Accreditation Council for Pharmacy Education

Accreditation Standards for Continuing Pharmacy Education

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Accreditation Council for Pharmacy Education
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Accreditation Council for Pharmacy Education (ACPE) Overview

The Accreditation Council for Pharmacy Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE (until 2003 known as the American Council on Pharmaceutical Education) was established in 1932 for the accreditation of professional degree programs in pharmacy, and in 1975 its scope was broadened to include accreditation of providers of continuing pharmacy education (www.acpe-accredit.org). ACPE expanded its activities to include evaluation and certification of professional degree programs internationally in 2011 and entered into a collaboration with the American Society of Health-System Pharmacists (ASHP) to accredit pharmacy technician education and training programs beginning in 2014. The mission of ACPE is to assure and advance quality in pharmacy education. ACPE is an autonomous and independent agency whose Board of Directors is appointed by the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP) (three appointments each), and the American Council on Education (ACE) (one appointment).

State boards of pharmacy require that licensure applicants from the United States be graduates of an accredited pharmacy degree program to be eligible to sit for the North American Pharmacist Licensure Examination[TM] (NAPLEX[®]). In addition, all state boards of pharmacy require pharmacists to participate in accredited or otherwise approved continuing education activities for relicensure. A growing number of state boards of pharmacy require pharmacy technicians to participate in continuing education for re-registration or relicensure. These Standards were created in order to meet those requirements.

Standards for Continuing Pharmacy Education

<u>Section I: Content of Continuing Pharmacy Education (CPE) Activities</u>

The purpose of the standards in this section is to ensure that the provider's continuing pharmacy education program has a clearly articulated mission, desired goals and a planning process to achieve the mission and goals. The mission, goals, and activities must be related to the vision and educational needs of the profession of pharmacy to better serve society. As recommended by the Health and Medicine Division (HMD) a division of the National Academies of Sciences, Engineering, and Medicine (the National Academies), formerly named the Institute of Medicine, for all health care professionals, pharmacists and pharmacy technicians must be educated to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

Standard 1: Achievement of Mission and Goals of the CPE Program

Standard 2: Gap Analysis

Standard 3: Continuing Pharmacy Education Activities

Standard 4: CPE Activity Objectives

Standard 5: Standards for Integrity and Independence

Standard 1: Achievement of Mission and Goals of the CPE Program

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

Providers must establish and implement evaluation plans that assess achievement and impact of stated mission and goals. They must use this information for continuous development and improvement of the CPE program.

Guidance:

Part I: Mission and Goals

Providers should develop a mission related to its CPE Program. The CPE mission statement should indicate the provider's short-term intent in conducting CPE activities, including the intended audience and the scope of activities. The CPE mission should address how a provider will assist pharmacists and/or pharmacy technicians to maintain and enhance their professional competencies to practice in various settings. Examples may include, but are not limited to:

- ensuring optimal medication therapy outcomes and patient safety,
- managing practice settings,
- satisfying the educational requirements for pharmacist relicensure,
- meeting recertification requirements for pharmacy technicians, and/or
- meeting certification, statewide protocols, collaborative practice agreements.

Providers should develop a strategic plan and/or goals to indicate how the mission will be achieved. CPE goals are concise and measurable statements of what the provider intends to do to achieve its CPE Mission. The mission and goals should be systematically evaluated and periodically updated to assure consistency among the mission, overall goals, and individual activities.

Part II: Assessment Plan

The provider should develop an evaluation plan, that includes measurement indicators or benchmarks, to document achievement of the provider's CPE mission and goals in an effort to maintain and enhance competence of pharmacists and pharmacy technicians. For example, data may be collected in aggregate across CE activities to show the impact of the provider's CPE program. The impact of the provider's CPE program can be measured using the following levels (adapted from Moore's levels):

- Participation: number of participants attending CPE activities
- Satisfaction: directly measuring satisfaction with learning activities, topic, level of content, and speaker's organization of the material
- Learning: pre- and post-tests, self-assessment tools, multiple choice, short answer, essays, presentations
- Performance: demonstration of skills, application of treatment guidelines
- Patient Health: compliance rates, reduced physician visits
- Population Health: morbidity/mortality, infection rates, readmission rates

OR the provider may choose to evaluate the impact of its mission depending on the activity type as follows:

- *Knowledge-based CPE activity*: The levels that may be evaluated are participation, satisfaction, and learning.
- *Application-based CPE activity*. The levels that may be evaluated are participation, satisfaction, learning, and performance (demonstration during the activity and intended application in practice).
- *Certificate programs*. The levels that may be evaluated are participation, satisfaction, learning, performance (demonstration during the activity and application in practice post-activity), and, if applicable, patient and/or population health.

Part III: Achievement of Mission
The provider should demonstrate evidence to indicate the degree to which the mission and goal(s) of the CPE program are met. Based on the results of the evaluation plan, the provider's mission and goals should be evaluated and updated in order to continue to enhance one's CPE program.

Standard 2: Gap Analysis

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.

Guidance:
An identified knowledge, skill, and/or practice gap should guide content development and delivery of CPE activities. These may include legislation change, evaluation from a regulatory or accrediting body (i.e. Joint Commission), release of new or updated evidence-based treatment guidelines, self-report from practitioners, etc. Providers should identify the root of the identified gap (i.e. the specific knowledge, skill, attitude, experience) which should inform the activity type, learning objectives, active learning exercises, and outcomes.

Standard 3: Continuing Pharmacy Education Activities

The provider must structure each CPE activity to meet the knowledge-, application- and/or practice-based educational needs of pharmacists and technicians.

Guidance:
Knowledge-based CPE activity: These CPE activities should be designed primarily for pharmacists and technicians to acquire factual knowledge. This information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 15 minutes or 0.25 contact hour.

Application-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 60 minutes or one contact hour.

Certificate programs (previously named Practice-based CPE activity) These CPE activities should be designed primarily for pharmacists and technicians to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The information within the certificate program must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component and a practice component. The minimum credit for these activities is 15 contact hours.

Providers are not required to offer all three activity types. The CPE activities should be consistent with the provider's mission and appropriate to meet the identified pharmacist and technician needs.

Providers are encouraged to *guide* pharmacists and technicians to the best combination of CPE activities to meet their practice needs.

Standard 4: CPE Activity Objectives

The provider must develop objectives for each CPE activity that define what the pharmacists and technicians should be able to do at the completion of each CPE activity.

Guidance:
Objectives must be:
- specific and measurable
- developed to specifically address the identified educational need (Standard 2)
- addressed by an active learning activity (Standard 7) and
- covered by a learning assessment (Standard 9)

Standard 5: Standards for Integrity and Independence

The provider must ensure CE activities provide healthcare professionals, as individuals and teams, with a protected space to learn, teach, and engage in scientific discourse free from influence from organizations that may have an incentive to insert commercial bias into education. The Standards for Integrity and Independence are designed to:
- **Ensure that accredited continuing education serves the needs of patients and the public.**
- **Present learners with only accurate, balanced, scientifically justified recommendations.**
- **Assure healthcare professionals and teams that they can trust accredited continuing education to help them deliver safe, effective, cost-effective, compassionate care that is based on best practice and evidence.**
- **Create a clear, unbridgeable separation between accredited continuing education and marketing and sales**

Guidance:
The provider must:
- ensure content is valid, and
- prevent commercial bias and marketing in accredited continuing education, and
- identify, mitigate, and disclose relevant financial relationships, and
- manage commercial support appropriately, and
- manage ancillary activities offered in conjunction with accredited continuing education

Standards for Integrity and Independence, adopted from the Accreditation Council for Continuing Medical Education, 2020

<p style="text-align:center;"><u>**Section 2: Delivery of CPE Activities**</u></p>

The purpose of the standards in this section is to ensure that the provider delivers CPE activities to promote pharmacists' and technicians' learning and application of learned principles to practice. The teaching and learning methodologies used should foster the continued development of critical thinking and problem-solving skills, be applicable to the diverse learning needs of the pharmacists and technicians, and encourage the continuing professional development of pharmacists and technicians.

Standard 6: Faculty

Standard 7: Teaching and Learning Methods

Standard 8: Educational Materials

Standard 6: Faculty

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.

Guidance
- Faculty should be selected based upon their knowledge of the subject matter; experience and teaching ability; and ability to meet the educational needs of the pharmacists and technicians.

- If residents and/or students are selected as faculty for a CPE activity, the provider should ensure a preceptor mentors the resident and/or student during development of the activity. Guidance should address the expectations of adult learning principles as outlined in the ACPE Standards for Continuing Pharmacy Education including identification of an educational gap; development of measurable learning objectives; inclusion of independent, balanced, and evidenced-based content; use of active learning techniques; and incorporation of learning assessment methods.

- Information, verbal and written, should be provided to faculty to assure that CPE activities meet ACPE's *Standards for Continuing Pharmacy Education* for developing objectives, incorporating active learning opportunities, and appropriate assessments of learning.

- Faculty should be instructed to prepare pharmacists to provide patient-centered collaborative care as described in the *Pharmacists' Patient Care Process* model endorsed by the Joint Commission of Pharmacy Practitioners.

- Faculty should disclose to the provider all financial relationships with any ineligible company. In addition, the provider must have a process to identify and mitigate relevant financial relationships prior to faculty assuming their roles (Standard 5).

Standard 7: Teaching and Learning Methods

The provider must assure that all CPE activities include active participation and involvement of the pharmacist and technician.

Guidance:
The methodologies employed should be determined by the CPE activity planned (Standard 3), objectives, educational content, and the size and composition of the intended audience.

The provider should design and implement active learning exercises as a component of live and home study instructional methods.

Standard 8: Educational Materials

The provider must offer educational materials for each CPE activity that will enhance participants' understanding of the content and foster applications to pharmacy practice.

Guidance:
Educational materials should serve as a guide, provide additional sources of information, and include reference tools usable in practice.

Section 3: Assessment

The purpose of the standards in this section is to ensure that CPE activities employ appropriate learning assessments, and that feedback is provided to pharmacists and technicians in a timely manner, enabling them to apply the learned content to practice.

Standard 9: Assessment of Learning

Standard 10: Assessment Feedback

Standard 9: Assessment of Learning

The provider in collaboration with faculty must include learning assessments in each CPE activity to allow pharmacists and technicians to assess their achievement of the learned content. Completion of a learning assessment is required for CPE credit.

Guidance:
The provider may select formal and informal techniques for assessment of learning. Informal techniques typically involve participant discussions. Formal techniques, such as tests and quizzes, are typically individualized, written, and graded. The assessment should be consistent with the identified CPE activity objectives (Standard 4) and activity type (Standard 3).

Knowledge-based CPE activity: Each CPE activity in this category must include assessment questions structured to determine recall of facts.

Application-based CPE activity: Each CPE activity in this category must include case studies structured to address application of the principles learned.

Certificate programs: Each CPE activity in this category must include formative and summative assessments that demonstrate that the pharmacists and technicians achieved the stated objectives.

Standard 10: Assessment Feedback

The provider must ensure learner assessment feedback is provided to participants in an appropriate, timely, and constructive manner.

Guidance:
The feedback provided should be consistent with the learning assessment (Standard 9), activity objectives (Standard 4), and activity type (Standard 3). Verbal and written feedback may be provided as follows:

Knowledge-based CPE activity: Feedback may include the correct response to questions. For incorrect responses, the provider is encouraged to communicate that the question was answered incorrectly and provide the rationale for the correct responses.

Application-based CPE activity: Feedback may include the correct evaluation of case studies. When responses are incorrect, the provider is encouraged to explain the rationale for the correct responses.

Certificate programs: Feedback should be provided based on the formative and summative assessments that were used to demonstrate that the pharmacist or technician achieved the stated objectives.

<u>**Section 4: Evaluation**</u>

The purpose of this section is to ensure that providers evaluate the effectiveness of CPE activities as part of the assessment of the CPE program. Providers must have an evaluation process that allows for determination of the degree to which CPE activities have met their intended outcome(s). They must use this information for continuous quality improvement of their CPE programs.

Standard 11: Evaluation of CPE Activities

Standard 11: Evaluation of CPE Activity

Providers must develop and conduct evaluations which allow pharmacists and technicians to provide feedback on CPE activities. Elements of the evaluation should be relevant to the intended outcome of the activity. Feedback should be summarized for pharmacists and technicians separately and used in a systematic fashion for the purpose of ongoing improvement of the overall CPE program.

Guidance:
Providers are encouraged to allow pharmacists and technicians to provide feedback in the following areas:

- applicability of the CPE activity to meet their educational needs
- achievement of each stated objective
- quality of faculty
- usefulness of educational material
- effectiveness of teaching and learning methods, including active learning
- appropriateness of learning assessment activities
- perceptions of bias or commercialism

Additional items may be incorporated to aid the provider in evaluating the effectiveness of its CPE activities and guide the development of future educational activities as well as assess achievement and impact of the provider's stated mission and goals (Standard 1).

Appendix I. Accreditation Council for Pharmacy Education Definition of Continuing Education for the Profession of Pharmacy

What is the definition of continuing education?
Continuing education for the profession of pharmacy is a structured[1] educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

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

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

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

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

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

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

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

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

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

Domain 3 - Approach to Practice and Care

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

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

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

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

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

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

Domain 4 – Personal and Professional Development

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

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

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

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

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

1.1 Pharmacology for Pharmacy Technicians

1.2 Generic and brand names of pharmaceuticals

1.3 Therapeutic equivalence

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

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

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

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

2.1 Pharmacy Law and Regulations

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

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

2.4 Controlled substance transfer regulations (DEA)

2.5 Controlled substance documentation requirements for receiving, ordering, returning, loss/theft, destruction (DEA)

2.6 Formula to verify the validity of a prescriber's DEA number (DEA)

2.7 Record keeping, documentation, and record retention (e.g., length of time prescriptions are maintained on file)

2.8 Restricted drug programs and related prescription-processing requirements (e.g., thalidomide, isotretinoin, clozapine)

2.9 Professional standards related to data integrity, security, and confidentiality (e.g., HIPAA, backing up and archiving)

2.10   Requirement for consultation (e.g., OBRA'90)

2.11 FDA's recall classification

2.12 Infection control standards (e.g., laminar air flow, clean room, hand washing, cleaning counting trays, countertop, and equipment) (OSHA, USP 795 and 797)

2.13 Record keeping for repackaged and recalled products and supplies (TJC, BOP)

2.14 Professional standards regarding the roles and responsibilities of pharmacists, pharmacy technicians, and other pharmacy employees (TJC, BOP)

2.15 Reconciliation between state and federal laws and regulations

2.16 Facility, equipment, and supply requirements (e.g., space requirements, prescription file storage, cleanliness, reference materials) (TJC, USP, BOP)

3.1 Sterile and Non-Sterile Compounding

      3.2 Infection control (e.g., hand washing, PPE)

      3.3 Handling and disposal requirements (e.g., receptacles, waste streams)

      3.3* Documentation (e.g., batch preparation, compounding record)

      3.4* Determine product stability (e.g., beyond use dating, signs of incompatibility)

      3.5 Selection and use of equipment and supplies

      3.6* Sterile compounding processes

      3.7* Non-sterile compounding processes

4.1 Medication Safety

      4.2 Error prevention strategies for data entry (e.g., prescription or medication order to correct patient)

      4.3 Patient package insert and medication guide requirements (e.g., special directions and precautions)

      4.4 Identify issues that require pharmacist intervention (e.g., DUR, ADE, OTC recommendation, therapeutic substitution, misuse, missed dose)

      4.5 Look-alike/sound-alike medications

      4.6 High-alert/risk medications

      4.7 Common safety strategies (e.g., tall man lettering, separating inventory, leading and trailing zeros, limit use of error prone abbreviations)

5.1 Pharmacy Quality Assurance

      5.2 Quality assurance practices for medication and inventory control systems (e.g., matching National Drug Code (NDC) number, bar code, data entry)

      5.3 Infection control procedures and documentation (e.g., personal protective equipment [PPE], needle recapping)

      5.4 Risk management guidelines and regulations (e.g., error prevention strategies)

      5.5 Communication channels necessary to ensure appropriate follow-up and problem resolution (e.g., product recalls, shortages)

      5.6 Productivity, efficiency, and customer satisfaction measures

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

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

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

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

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

*denotes content including calculations.

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

the content of the CPE activity. If the CPE activity is designed to address an educational need and/or practice gap for pharmacists and pharmacy technicians, separate learning objectives may or may not be needed. If the content is related to a pharmacist and pharmacy technician to work as a team, one set of objectives may exist with each team member's roles and responsibilities defined.

In addition, a Universal Activity Number is an identification number that is assigned to each CPE activity developed and provided, or jointly provided, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 197), the joint provider designation number (0000 for no joint provider, 9999 for joint providers), the year of CE activity development (e.g., 14), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

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

Format Designators:
    L - Live activities
    H - Home study and other mediated activities
    B - Both for Certificate Programs

Topic Designators – activities are related to:
If a CPE activity's target audience is exclusively for *pharmacists,* the designation "P" will be used as follows:
- 01-P Disease State Management/Drug therapy – Activities that address drugs, drug therapy, and/or disease states.
- 02-P HIV/AIDS therapy – Activities that address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS
- 03-P Law – Activities that address federal, state, or local laws and/or regulations affecting the practice of pharmacy.
- 04-P Pharmacy Administration - Activities that address topics relevant to the practice of pharmacy that include the economic, social, administrative and managerial aspects of pharmacy practice and health care.
- 05-P Patient Safety - Activities that address topics relevant to the prevention of healthcare errors and the elimination or mitigation of patient injury caused by healthcare errors.
- 06-P Immunizations - Activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying and reporting adverse drug events and providing necessary first aid.
- 07-P Compounding - Activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, and continuous quality improvement processes.
- 08-P Pain Management/Opioids - Activities that address any component regarding the treatment and management of pain, including the prescribing, distribution and use of opioid medications, and/or the risks, symptoms, and

treatment of opioid misuse/addiction.

If a CPE activity's target audience is exclusively for *pharmacy technicians,* the designation "T" will be used as follows:

- 01-P Disease State Management/Drug therapy – Activities that address drugs, drug therapy, and/or disease states.
- 02-P HIV/AIDS therapy – Activities that address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS
- 03-P Law – Activities that address federal, state, or local laws and/or regulations affecting the practice of pharmacy.
- 04-P Pharmacy Administration - Activities that address topics relevant to the practice of pharmacy that include the economic, social, administrative and managerial aspects of pharmacy practice and health care.
- 05-P Patient Safety - Activities that address topics relevant to the prevention of healthcare errors and the elimination or mitigation of patient injury caused by healthcare errors.
- 06-P Immunizations - Activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying and reporting adverse drug events and providing necessary first aid.
- 07-P Compounding - Activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, and continuous quality improvement processes.
- 08-P Pain Management/Opioids - Activities that address any component regarding the treatment and management of pain, including the prescribing, distribution and use of opioid medications, and/or the risks, symptoms, and treatment of opioid misuse/addiction.

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

0197-0000-22-001-L05-**P** (activity number to be used for pharmacists)
0197-0000-22-001-L05-**T** (activity number to be used for pharmacy technicians)

Have questions?

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

GLOSSARY

Accreditation

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

Active learning

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

Activity

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

Accredited Provider

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

Assessment

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

Case study or scenario

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

Commercial Bias

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

Commercial Support

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

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

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

Continuing Education Unit (CEU)
An educational credit unit of measure where 0.1 CEU is equivalent to one contact hour.

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

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

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

Enduring Materials (Home Study)
Enduring materials are home study activities that are printed, recorded or computer assisted instructional materials that do not provide for direct interaction between faculty and participants.

Evidence-based Content
The content of the provider's CPE activities is based on evidence as accepted in the literature by the healthcare professions.

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

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

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

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

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

Ineligible Company (previously 'commercial interest')
An 'ineligible company' (commercial interest) is any entity whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. Providers of clinical services directly to patients are not 'ineligible companies.'

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

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

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

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

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

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

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

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

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

Program
The overall CPE activities of an accredited provider.

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

Relevant Financial Relationships
ACPE focuses on financial relationships with an ineligible company in the 24 month period preceding the time that the individual is being asked to assume a role controlling content of the CPE activity. Financial relationships are relevant if the educational content an individual can control is related to the business lines or products of the ineligible company.

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

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

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

Universal Activity Number (UAN)
A Universal Activity Number is an identification number that is assigned to each CPE activity developed and provided, or joint provided, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 0197), the joint provider designation number (0000 for no joint provider, 9999 for all joint providers), the year of CPE activity development (e.g., 22), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic, target audience and format designators (see below).

Joint Providership Designators:
    0000 - no joint provider organization
    9999 - joint provider with another organization

Format Designators:
- L - Live activities
- H - Home study and other enduring activities
- B - Both for Certificate Programs

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

Target audience designator
- P - Pharmacist
- T - Pharmacy Technician

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

- 01-P Disease State Management/Drug therapy – Activities that address drugs, drug therapy, and/or disease states.
- 02-P HIV/AIDS therapy – Activities that address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS
- 03-P Law – Activities that address federal, state, or local laws and/or regulations affecting the practice of pharmacy.
- 04-P Pharmacy Administration - Activities that address topics relevant to the practice of pharmacy that include the economic, social, administrative and managerial aspects of pharmacy practice and health care.
- 05-P Patient Safety - Activities that address topics relevant to the prevention of healthcare errors and the elimination or mitigation of patient injury caused by healthcare errors.
- 06-P Immunizations - Activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying and reporting adverse drug events and providing necessary first aid.
- 07-P Compounding - Activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, and continuous quality improvement processes.
- 08-P Pain Management/Opioids - Activities that address any component regarding the treatment and management of pain, including the prescribing, distribution and use of opioid medications, and/or the risks, symptoms, and treatment of opioid misuse/addiction.

If a CPE activity's target audience is exclusively for *pharmacy technicians,* the designation "T" will be used as follows:

- 01-P Disease State Management/Drug therapy – Activities that address drugs, drug therapy, and/or disease states.
- 02-P HIV/AIDS therapy – Activities that address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS
- 03-P Law – Activities that address federal, state, or local laws and/or regulations affecting the practice of pharmacy.
- 04-P Pharmacy Administration - Activities that address topics relevant to the practice of pharmacy that include the economic, social, administrative and managerial aspects of pharmacy practice and health care.
- 05-P Patient Safety - Activities that address topics relevant to the prevention of healthcare errors and the elimination or mitigation of patient injury caused by healthcare errors.
- 06-P Immunizations - Activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes review for appropriateness or contraindication and identifying and reporting adverse drug events and providing necessary first aid.
- 07-P Compounding - Activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental testing and control, record keeping, error detection and reporting, and continuous quality improvement processes.
- 08-P Pain Management/Opioids - Activities that address any component regarding the treatment and management of pain, including the prescribing, distribution and use of opioid medications, and/or the risks, symptoms, and treatment of opioid misuse/addiction.

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

0197-0000-22-001-L05-**P** (activity number to be used for pharmacists)
0197-0000-22-001-L05-**T** (activity number to be used for pharmacy technicians)