

**ACCREDITATION COUNCIL FOR PHARMACY EDUCATION**

**ACCREDITATION STANDARDS AND GUIDELINES FOR THE  
PROFESSIONAL PROGRAM IN PHARMACY LEADING TO  
THE DOCTOR OF PHARMACY DEGREE**

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**Accreditation Council for Pharmacy Education  
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**PREAMBLE**

**Accreditation Council for Pharmacy Education (ACPE)**

The Accreditation Council for Pharmacy Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE (until 2003 known as the American Council on Pharmaceutical Education) was established in 1932 for the accreditation of professional degree programs in pharmacy, and in 1975 its scope was broadened to include accreditation of providers of continuing pharmacy education ([www.acpe-accredit.org](http://www.acpe-accredit.org)). The mission of ACPE is to assure and advance quality in pharmacy education. ACPE is an autonomous and independent agency whose Board of Directors is appointed by the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP) (three appointments each), and the American Council on Education (one appointment). Since the inception of its accreditation agency recognition program in 1952, ACPE has been recognized continuously by the U.S. Department of Education, and it gained recognition by the Council for Higher Education Accreditation in April 2004. State boards of pharmacy require that licensure applicants from the United States have graduated from an accredited pharmacy degree program to be eligible to sit for the North American Pharmacist Licensure Examination<sup>TM</sup> (NAPLEX®).

**Transition to the Doctor of Pharmacy as Sole Degree to Enter Practice**

After decades of debate, the transition to the Doctor of Pharmacy (PharmD) as the sole professional practice degree for pharmacy in the United States was initiated when ACPE adopted its *Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree* on June 14, 1997. The implementation timeline for the new standards required transition for the entering professional classes in academic year 2000-2001, and the transition was completed in academic year 2004-2005 with the graduation of the last student from an ACPE-accredited baccalaureate in pharmacy program. Many pharmacy colleges and schools converted to the PharmD well in advance of the implementation deadline, and all programs met the implementation timetable.

**Revision of Standards: Background**

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

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- The experience gained by ACPE in its accreditation reviews since the adoption of the Doctor of Pharmacy standards in 1997.
- Feedback from ACPE stakeholders regarding quality improvement of the standards.
- The reports of the Institute of Medicine ([www.iom.edu](http://www.iom.edu)) noting needed changes in our health care system to improve medication safety and patient outcomes, including the five competencies that all health care professionals should attain during their education and training.
- The proliferation, now in more than 40 states, of collaborative health care practice legislation that includes an expanded patient care role for pharmacists.
- The revision of the AACP's Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes in 2004, which was guided by a consultant and an advisory panel composed of educators and practitioners. These educational outcomes are intended to be the target toward which the evolving pharmacy curriculum should be aimed.
- The revision of the NAPLEX® examination blueprint ([www.nabp.net](http://www.nabp.net)) that became effective in early 2005.
- The Medicare Modernization Act of 2003 that establishes the need for medication therapy management services provided by pharmacists for high-risk patients ([www.cms.hhs.gov](http://www.cms.hhs.gov)).
- The AACP Academic-Practice Partnership Initiative's *Development of a Profile System to Display Exemplary Pharmacy Practice Experiential Sites* ([www.aacp.org/Docs/MainNavigation/Resources/7046\\_ExemplaryPharmacyPracticeSitesCriteria.pdf](http://www.aacp.org/Docs/MainNavigation/Resources/7046_ExemplaryPharmacyPracticeSitesCriteria.pdf)).
- The Joint Commission of Pharmacy Practitioners' *Vision of Pharmacy Practice 2015* (Appendix A), accepted by the governing boards of 11 pharmacy organizations, including ACPE, and released in 2005.

**Revision of Standards: Process Employed**

In March 2003, ACPE announced to its stakeholders (including pharmacy colleges and schools, professional pharmacy organizations, student pharmacist organizations, and other accrediting bodies) its intent to revise the Doctor of Pharmacy degree standards. Written comments were solicited from stakeholders, and many were received. In addition, a Web-based survey that allowed anonymous completion was distributed to all the college or school of pharmacy deans. Based on the feedback received, the first draft of the revised standards was distributed to ACPE stakeholders in February 2005. Subsequently, a series of open hearings was conducted at national pharmacy meetings. Comments received led to further modification of the standards and to development of the revised guidelines. After extensive review of the draft guidelines by an advisory group from various sections of the academic and practice communities, the ACPE Board of Directors approved the distribution to stakeholders of the second draft of the standards and the first draft of the revised guidelines in late June 2005. Additional open hearings

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were conducted. Another Web-based survey that allowed anonymous completion by college or school of pharmacy deans and/or their designees was conducted in fall 2005 and additional written feedback was received by ACPE. The revised standards and guidelines were adopted on **January 15, 2006** with an effective date of **July 1, 2007**. The new standards will be referred to as “Standards 2007.” Colleges and schools being evaluated by ACPE beginning in academic year **2007-2008** must comply with the new standards and guidelines.

**Revision of Standards: What’s Different?**

- *Philosophy and emphasis* – The standards and guidelines, taken together, have been refined to ensure the development of students who can contribute to the care of patients and to the profession by practicing with competence and confidence in collaboration with other health care providers. The revision has placed greater emphasis on the desired scientific foundation and practice competencies, the manner in which programs need to assess students’ achievement of the competencies, and the importance of the development of the student as a professional and lifelong learner. The standards focus on the development of students’ professional knowledge, skills, attitudes, and values, as well as sound and reasoned judgment and the highest level of ethical behavior. Throughout the revision process, ACPE has focused on addressing the environmental factors noted above in *Revision of Standards: Background*.
- *Standards and guidelines revision processes redefined* – The ACPE Board of Directors decided to separate the review and revision process for the guidelines from that of the standards. The standards will be reviewed approximately every six to eight years, while the guidelines can be refined and improved as needed based on stakeholder feedback and experience.
- *Standards: volume and terminology* – Although the number of standards remains the same as in the previous version, they have been restructured, simplified, and clarified. The standards are organized into six sections, and a preamble introduces the intent and context of each section. The standards now uniformly include the verb “must,” indicating an absolute requirement for accreditation. Care has been taken to ensure consistent use and application of terminology.
- *Guidelines: volume and terminology* – The guidelines are provided to help colleges and schools of pharmacy understand the breadth and scope of issues underlying the achievement of each standard. The feedback received from ACPE stakeholders requesting better clarification has resulted in an increase in the number of guidelines. The guidelines employ the verb “must” where matters of quality assurance require that a standards-related issue be addressed in a specific manner. Guidelines employ the verb “should” where guidance or suggestions for quality improvement are provided. Use of the term “in general” recognizes that not all aspects of the subsequent list will apply in all situations. In those cases, the college or school may choose avenues other than those provided in the guidelines

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to achieve compliance with the standard. In such cases, ACPE may require a higher burden of proof from the college or school. Some guideline “should” statements may evolve into “must” statements in future revisions. Guidelines annotated with an asterisk (\*) provide guidance related specifically, if relevant, to new program initiatives and alternate pathways to degree completion, such as, an accelerated curriculum, a post-baccalaureate in pharmacy Doctor of Pharmacy degree pathway, geographically dispersed campuses, distance-learning activities, and other educational innovations.

- *Footnotes* – the use of footnotes has been expanded to provide definitions or clarification of terms used. They replace the glossary from previous versions of the standards and guidelines.
- *Areas of emphasis* - Based on stakeholder feedback, standards and guidelines in the following areas (listed in alphabetical order) have been emphasized during the revision process:
  - a. Communication skills
  - b. Curricular content
  - c. Evaluation/assessment/outcomes
  - d. Experiential education
  - e. Faculty and staff matters
  - f. Interprofessional teamwork
  - g. Patient safety
  - h. Professional competencies
  - i. Professionalism
  - j. Regional accreditation
  - k. Scholarship and research
  - l. Student admission and progression
- *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 implementation of this revision of the professional degree program standards. Much will be learned in the process that will help drive further revisions of the standards and guidelines. Through its strategic plan, ACPE will simultaneously be investigating opportunities for better and more standardized ways to evaluate the achievement of the standards, including the identification of process and outcome measures to be monitored across all accredited programs. In addition, ACPE will be improving its policies and procedures to allow more 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 15, 2006**

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