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ATTN: Standards Revision

Dear Pete:

The American College of Clinical Pharmacy is pleased to provide additional comments during the extended phase of the Council's review and refinement of the Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. In developing these comments, the 2004 ACCP Educational Affairs Committee and the Board of Regents reviewed the current accreditation document, a past report from the 1998 ACCP Education Affairs Committee that was prepared at Board request to analyze the then-new standards and guidelines, and the comments in our previous letter of November 11, 2003.

General Comments

Two of the important issues addressed herein are the need for earlier experiences with an emphasis on the multidisciplinary aspects of patient care, and the need for more formal efforts to encourage and foster professionalism among pharmacy students. As you are aware, provision of health care in the United States is becoming increasingly complex. Accordingly, several professional organizations, including the Institute of Medicine (*Health Professions Education: A Bridge to Quality*) and the American Association of Colleges of Pharmacy (through the Center for the Advancement of Pharmaceutical Education [CAPE] Advisory Panel on Educational Outcomes), suggest that patients' needs are optimally served through a multidisciplinary approach. However, students

within various health care disciplines (medicine, pharmacy, nursing, and other allied health care) are generally not integrated until later in their respective training, if at all. Additionally, as the precepts of pharmaceutical care are increasingly implemented, pharmacists need to further embrace the responsibility that accompanies patient care. This personal responsibility is also essential to successful multidisciplinary practice, and not surprisingly, this philosophy is clearly supported by a number of national pharmacy organizations. The American Association of Colleges of Pharmacy (CAPE Advisory Panel on Educational Outcomes 2004) recommend that pharmacy graduates should "Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an interprofessional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, economic, and professional issues, emerging technologies, and evolving biomedical, sociobehavioral, and clinical sciences that may impact therapeutic outcomes." The American Pharmacists Association (Principles of Practice for Pharmaceutical Care) recommends that "...the pharmacist holds the patient's welfare paramount, maintains an appropriate attitude of caring for the patient's welfare, and uses all his/her professional knowledge and skills on the patient's behalf."

Also addressed in these comments are wording revisions to increase the consistency of certain standards with both other professions' core competencies and the vision for the pharmacy profession's future as described previously by ACCP; revisions to the lists of competencies and content areas in order to make them more up-to-date and clear; and, finally, to address the maximum student to faculty ratio for student clerkship/practical experiences. The direct patient care experiences represent a large component of today's pharmacy education, and considerable supervision is required to assure the safety and accuracy of pharmacy services provided by students in these settings. This time commitment can increase dramatically for each additional student, and the establishment of maximum student/faculty ratios is expected to allow for more consistent faculty engagement in development programs, research, or scholarly activities, all of which are critical for continued growth of the profession.

Specific Comments

Increased Emphasis on Preparation for Collaborative Practice

ACCP recommends that the revised standards emphasize the development of collaborative working relationships and interprofessional training with other health-care professionals early in the pharmacy school curriculum. Specific standards that may be modified (as indicated by an underscore) in order to encourage this practice include:

- Standard 1: College or School of Pharmacy Mission and Goals

Guideline 1.1: "The mission statement of a College or School should include the College's or School's educational philosophy and how its professional program in pharmacy is designed to insure that graduates will be collaborative health care providers prepared for the present and evolving scope of practice of pharmacy ..."

Standard 5: Organizational and Administrative Relationships in University and Affiliated Health Care Facilities

"...University or University-affiliated health care facilities should promote integrated educational, research, and service activities amongst multiple health-care professions, provide a clearly understood relationship between service and educational units..."

- Standard 8: The Curriculum in Pharmacy

"...offer a curriculum in pharmacy intended to prepare its graduates to become active and collaborative practitioners of clinical pharmacy. The goals and objectives of the curriculum in pharmacy should embrace the scope of contemporary practice responsibilities in which the pharmacist functions as a member of multidisciplinary teams so to ensure the rational use of drugs in the individualized care of patients ..."

- Standard 11: Areas and Content of Curricular Core

Guideline 11.2: "...Instruction in the biomedical sciences in conjunction with other academic units of the University (and their students) is encouraged. Nevertheless, these areas should be developed in accord with the goals and objectives for the curriculum ..."

Guideline 11.5: "The Introductory Pharmacy Practice Experiences should be offered in various practice settings and in association with other health professional programs during the early sequencing of the curriculum ..."

- Standard 12: Teaching and Learning Processes

"The teaching and learning of practice skills should be supported by applications of computer technologies, interdisciplinary case studies, simulations, and guided group discussions..."

Increased Emphasis on Professionalism

ACCP recommends that the revised standards emphasize development of professional attitudes throughout the curriculum, especially with respect to taking personal responsibility for improving patient outcomes. Specific standards that may be modified in order to encourage this practice include:

- Standard 11. Areas and Content of Curricular Core

Guideline 11.6: "The Advanced Pharmacy Practice Experiences should provide active participation and in-depth experiences to acquire practice skills judgment and professional attitudes, and to develop in a graded fashion the level of

confidence and personal responsibility needed for independent and collaborative practice to improve patient outcomes ..."

- Standard 16. Admission Criteria, Policies, and Procedures

Guideline 16.3: "Admissions criteria, policies, and procedures should give consideration not only to scholastic accomplishments, but also to other factors such as motivation, industry, professional attitudes and communication capabilities that show the student's potential to become an active practitioner, life-long learner and an effective professional. Efforts should be made in the selection of students to foster diversity."

Curriculum

- Standard 8: The Curriculum in Pharmacy

We wish to reiterate a comment from our November 11, 2003 letter and add "and providers of patient-centered care" to the end of the first sentence in this standard. As previously stated, this language is consistent with current core competencies within health professions education (see 2003 Institute of Medicine report *Health Professions Education: A Bridge to Quality*) and the vision of pharmacy's future role as described by this organization (see the 2000 ACCP White Paper, "A Vision of Pharmacy's Future Roles, Responsibilities, and Manpower Needs in the United States").

- Standard 11: Areas and Content of Curricular Core

Consider the following modifications to the "pharmaceutical sciences" list of content areas:

- add pharmacogenomics
- delete pharmacognosy and re-title "natural products"

Consider adding the following to the 'behavioral, social, and administrative pharmacy sciences' or other list of content areas:

- cultural competence
- leadership
- advocacy
- life-long learning

Consider adding the following to the "pharmacy practice or professional experience" or list of content areas:

- patient safety
- professionalism
- team interaction and collaboration

In addition, this standard should be expanded and made more explicit, focusing more on “learning by doing” rather than by shadowing or observing. To accomplish this, consider the following changes to Guidelines 11.5 through 11.8:

Guideline 11.5: For the long-term, consider defining the minimum outcomes to be expected from Introductory Pharmacy Practice Experiences, describing what specific types of practices would comprise core experiences, and indicating the minimum (or reasonable) amount of time to be spent in these experiences.

Guidelines 11.6 to 11.8: These guidelines also include a list of competencies or outcomes. In the short-term, we suggest that this list be made consistent with the list provided in Standard 10. In the long-term, we suggest providing only one list of competencies or outcomes, and perhaps indicating which competencies or outcomes should be met in specific curricular components (such as Introductory and Advanced Pharmacy Practice Experiences).

Guideline 11.8: “Advanced Pharmacy Practice Experiences should be provided in both ambulatory and inpatient settings and should include primary, acute, chronic, and preventive care among patients of all ages. The core experiences should provide substantial experience in community pharmacy practice and hospital/institutional pharmacy practice, as well as substantial practice experience with general medicine acute care patients. Most advanced practice experiences should involve direct patient care. Direct patient care experiences should be of sufficient length to provide both continuity of patient care and an opportunity for the student to practice the major abilities associated with that practice site. Some advanced practice experiences may involve indirect patient care or may occur in non-patient care areas, such as research and management. Other experiences, such as those in drug information, managed care, and home health care should be available.”

Outcomes

- Standard 10: Professional Competencies and Outcomes Expectations

Standard 10 provides a good general description of the competencies or outcomes expected from graduates of Doctor of Pharmacy programs, but we suggest that this list of competencies and outcomes is in need of both relatively minor short-term and more substantial long-term revisions.

On a short-term basis, in order to enhance the consistency and clarity of written items, we recommend combining and/or separating selected items as suggested below:

- a) provide patient-centered care;
- b) employ evidence-based practice;
- c) work in interdisciplinary teams and collaborate with other health professionals;
- d) communicate with health care professionals, care givers and patients regarding rational drug therapy, wellness, and health promotion;
- e) design, implement, monitor, evaluate, and modify or recommend modifications in drug therapy to insure effective, safe, and economical patient-centered care, with a focus on individualized therapeutic plans and intended therapeutic outcomes;
- f) demonstrate responsibility as primary health care professional to identify, assess, and solve medication-related problems;
- g) evaluate patient problems and triage patients to other health professionals as appropriate;
- h) appropriately administer medications;
- i) communicate with patients in order to obtain appropriate medical information/histories, monitor and counsel patients regarding the purposes, uses, administration, and effects of their medications and related therapy;
- j) recommend, counsel, and monitor patient use of nonprescription drugs, dietary supplements, diet, nutrition, traditional non-drug therapies, and complementary and alternative therapies;
- k) evaluate drug orders or prescriptions, compound drugs and package and dispense dosage forms;
- l) manage a pharmacy and the systems for storage, preparation, and dispensing of medicines;
- m) supervise technical personnel who may be involved in the pharmacy and the drug management systems;
- n) manage and administer a pharmacy practice;
- o) utilize technology and informatics in practice;
- p) provide emergency first care;
- q) retrieve, evaluate, manage, and utilize professional information and literature for evidence-based therapeutic and practice decision-making;
- r) appropriately collect, analyze and utilize clinical data to monitor and optimize therapeutic drug regimens;
- s) evaluate and document interventions and pharmaceutical care outcomes; and
- t) appropriately utilize quality improvement methods in practice.

On a long-term basis, we recommend the following:

- Work with other professional organizations (including AACP, ACCP, APhA, ASCP, ASHP, and NCPA) to determine those characteristics that define the minimum expectations of a Doctor of Pharmacy graduate, taking into account both the current and future practice roles of the graduate.

- Revise the competencies and outcomes to reflect those expectations.
- State the competencies and outcomes in a manner that is measurable.

Faculty Staffing

▪ Standard 23: Faculty and Staff, Quantitative Factors

Modifications to this standard have been previously recommended by the ACCP leadership. As class sizes continue to grow, there is increasing pressure to increase student/faculty ratios in advanced pharmacy practice experiences. The 2004 ACCP Educational Affairs Committee has emphasized the importance of limiting student/faculty ratios to no more than 3:1 during most advanced pharmacy practice experiences, believing that larger ratios may not only detract from student experiences but might also increase the risk of practice-associated errors. Consequently, we recommend modifying this standard as follows:

"The College or School should have a faculty/student ratio sufficient to effectively deliver and evaluate the professional program in pharmacy and to provide time for *all* faculty to engage in faculty development and to pursue research *or* scholarly activities. The curricular area of professional experience requires close supervision of and significant interaction with students. Under most circumstances, the student: preceptor ratio should not exceed 3:1 for advanced pharmacy practice experiences."

The members of ACCP appreciate the continued opportunity to contribute comments to the ACPE standards review process. We look forward to submitting additional feedback on the next revision of the Standards utilizing input from our 2005 Educational Affairs Committee. Please do not hesitate to call or write if we can provide any additional clarification or information.

Sincerely,



Michael S. Maddux, Pharm.D., FCCP
Executive Director