



**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 educational offering designed or intended to support the continuous development of pharmacists and/or certified pharmacy technicians to maintain and enhance their competence. Continuing education 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 program content, providers should ensure that, as for all health care professionals, pharmacists should develop and maintain proficiency in five core areas*:

- delivering patient-centered care,
- working as part of interdisciplinary teams,
- practicing evidence-based medicine,
- focusing on quality improvement and
- using information technology.

*Adapted from Institute of Medicine’s Health Professions Education: A Bridge to Quality, April 2003.

Pharmacist competencies. Pharmacists should always strive to achieve the *Future Vision of Pharmacy Practice* (see Appendix A). Specific competency statements have been developed by the American Association Colleges of Pharmacy and are expected to be achieved upon graduation from an ACPE-accredited professional degree program in pharmacy (see Appendix B: Center for the Advancement of Pharmaceutical Education, Educational Outcomes 2004). Post graduation, pharmacy graduates need to take and pass the pharmacy licensure exam, NAPLEX[®], in order to practice pharmacy. NABP has developed the NAPLEX[®] Blueprint (see Appendix C: The NAPLEX[®] Competency Statements) as the competencies needed to pass the exam. These documents are synergistic in establishing the competencies required of pharmacists to enter practice and to continue as a “student of pharmacy for a lifetime.”

Certified 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 (see Appendix D: PTCB Exam Content Outline).

Note: The appendices should be utilized by ACPE-accredited providers as guides in developing program content appropriate for pharmacists and/or certified pharmacy technicians.

How will CE offerings for pharmacists, certified pharmacy technicians, and other health care professionals be designated?

Currently, a Universal Program Number is an identification number that is assigned to each new continuing pharmacy education offering developed and sponsored, or cosponsored, by an ACPE-accredited provider.

This number is developed by appending to the ACPE provider identification number (e.g. 197), the cosponsor designation number (000 for no cosponsor, 999 for all non-ACPE-accredited cosponsors, or the ACPE identification number for ACPE-accredited cosponsors), the year of program development (e.g., 05), the sequential number of the program from among the new programs developed during that year (e.g., 001), and the topic and format designators (see below).

Cosponsor Designators:

- 000 - no cosponsoring organization
- 999 - cosponsoring with a non-ACPE-accredited organization
- 001 - 998 - the ACPE provider identification number of the cosponsoring provider

Format Designators:

- L - Live offerings
- H - Home study and other mediated offerings
- C - Offerings that contain both live and home study or mediated components

Topic Designators – offerings are related to:

- 01 - Disease State Management/Drug therapy
- 02 - AIDS therapy
- 03 - Law (related to pharmacy practice)
- 04 - General Pharmacy

In order to identify the target audience, **new topic designators** are being proposed as follows:

If a CE offering's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:

- P1 Disease State Management/Drug therapy
- P2 AIDS therapy
- P3 Law (related to pharmacy practice)
- P4 General Pharmacy

If a CE offering's target audience is exclusively for *certified pharmacy technicians* the designation "T" will be used as follows:

- T1 Disease State Management/Drug therapy
- T2 AIDS therapy
- T3 Law (related to pharmacy practice)
- T4 General Pharmacy

If a CE offering's target audience is for *both* pharmacists and certified pharmacy technicians the designation "B" will be used as follows:

- B1 Disease State Management/Drug therapy
- B2 AIDS therapy
- B3 Law topics (related to pharmacy practice)
- B4 General Pharmacy

If a CE offering's target audience is for an *interprofessional* audience (such as physicians, nurses, and others but *excluding* pharmacy technicians) the designation "I" will be used as follows:

- I1 Drug therapy related
- I2 AIDS therapy related
- I3 Law topics
- I4 General Pharmacy Topics

What are the responsibilities of an ACPE-accredited provider?

It is the responsibility of the provider to assure that each offering complies with the Definition of Continuing Education, be applicable to the practice of pharmacy, identifies the appropriate target audience as it relates to the content, and adheres to ACPE *Criteria for Quality and Interpretive Guidelines*.

As outlined in the ACPE *Criteria for Quality and Interpretive Guidelines*, every ACPE-accredited provider is ultimately responsible for program planning, faculty selection, content of the offering, site selection, method of delivery, marketing to the appropriate target audience and assurance that the program is fair, balanced and free from bias and/or promotion. In addition, the provider is responsible for explaining and guiding the faculty in its expectations regarding development of learning objectives and instructional materials and incorporation of active learning and learning assessment mechanisms within the offering. The provider should also ensure that the statements of credit include the appropriate designation as well as the other required elements noted in the ACPE *Criteria for Quality*, Guideline 8.1 Statements of Credit.

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.

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Appendix A. Joint Commission of Pharmacy Practitioners Future Vision of Pharmacy Practice

Joint Commission of Pharmacy Practitioners

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For Immediate Release
September 6, 2005

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Joint Commission of Pharmacy Practitioners Releases “Future Vision of Pharmacy Practice”

The JCPP Future Vision of Pharmacy Practice is a consensus document that articulates a vision for pharmacy and how it will be practiced. Equally important, the document describes how pharmacy practice will benefit society. The document was officially adopted by the JCPP members’ executive officers following the November 2004 JCPP meeting and has subsequently been endorsed by each JCPP member’s board of directors.

The stakeholders group identified and prioritized the top groups and organizations pharmacy must engage in efforts to work toward the vision of optimized medication use. While pharmacy intends to take leadership roles in improving the use of medications in health and wellness it can not do so in isolation of the many other players in the medication use process.

Vision Statement

Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

Pharmacy Practice in 2015

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health care system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention.

Pharmacists will develop and maintain:

- a commitment to care for, and care about, patients
- an in-depth knowledge of medications, and the biomedical, sociobehavioral, and clinical sciences
- the ability to apply evidence-based therapeutic principles and guidelines, evolving sciences and emerging technologies, and relevant legal, ethical, social, cultural, economic, and professional issues to contemporary pharmacy practice.

How Pharmacists Will Practice. Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients' therapeutic outcomes. In doing so, they will communicate and collaborate with patients, care givers, health care professionals, and qualified support personnel. As experts regarding medication use, pharmacists will be responsible for:

- rational use of medications, including the measurement and assurance of medication therapy outcomes
- promotion of wellness, health improvement, and disease prevention
- design and oversight of safe, accurate, and timely medication distribution systems.

Working cooperatively with practitioners of other disciplines to care for patients, pharmacists will be:

- the most trusted and accessible source of medications, and related devices and supplies
- the primary resource for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications
- valued patient care providers whom health care systems and payers recognize as having responsibility for assuring the desired outcomes of medication use.

How Pharmacy Practice Will Benefit Society. Pharmacists will achieve public recognition that they are essential to the provision of effective health care by ensuring that:

- medication therapy management is readily available to all patients
- desired patient outcomes are more frequently achieved
- overuse, underuse and misuse of medications are minimized
- medication-related public health goals are more effectively achieved cost-effectiveness of medication therapy is optimized.

Appendix B. Center for the Advancement of Pharmaceutical Education Educational Outcomes 2004

1. Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social, behavioral, and clinical sciences that may impact therapeutic outcomes.
 - a. Provide patient-centered care.
 - b. Provide population-based care.
2. Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.
 - a. Manage human, physical, medical, informational, and technological resources
 - b. Manage medication use systems.
3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of health care providers.
 - a. Assure the availability of effective, quality health and disease prevention services.
 - b. Develop public health policy.

*Adapted from American Association of Colleges of Pharmacy's, *Center for the Advancement of Pharmaceutical Education (CAPE), Educational Outcomes, 2004*, www.aacp.org

Appendix C. The NAPLEX Competency Statements

Area 1 Assure Safe and Effective Pharmacotherapy and Optimize Therapeutic Outcomes

1.1.0 Obtain, interpret and evaluate patient information to determine the presence of a disease or medical condition, assess the need for treatment and/or referral, and identify patient-specific factors that affect health, pharmacotherapy, and/or disease management.

1.2.0 Identify, evaluate, and communicate to the patient or health-care provider, the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems.

1.3.0 Manage the drug regimen by monitoring and assessing the patient and/or patient information, collaborating with other health care professionals, and providing patient education.

Area 2 Assure Safe and Accurate Preparation and Dispensing of Medications

2.1.0 Perform calculations required to compound, dispense, and administer medication.

2.2.0 Select and dispense medications in a manner that promotes safe and effective use.

2.3.0 Prepare and compound extemporaneous preparations and sterile products.

Area 3 Provide Health Care Information and Promote Public Health

3.1.0 Access, evaluate, and apply information to promote optimal health care.

3.2.0 Educate the public and health-care professionals regarding medical conditions, wellness, dietary supplements, and medical devices.

*Adapted from the National Association of Boards of Pharmacy's *NAPLEX Blueprint*, 2005, www.nabp.net

Appendix D. PTCB Exam Content Outline

The pharmacy technician performs activities related to three broad function areas. The specific responsibilities and activities that pharmacy technicians may perform within each function area are:

I. Assisting the Pharmacist in Serving Patients

- A. Receive prescription or medication order(s) from patient/patient's representative, prescriber, or other healthcare professional
- B. At the direction of the pharmacist, assist in obtaining from the patient/patient's representative such information as diagnosis or desired therapeutic outcome, medication use, allergies, adverse reactions, medical history and other relevant patient information, physical disability, and reimbursement mechanisms
- C. At the direction of the pharmacist, assist in obtaining from prescriber, other healthcare professionals, and/or the medical record such information as diagnosis or desired therapeutic outcome, medication use, allergies, adverse reactions, medical history and other relevant patient information, physical disability, and reimbursement mechanisms
- D. At the direction of the pharmacist, collect data (for example, blood pressure and glucose) to assist the pharmacist in monitoring patient outcomes
- E. Assess prescription or medication order for completeness (for example, patient's name and address), accuracy (for example, consistency with products available), authenticity, legality, and reimbursement eligibility
- F. Update the medical record/patient profile with such information as medication history, allergies, medication duplication, and/or drug-disease, drug-drug, drug-laboratory, and drug-food interactions
- G. Process a prescription or medication order
- H. Compound a prescription or medication order
- I. Provision of medication to patient/patient's representative
- J. Determine charges and obtain reimbursement for services
- K. Communicate with third-party payers to determine or verify coverage and obtain prior authorizations
- L. Provide supplemental information (for example, patient package leaflets, computer generated information, videos) as requested/required
- M. Ask patient if counseling by pharmacist is desired
- N. Perform drug administration functions under appropriate supervision (for example, perform drug/IV rounds, anticipate refill of drugs/IVs)
- O. Assist the pharmacist in monitoring patient laboratory values (for example, blood pressure, cholesterol values)

II. Maintaining Medication and Inventory Control Systems

- A. Identify pharmaceuticals, durable medical equipment, devices, and supplies to be ordered (for example, want book)
- B. Place orders for pharmaceuticals, durable medical equipment, devices, and supplies (including investigational and hazardous products and devices), and expedite emergency orders in compliance with legal, regulatory, professional, and manufacturers' requirements
- C. Receive goods and verify against specifications on original purchase orders
- D. Place pharmaceuticals, durable medical equipment, devices, and supplies (including hazardous materials and investigational products) in inventory under proper storage conditions
- E. Perform non-patient-specific distribution of pharmaceuticals, durable medical equipment, devices, and supplies (for example, crash carts, nursing station stock, automated dispensing systems)
- F. Remove from inventory expired/discontinued/slow-moving pharmaceuticals, durable medical equipment, devices, and supplies
- G. Remove from inventory recalled pharmaceuticals

- H. Communicate changes in product availability (for example, formulary changes, recalls) to pharmacy staff, patient/patient's representative, physicians, and other healthcare professionals
- I. Implement and monitor policies and procedures to deter theft and/or drug diversion
- J. Maintain a record of controlled substances received, stored, and removed from inventory
- K. Perform required inventories and maintain associated records
- L. Maintain record-keeping systems for repackaging, bulk compounding, recalls, and returns of pharmaceuticals, durable medical equipment, devices, and supplies
- M. Compound medications in anticipation of prescription/medication orders (for example, bulk compounding)
- N. Perform quality assurance tests on compounded medications (for example, for bacterial growth; for sodium, potassium, dextrose levels; for radioactivity)
- O. Repackage finished dosage forms for dispensing
- P. Participate in quality assurance programs related to products and/or supplies (for example, orange book equivalence, formulary revision, nursing unit audits, performance evaluations of wholesalers)
- Q. Communicate with representatives of pharmaceutical and equipment suppliers

III. Participating in the Administration and Management of Pharmacy Practice

- A. Coordinate written, electronic, and oral communications throughout the practice setting (for example, route phone calls, faxes, verbal and written refill authorizations; disseminate policy changes)
- B. Update and maintain information (for example, insurance information, patient demographics, provider information, reference material)
- C. Collect productivity information (for example, the number of prescriptions filled, fill times, money collected, rejected claim status)
- D. Participate in quality improvement activities (for example, medication error reports, customer satisfaction surveys, delivery audits, internal audits of processes)
- E. Generate quality assurance reports
- F. Implement and monitor the practice setting for compliance with federal, state, and local laws, regulations, and professional standards (for example, Materials Safety Data Sheet [MSDS], eyewash centers, JCAHO standards)
- G. Implement and monitor policies and procedures for sanitation management, handling of hazardous waste (for example, needles), and infection control (for example, protective clothing, laminar flow hood, other equipment cleaning)
- H. Perform and record routine sanitation, maintenance, and calibration of equipment (for example, automated dispensing equipment, balances, robotics, refrigerator temperatures)
- I. Maintain and use manual or computer-based information systems to perform job-related activities (for example, update prices, generate reports and labels, perform utilization tracking/inventory)
- J. Maintain software for automated dispensing technology, including point-of-care drug dispensing cabinets
- K. Perform billing and accounting functions (for example, personal charge accounts, third-party rejections, third-party reconciliation, census maintenance, prior authorization)
- L. Communicate with third-party payers to determine or verify coverage
- M. Conduct staff training
- N. Aid in establishing, implementing, and monitoring policies and procedures

*Adapted from the Pharmacy Technician Certification Board's *Content Outline*, 1999; www.ptcb.org

Note: PTCB recently completed an update to the Practice Analysis. A new content outline and related examination specifications will be published on www.ptcb.org December 2006.