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November 14, 1994

Daniel Nona, Ph.D.  
Executive Director  
American Council on Pharmaceutical Education  
311 West Superior Street, Suite 512  
Chicago, Illinois 60610

Attn: Proposed Revision

Dear Dan:

The American College of Clinical Pharmacy is pleased to provide the following comments regarding the proposed revision of Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. In developing these comments, ACCP first appointed a task force, Chaired by Dr. David Hawkins, to conduct a section-by-section review of the proposed standards and guidelines. The Task Force was then asked to either recommend endorsement of each section as written or to recommend specific modifications for consideration by ACPE.

A preliminary report from this task force was presented by Dr. Hawkins during the Council's open hearing at the 1994 ACCP Annual Meeting. After receipt of the task force's report by the ACCP Board of Regents, a subcommittee of the Board was charged to prepare these comments and suggestions for your consideration.

### Comments

In general, we find the Proposed Revision to be a well written document. It captures the essence of the recommendations of the AACCP Commission to Implement Change in Pharmaceutical Education; it focuses appropriate attention of the need to embrace the delivery of pharmaceutical care as a unified philosophy in pharmacy education and practice; and it addresses many of the points made in the ACCP white paper, "Pharmaceutical Education: A Commentary from the American College of Clinical Pharmacy" (Pharmacotherapy 1992; 5:419-427).

### General

ACPE has suggested that a doctoral level education (the Doctor of Pharmacy degree) is needed to provide the graduate with the necessary competencies to provide pharmaceutical care. That being the case, we suggest that the phrase "entry-level" be substituted by either "doctoral level" or "professional doctorate" as appropriate in most of the places that it appears in the document.

Within the glossary, it is indicated that "the word 'should' indicates that ACPE considers an attribute to be necessary to insure a quality program" However, others use the word "should" to indicate an attribute that is highly desirable but not required, and use the word "must" to indicate an attribute that is essential and required. While your definition of "should" is probably correct from a dictionary standpoint, we suggest that you use the word "must" when indicating an essential requirement to avoid confusion and misunderstanding.

### Standard 1: College of School of Pharmacy Mission and Goals

We believe it is not possible to prepare students within the pharmacy curriculum for the "general practice of pharmacy with provision of entry-level competencies necessary to the delivery of pharmaceutical care in any (emphasis added) practice setting." The provision of pharmaceutical care in highly specialized patient care settings requires far more knowledge, skills, and competencies than can be achieved through a general practice curriculum--even at the doctoral level. We thus recommend that the third sentence be revised as: "This statement must include a fundamental commitment to the preparation of its students for the practice of pharmacy with competencies necessary to the delivery of pharmaceutical care in any general pharmacy practice setting, and must be formulated within the context of a stated policy on ethics."

We also find Guideline 1.4 to be confusing in its apparent attempt to redefine "pharmaceutical care." We suggest that the usual Hepler-Strand definition ("...responsible provision of drug therapy and other health related services for the purpose of achieving definite outcomes that improve a patient's quality of life") be used instead. Because of its central importance to this document, perhaps a definition of "pharmaceutical care" should be included in the glossary.

### Standard 2: Systematic Planning

ACCP endorses this standard as written.

### Standard 3: System for Assessment of Achievement

ACCP endorses this standard as written.

Standard 4: College or School of Pharmacy and University Relations

ACCP endorses this standard as written, with the caveat that "should provide" be changed to "must provide." Many schools of pharmacy will require significant new resources to implement these new standards. The need for "adequate financial, physical, and faculty resources" must be strongly worded and enforced by ACPE.

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

ACCP endorses this standard as written.

Standard 6: College or School of Pharmacy Organization and Administration

Standard 20 speaks to the involvement of students on school committees. Should such be included here as well?

Standard 7: Responsibilities of the Dean and Faculty of the College or School of Pharmacy

ACCP endorses this standard as written.

Standard 8: The Curriculum in Pharmacy

As in Standard 1, we maintain that the pharmacy curriculum exists to prepare individuals to provide pharmaceutical care in general pharmacy practice settings. We therefore recommend that the second sentence read: "Knowledge, skills, attitudes, and values must be achieved that are necessary to the provision of pharmaceutical care in any general pharmacy practice setting."

Standard 9: Curricular Organization and Length

We find this standard to be intrinsically weak. We recommend that the statement, "Ordinarily, the curriculum in pharmacy requires a minimum of four academic years or the equivalent..." be changed to "The curriculum in pharmacy requires a minimum of four academic years to ensure competency in all of the fundamentals necessary to become a generalist practitioner." It is not clear what is meant by "or the equivalent", and therefore we recommend its deletion. ACCP believes strongly that a professional doctorate in pharmacy must be comparable in both academic rigor and length to that of professional doctorate programs in medicine and dentistry.

We also recommend that the last sentence of this standard be deleted. It appears to serve only as a crutch to the equivocal statement regarding length of the curriculum.

#### Standard 10: Professional Competencies

We recommend that statement (g) be modified to "identify, assess, and solve drug-related problems..." and that statement (m) be modified to "collaborate with other health professionals to assure patient outcomes that improve quality of life."

We also recommend that additional competencies be added which speak to the pharmacist's ability to document the outcomes of pharmaceutical care, and to the ability to evaluate patient problems and triage patients to other health professionals as appropriate.

#### Standard 11: Curricular Content

We recommend that the last sentence in paragraph 1 (lines 25-27, page 16) be rewritten as: "The various components of the curriculum must be in phase with one another and an appropriate balance consistent with the mission of teaching students to provide pharmaceutical care is expected among the following five areas of the core curriculum:". This will preclude the interpretation of "appropriate balance" to mean that all course areas are of equal importance to the mission, which may not be true.

With regard to the behavioral, social, and administrative pharmacy sciences, we believe that content in "pharmacoeconomics" should be mentioned specifically, rather than presumably including this important area within "health care economics."

We recommend that either "pediatrics" be added as a content area within pharmacy practice, or that "geriatrics" and "gerontology" be deleted in favor of the term "age-related pharmacotherapy."

We recommend that Guideline 11.4 be rewritten as: "The pharmacy practice experience must be of adequate intensity, breadth, and duration so as to achieve the expected professional competencies and outcomes related to the provision of pharmaceutical care. This should include introductory pharmacy experiences throughout the didactic component of the curriculum followed by a sustained advanced pharmacy practice experience of at least one calendar year (48 weeks) in duration." Guideline 11.5 speaks to the inclusion of "introductory practice experiences" in the curriculum. We believe that a distinction must be drawn between these introductory experiences and terminal, advanced, full-time practice experiences. We further believe that these latter experiences must be at least one calendar year (48 weeks) in length and that introductory experiences must not be allowed to fulfill any part of this one-year practice experience requirement.

While we believe in principle with Guideline 11.5, we are concerned that the provision of introductory practice experiences throughout the curriculum will overburden an already scarce clinical teaching resource.

We recommend that the sentence in Guideline 11.6 that begins with "Generally, the core and selective practice experiences..." (lines 41-43) be rewritten as: "Core and selective advanced practice experiences must be full-time, must provide the student with needed continuity of patient care, and must be directly supervised and monitored by pharmacy faculty who themselves provide pharmaceutical care." Also, community pharmacies are highlighted as a teaching locale. We support fully increased education and training in ambulatory care settings; however, we believe that advanced practice experiences must occur in such settings only if they truly provide pharmaceutical care.

We recommend that the third sentence in Guideline 11.8 (lines 31-34) be rewritten as: "Included in the core practice experiences must be substantial experience in a community pharmacy and an institutional pharmacy where pharmaceutical care is routinely provided, as well as substantial practice experience with acute care patients having a variety of medical illnesses."

#### Standard 12: Teaching and Learning Processes

ACCP endorses this standard as written.

#### Standard 13: Student Evaluation

ACCP endorses this standard as written.

#### Standard 14: Curriculum Evaluation

ACCP endorses this standard as written.

#### Standard 15: Student Affairs: Organization within a College or School of Pharmacy

ACCP endorses this standard as written.

#### Standard 16: Admission Criteria, Policies, and Procedures

We recommend that the following statement be added to the discussion on preprofessional requirements: "Adequate preparation for doctoral-level education in pharmacy requires 3 to 4 years of preprofessional study." As stated previously, ACCP believes strongly that a professional doctorate in pharmacy must be comparable in both academic rigor and length to that of professional doctorate programs in medicine and dentistry.

Standard 17: Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing

ACCP endorses this standard as written.

Standard 18: Progression of Students

ACCP endorses this standard as written.

Standard 19: Disclosure of Program Information

ACCP endorses this standard as written.

Standard 20: Student Representation

ACCP endorses this standard as written.

Standard 21: Student Perspectives in Program Evaluation and Development

ACCP endorses this standard as written.

Standard 22: Student/Faculty Relationships

We recommend that the second sentence be rewritten as: "Faculty are expected to mentor students in their academic pursuits; to nurture a positive attitude about the provision of pharmaceutical care; to nurture a positive attitude toward the value of scientific inquiry and research to the advancement of pharmacy as an academic discipline and health care profession; to nurture a positive attitude toward the value of formal, postgraduate education and training; and to encourage student involvement in affairs of the profession." This is intended to encourage students to consider graduate studies in the pharmaceutical and administrative sciences, as well as postgraduate training in both the basic and clinical sciences.

Further, we recommend that an additional Guideline (22.3) be added: "A program of faculty mentoring and counseling should be in place to encourage students to consider formal postgraduate training, including residencies, fellowships, and graduate study."

Standard 23: Faculty and Staff, Quantitative Factors

We strongly recommend the addition of the following sentences to Guideline 23.1: "Ideally, the faculty/student ratio should not exceed 1:3 at any given time for either an

introductory or advanced pharmacy practice experience. For some advanced pharmacy practice experiences, a maximum ratio of 1:2 or even 1:1 may be required due to the size or nature of the practice setting."

We recommend the addition of the following to Guideline 23.2: "The protection of tenure-track faculty from excessive responsibility for pharmacy practice experiences is critical to the continuing development of pharmacy practice as an academic discipline. For that reason, the College or School of Pharmacy should recruit qualified pharmaceutical care practitioners as adjunct faculty and preceptors for much of the experiential training of pharmacy students."

We also recommend that ACPE address the need for establishing two types of tenure-track pharmacy practice faculty: practitioner-educators and researcher-educators.

#### Standard 24: Faculty and Staff, Qualitative Factors

ACCP endorses this standard as written.

#### Standard 25: Faculty Evaluation

We encourage ACPE to be more specific in defining evaluation criteria for the different types of faculty that will be required to deliver the new curriculum. The criteria used to evaluate tenure-track faculty are well established, but criteria for evaluating non-tenure track clinical faculty may not exist or are loosely defined. Both types of faculty are critical for the successful delivery of the new curriculum, and it is imperative that non-tenure track clinical faculty have the opportunity for promotion and be recognized as bona fide citizens in the academic community.

#### Standard 26: Faculty Self-Assessment

ACCP endorses this standard as written.

#### Standard 27: Physical Facilities

ACCP endorses this standard as written.

#### Standard 28: Practice Facilities

ACCP endorses this standard as written.

Standard 29: Library and Learning Resources

ACCP endorses this standard as written.

Standard 30: Financial Resources

ACCP endorses this standard as written.

The members of ACCP appreciate this opportunity to provide comment. Please do not hesitate to call or write if we can provide any additional clarification or information.

Sincerely,



Robert M. Elenbaas, Pharm.D., FCCP  
Executive Director