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August 8, 2005

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Peter H. Vlasses, Pharm.D., BCPS
Executive Director
Accreditation Council for Pharmacy Education (ACPE)
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ATTN: Standards Revision

Dear Dr. Vlasses:

The American College of Clinical Pharmacy (ACCP) is pleased to provide comments following release of the first draft of the revised Accreditation Council for Pharmacy Education (ACPE) Professional Degree Program Accreditation Standards. 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 letter of October 15, 2004.

As stated in the memorandum to ACPE stakeholders dated January 28, 2005, the First Draft of Revised Standards “simply and clearly” states the “intent and expectation” of the Standards while the revised Guidelines and Process and Outcome Measures will provide descriptions for ways to achieve the Standards. For schools or colleges of pharmacy to assure compliance with the Standards, ACCP recommends that the documents under development be precise and comprehensive. For example, specific timeframes should be established in the Standards where “periodic reappraisals” are currently recommended. We also recommend that specific criteria be established for the quantitative factors included in the Standards. For example, defining a maximum student/preceptor ratio in Standard 24 (Quantitative Factors: Faculty and Staff) would assure that students receive the individual attention required to optimize their learning experiences.

To further enhance the education of pharmacy students, ACCP recommends that more structured efforts be included throughout the Standards and Guidelines to encourage and foster professionalism among pharmacy students. According to the Standards for curriculum, graduates of the professional degree program should be able to “provide pharmaceutical care in cooperation with patients, prescribers, and other members of an inter-professional health care team.” In order to achieve

this end, students must understand and accept the personal responsibility that accompanies direct patient care. Including references to professionalism throughout the documents will demonstrate the importance of integrating professionalism in all aspects of pharmacy education.

Comments

Standard No. 1. College or School Mission and Goals; Standard No. 3. Evaluation Plan

“Desired outcomes” are mentioned for the first time in Standard 3. ACCP recommends introducing “desired outcomes” in Standard 1 in order for the terms expressed in the Evaluation Plan to parallel the terms stated in “Mission and Goals.” We suggest that the assessment component of “desired outcomes” remain in Standard 3.

Standard No. 8. Qualifications and Responsibilities of the Dean

The dean of the school or college of pharmacy is the chief executive. He or she sets policy and serves as the institution’s standard bearer for the pharmacy profession. In the proposed Standard 8, the draft includes the term “qualified” without any criteria for making this determination. ACCP recommends that the qualifications for dean be better delineated. Further, the dean must be able to provide leadership in pharmacy professional education, *research and scholarship, service, and pharmacy practice*. ACCP firmly believes that service, research, and scholarship are within the scope of practice for pharmacists and we champion the roles of practicing pharmacists as clinical investigators. To separate service, scholarship, and research dilutes the scope of pharmacy practice. This would be analogous to separating *Clinical Pharmacy* from *Pharmacy Practice*. Moreover, the dean, if “qualified” to be the institution’s standard bearer for the pharmacy profession, should be a pharmacist. If the dean is to provide leadership to the profession of pharmacy, then he or she must logically be a member of that profession. If the dean is not a member of the pharmacy profession, the dean’s role will be viewed as predominantly administrative, thereby lessening the credibility of the leadership role. ACCP recommends that the wording of Standard 8 be changed to:

“The dean must be qualified to provide leadership in pharmacy professional education and pharmacy practice” or “the dean must be qualified to provide leadership in pharmacy professional education and pharmacy practice that includes research and scholarly activities, and service.”

ACCP also recommends wording that would indicate that the individual best qualified to be the dean should be a pharmacist.

Standard No. 10. Professional Competencies and Outcome Expectations

The incorporation of the Center for the Advancement of Pharmaceutical Education (CAPE) 2004 Educational Outcomes is apparent and well-received. The final sentence in Standard 10 utilizes the term “should” regarding the incorporation of outcome statements that effectively foster the development of life-long learners. In order to remain consistent with

the other Standards, it is recommended that this term be replaced with the term “must” so that the final sentence would then read:

“To anticipate future professional competencies, outcome statements must incorporate the development of the skills necessary to become self-directed, life-long learners.”

Standard No. 11. Curricular Content

In accordance with the Institute of Medicine report (*Health Professions Education: A Bridge to Quality*),¹ language should be included describing the need for all curricula to emphasize (and utilize) interdisciplinary educational efforts. It should be left to each institution’s discretion to determine the nature of these educational efforts. Supportive guidelines should include examples to this effect. In addition, the use of student self- and peer-assessment methods should be recommended as a means of fostering professional development, critical thinking, and life-long learning. Finally, since the clinical sciences category is quite broad, ACCP recommends that the associated Guidelines describe clearly the goals, objectives and professional outcomes for pharmacotherapy or pharmacy practice. Clarification of expectations will assist faculty in developing appropriate course outcomes and the active learning strategies needed to achieve them.

Standard No. 12. Pharmacy Practice Experiences

Although the separation of Pharmacy Practice Experiences as an independent Standard is new, the previous Standards and Guidelines provided guidance in regard to the appropriate balance between direct and indirect interactions with patients. The current Standard is specific with respect to direct patient interaction. However, this section requires some clarification in view of the many valuable pharmacy practice experiences, such as Nuclear Pharmacy, Management, Research, and Drug Information, which provide wide variability in terms of direct interaction with patients. ACCP recommends that both direct and indirect interactions be included in the standard, with descriptions and/or examples of each provided in the associated Guidelines. ACCP also recommends that a statement related to the assessment of student professionalism be included (e.g., a standardized assessment instrument has been developed and is being used by many institutions).^{2,3}

Standard No. 13. Teaching and Learning Methods

An ongoing debate exists regarding the language used to describe the competency level of students upon graduation. Both “entry-level” and “generalist” have been discussed and interchanged in the literature; however, there is no consensus regarding these terms. ACCP acknowledges that agreement may not be possible and that a more appropriate term

¹ National Academies Press (<http://www.nap.edu/books/0309087236/html/>) version current June 10, 2005.

²Purkerson Hammer D, Mason HL, Chalmers RK, Popovich NG, Rupp MT. Development and testing of an instrument to assess behavioral professionalism of pharmacy students. *Am J Pharm Educ.* 2000;64:141-151.

³ Purkerson Hammer D. Professional attitudes and behaviors: The "As and Bs" of professionalism. *Am J Pharm Educ.* 2000;64:455-464.

might be “pharmacy graduates.” To clarify, the second to last sentence of the Standard would now read:

“The educational process must engage students as active, self-directed learners to become competent, pharmacy graduates.”

With the incorporation of the CAPE 2004 Educational Outcomes into the Standards and Guidelines, and the development of national assessment instruments, there should be a limited need to further clarify the educational level attained upon graduation.

Standard No. 14. Curricular Organization and Length

In order to reduce inconsistent professional socialization, a balance must be sought between didactic and experiential learning activities. The current Standard provides adequate guidance regarding the didactic portion of the curriculum, which should be further complemented by the associated Guidelines. One of the challenges faced by institutions across the country has been to determine an appropriate level of experiential education. The transition from separate baccalaureate and doctor of pharmacy degree programs to all-Pharm.D. education has left many institutions struggling to identify the best didactic-experiential mix based on site and preceptor availability. Whereas the duration and/or extent of early pharmacy practice experiences can be left to the discretion of individual institutions, ACCP suggests the Standards and Guidelines provide additional guidance and/or clarification regarding advanced pharmacy practice experiences. Consistent with the foregoing recommendation regarding Standard 12, ACCP recommends that the associated Guidelines clearly address the appropriate balance of advanced pharmacy practice experiences offering direct and indirect interactions with patients.

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

As mentioned, ACCP members were pleased with the incorporation of the CAPE 2004 Education Outcomes as part of Standard 10. A Position Paper prepared by the 2004-05 ACCP Educational Affairs Committee compared the CAPE 2004 Educational Outcomes with the previous version (1998) and provided recommendations for implementation and assessment. One such recommendation concerns the use of the 1998 and 2004 outcomes, together with other national standards (e.g., the recently updated NAPLEX Blueprint), to develop a set of national educational outcomes, and thereafter, associated assessment instruments. The Committee is aware of the American Association of Colleges of Pharmacy Task Force that is working toward accomplishment of this end. Therefore, ACCP recommends that Standard 15 and its associated Guidelines reflect these efforts, if at all possible.

ACCP agrees that institutions should be held accountable for documenting student achievement of educational outcomes. As such, ACCP recommends that language be added to this Standard (and associated Guidelines) noting the level to which institutions will be held accountable during the accreditation process for adhering to the standards.

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

There is an increasing disparity in admission requirements among pharmacy schools. In some cases the admission requirements have been reduced, while in other cases admission requirements have been greatly increased. This variability impacts the quality and performance of students within the pharmacy professional degree curriculum. It also influences directly the curricular plan for the doctor of pharmacy degree. Without minimal standards for admission into the professional degree program, large variation will occur in the abilities and quality of graduates from doctor of pharmacy programs. ACCP recommends that the Standards delineate clearly the minimum requirements, in terms of credits and possibly courses, required for admission to the professional degree program. These standards should apply to all pharmacy schools, regardless of mode of delivery (e.g., residential campus program, on-line distance learning).

Standard No. 19. Progression of Students

The issue of professionalism is a growing concern for professional degree programs. In other healthcare professions, effective professionalization has been shown to be a predictor of a student's ability to make sound ethical, legal, and other care-related decisions. ACCP urges that professionalism be assessed and used as a progression criterion toward the professional degree. Schools should be required to articulate specific professional expectations and standards for their students, devise a mechanism for including professionalism in student evaluations, and delineate a procedure for managing lapses in professionalism among individual students. Consistent with this recommendation, academic integrity should also be a requirement for progression.

Standard No. 22. Student Representation and Perspectives

ACCP agrees that student representation on school committees and task forces is important. However, more detail describing the committees on which students should serve and the voting status of students on committees or task forces should be included.

Standard No. 23. Student/Faculty Relationships

In most schools, administrators and staff have important interactions with students. Therefore, ACCP believes that administrators should be included in this Standard as the individuals who provide leadership for the school and professional degree program. Staff should also be included in this Standard because of their frequent interface with students.

Standard No. 24. Faculty & Staff: Quantitative Factors

Within Standard 24 we suggest that full-time, part-time, and volunteer not be used to discriminate among faculty. The wording should be:

"The College or School must have a critical nucleus of full-time faculty and staff with additional part-time, affiliate, adjunct, or volunteer faculty sufficient to effectively deliver and evaluate the professional degree program, while providing adequate time for faculty development, research and scholarly activities, service, and pharmacy practice."

Standard No. 25. Faculty & Staff: Qualitative Factors

We agree that faculty with practice responsibilities must be licensed and suggest that the last statement be strengthened to state that they are licensed to practice pharmacy in the state where the practice facility is located. Because practitioner faculty serve as primary role-models for students, they should maintain a level of practice ability that is validated by certification. We suggest the addition of the following statement:

"Board certification (e.g., Pharmacotherapy) or advanced certification (i.e., Certified Diabetes Educator) in an appropriate specialty is highly desirable and encouraged. Non-practitioner faculty are also encouraged to attain advanced certification as is appropriate for their discipline."

The members of ACCP appreciate the continued opportunity to provide comments on the ACPE Standards review process. We look forward to submitting additional feedback on the first draft of corresponding Guidelines that were released last month. 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