the ACCP Research Institute, and *Pharmacotherapy* all contribute to achieving this vision in their unique ways.

In organizing its strategic plan, ACCP again chose the approach it has used before—identify critical issues, determine strategic directions for the critical issues, and set objectives for each strategic direction. Critical issues are *current* questions or concerns determined to be vital to the College's success in achieving its mission. They are not intended to reflect all aspects important to achieving ACCP's mission. Rather, they are meant to capture the issues most important in the short- to mid-term time horizon. Strategic directions are statements of intent designed to express the organization's approaches to addressing a critical issue. In some strategic planning models, they are referred to as "goal statements." Objectives are specific, achievable, and time-specific actions or outcomes designed to accomplish a strategic direction.

In developing this plan, ACCP also considered the contents of the College's existing 2007 strategic plan. The critical issues of that plan were reassessed and incorporated into the new plan, where appropriate. Similarly, ACCP folded into the new plan any strategic directions and objectives from

the 2007 plan still deemed relevant and in progress. Figure 1 provides an overview of the new plan's focus and its main components (the three critical issues and their respective strategic directions). Figure 2 depicts the process and timeline used to develop this planning document.

Core Values and Mission

The College's strategic plan is built on a foundation composed of the organization's core values and mission. All organizations—whether for-profit businesses or professional associations such as ACCP—are guided by their values and mission. Although many organizations have never taken the time to examine and articulate them, truly successful organizations are often distinguished by the nature of their values and mission.

Values are beliefs, often deeply held, about what is important. They comprise principles, standards, or qualities considered inherently worthwhile or desirable. Everyone has a value system that determines what they stand for, how they judge the world around them, and how they examine and interpret their experiences. Good organizations also have clearly identified values upon which they formulate, and against which they judge, their actions. Clarifying an organization's values makes it more likely that organizational actions will be principled, consistent, and clear. An organization's mission reflects its core purpose and serves as its fundamental reason for being—this mission serves as a beacon to guide the organization in its long-term endeavors.

A Vision for Pharmacy and ACCP

A dynamic and forward-looking organization will establish a long-range vision for itself and then set about working to make that vision a reality. This vision was first established during the College's 2002 strategic planning

Figure 2. Summary of ACCP's Strategic Planning Process.

February 2010: The ACCP Board of Regents evaluates the progress of the 2007 Strategic Plan, emerging critical issues, and the desired focus of the next strategic plan. The Strategic Planning Steering Committee is appointed by the ACCP President.

March 2010: The Strategic Planning Steering Committee is surveyed regarding desired areas of focus for the next strategic plan.

April 2010: The Steering Committee identifies areas of focus for the next strategic plan. The committee reviews current ACCP core value, mission, and vision statements. Preliminary drafts of the plan's critical issues and strategic directions are developed.

May 2010: The annual ACCP survey on current College issues/priorities solicits ACCP member input on emerging issues and other important ACCP priorities.

June 2010: The Board of Regents Executive Committee considers member input from the annual survey and preliminary draft critical issues/directions during the

development of 2011 committee charges for inclusion as future Board of Regents' agenda items. Critical issues submitted in the survey are forwarded to the Steering Committee for incorporation into the plan's critical issues and strategic directions.

July 2010: During a 1-day retreat, the Strategic Planning Steering Committee develops a second draft of critical issues and strategic directions.

August–September 2010: The Steering Committee develops and reviews a third draft of critical issues and strategic directions; objectives are drafted for each strategic direction.

October 2010: The Steering Committee and representatives of the Research Institute Board of Trustees and the *Pharmacotherapy* Board of Directors provide feedback and reach consensus on near-final drafts of critical issues, strategic directions, and objectives. Unanimous agreement is reached on a new, continuous planning process, to begin in 2011.

November 2010: The Board of Regents approves the final strategic plan.

Figure 3. Core Values That Characterize the American College of Clinical Pharmacy.

- Passion for extending the frontiers of clinical pharmacy
- Dedication to excellence in patient care, research, and education
- Commitment to challenge the status quo, state our beliefs, and act on them
- Integrity, honesty, reliability, and accountability in all actions
- Courage to lead while remaining responsive to the needs of members

process and was reaffirmed and/or revised during subsequent plan development in 2007 and 2010. Consistent with ACCP's core values and mission, such a vision should be attainable but should also fall well outside an enterprising organization's comfort zone. It should be sufficiently bold and exciting to stimulate progress for many years to come. Finally, it should have a relatively long-term horizon, looking 10–30 years into the future.

In developing this 2010 plan, the Strategic Planning Steering Committee (see Appendix) revisited and validated ACCP's core values (Figure 3) and mission (Figure 4). The committee also reviewed the existing vision statements for the profession of pharmacy (Figure 5) and ACCP (Figure 6) and found them consistent with the College's 2010 view of the future. In both cases, the vision statements are accompanied by a series of brief descriptors to help determine when the vision has been achieved. These accompanying statements also provide a general road map to indicate what must be accomplished to make the vision a reality.

ACCP's Strategic Plan: Now and in the Future

The intention of the plan is to guide the organization for the next few years. Perhaps more focused than previous plans, it includes only three critical issues (previous plans

Figure 4. Mission of the American College of Clinical Pharmacy.

The American College of Clinical Pharmacy's purpose is to advance human health by extending the frontiers of clinical pharmacy.

Through strategic initiatives, partnerships, collaborations, and alliances, ACCP:

- Provides leadership, professional development, advocacy, and resources that enable clinical pharmacists to achieve excellence in practice, research, and education
- Advances clinical pharmacy and pharmacotherapy through the support and promotion of research, training, and education
- Promotes innovative science, develops successful models of practice, and disseminates new knowledge to advance pharmacotherapy and patient care

have contained four to six critical issues). Expressed concisely, the plan concentrates on how ACCP will seek to *develop*, *advance*, and *position* clinical pharmacists within the current health care environment.

- Develop refers to the College's provision of effective methods to help clinical pharmacists accomplish continuous professional development.
- Advance details ACCP's efforts to achieve recognition of the value of clinical pharmacists by payers, regulators, and the scientific/professional community.
- Position refers to the College's work with constituencies external to the profession to establish and affirm the credibility of clinical pharmacists as clinicians, educators, and researchers.

In keeping with ACCP's organizational practice, the plan will determine how most of the College's professional, human, and financial resources will be applied. Pursuing a given strategic direction (i.e., achieving the stated goal) by meeting defined objectives is intended to address a given critical issue. A variety of specific initiatives may be required to achieve each objective. In each case, the target date for meeting a given objective is by the end of the respective year listed in the objective.

Although this plan articulates the College's current focus, including the issues *most critical* to the organization, it does not address all the initiatives or priorities the College will pursue in the near future. Identification of these initiatives and priorities is anticipated to be member-driven. Therefore, in an effort to maintain responsiveness to environmental changes, solicit ongoing member input into the College's future, and provide more rapid organizational response to this input, ACCP will implement a new and *continuous* strategic planning process in 2011 (see Figure 7). It is hoped that this new process will provide opportunities for *all* ACCP members to provide input and feedback regarding the College's direction, far exceeding the 1000 or so members involved in developing previous strategic plans. More details on how members can contribute to this process will be featured in forthcoming articles and announcements in the *ACCP Report*.

CRITICAL ISSUE 1: How can ACCP promote the development of clinical pharmacists as practitioners, educators, and researchers?

STRATEGIC DIRECTION 1.1: Increase practitioner access to specialist certification, recertification, and other means of ensuring maintenance of competence.

Objective 1.1.1: By 2011, implement a plan to facilitate the recognition of at least three new specialties in the near future (2012–2013).

Objective 1.1.2: Facilitate recognition of additional new specialties (or subspecialties) in 2013–2015. By 2015, at least 12 clinical pharmacy specialties are recognized or are in the process of being recognized.

Objective 1.1.3: By 2012, develop a plan for recertifying newly recognized specialties.

Objective 1.1.4: By 2012, offer international educational programs to promote board certification outside North America in countries or regions with adequate infrastructure to support the development of clinical pharmacy specialists.

Objective 1.1.5: By 2012, *Pharmacotherapy* develops new journal features, supplements, or other offerings designed to promote the professional development of current and emerging specialists and subspecialists.

STRATEGIC DIRECTION 1.2: Provide and promote expanded opportunities for educator, researcher, and scholar development.

Objective 1.2.1: By 2012, more than 750 members are actively enrolled in ACCP Academy programs, and the Academy has cumulatively enrolled more than 1000 participants, including graduates.

Objective 1.2.2: By 2011, determine whether collaboration with another professional organization should be pursued to expand ACCP Academy access.

Objective 1.2.3: By 2011, develop a feasibility plan for offering selected “advanced” ACCP Academy curricula exclusively for Academy graduates.

Objective 1.2.4: By 2012, develop educational offerings at ACCP Annual Meetings in collaboration with two additional specialty/subspecialty medical societies.

Objective 1.2.5: By 2012, introduce an average of three new ACCP publications annually, including the development of “survival guides” for new clinical pharmacists in the areas of practice, research, teaching/learning, residency training, pharmaceutical industry practice/research, and/or informatics.

Objective 1.2.6: By 2011, the ACCP Research Institute develops a plan to increase the FIT Program applicant pool and establishes a 2013 applicant target.

Objective 1.2.7: By 2011, the ACCP Research Institute develops a plan to increase the number of institutions/employers sponsoring FIT Program attendees and establishes a 2013 institutional sponsor target.

Objective 1.2.8: By 2012, a descriptive account of the FIT Program (including its outcomes to date) has been published in the academic pharmacy literature.

Objective 1.2.9: By 2012, develop mechanisms to nurture future practice leaders in pharmacy. Consideration will be given to initiating an ACCP Executive Residency or Fellowship, a new ACCP Academy track, or other approaches intended to groom future association and practice leaders.

Figure 5. Vision for the Profession of Pharmacy.

As health care providers responsible for quality patient care, pharmacists will be accountable for optimal medication therapy in the prevention and treatment of disease.

ACCP believes this vision must be achieved within the next 10–15 years. The following indicators are suggested to demonstrate progress toward achieving this vision.

- The standard of practice in any health care setting will hold the pharmacist responsible for developing patient drug therapy plans.
- Pharmacists will be accountable for engineering and overseeing a fail-safe medication use system, managing the drug therapy of individual patients, and serving as the primary source for drug information.
- Pharmacists will be responsible for developing, managing, and integrating medication distribution systems; most distribution functions will be accomplished by technicians and automated systems.
- Pharmacists will consistently influence legislative, regulatory, and health care policy development to improve medication therapy.
- Pharmacists will serve essential roles in the development of most guidelines involving pharmacotherapy.
- Most pharmacists will provide direct patient care and participate in other clinical activities not associated with the sale of a drug product.
- Formal postgraduate residency training will be required to enter direct patient care practice. Most pharmacists providing direct patient care will be board certified.
- Pharmacists will frequently be recognized as principal investigators for pharmacotherapy research, generate a substantial portion of the research that guides drug therapy, and compete successfully with other health care professionals for research funding.
- Pharmacists will be the primary drug therapy educators of other health care professionals.

Objective 1.2.10: By 2011, identify key stakeholders in international clinical pharmacy to collaborate with ACCP in the professional development of clinical pharmacists outside North America.

Objective 1.2.11: By 2011, develop a plan to offer a Global Conference on Clinical Pharmacy in 2015, including identification of potential cooperating organizations from Asia, the Middle East, South America, Europe, Australia, and Africa.

Objective 1.2.12: By 2012, develop a strategic partnership or agreement with one or more international clinical pharmacy stakeholders for promoting the development of clinical pharmacy outside North America.

Figure 6. Vision for the American College of Clinical Pharmacy.

The American College of Clinical Pharmacy will drive positive changes in health care as the professional organization most influential in advancing pharmacotherapy in the prevention and treatment of disease.

The time frame by which ACCP expects this vision to be achieved is 10–15 years in the future. The statements below are provided as descriptors of how selected aspects of the environment will appear when the vision is achieved. These descriptors are provided both to make the vision more vivid and to suggest directions for ACCP and its members during the next 10–15 years.

- The College will be at the forefront of the profession, with a membership that fully represents the diversity of clinical pharmacists engaged in practice, leadership, education, and research.
- Other health professional organizations, local and national policy-makers, and the news media will seek out ACCP and its members for expert opinions on pharmacotherapy-related issues.
- ACCP’s educational programs and publications will be used by members of all health professions as essential sources of pharmacotherapy information.
- The College’s members will be leaders in developing innovative models of practice, education, and research.
- Legislative, health policy, and regulatory measures initiated by ACCP—often in collaboration with other advocacy groups—will result in a medication use system that provides exemplary access, efficiency, safety, effectiveness, and economy.
- ACCP members will frequently be recognized as principal investigators for important clinical trials and other pharmacotherapy research. They will compete successfully for research funding for the purpose of creating and disseminating new knowledge to guide drug therapy.
- The College will be the leading health professional organization advancing pharmacotherapy research.
- Eighty percent of ACCP’s members will have completed residency training and will be board certified, reflecting the preparation and credentials necessary to practice clinical pharmacy.

STRATEGIC DIRECTION 1.3: Contribute to the quality and quantity assurance of accredited and peer-reviewed postgraduate training programs.

Objective 1.3.1: By 2011, update and increase ACCP’s collaborative efforts with other stakeholders to reestablish Medicare funding for PGY2 pharmacy residency programs.

Objective 1.3.2: By 2012, publish a collaborative white paper with other stakeholders that substantiates the need for PGY2 training across the profession.

Objective 1.3.3: By 2012, increase the number of current ACCP-approved fellowship programs (i.e., programs that have successfully completed ACCP’s peer-review process) to 25.

Objective 1.3.4: By 2012, publish the 2011 ACCP Task Force on Residencies white paper addressing current PGY2 residency standards and recommending approaches to standards review and improvement.

Objective 1.3.5: By 2011, engage other key stakeholders to address collaborative approaches to meaningfully expand the number of PGY1 and PGY2 residency positions in the United States by 2015.

Objective 1.3.6: By 2012, engage an appropriate professional medical society in developing a collaborative advocacy program that promotes the importance of formal postgraduate pharmacy residency training to ensure an adequate cadre of clinical pharmacists for the future.

CRITICAL ISSUE 2: How will ACCP advance clinical pharmacists in their roles as patient care providers, educators, and researchers?

STRATEGIC DIRECTION 2.1: Advocate for appropriate credentialing and privileging of clinical pharmacists.

Objective 2.1.1: By 2011, publish an editorial on the credentials that clinical pharmacists should hold to warrant their recognition as credible providers of patient care by other health professionals, patients, payers, employers, and governmental/regulatory bodies.

Objective 2.1.2: By 2012, publish ACCP guidelines articulating the desired professional development pathways for clinical pharmacists (e.g., postgraduate training, certification, recertification, other mechanisms for maintenance of competence). These guidelines should take into account the editorial developed in Objective 2.1.1.

Objective 2.1.3: By 2012, publish an ACCP position statement that (1) articulates the relationship between the educational outcomes of the professional degree program in pharmacy and the criteria for entry into residency training and (2) discusses the differences between entry-level degree competencies and post-residency competencies.

Objective 2.1.4: By 2012, develop communications to health systems, academic institutions, and other employers of clinical pharmacists advocating the need for appropriate credentialing and privileging of clinical pharmacists.

STRATEGIC DIRECTION 2.2: Seek recognition of clinical pharmacists by employers, payers, regulators, and evolving health care delivery systems.

Objective 2.2.1: By 2011, develop a “case” for inclusion of appropriately credentialed clinical pharmacists in the business plans that finance care in the emerging health care system.

Objective 2.2.2: By 2011, establish regular communications with representatives from as many of the following stakeholder groups as possible, advancing the “case” developed in Objective 2.2.1:

- Public health benefit programs
- Insurers
- Self-insured employers
- Collaborative care organizations (e.g., ACOs, medical homes, group medical practices)

Objective 2.2.3: By 2012, initiate with a stakeholder group (see Objective 2.2.2) one jointly developed and funded demonstration project to examine the value and impact of clinical pharmacists on patient care.

STRATEGIC DIRECTION 2.3: Facilitate collaborative research that documents the value of clinical pharmacists to patients.

Objective 2.3.1: By 2011, the ACCP Research Institute develops a plan describing how the PBRN could facilitate research that documents the value of clinical pharmacists.

Objective 2.3.2: By 2012, develop a plan to stimulate research and scholarship addressing the impact of residency-trained clinical pharmacists on patient care.

Objective 2.3.3: By 2012, develop a plan to stimulate research and scholarship addressing the impact of board-certified specialists on patient care.

STRATEGIC DIRECTION 2.4: Publish research, commentaries, evidence-based papers, and other work on the clinical pharmacist’s value to patient care.

Objective 2.4.1: By 2011, publish the results of the ACCP PBRN MEDAP Study.

Objective 2.4.2: By 2012, *Pharmacotherapy* develops a plan to publish regularly, or through “themed issues,” papers documenting the value of clinical pharmacists to patient care.

Objective 2.4.3: During 2011–2013, prepare commission papers for publication in the biomedical literature (medical and health administration journals) that provide economic analyses documenting the value of clinical pharmacists to patient care.

CRITICAL ISSUE 3: How will ACCP position clinical pharmacists to best collaborate with other health professionals and patients to ensure optimal pharmacotherapy?

STRATEGIC DIRECTION 3.1: Communicate with external constituencies to foster recognition of clinical pharmacists’ collaborative contributions to patient care.

Objective 3.1.1: Develop in 2011 an agenda as well as evidence-based background information and talking points for focused meetings with external constituencies (see Objective 3.1.2).

Objective 3.1.2: By 2011, establish working relationships with the representatives of as many of the following external constituencies as possible:

- Physicians, other health care providers, professional societies, and collaboratives
- Public/private funders of research
- Employers and employer collaboratives
- Consumer groups and health advocacy organizations

STRATEGIC DIRECTION 3.2: Work with external constituencies to affirm clinical pharmacists’ credibility as clinicians and researchers who contribute value to patient care.

Objective 3.2.1: By 2011, identify steps to facilitate the appointment of appropriately qualified ACCP members to national treatment guidelines and committees.

Objective 3.2.2: By 2012, convene a conference involving key external constituencies (see Objective 3.1.2) to foster the expectation among physicians and other stakeholders that clinical pharmacists should be involved in the collaborative management of patients’ pharmacotherapy.

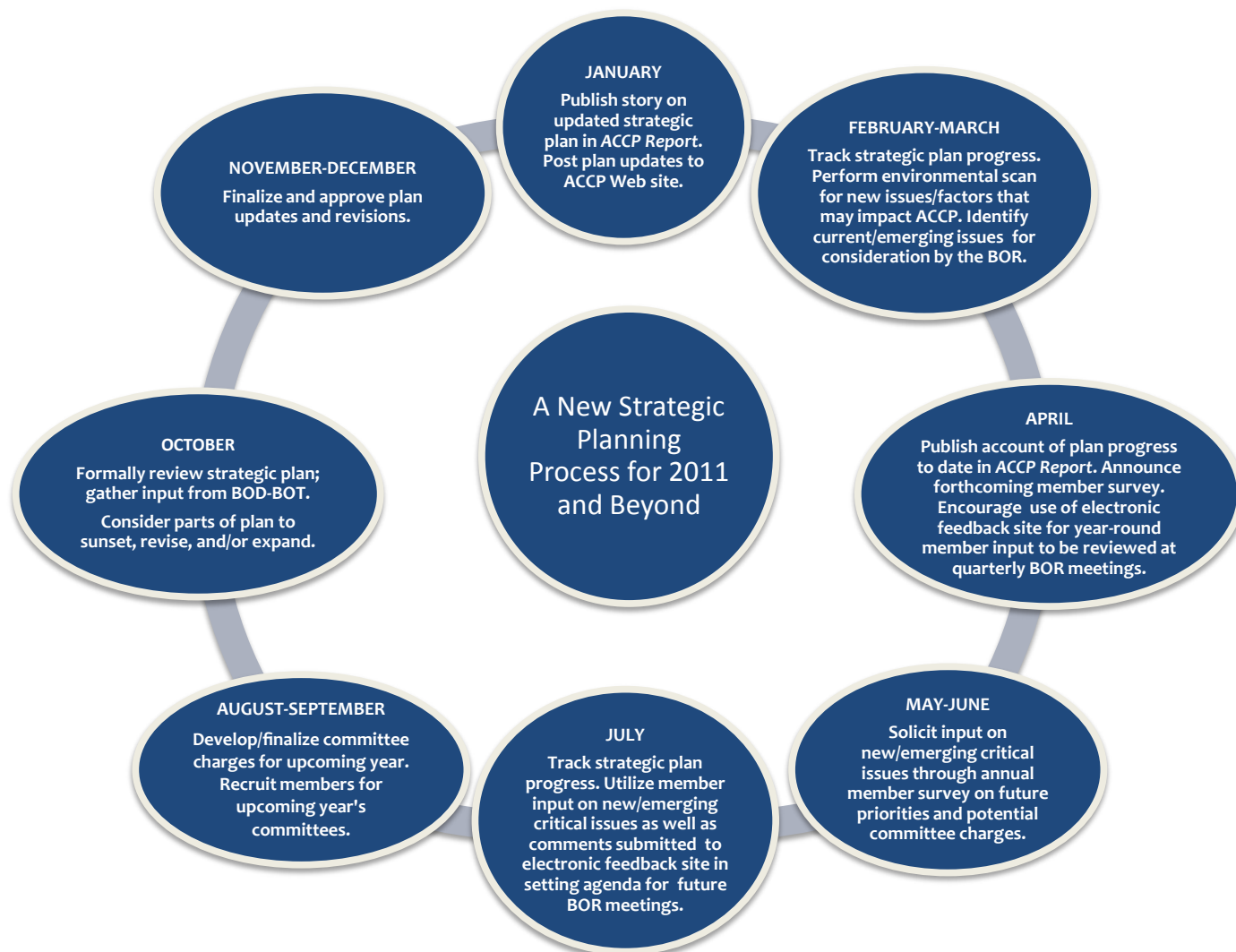
Objective 3.2.3: By 2012, receive from key external constituencies (see Objective 3.1.2) commitments for promoting clinical pharmacists’ patient care and/or research contributions.

STRATEGIC DIRECTION 3.3: Develop joint, interprofessional communications that recognize clinical pharmacists’ essential, collaborative roles in ensuring quality patient care.

Objective 3.3.1: By 2012, establish a “Find a Clinical Pharmacist” service that makes appropriately credentialed clinical pharmacists available to consumers, providers, collaborative care providers, and others interested in contacting a clinical pharmacist.

Objective 3.3.2: By 2013, release public service announcements, position statements, letters of support, or other communications promoting clinical pharmacists’ patient care and/or research contributions in collaboration with one or more key external constituencies (see Objective 3.1.2).

Figure 7. ACCP's Continuous Strategic Planning Process (Beginning in 2011).



BOD = *Pharmacotherapy* Board of Directors
 BOR = ACCP Board of Regents
 BOT = ACCP Research Institute Board of Trustees

Appendix: The 2010 ACCP Strategic Planning Steering Committee

Julie Banderas; University of Missouri–Kansas City
 Jerry Bauman; University of Illinois–Chicago
 Marcia Buck; University of Virginia
 Judy Cheng; Massachusetts College of Pharmacy and Health Sciences
 Lawrence Cohen; Washington State University
 Robert Elenbaas; American College of Clinical Pharmacy, retired
 Curtis Haas; University of Rochester Medical Center
 Stuart Haines; University of Maryland
 William Kehoe; University of the Pacific
 Michael Maddux; American College of Clinical Pharmacy

Jacqueline Marinac; American College of Clinical Pharmacy
 Mary Roth McClurg; University of North Carolina
 William Miller; University of Iowa, retired
 John Murphy; University of Arizona
 Robert Parker; University of Tennessee
 Nancy Perrin; American College of Clinical Pharmacy
 Cynthia Sanoski; Jefferson School of Pharmacy
 Kimberly Thrasher; SEAHEC
 James Tisdale; Purdue University
 C. Edwin Webb; American College of Clinical Pharmacy
 Barbara Wells; University of Mississippi
 Ann Wittkowsky; University of Washington