

European Society of Clinical Pharmacy

Best Clinical Pharmacy Practice Papers for publication in the International Journal of Clinical Pharmacy

Aim

The ESCP Best Clinical Pharmacy Practice papers aim to disseminate best practices in clinical pharmacy through peer-reviewed publication in the International Journal of Clinical Pharmacy (IJCP). By disseminating best practices, ESCP aims to enhance the exchange of knowledge and experiences to promote innovative and sustainable clinical pharmacy services. There is potential to generate impact at many levels of patient care, professional practice, healthcare organisations and society. Publication of these best practice papers in a leading clinical pharmacy journal will also enhance the reputation and pivotal position of ESCP regarding advancing high quality clinical pharmacy practice.

What is best practice?

Best practices in clinical pharmacy relate to developments in practice and education, which are supported by thorough development and implementation processes along with high quality, robust and rigorous research evidence of evaluation outcomes. These outcomes may include aspects such as acceptability, adoption, appropriateness, effectiveness, cost-effectiveness, efficiency, satisfaction, sustainability etc. Any areas of clinical pharmacy practice and education development in any setting will be considered.

Paper structure

Best practice papers should be structured as follows.

Abstract, maximum of 250 words

- Background
- Aim (of the practice)
- Setting
- Development (how the practice was developed)
- Implementation (how the practice was implemented)
- Evaluation (how the practice was evaluated; evaluation findings)
- Conclusion

Facilitators of best practice

- 3 bullet points of key facilitators of best practice experienced

Barriers to best practice

- 3 bullet points of barriers to best practice experienced and how these were overcome

Main text

The paper will have a word limit of 3,500, with a maximum of three tables or figures and 20 references. IJCP authors' instructions must be adhered to (<https://www.springer.com/journal/11096/submission-guidelines#Instructions%20for%20Authors>)

Structure

Background

- Brief information about the field (clinical practice or education)
- Summary of the peer reviewed literature and current evidence position
- Rationale for the development of best practice

Aim

- Statement of the overall aim and specific objectives in developing best practice

The next three sections relate to the phases of development, implementation and evaluation. Where possible, authors should refer to established frameworks or theories to promote comprehensive coverage to these phases. These could include the Medical Research Council framework for Developing and Evaluating Complex Interventions (Medical Research Council, 2019), the Consolidated Framework for Implementation Research (Damschroder LJ, 2009) the Conceptual Framework for Implementation Outcomes (Proctor, 2011) and Intervention Mapping: A Process for Developing Theory and Evidence-Based Health Education Programs (Bartholomew et al, 1998) .

Development

- Description of the development of the best practice model/ innovation
 - Core components of best practice
 - Supporting literature, systematic reviews, meta-analyses, meta-syntheses
 - Who was involved in the development and how
 - Any other models/innovations referred to in the development and how these were adapted, tailored, trialled
 - Any training required
 - Detailed description of the actual intervention, the component parts and how to be delivered, including the target population
 - Any influences within or beyond the organisation
 - Financial planning
 - Any key challenges in development and how these were overcome

Implementation

- Description of the processes of implementation
 - How, where and when the intervention was implemented
 - Those involved in the implementation

Evaluation

- Description of the approaches to evaluation
 - Evaluation plan and outcome measures, including consideration of aspects of acceptability, adoption, appropriateness, effectiveness, cost-effectiveness, efficiency, satisfaction, sustainability etc.
 - Perspectives captured in the evaluation
 - Presentation of evaluation data

Discussion

- Discussion of the evidence supporting the best practice
 - Key facilitators
 - Key barriers and how these were overcome
 - Plans for the future, including sustainability, diffusion to other areas and dissemination

Conclusion

Conclusions should be concise and objectively state the extent to which the aim has been met.

Submission Process

Submission will be in two phases. The initial phase will be a call for brief proposals via the websites of ESCP and IJCP, supported by social media and targeted contacts through professional networks and groups. This call will be open to all individuals, targeting leading-edge practitioners, including ESCP non-members as the intention is for ESCP to disseminate the best practice (this is also an opportunity to attract new members). The initial submission will take the form of the structured abstract.

The call will last until the end of December 2020, following which an ESCP jury of one member of each of the standing committees (General Committee, Communication Committee, Education Committee, Research Committee, Special Interest Group Council) will have two weeks to rank each proposal, select the top five scoring proposals and communicate this to IJCP. These five proposals will be published as a series in IJCP during 2021.

Submission of manuscripts is made through the Editorial Manager (EM) webpage of IJCP, available at <https://www.editorialmanager.com/ijcp/default.aspx>

There will be a section named “Best Clinical Pharmacy Practice” created by Springer in the Journal’s homepage. When submitting, the author will need to indicate that he/she is submitting to this section.

Review process

After submission to IJCP, the journal editors will process the manuscript for peer review by at least two independent reviewers including one ESCP committee member from any of the standing committees. ESCP will be responsible for providing IJCP with a list of potential reviewers that could be invited. ESCP, through the standing committees, should also encourage members to volunteer to become reviewers and recommend that new reviewers as well as those already registered as IJCP reviewers update their personal classifications to

include “ESCP” otherwise they will not be selected. This option will be made available in Editorial Manager by early December 2020.

A fast track review process will be implemented with reviewers having seven days to review the manuscript (instead of the traditional 21). The authors are then given 14 days to respond (instead of the standard two months). A maximum of two rounds will be considered in the review process so that the timeline established is possible to keep.

References

- Medical Research Council. (2008). Developing and evaluating complex interventions. Retrieved from <https://mrc.ukri.org/documents/pdf/complex-interventions-guidance/> [accessed September 2020]
- Damschroder LJ (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation Science*, 4, p. 50.
- Proctor ES (2011). Outcomes for implementation research: conceptual distinctions, measurement challenges, and research agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), pp. 65-76.
- Bartholomew LK, Parcel GS, Kok G (1998). Intervention mapping: a process for developing theory and evidence-based health education programs. *Health Education Behavior*, 25(5), 545-63.