CPE Updates
Accreditation Cycle Observations
2024
• Summarize compliance results of the most recent evaluation cycle.
• Interpret the ACPE Standards for Continuing Pharmacy Education (CPE) that are most challenging for providers.
• Discuss updates to ACPE’s CPE Commendation Criteria.
• Describe the expectations for Continuing Professional Development (CPD) for CPE Administrator.
• Introduce CPD Program Accreditation.
• Provide a brief overview of recently updated Policies/Procedures, annual fees and penalty fee procedures.
ACPE Continuing Pharmacy Education (CPE)

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Joint Accreditation Coordinator
Evaluation Cycle
# Spring 2024 Evaluation Cycle

<table>
<thead>
<tr>
<th>Evaluation</th>
<th># Reports</th>
<th>Accreditation Term/Next Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Applications</td>
<td>4</td>
<td>2-year / First Review</td>
</tr>
<tr>
<td>First Review</td>
<td>2</td>
<td>5-year / Comprehensive Review</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>1-year / Second Review</td>
</tr>
<tr>
<td>Second Review</td>
<td>1</td>
<td>4-year / Comprehensive Review</td>
</tr>
<tr>
<td>Comprehensive Review</td>
<td>7</td>
<td>6-year / Comprehensive Review</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>6-year / Interim Report</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>1-year / Progress Report</td>
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<table>
<thead>
<tr>
<th>Evaluation</th>
<th># Reports</th>
<th>Next Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interim Reports</td>
<td>15</td>
<td>Comprehensive Report</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>Interim Report</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Evaluation</th>
<th># Reports</th>
<th>Accreditation Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commendation</td>
<td>1</td>
<td>Awarded</td>
</tr>
</tbody>
</table>
Comprehensive Reviews
14 of 21 providers require additional monitoring
Interim Reports
15 of 31 require additional monitoring
Accreditation Action & Recommendations Document
Compliance Issues – Standards

Standard 1 – Achievement of Mission and Goals

• Goals not specific and measurable
• Assessment plan is lacking or does not align with mission and goals
• Data collection/analysis focuses on individual CPE activities rather than overall CPE program
• Use of data analysis for ongoing improvement not evident
Standard 1: Achievement of Mission and Goals

The provider must develop a mission statement specifically for the CPE program that defines the basis and intended outcomes for the majority of educational activities the provider offers.

Providers must create measurable goals, collect and analyze aggregate data to demonstrate achievement of goals, and provide evidence of continuous development and improvement of the CPE program.

• **Guidance:**
  - **Part I:** CPE Program Mission - Providers must develop a mission specifically for the CPE program. The CPE mission statement should include the target audience, the scope of activities, and intended outcomes of CPE activities.
  
  - **Part II:** CPE Program Goals - Providers are required to develop goals specific to their CPE program. CPE goals should be concise and measurable statements which are aligned with the CPE mission, indicating how the CPE mission will be achieved. The mission and goals should be periodically evaluated and updated to assure consistency between the CPE mission, goals, and activities.
  
  - **Part III:** Achievement of Mission and Goals - The provider should submit objective evidence (i.e. aggregate data) documenting evaluation of CPE program mission and goal achievement. A narrative describing the rationale for the time period and activity data included in the analysis should be provided. The provider should describe how the assessment has already or will be used for continuous quality improvement of the CPE program.
# Standard 1: Achievement of Mission and Goals of the CPE Program

## Evaluation Rubric

<table>
<thead>
<tr>
<th>Criterion and Evidence</th>
<th>Meets Criterion</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPE Program Mission</strong></td>
<td>The provider has a mission statement specifically for the CPE program that defines the target audience, the scope of activities, and the intended outcomes of CPE activities.</td>
<td>The provider does not have a mission statement specifically for the CPE program that defines the target audience, the scope of activities, and the intended outcomes of CPE activities.</td>
</tr>
<tr>
<td>(Attach CPE mission statement.)</td>
<td>Meets □</td>
<td>Needs Improvement □ or Additional Docs Required □</td>
</tr>
<tr>
<td><strong>CPE Program Goals</strong></td>
<td>The CPE program goals indicate how the mission will be achieved. CPE goals are concise and measurable statements.</td>
<td>The CPE program goals do not indicate how the mission will be achieved and/or are not concise and measurable statements.</td>
</tr>
<tr>
<td>(Attach specific, measurable goal statements.)</td>
<td>Meets □</td>
<td>Needs Improvement □ or Additional Docs Required □</td>
</tr>
<tr>
<td><strong>Achievement of Mission and Goals</strong></td>
<td>The provider has submitted aggregate data documenting evaluation of CPE program mission and goal achievement. Aggregate data is reflective of multiple activities.</td>
<td>The provider does not include aggregate data collection and analysis to document achievement of the mission and goals.</td>
</tr>
<tr>
<td>(Attach aggregate data documenting the achievement of the mission and/or goals)</td>
<td>Meets □</td>
<td>Needs Improvement □ or Additional Docs Required □</td>
</tr>
<tr>
<td><strong>Continuous Improvement</strong></td>
<td>The provider uses the results of aggregate data analysis to demonstrate continuous development and improvement of the CPE program.</td>
<td>The provider does not use the results of aggregate data analysis to demonstrate continuous development and improvement of the CPE program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Meets □</th>
<th>Needs Improvement □ or Additional Docs Required □</th>
</tr>
</thead>
</table>

**ACPE**
CPE Program Mission Statement – The CPE Mission statement should include the **target audience, the scope of activities, and intended outcomes** of CPE activities.

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Scope of Activities</th>
<th>Intended Outcomes</th>
<th>Complete Mission Statement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacists and Pharmacy Technicians</td>
<td>Education Relevant to Clinical Practice</td>
<td>Apply Learning to Practice and Improve Patient Care</td>
<td><strong>Deliver CPE activities to pharmacists and pharmacy technicians focused on education relevant to clinical practice to empower pharmacists and pharmacy technicians to apply learning to practice and improve patient care.</strong></td>
</tr>
</tbody>
</table>
CPE Program Goals

• Example goals to ensure achievement of the mission:

  • Operational/Organizational
    • Increase the number of pharmacy technicians participating in all CE activities by 10% every year.
    • Provide 5 CPE activities focused on antimicrobial stewardship and transitions-of-care.
    • Increase our application-based activity offerings to 25% of our total activities.

  • Outcomes-Based
    • Over 50% of pharmacists and pharmacy technicians report agree/strongly agree on program evaluations that program contents reinforced current practice or helped to identify an opportunity to improve practice.
    • Increase the number of appropriately documented medication errors by 10%.
Mapping CPE Mission to Goals

Mission Statement: Deliver CPE activities to pharmacists and pharmacy technicians focused on education relevant to clinical practice to empower pharmacists and pharmacy technicians to apply learning to practice and improve patient care.

<table>
<thead>
<tr>
<th>Goal #1</th>
<th>Goal #2</th>
<th>Goal #3</th>
<th>Goal #4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CPE Activities for Pharmacist Clinical Practice</strong>&lt;br&gt;Offer 10 or more hours of CPE for pharmacists specifically related to each of the following areas: antimicrobial stewardship, new guidelines, and medication safety.</td>
<td><strong>CPE for Pharmacy Technician Clinical Practice</strong>&lt;br&gt;Offer 10 or more hours of CPE for pharmacy technicians related to each of the following areas: immunization training, tech-check-t tech initiatives, community health worker training.</td>
<td><strong>Apply Learning to Practice</strong>&lt;br&gt;Over 50% of pharmacists and technicians completing CPE report agree/strongly agree on activity evaluations that educational contents reinforced current practice or helped to identify an opportunity to improve practice.</td>
<td><strong>Improve Patient Care</strong>&lt;br&gt;Increase the number of appropriately documented medication errors by 10%.</td>
</tr>
</tbody>
</table>
## Operationalizing your Assessment Plan
### Program Goal Assessment Chart

<table>
<thead>
<tr>
<th>Program Goal (As detailed in Mission &amp; Goals statements)</th>
<th>Evaluation Methods</th>
<th>Results</th>
<th>Summary/Reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase the number of appropriately documented medication errors by 10%.</td>
<td>% increase of accurate medication errors reported year-over-year.</td>
<td>Looking at our health-system dashboard, the number of accurately reported medication errors increased from 135 to 175.</td>
<td>We met the goal of 10% increase and are now considering education on preventing the errors identified.</td>
</tr>
</tbody>
</table>
Standard 2: Rubric

The provider must develop CPE activities based on a knowledge, skill or practice gap.

The provider should identify gaps between what pharmacists and pharmacy technicians currently know or do and what is needed and desired in practice.

<table>
<thead>
<tr>
<th>Criterion and Evidence</th>
<th>Meets Criterion</th>
<th>Needs Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gap Identification Process</td>
<td>The provider describes the process of how knowledge, skill, or practice gaps are identified.</td>
<td>The provider does not have a process of identifying knowledge, skill, or practice gaps.</td>
</tr>
<tr>
<td>(Attach description of how gaps are identified.)</td>
<td></td>
<td>Meets □</td>
</tr>
<tr>
<td>Gap Analysis</td>
<td>The provider identifies a gap between what pharmacists and/or pharmacy technicians currently do and what is needed and desired in practice.</td>
<td>The provider does not identify gaps between what pharmacists and/or pharmacy technicians do and what is needed or desired in practice.</td>
</tr>
<tr>
<td>(Attach evidence of gaps identified.)</td>
<td></td>
<td>Meets □</td>
</tr>
</tbody>
</table>

ACPE®
Compliance Issues – Standards

Standard 2 – Gap Analysis

• Process outlined but identified gaps and/or underlying educational needs of target audience are not evident

• Evidence of how gap analysis informed development of specific CPE activities not demonstrated, i.e. determination of activity type, creation of objectives, alignment with active learning/learning assessment
Self-Assessment Report
- Standard 2 Gap Analysis

Provider’s Narrative: “Methods to identify gaps include areas self-expressed by audience, review of medication error reports, gap surveys”

Evidence: gap surveys

NEEDS IMPROVEMENT
# Heart Failure Activity Gap Analysis Process

<table>
<thead>
<tr>
<th>PHARMACIST/TECHNICIAN</th>
<th>SUPPORT FOR NEED</th>
<th>EDUCATIONAL GAP</th>
<th>POTENTIAL LEARNING OBJECTIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identified Educational Need</td>
<td>Pharmacotherapy remains central to the management of chronic heart failure (HF) for symptom management, prevention of disease progression and reductions in hospitalizations and mortality. After more than a decade, two new therapeutic options for HFrEF became available in 2015.</td>
<td>2016 ACC/AHA/HFSA Updated Guideline for the Management of Heart Failure. Need to define the role of these new therapies in the context of conventional guideline-directed medical therapy.</td>
<td>Review the updated guidelines for the management of chronic heart failure (HFrEF). Evaluate the latest trial data for the new approved agents for HFrEF. Define the role of these new agents for the management of HFrEF.</td>
</tr>
</tbody>
</table>

Compliance Issues – Standards

**Standard 3 – CPE Activities**

**Standard 4 – CPE Learning Objectives**

- Learning objectives do not match activity type.
- Learning objectives not consistently specific or measurable.
Self-Assessment Report
- Standard 3 CPE Activities
- Standard 4 CPE Activity Objectives

• **Provider’s Evidence:**

  Upon completion of this activity, the participants should be able to:
  • Develop understanding of best practices for pharmacists in engaging patients in harm reduction interventions
  • Cultivate a harm-reduction ‘friendly’ environment with the use of patient-centered communication strategies
  • Access utilization of opioid agonist treatments currently available

**NEEDS IMPROVEMENT**
Bloom’s Taxonomy

Relative to taxonomies of learning, CPE activities progress through continuum of learning: Knowledge → Application → Certificate

CPE Activity Objectives

Creating
- Ability to form new product/plan
  - Assemble, construct, create, design, develop, formulate, plan, propose

Evaluating
- Ability to judge value of material
  - Appraise, argue, assess, defend, evaluate, judge, select, support, value

Analyzing
- Break down into component parts
  - Calculate, compare, contrast, differentiate, discriminate, distinguish, examine, experiment, test

Applying
- Use of learned information in a new way
  - Choose, demonstrate, employ, illustrate, interpret, operate, schedule, sketch, solve, use, write

Understanding
- Ability to explain ideas/concepts
  - Classify, describe, explain, identify, locate, outline, recognize, report, select

Remembering
- Recall of previously learned material
  - Define, list, name, order, recall, repeat, reproduce, state

CPE Activity Objectives

• Learning Objectives should:
  • Be achievable within the allotted time for the activity
  • Address a single objective – action verb (i.e., not multiple objectives included in one)
  • Be listed in the same order that the content will appear
  • Be appropriate for the designated teaching methods
Compliance Issues – Standards

Standard 5

• Disclosure of **ALL** financial relationships is not obtained for **ALL** individuals with the ability to control content (faculty, speakers, and planners) and the relevant financial relationships disclosed to learners

• Mechanisms to mitigate conflicts of interest are not evident
Standards for Integrity and Independence

Guideline 5.3: Identify, Mitigate and Disclose Potential Relevant Financial Relationships

Step 1: Collect information (before you begin planning) from all individuals in control of content about all their financial relationships with ineligible companies* within the prior 24 months.

• Includes advisory committees, planning committee members, faculty, etc.
• There is no minimum financial threshold; all financial relationships with ineligible companies must be disclosed.

Information to collect:

• The name of the ineligible company with which the person has a financial relationship.
• The nature of the financial relationship.

*Ineligible company: primary business is producing, marketing, selling, re-selling or distributing healthcare products used by or on patients
Standards for Integrity and Independence

Guideline 5.3: Identify, Mitigate and Disclose Potential Relevant Financial Relationships

Step 2: Review and exclude owners and employees of ineligible entities

Review financial relationships to identify individuals who are owners or employees of ineligible companies. These individuals must be excluded from controlling content or participating as planners or faculty.

There are three exceptions to this exclusion:

• Content is not related to business lines or products of the employer/company.
• Content is limited to basic science research, such as pre-clinical research and drug discovery, or the methodologies of research, and they do not make care recommendations.
• Individual is participating as a technician to teach safe and proper use of medical devices and do not recommend whether or when a device is used.
Standards for Integrity and Independence

Guideline 5.3: Identify, Mitigate and Disclose Potential Relevant Financial Relationships

Step 3: Identify relevant financial relationships:

Review financial relationships to identify those that are relevant

✓ A financial relationship, in any amount, exists between the individual and an ineligible company
✓ The financial relationship existed during the past 24 months
✓ The content is related to the products of the ineligible company
Standards for Integrity and Independence

Guideline 5.3: Identify, Mitigate and Disclose Potential Relevant Financial Relationships

Step 4: Mitigate relevant financial relationships
Prevent those with relevant financial relationships from inserting commercial bias into content

• Mitigate relationships prior to the individuals assuming their roles
• Take steps appropriate to the role of the individual
• Steps for planners will differ than for faculty and occur before planning begins
• Document the steps taken to mitigate relevant financial relationships
Standards for Integrity and Independence

What happens when there is a relevant financial relationship?

Provider takes an active role to mitigate conflicts by:

- Recusing individual from controlling aspects of planning and content with which they have a conflict
- Using peer-review of planning decisions (for planners) by individual(s) that do not have a conflict of interest related to the content
- Using peer-review of content (for authors/presenters) by individual(s) that do not have conflicts of interest related to the content
- Ensuring that clinical recommendations are evidence-based and free of commercial bias
## Documentation of Mitigation of Conflict of Interest: Example

### Clinical Pathways in Diabetes Care

**Activity Support - AstraZeneca**

<table>
<thead>
<tr>
<th>Name of Person/Role</th>
<th>Financial Relationship(s)</th>
<th>COI Identified</th>
<th>Method of Mitigation</th>
<th>Effectiveness of Mitigation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Speaker/Chair</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tom Apothecary, PharmD</td>
<td>Stock AZ–Lilly, Amgen</td>
<td>Stock–AZ, Lilly</td>
<td>Internal Peer Review</td>
<td>Bias not found 98%</td>
</tr>
<tr>
<td></td>
<td>Speaker–AZ</td>
<td>Research–BI</td>
<td>External Peer Review</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Evidence Based Evidence Based</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>On site monitoring</td>
<td></td>
</tr>
<tr>
<td><strong>Speaker</strong></td>
<td></td>
<td>None-products and services of commercial interests will not be discussed in the activity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Andy Healer, MD</td>
<td>Stock – Millennium,</td>
<td></td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Abbott</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Research – BI, BD</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planning Committee</strong></td>
<td></td>
<td>None</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Janet Pills, RPh</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Planning Committee</strong></td>
<td></td>
<td>None</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Amy Aorta, PharmD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Reviewer</strong></td>
<td></td>
<td>None</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Terry Treatment, PharmD</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Activity Support - AstraZeneca**
The Road to Compliance

Process & Documentation
Accreditation with Commendation
- Menu Approach

• Providers must demonstrate compliance with the expectations outlined in Standards 1-11, Policies, and Procedures.

• Additionally, the CPE provider will need to demonstrate compliance with TWO criteria in TWO subcategories of their choice.
  • Content
  • Delivery
  • Learning Assessment
  • Evaluation

• Commendation is **optional** and is not required to receive ACPE accreditation.

Accreditation with Commendation

- CE activities submitted for documentation should be activities within the accreditation term.
  - The activities do not need to be only the activities selected for audit for the comprehensive review process.
  - The provider may select the activities which are felt to best demonstrate the provider’s achievement of the respective criteria.
Re-Accreditation with Commendation

- Accredited providers with Commendation will submit a Self-Assessment Report for Comprehensive Review for reaccreditation.

- If the provider is compliant with all ACPE Standards (1-11), Policies and Procedures, the provider will be awarded Accreditation with Commendation till the next cycle whereby the provider may submit for evaluation for Continued Commendation.

<table>
<thead>
<tr>
<th>Comprehensive Review</th>
<th>Commendation Report Submission Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring Review Cycle: June Accreditation Decision</td>
<td>October 1st or April 1st</td>
</tr>
<tr>
<td>Fall Review Cycle: January Accreditation Decision</td>
<td>April 1st or October 1st</td>
</tr>
</tbody>
</table>

- If the provider is not compliant with all ACPE Standards (1-11), Policies and Procedures during the Comprehensive Review, Accreditation with Commendation will not be continued.
Accreditation with Commendation

• To Date
  • Since the Spring 2021 review cycle, twelve (12) accredited providers have submitted applications for accreditation with commendation.
  • Eight (8) providers have been granted this designation:
    • American Society of Health-System Pharmacists
    • Drug Information Association (DIA)
    • Global Education Group
    • Texas Tech University Health Sciences Center School of Pharmacy
    • The University of Texas MD Anderson Cancer Center
    • TRINU Corporation
    • United Health Group Center for Clinician Advancement
    • University of Oklahoma College of Pharmacy
Accreditation with Commendation

- Delivery - Criterion 7 Updates:

|   | Creative and innovative educational formats, including those that incorporate technology and creative tools, are utilized for the delivery of CPE activities. | Activities that promote active learning focus more on developing learners’ skills than on transmitting information and require learners to do something that requires higher-order thinking. | A description and outcome of the provider’s efforts towards incorporating innovative educational techniques, including an explanation as to why the educational technique is innovative. | Documentation from two CPE activities that incorporated innovative educational formats. Discuss how the innovative educational technique was utilized, and the intended and actual outcome. |

Policies/Procedures

• Continuous Professional Development (CPD) for CE Administrators (Policy 1.0)
  • CPD Workbook
  • Competency Areas for CPE Professionals
CPD Process for CPE Administrators

- Annual self-assessment of NLCs
- Log CPD activities over the course of the year
- End-of-year reflection
- Administrators submit worksheet + activity log as evidence of Section V, Policy 1.0 during Comprehensive Review

ACPE CPE Tools and Resources, Policy 1.0
https://www.acpe-accredit.org/pdf/Excel%20Documents/AdministratorCPDWorksheetFINALSept2021.xlsx
Monitoring

During Comprehensive Review, CPE Administrators submit documentation of professional development (i.e., CPD workbook) as evidence of Policy 1.0.
CPD Program Accreditation Pathway

- Began January 1st, 2024
  - CPE providers may submit plans for CPD programs.
  - Award CPD credit for different components of the CPD cycle: Reflect, Plan, Learn, Apply, Evaluate, Review/Record.

- Principles of CPD Programs, Policies, and Procedures
  - Systematic Planning of CPD Program
  - CPD Program Design (i.e., components of CPD cycle)
  - Assessment of Learners
  - Evaluation of CPD Program
  - Policies and Procedures

- Contact cpdinfo@acpe-accredit.org for more info.
ACPE Guidance to Incorporate Diversity, Equity and Inclusion in CE Activities

Examples from providers are posted on the ACPE website: https://www.acpe-accredit.org/continue-education-diversity-equity-inclusion/

• ACPE-accredited CE Providers are urged to enhance pharmacists and pharmacy technicians’ knowledge, skills, attitudes, and practice that will promote diversity, equity, and inclusion.
  • Strategies for providers to foster diversity, equity, and inclusion in their program, include but are not limited to:
    • Plan CE activities that reflect, discuss, and assess the current state of bias and discrimination.
    • Include representation of faculty from diverse backgrounds on planning and advisory committees and speaker panels.
    • Encourage faculty to incorporate health disparities content in their activities.
    • Incorporate age, geographic location, ethnicity, race, appearance, disability, gender, sexual orientation, language, literacy, level of education, religion, socioeconomic status, living conditions, and other relevant social determinants of health in teaching and learning methods (i.e. case vignettes, questions, workshop learning activities, etc.)
    • Engage learners to understand, respect, and value perceptions, background, knowledge, and expertise that come from different health professions.
    • Educate learners on where there are health disparities in their communities and how pharmacists and pharmacy technicians can serve these populations.
    • Identify and discuss steps to change a situation for the better.
    • Provide frequent feedback, coaching, and transparency in order to support mastery learning.
Policies/Procedures

Provider Web Tool

- Activity duration change
  - Knowledge-based (K): 15 minutes
  - Application-based (A): 30 minutes
  - Certificate programs (C): 8 hours

- Competencies
  - 2022 AACP Curricular Outcomes and Entrustable Professional Activities (COEPA) – Pharmacists
  - ASHP/ACPE Accreditation Standards for Pharmacy Technician Education and Training Programs – Pharmacy Technicians
  - Pharmacy Technician Content Outline (PTCB) – Pharmacy Technicians (Provider Web Tool)

- Data collection – activity fees
  - Includes registration, subscription, and/or membership

- BPS-approved providers
Policies/Procedures

• Provider Web Tool – Activity Description Forms (Policy 9c)
  • Added topic designator 99 - activities related to topics relevant to the practice of pharmacy not included in the classifications of the topic designators 01-08.
  • Include (plus tags) regulatory and re-certification requirements
Request for ACPE CPE Commissioners

• The duties of the CPEC:
  • recommending policies and procedures for the ACPE CPE Provider Accreditation program;
  • assist in strategic planning;
  • contribute in planning of ACPE's educational activities; and,
  • review ACPE-accredited provider's comprehensive reports, progress reports (and other reports as necessary) and recommend accreditation actions to the ACPE Board of Directors.

• The term of a CPE Commissioner is 3 years with an opportunity to serve additional term(s). Each CPEC member shall have experience in continuing and/or adult education and awareness of contemporary pharmacy education and practice.

• The CPEC meets in May (mid, Tuesday-Thursday) and November (mid, Tuesday-Thursday) approximately one month prior to each January and June meeting of the ACPE Board of Directors. Meetings will be held at the ACPE office in Chicago.
Request for ACPE CPE Commissioners

• Each interested individual is asked to submit their vitae and a brief description as to why they would want to serve on the Commission.

• Four (4) Vacancies
  • Academia (2 positions)
  • Hospital/Healthcare Network (1 position)
  • State association (1 position)

• Please submit materials to ceinfo@acpe-accredit.org by Friday, August 9, 2024
ACPE Annual Fees

• Policy 10.0 Fees
  • Providers are expected to pay annual fees
  • Invoices are distributed during July-August annually
  • Fee Schedule – 5 levels
  • Annual fee calculation – Educational Service Units
    • calculation: number of continuing education units (CEUs) of a CPE activity multiplied by the number of participants receiving ACPE credit. The product is the Educational Service Unit (ESU). The sum of the ESUs of the CPE activities for each provider is categorized into a level.
  • Login to CPE Monitor
    • Reports
    • Report Type: Annual Activity
    • Select ESU Year (6/1/23 – 5/31/2024)
  • Payment via Electronic funds transfer/Credit Card
Penalty Fees for Provider Web Tool Late Submissions and CPE Monitor Overrides

• Provider Web Tool Activity Description From submitted after the release date ($200) – (Policy 9f)
  • Requires submission of the Request Change in Activity Form in the Provider Web Tool

• CPE Monitor Awarding Late Credit ($200) – (Policy 7d)
  • Provider’s first three (3) requests – no fee
  • Upon the 4th request and thereafter the provider will incur a penalty fee
  • Payment via Credit Card
  • Requires submission on CPE Monitor Post-60 Day Credit Request Form
January 24, 2025

• Collaborating organizations:
  - Accreditation Council for Continuing Medical Education (ACCME)
  - Accreditation Council for Pharmacy Education (ACPE)
  - Alliance for Continuing Education in the Health Professions (ACEHP)
  - American Nurses Credentialing Center (ANCC)
  - Association for Hospital Medical Education (AHME)
  - Joint Accreditation for Interprofessional Continuing Education
  - Society for Academic Continuing Medical Education (SACME)

• Annually on Friday of the third full week of January
Future Educational Opportunities

November 18, 2024
Two Pre-conference options:
1. CPE Administrator Modified Workshop
2. CPD Provider Workshop

November 19-20, 2024
ACPE CPE Conference: Continuing Education for an Evolving World
Thank you for attending our webinar
CPE Updates/Accreditation Cycle Observations

Questions
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