

## NEWS

**From the Desk of the ACCP President**

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*Suzanne Amato Nesbit, Pharm.D., FCCP, BCPS, CPE***Aligning Education, Training, and Practice Competencies**

A variety of outcomes, objectives, and competencies for pharmacists have been articulated by the profession. The American Association of Colleges of Pharmacy (AACCP) core entrustable professional activities (EPAs)<sup>1</sup> and the Center for the Advancement of Pharmacy Education (CAPE) educational outcomes<sup>2</sup>; the American Society of Health-System Pharmacists (ASHP) competency areas, goals, and objectives (CAGOs) for residency programs<sup>3</sup>; and the ACCP clinical pharmacist competencies<sup>4</sup> are each designed to define the target level of ability for different stages of a pharmacist's professional development. These guiding documents reflect progress toward establishing levels of competence across the profession. However, better alignment and coherence is still needed across the professional development spectrum.

The 2018 ACCP Educational Affairs Committee was charged with reviewing each of the profession's major competency documents to identify areas of alignment, misalignment, or omission. The committee identified several areas of alignment when comparing competency and outcome descriptions.<sup>5</sup> One notable example is the inclusion of relatively similar descriptions of direct patient care in the ACCP clinical pharmacist competencies, ASHP residency CAGOs, and AACCP CAPE outcomes. Nonetheless, progress from one stage of direct patient care development to the next (i.e., from student to resident to practitioner) remains relatively undefined. Other domains of the ACCP competencies, CAGOs, and CAPE outcomes are not aligned at all. The absence of a pharmacotherapy knowledge domain within the CAGOs despite its inclusion within the CAPE outcomes and the ACCP clinical pharmacist competencies is one such example. Without better alignment and defined stages of progression, it can be difficult to ensure that students, residents, and, ultimately, clinical practitioners are achieving the necessary levels of competence.

The eight ACCP clinical pharmacist core competency domains are Patient Care, Knowledge for Practice, Practice-Based Learning and Improvement, Interpersonal and Communication Skills, Professionalism, Systems-Based Practice, Interprofessional Collaboration, and Personal and Professional Development. Although the CAGOs and the CAPE outcomes may include similar competencies/outcomes, they are only implied, characterized by other terms, or not addressed at all in those documents. Thus, one recommendation of the Educational Affairs Committee is to pursue the development of a common terminology for core competencies across the profession. This seems like a logical first step toward a coherent approach to achieving clinical competence across the professional development spectrum.

In addition to using consistent terminology, competencies should be aligned and set at the appropriate expectation for each level of professional development (i.e., they should match up and build on one another during education and training). "Beginning with the end in mind" is one possible approach – the desired abilities of a clinical pharmacist would be the starting point for developing targeted competencies that align throughout the progression from student to resident

to clinical pharmacist. Learners would obtain experience and demonstrate progression of abilities over time. Educators and preceptors would also benefit from having consistent standards for developing and assessing students' and residents' competencies throughout their education and training.

The medical profession has been on a similar journey for several decades, moving toward consistent standards along the continuum of education, training, and practice. Within graduate medical education, a competency-based approach was adopted in the 1990s that has been refined over time. A set of core EPAs<sup>6</sup> define the activities and behaviors expected of a medical school graduate entering postgraduate training, and the Accreditation Council for Graduate Medical Education (ACGME) competencies<sup>7</sup> define expectations for physicians entering practice after residency training. Milestone assessments occur at important developmental stages along the continuum of education and training. Within medicine, competencies are integrated within the EPAs and clearly aligned with respect to the requisite knowledge, skills, and attitudes for a physician entering practice.

The pharmacy profession would benefit from lessons learned through medicine's successes and challenges. Like in medicine, pharmacy educators have begun to develop and apply EPAs within the pharmacy professional degree program. This may present an excellent opportunity for the profession to revisit, integrate, and align competencies across the spectrum of pharmacy education, training, and practice.

In conclusion, the pharmacy profession clearly has an opportunity to better align its core competencies. Key stakeholders from education and training should develop a shared vision for this alignment. As interprofessional collaboration becomes the norm in the evolving team-based patient care environment, a sound competency development process should be established that is commensurate with the process of pharmacists' colleagues in medicine. Such a process will help advance pharmacists' credibility as health care providers with the ability to assume responsibility for optimizing medication therapy.

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## References:

1. Haines ST, Pittenger AL, Stolte SK, et al. Core entrustable professional activities for new pharmacy graduates. *Am J Pharm Educ* 2017;81:S2.
2. Medina MS, Plaza CM, Stowe CD, et al. Center for the Advancement of Pharmacy Education 2013 educational outcomes. *Am J Pharm Educ* 2013;77:162.
3. American Society of Health-System Pharmacists (ASHP). Required Competency Areas, Goals, and Objectives for Postgraduate Year One (PGY1) Pharmacy Residencies. March 2015. Available at <https://www.ashp.org/-/media/assets/professional-development/residencies/docs/required-competency-areas-goals-objectives>. Accessed September 12, 2019.
4. Saseen JJ, Ripley TL, Bondi D, et al. ACCP clinical pharmacist competencies. *Pharmacotherapy* 2017;37:630-6.
5. ACCP 2018 Educational Affairs Committee. Advocating for alignment between student, resident, and practitioner competencies. *J Am Coll Clin Pharm*. In press.
6. Obeso V, Brown D, Aiyer M, et al. Toolkits for the 13 Core Entrustable Professional Activities for Entering Residency. Washington, DC: Association of American Medical Colleges, 2017.
7. Accreditation Council for Graduate Medical Education (ACGME). ACGME Common Program Requirements. Available at [www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs\\_2017-07-01.pdf](http://www.acgme.org/Portals/0/PFAssets/ProgramRequirements/CPRs_2017-07-01.pdf). Accessed March 25, 2018.