

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

International Services Program

INTERNATIONAL QUALITY CRITERIA FOR CERTIFICATION OF PROFESSIONAL DEGREE PROGRAMS IN PHARMACY



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TABLE OF CONTENTS

	Page No.
PREAMBLE	i
SECTION 1: QUALITY CRITERIA FOR MISSION, PLANNING, AND EVALUATION	
Criterion No. 1 Mission, Goals, and Values	1
Criterion No. 2 Professional, Ethical and Harmonious Environment	1
Criterion No. 3 Strategic Planning and Continuous Quality Improvement	1
Criterion No. 4 Assessment of Achievement of Mission and Goals	1
SECTION 2: QUALITY CRITERIA FOR ORGANIZATION AND ADMINISTRATION	
Criterion No. 5 School and University Internal Relationships	2
Criterion No. 6 External Collaborative Relationships	2
Criterion No. 7 Organizational Structure and Governance of the School	2
SECTION 3: QUALITY CRITERIA FOR CURRICULUM	
Criterion No. 8 Competencies of Graduates	3
Criterion No. 9 Development and Delivery of the Curriculum	3
Criterion No. 10 Teaching and Learning Methods	3
Criterion No. 11 Curricular Foundation in the Sciences	3
Criterion No. 12 Simulation and Practice Experiences	3
Criterion No. 13 Assessment of Student Learning and Curricular Improvement	4

SECTION 4: QUALITY CRITERIA FOR STUDENTS AND ACADEMIC POLICIES

Criterion No. 14	Student Services	4
Criterion No. 15	Program Information	
Criterion No. 16	Academic Policies and Procedures	4
Criterion No. 17	Enrollment Management	5
Criterion No. 18	Student Representation, Perspectives, and Grievances	5

SECTION 5: QUALITY CRITERIA FOR STAFF RESOURCES 5

Criterion No. 19	Academic and Other Staff Resources – Quantitative	5
Criterion No. 20	Academic Staff Resources - Qualitative	5
Criterion No. 21	Continuing Professional Development of the Staff	6
Criterion No. 22	Performance Evaluation of the Staff	6

SECTION 6: QUALITY CRITERIA FOR FACILITIES AND RESOURCES

Criterion No. 23	Physical Facilities	6
Criterion No. 24	Library and Educational Resources	6
Criterion No. 25	Pharmacy Practice Sites and Preceptors	7
Criterion No. 26	Financial Resources	7

GLOSSARY/DEFINITIONS 8

COMPLIANCE DEFINITIONS 14

PREAMBLE

International Services Program Mission:

Promote, assure, and advance the quality of pharmacy education internationally to improve patient care through safe and effective medication use.

International Services Program Vision Statement:

Quality-assured pharmacy education and training prepares graduates throughout the world for expanded roles that optimize safe and effective medication use and improve patient care.

The ACPE Board of Directors established the International Services Program (ISP) of the Accreditation Council for Pharmacy Education (ACPE) in January 2011. ISP offers consultation, training, and certification of professional degree programs in pharmacy to international stakeholders who seek guidance related to quality assurance and advancement of pharmacy education. The *International Quality Criteria for Certification of Professional Degree Programs in Pharmacy* (“Quality Criteria”) may be voluntarily adopted by degree programs. The primary purpose of ACPE’s Certification Program is to assist schools of pharmacy in their quality assurance and improvement efforts. ACPE Certification, through ISP, is limited to professional degree programs outside the United States and its territories; namely Puerto Rico, Guam, American Samoa, and the Virgin Islands.

ISP adopted a broad-based approach during the development the Quality Criteria. Input was solicited and received from international experts in pharmacy education and quality assurance. In addition, ISP referred to documents that have been adopted, validated, and endorsed globally, such as the International Pharmaceutical Federation’s (FIP’s) Global Framework for Quality Assurance of Pharmacy Education¹, FIP’s statements of

¹Quality Assurance of Pharmacy Education: the FIP Global Framework
https://www.fip.org/files/fip/PharmacyEducation/Quality_Assurance/QA_Framework_2nd_Edition_online_version.pdf

policy on Quality Assurance of Pharmacy Education², Good Pharmacy Education Practice³, and the FIP/World Health Organization Guidelines on Good Pharmacy Practice⁴.

Version 1.1 (adopted June 23, 2016) represents a restructuring of the original Quality Criteria, adopted in 2012. Seven of the original Criteria have been split into two Criteria, and minor edits were made to the text to improve clarity of the intent. The revision does not reflect any substantive change in the philosophy or expectation of the Criteria.

The Quality Criteria should be used in conjunction with ISP's *Policies and Procedures for Certification of Professional Degree Programs in Pharmacy in Countries other than the United States and its Territories* (available at <https://www.acpe-accredit.org/pdf/ISP/PoliciesandProcedures.pdf>). The latter document describes in detail the philosophical and operational aspects of Certification. Both documents contain glossaries, in which terms are defined in accordance with the context of their use. The glossaries are not intended to provide or imply a globally adopted definition of the term.

The Quality Criteria should also be used in conjunction with the latest published version of the *Self-Assessment Instrument for Certification of Professional Degree Program of Schools of Pharmacy based outside the United States of America* (available at <https://www.acpe-accredit.org/pdf/ISP/SelfAssessmentInstrument-VersionforSchools.pdf>), which provides details of documentation and data that must be submitted with an application for Certification or continuation of Certification.

ACPE recognizes that the Quality Criteria will be used and applied in a diverse range of countries, with different cultures and systems, structures, and policies for education and healthcare delivery. The Quality Criteria are not specific to any single degree program;

² FIP Statement of Policy on Quality Assurance of Pharmacy Education
http://www.fip.org/www/uploads/database_file.php?id=302&table_id=

³ FIP Statement of Policy on Good Pharmacy Education Practice
http://www.fip.org/www/uploads/database_file.php?id=188&table_id=

⁴ FIP/WHO Guidelines on Good Pharmacy Practice
http://www.fip.org/www/uploads/database_file.php?id=331&table_id=

for example, Bachelor's, Master's, and professional doctorate programs, such as a PharmD, may be eligible. The key principle for the Quality Criteria is that they will be interpreted and applied within the national context and based on national health and medication-related needs and priorities. Elements of some Criteria may not apply to all programs. Evaluators used by ISP will be qualified, trained, and experienced to ensure appropriate application of the Quality Criteria.

Definitions of compliance (see final page) highlight the philosophy adopted by ACPE that the primary responsibility for assurance of the quality of the degree programs rests with the school of pharmacy and its university (if applicable). ACPE believes that schools of pharmacy, through their ongoing assessment and evaluation activities (and specifically through the self-study process prior to an on-site evaluation) should identify any deficiencies and areas in need of improvement. Thereafter, the school should develop an appropriate plan to address the deficiencies and bring the program into full compliance within an acceptable period of time. Additionally, the school should secure any necessary permission and resources, then implement the plan and start to gather evidence that the plan is achieving the desired objectives and outcomes.

SECTION 1: MISSION, PLANNING, AND EVALUATION

Criterion No. 1: Mission, Goals, and Values

The school operates under a defined mission, which is compatible with the mission of the university and is developed with broad input from school stakeholders. The mission, goals and values reflect a commitment to continuous quality improvement in education, research, scholarship, and community service, and to being socially accountable in its activities.

Criterion No. 2: Professional, Ethical and Harmonious Environment

The school values and provides an environment that promotes professional and ethical behavior, effective communication, and harmonious and productive relationships among administrators, academic and other staff, preceptors, and students.

Criterion No. 3: Strategic Planning and Continuous Quality Improvement

The school has a systematic process of planning, implementation, and monitoring to support the achievement and advancement of its mission and values. Strategic planning involves input from the stakeholders of the school. Administrators identify and allocate the necessary resources to implement and achieve desired improvements.

Criterion No. 4: Assessment of Achievement of Mission and Goals

The school establishes and uses measures to evaluate the achievement of the mission and goals. Assessment data are used to identify opportunities for quality improvement and shape future goals and planning. Assessment involves input from stakeholders of the school.

SECTION 2: ORGANIZATION AND ADMINISTRATION

Criterion No. 5: School and University Internal Relationships

The school and its leadership are defined within the university structure. The university and school policies and procedures clearly define respective authority and responsibility. The school contributes to the activities and governance of the university. The school works effectively with other units within the university. The university and school leadership collaborate to secure adequate human, physical, technological, educational, and financial resources to maintain and advance the program.

Criterion No. 6: External Collaborative Relationships

To support and advance its mission, the school establishes and maintains, with the support of the university, collaborative relationships with organizations and entities outside the university that work in education, research and other scholarly activity, industry, practice, and community service.

Criterion No. 7: Organizational Structure and Governance of the School

The dean of the school and other administrative leaders are qualified, have defined lines of responsibility and authority, and function in an organizational structure that assures the optimal use and development of academic and non-academic staff resources. The governance documents of the school (such as bylaws and policies) describe the organizational structure, the decision-making process, responsibility for human, physical, technological, educational, and financial resources, and the functions and responsibilities of committees and meetings of academic staff.

SECTION 3: CURRICULUM

Criterion No. 8: Competencies of Graduates

The school clearly identifies and publishes the competencies that graduates must achieve to address current and future national medication and health-related needs and policies.

Criterion No. 9: Design and Development of the Curriculum

The school, through a defined process, uses the desired graduate competencies to design and develop the curricular philosophy, structure, content, and instructional methods.

Criterion No. 10: Teaching and Learning Methods

The curricular teaching and learning methods ensure that students can develop the necessary knowledge, skills, attitudes, and values to enter practice (or the next stage of education and training) and be self-directed, lifelong learners.

Criterion No. 11: Curricular Foundation in the Sciences

The curricular content provides students with the necessary foundation in the biomedical, pharmaceutical, social/behavioral/administrative and clinical sciences to achieve the desired graduate competencies. The science foundation courses are appropriately sequenced, and the desired knowledge and skills are introduced, reinforced, and advanced progressively throughout the curriculum.

Criterion No. 12: Simulation and Practice Experiences

The curriculum provides educational experiences in actual and simulated pharmacy practice settings to develop and demonstrate achievement of the desired competencies, under academic staff responsibility and practitioner guidance. The practice experiences and simulations integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed throughout the curriculum.

Criterion No. 13: Assessment of Student Learning and Curricular Improvement

Assessment methods for student learning are valid and reliable to evaluate the desired curricular outcomes. Objective and subjective assessment data are used to evaluate and improve individual and collective student learning. The school analyzes, interprets, and uses these data to determine the level of attainment of the desired competencies and to continuously improve the content, organization, and delivery of the curriculum.

SECTION 4: STUDENT SERVICES AND ACADEMIC POLICIES**Criterion No. 14: Student Services**

The school and/or university provide student services, including recruitment, admission, orientation, career counseling, records maintenance, and access to healthcare services. The school and/or university provides tutoring, advising by academic staff, and remediation for students experiencing academic difficulty.

Criterion No. 15: Program Information

The school produces a complete and accurate description of the academic requirements and student services and makes this information available to students and prospective students.

Criterion No. 16: Academic Policies and Procedures

The school publishes policies, procedures, and criteria related to admissions, academic progression, graduation, academic probation, remediation, missed course work or credit, dismissal, re-admission, and rights to due process. These documents are made available to academic staff, students and prospective students. The school regularly assesses student admission and progression criteria, policies, and procedures based on how successfully graduates attain the desired competencies.

Criterion No. 17: Enrollment Management

The school plans, manages, and aligns the number of students enrolled with available resources, and local and national needs and policies.

Criterion No. 18: Student Representation, Perspectives, and Grievances

The school has clearly defined structures and mechanisms that provide a forum for student dialogue, facilitate student representation and input to the administrative leaders of the school, and foster the development of student leadership and professionalism. The administrative leaders of the school consider student input and respond within an appropriate time to problems and issues of concern. The school has a policy to be followed in the event of a formal student grievance related to the program or school.

SECTION 5: STAFF RESOURCES**Criterion No. 19: Academic and Other Staff Resources - Quantitative**

The school has a sufficient number of qualified full-time academic staff, other staff, and preceptors to effectively deliver and evaluate the degree program, while providing adequate time for academic staff development, research and other scholarly activities, student advising, service, and, where applicable, pharmacy practice.

Criterion No. 20: Academic Staff Resources - Qualitative

The composition of the academic staff, including contributions from collaborative relationships and preceptors, encompasses the biomedical, pharmaceutical, social/behavioral/ administrative, and clinical science disciplines, and meets the needs of the education, research, and service elements of the mission of the school.

Criterion No. 21: Continuing Professional Development of the Academic and Other Staff

The school promotes, facilitates and supports the training and ongoing development of its academic and other staff and preceptors, commensurate with their programmatic responsibilities.

Criterion No. 22: Performance Evaluation of the Academic and Other Staff

The school regularly evaluates the productivity, scholarship, and performance of its academic and other staff. The criteria for promotion (and tenure, if applicable) are articulated clearly to academic staff and consistently applied.

SECTION 6: FACILITIES AND RESOURCES

Criterion No. 23: Physical Facilities

The school has adequate physical facilities to achieve its mission. The facilities provide a comfortable, well-equipped, and safe environment for administration, teaching, learning, and research, and enable effective interaction between administrators, academic and other staff, and students. Facilities and resources for different groups of students, academic and other staff assure comparable experiences and opportunities, and comparable educational outcomes for all students.

Criterion No. 24: Library and Educational Resources

The academic staff and students have access to library, learning and educational resources that are sufficient to support the degree program, research and other scholarly activities according to the mission and goals of the school.

Criterion No. 25: Pharmacy Practice Sites and Preceptors

The school has an adequate number, balance and mix of practice sites and preceptors in community, hospital, and other settings to support the curricular pharmacy practice experiences, taking into account any national regulations or expectations. The school

has criteria to ensure that sites and preceptors are of high quality and committed to advancing practice in their respective settings. The school uses the established criteria to approve sites and preceptors prior to students undertaking their practice experience at the site. The school has an effective system for communicating with sites and preceptors, and evaluating the site, preceptor, and students' experiences and outcomes.

Criterion No. 26: Financial Resources

The school has the financial resources necessary to provide the human, physical, technological, and educational resources needed to accomplish its mission. The budget of the school is planned, developed, and managed according to university policies and sound management practices.

GLOSSARY/DEFINITIONS

The following definitions describe the way the term is used in this document. The glossary is not intended to provide or imply a globally adopted definition of the term.

Academic dismissal: Removal of a student by the school from the professional degree program for failure to meet the requirements and/or academic and professional standards set for the program.

Academic staff: The members of staff who have an academic title and are involved in teaching, research, scholarly activity, and service for the school. This includes staff personnel who hold an academic rank with titles such as professor, associate professor, assistant professor, instructor, lecturer, or the equivalent of any of these academic ranks. The category includes personnel with other titles, (e.g. dean, director, associate dean, assistant dean, chair or head of department), if their principal activity is instruction or research. It does not include student teachers or teacher aides. Similar term: faculty. (Source: adapted from OECD⁵)

Academic Staff Handbook: A document that defines and describes the conditions of full-time instructional, research, and clinical academic staff employment; the structures and processes through which the academic staff participates in institutional decision-making and governance; and the academic policies of the University. Similar term: Faculty Handbook.

Administrators (of the university): The senior executives who provide leadership and manage the daily and long-term operations of the university; would include positions such as President, Vice-President of Academic Affairs, Chancellor, Vice-Chancellor, Provost, Rector, Principal.

⁵ Organisation for Economic Co-operation and Development
<http://stats.oecd.org/glossary/detail.asp?ID=10>

Admission: The granting of access to a student to study in an educational program.

Assessment: The structured evaluation of outcomes to determine how well the school is performing in various areas, such as, student learning, curricular effectiveness, research productivity, and community service.

Attrition: The reduction in number of students enrolled in a program of study for reasons including academic dismissal, transfer, voluntary withdrawal.

Competence: The ability of a pharmacy graduate to perform his/her duties accurately, make correct judgments, and interact appropriately with patients and colleagues. Professional competence is characterized by good problem-solving and decision-making abilities, a strong knowledge base, and the ability to apply knowledge and experience to diverse patient-care situations. (Source: adapted from Council on Credentialing in Pharmacy⁶)

Competency: A distinct knowledge, skill, attitude, or value that is essential to the practice of a profession. A pharmacist must master a variety of competencies to gain proficiency in the profession. (Source: adapted from Council on Credentialing in Pharmacy⁶)

Dean: The person identified as the leader of the school of pharmacy and professional degree program; the term is intended to include terms such as Director, Chair, or Head of School.

Enrollment: The number of students enrolled (admitted and currently studying) in the professional degree program of the school of pharmacy.

Faculty (personnel): See Academic Staff.

⁶ Council on Credentialing in Pharmacy
<http://www.pharmacycredentialing.org/ccp/Files/CCPWhitePaper2010.pdf>

Faculty (institution): See School of pharmacy

Formative Assessment: Assessment procedures employed by teachers (academic staff) during the learning process to modify teaching and learning activities to improve student achievement.

Full-time/part-time: Full-time academic or other staff work exclusively in the school, typically 40-hours per week, for example; part-time academic or other staff may be employed by the school for less than 40 hours per week and may have employment at other sites.

Goals (of a school or university): Specific aims to fulfill the mission and vision.

Graduates: Pharmacists who graduated from the professional degree program of the school of pharmacy.

Learning and Educational Resources: These resources could include, but not be limited to: student and academic staff access to the Internet in appropriate venues including experiential sites; computer access; online or printed resources that may not be available in the library; educational or practice-based (i.e., dispensing system) software; a course management and/or portfolio site.

Mission (of a school or university): Primary purpose and objectives; reason for existing.

Objective and Subjective Assessment Data: Objective assessment data refers to metrics that measure programmatic outcomes. Some examples include outcomes of graduates on licensure examinations (if applicable), testing scores, student progression rates, results of teaching and course evaluations, and benchmarking with peer programs. Subjective assessment data refers to facts presented by the school that

support understanding or perception of programmatic outcomes, such as, student satisfaction surveys or focus groups.

On-Time Graduation: Successful completion by a student of the professional degree program within the standard allotted time (e.g., five academic years).

Preceptor: An individual who instructs students in a practice (non-academic) setting. Similar terms include: tutor, practice-based tutor, practitioner-educator.

President (of a university): The chief executive officer of the university. Equivalent terms may include Chancellor, Vice-Chancellor, Principal, or Rector.

Professional degree program: A postsecondary academic degree program offered at an institution of higher education and designed to prepare graduates to practice as a pharmacist.

Progression: Advancement through the professional degree program by a student; for example, from Year 1 to Year 2.

School of pharmacy: The academic unit directly responsible for offering the professional degree program; related terms include college of pharmacy, faculty of pharmacy, department of pharmacy.

Social accountability: The obligation of pharmacy schools to direct their education, research and service activities towards addressing the priority health needs of the community, region, and/or nation they have a mandate to serve. The priority health needs are to be identified jointly by governments, healthcare organizations, health professionals and the public. (Adapted from WHO 1995 and ASPIRE 2012⁷)

⁷ Association for Medical Education in Europe: International Recognition of Excellence in Medical Education; www.aspire-to-excellence.org

Staff: All personnel employed at a school of pharmacy or university; includes academic and other personnel.

Staff development: A structured program where academic or other staff are trained in various areas to enhance their effectiveness, for example, as a teacher or researcher.

Stakeholders: The individuals, groups, or entities that have an interest or concern in the wellbeing and/or outcomes of the pharmacy school, institution, or program; for example, pharmacies that employ the graduates of the school, professional organizations, other healthcare providers who must work with the graduates.

Strategic planning: Discussing, investigating, and developing specific strategies to be implemented in the future to meet desired goals and objectives.

Student Handbook: Detailed written information about the school, university, academic program, learning experience, student services and resources, student conduct, and other requirements.

Substantive change: A notable change in the professional degree program, the school of pharmacy, or the institution that may impact the program's quality or its ability to remain in compliance with all quality criteria.

Summative Assessment: Assessment of achievement at the end of a defined period of study, such as the completion of a course, assignment, or module.

University: A postsecondary institution of higher education that is regularly incorporated, legally empowered, and authorized to award degrees in accordance with national and/or regional laws and regulations, and whose mission encompasses professional education, scholarship, research, and service.

Values: What is important to the school or university.

Vision (of a school or university): Aspirations; desired future state.

Withdrawal: Voluntary withdrawal by a student from the professional program, including for personal reasons.

COMPLIANCE DEFINITIONS

Compliant:¹

No factors exist that compromise current compliance; no factors² exist that, if not addressed, may compromise future compliance.

Compliant with Monitoring:

- No factors exist that compromise current compliance; factors² exist that, if not addressed, may compromise future compliance **/or**
- Factors exist that compromise current compliance; an appropriate plan³ exists to address the factors that compromise compliance; the plan has been fully implemented;⁴ sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.

Partially Compliant:

Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated;⁵ the plan has not been fully implemented⁴ and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.

Non Compliant:

- Factors exist that compromise current compliance; an appropriate plan³ to address the factors that compromise compliance does not exist or has not yet been initiated **/or**
- Adequate information was not provided to assess compliance⁶

Notes:

1. Compliant means *meets, substantially meets, or exceeds* the requirements and expectations of the criterion. A program may have elements of a criterion that are assessed as needing improvement, but overall the criterion may be rated as Compliant.

2. Factors could include innovations and planned or unplanned substantive changes to the program.
3. A plan is appropriate (acceptable to ACPE) if it meets the following criteria: is likely to succeed, is feasible, has been approved by the university or applicable authority (if necessary), has an acceptable timeline, and is adequately resourced.
4. Fully implemented means that all components of the plan have been implemented and are proceeding to completion; no additional steps need to be taken; all that is required is continued monitoring and collection of assessment data to provide further evidence that the plan is succeeding as intended.
5. Initiated means that some of the first steps of the plan have been started.
6. Other than for the second bullet point under Non Compliant, the above classifications assume that the information provided by the school was adequate to assess compliance. Information to assess compliance may come from a self-study report, an on-site evaluation, a post-visit supplementary report, or an interim report.

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