ACPE Continuing Pharmacy Education Provider Accreditation Program

Policies and Procedures Manual: A Guide for ACPE-accredited Providers

Effective January 1, 2009
Updated July 2017

The purpose of ACPE's Continuing Pharmacy Education (CPE) Policies and Procedures is to give the ACPE-accredited providers a guide to ACPE's CPE program policies and practices as they apply to providers' CPE overall program and individual activities. The policies included in this manual form part of the essential understandings between ACPE-accredited providers and ACPE.

The current edition (update 2017) supersedes all previous versions of policies and procedures. These policies and procedures constitute a living document and are subject to change by ACPE. Major changes will be communicated to providers electronically. Questions as to the policies and procedures should be directed to ACPE staff.

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SECTION I - INTRODUCTION

A. ACPE's Continuing Pharmacy Education (CPE) Provider Accreditation Program Mission

The purpose of the Provider Accreditation Program is (i) to establish for state boards of pharmacy of the several states, the District of Columbia, Guam and the Commonwealth of Puerto Rico a mechanism for determining acceptable continuing educational credits required under law for the renewal of licensure and registration of pharmacists and pharmacy technicians, and, in furtherance thereof, (ii) to assure and advance the quality of continuing pharmacy education thereby assisting in the advancement of the safe practice of pharmacy.

B. Scope of the Evaluation

ACPE accredits providers offering CPE for content that meets the definition of CPE and involves the appropriate target audience (pharmacist, pharmacy technicians, etc.). Evaluation and accreditation of this program is in accord with the *Accreditation Standards for Continuing Pharmacy Education*. The latest revision was adopted June 2007 with an update January 2017; was effective January 1, 2009 and January 1, 2018, respectively.

C. ACPE's Definition of Continuing Pharmacy Education for the Profession of Pharmacy (Appendix A)

Continuing pharmacy education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the safe practice of pharmacy.

> *What does 'applicable to the practice of pharmacy' mean?*
>
> In general, for guidance in organizing and developing CPE activity content, providers should ensure that, as for all health care professionals, pharmacists and pharmacy technicians should develop and maintain proficiency in six core areas*:
>
> - delivering patient-centered care,
> - working as part of interprofessional teams,
> - practicing evidence-based medicine,
> - focusing on quality improvement,
> - using information technology, and
> - developing and maintaining safe and effective medication use processes**.
>
> *Adapted from Institute of Medicine's Health Professions Education: A Bridge to Quality, April 2003.
> **Added competency by ACPE CPE Pharmacy Technician Group

Pharmacist competencies. Specific pharmacist outcomes have been developed by the American Association Colleges of Pharmacy's Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes (2013):

Domain 1 – Foundational Knowledge
Domain 2 – Essentials for Practice and Care
Domain 3 – Approach to Practice and Care
Domain 4 – Personal and Professional Development

Pharmacy Technician Competencies. The Pharmacy Technician Certification Board (PTCB) has developed the Pharmacy Technician Certification Exam (PTCE) Blueprint as the competencies needed to pass the exam.

1.0 Pharmacology for Pharmacy Technicians
2.0 Pharmacy Law and Regulations
3.0 Sterile and Non-Sterile Compounding
4.0 Medication Safety
5.0 Pharmacy Quality Assurance
6.0 Medication Order Entry and Fill Process
7.0 Pharmacy Inventory Management
8.0 Pharmacy Billing and Reimbursement
9.0 Pharmacy Information System Usage and Application
10.0 Verbal Communication Skills for Pharmacy Technicians

D. Aid to State Boards of Pharmacy
It is important that the continuing education programs of accredited providers be of the highest quality since the state boards of pharmacy rely on the credit hours earned in these activities in determining eligibility for the renewal of licensure and registration for pharmacists and pharmacy technicians.

SECTION II GOVERNANCE

A. Continuing Pharmacy Education Commission (CPEC)
The Continuing Pharmacy Education Commission (CPEC) was established in January 2007 to better serve the CPE program and to support the achievement of ACPE's mission to assure and advance the quality of pharmacy education. The duties of the CPEC include recommending policy and procedure for the ACPE CPE Provider Accreditation program; assisting in strategic planning; reviewing ACPE-accredited provider's comprehensive reports (and other reports as necessary); and recommending accreditation actions to the ACPE Board of Directors. Each recommendation of the Commission will be reviewed and the ACPE Board of Directors at its regular January and June meetings will make official actions.

(i) CPEC Composition: The members of the CPEC are appointed by the ACPE Board, based on nominations by ACPE staff. The CPEC will be comprised of ten members from various sectors of CPE stakeholders. The membership shall include representation from ACPE-accredited providers, state boards of pharmacy, practicing pharmacists and pharmacy technicians. Each CPEC member will have experience in continuing and/or adult education and awareness of contemporary pharmacy education and practice. The CPEC will serve a staggered three-year term. Repeating three-year terms will be allowed, such as each Commissioner may choose to complete two 3-year full terms. The state board of pharmacy member will be appointed based on a recommendation from the

National Association Boards of Pharmacy. The state board pharmacy member will serve one full three year term with the option of repeating full three year terms.

(ii) Annually the CPEC will elect a Chair and Vice-Chair to conduct the meetings. The Chair and Vice-Chair will serve one-year terms. During the second year, the Vice-Chair will serve as Chair. The Chair and Vice-Chair will nominate a new Vice-Chair. The CPEC will vote on the nomination. The Chair's responsibilities also include to discuss the agenda for the CPEC prior to its meetings and to provide the CPEC's recommendations to the Board.

(iii) ACPE Board Liaison: Each year, an ACPE Board Member will be nominated by the ACPE Board Nominating Committee, and approved by a majority vote of the Board to serve a one-year term as the Board's liaison to the CPEC. Repeating one-year terms will be allowed. All ACPE Board members, including board officers, will be eligible for nomination and election as the Board's liaison to the CPEC. The Board member liaison will attend all CPEC meetings.

(iv) CPEC Meetings: The CPEC will meet approximately one month prior to each January and June meeting of the ACPE Board of Directors. Each meeting will be approximately two days. As the Commission develops in future years, it may be necessary to extend the meeting duration or add a third meeting to accomplish the CPEC's agenda.

(v) Recommendations to the ACPE Board of Directors: At each January and June meeting of the ACPE Board of Directors, the Board liaison to the CPEC, the Director of the CPE provider accreditation program, and the Chair of the CPEC will present the recommendations of the CPEC to the ACPE Board for action. At the discretion of the Board, officers of the CPEC may be invited to attend meetings of the Board. The ACPE Board will deliberate and take the appropriate action as per its established procedures for decision-making.

(vi) CPEC Expenses to ACPE: ACPE will be responsible for expenses associated with the CPEC meetings and other assigned responsibilities, including commissioner travel, lodging, and catering. No direct payment is made to members of the CPEC for CPEC service time.

(vii) CPEC Member Responsibilities: CPEC member responsibilities include:
- Participate in CPEC meetings
- Ensure effective CPE organizational planning by ACPE
- Review CPE provider's reports and recommend accreditation actions to the ACPE Board of Directors
- Participate in the periodic review of CPE accreditation policies, procedures and *Standards for Continuing Pharmacy Education*
- Ensure legal and ethical integrity of ACPE's program of CPE provider accreditation
- Act in an advisory capacity to the ACPE Board of Directors and Staff
- Have a respectful attitude for colleagues and their views
- Maintain confidentiality at all times

(viii) Time Requirements for each CPEC Member:
Two CPEC Meetings per year (two days each; approximately three days preparatory reading). Officers of the CPEC will have an additional time commitment as outlined above.

SECTION III – ACCREDITATION POLICIES AND PROCEDURES

Policy 1.0 Continuing Pharmacy Education Provider (hereafter shown as "provider")

A provider is an institution, organization or agency that has been recognized by ACPE in accord with its policies and procedures, as having demonstrated compliance with the *Accreditation Standards for Continuing Pharmacy Education*. Information concerning specific providers may be obtained by corresponding directly with the provider listed in the ACPE Directory of Accredited Providers of Continuing Pharmacy Education at www.acpe-accredit.org.

Procedures
1a. Initial Application (Appendix B)
Eligibility: The organization must be administratively and operationally responsible for coordinating all aspects of the CPE activities provided by the organization. In addition, the organization must have been operational for a minimum of six months and have planned, implemented, and evaluated at least three educational activities for health care professionals at the time of initial application. A commercial interest is not eligible for ACPE accreditation. A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'

Providers seeking initial accreditation from ACPE are required to submit the *Accreditation Council for Pharmacy Education Continuing Pharmacy Education (CPE) Provider Accreditation Program Initial Application.* In addition, the following items must be submitted at the same time.

- ✓ Non-refundable application fee, in the form of a check, money order, electronic funds and/or wire transfer. Note: If the applicant formally withdraws their application prior to the accreditation action, a portion of the application fee may be refunded at the discretion of ACPE.
- ✓ Articles of Incorporation establishing incorporated status of the Organization or other organizational documentation verifying the legal status of the provider.
- ✓ Organizational budget (most recent projected or actual) or auditor's statement.

Deadline for submission of the application is as follows:

The Application must be submitted by:	For consideration at the:
September 1	January Board of Directors Meeting
February 1	June Board of Directors Meeting

Following the Board's evaluation of the Application, the Board will take action. A formal report of the Board's action will be made to the applicant shortly after the meeting. The notice of the action will indicate that the Board has
      (1) awarded accredited provider status or
      (2) denied accreditation.

Administrative Responsibilities
During this initial term, providers are expected to respond to requests for information, report activities via the online Provider Web Tool, report credit via the online CPE Monitor® tool, submit annual fees, and undergo periodic monitoring reviews to assure full

compliance with ACPE's *Accreditation Standards for Continuing Pharmacy Education*. It is required that the administrator will attend an ACPE Administrator's Workshop or view the ACPE CPE Webinar Series during this initial two year term. Accreditation beyond the initial two-year term is dependent upon submission of a satisfactory report including documentation of compliance with standards.

The granting of accreditation status to a provider does not imply recognition of that provider's satellite organizations, cooperating organizations, or divisions.

Fees
If accreditation status is awarded, the standard term of initial accreditation is two years. A provider that is awarded accreditation status will be invoiced for the annual evaluation and accreditation fee as set by the Board. Providers awarded accreditation status at the January Board of Directors meeting will be invoiced for the lowest annual fee amount (i.e. full year accreditation for that calendar year). Providers awarded accreditation status at the June Board of Directors meeting will be invoiced for half of the lowest annual fee amount (i.e. half-year accreditation for last six months of calendar year). Thereafter, a fee will be paid annually as long as accredited, probationary, or inactive status is maintained.

1b. Reaccreditation of Accredited Provider Status (Appendix C)
Accredited providers seeking renewal of accredited status beyond the current term of accreditation shall be required to submit data documenting capability for, and commitment to, compliance with the standards, policies and procedures. Every six years, the provider is required to submit a Self-Assessment Report for Comprehensive Review in which each of the ACPE standards is reviewed and evaluated by the provider. In the evaluation process, the CPEC and Board will rely upon the provider's prior experience in CPE programming or, in the event that such experience is absent, the provider's mechanism(s) for assuring that the CPE program provided will meet the standards, policies and procedures. The Board may audit and/or seek additional detailed information as deemed necessary to an evaluation of the provider's capabilities, and may also survey learners and others regarding the provider's educational activities.

The Board reserves the right to grant shortened or extended terms of accreditation in order to establish a cycle allowing efficiency and evenness of workload. The Board also may lengthen or shorten a previously awarded term of accreditation as determined appropriate in order to reflect changes in an accredited provider's compliance with the standards, policies and procedures.

Accredited status for currently accredited providers may be renewed based on a complete CPE program review. Accredited status indicates that, in the opinion of the CPEC and Board, the provider complies with the standards, policies and procedures.

> *i. Initial term of accreditation*
> The initial term for accreditation is two years from the date accreditation is granted following submission and review of an application for accreditation. At the end of the first year, the provider is required to submit a First Review report followed by a Second Review report at the end of the second year.

> *ii. Six-year term of accreditation*
> If a provider is found to comply with ACPE Standards for Continuing Pharmacy Education, Policies and Procedures, and there are no major challenges faced by the organization, a provider may receive accreditation for a period of six years.

Within that period, a provider may be asked to provide additional information to ACPE in the interest of ongoing monitoring of quality. At the end of each six-year term of accreditation, the accredited provider is required to submit a Comprehensive Review.

iii. *Shortened term of accreditation*
In the event that the ACPE Board of Directors determines a provider does not comply with standard(s), the provider will be notified in writing of its non-compliance and given a period not longer than two years to bring all aspects of non-compliance into compliance with ACPE accreditation standards, policies and procedures. Generally, if after one year of notification of non-compliance, the provider fails to demonstrate adequate progress towards achieving compliance with ACPE standards, ACPE will place the program on probation.

iv. *Shortened term of accreditation with Probation*
Probation status may be given to an accredited provider that, in the opinion of the Board, is no longer in compliance with standard(s), policies and procedures, or has otherwise failed to demonstrate its compliance to the Board's satisfaction. In the event that the ACPE Board of Directors determines a provider does not comply with standard(s), the provider will be notified in writing of its non-compliance and given a period not longer than two years to bring all aspects of non-compliance into compliance with ACPE accreditation standards, policies and procedures. During this time, there may be a more intensive monitoring plan of the provider. Such probationary status will be published in the ACPE Directory on the web site along with appropriate notification via ACPE's Report of the Proceedings. In addition, the provider must alter the provider statement to reflect 'probation' as noted below.

v. *Adverse Action*
Adverse action, defined as probation, withdrawal, denial or removal of accreditation, will be taken if a provider: fails to bring itself into compliance within the period specified by the Board; and/or has not paid annual fees, submitted requested reports; and/or has not responded to communications by ACPE.

Withdrawal of accreditation will occur when there is documented evidence that a provider with any accreditation status (Accredited, Accredited with inactive status, or Accredited with Probation) exhibits deficiencies in achieving or maintaining compliance with a standard(s). ACPE will then notify the appropriate state licensing agency and the public within 30 days. Public notification includes posting on the ACPE web site and in the Report of the Proceedings.

vi. *Administrative Warning*
Administrative Warning is an accreditation status assigned administratively when a provider does not comply with administrative requirements for maintaining accreditation. These requirements may include, but are not limited to: (1) failure to pay ACPE any invoiced fees within the time limitation indicated on the invoice; (2) failure to submit monitoring reports or annual monitoring requirements by the established deadline; (3) failure to submit timely notification of a substantive change; and (4) inappropriate use of the ACPE logo.

If staff determines that a provider has failed to meet its administrative obligations as listed above, the provider will be notified in writing of each delinquency and

given ten (10) days to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning. Administrative Warning will be removed once all administrative requirements have been met. Failure to cure any such delinquency within the designated time period will result in a review for Board action at the next regularly scheduled Board meeting and may result in the provider being subjected to an adverse action.

If staff determines that a provider has failed to submit a complete self-assessment report as part of the comprehensive review for continued accreditation, the provider will be notified in writing of the delinquency and given two (2) weeks to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning. Failure to cure any such delinquency within the designated time period will result in a review for Board action at the next regularly scheduled Board meeting and will result in the provider being placed on probation with a complete self-assessment report due during the subsequent accreditation cycle.

Administrative Warning is an administrative classification and is not subject to reconsideration or appeal. During a period of Administrative Warning, a provider continues to be recognized as being accredited according to the last status decision and is maintained in the Directory listing of accredited providers. In addition, the provider will be listed as being on Administrative Warning in all published documents that specify accreditation status.

If the provider's accredited status is not restored, the education activities produced during the provider's term of accreditation will not be recognized as accredited when offered to new audiences. At such time, the provider will be notified in writing, removed from the ACPE directory of accredited providers and indicated in the Report of the Proceedings.

If a provider believes adverse action notification is not warranted or that the situation has been misjudged by reason of the applicable facts, the provider may request a review of the situation by a special Appellate Commission under the terms and conditions set forth in. (Appendix D)

vii. _Inactive Status_
A provider may elect to continue as an ACPE-accredited provider on Inactive Status if the provider in good standing has not conducted or is not planning to conduct any CPE activities. During this time frame the provider:

- agrees not to conduct CPE activities that offer ACPE credit;
- will not be required to submit monitoring reports (e.g. self-assessment report, interim report, progress report);
- may use the ACPE logo and the following provider statement during the period they are inactive: "(**Name of Provider**) is on inactive status as an accredited provider of continuing pharmacy education by the Accreditation Council for Pharmacy Education."
- will declare "inactive status" annually;
- will submit administrative materials as requested;
- will pay the lowest level ACPE Annual Fee;
- will be listed on the ACPE web site within the Directory of ACPE-

accredited providers with "inactive status"; and

- if the provider begins to offer CPE activities for ACPE credit, the provider must notify ACPE at least 6 months prior to offering its first CPE activity and:
  - attend a CPE Administrator Workshop
  - submit an updated policies and procedures manual, along with samples of CPE activity materials to be reviewed by staff
  - complete a comprehensive review within 12-18 months following the provider's first CPE activity

If a provider in good standing has not conducted any CPE activities within the previous consecutive 2-year period, Inactive Status shall be imposed on the provider. During this time frame the provider:

- will not conduct CPE activities that offer ACPE credit;
- may use the ACPE logo and the following provider statement during the period they are inactive: "(**Name of Provider**) is on inactive status as an accredited provider of continuing pharmacy education by the Accreditation Council for Pharmacy Education."
- will declare "inactive status" annually;
- will submit administrative materials as requested;
- will pay the lowest level ACPE Annual Fee;
- will be listed on the ACPE website within the Directory of accredited providers with "inactive status"; and
- if the provider begins to offer CPE activities for ACPE credit, the provider must notify ACPE at least 6 months prior to offering its first CPE activity and:
  - o attend a CPE Administrator Workshop
  - o submit an updated policies and procedures manual, along with samples of CPE activity materials to be reviewed by staff
  - o complete a comprehensive review within 12-18 months following the provider's first CPE activity

viii. Voluntary Withdrawal of accreditation
In the event of voluntary withdrawal from accreditation or upon a decision to let accreditation lapse, written notification of such actions shall be made to ACPE that includes the date and reason for withdrawal of accreditation status. In addition, all active CPE activities will expire a date agreed upon the provider and ACPE prior to the date of withdrawal or the provider may transfer the CPE activities to another ACPE-accredited provider. ACPE will then notify the appropriate state licensing agency and the public within 30 days. Public notification includes posting on the ACPE web site and in the Report of the Proceedings.

Policy 2.0 Reference to Status for Accredited CPE Providers
Any reference by an accredited provider to accreditation by the Board in announcements, promotional materials, publications, or in any other form of communication or publicity, shall state only the following: "(**Name of Provider**) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education." The Board's official accredited provider logo (see below) shall also be used in close conjunction with the statement.

2a. Providers on Probation

Any reference by a provider on probation to its status in announcements, promotional materials, publications, or in any other form of communication or publicity, shall state only the following: "(**Name of Provider**) is on probation as an accredited provider of continuing pharmacy education by the Accreditation Council for Pharmacy Education. Next scheduled review: (**date**)." ACPE's official accredited provider logo shall also be used in close conjunction with the statement.

2b. Organizations applying for ACPE accreditation

Providers that are in the process of applying to ACPE for accreditation may not include a statement to this effect in their materials or any form of marketing or publicity; only providers that have been accredited may reference ACPE on their materials or publicly.

SECTION IV – MONITORING POLICIES AND PROCEDURES

Policy 1.0 Monitoring

Once a provider is accredited, the organization is required to submit periodic updates to ACPE in response to recommendations from its last report. During the term of a provider's accreditation, the Board will seek, by various means, assurances of the maintenance of quality.

Procedures

1a. Evaluation process

A provider submits a self-assessment report for Comprehensive Review at the end of each six-year accreditation cycle. This report addresses all ACPE Standards for Continuing Pharmacy Education, Policies and Procedures.

The review process for Comprehensive Reviews is as follows: Staff members, field reviewers, Commission Members and Board members review the provider's compliance with the *Accreditation Standards for Continuing Pharmacy Education* based on the Self-Assessment Report which contains the following: 1) the provider's narrative responses, 2) supporting documentation, and 3) self-assessment of performance utilizing the CPE Evaluation Form (Rubric). If a provider fails to submit a complete Self-Assessment Report, the provider will be notified in writing of the delinquency and given two (2) weeks to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning and Board action at the next regularly scheduled Board meeting. Refer to Administrative Warning (Section III, Policy 1.0, Procedure 1b, subsection vi) for the full procedure.

As part of the comprehensive review process, a conference call will be scheduled to discuss the report. The Board will review and approve the Action and Recommendations document, which then will be sent to the provider.

i. Comprehensive Review Conference Call Guidelines

The purpose of CPE conference calls is to validate the findings in the provider's self-assessment report and to give the provider the opportunity to answer questions and clarify issues that are unclear to the reviewers. The review team is

made up of an ACPE Commissioner, a field reviewer, and an ACPE staff member. The process is divided into three stages, which should take no more than two hours total. All reviewers should prepare for the call by doing the following:

- Review the Provider Summary, Self-Assessment Report, Activity List and Activity Description Forms.
- Complete the CPE Rubric. (If items are missing for the review, contact ACPE staff. <u>Do not contact the provider</u>.)
- Make note of questions and topics that you would like to discuss in more detail.

Team Conference (45 minutes)
- Call the phone number for the Team Conference.
- Identify yourself upon entering the session.
- Verify that you can stay on the call for the entire 2 hours.
- Discuss the provider's strengths and weaknesses.
- Identify clarification questions to ask the provider and assign them to team members.

Provider Conference (60 minutes - In extenuating circumstance, the team may extend the call or reschedule a follow-up call with the provider.)
- ACPE Staff: Describe the timeframe, purpose, and ground rules for the conference call.
- ACPE Staff: Identify the participants on the call and their roles.
- ACPE Staff: Ask the provider to give an overview of major changes in the organization along with strengths and areas needing improvement.
- Team: Ask questions, providing guidance as appropriate.
- ACPE Staff: Ask if provider has any questions for the review team
- ACPE Staff: Describe any follow-up actions or documents that the provider should submit for consideration for the Commission's review.
- Describe the next steps in the review process (e.g., report goes to the Commission…).
- Provider disconnects from the session.

Team Report (15 minutes)
- Discuss the call and handling of any follow-up information to be submitted by the provider.
- Staff drives consensus to complete the CPE Rubric with specific written comments on the following areas:
  - Gains made since the last comprehensive evaluation
  - A summary of the areas receiving commendations
  - Detailed comments on areas needing improvement or additional documentation.
- Discuss any other issues or comments.
- Disconnect from the session.

ii. External Field Reviewers
Field Reviewer Solicitation:
Field reviewers are selected based on their interest to serve in the CPE process. Through an online questionnaire or a paper form distributed at workshops or the CPE conference, ACPE cultivates its field reviewer pool.

Field Reviewer Qualifications:
Reviewers with interest and experience in adult or pharmacy education are eligible for selection. All interested reviewers must submit a statement outlining their experience and why they would like to serve as a reviewer.

In addition, any pharmacy technicians wishing to serve as field reviewers will also need to submit a statement outlining their experience/background and why they would like to serve as a reviewer. ACPE will select pharmacy technicians as reviewers where appropriate.

Field Reviewer Training:
Webcast trainings occur prior to the electronic mailing of comprehensive reviews. The webcast trainings provide a detailed overview of the CPE evaluation process (procedure, timeline, documentation etc.). In addition, the training will discuss any/all documents and materials that will be utilized in this process. All reviewers must participate in the webcast training in order to be assigned a comprehensive review.

iii. English Language Policy
ACPE conducts its business in English. All correspondence and conversation with ACPE, including monitoring reports, must be in English. If any portion of the provider's continuing education program is conducted in a language other than English, the provider must submit a copy of the original non-English materials appropriately labeled with an English translation.

1b. Ongoing Monitoring of Quality
An accredited provider may be requested to submit reports designed to give evidence of ongoing compliance with the standards, and/or to provide records of progress in the development of its educational activities and operations. The CPEC and/or Board may survey learners in the provider's activities for additional assurances. The Board may require other assessment or information concerning the provider and/or its activities at any time.

Accreditation actions, including reconsideration of any prior accreditation action shall be made by the Board of Directors only during a regularly scheduled meeting of the Board; provided however, where ACPE finds that facts demonstrate an egregious violation of standard(s) and/or policies and procedures, immediate action may be taken by the Board of Directors to protect the integrity of the accreditation process. Regular meetings of the Board are currently scheduled for January and June of each year.

i. First Review
This report is the first report of submission one year after the applicant was approved as an accredited provider. The First Review report should address those standards marked as "Needs Improvement" or "Additional Documents Needed" from the provider's Action and Recommendation report that was received by the provider from ACPE in response to

its application. An Action and Recommendation report is sent to the provider following the submission and review of the provider's initial application for accreditation.

ii. *Second Review*
This report is the second report of submission two years after the applicant was approved as an accredited provider. The Second Review report should address those standards marked as "Needs Improvement" or "Additional Documents Needed" from the provider's previous Action and Recommendation report. An Action and Recommendation report is sent to the provider following submission and review of the provider's First Review report.

iii. *Interim Report*
The Interim Report is submitted - if applicable - after evaluation of a provider's Comprehensive Review. The Interim Report should address those standards marked as "Needs Improvement" or "Additional Documents Needed" from the provider's Action and Recommendation report. If applicable, an Action and Recommendation report is sent to the provider following submission and review of a provider's Comprehensive Review.

iv. *Progress Report*
A Progress Report is a report submitted when critical issues related to the quality of the provider's program are identified and/or there are a number of areas in need of improvement. The Progress Report should address those standards marked as "Needs Improvement" or "Additional Documents Needed" from the provider's Action and Recommendation report. An Action and Recommendation report is sent to the provider following submission and review of a provider's First Review, Second Review, Comprehensive Review, or Interim Report.

v. *Individual Activity Evaluation*
An individual activity evaluation may occur as a component of ongoing monitoring of quality of a provider's CPE program. A CPE activity currently released and available is selected by ACPE in order to review the activity for compliance with CPE standards and policies. The findings of the individual activity evaluation is sent to the provider via an Action and Recommendation report or other document.

SECTION V - CPE OPERATIONS POLICIES AND PROCEDURES

Policy 1.0 CPE Administrator
There shall be a visible, continuous and identifiable authority charged with the administration of the provider's CPE program. The administrative authority shall have the responsibility and be accountable for assuring and demonstrating compliance with the standards. The provider should have policies and procedures to conduct its CPE program.

The person in whom the administrative function is vested shall be qualified by virtue of background, education, training and/or experience. The CPE Administrator must have authority within the organization to assure that the ACPE standards and policies and procedures are met.

Procedures
1a. *Responsibilities*
The CPE Provider should be able to:
- Use evidence-based adult and organizational learning principles to improve the performance of healthcare professionals, healthcare teams and the organizations in

which they work, in order to improve patient outcomes. (Using Adult/Organizational Learning Principles)

- Implement and improve independent, fair, balanced, and evidenced-based educational interventions that produce expected results for learners and the organizations in which they work. (Designing Educational Interventions)
- Use data to evaluate the effectiveness of CPE activities/interventions and the impact of the overall CPE program. (Measuring the Performance of CPE Activities and the Overall CPE Program)
- Collaborate and partner with stakeholders to help meet the CPE mission. (Collaborating and Partnering with Stakeholders)
- Manage and administer the CPE office operations to meet personnel, finance, legal, logistical, accreditation, CPE credit, and/or regulatory standards. (Manage and Administer the CPE Program)
- Provide leadership for the CPE program. (Lead the CPE Program)
- Continually assess individual and CPE program performance and make improvements through relevant learning experiences. (Engage in Self-Assessment and Lifelong Learning)
- Approach the practice of CPE from a system-thinking perspective, recognizing that pharmacy professionals are part of a complex healthcare system that delivers patient care. (Engage in Systems Thinking in CPE)[1]

The provider must have or provide support for the administrator's continuing professional development. (Appendix E) The administrator and, where utilized, other professional staff, should maintain and enhance their professional development by seeking to improve their knowledge, skills and experience in the responsibilities noted above.

1b. _Administrative Change_
In the event of administrative change, a procedure for transfer of authority should exist to have a smooth and orderly transfer of administrative responsibilities from one individual to another. The procedure for transfer of authority should include prompt notification to ACPE via the Provider Verification Form in the Provider Web Tool whenever a change takes place. Adequate training of the new administrator should occur to ensure familiarity with ACPE standards, ACPE policy and procedures, general administrative and other liaison responsibilities between the provider and ACPE, and all other areas of operational and policy responsibility for the provider's continuing pharmacy education efforts.

Policy 2.0 CPE Activities

Continuing pharmacy education activities are categorized into three types: knowledge, application, and practice. Providers are not required to conduct all three activity types. The CPE activity type(s) conducted should be consistent with the provider's mission and appropriate to meet the identified pharmacist and/or pharmacy technician needs.

Providers are encouraged to _guide_ pharmacists and/or pharmacy technicians to the best combination of CPE activity types to meet their learning, professional development, and practice needs.

Procedures - Types of CPE activities:
2a. _Knowledge-based CPE activity_: These CPE activities are primarily constructed to transmit knowledge (i.e., facts). The facts must be based on evidence as accepted in the

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[1] Adapted from the Alliance for CE in the Health Professions, 2013; accessed at www.acehp.org

literature by the health care professions. The minimum amount of credit for these activities is 15 minutes or 0.25 contact hour.

2b. Application-based CPE activity. These CPE activities are primarily constructed to apply the information learned in the time allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 60 minutes or one contact hour.

2c. Practice-based CPE activity. (Appendix F) [Previously named Certificate Programs in Pharmacy] These CPE activities are primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. The information within the practice-based CPE activity must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component and a practice experience component. The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies. The minimum amount of credit for these activities is 15 contact hours.

Policy 3.0 Joint Providership

ACPE accredited providers that collaborate on content development with ACPE and/or non-ACPE accredited providers are engaging in joint providership. ACPE expects all CPE activities to comply with the *Accreditation Standards for Continuing Pharmacy Education*. It is the accredited provider's responsibility to demonstrate to ACPE compliance through written documentation.

Procedures
The provider should collaborate with the joint provider(s) in all stages of development of the activity, from planning, development, promotion, delivery, evaluation and revision. Joint providership agreements should be developed to clearly define the working relationships between parties; include completion dates for various tasks; and recourses in the event that the parties involved fail to meet their responsibilities. Joint providership agreements should document the ACPE-accredited provider's responsibility to assure compliance with ACPE standards. (Non ACPE-accredited organizations cannot assume responsibility for compliance with ACPE standards; therefore, this responsibility must be explicit in the agreement.)

Commercial interests cannot be accredited providers and cannot be joint providers. To maintain CPE activities as independent from commercial interests, the following cannot be in the control of a commercial interest: (i) identification of CPE needs, (ii) determination of educational objectives, (iii) selection and presentation of content, (iv) selection of all persons and organizations that will be in a position to control the content of the CPE, (v) selection of educational methods, and (vi) evaluation of the activity.

Policy 4.0 CPE Activity Announcement Literature

Adequate advance information should be provided to prospective learners in order to enable them to be well-informed regarding CPE activities.

Procedures
4a. Activity announcement materials

Materials that offer the opportunity to participate, purchase, or register for a CPE activity must include the following informational items:

- The learning objectives;
- The type of activity, i.e. knowledge, application, practice;
- The target audience(s) that may best benefit from participation in the activity;
- The faculty member(s) name, degree, and title/position;
- The fees for the activity;
- The schedule of the educational activities;
- The amount of CPE credit, specified in contact hours or CEUs;
- The official ACPE logo, used in conjunction with a statement identifying the accredited provider(s) providing or joint providing the activity, according to the exact language of the prescribed statement:

  "The [name of accredited provider(s)] is/are accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education."

- The ACPE Universal Activity Number assigned to the activity;
- The appropriate target audience designation ('P' and/or 'T')
- A full description of all requirements established by the provider for successful completion of the CPE activity and subsequent awarding of credit (e.g., passing a post-test at a specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.).
- Acknowledgment of any organization(s) providing financial support for any component of the educational activity, and,
- For home study activities: the initial release date and the expiration date.

In addition to the informational items, promotional materials for Internet-based CPE activities should clearly and explicitly specify the following, with the exception of local or restricted communication networks (i.e., intranet):

- Hardware requirements: The minimum hardware requirements including the minimum memory, storage, processor speed and multimedia components required by the learner;
- Software requirements: The minimum software requirements including, where appropriate, the Internet Browser(s) and minimum version along with any Browser "Plug-Ins" that may be required;
- Internet: The Internet connectivity and minimum connection speed the learner must have.
- Provider Contact Information: The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CPE activity.
- Policy on Privacy and Confidentiality: The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CPE activities it provides on the Internet.

Copyright: The accredited provider must be able to document that it owns the copyright for, or is licensed or has received permissions for use of, or is otherwise permitted to use copyrighted materials within any CPE activity.

4b. Multiday conference brochures

Activity announcements that are for multiday conferences must include the following items:

- The learning objectives of the overall conference;
- The target audience(s) that may best benefit from the conference;
- The fees for the conference;
- The schedule of the educational activities;
- The amount of CPE credit, specified in contact hours or CEUs;
- The official ACPE logo, used in conjunction with a statement identifying the accredited provider(s) sponsoring or joint providing the activity, according to the exact language of the prescribed statement:

  "The [name of accredited provider(s)] is/are accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education."

- The ACPE Universal Activity Numbers assigned to the activities;
- The appropriate target audience designation ('P' and/or 'T');
- A full description of all requirements established by the provider for successful completion of the CPE activities within the conference and subsequent awarding of credit (e.g., passing a post-test at a specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.); and,
- Acknowledgment of any organization(s) providing financial support for any component of the educational activity.

The final conference program must also include:
- The faculty member(s) name, degree, and title/position;
- The faculty member's disclosures; and,
- The learning objectives of the activities.
- The type(s) of activities offered at the conference, i.e. knowledge, application, practice;

Notes:
- "Save the Date" cards: Materials such as a 'teaser', save-the-date card, an advertisement or post cards to alert learners of a date of an activity, etc., does not apply to this policy. However, the provider may use the ACPE logo and provider statement as indicated above.
- A Provider must not list any language alluding to or indicating that the Provider has applied for ACPE credit. The provider may use the following language, "This activity is eligible for ACPE credit; see final CPE activity announcement for specific details."

Policy 5.0 Continuing Education Credit

The number of contact hours or CEUs to be awarded for participation and successful completion of an activity shall be determined by the provider in advance of offering the activity and comply with the requirements set forth for the types of CPE activities (knowledge-, application- and practice-based).

Procedures
5a. Live CPE activities: CPE credit is based on real time, i.e. 60 minutes = one (1) contact hour (0.1 CEU)

5b. Home study CPE activities: In order to realistically appraise the amount of time required for successful completion of each CPE activity, an educationally sound and defensible process must be employed and documented. Acceptable procedures include, but are not limited to:

- Assessing the amount of time the activity would require if it were delivered in a live activity format;
- Pilot testing the activity with a group of pharmacists and/or pharmacy technicians as applicable who are representative of the target audience and ascertaining the average length of time for completion for only those learners who successfully complete the activity; or,
- A determination by an advisory panel, consisting of individuals qualified by experience and training in the development and administration of continuing pharmacy education.
- Monitoring actual participant duration post-activity for validation of amount of credit processes (e.g. activity evaluation form).

In all instances, the provider should be conservative in the determination of the amount of credit to be awarded for successful completion of CPE activities. In addition, the provider is asked to monitor and validate the methods by asking learners to document the amount of time spent in completing the activity.

5c. Partial Credit
Providers may not offer partial credit for CPE activities. Rather, providers should assign a unique Universal Activity Number (UAN) to each CPE activity for which a participant will receive full credit for successful completion or no credit for non-completion. Assignment of Universal Activity Numbers should be differentiated to accurately reflect the CPE activity type (e.g. knowledge versus application), ensure accuracy of the topic designator (e.g. 03-law versus 05-patient safety), and simplify the issuing of credit.

Policy 6.0 Record keeping
The provider shall maintain and assure the availability of records adequate to serve the needs of the learners and others requiring such information for a period of six years. The provider should assure the security of its records by having appropriate backup systems and contingency plans.

Note: The provider's and ACPE's records may be used by state boards of pharmacy to verify a pharmacist's participation in an activity and, therefore any problems noted with record keeping should be corrected immediately.

Policy 7.0 Awarding Credit

Providers are required to submit activity and participant information online via CPE Monitor®. CPE Monitor®, the collaborative service from the Accreditation Council for Pharmacy Education (ACPE) and the National Association of Boards of Pharmacy (NABP), allows CPE Providers to authenticate, store, and streamline data reporting and compliance verification for participating boards of pharmacy. The CPE tracking system creates a direct link for sending CPE data from ACPE-accredited providers to ACPE and then to NABP, ensuring that all reported CPE units are officially verified by ACPE-accredited providers.

Pharmacists and pharmacy technicians may obtain a unique identification number from NABP (www.nabp.pharmacy) to be used when registering for a CPE activity from an ACPE-accredited provider. For a given Universal Activity Number, the provider will be offered a variety of

mechanisms to upload each participant's NABP e-profile ID number, month and date of birth, and date of participation within 60 days of the learner engaging in the CE activity via CPE Monitor®. After CPE units are processed by ACPE and NABP, pharmacists and pharmacy technicians will be able to login to a comprehensive electronic profile to access information about their completed CPE.

Procedures
7a. Technical Specifications Guide for CPE Monitor®
The provider is asked to reference the Technical Specifications Guide to assist in the upload process for participant information.

7b. Statements of Credit for Health Care Professionals Other than Pharmacists/Pharmacy Technicians
For other health care professionals, the provider shall give evidence to each learner, in the form of a statement of credit of successful completion of the CPE activity within 60 days of participation in the CPE activity. Completed and signed statements of credit are distributed only following the completion of the activity within the time frame stated by the provider (e.g. on promotional materials). Incomplete or blank statements of credit must not be distributed.

All statements of credit must include the following informational items:
- The name of the learner;
- The title and date(s) of the activity;
- Type of activity: knowledge, application, practice;
- The appropriate target audience designation ("P" or "T")
  - Separate statements of credit must be issued to either pharmacists or pharmacy technicians
  - If non-pharmacist attends the activity, a statement of credit with a "P" designation should be issued;
- The accredited provider sponsoring or joint providing the activity;
- The official ACPE logo;
- The amount of credit awarded;
- The assigned ACPE Universal Activity Number;
- The date the CPE Administrator signed the original statement of credit (either hand-written or electronically generated).

The provider is instructed not to use the term "certify" or "certification" on its statements of credit to prevent any confusion with certification processes.

7c. Administrative Warning
If providers do not submit activity and participant information online via CPE Monitor®, the provider will be placed on Administrative Warning, probation or an adverse action, defined as withdrawal, denial or removal of accreditation may be taken.

Administrative Warning is an accreditation status assigned administratively when a provider does not comply with administrative requirements for maintaining accreditation. If staff determines that a provider has failed to meet its administrative obligations as listed above, the provider will be notified in writing of each delinquency and given ten (10) days to fulfill all outstanding requirements, after which continued failure to comply will result in the imposition of Administrative Warning. Administrative Warning will be removed once all administrative requirements have been met. Failure to cure any such delinquency within

the designated time period will result in a review for Board action at the next regularly scheduled Board meeting and may result in the provider being subjected to an adverse action.

Administrative Warning is an administrative classification and is not subject to reconsideration or appeal. During a period of Administrative Warning, a provider continues to be recognized as being accredited according to the last status decision and is maintained in the Directory listing of accredited providers. In addition, the provider will be listed as being on Administrative Warning in all published documents that specify accreditation status.

If the provider's accredited status is not restored, the education activities produced during the provider's term of accreditation will not be recognized as accredited when offered to new audiences. At such time, the provider will be notified in writing and removed from the ACPE directory of accredited providers.

7d. Awarding Late Credit

All pharmacists and pharmacy technicians maintain their own license and/or certification and it is their responsibility to follow up with the provider if any CE credit discrepancies are found. It is then at the provider's discretion to award or deny credit to a late claiming participant, i.e. after 60 days from engaging in the CPE activity, as it is the provider's CE activity and the provider needs to ensure the requirements necessary for credit are successfully completed. A provider may request access to CPE Monitor® if the activity in question occurred within the previous 6 months and with an appropriate reason for access, i.e. power outage, etc.

Providers who request access to CPE Monitor® to upload late ACPE credit will incur a late fee as follows:
- Provider's first three (3) requests: the provider will receive a waiver and will be provided with education and guidance.
- Upon the fourth request and thereafter, the provider will incur a late fee.
- If a provider requires both a retroactive ADF change in the Provider Web Tool and override to amend a credit, only the ADF change fee will be charged. The provider will not be charged twice.
- Providers will be given five (5) business days to submit late credits to CPE Monitor® to allow time to rectify credit information if needed.
- Providers will be required to fill out the *CPE Monitor® Post-60 Day Credit Request Form* in order to request an override:
  - Once a user submits this form, an email will be sent to the current CPE Administrator who is listed in the Provider Web Tool. Once the CPE Administrator submits the associated fee, ACPE staff will implement this request and the provider will be notified. This request cannot be granted unless payment is received.
  - This automatic form will allow for tracking of override data, managing the number of override requests given to each provider, and application of fees.
- A provider may charge a fee to participants wanting to claim late credit. This is a business decision that is entirely up to the provider to implement a fee policy for late credit. ACPE does not have a policy denying the ability to charge participants attempting to claim late credit.

- For all CPE Monitor® and Provider Web Tool related questions, overrides, or additional information, providers may contact ceinfo@acpe-accredit.org or cpemonitor@acpe-accredit.org.

Policy 8.0 Financial Resources

The budget and resources for CPE shall be adequate to sustain the activities undertaken and their continued improvement, the maintenance and security of records of CPE activities and statements of credit, and for the training and professional development of the CPE administrator and the provider's staff. The provider should document adequacy of resources by having an audited financial statement or appropriately certified income and expense statement.

Policy 9.0 Provider Web Tool

The Provider Web Tool is a secure, web-based application designed for ACPE-accredited providers to submit and update Activity Description Forms and update contact information using the Provider Verification Form.

Procedures 9.0

9a. Change in Administrator

1) When a change in administrator, address or contact information occurs, the provider must submit an online Provider Verification Form via the Provider Web Tool prior to the change taking place.
   a. Login to the Provider Web Tool
   b. Click on "Provider Verification Form"
   c. Click on "Make Changes"
   d. Enter the changes into the appropriate fields
   e. Click on "Submit"
2) If there is an administrative change, the provider should also develop a means by which the new administrator becomes familiar with ACPE standards, policies and procedures, including required participation in an ACPE Administrator's Workshop or the ACPE CPE Webinar Series.

9b. Accreditation Certificate

Providers may print their Certificate of ACPE Accreditation by clicking on the option: "Print Certificate".

9c. Activity Description Forms

Providers are required to submit Activity Description Forms via the online Provider Web Tool at least 14 days prior to the initial release date of an activity. The online Web Tool allows the provider to enter information relevant to the activity, including the following:

- ✓ Release year
- ✓ Sequence number
- ✓ Learner designation (Pharmacists – P or Pharmacy Technicians – T)
- ✓ Title of the activity
- ✓ Learning objectives
- ✓ Topic designator (see below)
- ✓ Contact hours or Continuing Education Units (CEUs)
- ✓ Release and expiration dates
- ✓ Joint Providership information
- ✓ Live dates/locations for live activities
- ✓ Format

- ✓ Home study format
- ✓ Receipt of grant support

The Activity Description Forms are retained in a database accessible at all times by ACPE staff. Providers that produce CE content must review the material at least once every three years or more frequently if indicated by new scientific developments. If a UAN expires and the provider desires to continue the activity, the provider should assign a new UAN. This new UAN ensures that the provider reviewed the content for currency and accuracy and updated the content if necessary. Accredited providers can access their Activity Description Forms and make certain modifications. Providers are required to update their forms as necessary and to monitor the submission of the forms on a regular basis to ensure compliance.

9d. Universal Activity Numbers
A Universal Activity Number is an identification number that is assigned to each CPE activity developed and provided, or joint provided, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 0197), the joint provider designation number (0000 for no joint provider, 9999 for all joint providers), the year of the CPE activity development (e.g., 17), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

Provider Number:
Identification number of the provider responsible for issuing statements of credit and updating the ACPE activity database.

Joint Provider Designators:
0000 - no joint providership
9999 - joint providership with an organization

Format Designators:
L - Live activities
H - Home study and other mediated activities
B – Both for Practice-based activities

Topic Designators – activities are related to:
- 01: Disease/Drug Therapy Related - Covers all activities that address drugs, drug therapy, and/or disease states.
- 02: HIV/AIDS Therapy Related - Covers all activities that address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS.
- 03: Law - Covers all activities that address federal, state, or local laws and/or regulations affecting the practice of pharmacy.
- 04: General Pharmacy Topics - Covers all activities that address topics relevant to the practice of pharmacy other than those included in the classifications of drug therapy related, HIV/AIDS therapy related, and law.
- 05: Patient Safety - The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors.
- 06: Immunizations -Includes all activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes

review for appropriateness or contraindication and identifying the reporting adverse drug events and providing necessary first aid.

- 07: Compounding - Includes all activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental test and control, record keeping, error detection and reporting, and continuous quality improvement processes.

Target audience designator
If a CPE activity's target audience is exclusively for *pharmacists* the designation, "P" will be used.
If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation, "T" will be used.

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Activity Number with respect to the provider identification number, joint provider designation, year of release, sequence number, format and topic designator; however, the target audience designator in the number will be specific to each audience, either a "P" or "T." For example:

  0197-0000-17-001-L05-**P** (activity number to be used for pharmacists)
  0197-0000-17-001-L05-**T** (activity number to be used for pharmacy technicians)

9d. *Late Activity Description Form Policy*
ACPE will assess late fees for assisting in changes to an Activity Description Form (ADF) and/or assistance with an ADF never submitted through the Provider Web Tool after the activity has occurred. ACPE will charge a fee per activity to assist with changes. Payment will need to be received in advance of any changes.

Changes include, but not limited to:
Credit hour changes, title modifications, release/expiration date, type of activity, typos, sequence number, topic designator, joint providership information, adding additional format and backdating activity information.

Policy 10.0 Fees
Upon favorable action by the Board on a provider's completed application, and annually thereafter as long as accreditation is maintained, the provider shall pay an annual fee intended to defray operational costs in accordance with the Board's non-profit corporate status. Continuation of accredited provider status is contingent upon payment of this fee. Providers on probation and providers with inactive status must pay the annual fee.

Procedures 10.0
The fee schedule is posted on ACPE's website and is accessible to providers at all times. A provider's annual fee is assessed based on the number of activities offered, the number of CEUs allocated to each activity, and the number of learners. Providers will be placed in one of five fee levels determined by the number of Educational Service Units the provider offered over the course of the year (assessed electronically by the Annual Activity report in CPE Monitor™).

Fees are subject to change at any time throughout the year. The Board may adjust the fees, set effective dates for such adjustments at any regular or special meeting; provided

however, no change in fees shall become effective no less than thirty (30) days following written notice by ACPE to all accredited providers.

Policy 11.0 Organization Name Change or Merger

If an organization undergoes a name change or merger, that organization is required to submit to ACPE legal documentation of that change in the form of an amendment to the articles of incorporation or other legal documentation. Once the provider has done so and ACPE staff have confirmed the change, ACPE will update its records accordingly.

Policy 12.0 Substantive Change Policy

Definition of Substantive Change

Substantive change involves a significant modification, expansion, or contraction of the nature and scope of an accredited provider. ACPE's definition of substantive change includes, but is not limited to:

1.   Any change in the established mission or goals of the provider;
2.   Change in the legal status, governance, ownership or resources of the program;
3.   Change in CPE administrator;
4.   Change in supervisor;
5.   Change in organizational structure;
6.   Any other changes that the CPE administrator feels require notification of ACPE.

Procedures for Reporting Substantive Change

If the provider is reporting a change of CPE administrator or change in supervisor, the provider must complete the Provider Verification Form in the Provider Web Tool. For other substantive changes, the provider should notify ACPE in writing within 30 days of the change. Notification to ACPE should provide documentation that the program will continue to comply with standards. The circumstances provided may present the need for review and reconsideration of accreditation in accord with standard evaluation and operational procedures or appropriate monitoring.

Non-Compliance with Substantive Change Reporting

It is the responsibility of an accredited provider to follow the Substantive Change policies and procedures of ACPE and to inform ACPE of such changes in accord with those procedures. If a provider fails to follow this substantive change policy and its procedures, the accreditation of the program may be placed in jeopardy. If an accredited provider is unclear as to whether a change is substantive in nature, they should contact ACPE staff for consultation.

Policy 13.0 Regularly Scheduled Series

A regularly scheduled series (RSS) is a series of multiple live continuing pharmacy education sessions that occur on an ongoing, scheduled basis (e.g. weekly, monthly, quarterly). Examples of CPE activities that are consistent with the definition of regularly scheduled series include grand rounds, tumor boards, morbidity and mortality (M&M) conferences, and journal club. Regularly scheduled series are distinct from CPE activities, which are repeated offerings of the same educational activity to different audiences.   Based on needs assessment and identified knowledge and/or practice gaps of the participants, regularly scheduled series are primarily planned as multiple educational sessions for the same audience (e.g. professional staff of a hospital or health care system). Providers that offer these types of CPE activities must verify that they have a system in place to monitor these activities' compliance with ACPE Accreditation Standards and Policies.

Procedures 13.0

When entering a regularly scheduled series into the Provider Web Tool, select 'yes' Regularly Scheduled Series to be distinguished from other CPE activities. Each series should be entered under one Universal Activity Number (UAN) with the date, location, and content area of each session occurrence recorded. The date of expiration for any regularly scheduled series may be no longer than 1 year from the date of release. In order for the series to be distinguished in the Provider Web Tool, the activity title will be preceded with the designator 'RSS' (for example, RSS: Pediatric Grand Rounds).

In addition, each session within the series must have the same:
- number of contact hours
- overall learning objectives
- activity type, i.e. knowledge, application, practice
- target audience
- topic designator
- format (live only)

Monitoring
Accredited providers who offer regularly scheduled series will be asked to demonstrate compliance with ACPE Accreditation Standards and Policies by sampling a percentage of sessions within the series.

Policy 14.0 Extended-Release (ER) and Long-Acting (LA) opioid analgesics Risk Evaluation and Mitigation Strategy (REMS)

The FDA required REMS program is a strategy set in place to assist in ensuring that the benefits of ER/LA opioid analgesics outweigh the risks before being prescribed to patients. It is strongly encouraged for all prescribers (physicians, nurse practitioners, physician assistants, and dentists) and other health care providers with direct patient care (pharmacists). The goal of REMS-compliant programs is to combat the current prescription drug abuse epidemic. This will be done by ensuring that REMS-compliant activities meet the following accreditation requirements:

- All activities must be delivered by an accredited continuing education (CE) provider
- Will incorporate all aspects of the FDA blueprint
- Will include a post-course knowledge assessment
- Are subject to independent audit of content and compliance with applicable accrediting standards

Procedure 14.0
1. All components of the FDA approved blueprint must be incorporated into the accredited CE activities.
2. Manufacturers of the ER/LA opioid analgesics, known as REMS Program Companies (RPC), support funding for all REMS-compliant CE activities.
3. The activities should meet the above requirements, contain keywords ER/LA opioid REMS and be entered into the Provider Web Tool. Under the General Activity Information tab, select 'yes' REMS to be distinguished from other CPE activities.
4. All RPC-supported REMS-compliant training activities from accredited CE providers will be made available and listed on the REMS website
5. Monitoring: Accredited providers who offer ER/LA opioid analgesics REMS training will be asked to demonstrate compliance with ACPE Accreditation Standards for Continuing Pharmacy Education and Policies by being subject to independent audit.

<u>SECTION VI – COMMUNICATIONS: COMMENTS AND COMPLAINTS</u>

Policy 1.0 Conflict of Interest (for representatives participating in or observing the CPE accreditation process)
Due to the sensitivity of ACPE's activities, ACPE Board members, CPEC members, field reviewers, professional staff, consultants, and other representatives participating in or observing the CPE accreditation process maintain a policy regarding conflict of interest or the appearance thereof.

Procedures 1.0
ACPE Board members and staff; as well as prior to each review cycle by field reviewers, consultants, and other representatives participating in or observing the CPE accreditation process sign conflict of interest statements yearly. When a conflict of interest exists, the ACPE Board member, CPEC member, and/or staff person declares the conflict, and abstains from discussion and voting by leaving the meeting room; others with conflicts leave the meeting room. Field reviewers without conflicts are selected for evaluation of providers' documents. Copies of the ACPE Conflict of Interest Policy are available on request.

In addition, the following statement must be incorporated into oral presentations and or slide presentations when an ACPE Board or CPEC member is making such presentation in their individual capacity on a subject related or generally related to ACPE continuing education activities.

Disclaimer:
This presentation represents my personal views and opinions with regard to the subject matter at issue. I am not making this presentation in my capacity as a member of the ACPE Board or Continuing Pharmacy Education Commission of ACPE. The information contained herein has neither been reviewed by, nor is it endorsed by, ACPE.

For further information regarding ACPE, please refer to the website located at www.acpe-accredit.org .

Policy 2.0 Complaint Regarding a CPE Provider
ACPE has an obligation to assure itself that any institution that seeks or holds an accreditation status for its CPE program conducts its affairs with impartiality, non-discrimination, honesty and frankness. Complaints from other institutions, learners, faculty, or the public against a CPE provider shall be placed in writing in detail by the complainant and submitted to the Executive Director at ACPE office. A complaint against a CPE provider must be related to the standards or the policies and procedures of ACPE and must be submitted in writing to the Executive Director. Under existing practices, when a complaint is received, it is referred to the affected provider for response. If, thereafter, based upon the complaint and the response, the Executive Director determines that a complaint is not related to the standards or policies, the complainant is so advised in writing with a copy to the CPE provider, and the matter is treated as resolved.

Any complaint related to the Standards or the Policies and Procedures shall be referred by ACPE to the institution for response. Such complaint shall be resolved pursuant to the procedures set forth in *Procedures 2.0* below. Requests for confidentiality shall be respected to the extent any such information is not necessary for the resolution of the complaint.

Procedures 2.0

The ACPE Executive Director, or his/her designate, shall promptly determine the facts surrounding the issue, determine the validity of the complaint, and resolve the issue based upon the complaint, the response, and information from such further investigation deemed necessary; provided, however, where the Executive Director deems it necessary or appropriate, the matter shall be considered at a special meeting or the next regular meeting of the ACPE Board. The time frame for resolution is generally within six months. The complainant shall be advised of the decision or action as soon as possible promptly after a decision has been made.

When ACPE has cause to believe that any institution with which it is concerned is acting in an unethical manner or is deliberately misrepresenting itself to learners or the public, it will investigate the matter and provide the institution an opportunity to respond to the allegations. If, on the basis of such investigation, after notice to the institution and opportunity for institutional response, ACPE finds that an institution has engaged in unethical conduct or that its integrity as an accredited provider has been seriously undermined, ACPE will either:

(A) request that the institution show cause, within a stated time period, why adverse action should not be taken, or

(B) in extreme cases, immediately discontinue its relationship with the institution by denying or withdrawing accreditation status.

Anonymous complaints pertaining to accreditation matters are retained and, depending on circumstances, may or may not be forwarded to the CPE provider involved, depending somewhat on the severity of the complaint. This decision is made by the Executive Director.

Responses to anonymous complaints will be:

> *To Whom It May Concern:*
>
> *Please be advised that we have received the information which you forwarded to the attention of ACPE.*
>
> *In accordance with ACPE Policies and Procedures, a complaint against an accredited continuing pharmacy education provider, as related to ACPE standards, shall be placed in writing and signed by the complainant(s) and should contain specific evidence of non-compliance with ACPE Standards or Policies and Procedures to ensure that the matter can be resolved in a timely manner. ACPE will respond to such a complaint in accordance with ACPE Policies.*
>
> *For further information regarding the Standards and Policies and Procedures of ACPE, please refer to our website at www.acpe-accredit.org.*
>
> *Sincerely,*
> *ACPE Staff*

Where a complainant has threatened or filed legal action against the institution involved, ACPE will hold his or her complaint in abeyance pending resolution of the legal issues and the complainant is so advised.

If the Executive Director finds a complaint to be extremely serious in nature charging egregious conduct that may warrant adverse action by ACPE, or involves an interpretation which the Executive Director believes should be made by the ACPE Board, the complaint will be submitted to the ACPE Board for determination at a special meeting or the next regular meeting of the ACPE Board. Extraordinary remedies available for complaints covering extreme cases are set forth.

A record of complaints regarding a specific CPE provider, including learner complaints received or made available, is kept for consideration on file at the ACPE office. Such records of complaints are considered during scheduled evaluations, or a special evaluation, as the case may require.

Policy 3.0 Record of Learner Complaints Available to ACPE

Accredited CPE providers have an obligation to respond to any written complaints by learners lodged against the CPE provider that are related to the standards or ACPE's policies and procedures. The accredited provider shall establish, implement and maintain a learner complaint procedure that affords the complainant fundamental procedural due process.

Procedures 3.0

The CPE provider should communicate the complaint policy to learners (e.g., include in activity materials, reference their website in activity announcement literature, etc.). The CPE provider, shall maintain a file that contains the written complaint, a written record of each step of the complaint procedure and the outcome, except as otherwise prohibited by state or federal law. The files shall be made available for inspection to ACPE during evaluations or otherwise at ACPE's written request. The findings of this inspection, and the resulting implication(s) to the accreditation of the CPE provider program, shall be noted.

Policy 4.0 Notice of Review or Consideration

ACPE lists in the Report of the Proceedings the accredited providers' schedule for review or consideration of accreditation with notice for third party comments concerning qualifications for accreditation. Third party comments must be in writing and submitted by the deadline indicated in the newsletter. ACPE's process for considering third party comments includes provision for the Provider's response.

Policy 5.0 Assistance in Accreditation Matters

ACPE staff and its consultants provide one-on-one guidance and conduct administrator workshops, on matters pertaining to continuing pharmacy education. Staff guidance is available through various formats, including discussions at the ACPE office (no fee), ACPE CPE webinars, and at the site of the institution (with a consultative fee), and administrator workshops conducted throughout the year. The ACPE Board of Directors and staff also provide assistance in the advancement and improvement of pharmacy education through active cooperation with professional organizations and societies in support of sound educational policies and procedures.

A. GLOSSARY   The Glossary includes words and phrases appearing in the standards, the Policies and Procedures, ACPE communications, reports, and Action and Recommendations and are intended to act as a guide to Providers in the compliance with the standards and the implementation of continuing education programs

Accreditation
A voluntary process in which an institution, organization or agency submits to an in-depth analysis to determine its capacity to provide quality continuing pharmacy education in accord with standards, policies and procedures.

Acquired Immune Deficiency Syndrome (AIDS) Therapy Related
CPE activities which address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with AIDS.

Active learning
A process whereby pharmacists and/or pharmacy technicians are actively engaged in the learning process, rather than "passively" absorbing lectures. Active learning involves reading, writing, discussion, and engagement in solving problems, analysis, synthesis, and evaluation. Faculty usually takes a more guiding role.

Activity
An educational event, which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met. An activity is designed to support the continuing professional development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Each CPE activity should promote problem-solving and critical thinking while being applicable to the practice of pharmacy as defined by the current *Definition of Continuing Pharmacy Education* (Appendix I). The CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacists and/or pharmacy technician.

Accredited Provider
An institution, organization or agency that has been recognized by the Accreditation Council for Pharmacy Education, in accord with its policy and procedures, as having demonstrated compliance with the standards which are indicative of the provider's capability to develop and deliver quality continuing pharmacy education.

Assessment
The Latin root *'assidere'* means to sit beside. In an educational context it is the process of observing learning, such as describing, collecting, recording, scoring, and interpreting information about a pharmacist's and/or technician's learning. Assessments are used to determine achievement of objectives.

Case study or scenario
A description of a situation that requires problem-solving and/or investigation by the learner, e.g. application of learned material to provide a solution to the problem.

Commercial Bias
A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest

A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'

Commercial Support

Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CPE activity.

Conflict of Interest (with regard to *Standards for Commercial Support*)

When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. ACPE considers financial relationships to create actual conflicts of interest in CPE when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CPE about the products or services of that commercial interest.

Contact Hour

A unit of measure of educational credit which is equivalent to 60 minutes of participation in an organized learning experience.

Continuing Education Unit (CEU)

An educational credit unit of measure where 0.1 CEU is equivalent to one contact hour.

Continuing Pharmacy Education (CPE)

Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

Continuing Professional Development

A self-directed, ongoing, systematic and outcomes-focused approach to lifelong learning that is applied into practice. It involves the process of active participation in formal and informal learning activities that assist in developing and maintaining competence, enhancing professional practice, and supporting achievement of career goals.

Curricular-based

CPE activities that are designed to be building blocks of knowledge, skills and attitudes for a specific disease state, task, etc.

Disease State Management/Drug therapy

Covers CPE activities that address disease states, drugs and/or drug therapy related to disease states.

Enduring Materials (Home Study)

Enduring materials are home study activities that are printed, recorded or computer assisted instructional materials that do not provide for direct interaction between faculty and learners.

Evidence-based medicine

The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. (Centre for Evidence-Based Medicine)

Faculty
A person(s) who guides and delivers or writes the content of a CPE activity.

Financial Relationships
Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g., stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

Formative Evaluation
An evaluation process in which outcomes data and analysis are used to modify (form or reform) an activity with an eye to improving it before the activity is completed or repeated.

Goal
A concise written statement of what the provider intends to achieve for pharmacy and/or pharmacy technician education at a certain point in the future. The CPE goal should address how a provider will assist pharmacists and/or pharmacy technicians to maintain and enhance their professional competencies to practice in various settings.

Joint Providership
An accredited provider works with another organization for the purpose of developing a continuing pharmacy education activity.

Law
CPE activities which address federal, state, or local laws and/or regulations affecting the practice of pharmacy.

Live Activities
CPE activities that provide for direct interaction between faculty and learners and may include lectures, symposia, live teleconferences, workshops, etc.

Mission
A statement that is consistent with the program goals and specifically indicates the provider's short-term intent in conducting CPE activities including the intended audience(s) and scope of activities.

Needs assessment
Identification of educational needs of the pharmacists and/or pharmacy technician that serve as the basis for planning CPE activities.

Non-commercialism
Continuing pharmacy education activities that provide an in-depth presentation with fair, full disclosure of conflicts of interest as well as objectivity and balance. Appropriate topics and learning activities shall be distinguished from those topics and learning activities that are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area that it addresses), or a specific commercial service (as

contrasted with the general service area and/or the aspects or problems of professional practice that it addresses).

Objectives
Statements that describe what the pharmacists and/or pharmacy technician can expect to know or be able to do after completion of the CPE activity. Objectives are preferably written in behavioral terminology and should suggest outcome measures for an activity's success or effectiveness.

Outcome
The end result of a learning activity measured by evaluation or change in practice.

Patient Safety
The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Pharmacists' Patient Care Process
Developed by a work group from 11 national pharmacy organizations to promote a consistent approach to the process of care. This document was endorsed by the Joint Commission of Pharmacy Practitioners in 2014.
http://www.pharmacist.com/sites/default/files/JCPP_Pharmacists_Patient_Care_Process.pdf

Pharmacy Technician
An individual working in a pharmacy who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist. (http://www.acpe-accredit.org/pdf/whitePaper.pdf)

Program
The overall CPE activities of an accredited provider.

Regularly Scheduled Series (RSS)
A series of multiple live continuing pharmacy education sessions that occur on an ongoing, scheduled basis (e.g. weekly, monthly, quarterly) for the same audience. Examples of CPE activities that are consistent with the definition of regularly scheduled series include grand rounds, tumor boards, morbidity and mortality (M&M) conferences, and journal club.

Relevant Financial Relationships
ACPE focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CPE activity.

Self Assessment or Self Study
A comprehensive review and assessment process of the provider's CPE program to document accomplishments, assess areas for improvement and outline a plan for making those improvements.

Summative Evaluation

An evaluation process in which outcomes data and analysis are used to show the degree to which goals are attained at the conclusion of an activity.

Target Audience
Group of individuals for which an educational activity has been designed (e.g. pharmacists, technicians, or both).

Universal Activity Number (UAN)
A Universal Activity Number is an identification number that is assigned to each CPE activity developed and provided, or joint provided, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 0197), the joint provider designation number (0000 for no joint provider, 9999 for all joint providers), the year of CPE activity development (e.g., 17), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic, target audience and format designators (see below).

Joint Provider Designators:
0000 - no joint providership organization
9999 - joint providership with another organization

Format Designators:
L - Live activities
H - Home study and other enduring activities
B - Both for Practice-based activities.

Topic Designators – activities are related to:
01 - Disease State Management/Drug therapy
02 - HIV/AIDS therapy
03 - Law (related to pharmacy practice)
04 - General Pharmacy
05 - Patient Safety
06 – Immunizations
07 - Compounding

Target audience designator
P – Pharmacist
T – Pharmacy Technician

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Activity Number with respect to the provider identification number, joint provider designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

0197-0000-17-001-L05-**P** (activity number to be used for pharmacists)
0197-0000-17-001-L05-**T** (activity number to be used for pharmacy technicians)

<u>**Appendix A**</u>
Accreditation Council for Pharmacy Education
Definition of Continuing Education for the Profession of Pharmacy

What is the definition of continuing education?
Continuing education for the profession of pharmacy is a structured[2] educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

What does 'applicable to the practice of pharmacy' mean?
In general, for guidance in organizing and developing CPE activity content, providers should ensure that, as for all health care professionals, pharmacists and pharmacy technicians should develop and maintain proficiency in six core areas*:
- delivering patient-centered care,
- working as part of interprofessional teams,
- practicing evidence-based medicine,
- focusing on quality improvement,
- using information technology, and
- developing and maintaining safe and effective medication use processes**.

*Adapted from Institute of Medicine's Health Professions Education: A Bridge to Quality, April 2003.
**Added competency by ACPE CPE Pharmacy Technician Group

The following guidance should be utilized by ACPE-accredited providers as guides in developing CE activity content appropriate for pharmacists and/or pharmacy technicians:

Pharmacist competencies. Specific pharmacist outcomes have been developed by the American Association Colleges of Pharmacy's Center for the Advancement of Pharmacy Education (CAPE) Educational Outcomes (2013):

Domain 1 – Foundational Knowledge
> 1.1. Learner (Learner) - Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care.

Domain 2 – Essentials for Practice and Care
> 2.1. Patient-centered care (Caregiver) - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities).
> 2.2. Medication use systems management (Manager) - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems.

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[2] Continuing education whereby the components comply with the ACPE *Standards for Continuing Pharmacy Education*

2.3. Health and wellness (Promoter) - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness.

2.4. Population-based care (Provider) - Describe how population-based care influences patient centered care and influences the development of practice guidelines and evidence-based best practices.

Domain 3 - Approach to Practice and Care

3.1. Problem Solving (Problem Solver) – Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution.

3.2. Educator (Educator) – Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding.

3.3. Patient Advocacy (Advocate) - Assure that patients' best interests are represented.

3.4. Interprofessional collaboration (Collaborator) – Actively participate and engage as a healthcare team member by demonstrating mutual respect, understanding, and values to meet patient care needs.

3.5. Cultural sensitivity (Includer) - Recognize social determinants of health to diminish disparities and inequities in access to quality care.

3.6. Communication (Communicator) – Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization.

Domain 4 – Personal and Professional Development

4.1. Self-awareness (Self-aware) – Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth.

4.2. Leadership (Leader) - Demonstrate responsibility for creating and achieving shared goals, regardless of position.

4.3. Innovation and Entrepreneurship (Innovator) - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals.

4.4. Professionalism (Professional) - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society.

Pharmacy Technician Competencies. Specific pharmacy technician knowledge statements (numbers 1.0 – 9.0) have been developed by the Pharmacy Technician Certification Board (PTCB) (2013):

1.0 Pharmacology for Pharmacy Technicians

1.1 Generic and brand names of pharmaceuticals

1.2 Therapeutic equivalence

1.3 Drug interactions (e.g., drug-disease, drug-drug, drug-dietary supplement, drug-OTC, drug-laboratory, drug-nutrient)

1.4* Strengths/dose, dosage forms, physical appearance, routes of administration, and duration of drug therapy

1.5 Common and severe side or adverse effects, allergies, and therapeutic contraindications associated with medications

1.6 Dosage and indication of legend, OTC medications, herbal and dietary

2.0 Pharmacy Law and Regulations

2.1 Storage, handling, and disposal of hazardous substances and wastes (e.g., MSDS)

2.2 Hazardous substances exposure, prevention and treatment (e.g., eyewash, spill kit, MSDS)

2.3 Controlled substance transfer regulations (DEA)
2.4 Controlled substance documentation requirements for receiving, ordering, returning, loss/theft, destruction (DEA)
2.5 Formula to verify the validity of a prescriber's DEA number (DEA)
2.6 Record keeping, documentation, and record retention (e.g., length of time prescriptions are maintained on file)
2.7 Restricted drug programs and related prescription-processing requirements (e.g., thalidomide, isotretinoin, clozapine)
2.8 Professional standards related to data integrity, security, and confidentiality (e.g., HIPAA, backing up and archiving)
2.9 Requirement for consultation (e.g., OBRA'90)
2.10 FDA's recall classification
2.11 Infection control standards (e.g., laminar air flow, clean room, hand washing, cleaning counting trays, countertop, and equipment) (OSHA, USP 795 and 797)
2.12 Record keeping for repackaged and recalled products and supplies (TJC, BOP)
2.13 Professional standards regarding the roles and responsibilities of pharmacists, pharmacy technicians, and other pharmacy employees (TJC, BOP)
2.14 Reconciliation between state and federal laws and regulations
2.15 Facility, equipment, and supply requirements (e.g., space requirements, prescription file storage, cleanliness, reference materials) (TJC, USP, BOP)

3.0 Sterile and Non-Sterile Compounding
3.1 Infection control (e.g., hand washing, PPE)
3.2 Handling and disposal requirements (e.g., receptacles, waste streams)
3.3* Documentation (e.g., batch preparation, compounding record)
3.4* Determine product stability (e.g., beyond use dating, signs of incompatibility)
3.5 Selection and use of equipment and supplies
3.6* Sterile compounding processes
3.7* Non-sterile compounding processes

4.0 Medication Safety
4.1 Error prevention strategies for data entry (e.g., prescription or medication order to correct patient)
4.2 Patient package insert and medication guide requirements (e.g., special directions and precautions)
4.3 Identify issues that require pharmacist intervention (e.g., DUR, ADE, OTC recommendation, therapeutic substitution, misuse, missed dose)
4.4 Look-alike/sound-alike medications
4.5 High-alert/risk medications
4.6 Common safety strategies (e.g., tall man lettering, separating inventory, leading and trailing zeros, limit use of error prone abbreviations)

5.0 Pharmacy Quality Assurance
5.1 Quality assurance practices for medication and inventory control systems (e.g., matching National Drug Code (NDC) number, bar code, data entry)
5.2 Infection control procedures and documentation (e.g., personal protective equipment [PPE], needle recapping)
5.3 Risk management guidelines and regulations (e.g., error prevention strategies)
5.4 Communication channels necessary to ensure appropriate follow-up and problem resolution (e.g., product recalls, shortages)
5.5 Productivity, efficiency, and customer satisfaction measures

6.0 Medication Order Entry and Fill Process
> 6.1* Order entry process
> 6.2* Intake, interpretation, and data entry
> 6.3* Calculate doses required
> 6.4 Fill process (e.g., select appropriate product, apply special handling requirements, measure, and prepare product for final check)
> 6.5 Labeling requirements (e.g., auxiliary and warning labels, expiration date, patient specific information)
> 6.6* Packaging requirements (e.g., type of bags, syringes, glass, pvc, child resistant, light resistant)
> 6.7 Dispensing process (e.g., validation, documentation and distribution)

7.0 Pharmacy Inventory Management
> 7.1 Function and application of NDC, lot numbers and expiration dates
> 7.2 Formulary or approved/preferred product list
> 7.3* Ordering and receiving processes (e.g., maintain par levels, rotate stock)
> 7.4 Storage requirements (e.g., refrigeration, freezer, warmer)
> 7.5 Removal (e.g., recalls, returns, outdates, reverse distribution)

8.0 Pharmacy Billing and Reimbursement
> 8.1 Reimbursement policies and plans (e.g., HMOs, PPO, CMS, private plans)
> 8.2* Third party resolution (e.g., prior authorization, rejected claims, plan limitations)
> 8.3 Third-party reimbursement systems (e.g., PBM, medication assistance programs, coupons, and self-pay)
> 8.4 Healthcare reimbursement systems (e.g., home health, long-term care, home infusion)
> 8.5 Coordination of benefits

9.0 Pharmacy Information System Usage and Application
> 9.1 Pharmacy-related computer applications for documenting the dispensing of prescriptions or medication orders (e.g., maintaining the electronic medical record, patient adherence, risk factors, alcohol drug use, drug allergies, side effects)
> 9.2 Databases, pharmacy computer applications, and documentation management (e.g., user access, drug database, interface, inventory report, usage reports, override reports, diversion reports)

10.0 Verbal Communication Skills for Pharmacy Technicians

> 10.1 Effective and professional verbal communication skills with multidisciplinary healthcare members and patients/customers (e.g., effective listening, feedback, using proper verbal syntax, and questioning)
> 10.2 Effective telephone communication techniques/etiquette which comply with organizational protocols in both receiving and initiating calls
> 10.3 Identify nonverbal gestures (e.g., body language) which can positively or negatively affect verbal communication

denotes content including calculations.

How will CPE activities for pharmacists and pharmacy technicians be designated?
Announcement materials (e.g., brochures, advertisements, e-mail blasts, or other announcements) should clearly and explicitly identify the target audience that will benefit from

the content of the CPE activity. If a CPE activity includes pharmacists <u>and</u> pharmacy technicians in the same CPE activity specific and separate learning objectives should be described for each, pharmacists and pharmacy technicians. Please note that CPE activities pertaining to, for example, law, may have one set of objectives for pharmacists and pharmacy technicians.

In addition, a Universal Activity Number is an identification number that is assigned to each CPE activity developed and provided, or jointly provided, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 0197), the joint provider designation number (0000 for no joint provider, 9999 for joint providers), the year of CE activity development (e.g., 17), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

<u>Joint Provider Designators:</u>
      0000 - no joint providership
      9999 - joint providership with another organization

<u>Format Designators:</u>
      L -   Live activities
      H -   Home study and other mediated activities
      B -   Activities that contain <u>both</u> live and home study or mediated components (Practice-based activities)

<u>Topic Designators – activities are related to:</u>
If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:
- 01-P Disease State Management/Drug therapy
- 02-P AIDS therapy
- 03-P Law (related to pharmacy practice)
- 04-P General Pharmacy
- 05-P Patient Safety
- 06-P Immunizations
- 07-P Compounding

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation "T" will be used as follows:
- 01-T Disease State Management/Drug therapy
- 02-T AIDS therapy
- 03-T Law (related to pharmacy practice)
- 04-T General Pharmacy
- 05-T Patient Safety
- 06-T Immunizations
- 07-T Compounding

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Activity Number with respect to the provider identification number, joint provider designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

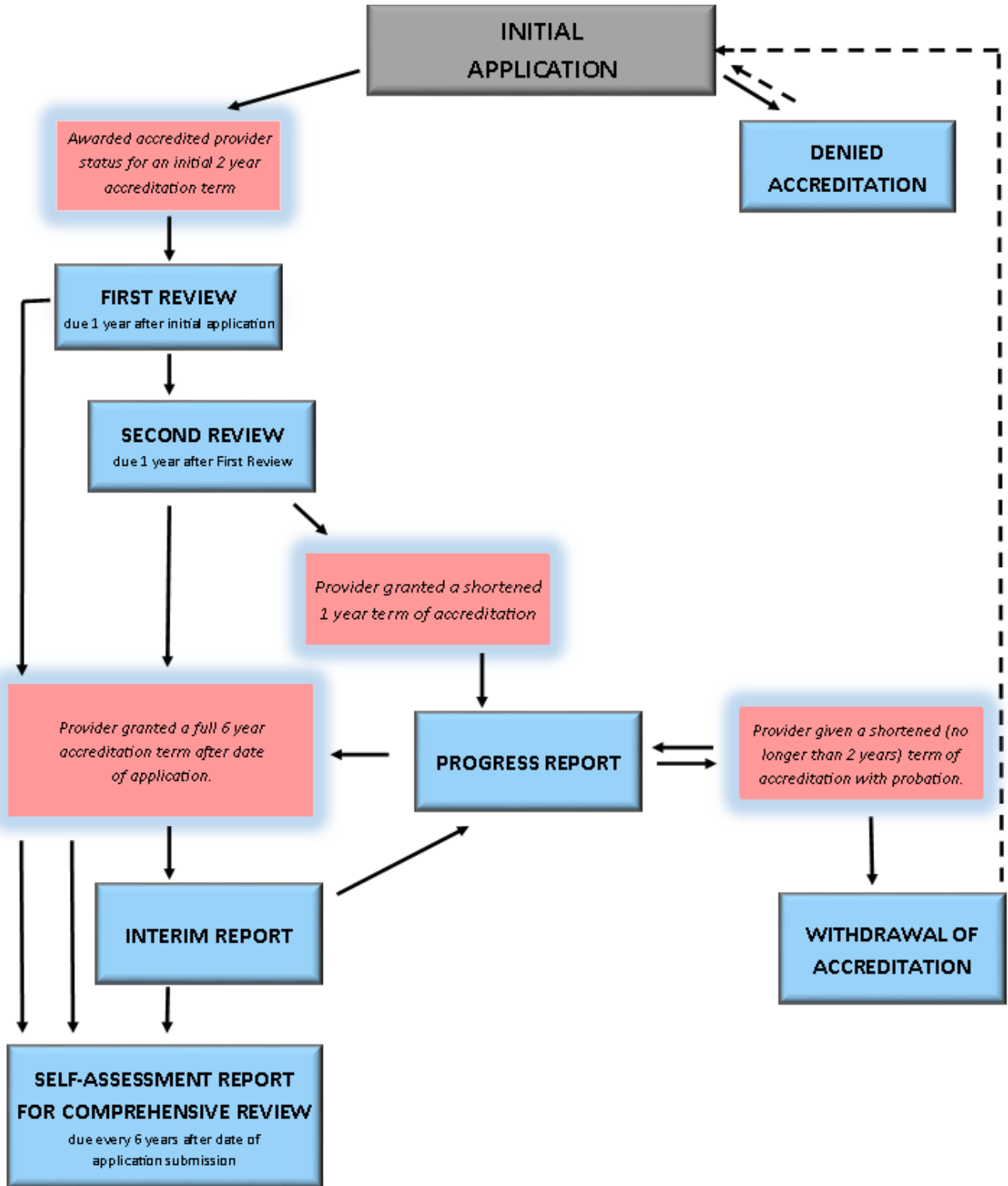0197-0000-17-001-L05-**P** (activity number to be used for pharmacists)
0197-0000-17-001-L05-**T** (activity number to be used for pharmacy technicians)
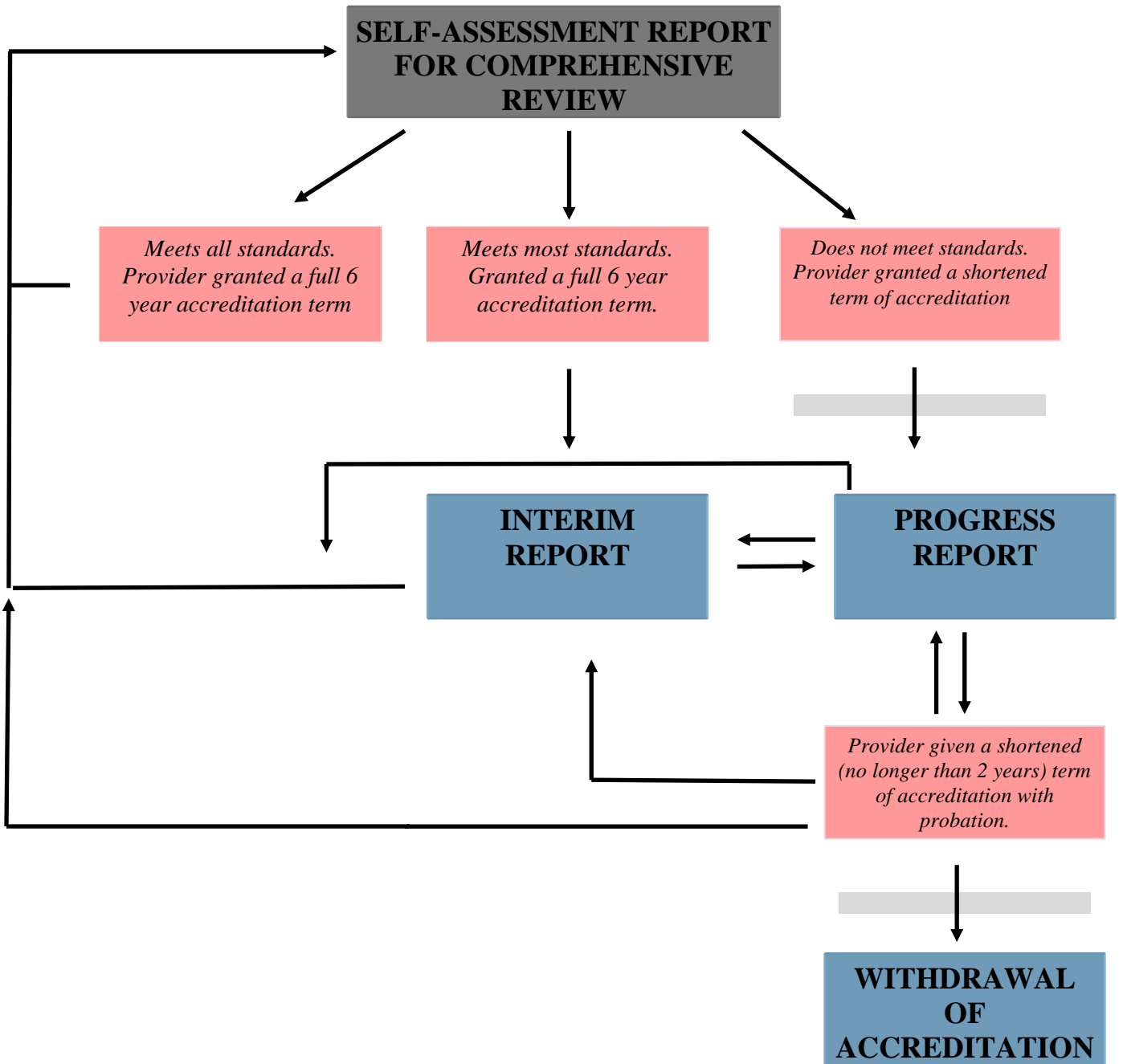
Have questions?

If you have any questions as to what constitutes continuing education for the profession of pharmacy, please contact the ACPE staff at ceinfo@acpe-accredit.org or phone 312-664-3575.

Please note: ACPE-accredited providers should be aware that the roles of pharmacy technicians are evolving and vary according to state and workplace setting. Thus it is important to conduct an appropriate educational needs assessment and practice gap analysis to guide continuing education programming.

APPENDIX B
ACPE Continuing Education Provider Accreditation Process

ACPE Continuing Education Provider Reaccreditation Process

SELF-ASSESSMENT REPORT FOR COMPREHENSIVE REVIEW

Meets all standards. Provider granted a full 6 year accreditation term

Meets most standards. Granted a full 6 year accreditation term.

Does not meet standards. Provider granted a shortened term of accreditation

INTERIM REPORT

PROGRESS REPORT

Provider given a shortened (no longer than 2 years) term of accreditation with probation.

WITHDRAWAL OF ACCREDITATION

APPENDIX D
Appeal Procedure for an Adverse Accreditation Action (Probation, Denial or Withdrawal)

1. **Notification of Adverse Action:** Notification of an adverse accreditation (accredited with probation, denial or withdrawal of accreditation) action by the Board shall be delivered electronically to the continuing education administrator and the supervisor. Such notification shall provide a statement of the reasons for the adverse accreditation action, along with notice of the right to appeal and the time constraints for initiating such an appeal as detailed in these Policies and Procedures.

2. **Right to Appeal**
   After receipt of notice of an adverse accreditation action, the chief executive officer of the institution involved may appeal the decision of the Board to an Appellate Commission on the grounds that the decision of the Board was arbitrary, prejudiced, biased, capricious, or based upon incorrect facts or incorrect interpretation of facts. The accreditation status of the provider existing prior to the entry of the adverse accreditation action shall continue, pending the disposition of the appeal, and such status shall continue to be reflected in the Directory until the appeal procedure is finalized. Notice of appeal by the provider shall be in writing and delivered personally or by certified mail to the offices of ACPE within 30 days after receipt of notification of the adverse accreditation action of ACPE. Such notice of appeal shall specify and set forth the facts supporting the grounds on which the appeal is based.

   Any notice of appeal not filed within the 30 day period shall result in a dismissal of the appeal.

   Both parties of the appeal have the right to representation by counsel throughout the appeals procedure.

3. **Appellate Commission**
   Upon receipt of said notice, ACPE shall proceed to constitute the Appellate Commission and, after consulting with officers of the associations set forth in Section 4, shall notify the individuals of their appointment to the Appellate Commission and shall inform them of their responsibilities thereto. ACPE shall notify the provider that initiated the appeal that the Appellate Commission has been created and inform it of the names of members of the Appellate Commission. The Appellate Commission can be convened only on notice of appeal as described above. All reasonable expenses incurred by the Appellate Commission including but not limited to travel expenses (e.g., transportation, accommodations, and meals) shall be paid by the provider that initiated the appeal. Notice of appeal shall be accompanied by a fee established by the ACPE Board based on actual cost and expenses, to be used against expenses. Any necessary additional expenses shall be promptly paid by the provider that initiated the appeal, and any surplus of the deposit shall be promptly returned to the provider. The provider shall be provided with an itemized list of the expenses of the Appellate Commission.

4. **Members of the Appellate Commission**
   4.1 The Appellate Commission shall consist of the current chief elected officer of the American Association of College of Pharmacy; the American Pharmacists Association; the National Association of Boards of Pharmacy; and two (2) members selected by ACPE from former members of the ACPE Board of Directors. The appeals panel must include an administrator (such as a continuing education administrator of an ACPE accredited provider), pharmacy educators, pharmacy practitioners, and a public member (such as a former member of the Public Interest Panel or a former ACE appointee to the ACPE Board), and

additional members will be added to the panel if the individuals appointed to the panel under the guidelines outlined above do not provide such representation. Prior to sitting as a member of the Appellate Commission, each member shall have been trained on ACPE's policies and procedures.

4.2 In order to ensure currency, a special training session will be held for all Appellate Commission members prior to the convening of the Commission.

4.3 In the event that any chief elected officer shall be ineligible, refuse, or be unable to serve on the Commission for any reason at any time, the executive committee (or such other appropriate committee or board) of the organization he or she is representing shall designate an alternate member. Any chief elected officer or alternate member who shall be designated as a participant on the Commission shall remain a member of the Commission until the Commission is discharged, even if his or her successor in the elective office of the respective association is installed in the interim and even if such individual is no longer affiliated with the respective association.

4.4 No former ACPE Board of Directors member shall be appointed to the Appellate Commission by ACPE who participated in any manner while a Board member of ACPE with respect to the adverse action taken by the Board against the appealing party or who, under the policies of ACPE, has an apparent or real conflict of interest with the appealing party.

4.5 No member of the Appellate Commission shall be a member of the Board or Staff of the Accreditation Council for Pharmacy Education, nor shall any member have an affiliation with the institution involved that would create an apparent or real conflict of interest (e.g., alumnus, present or former faculty member).

4.6 Each Commission member will execute an agreement attesting to the fact that he or she has no conflict of interest with the appealing institution or the pharmacy program of that institution and agrees to hold confidential all matters pertaining to the appeal procedure, including but not limited to, all documents, all information and testimony received prior to and at the hearing, and the Commission's deliberations, unless a release of all or any part of such information is mutually agreed to by the parties.

5. Convening of the Appellate Commission
   5.1 Promptly after receipt of the notice of appeal, ACPE shall appoint the two former Board members to the Appellate Commission, and, after consulting with officers of the associations set forth in Section 4, shall notify the additional three individuals of their appointment to the Appellate Commission. ACPE shall notify the institution that initiated the appeal that the Appellate Commission has been created and inform it of the names of the members of the Appellate Commission. The Appellate Commission can be convened only on notice of appeal as described above. All reasonable expenses incurred by the Appellate Commission, including, but not limited to, travel expenses (e.g., transportation, accommodations, and meals), shall be paid by the provider that initiated the appeal. Notice of appeal shall be accompanied by a fee established by the ACPE Board based on actual costs and expenses to be used against expenses. Any necessary additional expenses shall be promptly paid by the provider that initiated the appeal, and any surplus of the deposit shall be promptly returned to the institution. The institution shall be provided with an itemized list of the expenses of the Appellate Commission.

   5.2 ACPE shall advise the members of the Appellate Commission of their responsibilities promptly upon identification of the members. Once convened, the Commission shall

designate a chairperson who shall conduct the meetings of the Commission and shall act as the presiding officer at any hearings.

6. **Appeals Procedure**
6.1 Within thirty days of the receipt by ACPE of the notice of the appeal, the institution and ACPE shall present written statements of their respective positions to the Commission. The parties will each advise the Commission of the witnesses it will call at the hearing and will also submit copies of the documents it intends to introduce into evidence. A hearing shall be held at a date mutually agreed upon by the parties and the Commission but not more than ninety (90) days after receipt of the notice of appeal by ACPE, at which time evidence may be presented first by the appealing institution, followed by ACPE. Evidence presented at the hearing shall be restricted to a review of documents and testimony relevant to the standard(s) on which the adverse accreditation action was based, or a review of the process and procedure used to arrive at an adverse action, as appropriate. Witness testimony shall be in person. No telephonic (or other electronic means of transmission) testimony shall be permitted. All documentation and testimony must be relevant to the conditions existing at the program during the dates on which the site visit was made and on which the adverse action was taken. Improvement in conditions and corrections of deficiencies made subsequent to the adverse action shall not be considered. The hearing shall be recorded. Either party may, at its expense, request such recording be transcribed.

6.2 The appealing institution shall have fifteen (15) days following the completion of the hearing to file a brief, and ACPE shall have 15 days thereafter to file a response brief, each supporting the arguments presented by the respective parties. Within an additional thirty days, the Commission shall render a decision. The Commission may (i) affirm, (ii) remand, (iii) amend, or (iv) reverse the adverse action taken by the Board. In a decision to remand the adverse action to the Board for further consideration, the Commission must identify specific issues that the Board must address. The Appellate Commission shall provide a written report of the Commission's findings, which shall be submitted to the Board, the Executive Director of ACPE, the chief executive officer of the institution, and the Continuing education administrator of the provider concerned.

7. **Final Action by ACPE**
7.1 The decision of the Appellate Commission shall be considered by the ACPE Board of Directors at its next special or regular meeting of the Board. The Board shall take final action consistent with the decision of the Appellate Commission.   A report of the final decision shall be forwarded to the continuing education administrator of the appealing institution, the supervisor of the provider, and members of the Appellate Commission.

7.2 The Appellate Commission shall be discharged by the Board at the adjournment of the regular or special Board meeting following the final action by the Board.

8. **Forum for Litigation**

8.1 Court: Any litigation instituted by (i) any provider ACPE concerning any action taken by ACPE involving the accreditation process or (ii) any litigation instituted by ACPE against any provider involving the accreditation process shall be brought in Cook County, Illinois, in the Circuit Court of Cook County or in the Federal District Court for the Northern District of Illinois.

8.2 Personal Jurisdiction, Right of Removal, and Applicable Law: Each such provider and ACPE consent to personal jurisdiction by these courts. Nothing herein shall restrict the right

of a provider or ACPE to remove such litigation from state court to federal court where permitted by law. Illinois law shall be applicable.

8.3 Prerequisite to Litigation: No litigation shall be instituted by a provider involving an adverse action taken by ACPE until after the appeal procedure shall be instituted by such provider and concluded in accordance with these Policies and Procedures.

Competency Areas for CE Administrators for the Health Professions
Adopted by the Alliance for CE for the Health Professions July 2013

	Competency Area 1: Use of Adult and Organizational Learning Principles
	Use evidenced-based adult and organizational learning principles to improve the performance of healthcare professionals, the healthcare team and the organizations in which they work, in order to improve patient outcomes
	Competency Statement
Competency 1.1	**Apply** adult learning principles in CEhp activities/interventions and overall program planning by… A. **Identifying** sources and resources about applicable and appropriate adult learning principles and practices that can be used to support healthcare professionals, and healthcare teams', learning and change. B. **Describing** how effective use of applicable and appropriate *adult* learning principles can facilitate learning and change in healthcare professionals. C. **Designing** CEhp activities/interventions based on best practices and emerging research.
Competency 1.2	**Apply** organizational learning principles in CEhp activities/interventions and overall program planning by… A. **Identifying** sources and resources about applicable and appropriate organizational learning principles and practices that can be used to support program and organizational learning and change. B. **Describing** how effective use of applicable and appropriate *organizational* learning principles can facilitate learning and change in the organizations in which healthcare professionals work. C. **Developing** one's CEHP program and/or organization based on best practices and emerging research.

	Competency Area 2: Designing Educational Interventions
	Implement and improve independent, fair, balanced, and evidenced-based educational interventions that produce expected results for learners and the organizations in which they work.
	Competency Statement
Competency 2.1	**Implement** CEhp activities/interventions to address healthcare professionals' practice gaps and underlying learning needs by…. A. *Identifying* data and other sources that can help reveal healthcare professionals' practice gaps and learning needs. B. *Using* data and information related to healthcare professionals' practice gaps and learning needs to design CEHP activities/interventions. C. *Developing* learning objectives for CEhp activities that clearly describe the intended behavior/action of the learner after engaging in the CEhp activity/intervention. D. **Creating** CEhp activities/interventions using formats that are selected based on objectives and expected results E. **Creating** Interprofessional CEhp activities for the healthcare team, when appropriate.

Competency 2.2	**Develop** CEhp activities/interventions with content that is valid, independent from the influence of commercial interests, balanced and evidenced based by… A. *Implementing* appropriate process(es) to help ensure CEhp content is validindependent from the influence of commercial interests, and free from commercial bias. B. *Utilizing* strategies to ensure CEhp content is modified prior to an activity, and processes are reviewed for future activities, if problems are detected with the balance, independence, or validity of a CEhp activity's content.

**Competency Area 3: Measuring the Effectiveness of CEhp Activities and the impact of the Overall CEhp Program**
	Use data to evaluate the effectiveness of CEhp activities/interventions and the impact of the overall CEhp program.
	Competency Statement
Competency 3.1	**Use** evaluation and outcomes data to: (1) assess the educational outcomes/results of the CEhp activities/ interventions on participants' attitudes, knowledge levels, skills, performance and/or patient outcomes, (2) determine unmet learning needs and (3) assess the quality and success of CEhp activities/interventions. A. **Identifying** the level(s) of outcome associated with objectives and expected results of the CEhp activity/intervention B. **Selecting** assessment methods and tools that are appropriate for the goals and objectives of the CEhp activity/intervention, based on the CEHP practice setting and resources (e.g., time, expertise, staff, budget, stakeholder expectations). C. **Analyzing** assessment data in order to draw conclusions about the effectiveness of the CEhp activity/Intervention, based on expected results. D. **Analyzing** assessment data in order to identify learning needs that future CEhp activities/interventions can address.
Competency 3.2	**Use** evaluation and outcomes data to evaluate the impact of the CEHP program meeting its mission and relevant organizational goals. A. *Outlining* steps to evaluate the impact of the CEhp program and its effectiveness in meeting mission and relevant organizational goals. B. *Utilizing* activity evaluation data, and other relevant information, to assess the impact of the overall CEhp program and the extent to which the CEhp mission and relevant organizational goals were met. C. *Identifying* areas for improvement within the CEhp program and individual CEhp activities based on the overall CEhp program evaluation process.

Competency Area 4: Collaborating and Partnering with Stakeholders	
Collaborate and partner with stakeholders to help meet the CEhp mission.	
Competency Statement	

Competency 4.1	**Collaborate** with internal stakeholder groups that can help maximize the impact of CEhp activities/interventions and meet the CEhp mission by…
	   A. **Identifying** opportunities for internal collaborations that can help the CEhp program meet its mission (e.g., conduct an internal stakeholders analysis)
	   B. **Implementing** an ongoing, collaborative communication plan with internal stakeholders
	   C. **Evaluating** the extent to which the collaboration helped achieve a CEhp activity/intervention's goals and objectives
	   D. **Evaluating** the extent to which the collaboration helped the CEhp program meet its mission

Competency 4.2	**Collaborate** with external stakeholder groups and key partners that can help maximize the impact of CEhp activities/interventions and meet the CEhp mission by…
	   A. **Identifying** opportunities for external collaborations that can help the CEhp program meet its mission (e.g., conduct an external stakeholders analysis)
	   B. **Implementing** an ongoing, collaborative communication plan with external stakeholders
	   C. **Evaluating** the extent to which the collaboration helped achieve a CEHP activity/intervention's goals and objectives
	   D. **Evaluating** the extent to which the collaboration helped the CEhp program meet its mission
	   E. **Maintaining** compliance with applicable regulations when collaborating with external stakeholders

Competency Area 5: Manage and Administer the CE Program	
Manage and administer the CEhp office operations to meet personnel, financial, legal, logistical, accreditation, CE credit, and/or regulatory standards	
Competency Statement	

Competency 5.1	**Execute** CEhp activities and the CEhp program following sound and applicable business policies and practices by….
	   A. *Implementing* basic accounting, financial management, and human resource practices in compliance with organizational policies and procedures.
	   B. *Creating* and/or interpret CEhp activity/intervention and CEhp program budgets, along with income and expense statements.
	   C. *Producing* CEhp activities/interventions and administer the CEHP program in compliance with local, regional, state and federal laws and regulations.
	   D. *Integrating* effective meeting planning and hospitality management practices into the planning and production of CEhp activities.
	   E. *Utilizing* current and appropriate databases, software, and other technologies in the execution of CEHP activities /interventions and the overall CEhp program.

Competency 5.2	**Execute** CEhp activities and the overall CEhp program in compliance with applicable accreditation and/or regulatory policies and requirements by… A. *Adhering* to the accreditation and/or regulatory policies and requirements that are applicable to an overall CEHP program based on its organization type and location. B. *Adhering* to the accreditation and/or regulatory policies and requirements that are applicable to a CEHP activity/intervention based on its format and content. C. *Identifying* how other accreditation and/or regulatory policies and requirements (not directly applicable to the organization) impact partnerships and collaborations in CEhp activities/interventions. D. *Utilizing* materials from the implementation of CEhp activities and the administration of the overall CEhp program to demonstrate compliance with applicable accreditation and/or regulatory policies and requirements.
Competency 5.3	**Utilize** effective management and communication skills when working with organizational leaders, staff, volunteers, peers, and learners by… A. *Implementing* effective communication skills in written correspondence, face-to-face interactions, and public speaking. B. *Utilizing* effective management skills to delegate, supervise, and evaluate staff. C. *Setting* and communicate expectations of staff and volunteers, providing feedback, and offering support to accomplish goals. D. *Promoting* teamwork and team-building in the administration of the overall CEhp program.

Competency Area 6: Providing Leadership for the CEhp Program	
Provide Leadership for the CEhp Program	
Competency Statement	
Competency 6.1	**Conduct** all affairs with high standards of professionalism and ethics by… A. *Adhering* to ethical standards for CEhp professionals and related fields B. *Providing* resources to help others learn about ethics and professionalism in CEhp C. **Providing** mechanisms and support to help other identify and address ethical dilemmas
Competency 6.2	**Model and Inspire** a vision of present value and future direction for CEhp – externally and internally by… *A. Engaging* staff in scanning the current and emerging environment for its impact on CEhp B. *Recognizing* current and potential new connections between one's own CEhp program with the current and emerging environment for CEhp, healthcare professionals, and stakeholders C. *Implementing* a mission-aligned strategic plan that is a bridge to the organization's vision that includes goals, objectives, tasks and milestones for success.

Competency 6.3	**Develop and model** a learning organization by… A. *Creating* mechanisms and practices that involve stakeholders in developing solutions to identified problems B. *Linking* principles of continuous quality improvement to CEhp activities, the CEhp program, and overall organizational improvement C. *Utilizing* collaborations with internal and external stakeholders to support organizational learning and improvement D. *Creating* an environment that embraces learning and change
Competency 6.4	**Be an advocate** for the CEHP program, its mission, activities, staff and volunteers by… A. *Recognizing* the success and potential areas of improvement of one's own CEhp program B. *Encouraging* opportunities for staff to participate in professional activities that can highlight and expand their abilities C. *Recognizing* the achievements of staff and volunteers D. *Sharing* experiences and achievements with the CEhp community through publications and presentations

Competency Area 7: Engage in self-assessment and lifelong learning
Continually assess individual performance and CEhp program impact and make improvements through relevant learning experiences.
Competency Statement

Competency 7.1	**Engage** in assessments and professional development to help identify and then close *one's own* knowledge, competence, and performance gaps by…. A. *Participating* in self-assessments and stay abreast of the CEHP environment to identify gaps in one's own CEhp knowledge, competence and performance. B. *Creating* an individual learning plan for improvement with personal goals and objectives that would address the identified gaps. C. *Participating* in professional development opportunities that would address identified gaps. D. *Modifying* one's own practice of CEhp to close identified gaps. E. *Seeking* out opportunities for feedback on new and/or modified practices
Competency 7.2	**Engage** in assessments and professional development to help maintain and/or improve *the performance of the CEhp program* by… A. *Comparing* the CEhp program's performance to standards of practice and/or emerging trends to identify areas of improvement. B. *Creating* an improvement plan for the CEhp program with goals and objectives that would address needed and desired changes. C. *Participating* in training and learning opportunities that help support implementation of the improvement plan. D. *Making* modifications to the CEhp program to address areas of improvement E. *Seeking* out opportunities for feedback on new and/or modified CEhp program practices

Competency 7.3	**Actively participate** in the profession of CEhp in order to model lifelong learning by… A. ***Exploring*** opportunities to volunteer for professional and/or regulatory organizations in CEhp B. ***Sharing*** best practices and experiences at local, regional, and/or national meetings of CEhp professionals C. ***Disseminating*** best practices, experiences, and/or findings from one's own research and scholarship in CEhp via journals, newsletters, and other publications D. ***Engaging*** in CEhp social media communications

**Competency Area 8: Engaging in Systems Thinking in CEhp**

Approach the practice of CEhp from a system-thinking perspective, recognizing that a team of healthcare professionals that are part of a complex healthcare system delivers patient care.

	Competency Statement
Competency 8.1	**Integrate** into the design and assessment of educational activities/interventions a systems-based approach to identifying and closing gaps in healthcare by… A. ***Evaluating*** quality and performance gaps for systems-based issues (e.g., structures and processes) that can be addressed within CEhp activities/interventions B. ***Addressing*** systems-based issues that are barriers to change and the implementation of new knowledge and skill C. ***Assessing*** improvements in team performance. D. ***Developing*** CEhp content that supports collaborative practice within the inter-professional healthcare team

Guidance Document for Practice-Based Activities
(Adapted from ACPE *Standards and Quality Assurance Procedures for ACPE-accredited providers of Continuing Pharmacy Education offering Certificate Programs in Pharmacy*)
Guidance Document for Practice-Based Activities, March 2009, Version 1.0, updated July 2013

Introduction:

Continuing pharmacy education (CPE) activities are categorized into three types: knowledge, application, and practice. The CPE activity type(s) conducted should be consistent with the provider's mission and appropriate to meet the identified pharmacist and/or pharmacy technician needs.

Types of CPE activities:
- Knowledge-based CPE activity: These CPE activities are primarily constructed to transmit knowledge (i.e., facts). The facts must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 15 minutes or 0.25 contact hour.
- Application-based CPE activity. These CPE activities are primarily constructed to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 60 minutes or one contact hour.
- Practice-based CPE activity. [Previously named Certificate Programs in Pharmacy] These CPE activities are primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. The information within the practice-based CPE activity must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component (live and/or home study) and a practice experience component (designed to evaluate the skill or application). The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies. The minimum amount of credit for these activities is 15 contact hours.

Providers are encouraged to guide pharmacists and/or pharmacy technicians to the best combination of CPE activity types to meet their learning, professional development, and practice needs. Providers are not required to conduct all three activity types.

Practice-Based Activities:

The following procedures must be practiced in order to conduct practice-based activities [Previously named Certificate Programs in Pharmacy]. These procedures will supplement the 2009 *Policies and Procedure Manual: A Guide for ACPE-accredited Providers.*

As noted above, practice-based activities are intended to enhance one's practice by demonstration of a skill or implementation of a program. Examples of practice based activities include Establishment of a Diabetes Monitoring Program in a Pharmacy, Administration of Immunizations, Implementation of a Medication Therapy Management Program, etc.

Guidance 1.0. Practice-based Planning Document

Each provider should plan for the development, delivery, and evaluation of each practice-based activity. Due to the multiple components of a practice activity, a Planning Document should be

completed by the provider for each CPE activity. This written plan should include the following core elements:

A. title of the activity;
B. description of the targeted audience(s);
C. description of the educational needs assessment;
D. goals of the activity;
E. professional competencies to be addressed and outcome expectations with expected levels of performance (may refer to *ACPE's Definition of Continuing Pharmacy Education for the Profession of Pharmacy)*;
F. requisites for learner participation;
G. instructional design to be used (see Guidance 2.0 Instructional Design below);
H. activity length stated in contact hours and/or continuing education units (CEUs);
I. faculty, practice, technological, financial and other resources required for development, delivery and evaluation, commensurate with enrollment;
J. means by which the expertise of faculty and others will be utilized to develop, present and evaluate the content and materials;
K. schedule for periodic review of content and materials;
L. means by which the activity will be evaluated;
M. means by which the participants will be evaluated and the minimum level of achievement required for successful completion; and
N. determination of the manner for awarding continuing education credit upon completion, or, where feasible, partial completion of the activity.

Guidance 2.0 Instructional Design

Providers who conduct practice-based activities should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the outcome expectations for the stated professional competencies. The length of the practice-based activity should be determined, primarily, by its stated goals, professional competencies, and outcome expectations. In keeping with the definition of practice-based activities, a minimum amount of credit for these activities is 15 contact hours. Each practice-based activity must include a minimum of two components:

1. A didactic component such as live seminars, home study Internet-based materials, etc. and,
2. A hands-on component such as practice experiences, simulations, and/or such activities so as to assure demonstration of the skill or application of the stated professional competency.

Guidance 3.0 Evaluation of Participant Achievement

The provider should evaluate the achievement of each participant in the practice-based activity. This evaluation process should include both formative and summative evaluation, and should require demonstration of the predetermined minimum level of performance on the outcome expectations for the stated professional competencies. Participants should also be provided opportunities to engage in organized self-assessment activities. Feedback from the evaluations should be provided to the participant in a timely manner.

Guidance 4.0 Documentation of Completion

At the discretion of the provider, additional documentation of successful completion of the practice-based activity, such as a certificate to place in one's workplace, may be provided to participants who have demonstrated the predetermined minimum level of performance. ACPE does not have requirements for the items to be included on such a certificate.