

Practice Affairs Task Force, AACP Section of Teachers of Pharmacy Practice, 2009-2010

Chair: Brian L. Erstad

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Charges

1. Evaluate the implications of the most recent survey on professional service plans and make recommendations to Section leadership on possible programming, resources, and other activities related to professional service plans that will be helpful to Section membership.
2. Based upon the recent survey of professional service plans, prepare a draft template for a generic service plan that could be used by departments of pharmacy practice and schools of pharmacy as a model for development of these plans.
3. Submit a mid-year and annual report for inclusion in the Section business meeting at the 2009 ASHP Midyear and 2010 AACP Annual Meeting.

General Discussion Points

1. What is a professional service plan?
 - a. Professional service plans are often not defined but as used in the medical literature they typically refer to revenue generated from direct patient care activities.
 - b. Professional Service Plans: Recommendations from the 2005 Council of Faculties-Council of Deans Task Force. Am J Pharm Educ 2006;70(3) Article S03. The task force suggested the use of the term *professional service plan* when referring to “faculty-generated revenues outside of sponsored research.”
 - c. For our task force, we limited the discussion of a professional service plan to the management of revenues generated from direct patient care activities by a pharmacist.
 - i. Our task force did not deal with the important, but complex issue of billing for patient care activities.
2. What is the purpose and perspective (e.g., faculty member vs. university) of a professional service plan?
 - a. The purpose and perspective are not always stated in existing documents, although both may be evident (e.g., attempts by university to control funds).
 - b. Our task force recommends that professional service plans be generated at the lowest administrative level (e.g., pharmacy practice department) responsible for the faculty providing patient care activities.
 - c. Our task force hopes that a well-developed professional service plan would (1) help *recruit* faculty already performing patient care activities that generate revenues, (2) *incentivize* existing faculty to develop revenue-generating patient care activities and (3) *create* new opportunities for faculty interested in revenue-generating patient care activities.
3. What is the purview of the professional service plan?
 - a. Existing plans do not always state with specificity the intended audience, particularly plans not generated at the local (e.g., departmental) level.
4. What is the perception of the professional service plan by those persons affected by it?

- a. Plan acceptance or buy-in by affected faculty is likely to be a function of their level of participation in the plan development.
- b. Plan acceptance or buy-in by college administration is likely to be a function of their understanding that faculty will not be “double dipping” or will be willing to pay for overhead related to their clinical service.

In addition to the General Discussion Points discussed earlier, our task force recommends that the following points be considered during template development.

1. Explain to affected personnel the general purpose of the intended professional service plan and the reason for its development (or revision).
2. Have personnel most affected by the plan involved in plan development while acknowledging that the final product will need higher level administrative approval. For example, a task force or committee might create the initial rubric that will subsequently be sent to the wider audience for possible revisions.
3. Make sure plan is consistent with applicable federal, state, university and college regulations and policies. Provide guidance on such regulations and policies to the groups involved in plan development.
4. The development of the plan should take into account the general factors (i.e., terminology, legal issues, revenue sources, faculty disparities, reporting requirements, participation, effort, and costs) discussed by the previous task force (Professional Practice Plans: Recommendations from the 2005 Council of Faculties-Council of Deans Task Force. *Am J Pharm Educ* 2006;70(3) Article S03).
5. Be specific, particularly with regards to who is affected, the process for reporting, what needs to be reported (i.e., what is included and what is excluded), when reporting needs to take place, and how the reporting should take place (e.g., administrative structure, reporting forms).
6. Develop ongoing monitoring procedures to insure plan is accomplishing its stated purpose.

Action on Charges

1. Evaluate the implications of the most recent survey on professional service plans and make recommendations to Section leadership on possible programming, resources, and other activities related to professional service plans that will be helpful to Section membership.

We suggest that the section have one session on professional service plans that involves speakers who have had direct experience with service plan development and implementation. Ideally, the speakers would be able to provide the audience with copies of their plans that could be used as templates. Depending on the success of this session, future sessions could be considered.

2. Based upon the recent survey of professional service plans, prepare a draft template for a generic service plan that could be used by departments of pharmacy practice and schools of pharmacy as a model for development of these plans.

General Template

- I. Definitions and purpose.
 - i. The definitions should start with a definition of a professional service plan that includes the intended audience (be specific) and covered activities (be specific).
 1. Intended audience (e.g., paid full- and part-time faculty in the department with revenues generated from direct patient care activities).
 2. Covered activities are restricted to monetary compensation from direct patient care activities and NOT other sources of compensation (e.g., honoraria, gifts, grants, awards, royalties, patents or other forms of intellectual property)."
 - II. Administration and staff support of program (e.g., reporting structure, operations including recording and reporting of finances).
 - III. Instructions and applicable forms. Forms to include information such as:
 - i. Names and employment status.
 - ii. Dates of activities.
 - iii. Activities.
 - iv. Participation of students or other trainees in activity.
 - v. Funding entity.
 - vi. Financial relationship.
 - vii. Revenues and expenses [money in (payments for services), money out (e.g., faculty incentive)]
 - viii. Potential conflicts of interest unless covered elsewhere.
 - ix. Overhead expenses (e.g., secretarial time, office space, exam room space, telephone, computer/internet access) related to the clinical service provided
 - x. Release time from faculty responsibility
 - xi. Salary details. For example, will income from clinical services be added to faculty members' base salary or will faculty members be expected to make a certain percentage of their salary from reimbursed clinical services? If the latter, what will happen if faculty members make less money than expected from clinical services, or alternatively, what will happen if they make more than expected?
 - xii. Signatures and dates.
 - IV. Description of ongoing monitoring procedures that insure plan is accomplishing stated purpose.
3. Submit a mid-year and annual report for inclusion in the Section business meeting at the 2009 ASHP Midyear and 2010 AACP Annual Meeting.

Done.