

LETTERS

Entrustable Professional Activities for Specialty Pharmacy Practice

To the editor: We thank Drs. Jarrett and Berenbrok for their commentary on our statement paper, “Entrustable Professional Activities for Pharmacy Practice,” published in the *Journal*,¹ and appreciate the opportunity to respond. Drs. Jarrett and Berenbrok comment on the need for setting specific units of pharmacy practice beyond a universal list that also includes specialty entrustable professional activities (EPAs) as pharmacists seek residency and other postgraduate training.² We agree with this need and have augmented our universal EPA list to include specific EPAs for the ambulatory care, community, and acute care/institutional (hospital/health system) practice settings. We also agree with Drs. Jarrett and Berenbrok that the level of entrustment may vary within practice settings depending on whether a pharmacist has completed residency training, board certification, or demonstrated advanced practice skills through extensive experience. The use of milestones throughout our pharmacy curriculum to ensure clinical skill development and integration is one of the most exciting aspects of this initiative and was also a primary motivator for the University of Minnesota College of Pharmacy to undertake this effort. Medicine education and training is exploring EPA development for specialty areas, such as psychiatry,³ and it makes sense for pharmacy to explore this application once we are more confident in our core EPA statements

for new graduates. It is our position that EPAs provide a clear pathway and set of expectations for both learners and faculty members/preceptors, and deliver a more understandable message about what a pharmacist is and does to our health professional colleagues and the general public. EPAs for pharmacy practice are a massive undertaking, but if we do it well it could be a critical strategy to finally persuade others that pharmacists are essential members of the healthcare team and need to be consistently present.

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