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September 3, 1996

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 January 15, 1996 draft of 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, we received input from a task force of ACCP members that included Drs. Barry Carter, David Hawkins, Gene Morse, Bruce Mueller, Jean Nappi, and Theodore Tong. As part of their activities, the task force reviewed and compared our comments to ACPE of November 14, 1994 (copy enclosed) with the current draft of the proposed standards and guidelines. The task force's report was reviewed and endorsed by the ACCP Board of Regents on August 2, 1996.

Comments

The American College of Clinical Pharmacy appreciates the opportunity to have input into the proposed revision of ACPE's accreditation standards and guidelines. We appreciate the careful consideration that the Council has provided to our previous comments, and have been pleased to note that many of our suggestions have found their way into the current draft standards and guidelines.

We would request, however, that you correct your reference to ACCP on pages 6 and 7 of the Appendix. ACCP is incorrectly identified as the American College of Clinical Pharmacists, rather than the American College of Clinical Pharmacy.

To reiterate a comment from our November 14, 1994 letter, 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 in pharmacy involved in accreditation (e.g., ASHP Commission on Credentialing) 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. If I understand the definition of "should" in my dictionary, it may mean both a "necessity" or an "expectation." In everyday language, we believe that most people use the term "should" to indicate something that is desirable, but not required. To avoid confusion and misunderstanding, we suggest that ACPE use the word "must" when indicating an essential requirement.

Standard 1: College or School of Pharmacy Mission and Goals

We believe that entry-level education, even at the doctoral level, at best prepares students to practice pharmacy in general practice settings, rather than in "...any pharmacy practice setting." It is unrealistic to expect graduates to be able to practice in nuclear pharmacies, for example, or in many other specialized practice environments without considerable further education and training.

We thus suggest 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 contemporary general practice."

It was not clear to our task force what the phrase "...formulated within the context of a stated policy on ethics" was meant to convey. What is the college being asked to do?

We continue to 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 on page 39.

Standard 2: Systematic Planning

ACCP endorses this standard as written.

Standard 3: Systematic Assessment of Achievement

ACCP endorses this standard as written.

Standard 4: College or School of Pharmacy and University Relationships

We would like to restate our recommendation of November 14, 1994. 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. Thus, we suggest that the first sentence be modified to read "The University must provide a College or School of Pharmacy adequate financial, physical, and faculty resources..."

Standard 5: Organizational 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

We recommend that Guideline 6.2 be modified to specifically mention faculty among those groups included in the broad-based review of the school's administrative leadership (e.g., "...faculty, students, and practitioners."

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

ACCP endorses this standard as written, although we would ideally like to see a recommendation that the Dean have first-hand experience in actually providing pharmaceutical care.

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

It is not clear to us what is meant by the phrase "or the equivalent" (line 23), 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 doctoral programs in medicine and dentistry.

Standard 10: Professional Competencies

We are pleased to note that our previous recommendation to include a competency statement regarding the pharmacist's ability to document the outcomes of pharmaceutical care has been added to this section. We would like to again recommend that statement (g) be modified to "identify, assess, and solve medication-related problems..." and that statement (n) 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 that address the pharmacist's ability to: (1) evaluate patient problems and triage patients to other health professionals as appropriate, and (2) administer medications (consistent with page 16, line 37).

Standard 11: Curricular Content

We are pleased to note that several of our previous recommendations have been incorporated into the current draft. We do continue to recommend that lines 19-21 of 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.

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 a 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. We believe that "one academic year" (i.e., 30 weeks) is insufficient to develop a pharmacist truly capable of accepting responsibility for the provision of pharmaceutical care.

We recommend that the sentence in Guideline 11.7 that begins with "Generally, the core and selective practice experiences..." (page 19, line 5) 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 fully support 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.

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 of 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 (Guideline 16.1): "Adequate preparation for doctoral-level education in pharmacy requires three to four 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. Nearly 70% of current pharmacy school applicants have completed 3-4 years of preprofessional study.

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 postdoctoral 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."

Standard 24: Faculty and Staff, Qualitative Factors

ACCP endorses this standard as written.

Standard 25: Faculty Evaluation

ACCP endorses this standard as written.

Standard 26: Faculty Self-Assessment

ACCP endorses this standard as written.

Standard 27: Library and Learning Resources

ACCP endorses this standard as written.

Standard 28: Physical Facilities

ACCP endorses this standard as written.

Standard 29: Practice Facilities

ACCP endorses this standard as written.

Standard 30: Financial Resources

ACCP endorses this standard as written.

The members of ACCP appreciate the continued opportunity to provide comment to the ACPE standards revision process. 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