ACPE UPDATE – 2018

APhA ANNUAL MEETING
MARCH 17, 2018, 1-2 PM
Music City Center, Room 207, Nashville, TN
ACPE CONGRATULATES 2018 REMINGTON HONOR MEDALIST
HAROLD N. GODWIN, MS, RPh, FASHP, FAPhA

• Harold served on the ACPE Board of Directors for 12 years, President from 1992-96
• He was instrumental in the conversion of the ACPE accreditation standards to the PharmD as the sole entry level degree for the profession
• He is one of only three pharmacists to be elected president by APhA, ASHP and ACPE
• Harold becomes the 28th Remington Honor Medalist (of the total of 88) to have served ACPE
ACPE CELEBRATING ITS 85TH ANNIVERSARY!
ACPE

- **ACPE Accredits:**
  - Professional degree programs (1932)
    - US Department of Education recognition, since 1952
    - Council on Higher Education Accreditation (CHEA) recognition, since 2004
    - Founding member (2014) of Health Professions Accreditors Collaborative (HPAC)
  - **Providers of continuing pharmacy education** (1975)
    - Joint Accreditation for Interprofessional Continuing Education™ (founded with Accreditation Council for Continuing Medical Education [ACCME] and American Nurses Credentialing Center [ANCC]) (2009) American Academy of Physician Assistants (AAPA) and the Association of Regulatory Boards of Optometry’s Council on Optometric Practitioner Education (ARBO/COPE) (added 2018)
  - **Pharmacy technician programs** – (2015)
    - Collaboration with the American Society of Health-System Pharmacists
- **ACPE Certifies:**
  - Professional degree programs outside the USA and its territories (2011)
ACPE MISSION

To assure and advance excellence in education for the profession of pharmacy
PRESENTATION TOPICS

PART 1 – BRIEF UPDATES
• PharmD Accreditation Program
• Continuing Education Provider Accreditation Program
• International Services Program

PART 2 – PANEL DISCUSSION
• Rationale for and follow up from the 2017 Pharmacy Technician Stakeholder Consensus Conference
• Status of the ASHP/ACPE Revised Pharmacy Technician Education and Training Accreditation Standards
• What’s next?
PANELISTS

Anthony Provenzano, PharmD
Vice President of Pharmacy Compliance and Government Affairs, Albertsons Companies
Secretary/Treasurer, ACPE

Michael A. Moné, BPharm, JD
Vice President Associate General Counsel-Regulatory, Cardinal Health
Member, ACPE Board
ACPE BOARD OF DIRECTORS

John Clay Kirtley, PharmD
(NABP 2014-2020)
President

Lori Duke, PharmD
(AACP, 2014–2020)
Vice President

Anthony Provenzano, PharmD
(APhA, 2011–2020)
Secretary/Treasurer

Marie Chisholm-Burns, PharmD,
MPH, MBA, FCCP, FASHP
(AACP 2016-2022)
Board liaison to CPE Commission

LuGina Mendez-Harper, PharmD
(NABP, 2016-2022)

Michael A. Moné, RPh, JD
(NABP 2006-2024)
Board liaison to PTAC Commission

Victoria F. Roche, PhD
(AACP, 2012–2018)

Martha Rumore, PharmD, JD, MS,
LLM, FAPhA
(APhA, 2016-2022)
Board liaison to ISP Commission

Timothy L. Tucker, PharmD
(APhA 2012-2024)

Sharon Hahs, PhD
(ACE, 2016-2022)

( ) = appointing organization and term
This professional degree program leading to the Doctor of Pharmacy degree is judged to meet established qualifications and education standards through initial and subsequent periodic evaluations.
Programs with ACPE accreditation status \( (n = 143^*) \)

- **Accredited Programs:** 132
  (programs that have graduated students)
  Accredited with Probation = 4
- **Candidate Status:** 7
  (programs with students enrolled but have not yet produced graduates)
- **Precandidate Status:** 4
  (programs that had not yet enrolled students)
- **Having On-site Evaluations S2018:** 2
  (seeking Precandidate Status)
<table>
<thead>
<tr>
<th>Standards</th>
<th>Compliant</th>
<th>Compliant with Monitoring</th>
<th>Partially Compliant</th>
<th>Non Compliant</th>
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<tbody>
<tr>
<td><strong>SECTION I: EDUCATIONAL OUTCOMES</strong></td>
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<tr>
<td>1. Foundational Knowledge</td>
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<td>2. Essentials for Practice and Care</td>
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<td>3. Approach to Practice and Care</td>
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<td>4. Personal and Professional Development</td>
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<tr>
<td><strong>SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES</strong></td>
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<td>5. Eligibility and Reporting Requirements</td>
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<td>6. College or School Vision, Mission, and Goals</td>
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<td>7. Strategic Plan</td>
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<td>8. Organization and Governance</td>
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<td>9. Organizational Culture</td>
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<td>10. Curriculum Design, Delivery, and Oversight</td>
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<tr>
<td>11. Interprofessional Education (IPE)</td>
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<tr>
<td>12. Pre-Advanced Pharmacy Practice Experiences (Pre-APPE) Curriculum</td>
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<tr>
<td>13. Advanced Pharmacy Practice Experiences (APPE) Curriculum</td>
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<td>14. Student Services</td>
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<td>15. Academic Environment</td>
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<td>16. Admissions</td>
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<td>17. Progression</td>
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<tr>
<td>18. Faculty and Staff – Quantitative Factors</td>
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<tr>
<td>19. Faculty and Staff – Qualitative Factors</td>
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<tr>
<td>20. Preceptors</td>
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<tr>
<td>21. Physical Facilities and Educational Resources</td>
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<tr>
<td>22. Practice Facilities</td>
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<td>23. Financial Resources</td>
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<tr>
<td><strong>SECTION III: ASSESSMENT OF STANDARDS AND KEY ELEMENTS</strong></td>
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<tr>
<td>24. Assessment Elements for Section I: Educational Outcomes</td>
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<tr>
<td>25. Assessment Elements for Section II: Structure and Process</td>
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</table>
Important new areas of focus:

- Pharmacy Curriculum Outcomes Assessment (PCOA) requirement (Standard 1)
- New Center for the Advancement of Pharmacy Education learning outcomes (Standards 3 and 4)
- Pharmacists’ Patient Care Process
- Professional Development/Co-Curricular Requirements
- Interprofessional Education
- Preceptor Development
SECTION I: EDUCATIONAL OUTCOMES

- Standard 1: Foundational Knowledge
  - Biomedical, Pharmaceutical, SAS & Clinical Sciences

- Standard 2: Essentials for Practice
  - Patient-centered care as medication expert, includes health and wellness and population-based care

- Standard 3: Approach to Practice & Care
  - Problem solving, patient advocacy, IP collaboration, cultural sensitivity, communication

- Standard 4: Personal & Professional Development
  - Self-awareness, leadership, professionalism
ACPE EXPECTATIONS

Co-curricular activities:

• Deliberate and intentional (Program, Student)
• Augment and linked to the curriculum
  • “Alongside the curriculum, not outside the curriculum”
• Document how experience(s) advance learning
  • e.g., portfolios, guided reflection
EXAMPLES OF DIVERSE CO-CURRICULAR EVENTS FROM DEANS READINESS SURVEY (S2016)

- ‘Brown bag’ medication review and education sessions
- Drug abuse/unintentional misuse (poisonings) education programs
- “Legislative Day” activities
- Health-screening booth at a local cultural event
- Volunteering at a pro-bono clinic for underserved/impoverished citizens
- Reflective professional development retreats
- Professionalism-focused journal club
- Continuing Professional Development (CPD)-driven learning portfolio
- Career-discerning activities (e.g., research projects, specialized practice opportunities)
- Active participation in pharmacy or scientific organization meetings
- Holding office in student government
- Shadowing opportunities with state pharmacy association executives,
- Phi Lambda Sigma national leadership challenge program
- Development of innovative professional business plans
PHARMACISTS’ PATIENT CARE PROCESS

- Key Element 10.8
- Approved by JCPP organizations in May 2014
- Supported by 13 national pharmacy organizations


ACREDITATION COUNCIL FOR PHARMACY EDUCATION
STANDARDS 2016

Standard 11:

“The curriculum prepares all students to provide entry-level, patient-centered care in a variety of practice settings as a contributing member of an interprofessional team. In the aggregate, team exposure includes prescribers as well as other healthcare professionals.”

- Focuses on IPEC Competencies
  - Values/Ethics IPCP
  - Roles Responsibilities
  - Interprofessional Communication
  - Team and Teamwork
• Development of an interprofessional education plan:
  • Throughout the didactic and experiential portions of the curriculum and Special Events
  • Applies to all students in a variety of practice settings
• January 2018 clarifying Board of Directors guidance:

The ACPE Board expects IPE experiences in both the didactic and experiential components of the curriculum to include prescribers/student prescribers. Additionally, ACPE expects these mix of prescribers to include (but is not limited to) physicians and their students in both the didactic and experiential components of the curriculum.
## DEANS’ READINESS SURVEY SPRING 2016: EXAMPLES OF IPE RESPONSES

- Integrated case studies
- Book club
- College wide IPE activities
- Team STEPPS
- Interprofessional Education Collaborative
- IP case conferences
- Graduation requirement
- Simulation activities
- Mentors program
- University-wide IPE efforts
- Interprofessional skills laboratories
- Disaster activity
- Portfolios
- Part of orientation

- Capstone
- Group manuscript on IP care
- IPE longitudinal thread
- Interprofessional team visits
- Interprofessional group/team projects
- Grand rounds
- Virtual IPE groups/teams
- Ethics course
- Shared academic calendar
- Integrated throughout the didactic and experiential components
- Multidisciplinary team visitations
- Ethics cases
ADDITIONAL EXAMPLES

- Integrated problem solving workshops, seminars or courses
- Survey preceptors regarding IPE and teaching methods
- Development of a shared appointment between health professions
- Web-based collaborative tools
- Longitudinal experiences
- Volunteer opportunities
- Reflections on various components of IPEC competencies
- Creation of subcommittee of interprofessional education
- Co-curricular events/Service learning projects
- Collaboration in student run clinic
- Integration into rotations/APPEs
- Interprofessional case studies
- Revision of evaluation tools for experiential education
- Virtual patient simulations and case environments
- Campus wide coordinator
- Interprofessional interviews
- Certification
- Online self-paced course
- IPE day each semester
Standard 20: Preceptors:

- Own Standard: Standard 20: Preceptors
  - Criteria
  - Student-to-Preceptor Ratio
  - Preceptor Education/Development
  - Expectation of on-going education/development
  - Engagement in program CQI
  - Expectation for adequate resources for the administration of experiential program
Continuing Education Provider Accreditation

Learn more about CPE Accreditation and CPD.

CE PROVIDER ACCREDITATION

CONTINUING PROFESSIONAL DEVELOPMENT
ACPE CPE COMMISSION 2018

- Tammie Armeni, Pharmacist's Letter Therapeutic Research Center, CA – **Vice Chair**
- Richard Artymowicz, Cape Regional Medical Center, NJ
- Dennis Brierton, Aurora Health Care, WI
- Joe Fontenot, Louisiana State Board of Pharmacy, LA
- JoAnn Harris, American Society of Health-System Pharmacists, MD
- Tracy Hunter, University of New Mexico College of Pharmacy, NM
- Barbara Jolly, Sullivan University College of Pharmacy, KY
- Aaron Reich, TRINU Corporation, TX – **Chair**
- Anita Young, Northeastern University Bouve College of Health Sciences
- Trish Wegner, Illinois Council of Health-System Pharmacists, IL
- **Marie Chisholm-Burns, PharmD, MPH, MBA, FCCP, FASHP, FAST, University of Tennessee—Board Liaison**
National Association of Boards of Pharmacy (NABP) and ACPE continuing pharmacy education (CPE) tracking system that authenticates and stores data for completed CPE units received by pharmacists and pharmacy technicians from ACPE-accredited providers.

- >340,000 pharmacists
- >343,000 pharmacy technicians
- 410 ACPE-accredited providers
- >32 million records passed to NABP
- 10 state boards of pharmacy requiring e-PID upon relicensure
- CPE Monitor mobile app coming soon!
<table>
<thead>
<tr>
<th>Providers</th>
<th>2017</th>
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<tbody>
<tr>
<td></td>
<td>Number (%)</td>
</tr>
<tr>
<td></td>
<td>(n=365)</td>
</tr>
<tr>
<td>Academia</td>
<td>86 (24%)</td>
</tr>
<tr>
<td>Educational Companies</td>
<td>65 (18%)</td>
</tr>
<tr>
<td>Healthcare Networks</td>
<td>82 (22%)</td>
</tr>
<tr>
<td>Local, State, and National Associations</td>
<td>80 (22%)</td>
</tr>
<tr>
<td>Publishers, Government</td>
<td>21 (6%)</td>
</tr>
<tr>
<td>Other</td>
<td>31 (8%)</td>
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</table>
## CONTINUING PHARMACY EDUCATION (CPE) SUMMARY

### ACTIVE UANS before June 1, 2017

<table>
<thead>
<tr>
<th>Type of CPE</th>
<th>Home Study UANs</th>
<th>Live UANs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>UANs</td>
<td>UANs</td>
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<tr>
<td>Knowledge</td>
<td></td>
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<tr>
<td>Min. 15 min</td>
<td>17,004 (84%)</td>
<td>24,710 (87%)</td>
</tr>
<tr>
<td>Application</td>
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<tr>
<td>≥ 1 hour</td>
<td>3,106 (15%)</td>
<td>3,540 (12%)</td>
</tr>
<tr>
<td>Practice</td>
<td></td>
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<tr>
<td>≥ 15 hours</td>
<td>14 (1%)</td>
<td>46 (1%)</td>
</tr>
</tbody>
</table>
# Continuing Pharmacy Education: Activities and Learners Data

**June 1, 2016 – May 31, 2017 ONLY**

<table>
<thead>
<tr>
<th>Activity Type</th>
<th>Total</th>
<th>Learner Type</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Study CE Activities</strong></td>
<td>11,044</td>
<td>Pharmacist Learners</td>
<td>3,097,829</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmacy Technician Learners</td>
<td>1,976,156</td>
</tr>
<tr>
<td><strong>Live CE Activities</strong></td>
<td>22,329</td>
<td>Pharmacist Learners</td>
<td>1,381,509</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Pharmacy Technician Learners</td>
<td>195,483</td>
</tr>
</tbody>
</table>

**Home Study CE Activities**
- **Total**: 11,044
- **Pharmacist Learners**: 3,097,829 (69%)
- **Pharmacy Technician Learners**: 1,976,156 (91%)

**Live CE Activities**
- **Total**: 22,329
- **Pharmacist Learners**: 1,381,509 (31%)
- **Pharmacy Technician Learners**: 195,483 (9%)
The provider must communicate and collaborate with CPE activity faculty regarding the identified educational needs, intended audience, objectives, active participation, and learning assessments for each CPE activity.

**Pharmacist’s Patient Care Process**
### TOP 20 PHARMACIST-SPECIFIC KEYWORDS (June 1, 2016 – May 31, 2017)

**Total UAN Count (H+LD+B)**

<table>
<thead>
<tr>
<th>Rank</th>
<th>Keyword</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Diabetes (DM)</td>
<td>3,493</td>
</tr>
<tr>
<td>2.</td>
<td>Infectious Diseases</td>
<td>2,326</td>
</tr>
<tr>
<td>3.</td>
<td>Education</td>
<td>2,225</td>
</tr>
<tr>
<td>4.</td>
<td>Mental Health</td>
<td>1,820</td>
</tr>
<tr>
<td>5.</td>
<td>Immunizations</td>
<td>1,809</td>
</tr>
<tr>
<td>6.</td>
<td>Medication Safety</td>
<td>1,748</td>
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<tr>
<td>7.</td>
<td>Management</td>
<td>1,739</td>
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<tr>
<td>8.</td>
<td>Communication</td>
<td>1,669</td>
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<tr>
<td>9.</td>
<td>Nutrition</td>
<td>1,643</td>
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<tr>
<td>10.</td>
<td>Oncology</td>
<td>1,587</td>
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<tr>
<td>11.</td>
<td>Law</td>
<td>1,586</td>
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<tr>
<td>12.</td>
<td>Human Immunodeficiency Virus (HIV)</td>
<td>1,522</td>
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<tr>
<td>13.</td>
<td>Women’s Health</td>
<td>1,461</td>
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<tr>
<td>14.</td>
<td>Safety</td>
<td>1,448</td>
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<tr>
<td>15.</td>
<td>Depression</td>
<td>1,417</td>
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<td>16.</td>
<td>Pain Management</td>
<td>1,413</td>
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<tr>
<td>17.</td>
<td>Drug Information</td>
<td>1,316</td>
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<tr>
<td>18.</td>
<td>Pharmaceutical Care</td>
<td>1,313</td>
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<tr>
<td>19.</td>
<td>Vaccines</td>
<td>1,299</td>
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<td>20.</td>
<td>Counseling</td>
<td>1,266</td>
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**Pharmacist Learner Count**

<table>
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<tr>
<th>Rank</th>
<th>Keyword</th>
<th>Count</th>
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<tbody>
<tr>
<td>1.</td>
<td>Drug Information</td>
<td>814,053</td>
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<td>2.</td>
<td>Law</td>
<td>253,367</td>
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<tr>
<td>3.</td>
<td>Diabetes (DM)</td>
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<td>4.</td>
<td>Immunizations</td>
<td>228,994</td>
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<td>5.</td>
<td>Infectious Disease</td>
<td>211,157</td>
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<td>6.</td>
<td>Compounding</td>
<td>195,056</td>
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<td>7.</td>
<td>Medical Therapy Management</td>
<td>119,381</td>
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<tr>
<td>8.</td>
<td>Medication Errors</td>
<td>99,747</td>
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<td>9.</td>
<td>Safety</td>
<td>96,336</td>
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<td>10.</td>
<td>Addiction</td>
<td>91,051</td>
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<tr>
<td>11.</td>
<td>Pain</td>
<td>86,871</td>
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<td>12.</td>
<td>Women’s Health</td>
<td>84,661</td>
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<td>13.</td>
<td>Management</td>
<td>78,412</td>
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<td>14.</td>
<td>Nutrition</td>
<td>76,720</td>
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<td>15.</td>
<td>Cardiology</td>
<td>76,570</td>
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<td>16.</td>
<td>Vaccines</td>
<td>73,269</td>
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<td>17.</td>
<td>Drug Diversion</td>
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<td>18.</td>
<td>Pediatrics</td>
<td>69,711</td>
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<td>19.</td>
<td>Adverse Drug Reactions</td>
<td>68,424</td>
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<tr>
<td>20.</td>
<td>Opioids</td>
<td>68,384</td>
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</table>
Founders (2010)
• Accreditation Council for Continuing Medical Education (ACCME)
• Accreditation Council for Pharmacy Education (ACPE)
• American Nurses Credentialing Center (ANCC)

Associate members (2018)
• American Academy of PAs (AAPA)
• Association of Regulatory Boards of Optometry’s Council on Optometric Practitioner Education (ARBO/COPE)
NUMBER OF JOINTLY ACCREDITED ORGANIZATIONS

Total = 63 Jointly Accredited Providers
Jointly accredited providers are comprised of associations, healthcare systems, government/regulator, accreditors, private education companies, and colleges and universities, including...
NEW INTERPROFESSIONAL CONTINUING EDUCATION (IPCE) CREDIT FOR LEARNING AND CHANGE

• Interprofessional continuing education (IPCE) credit for learning and change identify continuing education (CE) activities designed by and for the healthcare team

• A new, optional credit mark

• The goal of IPCE credits is to create an additional benefit for educators, healthcare professionals, and patients.

• IPCE credits identify team-based CE activities—*not replace education or credits for individual professions.*

• The IPCE credit is intended to complement other healthcare credit and metric systems.
International Services Program

Consulting, training, and professional degree program Certification to stakeholders around the world who seek guidance related to quality assurance and advancement of pharmacy education.

LEARN MORE
INTERNATIONAL COMMISSION

US-based Commissioners
❖ Indra K. Reddy
❖ Anthony K. Wutoh
❖ Magaly Rodriguez de Bittner – Vice Chair
❖ Jannet Carmichael

International Commissioners
❖ Yousif Asiri (Saudi Arabia)
❖ Bhojraj Suresh (India) - Chair
❖ Yen Huei (Tony) Tarn (Taiwan)
❖ Abeer Alghananeem (Jordan)

ACPE Board Liaison
❖ Martha Rumore (USA)
CERTIFIED PROGRAMS, FORMAL COLLABORATIONS, MEMBERS OF COMMISSION AND ADVISORY GROUP
ACPE CERTIFICATION VERSUS ACCREDITATION?

- Primary purpose is to help countries improve their pharmacy education and practice; strong focus on working with the school on quality improvement
- **Certification is not directly linked to eligibility for licensure** (as accreditation is in state legislation in the USA); not intended to imply or confer eligibility to practice in any jurisdiction
- **PharmD Accreditation Standards designed with US education and health systems** in mind; have very specific requirements; likely that only a limited number of non-US-based programs would meet these standards; would limit ACPE’s ability to help countries and institutions in their quality improvement efforts
Programs with Certification Status (9)

- **King Saud University, College of Pharmacy, Kingdom of Saudi Arabia**
  - Bachelor of Pharmacy (BPharm) and Doctor of Pharmacy (PharmD)

- **Jagadguru Sri Shivarathreeswara (JSS) University, College of Pharmacy, Republic of India**
  - Doctor of Pharmacy (PharmD)

- **King Faisal University, College of Clinical Pharmacy, Kingdom of Saudi Arabia**
  - Doctor of Pharmacy (PharmD)

- **Near East University, Faculty of Pharmacy, Northern Cyprus**
  - Master of Science in Pharmacy (MPharm);

- **Al Ain University of Science and Technology, College of Pharmacy, United Arab Emirates**
  - Bachelor of Science in Pharmacy (BSc Pharm)

- **The University of Jordan, School of Pharmacy, Hashemite Kingdom of Jordan**
  - Bachelor of Science in Pharmacy (BSc) and Doctor of Pharmacy (PharmD)

- **Qassim University, College of Pharmacy, Kingdom of Saudi Arabia**
  - Doctor of Pharmacy (PharmD)
A collaboration between ACPE and the American Society of Health-System Pharmacists (ASHP) to promote, assure, and advance the quality of pharmacy technician education and training programs.

LEARN MORE
PART 1 – BRIEF UPDATES
• PharmD Accreditation Program
• Continuing Education Provider Accreditation Program
• International Services Program

PART 2 – PANEL DISCUSSION
• Rationale for and follow up from the 2017 Pharmacy Technician Stakeholder Consensus Conference
• Status of the ASHP/ACPE Revised Pharmacy Technician Education and Training Accreditation Standards
• What’s next?
VARIOUS POINTS OF ENTRY FOR PHARMACY TECHNICIANS

- Registration
- Licensure
- Certification

- Programmatical accreditation
- Non accredited

- Retail Based
- Hospital Based

- PTCE
- ExCPT
- State Exam
TYPES OF PHARMACY TECHNICIAN EDUCATION/TRAINING PROGRAMS

- Certificate and degree programs in community colleges or technical schools
- College of Pharmacy associated programs
- Employer sponsored programs
- High school programs
- Military training programs
- Certification review courses
PHARMACY TECHNICIAN ACCREDITATION COMMISSION (PTAC)

- Formed through ASHP/ACPE collaboration
- ACPE Board approved ASHP standards, guidelines, and procedures for PTAC
- PTAC recommendations require approval of both ASHP and ACPE Boards
- First PTAC recommendations to ASHP and ACPE boards for accreditation actions occurred at their June 2015 meetings and were approved
PTAC MEMBERS

• John J. Smith, ED
  *Chair*
• Donna S. Wall, BCPS, FASHP
  *Vice Chair*
• Hope Ballard
• Angela Cassano, Pharm D, BCPS, FASHP
• Michael Diamond, MSc
• Jacqueline Hall, RPH, MBA

• Mario S. Garcia, BS, RPHT
• Barbara Lacher, BS, RPHTECH, CPHT
• Lisa S. Lifshin, BS Pharm, ASHP
  *Secretary*

LIAISON TO ACPE BOARD OF DIRECTORS
• Michael A. Moné, RPH, JD, FAPHA

LIAISON TO ASHP BOARD OF DIRECTORS
• Kelly Smith, Pharm.D., BCPS, FASHP, FCCP
STAKEHOLDER CONSENSUS CONFERENCE

— Stakeholder Consensus Conference

- To stimulate profession wide dialog about the state of pharmacy technician qualifications, ACPE, the Pharmacy Technician Certification Board (PTCB), and the American Society of Health-System Pharmacists (ASHP) jointly planned the Pharmacy Technician Stakeholder Consensus Conference, sponsored by PTCB
- February 14-16, 2017, Omni Mandalay Hotel Las Colinas, TX
- **110 participants** from all aspects of pharmacy, including pharmacists and technicians from various practice settings, non-pharmacists, organizational leaders, educators, and regulators
- **380 webinar participants** during plenary sessions
RECOMMENDATIONS: BROAD CONSENSUS

• Defining Pharmacy Technicians
• Pharmacy Technician Education
• Required Knowledge, Skills, and Abilities of Entry-Level Pharmacy Technicians
• Certification of Pharmacy Technicians
• State Laws and Regulations on Pharmacy Technicians
• Advanced Pharmacy Technician Practice
• Moving Forward on Pharmacy Technician Issues
Toward uniform standards for pharmacy technicians: Summary of the 2017 Pharmacy Technician Stakeholder Consensus Conference

William A. Zellmer, Everett B. McAllister, Janet A. Silvester, Peter H. Vlasses

**Article Info**

**Article history:**

Keywords: consensus conference pharmacy technician certification pharmacy technician education state regulation of pharmacy technicians uniform national standards for pharmacy technicians

In pursuit of a path toward resolving unsettled issues related to pharmacy technicians, the Pharmacy Technician Certification Board (PTCB) sponsored a stakeholder consensus conference on February 14–16, 2017, in Irving, Texas. Planned in collaboration with the Accreditation Council for Pharmacy Education (ACPE) and the American Society of Health-System Pharmacists (ASHP), and under the guidance of an advisory committee representing all major branches of pharmacy, this invitational event yielded important recommendations concerning the definition, education, entry-level requirements, advanced practice, certification, and regulation of pharmacy technicians.

The 89 invited participants in the conference (eAppendix A) included pharmacists and technicians from various types of practice and educational settings, pharmacy association executives, regulators, and representatives of the general public.

Approximately 350 individuals participated remotely in the plenary sessions of the conference through a Web link.

**Design of the conference**

In consultation with the advisory committee, the conference planners established objectives for the event (sidebar), designed a preconference survey that was sent to pharmacy opinion leaders and conference participants, established the event agenda, selected speakers, identified invitees, and recommended readings for participant review in advance of the event. (Some key readings are cited here.) Individuals engaged in planning and conducting the conference are listed in eAppendix B.

The program consisted of 5 plenary sessions (each focused on separate facets of the conference objectives), 3 work-group sessions (during which conferencees divided into 4 groups to discuss specific issues and draft related recommendations), and a final session for polling of conference attendees on level of agreement or disagreement with recommendations from the work groups.

**Conference opening**

This article will appear in the September 1, 2017, issue of AJHP.

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ACPE and ASHP jointly sponsor the Pharmacy Technician Accreditation Commission, which is the accrediting review committee for pharmacy technician education programs.

The term pharmacy technician education is used in this report to
DRAFT ASHP/ACPE Accreditation Standards for Pharmacy Technician Education and Training Programs

Purpose:

• protect the public
• serve as a guide for pharmacy technician education and training program development at the entry- and advanced-levels
• provide criteria for the evaluation of new and established programs
• promote continuous improvement of established programs

[URL]


Comments due by March 23, 2018
Revision of ASHP/ACPE Standards: Summary of Changes

• Pursuant to the feedback received at the PTSCC, these standards have been divided into entry-level and advanced competencies within one document.

• These standards were designed for the preparation of entry-level pharmacy technicians as well as providing additional curriculum options for advanced-level technicians.

• Programs will choose whether they want to provide entry-level only or entry-level and advanced-level programs.
Revision of ASHP/ACPE Standards: Summary of Changes (cont.)

• Standards have been reorganized into three sections modeling the format used by other accrediting bodies.
• The standards have been restructured into 15 standards.
• For every standard there are “key elements” that must be met. For some of the standards, the key elements are broken into entry-level and advanced-level expectations.
• The standards no longer include the words “must” and “should”. The standards are declarative statements of expectation for compliance.
• Minimum hour requirements have been edited to reflect education and training needs for entry-level and advanced-level preparation of graduates.
Three Sections of the ASHP/ACPE Standards

• SECTION I: COMPETENCY EXPECTATIONS

• SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF COMPETENCY EXPECTATIONS

• SECTION III: ASSESSMENTS OF STANDARDS AND KEY ELEMENTS
Three Sections of the ASHP/ACPE Standards

• **SECTION I: COMPETENCY EXPECTATIONS**
  – Standards # 1 to 5

• **SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF COMPETENCY EXPECTATIONS**
  – Standards # 6 to 13

• **SECTION III: ASSESSMENTS OF STANDARDS AND KEY ELEMENTS**
  – Standards # 14 to 15
SECTION I: COMPETENCY EXPECTATIONS

Entry-Level

• The program prepares students for practice as entry-level pharmacy technicians in a variety of contemporary settings (e.g., community, hospital, home care, long-term care) and has students acquire knowledge, skills, and abilities needed for such practice.

Advanced-Level

• The program prepares students for practice as advanced-level pharmacy technicians, in a broad range of advanced roles and has students acquire additional knowledge, skills, and abilities beyond those of the entry-level pharmacy technician, needed for such practice.
SECTION I: COMPETENCY EXPECTATIONS

- **Standard 1: Personal/Interpersonal Knowledge and Skills**
  - Entry-level: 7 Key Elements
  - Advanced-level: 3 Key Elements

- **Standard 2: Foundational Professional Knowledge and Skills**
  - Entry-level: 12 Key Elements
  - Advanced-level: 4 Key Elements

- **Standard 3: Processing and Handling of Medications and Medication Orders**
  - Entry-level: 20 Key Elements
  - Advanced-level: 10 Key Elements

- **Standard 4: Patient Care, Quality and Safety Knowledge and Skills**
  - Entry-level: 8 Key Elements
  - Advanced-level: 5 Key Elements

- **Standard 5: Regulatory and Compliance Knowledge and Skills**
  - Entry-level: 4 Key Elements
  - Advanced-level: 2 Key Elements
SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES

- Standard 6: Authority and Responsibility provided to Program Director
- Standard 7: Strategic Plan
- Standard 8: Advisory Committee
- Standard 9: Curricular Length
  - Entry-level: 400 hours, ≥ 10 weeks; Didactic – 120 hours; Simulation – 60 hours; Experiential – 120 hours (total 300 and 100 hours remaining allocated as program director and faculty see fit)
  - Advanced-level: 600 hours, ≥ 15 weeks; Didactic – 160 hours; Simulation – 80 hours; Experiential – 160 hours (total 400 and 200 hours remaining allocated as program director and faculty see fit)
- Standard 10: Curricular Composition and Delivery (includes distance learning expectations)
  - Entry-level: Students complete at least one experiential rotation in a dispensing pharmacy setting where the student will utilize skills learned during their entry-level curriculum
  - Advanced-level: Students complete at least one additional experiential rotation, in addition to any completed during an entry-level program. This advanced experiential rotation takes place in a facility where the student will utilize skills learned during the advanced-level curriculum.
- Standard 11: Student Recruitment, Acceptance, Enrollment, and Representation
- Standard 12: Faculty/Instructors
- Standard 13: Documentation
SECTION III: ASSESSMENTS OF STANDARDS AND KEY ELEMENTS

• **Standard 14: Assessment of Competency Expectations**
  – 14.1 Student Learning Assessments – 6 Key Elements
  – 14.2 Program assessments – 5 Key Elements
    (a) program completion and
    (b) performance on national certification examinations or; performance on a psychometrically valid evaluation and;
    (c) program satisfaction, including student, graduate, and employer satisfaction; and,
    (d) job placement.
    (e) Documentation of use of assessment data in the continuous quality improvement process is maintained.

• **Standard 15: Assessments of Structure and Process**
  – 3 Key Elements
CPE Administrators Workshop


Register Here ➔