

## COMMENTARY

### The Bridging Pharmacy Education and Practice Summit: A Unique Convening With Purpose

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It is not often that a group of health executives, educators, and professionals gather with the goal of identifying a preferred future for their profession and the patients they serve. It is even more rare when such an assembly results in a clear and actionable plan to follow to achieve that desired future. Nevertheless, the Bridging Pharmacy Education and Practice (BPEP) Summit, an unprecedented collaborative event in June 2022 that involved six sites across the country and more than 300 participants, was just such a convening. In this Commentary we provide a brief overview of this extraordinary summit and the events that led up to it.

**Keywords:** educational innovation, practice transformation, competency-based learning, professional identity formation, continuum of learning

## INTRODUCTION

As President-elect Todd Sorensen prepared to assume the role of President of the American Association of Colleges of Pharmacy in July 2019, he outlined a “bold aim” for the profession and crafted charges to the 2019-2020 AACP Standing Committees that would move the Association into action to accomplish it. His aim was that by 2025, 50% of primary care physicians would have a formal relationship with a pharmacist.<sup>1</sup> President Sorensen posited that working toward and achieving this “one thing”<sup>2</sup> would accelerate the transformation of pharmacy practice in keeping with decades of our movement toward fully putting pharmacists’ education to work to optimize the use of medications by individuals and populations of patients. Each of the six 2019-2020 AACP Standing Committees were asked to manage one element of accomplishing this goal and create an action plan for doing so.

The committees met individually between July and December 2019, and then met together in January 2020 when each chair presented an overview of their committee’s work and preliminary action plan. Committees then “crosswalked” their plans with those of other committees and identified areas for collaboration. Three of the committees<sup>3-5</sup> suggested that a meeting of stakeholders should

be planned to address issues and recommendations related to their specific charges. The AACP Argus Commission, comprised of the five most recent AACP presidents, considered the enormous contributions across all six committees and proposed that AACP should establish a center as a new unit within the organization. The 2020-2021 AACP Strategic Planning Committee considered this and recommended that resources be invested to create what would be called the Center to Accelerate Pharmacy Practice Transformation and Academic Innovation, or the AACP Transformation Center (ATC).

The ATC would help build and scale solutions and programs essential to the changing and evolving roles of pharmacists. One of the ATC’s greatest endeavors would be not only to promote, highlight, and encourage innovation, but also to allow new initiatives to scale and grow across geographies, the broader profession of pharmacy, and within health care where better serving patient needs is the ultimate priority.

A national search for the ATC Executive Director began in August 2021. Melissa Murer Corrigan, BSPHarm, CAE, FAPhA, FASHP, was recruited for that role and joined the AACP staff in early November 2021. Working closely with Melissa were Miranda Steinkopf, PharmD, the AACP Academic Leadership and Education Fellow, and Nidhi Gandhi, PharmD, Associate Director for Research Programs and Special Initiatives.

As noted, three of the 2019-2020 standing committees had recommended that AACP lead convenings of key stakeholders to examine several critical issues that had to

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Figure 1. Bridging Pharmacy Education and Practice Summit, June 2-3, 2022.

be addressed if the pharmacy profession was to progress in keeping with the bold aim of collaborating with physicians and other clinicians as the appropriate standard of care for medication and health optimization. The issues included defining pharmacists' professional identity and determining how that is formed through education and professional development; critically examining the current model and length of entry-level education and training for efficiency and to achieve competency for interprofessional practice; and upskilling the existing workforce to ensure sufficient capacity to achieve the stated aim. The relationship between these three areas, as important principles of pharmacy workforce optimization, suggested that all our planning efforts should focus on one major convening. The name coined for that national program was the Bridging Pharmacy Education and Practice Summit (BPEP).

## DISCUSSION

Planning for the Bridging Pharmacy Education and Practice Summit (Figure 1) began in early 2021, before the establishment of the ATC. The Association recognized that several other national pharmacy organizations were deeply involved in pharmacy education and training, including quality assurance of PharmD, continuing education, and residency training programs. Six organizations accepted AACP's invitation to become BPEP planning partners: the Academy of Managed Care Pharmacy (AMCP), the Accreditation Council for Pharmacy Education (ACPE), the American College of Clinical Pharmacy (ACCP), the American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP), and the Board of Pharmacy Specialties (BPS). The depth and breadth of these planning partner colleagues contributed significantly throughout the planning period as well as during the summit.

Planning for the summit occurred during a time of continued uncertainty as new waves of COVID-19 infections were emerging. Holding a summit of this importance, involving as many participants as possible, during an ongoing pandemic posed substantial challenges. To minimize participant risk and maximize involvement, a regional meeting strategy was proposed with a target of identifying six campus hosts with 50 participants each. The Association reached out to its member institutions with a call for applications to serve as a regional host, and six hosts were identified: University of Pittsburgh, Lipscomb University in Nashville, Florida A&M University in Tallahassee, University of Texas-Austin, a consortium of Big Ten universities that collaborated to meet in Chicago, and the University of Utah in Salt Lake City. The regional strategy doubled the maximum number of attendees who could safely participate.

Summit attendees were identified in a variety of ways. Planning partners were allocated 10 to 12 spots. Other national pharmacy organizations were also invited to identify participants. Regional hosts were allocated several participants each, as were schools and colleges that applied to be hosts but were not selected. A national call was issued in early 2022 for additional participants, and more than 300 attendees were identified by March. This purposeful collaborative approach created a pool of subject-matter experts with diverse experiences representing multiple geographic locations.

The issues identified in the standing committee reports were translated into a two-day, four-segment meeting agenda. Each of the four segments were designed to have a keynote presentation followed by a three-person reactor panel. Competency-based pharmacy education (CBE) and

professional identity formation (PIF) were addressed on the first day. After the keynote and panel, participants at each site then engaged in three concurrent breakout sessions to discuss and set priorities for the featured topic. The continuum of education and training and continuing professional development (CPD) and lifelong learning were addressed on the second day following the same model. Summaries of the discussions were presented at each site at the end of each day, with bulleted strategy suggestions from the six small group sessions.

All participants were asked to respond to a pre-summit survey created to establish baseline data on attendees' level of understanding of the four topics as well as opinions on the level of difficulty the profession would potentially confront in moving forward with the development and implementation of changes in the approach to each area. The survey revealed that implementation of competency-based education was likely the greatest challenge, with the other three areas seemingly more feasible. A complete discussion of the pre-summit survey results will be included in the summit proceedings, which will be published in an upcoming issue of the *Journal*.

### Summit Outcomes and Next Steps

The fundamental outcomes of the BPEP Summit represent the content presented by the four keynote presentations, the panel discussions, and the topline priorities that were captured from each breakout session. There were three groups working at each site for each of the four breakout sessions. That resulted in more than 72 action recommendations from across the six sites. While the four areas of focus certainly stood on their own as distinct and important contributing components to accelerate changes in pharmacy education and practice, it became more apparent as the summit flowed from one focus area to the next that there were many intersections between and among the individual summit segments. A qualitative analysis of these summary recommendations is already underway to synthesize the key guidance from the BPEP Summit participants.

Summit planning also included a focus on the timely publication of a proceedings document that could be shared broadly with the profession. In addition, it became very clear that the four topic areas were not unique to pharmacy. For example, nursing educators have recently committed to a competency-based framework for nursing education across the undergraduate, advanced practice, and doctoral levels of degree programs. Other health professions have similarly embarked upon CBE efforts.

The BPEP represents just one opportunity for inter-professional collaboration to accelerate the work of AACP

and our partners. William A. Zellmer, BSPHarm, MPH, President, Pharmacy Foresight Consulting, has agreed to work with the ATC staff and our planning partners on the creation of the proceedings over the next several months.

The Association looks forward to sharing the summit outcomes with the widest audience to include the lessons learned in planning and executing a highly unique and effective national summit. Sharing stories of innovation and pharmacy practice transformation and building community is foundational to our next steps.

### CONCLUSION

It is not often that disparate groups are gathered with the goal of identifying a preferred future for their profession and those they serve. It is even more rare when such an assembly results in such a clear and actionable plan to follow to achieve that desired future. The BPEP Summit was just such an event. We are grateful to our organizational planning partners and our hosts, and especially to the Summit participants, for making that goal a reality. Our path is clearer now than it was, and we look forward to moving down that path!

### ACKNOWLEDGEMENTS

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