



ACCREDITATION COUNCIL FOR PHARMACY EDUCATION
135 S. LaSalle Street, Suite 4100 • Chicago, Illinois 60603-4810 • www.acpe-accredit.org
312/664-3575 • FAX 866/228-2631 • E-mail: gboyer@acpe-accredit.org

J. Gregory Boyer, Ph.D.
Assistant Executive Director and
Director, Professional Degree Program Accreditation

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Dear Pharmacy Dean:

I am writing to share important actions and observations of the January 2018 meeting of the ACPE Board of Directors. The Report of the Proceedings of this meeting can be found [here](#).

Board Interpretation and Additional Guidance Statement:

The ACPE Board of Directors authorized the release of a statement that provides its interpretation and additional guidance regarding Standard 11: Interprofessional Education (IPE). Until an updated version of the “Guidance for Standards 2016” (approved January 25, 2015; released February 2, 2015) can be released sometime in the future, this policy statement will be appended to ACPE’s Policy and Procedures Manual, a copy of which can be found [here](#).

In this policy statement, the Board reiterates the expectations of Standard 11 that all students participate in IPE activities; these activities will be found in both the didactic and experiential components of the curriculum; and these activities will include prescribers and student prescribers. The Board provides further interpretation of its intention of prescribers and student prescribers to be included in both the didactic and experiential components of the curriculum; and that physicians and their students are to be included in the mix of prescribers and their students. Beginning in spring 2018, the Board guides site teams and further states its intention to find programs, at a minimum, partially compliant (less than expected for developing programs), with Standard 11 if any of the above referenced elements are not part of a program’s implemented IPE plan.

Continuing Issues with IPPE:

There remain instances in which programs’ Introductory Pharmacy Practice Experiences (IPPE) fail to meet the patient-care expectations of the Board. All programs should be able to answer the question “How is patient care provided in this IPPE activity?” If the answer is not obvious, it is strongly recommended the program revisit its decision to include it in the IPPE curriculum. Failure to demonstrate this patient-care focus and appropriate faculty oversight will be found, at a minimum, partially complaint (less than expected for developing programs) with Standard No: 12: Pre-Advanced Pharmacy Practice Experience (Pre-APPE Curriculum).

Continuing Issues with Co-Curriculum:

There also remain questions about programs' co-curricular activities. Requiring students to simply keep a log of such experiences or tracking student activities is inadequate. The Board expects the program to demonstrate learning that occurred by closing loops, providing feedback, and documenting in some way that students achieved the stated purpose of the co-curricular activity or key element.

Respect for Requested Reporting:

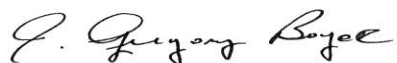
The Board noted with dismay the increased use of appendices to supplement requested interim monitoring reports. The Board members will not review appendices thought to be excessive or not directly relevant to statements made in the required brief or detailed requests stated in the original monitoring of the Actions & Recommendations document (AR).

The Board further reiterates its prior communication that updates to an Evaluation Team Report (ETR) documenting a comprehensive or focused on-site evaluation should only be sent for those standards identified by the site team as Partially Compliant or Non-Compliant (Less than Expected or Much Improvement Needed for developing programs).

Responses from a program to standards found by the site team to be Compliant with Monitoring (As Expected for Stage of Development with Monitoring for developing programs) will not be accepted prior to the Board's action. This change does not impact the program's ability to request that errors of fact and/or omissions for any standard be corrected before the ETR is finalized.

Please do not hesitate to contact any member of the ACPE staff should you wish clarification or guidance in achieving the Board's expectations for full compliance with Standards 2016.

Yours truly,



J. Gregory Boyer, Ph.D.