Michael A. Moné, BPharm, JD  
*President of ACPE*  
Vice President Associate General Counsel-Regulatory for Cardinal Health in Dublin, Ohio.

Peter H. Vlasses, PharmD, DSc (Hon.), BCPS, FCCP  
*Executive Director of ACPE*
ACPE BOARD OF DIRECTORS

- **Michael A. Mone, RPh, JD**  
  (NABP 2006-2018)  
  *President*

- **Timothy L. Tucker, PharmD**  
  (APhA 2012-2018)  
  *Vice President*

- **John C. Kirtley, PharmD**  
  (NABP 2014-2020)  
  *Secretary/Treasurer*

- **Marie Chisholm-Burns, PharmD, MPH, MBA, FCCP, FASHP**  
  (AACP 2016-2022)

- **Lori Duke, PharmD**  
  (AACP, 2014–2020)  
  *Board liaison to the CPE Commission*

- **Sharon Hahs, PhD**  
  (ACE, 2016-2022)

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

- **Anthony Provenzano, PharmD**  
  (APhA, 2011–2020)  
  *Board liaison to PTAC Commission*

- **Victoria F. Roche, PhD**  
  (AACP, 2012–2018)  
  *Board liaison to ISP Commission*

- **Martha Rumore, PharmD, JD, MS, LLM, FAPhA**  
  (APhA, 2016-2020)

( ) = appointing organization and term
PRESENTATION OBJECTIVES

- Introduce new ACPE web site and the four programs ACPE provides in assuring and advancing the quality of pharmacy education
- Discuss the status of implementation of the new Doctor of Pharmacy accreditation standards (S2016) which became effective July 1, 2016
- Describe ACPE’s involvement in the Health Professions Accreditors Collaborative (HPAC)
- Provide updates on activities in ACPE’s:
  - Continuing Education Provider Accreditation program (including the status of Joint Accreditation™ for Interprofessional Continuing Education)
  - International Services Program
  - Pharmacy Technician Education Accreditation Collaboration (with the American Society of Health-System Pharmacists)
ACPE Accredits:

- Professional degree programs (1932)
  - US Department of Education recognition
  - Council on Higher Education Accreditation (CHEA) recognition

- Providers of continuing pharmacy education (1975)
  - Joint Accreditation for Interprofessional Continuing Education™ (with Accreditation Council for Continuing Medical Education [ACCME] and American Nurses Credentialing Center [ANCC]) (2009)

- Pharmacy technician programs – (2015)
  - Collaboration with the American Society of Health-System Pharmacists

ACPE Certifies:

- Professional degree programs outside the USA and its territories (2011)
CPE Administrators Workshop


Register Here ➤
This professional degree program leading to the Doctor of Pharmacy degree is judged to meet established qualifications and education standards through initial and subsequent periodic evaluations.
STANDARDS 2016

- Approved: January 25, 2015
- To be fully implemented: July 1, 2016, with first comprehensive reviews in fall 2016
- 25 Standards (previous Standards 2007 had 30)
- Standard/Key Elements
  - Guidance to each Standard/Key Elements
  - Required Documentation
JCPP vision

Patients achieve optimal health and medication outcomes with pharmacists as essential and accountable providers within patient-centered, team-based healthcare.
STANDARDS 2016

Designed to ensure that accredited programs prepare graduates to:

- Enter advanced pharmacy practice experiences (APPE-ready)
- Provide direct patient care in a variety of healthcare settings (Practice-ready)
- Contribute as a member of an interprofessional collaborative patient care team (Team-ready)
STANDARDS/KEY ELEMENTS and GUIDANCE SEPARATE DOCUMENTS
STANDARDS 2016

Important new areas of focus:

- New Center for the Advancement of Pharmacy Education learning outcomes
- Pharmacists’ Patient Care Process
- Professional Development/Co-Curricular Requirements
- Interprofessional Education
- Preceptor Development
- Annual Monitoring Change
Section I: Educational Outcomes
- Based on AACP Center for the Advancement of Pharmacy Education 2013 learning outcomes
- Comprise the first four standards
  - Foundational Knowledge (New annual monitoring added to assess)
  - Essentials for Practice and Care
  - Approach to Patient Care
  - Personal and Professional Development

Section II: Structure and process to promote achievement of educational outcomes
- Standards 5 to 23

Section III: Assessment of standards and key elements
- Standards 24-25
<table>
<thead>
<tr>
<th>Standards</th>
<th>Compliant</th>
<th>Compliant with Monitoring</th>
<th>Partially Compliant</th>
<th>Non Compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SECTION I: EDUCATIONAL OUTCOMES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Foundational Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Essentials for Practice and Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Approach to Practice and Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Personal and Professional Development</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Eligibility and Reporting Requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. College or School Vision, Mission, and Goals</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Strategic Plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Organization and Governance</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Organizational Culture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Curriculum Design, Delivery, and Oversight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Interprofessional Education (IPE)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Pre-Advanced Pharmacy Practice Experiences (Pre-APPE) Curriculum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Advanced Pharmacy Practice Experiences (APPE) Curriculum</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Student Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Academic Environment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Admissions</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Progression</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Faculty and Staff – Quantitative Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Faculty and Staff – Qualitative Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Preceptors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Physical Facilities and Educational Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Practice Facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Financial Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SECTION III: ASSESSMENT OF STANDARDS AND KEY ELEMENTS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Assessment Elements for Section I: Educational Outcomes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Assessment Elements for Section II: Structure and Process</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Standard 10.8 Pharmacists’ Patient Care Process

- The curriculum prepares students to provide patient-centered collaborative care as described in the Pharmacists’ Patient Care Process model endorsed by the Joint Commission of Pharmacy Practitioners.

- Approved by JCPP organizations in May 2014.

- Supported by 13 national pharmacy organizations.
PROFESSIONAL DEVELOPMENT/CO-CURRICULAR REQUIREMENTS

Standard 3: Approach to Practice and Care:

- Patient Advocacy
- Interprofessional Collaboration
- Cultural Sensitivity
- Communication
PROFESSIONAL DEVELOPMENT/CO-CURRICULAR REQUIREMENTS

Standard 4: Personal and Professional Development

- Self-Awareness
- Leadership
- Innovation/Entrepreneurship
- Professionalism
Integration and coordination

- Affective domain-related activities (Standards 3 and 4)
- Complement/advance learning
- Impact on/in IPPE and APPE
- Assessment
EXAMPLES OF DIVERSE CO-CURRICULAR EVENTS

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

- Deliberate and intentional (Program, Student)
- Augment and linked to the curriculum
  - “Alongside the curriculum, not outside the curriculum”
- Document how experience(s) advance learning
  - e.g., portfolios, guided reflection
ACPE COMMENTS RE: CO-CURRICULAR

- One size does not fit all
- Establish co-curricular/faculty team
- All students must meet program’s expected competencies/educational outcomes but that does not mean all students must do all the same activities
- Deliberate, thoughtful, purposeful activities
- For credit or for no credit
- Creative scheduling may be required
- Suggest preparing a co-curricular plan (that spans entire PharmD course of study)
- Suggest requiring students to log activities/reflections that span course of study
- Watch ACPE Noteworthy Examples on AACP website over time
- Borrow and revise to meet you program opportunities and limitations
STANDARDS 2016

Standard 11:

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

Focuses on IPEC Competencies
- Values/Ethics IPCP
- Roles Responsibilities
- Interprofessional Communication
- Team and Teamwork
Standard 11: Key Elements

- Interprofessional team dynamics
- Interprofessional team education
- Interprofessional team practice
Requirements to meet Standard:

- Development of an interprofessional education plan.
- Exposure to other healthcare professions including prescribers.
- Interprofessional education throughout the didactic and experiential curriculums.
  - Didactic, Experiential, Special Events
EXAMPLES OF IPE RESPONSES

**Administrative Support**
- Integrated case studies
- Book club
- College wide IPE activities
- TeamSTEPPS
- Interprofessional Education Collaborative
- IP case conferences
- Graduation requirement
- Simulation activities
- Mentors program
- University-wide IPE efforts
- Interprofessional skills laboratories
- Disaster activity
- Portfolios

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

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

- Own Standard: Standard 20: Preceptors
  - Criteria
  - Student-to-Preceptor Ratio
  - Preceptor Education/Development
  - Expectation of on-going education/development
  - Engagement in program CQI
  - Expectation for adequate resources for the administration of experiential program
ACPE ANNUAL MONITORING PARAMETERS FOR ACCREDITED PHARMD PROGRAMS

- Academic performance: progression rates, academic probation rates, attrition rates)
- Pharmacy Curriculum Outcomes Assessment (PCOA) - an assessment of knowledge of the essential content areas @ near end of didactic curriculum Foundational Knowledge (core four sciences: Biomedical, Pharmaceutical, Social/Administrative, Clinical)
- NAPLEX pass rate
- NAPLEX competency areas
- Multistate Pharmacy Jurisprudence Examination (MPJE) and/or other state required law examination
BARRIERS TO IPE AND IPCP: FIRST IOM REPORT 1972

- Resistance to change/Where’s the evidence?
- Lack of leadership (administrative and faculty)
- Crowded curricula and scheduling issues
- Cost factors and few incentives
- Separation of professional programs within a campus and across universities
- Treating IPE as an “add on” rather than a change in curricular philosophy
- Lack of accreditation expectations
Recommendation #3

Building upon previous efforts, accreditation bodies should move forward expeditiously to revise their standards so that programs are required to demonstrate - through process and outcome measures - that they educate students in both academic and continuing education programs in how to deliver patient care through a core set of competencies. In so doing, these bodies should coordinate their efforts.
Association of American Medical Colleges
American Association of Colleges of Nursing
American Association of Colleges of Osteopathic Medicine
American Association of Colleges of Pharmacy
American Dental Education Association
Association of Schools and Programs of Public Health
IPEC INTERPROFESSIONAL COMPETENCIES

- Values/Ethics
- Roles and Responsibilities
- Interprofessional Communication
- Teams and Teamwork

https://ipecollaborative.org/Resources.html
Published 2011
HEALTH PROFESSIONS ACCREDITORS COLLABORATIVE (HPAC)

- Formed December 2014, includes six founding accreditors: LCME-medicine, CCNE-nursing, COCA- osteopathic medicine, CEPH-public health, CODA-dentistry, and ACPE-pharmacy

- After reviewing each participating agency’s accreditation standards regarding IPE, HPAC members agreed that the definition of IPE and competency domains for health profession students identified in the Interprofessional Education Collaborative (IPEC) report is fundamental to educational programs in the health professions accredited by the HPAC members.
Committed to discussing Interprofessional education (IPE) and exploring opportunities for collaborative projects.

Anticipated that as HPAC evolves additional health care accreditation organizations would be invited to join.

HPAC will communicate with stakeholders around issues in IPE with the common goal to better prepare students to engage in interprofessional collaborative practice.

Interested in exploring other areas for shared learning and collaboration in addition to IPE.
INTERPROFESSIONAL EDUCATION COLLABORATIVE (IPEC)

New institutional members (2016):

- American Association of Colleges of Podiatric Medicine (AACPM)
- American Council of Academic Physical Therapy (ACAPT)
- American Occupational Therapy Association (AOTA)
- American Psychological Association (APA)
- Association of American Veterinary Medical Colleges (AAVMC)
- Association of Schools and Colleges of Optometry (ASCO)
- Association of Schools of Allied Health Professions (ASAHP)
- Council on Social Work Education (CSWE)
- Physician Assistant Education Association (PAEA)
New institutional members (2016):

Broaden the interprofessional competencies to better achieve the Triple Aim (improve the patient experience of care, improve the health of populations, and reduce the per capita cost of health care), with particular reference to population health.
HEALTH PROFESSIONS ACCREDITORS COLLABORATIVE (HPAC)

- Reaching out to other accreditors to join HPAC
- Strategic planning meeting scheduled for April 4, 2017
- Topics to be considered:
  - What is good simulation
  - Best practices in interprofessional education
  - Interacting with sites for clinical training
  - Expansion of health professions education
CONTINUING PHARMACY EDUCATION COMMISSION

- Tian Merren Owens, PharmD, M.S., Florida Pharmacy Association (Chair)
- Dennis Brierton, PharmD, BCPS, FASHP, Aurora Health Care, WI (Vice Chair)
- Tammie Armeni, RPh, PharmD, Therapeutic Research Center, AZ
- Richard Artymowicz, PharmD, BCPS, Cape Regional Medical Center, NJ
- JoAnn Harris, BSPharm, MBA, CHCP, ASHP, MD
- Tracy Hunter, RPh, MS, PhD, The University of New Mexico College of Pharmacy, NM
- Barbara Jolly, RPh, MPA, Sullivan University College of Pharmacy, KY
- Aaron D. Reich, PharmD, TRINU Healthcare, TX
- Anita Young, EdD, RPh, Northeastern University, MA
CONTINUING PHARMACY EDUCATION COMMISSION CONT.

- Lori Duke, PharmD (University of Georgia College of Pharmacy) (ACPE Board Liaison)

- Outgoing Member: Kevin Mitchell, RPh (Ohio Board of Pharmacy)

- Incoming Member: Joe Fontenot, RPH (Louisiana Board of Pharmacy)
Standard 1: Goal and Mission of the CPE Program
Standard 2: Educational Needs Assessment
Standard 12: Achievement and Impact of Mission and Goals
A web-based system to aid in the collection of activity related information submitted from ACPE-accredited providers and redistribution to the Pharmacists’ Learning Assistance Network (P.L.A.N.) and CPE Monitor.

- **Recently Updated:**
  - Printable Accreditation Certificate for Providers
  - Clearer definitions of the topic designators (01-05)
  - Consolidated required fields for Grant Support
  - More user-friendly
  - *We listened to your feedback!*
National Association of Boards of Pharmacy (NABP) and ACPE have developed a continuing pharmacy education (CPE) tracking system that will authenticate and store data for completed CPE units received by pharmacists and pharmacy technicians from ACPE-accredited providers.

CPE Tracking System: *CPE Monitor*®

- >310,000 pharmacists
- >240,000 pharmacy technicians
- 380 ACPE-accredited providers
- >24 million records passed to NABP
January 26-29, 2017, San Francisco Marriott Marquis
January 26: ACPE CPE Administrator Workshop
January 27:
- Engaging in Self-Directed Lifelong Learning: Continuing Professional Development for CE Professionals
- Accreditor’s Update
- Joint Accreditation for Interprofessional Continuing Education: The Provider Experience
January 28: ACPE Breakfast for ACPE-accredited providers
January 29: Successes and Challenges for Organizations Providing Accredited Continuing Pharmacy Education
Exhibit Area: Accreditors’ Corner – ACPE Table

Please contact ceinfo@acpe-accredit.org for information
JOINT CE ACCREDITATION

- Medicine, Nursing, Pharmacy
- Offers a unified, streamlined accreditation process for providers of CE
- Rewards CE providers for offering team-focused education that improves outcomes

*Education by the team, for the team*
Joint Accreditation for Interprofessional Continuing Education™

ACCME | ACPE | ANCC
Advancing Healthcare Education by the Team for the Team
www.jointaccreditation.org
Leadership Summit

New Report Demonstrates Effectiveness of Interprofessional Continuing Education in Advancing Team Healthcare:

*By the Team for the Team: Evolving Interprofessional Continuing Education for Optimal Patient Care – Report from the 2016 Joint Accreditation Leadership Summit*

Program Update

- “CE by the team for the team”
- 36 Joint Accredited Providers
- ~35 organizations for review in upcoming months
By the Team for the Team: Evolving Interprofessional Continuing Education™ for Optimal Patient Care

Report from the 2016 Joint Accreditation Leadership Summit
International Services Program

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

LEARN MORE
MISSION

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

- Promote, encourage, facilitate, and support efforts for continuous quality improvement of the program
- Provide a validated basis for quality assurance
- Provide professional external peer judgment of the quality of the professional degree program
- Certification concerns itself with both quality assurance and quality improvement (main focus)
CERTIFICATION VS. ACCREDITATION?

- Unlike the PharmD Accreditation Standards, the ISP’s Quality Criteria are:
  - designed to allow greater flexibility for application in different cultural, educational, political, social, and health systems
  - evaluated in the context of national needs and priorities
  - not degree specific
  - developed with globally broad-based input
- Certification is NOT directly linked to eligibility for licensure (as ACPE accreditation is in state legislation in the USA) and is NOT intended to imply or confer eligibility to practice in any jurisdiction
ISP’S INTERNATIONAL COMMISSION (IC)

CHILE: Patricia Acuña-Johnson
EGYPT: Azza M. Agha
INDIA: Bhojraj Suresh
TAIWAN: Yen Huei (Tony) Tarn

USA: Indra K. Reddy
USA: Anthony K. Wutoh
USA: Magaly Rodriguez de Bittner
USA: Janet P. Engle
INTERNATIONAL SERVICES PROGRAM ADVISORY GROUP (ISPAG)

- ISPAG members from 18 countries
- Broad geographic and cultural diversity
- ISPAG provides feedback and recommendations to the ACPE Board via the International Commission
CERTIFIED PROGRAMS

- JSS University
  College of Pharmacy
  PharmD
  Mysuru and Ooty, Republic of India

- The University of Jordan
  School of Pharmacy
  BSc and PharmD
  Amman, Hashemite Kingdom of Jordan

- Near East University
  Faculty of Pharmacy
  MPharm
  Nicosia, Northern Cyprus

- King Faisal University
  College of Clinical Pharmacy
  PharmD
  Al Ahsa, Kingdom of Saudi Arabia

- King Saud University
  College of Pharmacy
  BPharm and PharmD
  Riyadh, Kingdom of Saudi Arabia

- Al Ain University of Science and Technology, College of Pharmacy
  BSc. (Pharm)
  Al Ain, United Arab Emirates
QASSIM UNIVERSITY, COLLEGE OF PHARMACY
- KINGDOM OF SAUDI ARABIA
A collaboration between ACPE and the American Society of Health-System Pharmacists (ASHP) to promote, assure, and advance the quality of pharmacy technician education and training programs.

LEARN MORE
1960s - Profession-wide study on the role of pharmacy technicians (commissioned by ASHP, APhA, AACP and NARD)

1970s - ASHP developed training guidelines for pharmacy technicians and competency standards for hospital supportive personnel

1982 – ASHP develops accreditation standards for pharmacy technician training programs; Thomas Jefferson University Hospital first to be accredited.

1988, 2002 – Profession-wide summits held on future of pharmacy technicians

2003 – 2009 – Nationwide press coverage of several deaths from major medication errors that involve pharmacy technicians; Ohio passes legislation which dictates to the profession the necessary education of pharmacy technicians

2009 - Council on Credentialing in Pharmacy develops Pharmacy Technician Credentialing Framework
CCP Preferred State Pharmacy Technician Training, Competency, Practice

1. Start Process of Becoming a Pharmacy Technician
2. Accredited Training
3. Certification
4. Registration or Licensure by Board of Pharmacy
5. Work as a Pharmacy Technician
6. Continuing Education
7. Exit
Note: Estimated 200 + non-accredited programs exist
PHARMACY TECHNICIAN ACCREDITATION COMMISSION

- Angela Cassano, PharmD, BCPS, FASHP Pharmfusion Consulting, LLC
  Midlothian, VA
- Michael Diamond, MSc
  World Resources Chicago
  Evanston, IL
- Jacqueline Hall, RPh, MBA
  Walgreens
  New Orleans, LA
- Jan Keresztes, PharmD
  South Suburban College
  South Holland, IL
- Barbara Lacher, BS, RPhTech, CPhT
  North Dakota State College of Science
  Wahpeton, ND
- Karen Snipe, CPhT
  Trident Technical College
  Charleston, South Carolina
- John Smith, EdD
  Director, Career Technical Education (CTE) and Alternative Programs
  Orange County, California Area
- Donna Wall, PharmD
  Indiana University Hospital
  Indianapolis, IN
- LiAnne (Webster) Brown, CPhT
  Richland College
  Dallas, TX
- Anthony Provenzano, PharmD
  ACPE Board Liaison
  New Albertson’s, Inc.
  Boise, ID
- Kelly Smith, PharmD
  ASHP Board Liaison
  University of Kentucky College of Pharmacy
  Lexington, KY
FUNCTIONS OF PTAC

- **Reviewing applications** for accreditation and **evaluations** of pharmacy technician education and training programs,
- Recommending accreditation actions to the **ASHP** Board of Directors and the **ACPE** Board of Directors
- Making recommendations to the Boards regarding **standards, policies and procedures**, and other matters related to PTAC’s activities and services
- Assisting in **strategic planning** in matters related to pharmacy technician education and training accreditation.
- Identifying potential activities and collaborative opportunities
- Soliciting and receiving input and advice from other stakeholders to obtain broad perspectives to help assure the quality, validity and improvement of PTAC’s accreditation standards, activities and services.
GOAL OF ASHP-ACPE COLLABORATION

- A better qualified and trained workforce.
- Improved patient safety.
- Greater consistency in technician workforce.
- Accreditation standards updated as needed to stay consistent with expanding roles and responsibilities of technicians.
- Greater ability to shift technical tasks from pharmacists.
- Less turnover in pharmacy technician positions.
New PTCB requirements to become initially certified:
- By 2020, PTCB candidates will be required to complete an ASHP/ACPE-accredited training program.

New PTCB requirements to become recertified:
- PTCB will require one of the 20 required CE hours to be in patient safety, in addition to one already required in law.
- PTCB will only accept pharmacy-technician-targeted CE.
Accreditation standards approved by ASHP and ACPE

- Six components to new standard:
  - Administration, Program Faculty, Education & Training, Students, Evaluation & Assessment, Graduation & Certificate
  - Knowledge areas mapped to PTCB task analysis
  - Changes to program director/experiential site requirements
  - Hours requirement revised
PROGRAM COMPOSITION STANDARD:
KNOWLEDGE AREAS

Technician Accreditation Standard

Personal/Interpersonal Knowledge & skills
Foundation Professional Knowledge & skills
Processing & Handling of Medication Orders
Sterile & Non-Sterile Compounding
Procurement, Billing, Reimbursement & Inventory Management
Patient and Medication Safety
Technology & Informatics
Regulatory Issues
Quality Assurance

45 total goals

PTCB Blueprint

↔ Pharmacology
↔ Medication Order Entry and Fill Process
↔ Sterile and Non-Sterile Compounding
↔ Pharmacy Billing & Reimbursement
↔ Pharmacy Inventory Management
↔ Medication Safety
↔ Rx Information System Usage/Application
↔ Pharmacy Law & Regulations
↔ Pharmacy Quality Assurance
DISTANCE EDUCATION

- Bringing the availability and affordability of accredited pharmacy technician education and training anywhere.
- Simulation and distance education
Employer-based corporate pharmacies approached PTAC with concerns regarding applicability of some of the accreditation standards to their work environment.
“Should” have two different experiential sites, as opposed to “must” have two different experiential sites (Standard 3.3.d)

Simulation Options – Must have EITHER sterile or non-sterile compounding (or both) (Standard 3.6.b.(28), 3.6.b.(29), and 3.6.b.(30))

Didactic still must include sterile and non-sterile compounding
COMPARISON OF SELECTED SUPPORTIVE HEALTH CARE OCCUPATIONS

- Similar health care occupations:
  - medical/clinical laboratory technicians;
  - dental assistants;
  - occupational therapist assistants;
  - physical therapist assistants;
  - radiology technicians;
  - surgical technologists.

- Nearly all have specific training requirement as prerequisite for certification

- Often from accredited program, range 9-24 months
To stimulate important profession wide dialog about the state of pharmacy technician qualifications, ACPE, the Pharmacy Technician Certification Board (PTCB), and the American Society of Health-System Pharmacists (ASHP) are jointly planning and sponsoring the Pharmacy Technician Stakeholder Consensus Conference.

- February 14-16, 2017, at the Omni Mandalay Hotel Las Colinas, Irvine, TX

- 100 participants from all aspects of pharmacy, including pharmacists and technicians from various practice settings, non-pharmacists, organizational leaders, educators, and regulators

- Will be web cast
CONFERENCE GOALS

- The necessity of public confidence in pharmacy’s process for ensuring the competency of pharmacy technicians.
- The entry-level ("generalist") knowledge, skills, and abilities that all pharmacy technicians must have regardless of practice site.
- The definition of entry-level ("generalist") pharmacy technician practice with respect to (a) legally recognized scope of practice; (b) educational requirements; (c) training requirements; (d) certification requirements; and (e) state board of pharmacy registration or licensure.
- The desirability and feasibility of developing a process for recognizing competencies of pharmacy technicians beyond entry-level practice.
- The desirability and feasibility of minimizing variability among the states in the definition and regulation of pharmacy technicians.
- The entities that optimally should take responsibility for any changes in pharmacy’s process for ensuring the competency of pharmacy technicians.
STEERING COMMITTEE

- **Everett B. McAllister, MPA, RPh**  
  CEO & Executive Director  
  Pharmacy Technician Certification Board

- **Janet A. Silvester, PharmD, MBA, FASHP**  
  Vice President, Accreditation Services  
  Accreditation Services Office  
  American Society of HealthSystem Pharmacists

- **Peter H. Vlasses, PharmD, DSc(Hon), BCPS, FCCP**  
  Executive Director  
  Accreditation Council for Pharmacy Education

- **William Zellmer**  
  Conference Planning Consultant
ADVISORY COMMITTEE

- Jason Ausili, PharmD
  Director, Pharmacy Affairs
  National Association of Chain Drug Stores

- Malcolm Broussard
  Executive Director
  Louisiana Board of Pharmacy

- Al Carter, PharmD, MS
  Senior Director, Pharmacy Regulatory Affairs
  CVS Health

- Charles E. Daniels, BS Pharm, PhD
  Pharmacist-In-Chief & Associate Dean
  University of California San Diego

- Kenneth Mark Ey, RPh
  Vice President of Operations
  CARE Pharmacies Cooperative Inc.

- Diane Halvorson, RPhTech, CPhT
  Lead Pharmacy Technician
  Vibra Hospital Fargo
  Pharmacy Technician Member, North Dakota State Board of Pharmacy

- Timothy R. Koch, RPh, PD, CHC
  Sr. Director, Pharmacy Practice Compliance
  Walmart Corporate Office

- Janet M. Liles, MS, CPhT
  Executive Director
  Pharmacy Technician Educators Council

- Scott A. Meyers, RPh, MS, FASHP
  Executive Vice President
  Illinois Council of Health System Pharmacists

- Matt Osterhaus, BSPH
  Co-Owner, Osterhaus Pharmacy

- Jon Roth, CAE
  Chief Executive Officer
  California Pharmacists Association

- Steve Rough, MS, RPh, FASHP
  Director of Pharmacy
  University of Wisconsin, Madison School of Pharmacy

- Rafael Saenz, PharmD, MS, FASHP
  Administrator, Pharmacy Services, University of Virginia Health System
  Assistant Dean, VCU School of Pharmacy- UVA Division
ORGANIZATIONAL UPDATE – 2016