Memories and Milestones – Recognizing ACPE’s 85th Anniversary
On the 85th anniversary of ACPE’s founding, it is my privilege to reflect on our rich history, from the founding of ACPE to the evolution of our present leadership in the accreditation of PharmD programs and continuing education providers, advancement of continuing professional development, provision of international services, and collaboration with the American Society of Health-System Pharmacists (ASHP) on pharmacy technician accreditation. Historically, ACPE has maintained a visionary approach to assuring and advancing excellence in education for the profession of pharmacy, while responding to stakeholder and societal needs through a culture of collaboration, innovation, and leadership.

We were founded in 1932 as the American Council on Pharmaceutical Education as a collaboration of the American Pharmaceutical Association (APhA) (now the American Pharmacists Association), the American Association of Colleges of Pharmacy (AACP), the National Association of Boards of Pharmacy (NABP) and the American Council on Education (ACE). To the credit of our founders, ACPE was established as an autonomous accrediting agency, whose Board of Directors was, and still is, appointed by its founders. In 2003, our name was changed to the Accreditation Council for Pharmacy Education to emphasize the organization’s focus on advancing pharmacy practice.

ACPE is recognized by the U.S. Department of Education (USDE) for the accreditation and pre-accreditation, within the United States, of professional degree programs in pharmacy leading to the degree of Doctor of Pharmacy, including those programs offered via distance education. In addition, ACPE is recognized by the Council for Higher Education Accreditation (CHEA), which is a private, nonprofit, national organization that promotes academic quality through external review of accreditors.

Accreditation of Degree Programs in Pharmacy

While entry-level pharmacy education today is comprised of PharmD programs that are uniquely built around a set of common accreditation standards, this was not the case at the start of last century. Formal pharmacy education initially emerged in highly variable formats, including degree programs and apprenticeships throughout the country. A survey conducted in 1905 identified the following different degree options, with the associated duration of study, to become a pharmacist in the United States:

- Graduate in Pharmacy (3 months, 1, 2 or 3 years)
- Doctor of Pharmacy (2, 3 or 4 years)
- Master of Pharmacy (1, 2, 3 or 4 years)
- Bachelor of Pharmacy (2 or 3 years)
- Bachelor of Science (1 to 4 years)
- Master of Science (5 years)

You can imagine the considerable confusion that this variation in educational requirements caused, especially as pharmacists moved from state to state! In 1927, a book entitled Basic Material for Pharmaceutical Curriculum (authored by Professor W.W. Charters and colleagues) called for a four-year degree standard for entry to pharmacy practice. Five years later, ACPE was founded with the initial focus on the accreditation of degree programs in pharmacy. After a deliberate process, in 1937, ACPE adopted the four-year Bachelor of Science in Pharmacy degree as the basis of the first national accreditation standards. These national standards led to all states requiring accredited education as a licensure criterion.

In 1946, with funding from the American Foundation for Pharmaceutical Education, the ACE initiated a comprehensive study of pharmacy, pharmaceutical practices and new areas of pharmaceutical specialization. Edward C. Elliott, a nationally known, non-pharmacist educator, directed the study. The General Report of the Pharmaceutical Survey 1946-1949 provided recommendations that led to many changes in pharmacy education. The impact of this historic and visionary report on our profession cannot be
overstated. Pharmacy colleges of that time proposed moving to a 5-year baccalaureate program for the envisioned expanded role of the pharmacist as society’s drug expert. The 1950 Report also called for “a six-year program consisting of two years of general education...and four years of professional education,” leading to the Doctor of Pharmacy degree.

Subsequent ACPE accreditation standards recognized both the 5-year BSc degree and a 6-year PharmD until full conversion to the PharmD as the sole entry-level degree in pharmacy in 2000. ACPE Standards 2007 further emphasized experiential education throughout the curriculum to enhance graduates’ readiness to deliver evidence-based, patient-centered, and team-based care. In recent years, Standards 2016 further evolved to call for interprofessional education (IPE) and collaborative practice, achievement of the AACP Center for the Advancement of Pharmacy Education educational outcomes, and addressed guidance from the historic stakeholder conference conducted in 2013. Standards 2016 are focused on students being better prepared for entry into the final experiential year of the curriculum (APPE-ready) and being practice-ready and interprofessional team-ready at graduation.

Advances in standards are aimed to equip PharmD graduates to improve patient outcomes and provide high quality, cost-effective care.

In the late 1960’s, some states began requiring continuing education for re-licensure of pharmacists—an effort that was ultimately supported by NABP in 1972. APhA and AACP also developed a joint task force to address this issue. This collaboration identified continuing education as the best mechanism at the time for assuring pharmacist proficiency post-licensure. ACPE’s governing structure was modified in 2007 to establish the continuing pharmacy education (CPE) commission, leaders in CPE that report to the ACPE Board with recommendations on accreditation decisions and strategic issues. By 2008, all U.S. states and territories required CPE for re-licensure and accepted CPE conducted by ACPE-accredited providers.

In 1999, again at the request of its sponsors, ACPE developed new standards for CPE providers who were conducting certificate programs in pharmacy. The first major rewrite of the CPE provider accreditation standards was released in 2009. These standards included adoption of the Accreditation Council for Continuing Medical Education (ACCME) Standards for Commercial Support. Of importance, the standards identified three types of CPE: knowledge-based, application-based, and practice-based. The ACPE numbering system for CPE activities was also revised to differentiate content of CPE designated for pharmacists (P-designated) from those educational activities targeted to pharmacy technicians (T-designated). In 2015, ACPE approved an updated Definition of CE and Guidance on Continuing Professional Development for the Profession of Pharmacy (www.acpe-accredit.org/continuing-professional-development). The latter describes the components of CPD as a modern approach to self-directed, lifelong learning and offered categories and examples of learning activities beyond CPE that can contribute to the development of pharmacy professionals. Additionally, ACPE and NABP co-developed a tracking service, CPE Monitor®, to authenticate and store data for completed CPE units received by pharmacists and pharmacy technicians from ACPE-accredited providers. The only continuing education credit now recognized by ACPE is the information submitted by providers through CPE Monitor®.
In 2009, ACPE advanced an innovative collaboration to foster interprofessional continuing education and collaborative practice by partnering with continuing education accreditors for medicine (ACCME) and nursing American Nurses Credentialing Center (ANCC) to establish the Joint Accreditation™ program (www.jointaccreditation.org). Joint Accreditation™ is the first and only innovation in the world offering three professional accreditations in one review process. Jointly accredited providers are comprised of associations, healthcare systems, government, regulators, accreditors, private education companies, and colleges and universities. In 2017, ACCME, ANCC and ACPE announced interprofessional continuing education (IPCE) credits and the identification of continuing education (CE) activities designed by and for the healthcare team.

International Services Program

Around the world, pharmacy education has varied in approach and advancement, and for many years, international colleagues have informally sought guidance from ACPE on matters related to advancing pharmacy education and practice. As requests for assistance grew more frequent and resource intensive, the ACPE Board established the International Services Program (ISP) in 2011. ISP offers consultation, training, and professional degree program certification to stakeholders around the world who seek guidance related to quality assurance and advancement of pharmacy education. The expertise, global perspectives, staff resources, and formal processes within the ISP support international stakeholders to advance pharmacy education and quality in their respective countries. The International Commission (IC), comprised of U.S. and international leaders, was developed to advise the ACPE Board on certification decisions and strategic international program issues. In addition, the ISP Advisory Group, with participants from many parts of the world, was formed to provide guidance to the IC.

The mission of ISP is to promote, assure, and advance the quality of pharmacy education internationally to improve patient care through safe and effective medication use. A key feature of the ISP is a certification process that guides pharmacy education programs outside the U.S. within the context of both their country’s education system as well as their healthcare needs. Currently, ACPE certifies pharmacy education programs in five countries and encompasses programs at the BS, MPharm and PharmD levels. Other countries and programs are in the early stages of the application process. Of note, with financial support from the United States Agency for International Development through a consultative agreement with Management Sciences for Health, ISP was able to support the Faculty of Pharmaceutical Sciences of the University of Kinshasa to completely redesign their pharmacy curriculum from one that was primarily product-focused to one that is focused on addressing the patient and public health needs of the Democratic Republic of the Congo.

Pharmacy Technician Education Accreditation Collaboration

In 2013, responding to calls from NABP for ACPE to become more involved in the quality assurance of pharmacy technician education, ACPE reached out to ASHP to discuss a synergistic collaboration. ASHP had been the sole accreditor of pharmacy technician education and training since 1983. Through this collaboration, in 2014, ASHP and ACPE jointly developed and appointed the Pharmacy Technician Accreditation Commission to provide both boards with recommendations on technician education accreditation and related strategic issues. Since 2015, technician education and training programs that meet the accreditation standards are recognized as being “ASHP/ACPE accredited.” The Pharmacy Technician Certification Board, ASHP and ACPE co-planned the 2017 Pharmacy

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Looking ahead, we see that the opportunities for ACPE to better serve students, pharmacists, pharmacy technicians, patients and our profession through quality-assured education within and outside the U.S. have never been greater.

Technician Stakeholder Consensus Conference and are working together with the stakeholder advisors on the advancement of the consensus recommendations resulting from the conference, including revising the standards for entry level pharmacy technician education.²

A History of Leadership in the Profession
Many inspirational academic, practitioner and regulatory leaders, as well as professional staff, have made valuable contributions to ACPE from its inception through today. It has been my personal privilege to serve and lead with many of them over the course of my professional career and leadership of ACPE. A complete list of ACPE Board members and officers with their appointing organization, as well as members of commissions that were subsequently established to guide Board decisions, can be found on the ACPE website. Likewise, the website listing also includes the many dedicated, highly qualified and hard-working members of the ACPE staff who have contributed greatly to advancing our mission. ACPE is very proud that approximately one-third of APhAs Remington Honor Medal recipients have served ACPE as a board or staff member.

Moving Forward — ACPE’s Ongoing Leadership
ACPE’s mission has been, and will always be, to assure and advance excellence in pharmacy education. Today, ACPE accreditation and certification standards development and decisions are always focused on how education can enhance pharmacist and pharmacy technician knowledge, skills and behaviors to better serve patient and population needs. The decision process focuses on standardization and consistency with allowance and encouragement of innovation. Key questions that are contemplated are:

- Will this requirement better prepare a student or practitioner to serve society?
- Will the profession gain a qualified and committed practitioner?
- Will patients receive competent and compassionate care from pharmacists and pharmacy technicians?

ACPE is proud of its accomplishments and contributions in assuring and advancing excellence in pharmacy education over the past 85 years. Looking ahead, we see that the opportunities for ACPE to better serve students, pharmacists, pharmacy technicians, patients and our profession through quality-assured education within and outside the U.S. have never been greater. We will always rise to the challenge and address the needs of society, our profession, and healthcare. Solutions to problems and challenges are discoverable and resolvable when stakeholders collaborate, listen to one another, focus on what is best for patients, and commit to working together. In the years ahead, ACPE will continue to work diligently and collaboratively to assure and advance the educational preparation and lifelong learning of pharmacists and pharmacy technicians that comprise the pharmacy workforce. We will also work to ensure that pharmacists are integrated as part of the evolving interprofessional team-based, patient-centered, quality- and safety-focused healthcare system.

On a personal note, I feel honored to be able to serve for these past 18 years as ACPE’s Executive Director and to contribute to the rich legacy of ACPE in any way I can. ACPE’s mission is one that I have found to be my true professional calling and one that continues to drive me on a daily basis.

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ACPE Hosts Site Team Members

At the 2017 Annual Meeting of the American Association of Colleges of Pharmacy (AACP) in Nashville, Tennessee, ACPE hosted a dessert reception for those who have been trained to serve as site team members. Over 70 AACP members and their guests enjoyed a wide array of sweet treats to end their day on Monday, July 17. Peer review is the backbone of the accreditation process, and ACPE is extremely fortunate to have a cadre of well-qualified and trained reviewers willing to give their time in assuring the quality of education provided by the 143 programs holding accredited or pre-accredited status with ACPE.

ACPE to Offer New Deans Workshop

ACPE will host a workshop at the 2018 Interim Meeting of AACP in Long Beach, California, for any new or interim dean named by a college or school of pharmacy since February 2017. This workshop will be held on Friday, February 23, 2018, from 3:00-6:00pm with a reception to follow. The purpose of the orientation is to ensure those assuming a CEO deanship understand the various reporting obligations and expectations for compliance with ACPE’s accreditation standards. If you are a first time or interim CEO dean, please mark your calendar. Deans who have participated in this workshop have reported it to be worthwhile in advancing their new responsibilities.

ACPE Applauds Recognition Decision

Since 1952, ACPE has been recognized by the US Department of Education (USDE). USDE recognition carries a maximum five-year term and is similar to the accreditation process for pharmacy degree programs. An agency seeking recognition is required to comply with a variety of criteria and document compliance in a recognition dossier, comparable to a self-study. The agency's policies and procedures must reflect the necessary elements of the USDE recognition criteria, and examples of the appropriate application of those policies and procedures must be provided. Once the dossier is submitted, the USDE staff review and offer a recommendation for recognition. An independent committee of leaders from across the higher education community (known as the National Advisory Committee on Institutional Quality and Integrity [NACIQI]) considers this recommendation. Each member of the NACIQI is appointed by either the U.S. House, the U.S. Senate or the USDE. The committee may endorse or reject the staff recommendation and provide an alternative recommendation instead. An important step in the recognition process is a public hearing at which agency representatives meet with this committee to answer questions resulting from their review of both the agency's dossier and the USDE staff recommendation.

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ACPE President, Tim Tucker, and ACPE staff members, Peter Vlasses and Greg Boyer, met with NACIQI on June 20, 2017, in Washington DC. A critical focus of the discussion with ACPE was its practice of sending members of the ACPE Board of Directors on site visits and allowing those board members to be included in deliberations for the program’s accreditation term. USDE staff objected to this practice which has been in place (and unchallenged) since 1952; however, the NACIQI could find no restriction in the recognition criteria prohibiting ACPE's long-held and much-valued practice. Consequently, two recommendations were forwarded to the Secretary of Education to determine the terms of ACPE's recognition, including 1) a recommendation from the USDE staff calling for a one-year term and the expectation that ACPE will bring itself into compliance and 2) the NACIQI's recommendation for a five-year term with no further reporting. ACPE is pleased that USDE has renewed our recognition for a full 5 years, without requiring further reporting.

**ACPE Presents at the Nexus Summit**

Peter H. Vlasses served as a speaker and session leader at the National Center for Interprofessional Practice and Education’s Nexus Summit. The theme of the gathering was Provocative Ideas for Practical IPE and brought together those who are focused on advancing interprofessional team-based practice and education across multiple sectors. Dr. Vlasses is a member of the National Advisory Council for the organization and participated in a panel discussion during the plenary session entitled, The Provocateur Perspective: Why Bold Leadership is Required in a Changing Landscape. He also facilitated two conversation café sessions, engaging participants to share their ideas about solutions to “thorny and burning issues of IPE.”

Plenary speakers at the Nexus Summit 2017 included Peter H. Vlasses, PharmD, DSc (Hon), Executive Director Accreditation Council for Pharmacy Education; Stephanie Gardner, PharmD, EdD, Interim Chancellor and Provost and Chief Academic Officer, University of Arkansas for Medical Sciences; Warren Newton, MD, MPH, Director, North Carolina Area Health Education Centers Program and Vice Dean, University of North Carolina School of Medicine; and Dr. Barbara F. Brandt, Associate Vice President, University of Minnesota Academic Health Center and Director of the National Center for Interprofessional Practice and Education.
Updated Standards for Continuing Pharmacy Education (CPE)

The Standards for Continuing Pharmacy Education were revised and released in 2008 with implementation in 2009. All ACPE accredited providers were reviewed by these standards by the end of 2015. Upon review of provider compliance rates, it was noted that the following Standards had less than 50% provider compliance:

- Standard 1 – Mission and Goals
- Standard 2 – Educational Needs Assessment
- Standard 12 – Achievement and Impact of Mission and Goals

The CPE Commission reviewed each of these standards and recommended modifications based on our evaluation results and provider feedback. The suggested changes include clarifying the requirements and streamlining requested documentation within the standards, guidance, and evaluation rubric. The ACPE board approved the modifications at its January 2017 Board meeting. The updated Standards, Evaluation Rubric, Policies, and Procedures may be found by clicking here. The effective date of these changes will be January 2018. ACPE has conducted webinar programming to prepare CPE providers. If you were unable to attend a webinar program, the recording can be accessed on the ACPE website.

Joint Accreditation Holds Leadership Summit to Advance Interprofessional Education

On June 9, 2017, more than 60 interprofessional continuing education (IPCE) professionals participated in the third annual Joint Accreditation Leadership Summit, convened by the Accreditation Council for Continuing Medical Education (ACCME®), ACPE, and the American Nurses Credentialing Center (ANCC), to continue discussions about evolving IPCE. The Summit was an opportunity for jointly accredited organizations, along with those interested in Joint Accreditation, to join together to discuss challenges and opportunities related to IPCE.

The Summit included discussion about publishing research and disseminating success stories about IPCE, shared case examples of research in action, and presented “hot topics” in IPCE, with attendees participating in breakout sessions to share and learn from each other’s experiences in managing IPCE programs. A report from the leadership summit entitled, Promoting Research Across the Continuum of Health Professions Education: Making Patient Care Better, will be available in early October and can be accessed on the Joint Accreditation website (www.jointaccreditation.org).

In addition, at the ACPE Board of Directors Meeting, one provider received Joint Accreditation status with a 6-year term; five providers received Joint Accreditation status with a 4-year term, and three providers received Joint Accreditation with a 2-year term. The decisions have also been ratified by ANCC and ACCME. With these decisions, there are now 54 jointly accredited providers.

ACPE Advances Continuing Professional Development (CPD)

Following recommendations from the October 2015 CPE invitational conference and based on review of existing platforms in other professions/countries, ACPE’s CPD Steering Committee outlined elements for an online CPD platform to support lifelong learning and competency throughout the career of a

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pharmacist and pharmacy technician. ACPE is working with NABP to develop the CPD platform as an enhancement to the existing CPE Monitor® service to launch in early 2018.

ACPE has engaged in a collaboration with the Alliance for Integrated Medication Management (AIMM) to create CPD resources for teams participating in comprehensive medication management services. AIMM has recognized the CPD approach complements the quality improvement techniques it incorporates into its collaborative learning experiences. With ongoing assistance from ACPE, AIMM is working to adopt elements of the CPD approach to fit into the AIMM program design through its coaching process. As coaches work with teams, they simultaneously assist individuals to reflect, plan, and evaluate opportunities for personalized learning and growth.

CPD Steering Committee members have been working with ACPE to increase the informational resources available to the profession of pharmacy concerning CPD. Steering Committee members have presented at national conferences, including ASHP Midyear, ASHP National Pharmacy Preceptor Conference, AACP Annual Meeting, and ACEhp Annual Meeting. Members have also created CPD videos, sharing their experiences and perceptions on the value of CPD across the continuum of learning and for various stakeholder groups — practice, academia, and regulation. The following videos will be available on the ACPE website by the end of 2017:

- Connecting CPD to Career Goals
- CPD Approach for Maintenance of Licensure: New Mexico Board of Pharmacy Pilot
- CPD for Preceptors: Modeling Self-Directed Lifelong Learning
- Integrating CPD into Continuing Education: CPE Provider Perspective

Additional tools and resources (webcasts, videos, guidance documents) are being developed to aid pharmacists and technicians in their CPD as well as provide information to other key stakeholders, including colleges and schools of pharmacy, employers, and CPE providers.

Members of the ACPE CPD Steering Committee, who serve through 2017, include:

- Joe R. Anderson, PharmD, PhD, BCPS
  Associate Professor, Department of Pharmacy Practice and Administrative Sciences
  University of New Mexico College of Pharmacy
  New Mexico Board of Pharmacy Member

- Dennis Brierton, PharmD, BCPS, FASHP
  Director, Clinical Pharmacy Services
  Aurora Health Care

- JoAnn S. Harris, BSPharm, MBA, CHCP
  Director, Educational Services Division
  American Society of Health-System Pharmacists

- Kristin Janke, PhD
  Director, Wulling Center for Innovation & Scholarship in Pharmacy Education Professor
  Pharmaceutical Care & Health Systems
  University of Minnesota College of Pharmacy

- Jennifer Moulton, BSPharm, RPh
  President
  Collaborative Education Institute

- Toyin Tofade, MS, PharmD, BCPS, CPCC
  Dean and Professor
  Howard University College of Pharmacy

- CoraLynn Trewet, MS, PharmD, BCPS, CDE
  Regional Medical Liaison, Diabetes
  Sanofi
SMART Pharmacy Program

The SMART Pharmacy Program is a sustainable, evidence-based education and practice initiative that utilizes a common set of tools that are adapted to a country’s specific needs and context. Its aim is to help national organizations, regulators and other stakeholders build and maintain pharmacists’ competencies and motivation to initiate improvements for the strategic advancement of the pharmacy profession in their country. When managed in partnership with strong national leadership, SMART has shown positive results on the individual pharmacist, organizational, national, and patient levels. The program integrates all elements of the Continuing Professional Development (CPD) cycle and emphasizes impact on everyday pharmacy practice.

ACPE’s International Services Program (ISP) began collaborating with Pharma Expert, a consultancy and education agency based in Croatia, to implement the SMART Pharmacy Program in 2014. Dr. Arijana Meštrović, Competency Development Manager for Pharma Expert, serves as a member of the ACPE International Services Program Advisory Group (ISPAG). Meštrović and ISP Director Mike Rouse designed the SMART program and serve as consultants, advisors and trainers for the program’s national partner(s).

The SMART Program is adapted to design a new educational model that offers structured, comprehensive and competency-based education to meet the country-specific needs. The educational processes and application of learning in practice are designed to address all components of competency: knowledge, skills, attitudes and values. The quality of education is assured by having the appropriate structure, process and outcomes of learning. The Program is designed in the national context to achieve the desired impact on patient care and the competencies and motivation of pharmacists.

The results of the SMART Pharmacy Program are multifaceted:

- **For patients**: There is evidence that patients’ lives have been dramatically improved as a result of pharmacists’ care. The public’s trust and loyalty to pharmacists as healthcare consultants is increasing, and long-term relationships are established and/or strengthened.

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For pharmacists: Greater motivation to learn and apply knowledge to practice has been observed. Pharmacists are encouraged by seeing notable improvements in patient outcomes, satisfaction, and quality of life. Statistically significant differences in competency levels prior to and after participation in the SMART program have been established.

For organizations: Pharmacies are enhancing the quality of services and show a willingness to implement changes in practice and to introduce new services. National professional organizations are strengthening their political and professional influence and visibility and gaining the evidence to ensure better positions and expanded roles for pharmacists in the healthcare system and local community.

For the profession: Strategic discussions, decisions and initiatives are facilitated in a collaborative and affirmative environment, and partnerships are developed with all key stakeholders. Local needs and priorities are identified and addressed; opportunities are more visible and more easily recognized. Patient data is collected and compiled, providing evidence of the potential pharmacoeconomic impact of expanded roles and services of pharmacists.

For more detailed information on the SMART Program and how to become engaged, please contact Mike Rouse at mrouse@acpe-accredit.org.

The Turkish Pharmacists’ Association (TPA) believes that SMART is the most important program run by their Association. The Program’s new logo and official name — Rehber Eczanem, which translates as “guide pharmacy” — have now been adopted. At a recent train-the-trainer workshop marking the completion of nationwide rollout to all of its chambers, TPA President Erdoğan Çolak stated: “This program is one of the main initiatives that will shape pharmacy in the future; therefore, we are ready to allocate all of our resources to this program. Nearly 4,000 pharmacists have been trained to provide services as “crusaders” on the way to achieving remuneration. We will certainly expand this number to 20,000. We are training our national trainers, and our coordinators are putting their hearts and souls into it. We will not go back to the past after this point. This program, as I strongly underline, is the future of the pharmacy profession. It is the best method to acquire remuneration, which is the concept the TPA has been pondering for the last 20 years. We are now at the closest point we have ever reached to [fulfill] that demand.”

Meeting with the Turkish Minister of Health

Members of the Turkish Pharmacists’ Association Central Committee, Academy and Staff; President of the Turkish Medicines and Medical Devices Agency, Dr. Hakki Gursoz; Secretary General of the Pharmaceutical Group of the European Union, Ms. Jūratė Švarcaitė; Michael J. Rouse and Arijana Meštrović meet with the Minister of Health and Under Secretaries; Ankara, Turkey, August 2017.
International Commission Meeting

The International Commission (IC) held its 13th meeting in Chicago, IL, May 8–9, 2017. The IC Commissioners, ACPE Board Liaison, and ACPE staff members were in attendance. Recommendations were made to the ACPE Board of Directors for consideration during their June 21-24 meeting regarding Interim Reports received from The University of Jordan School of Pharmacy (Amman, Hashemite Kingdom of Jordan) and Al Ain University Science and Technology College of Pharmacy (Al Ain and Abu Dhabi, United Arab Emirates). Additionally, during the course of the meeting, the IC received an update on the ISP’s strategic plan and strategic partnerships.

Pictured at left:

Back Row (left to right): Martha M. Rumore (ACPE Board Liaison, USA), Matt Holderly (ACPE Student on Rotation), Indra Reddy (USA), Yousif A. Asiri (Saudi Arabia), Yen Huei (Tony) Tarn (Taiwan), Anthony Wutoh (Chair, USA), and Peter H. Viesses (ACPE Executive Director)

Middle Row (left to right): Janet P. Engle (USA), Patricia Acuña-Johnson (Chile), Magaly Rodriguez de Bitner (USA), and Adriana Quan (ACPE Student on Rotation)

Front Row (left to right): Michael J. Rouse (ACPE Staff), Silvi Kastrati (ACPE Staff)

Mike Rouse visits the University of Surabaya (UBAYA), Faculty of Pharmacy in Surabaya, Indonesia. Mr. Rouse provided a Pre-Application Consultation (PAC) to UBA, the first university in Southeast Asia to initiate an application for ACPE Certification. Several university officials and staff of the Faculty of Pharmacy were present during the PAC. Mr. Rouse also had the opportunity to meet and share a few words with the incoming freshman students.
International Commission Announces New Appointments

The International Commission (IC) is pleased to announce the appointment of two new members of the ACPE IC — Jannet M. Carmichael (USA) and Abeer M. Al-Ghananeem (Hashemite Kingdom of Jordan) will serve as members of the Commission for an initial three-year term from February 1, 2018 through January 31, 2021.

Jannet M. Carmichael, PharmD, BCPS, FCCP, FAPhA, is currently the President of Pharm Consult NV, LLC, a clinical pharmacy services consulting company. Recently, she retired from the Veterans Health Administration where she was VISN 21 Pharmacy Executive for the VA Sierra Pacific Network, caring for approximately 650,000 veterans in Nevada, Northern California and Hawaii. Dr. Carmichael also has vast experience in academia as she previously taught at the University of Iowa, University of North Carolina, and University of Nevada. She has authored many professional papers, book chapters, and research projects and is a frequent speaker on progressive pharmacy practice throughout the country.

Abeer M. Al-Ghananeem, PhD, is the Vice Dean, Accreditation, Quality Assurance & Assessment, and Professor of Pharmaceutics & Biopharmaceutics at the Jordan University of Science and Technology, Faculty of Pharmacy. She is an Academic Leadership Fellow of the American Association of Colleges of Pharmacy (AACP). Dr. Al-Ghananeem has vast academic and research experience, including securing significant research grant funding and leading successful academic-industrial collaboration involving several marketed pharmaceutical products.

77th International Congress of the International Pharmaceutical Federation (FIP)

ACPE’s International Services Program exhibited at the 77th FIP Congress in Seoul, South Korea, from September 10–14, 2017. ISP staff was on hand to discuss the ISP services and activities. The exhibit provided the unique opportunity to connect and network with individuals and pharmacy organizations from all over the world, particularly Asia.

Mike Rouse, ACPE’s Director of International Services Program was inducted as a FIP Fellow during the meeting. Fellowship in FIP is a prestigious honor, recognizing individual members of FIP who have exhibited strong leadership internationally, distinguished themselves in the pharmaceutical sciences and/or practice of pharmacy, contributed to the advancement of pharmaceutical sciences and/or practice of pharmacy, and who have served FIP.
ACPE Signs New Memorandums of Understanding with the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) and the CHEA International Quality Group (CIQG)

ACPE and the Council for Higher Education Accreditation (CHEA) International Quality Group (CIQG) signed a Memorandum of Affiliation (MOA) to signify their respective commitments to the seven international quality principles of CIQG. These quality principles relate to higher education providers, students, society, government, accountability, the role of quality assurance and accreditation bodies, and change. As part of the MOA, ACPE agrees to promote these quality principles, work with other higher education stakeholders to promote a shared understanding of quality based on the seven principles, share information regularly on the promotion and implementation of the principles, and engage, when feasible, in joint activities with a view to sharing effective policies and practices in areas of common interest.

ACPE also has a longstanding relationship with the Canadian Council for the Accreditation of Pharmacy Programs (CCAPP). ACPE was consulted when Canadian pharmacy stakeholders chose to develop CCAPP. When CCAPP was founded in 1993, with permission, the organization adapted the ACPE accreditation standards for BS and PharmD education and also translated them into French. From that time forward, ACPE and CCAPP have had a close working relationship, and under memos of understanding, observe each other’s board meetings and site team evaluations. More recently, ACPE has provided guidance to CCAPP in their move to the PharmD as the entry-level pharmacy degree in Canada by the year 2020.

K. Wayne Hindmarsh, PhD, Executive Director, CCAPP; Peter H. Vlasses, PharmD, DSc (Hon), Executive Director Accreditation Council for Pharmacy Education; and Timothy L. Tucker, PharmD, President of ACPE.
ASHP/ACPE Pharmacy Technician Education Accreditation Update

ACPE continues to collaborate with the American Society of Health-System Pharmacists (ASHP) through the Pharmacy Technician Accreditation Commission (PTAC) to advocate for the advancement and standardization of pharmacy technician education and training throughout the United States. At the June 2017 meeting of the Joint Commission of Pharmacy Practitioners (JCPP), ACPE Executive Director Peter H. Vlasses, ASHP Vice President, Accreditation Services Janet A. Silvester, and Everett B. McAlister, CEO and Executive Director of the Pharmacy Technician Certification Board presented the summary of the 2017 Pharmacy Technician Stakeholder Consensus Conference. In August 2017, the CEOs of the 13 JCPP member organizations discussed their various positions and organizational policies regarding pharmacy technician education, certification, and regulation, and the CEOs agreed that discussions on technician issues would continue at the first JCPP meeting of 2018.

These subsequent discussions will benefit from the draft of the revised ASHP/ACPE pharmacy technician education accreditation standards that will be available by that time. In addition, a strategic planning session involving a stakeholder group is planned for October 2017 to develop and set forth action steps for implementation of the Pharmacy Technician Stakeholder Consensus Conference recommendations. This document also would be available for discussion at the January 2018 meeting.

Peter Vlasses and Janet Silvester participated on a panel to share discussions regarding pharmacy technician education issues at the NACDS Total Store Exposition (TSE). The collegial discussion with other speakers and the invited guests focused on the ASHP/ACPE process and timeline for the plan to revise the entry-level pharmacy technician education accreditation standards, as well as an update on the planning and participants for the October 2017 stakeholder meeting for implementation of the Pharmacy Technician Stakeholder Consensus Conference recommendations.

Protecting the Public’s Health: A View from the Public Side of Accreditation and Public Safety

By Michael W. Diamond, President, World Resources Chicago

The following is an article written by Michael Diamond, who provides perspectives from his position as a public member of PTAC.

Having served as the non-pharmacist public member of the Pharmacy Technician Accreditation Commission (PTAC) for the past two years, I have learned and will share several lessons about the importance of the accreditation process, the value of pharmacy technicians, and the benefits of collaboration and coordinated care which ultimately strengthens the competency and professionalism of pharmacy technicians, improves the process of medication management and protects public safety.

First, collaboration strengthens a cause by bringing together various viewpoints to represent the issue at hand. PTAC is a coordinated effort of ASHP and ACPE to promote and ensure competency of pharmacy technicians to enhance patient safety through accredited education. Having just completed several meetings with these and other professional organizations, including the Pharmacy Technician Certification Board (PTCB), I have observed a strong commitment to patient safety and a willingness among these organizations and leaders to collaborate in improving medication-use safety, which directly benefits individual patients as well as the public. This purposeful collaboration results in stronger competencies, accredited educational preparation, verified certification, and interprofessional relationships between pharmacies, pharmacists, pharmacy technicians, other healthcare providers and the public.

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Second, legislation is only part of the answer. Patient centered, culturally competent, affordable, coordinated care is essential for patient safety. Medication errors result in over 1.3 million injuries and hundreds of deaths annually in the United States. To significantly improve patient safety, the roles and responsibilities of each stakeholder in the medication management system must be strengthened and better coordinated. A valuable asset often overlooked in pursuing this goal is an appropriately educated and credentialed pharmacy technician.

Over the past year, the Chicago Tribune, the New York Times and other newspapers have reported on the dangers of medication mismanagement and emphasized the importance of patient safety by accurately dispensing medications, identifying potential interactions and educating patients at pharmacies. One of the consequences of focusing public attention on errors is that courts require compensation by pharmacies, pharmacists or other health providers, and some states have increased regulations on the roles and responsibilities of pharmacists in an effort to protect patient safety. But these responses do not always ensure that the individuals (pharmacists and pharmacy technicians) who made the mistakes will perform better in the future. Legislation alone will not solve the problem of medication-use safety. Strategies that strengthen the medication management system are more likely to reduce medication mismanagement than compensation payments.

A third lesson I would share is the importance of an increased role for pharmacy technicians that frees pharmacists to provide better patient care and promote patient safety. The focus of patient safety should be how all stakeholders—physicians, nurses, pharmacists, pharmacy technicians, pharmacy owners, other healthcare providers and the general public—leverage their strengths and abilities to achieve a safer system of medication use through better patient education and coordinated care. However, current discussions on how to improve health outcomes rarely include enhancing the roles of pharmacists and pharmacy technicians. The public needs to be reminded that pharmacists are educated, licensed professionals who are trained to dispense medications properly, prevent drug interactions and help patients understand and use their medicines appropriately. To fully exercise these responsibilities, pharmacists require a supportive environment, which must be established by pharmacy owners and managers. That environment must allow sufficient time for pharmacists and pharmacy technicians to assess and verify prescriptions, check for potential drug interactions, dispense the medication accurately, educate the patient, and confer with other providers. Well-prepared pharmacy technicians can off-load some of these technical tasks so pharmacists can be more available to interact with patients, providing the education and care that promotes better patient outcomes and ensures public safety.

A fourth lesson, from a public safety perspective, is the value of accreditation. Public safety demands uniform national standards for the education and competency of technicians. Currently, there is significant variation among states in how they define certification and education requirements for pharmacy technicians, resulting in variances in knowledge, skills, and abilities, which can lead to ambiguity in what pharmacists can safely delegate to technicians and may contribute to medication errors. Some states have licensed technicians and have given them expanded scopes of practice, while a few states fail to recognize the existence of technicians and their important support role to pharmacists. For this reason, ASHP has formulated a policy that all employers should require pharmacy technicians to complete an ASHP/ACPE accredited education and training program prior to being eligible to sit for the Pharmacy Technician Certification Exam. Public support and advocacy for such standards are necessary for this to be achieved. In particular, I strongly urge states to adopt uniform standards for the education, competency-verification, and scope of responsibilities of pharmacy technicians. The public must insist that state laws require pharmacies to employ only pharmacy technicians who have met national standards for their education and competency.

Recently, through a major stakeholder conference, professional associations from various facets of pharmacy and members of the public came together to achieve consensus to ensure competency of
pharmacy technicians, to define basic knowledge skills and abilities of pharmacy technicians, to promote and define advanced competencies, to promote national definitions and regulation of pharmacy technicians, and to achieve effective coordination with pharmacists and pharmacies. The proceedings of this conference have now been published in the American Journal of Health-System Pharmacists (AJHP). Toward uniform standards for pharmacy technicians: Summary of the 2017 Pharmacy Technician Stakeholder Consensus Conference. The document also identifies future certified competencies for pharmacy technicians under consideration, including immunizations, billing, and sterile compounding. Since each participating organization has its own membership, goals, objectives, standards, and procedures, this is a complex process. However, the willingness to purposefully promote effective interprofessional coordination based on defined competencies, scopes of practice, and most importantly, patient safety, is a model of collaboration that should be supported by all state boards of pharmacy in the U.S.

A fifth and final lesson I have learned is to appreciate the integrity and diligence of the accreditation process. From developing and revising accreditation standards, to site visits, and review of accreditation for all schools of pharmacy education and pharmacy technician education, accreditation commissions engage skilled and highly experienced pharmacists and pharmacy technicians. The results have always been beneficial to the students and to patient health and public safety, especially when improvements are identified. Further, the accreditation commissions also offer advocacy support to the schools.

In my opinion, ensuring patient safety requires the continued purposeful commitment by all stakeholders to collaborate and establish, implement, monitor and comply with professional standards of education, training, registration and licensing. All stakeholders must commit to promoting interprofessional coordination to educate and protect patients, as well as the public, and to evaluate and monitor patient safety with the goals of achieving better health outcomes. It is a privilege to observe the dedicated commitment of the professional associations and the individual professionals that collaborate in these accreditation commissions. As a result, the health of the public is enhanced and protected.

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ACPE Staff Highlight

Jennifer L. Baumgartner, PharmD, BCPP
Assistant Director of the Continuing Pharmacy Education (CPE) Provider Accreditation Program for ACPE

Dr. Baumgartner joined ACPE in August 2009 and is responsible for the organization and administration of CPE evaluative processes, provision of consultative guidance to accredited providers, evaluation of the CPE enterprise, and facilitating the work of ACPE’s Continuing Professional Development (CPD) Steering Committee in advancing CPD approaches in the pharmacy profession. She previously worked as a compliance officer for the Indiana Professional Licensing Agency where she conducted inspections and investigated complaints as they pertained to Board of Pharmacy licensees. Dr. Baumgartner earned her PharmD degree from Purdue University College of Pharmacy and completed a Psychiatric Pharmacy Practice Residency and Clinical Pharmacy Sciences Fellowship with the University of Texas at Austin and the Texas Department of Mental Health and Mental Retardation. Dr. Baumgartner is also a board certified psychiatric pharmacy practitioner. She enjoys living in the city near the home of the 2016 World Series Championship Chicago Cubs and has been a hobbyist beekeeper for the past three years with rural hives in Northern Indiana and urban hives in Chicago.

Upcoming ACPE Activities

November International Commission Meeting, November 13-14, 2017
Chicago, Illinois

ACPE CPE Commission Meeting
November 14-16, 2017
Chicago, Illinois

ACPE CPE Modified Workshop
will be held in conjunction with the Alliance for CE in the Health Professions Annual Meeting. The workshop will be:
Saturday, January 20, 2018
9:00 am – 2:00 pm
Grande Lakes in Orlando, Florida

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