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November 1, 2005

Peter H. Vlasses, Pharm.D., BCPS  
Executive Director  
Accreditation Council for Pharmacy Education (ACPE)  
20 North Clark Street, Suite 2500  
Chicago, IL 60602-5109

RE: Standards and Guidelines Revision

Dear Dr. Vlasses:

The American College of Clinical Pharmacy (ACCP) is pleased to provide comments following the June release of the revised draft of the Accreditation Council for Pharmacy Education (ACPE) Professional Degree Program Accreditation Standards and Guidelines. In developing these comments, the 2005 ACCP Educational Affairs Committee and the Board of Regents reviewed the current accreditation document and the comments in our previous letters of October 15, 2004 and August 8, 2005.

Rather than reiterate the comments and views expressed by ACCP in the two previous letters, this letter is intended to provide new suggestions. In addition, ACCP would like to acknowledge the Council's incorporation of many suggestions included in our preceding letters. For example, we recommended in the August 8, 2005 letter that the Standards and Guidelines be precise and comprehensive. Members of ACCP were pleased to see the incorporation of specific recommendations and measures throughout the current document. To support outcome measurement and to assist schools with attainment of the Standards and Guidelines, ACCP recommends that the Process and Outcome Measures referred to in the January 28, 2005 memorandum to ACPE stakeholders maintain the consistent precision and comprehensiveness reflective of the current Standards and Guidelines. ACCP member feedback indicates that individual schools are looking to ACPE for direction on how to achieve the outcomes. It is our hope that the Process and Outcome Measures document will provide that direction. In addition, we encourage the development of new training materials and workshop programs for faculty and administrators to assist them with the incorporation and assessment of specific outcomes.

## Comments

### Standard No. 1. College or School Mission and Goals

#### *Guideline 1.4*

ACCP supports the incorporation of Guideline 1.4, specifically requiring that a school or college “provides, supports, and/or is affiliated with post-graduate professional education and training of pharmacists, such as accredited-residencies, fellowships, and graduate programs....” ACCP is committed to the advancement of patient care through pharmacists who pursue postgraduate training with the ultimate professional goal of becoming a clinical pharmacist. Consistent with this view, ACCP published a definition of clinical pharmacy in August 2005.<sup>1</sup> We suggest that the abridged form of this definition be incorporated into appropriate glossaries and that the unabridged definition be cited where applicable.

#### *Guideline 1.5*

ACCP supports the incorporation of Guideline 1.5 but requests the addition of a fourth bullet point requiring a college or school to ensure equivalent expectations and academic rigor for students who complete the degree through either alternative or traditional pathways.

### Standard No.10. Curricular Organization and Length; Standard No.11. Teaching and Learning Methods

As noted during the July 2005 American Association of Colleges of Pharmacy (AAP) Annual Meeting discussion of the revised Standards and Guidelines, the apparent exclusion of electives in the curriculum standards was not intentional. Knowing that this section will be incorporated into the final version of the Standards and Guidelines, ACCP also recommends that ACPE consider a statement suggesting that electives should correlate with a student’s level of professional development. For example, students in the pre-professional or first professional years should choose electives appropriate to that level of professional development (e.g., introduction to pharmacy activities; basic or fundamental clinical skills, including physical assessment). Students in the later professional years should have available to them electives focused on more complex or comprehensive issues in pharmacy such as total quality management, research or independent projects, or developing business plans for pharmaceutical care services. ACCP also encourages the development of curricular tracks that allow students to gain additional knowledge and skills in specific areas of pharmacy (e.g., pharmacy education/teaching, ambulatory care practice, pharmacy management, and so forth).

### Standard No. 12. Professional Competencies and Outcome Expectations

The members of ACCP are pleased to see the inclusion of a modification of the 2004 CAPE *Educational Outcomes* in the Standards and Guidelines that, in part, address the limitations of these educational outcomes. As indicated in the 2004-05 ACCP Educational

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<sup>1</sup> ACCP Defines Clinical Pharmacy (<http://www.accp.com/report/rpt0805/art01.php>). Accessed October 1, 2005.

Affairs Committee Commentary on the 2004 CAPE *Educational Outcomes* (in press), many issues facing the profession relate to professional attitudes (i.e., professionalism, cultural competence, developing future leaders, inculcating ethical principles) and the 2004 CAPE *Educational Outcomes* do not address explicitly the attitudes of a pharmacist. To fully define the contemporary pharmacist, specific outcomes that address the attitudes, habits and values of a pharmacist are necessary. We are pleased to see these issues addressed in Standard 12. The August 8, 2005 letter from ACCP further discussed the importance of encouraging and fostering professionalism among pharmacy students. We recognize and appreciate that professionalism is integrated throughout the updated document, thereby addressing our concerns. Similar development of the other components mentioned above will help to fully define the contemporary pharmacist. Perhaps a task force should be convened to establish a document on professional attitudes, habits and values that is analogous to the American Medical Association's Principles of Medical Ethics.<sup>2</sup>

### Standard No.13. Curricular Core: Knowledge, Skills and Abilities

With the advancement of technology in the workplace and increased pharmacist reliance on technology, ACCP recommends that use of electronic informatics resources play a prominent role in the curriculum. The ability to judge critically the reliability of various sources of information must be included as well. As sources of drug information expand, pharmacists will be expected to appropriately interpret and manage this information to make evidence-based decisions that affect patient care. Schools must educate students regarding the appropriate use of information technology and assess their skill in this area across the curriculum.

#### *Guideline 13.3*

ACCP members recognize and appreciate the detail of the curricular core outlined in Guideline 13.3. A general statement regarding the rationale used to determine the curricular core may facilitate interpretation of the Guideline. Additional comments regarding Guideline 13.3 are listed below.

- While members of ACCP cannot disagree with the need for basic biomedical sciences, pharmaceutical sciences, and social/administrative sciences, these sciences must be taught in a manner that focuses on their applications to patient care. The perspective of ACPE needs to be strengthened to make it clear that patient-focused care is a core purpose of the pharmacy professional curriculum. From the outset of their classroom experiences, students must learn how curricular contents ultimately relate to patient care. In our view, the current structure of Guideline 13.3 encourages faculty to think in silos and default to counting the curricular hours devoted to basic sciences, clinical sciences, and other topic areas. The Guideline should be revised to reflect the need to understand the fundamentals of science and practice in order to ensure optimal patient care.

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<sup>2</sup> Principles of medical ethics ([www.ama-assn.org/ama/pub/category/2512.html](http://www.ama-assn.org/ama/pub/category/2512.html)). Accessed October 1, 2005.

- As pharmacotherapy becomes more complex and the clinical practice roles of pharmacists expand, the clinical sciences component of the curriculum must be increased. Throughout clinical sciences coursework, there should be adequate time allotted for discussion of complex cumulative cases that allow students to gain the necessary exposure to “real life” scenarios. Medication therapy management services under the new Medicare Modernization Act are a prime example of why more clinical science is needed to enhance the clinical ability level of pharmacy graduates.
- It should be clarified that the contact hours for the clinical sciences reflect credit hours spent in the didactic setting and that much of this content area is also included in the experiential components of the curriculum. It appears that pharmacy education is moving toward the medical model where clinical topics are addressed during the experiential component of the curriculum rather than in the classroom. To ensure that this model is successful, ACPE should address core criteria for experiential education to ensure that students receive high level, appropriately rigorous experiences that are consistent across sites. Student evaluation processes should be uniform across experiential rotations. Until the outcomes of clinical experiences within the pharmacy curriculum are more consistent, it will be difficult to successfully apply the medical model. To address this concern, ACCP recommends that standard 13 be rewritten to incorporate more of the clinical sciences, and that standard 14 be revised to include a higher level of expectations for advanced pharmacy practice experiences (APPEs).
- Members requested clarification on how this information applies to 0-6 versus 2-3 year pre-pharmacy/4 year professional programs that utilize prerequisite course work to fulfill curricular requirements. In addition, it would be beneficial to indicate in the guidelines if the suggested hours include these prerequisites or if the curriculum could adjust hours in the other disciplines accordingly.
- The items listed in the geriatric and pediatric sections seem vague. ACCP recommends inclusion of the following:
  - Geriatrics
    - Socio-behavioral aspects of aging
    - Atypical presentation of diseases, syndromes, and adverse drug reactions
    - Biology of aging
    - Principles of pharmacotherapy in geriatric patients
  - Pediatrics
    - Developmental pharmacology
    - Prematurity
    - Age-related differences in metabolism

Standard No.14. Curricular Core: Pharmacy Practice Experiences

*Guideline 14.7*

At the session held during the 2005 AACP Annual Meeting, concerns were raised about the student to preceptor ratio in Guideline 14.7. ACCP is pleased that specific recommendations are being made for appropriate student to preceptor ratios. To clarify this Guideline, ACCP recommends inclusion of a statement reflecting the ACPE response provided during that meeting that states: "The student to preceptor ratio may be exceeded if appropriate documentation (i.e., resident support) supporting an increased student load is maintained. Documentation should demonstrate, justify, or qualify how students attain all of the learning outcomes for the experience." For certain APPEs and IPPEs (particularly institution-based experiences), it will be extremely difficult for colleges to comply with a 1:1 or 2:1 student to preceptor ratio when they are limited by the number of hospitals or inpatient facilities in a specific geographical area and/or by the close proximity of other colleges of pharmacy.

*Guideline 14.9*

ACCP supports the inclusion of self, peer, and preceptor assessments during APPEs and IPPEs. Although there are real and perceived risks to a student completing a peer or preceptor assessment where his/her identity is known, it is important to recognize that students must develop the skills necessary to provide constructive criticism in a professional manner. Upon licensure, pharmacy graduates will routinely have interns, IPPE and/or APPE students, technicians, and other personnel reporting to them. Students must know how to prepare and deliver constructive criticism prior to program completion to prepare them for these roles. Incorporating instruction and discussion of evaluations where students are required to provide feedback to peers, faculty, and/or administrators is essential to the development of these skills.

*Guideline 14.10*

ACCP recommends that ACPE add a guideline indicating that the Director of Experiential Education should be a licensed pharmacist.

Standard No. 15. Assessment and Evaluation of Student Learning and Curricular Effectiveness

To maintain consistency with our previous recommendations, ACCP recommends the inclusion of professionalism as a part of the assessment process.

Standard No. 17. Admission Criteria, Policies, and Procedures

As mentioned above in regard to Standard 13, it may be beneficial to clarify what ACPE considers appropriate prerequisites for 0-6 versus 2-3 year pre-pharmacy/4 year professional programs. At a minimum, ACCP recommends the inclusion of appropriate standards for mathematics and sciences courses.

Standard No. 19. Progression of Students

Professionalism should be included in the criteria for student progression. Colleges or schools should establish criteria, policies, and procedures that define and assess student professionalism.

Standard No. 24. Faculty & Staff: Quantitative Factors

*Guideline 24.3*

The language here and within Guideline 14.7 regarding student:faculty ratios should be consistent. If faculty and preceptor availabilities change annually, then the ratios should be flexible according to institutional capabilities. Each institution should be responsible for providing documentation that supports student attainment of global outcomes. If the statement remains as written, clarification is necessary regarding where this information can be obtained. If a definitive ratio remains in Guideline 14.7 (i.e.,  $\leq 2:1$ ), then a ratio should be placed here as well (e.g., 12:1).

*Guideline 24.4*

As stated in the comments for Guideline 14.7, ACCP is pleased that specific recommendations are being made for appropriate student to preceptor ratios. However, the student to preceptor ratio listed as a maximum of 2:1 may be difficult to comply with given today's academic climate. Furthermore, the use of residents and other faculty extenders (including physicians) is not considered. ACCP recommends that the student to preceptor ratio be increased and that statement be changed:

“...under most circumstances. . . should not exceed 3:1. The student to preceptor ratio may be exceeded if appropriate supportive clinicians (i.e., residents, physicians) supporting the increased student load is maintained.”

Standard No. 25. Faculty & Staff: Qualitative Factors

*Guideline 25.2*

It is also important that staff not only possess “educational and training credentials” but be able to reliably perform their tasks. ACCP recommends the following addition:

“The college or school must establish and implement a process to validate all educational and training credentials of faculty and staff, to insure that required tasks can be reliably performed, and to assure that other criteria, for example, criminal records, have been research and considered.”

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We appreciate the continued opportunity to contribute comments to the ACPE Standards and Guidelines review process. Please do not hesitate to call or write if we can provide any additional clarification or information.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Maddux". The signature is fluid and cursive, with a large, sweeping flourish at the end.

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