

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

ACCREDITATION STANDARDS AND

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ACCREDITATION COUNCIL FOR  
PHARMACY EDUCATION

STANDARDS

students and graduates is also addressed, as are contemporary educational concepts such as student readiness to:

- x Enter advanced pharmacy practice experiences (APPE-ready)
- x Provide direct patient care in a variety of healthcare settings (Practice-ready)
- x Contribute as a member of an interprofessional collaborative patient care team (Team-ready)

#### Revision of Standards: Background

All accrediting bodies, including ACPE, periodically review and revise their standards. A number of environmental factors prompted ACPE to conduct a careful reassessment of the standards. These factors included:

- x The experience gained by ACPE in its accreditation reviews since the adoption of the Doctor

- x Core Competencies for Interprofessional Collaborative Practice  
<http://www.aacn.nche.edu/education-resources/ipecreport.pdf>
- x Revised NAPLEX Competency Statements  
[http://www.nabp.net/programs/ex4\(a\)19\(m\)-113\(e\)1APon](http://www.nabp.net/programs/ex4(a)19(m)-113(e)1APon)

achievem

- x Style – The Chicago Manual of Style, 15<sup>th</sup> Edition, Chicago: The University of Chicago Press, 2003, was used in the preparation of the standards and guidelines.

### Summary

ACPE looks forward to working with colleges and schools of pharmacy during the transition to the revised professional degree program Standards. Through its strategic plan, ACPE will also be investigating opportunities for better and more standardized ways to evaluate the achievement of the Standards, including the identification of valid outcome measures to be monitored across all accredited programs. In addition, ACPE will be improving its policies and procedures to allow for greater standardization, consistency, efficiency, and effectiveness in its accreditation activities and evaluations. Feedback from ACPE stakeholders is always invited and valued.

ACPE Board of Directors and Staff  
January 25, 2015







6.2. Commitment to educational outcomes – The mission statement is consistent with a commitment to the achievement of the Educational Outcomes (Standards 1–4).

6.3. Education, scholarship, service, and practice – The statements address the college or school's commitment to professional education, research and scholarship, professional and community service, pharmacy practice, and continuing professional development.

6.4. Consistency of initiatives – All program initiatives are consistent with the college or school's vision, mission, and goals.

6.5. Subunit goal s and objective s alignment – If the college or school organizes its faculty into subunits, the subunit goals are aligned with those of the college or school.

### Standard 7: Strategic Plan

The college or school develops, utilizes, assesses, and revises on an ongoing basis a strategic plan that includes tactics to advance its vision, mission, and goals.

Key Elements:

7.1. Inclusive process – The strategic plan is developed through an inclusive process, including faculty, staff, students, preceptors, practitioners, and other relevant constituents, and is disseminated in summary form to key stakeholders.

7.2. Appropriate resources – Elements within the strategic plan are appropriately resourced and have the support of the university administration as needed for implementation.

7.3. Substantive change planning – Substantive programmatic changes contemplated by the college or school are linked to its ongoing strategic planning process.

### Standard 8: Organization and Governance

The college or school is organized and staffed to advance its vision and facilitate the accomplishment of its mission and goals.

Key Elements:

8.1. Leadership collaboration – University leadership and the college or school dean collaborate to advance the program s facr vsrats.

8.4.

opportunity to explore professional areas of interest. The curriculum also emphasizes active learning pedagogy, content integration, knowledge acquisition, skill development, and the application of knowledge and skills to therapeutic decision-making.

Key Elements:

10.1. Program duration – The professional curriculum is a minimum of four academic years of full-time study or the equivalent.

10.2. Curricular oversight – Curricular oversight involves collaboration between faculty and administration. The body/bodies charged with curricular oversight: (1) are representative of the faculty at large, (2) include student representation, (



introduced, reinforced, and practiced in the didactic and Introductory Pharmacy Practice Experience (IPPE) components of the curriculum, and competency is demonstrated in Advanced Pharmacy Practice Experience (APPE) practice settings.

11.2. Interprofessional team education – To advance collaboration and quality of patient care, the didactic and experiential curricula include opportunities for students to learn about, from, and with other members of the interprofessional healthcare team. Through interprofessional education activities, students gain an understanding of the abilities, competencies, and scope of practice of team members. Some, but not all, of these educational activities may be simulations.

11.3. Interprofessional team practice – All students competently participate as a healthcare team member in providing direct patient care and engaging in shared therapeutic decision-making. They participate in experiential educational activities with prescribers/student prescribers and other student/professional healthcare team members, and students.

clear understanding of what constitutes exemplary pharmacy practice in the U.S. prior to beginning APPE.

12.6. IPPE duration – IPPE totals no less than 300 clock hours of experience and is purposely integrated into the didactic curriculum. A minimum of 150 hours of IPPE are balanced between community and institutional health-system settings.

12.7. Simulation for IPPE – Simulated practice experiences (a maximum of 60 clock hours of the total 300 hours) may be used to mimic actual or realistic pharmacist-delivered patient care situations. However, simulation hours do not substitute for the 150 clock hours of required IPPE time in community and institutional health-system settings. Didactic instruction associated with the implementation of simulated practice experiences is not counted toward any portion of the 300 clock hour IPPE requirement.

**Standard 13:** Advanced Pharmacy Practice Experience (APPE) Curriculum

A continuum of required and elective APPEs is of the scope, intensity, and duration required to support the achievement of the Educational Outcomes articulated in Standards 1–4 and within Appendix 2 to prepare practice-ready graduates. APPEs integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities, and behaviors developed in the Pre-APPE curriculum and in co-curricular activities.

**Key Elements:**

13.1. Patient care emphasis – Collectively, APPEs emphasize continuity of care and incorporate acute, chronic, and wellness-promoting patient-care services in outpatient

achieve the Educational Outcomes articulated in Standards 1–4, and (3) explore various sectors of practice.

13.8. Geographic restrictions – Required APPEs are completed in the United States or its territories or possessions. All quality assurance expectations for U.S.-based experiential education courses apply to elective APPEs offered outside of the U.S.

Subsection IIC: Students

Standard 14: Student Services

The college or school has an appropriately staffed and resourced organizational element dedicated to providing a comprehensive range of services that promote student success and well-being.

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Key elements:

15.1. Student information – The college or school produces and makes available to enrolled and prospective students updated information of importance, such as governance documents, policies and procedures, handbooks, and catalogs.

15.2. Complaints policy – The college or school develops, implements, and makes available to students a complaints policy that includes procedures for how students may file a complaint with the college or school.

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performance on admission criteria is documented; and the related records are maintained by the college or school as per program/university requirements.

16.5. Admission materials – The college or school produces and makes available to prospective students the criteria, policies, and procedures for admission to the professional degree program. Admission materials clearly state academic expectations, required communication skills, types of personal history disclosures that may be required, and professional and technical standards for graduation.

16.6. Written and oral communication assessment – Written and oral communication skills are assessed in a standardized manner as part of the admission process.

16.7. Candidate interviews – Standardized interviews (in-person, telephonic, and/or computer-facilitated) of applicants are conducted as a part of the admission process to assess affective domain characteristics (i.e., the Personal and Professional Development domain articulated in Standard 4).

16.8. Transfer and waiver policies – A college or school offering multiple professional degree programs, or accepting transfer students from other schools or colleges of pharmacy, establishes and implements policies and procedures for students who request to transfer credits between programs. Such policies and procedures are based on defensible assessments of course equivalency. A college or school offering multiple pathways to a single degree has policies and procedures for students who wish to change from one pathway to another.

### Standard 17: Progression

The college or school develops, implements, and assesses its policies and procedures related to student progression through the PharmD program.

Key elements :

17.1. Progression policies – The college or school creates, makes available to students and prospective students, and abides by criteria, policies, and procedures related to:

- x Academic progression
- x Remediation
- x Missed course work or credit
- x Academic probation
- x Academic dismissal
- x Dismissal for reasons of misconduct
- x Readmission
- x Leaves of absence
- x Rights to due process
- x Appeal mechanisms (including grade appeals)

17.2. Early intervention – The college or school's system of monitoring student performance provides for early detection of academic and behavioral issues. The college or school develops and implements appropriate interventions that have the potential for successful resolution of the identified issues.



Key Elements:

19.1. Educational effectiveness – Faculty members have the capability and demonstrate a continuous commitment to be effective educators and are able to effectively use contemporary educational techniques to promote student learning in all offered pathways.

19.2. Scholarly productivity – The college or school creates an environment that both requires and promotes scholarship and also develops mechanisms to assess both the quantity and quality of faculty scholarly productivity.

19



Key Elements:

22.1. Quality criteria –

### SECTION III: ASSESSMENT OF STANDARDS AND KEY ELEMENTS

In the spirit of continuous quality improvement and transparency, colleges and schools evaluate and report to constituents the extent to which they meet their programmatic goals. Insights gained from the valid and reliable assessment of outcomes related to mission, strategic planning, educational programs, and other key institutional initiatives are channeled into constructive change to enhance programmatic quality.

#### Standard 24: Assessment Elements for Section I: Educational Outcomes

The college or school develops, resources, and implements a plan to assess attainment of educational outcomes to ensure that graduates are prepared to enter practice.

##### Key Elements:

24.1. Formative and summative assessment – The assessment plan incorporates systematic, valid, and reliable knowledge-based and performance-based formative and summative assessments.

24.2. Standardized and comparative assessments – The assessment plan includes standardized assessments as required by ACPE (see Appendix 3) that allow for national comparisons and college- or school-determined peer comparisons.

24.3. Student achievement and readiness – The assessment plan measures student achievement at defined levels of the professional competencies that support attainment of the Educational Outcomes in aggregate and at the individual student level. In addition to college/school desired assessments, the plan includes an assessment of student readiness to:

- x Enter advanced pharmacy practice experiences
- x Provide direct patient care in a variety of healthcare settings
- x Contribute as a member of an interprofessional collaborative patient care team

24.4. Continuous improvement – The college or school uses the analysis of assessment measures to improve student learning and the level of achievement of the Educational Outcomes.

#### Standard 25: Assessment Elements for Section II: Structure and Process

The college or school develops, resources, and implements a plan to assess attainment of the Key Elements within Standards 5–23.

##### Specific Key Elements:

25.1. Assessment of organizational effectiveness – The college or school's



Appendix 1  
Required Elements of the Didactic  
Doctor of Pharmacy Curriculum <sup>4</sup>

The following didactic content areas and associated learning expectations are viewed as central to a contemporary, high-quality pharmacy education and are incorporated at an appropriate breadth and depth in the required didactic Doctor of Pharmacy curriculum. Where noted, content areas may be addressed in the pre-professional curriculum (i.e., as requirements for admission). Required content areas may be delivered within individual or integrated courses, and may involve multiple disciplines





### Pharmacy Law and Regulatory Affairs

- x Federal and appropriate state-specific statutes, regulations, policies, executive orders, and court decisions that regulate the practice of pharmacy, including the mitigation of prescription drug abuse and diversion.

### Practice Management

- x Application of sound management principles (including operations, information, resource, fiscal, and personnel) and quality metrics to advance patient care and service delivery within and between various practice settings.

### Professional Communication

- x Analysis and practice of verbal, non-verbal, and written communication strategies that promote effective interpersonal dialog and understanding to advance specific patient care, education, advocacy, and/or interprofessional collaboration goals. Exploration of technology-based communication tools and their impact on healthcare delivery, healthcare information, and patient empowerment.

### Professional Development/Social and Behavioral Aspects of Practice

- x Development of professional self-awareness, capabilities, responsibilities, and leadership. Analysis of contemporary practice roles and innovative opportunities, and inculcation of professional attitudes, behaviors, and dispositions.

### Research Design

- x Evaluation of research methods and protocol design required to conduct valid and reliable studies to test hypotheses or answer research questions, and to appropriately evaluate the validity and reliability of the conclusions of published research studies.

## Clinical Sciences

### Clinical Pharmacokinetics

- x Application of basic pharmacokinetic principles and mathematical models to calculate safe and effective doses of drugs for individual patients, and adjust therapy as appropriate through the monitoring of drug concentration in biological fluids.

### Health Informatics

- x (Effective 02/23/2014 and 11/13/2014) Use of 17 (to pain) and 18 (to) technology-based systems, including electronic health records, to capture, store, retrieve, and analyze data for use in patient care, and confidentially/legally share health information in a cat



Appendix 2  
Expectations within the  
APPE Curriculum

Builds on IPPE. APPE follows IPPE, which is designed to progressively develop the professional insights and skills necessary to advance into responsibilities in APPE. Colleges and schools use a variety of IPPE delivery mechanisms to ensure students are ready to meet the expectations of APPE. IPPE involves interaction with practitioners and patients to advance patient welfare in authentic practice settings, and provides exposure to both medication distribution systems and high-quality, interprofessional, team-based patient care.

APPE curriculum. APPE ensures that students have multiple opportunities to perform patient-centered care and other activities in a variety of settings. Experiences are in-depth, structured, and comprehensive in the aggregate, and carefully coordinated with other components of the PharmD curriculum. Collectively, APPE hones the practice skills, professional judgment, behaviors, attitudes and values, confidence, and sense of personal and professional responsibility required for each student to perform the profession.



Appendix 3  
Required Documentation for  
Standards and Key Elements 2016

To provide evidence of achievement of the standards and key elements, colleges and schools provide, at a minimum, the following outcomes data and documentation. Many of these documents are embedded within the



- x List of Curriculum Committee (or equivalent) members with position/affiliation within college/school
- x List of charges, assignments, and accomplishments of Curriculum Committee over the last 1–3 years
- x Examples of tools (e.g., portfolios) used by students to document self-assessment of, and reflection on, learning needs, plans and achievements, and professional growth and development
- x Sample documents used by faculty, preceptors, and students to evaluate learning experiences and provide formative and/or summative feedback
- x Policies related to academic integrity
- x Policies related to experiential learning that ensures compliance with Key Element 10.15
- x Examples of instructional methods used by faculty and the extent of their employment to:
  - o Actively engage learners
  - o Integrate and reinforce content across the curriculum
  - o Provide opportunity for mastery of skills
  - o Instruct within the experiential learning program
  - o Stimulate higher-order thinking, problem-solving, and clinical-reasoning skills
  - o Foster self-directed lifelong learning skills and attitudes
  - o Address/accommodate diverse learning styles
  - o Incorporate meaningful interprofessional learning opportunities

Standard 11 - Interprofessional Education (IPE)

- x Vision, mission, and goal statements related to IPE
- x Statements addressing IPE and practice contained within student handbooks and/or catalogs
- x Relevant syllabi for required and elective didactic and experiential education courses that incorporate elements of IPE to document that concepts are reinforced throughout the curriculum and that IPE-related skills are practiced at appropriate times during pre-APPE
- x Student IPPE and



- x Comparisons of PCAT scores and preprofessional GPAs with peer schools for last admitted three admitted classes
- x List of admission committee members with name and affiliation
- x Policies and procedures regarding the admissions process including selection of admitted students, transfer of credit, and course waiver policies
- x Professional and technical standards for school, college, and/or university (if applicable)
- x List of preprofessional requirements for admission into the professional program
- x Copies of instruments used during the admissions process including interview evaluation forms and assessment of written and oral communication
- x Section of Student Handbook and/or Catalog (college, school, or university) regarding admissions
- x Link to websites (or documentation of other mechanisms) that provide to the public information on required indicators of quality

#### Standard 1 7 – Progression

- x Policies and procedures regarding student progression, early intervention, academic probation, remediation, missed course work or credit, leaves of absence, dismissal, readmission, due process, and appeals
- x Section of Student Handbook and/or Catalog (college, school, or university) regarding student progression
- x Student progression and academic dismissal data for the last three admitted classes
- x Correlation analysis of admission variables and academic performance

#### Standard 1 8 – Faculty and Staff – Quantitative Factors

- x Organizational chart depicting all full-time faculty by department/division
- x List of full-time staff in each department/division and areas of responsibility
- x ACPE documents (e.g., resource report) related to number of full-time and part-time faculty
- x List of faculty turnover for the past five years by department/division with reasons for departure
- x Description of coursework mapped to full-time and part-time faculty teaching in each course
- x Results from AACF faculty survey regarding adequacy of quantitative strength of faculty and staff

#### Standard 19 – Faculty and Staff – Qualitative Factors

- x Curriculum vitae of faculty and professional staff
- x List of active research areas of faculty and an aggregate summary of faculty publications/presentations over the past three years.
- x Procedures employed to promote a conceptual understanding of contemporary practice, particularly among non-pharmacist faculty
- x Policies and procedures related to faculty recruitment, performance review, promotion, tenure (if applicable), and retention
- x Faculty Handbook
- x Data from AACF faculty survey regarding qualitative faculty factors

#### Standard 2 0 - Preceptors

- x List of active preceptors with credentials and practice site
- x Number, percentage of required APPE precepted by non-pharmacists categorized by type of experience.
- x Description of practice sites (location, type of practice, student/preceptor ratios)
- x Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention

x