tice models should hone their own real-life stories about pharmacists improving the outcomes and quality of lives of patients.

**Boldness.** Many bold decisions by pharmacy leaders in the past have established an infrastructure that facilitates pharmacy’s ongoing transformation. Elements of that infrastructure include

- All-Pharm.D. education,
- Accredited residency training,
- Clinical focus of first-year pharmacy residencies,
- Clinical specialty residencies,
- Formal recognition of clinical specialties and specialists, and
- National pharmacy technician certification.

It is time now for new bold actions that will propel health-system pharmacy into the future. In particular, the following bold actions are needed:

- An inspiring vision for pharmacy practice and an assertive program for pursuing that vision,
- Mandated completion of accredited technician training before being eligible to sit for the predominant technician certification examination,
- An assertive agenda for information technology support, and
- Spirited dissemination of the message of the summit about the urgent need to reform the pharmacy practice model.

Participants in the summit reaffirmed old dreams and expressed new aspirations. Now the challenge is to translate those dreams and aspirations into practice changes that will result in it becoming commonplace for patients to say, “There was a pharmacist on the team that cared for me, and that made a big difference in the quality of my care.”

**Appreciation.** All participants in the Summit appreciate the work of the facilitators of our discussions—John Deadwyler and Denice Knight, the guidance of the Pharmacy Practice Model Initiative Advisory Committee, and the work of the staff planning team. My special thanks go to all those who assembled in Dallas and sacrificed time away from work and families, who found the financial resources to get here, and who gave their full attention to our deliberations.

**The hard work ahead.** We know that our work is not done. The summit is only one piece of a broad initiative to reform the pharmacy practice models in hospitals and health systems. It will take all of us working very hard to make this initiative a success. I am confident we are up for the challenge.

ASHP and the ASHP Research and Education Foundation are committed to doing what it will take to facilitate our march forward. Here are some of the key things we’ll be doing:

1. The proceedings of the summit will be published and disseminated as promptly as feasible.

This is a summary of a speech at the Summit. An audio recording of the full speech may be accessed at www.ashp.org/ppmi/watch-ginsburg.

**ASHP’s commitment to keeping the Pharmacy Practice Model Summit alive**

DIANE B. GINSBURG


It’s been exciting for all of us to be at the Pharmacy Practice Model Summit, to feel part of the birth of a new movement—a movement to change and advance our practice models to better serve the needs of patients.
2. ASHP will be reassessing its policy positions in certain areas, such as technician licensure, as a result of the summit’s conclusions.

3. ASHP will be refreshing its vision statement for pharmacy practice in hospitals and health systems, bringing into that document the best thinking of the summit.

4. The ASHP 2015 Health-System Pharmacy Initiative will be revamped, taking into account the work of the summit.

5. The ASHP Research and Education Foundation will be funding demonstration projects on practice model change.

6. ASHP will be working with its state affiliates who are eager to play a role in the Pharmacy Practice Model Initiative; it will be exciting to watch their creativity in action.

7. We will be using our regular forums, such as the Summer Meeting and the Midyear Clinical Meeting, to stimulate interest in practice model reform and to report progress.

**Obligations of summit participants.** Those who were in Dallas and those who have watched our deliberations over the Web have a special obligation to be champions for the messages of the summit—to keep the summit alive. The success of health-system pharmacy in meeting the needs of patients and the institutions in which we practice will have far more to do with our actions after we return home than with what we did here at the summit.

**Conclusion.** We have had a great beginning. I am confident we have the dedication and the talent to follow through to meet the objectives of the Pharmacy Practice Model Initiative. Many forces are aligned in our favor. The time to act is now!