



ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

190 S. LaSalle Street – Suite 3000 Chicago, Illinois 60603-4810 | www.acpe-accredit.org

P: 312/664-3575 | F: 866/228-2631 | E: jengle@acpe-accredit.org

July 1, 2024

Dear Pharmacy Dean:

The ACPE Board of Directors met in June and approved the final version of the Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree (ACPE Standards 2025). These Standards will go into effect on July 1, 2025. Below are the specifics.

Standards Revision Update

As you know, the ACPE Board of Directors has been working on drafting Standards 2025. All comments received via the online survey, letters, meetings, and email were discussed as part of the standards revision process. The Board approved a final draft of Standards 2025 in January 2024 and released the draft copy to the public for comment. ACPE held nine town hall meetings between January 2024 and May 2024 and also received written comments via a survey that was available on the ACPE website and through feedback received via email. The ACPE Board and Staff are very appreciative of the engagement and feedback we received on the Draft Standards. Attached is a list of the changes made based on the feedback received.

The ACPE Board Standards Subcommittee and the full Board reviewed all the comments received on the draft Standards and finalized the Standards for release on July 1, 2024, with implementation of the new Standards effective July 1, 2025. This timeframe will allow 12 months between the release of the new standards and their implementation. A new rubric to support Standards 2025 has also been released along with a crosswalk between Standards 2016 and Standards 2025. The documents can be found on our website at:

<https://www.acpe-accredit.org/pharmd-program-accreditation/#tab-Standards>.

With the implementation of Standards 2025 in July 2025, the use of the current AACP Assessment and Accreditation Management System (AAMS) will be discontinued as the platform for self-studies. It will be replaced by the ACPE Pharmacy Accreditation Report Management System (PHARMS). More information about this tool was provided in the Spring 2024 edition of “ACPE Update” (www.acpe-accredit.org/pdf/ACPE_Update_Spring2024_Final.pdf). Programs evaluated prior to July 2025 will be reviewed against Standards 2016 using the AAMS platform.

We look forward to working with you as we implement the new Standards to assure quality education for all of our students.

Sincerely yours,

A handwritten signature in black ink that reads "Janet P. Engle". The signature is written in a cursive, flowing style.

Janet P. Engle, Pharm.D., Ph.D. (Hon), FAPhA, FCCP, FNAP
Executive Director
Accreditation Council or Pharmacy Education

Standards 2025: Changes made based on feedback on the draft Standards and Board review

Summary

- Overall – In most cases, direct was removed as a description from patient care activities.
- Standard 1: Organization and Governance (includes Standards 2016: 5-9)
 - 1.1.c – “qualified” was added to describe the dean.
 - 1.4.c – Added “and support” to describe the role of the administrative team.
 - 1.5.a – Added “lifelong learning” to describe the role of faculty and administrators in modeling leadership and professionalism.
- Standard 2: Curriculum (includes Standards 2016: 1-4, 10-11)
 - Added subheadings to differentiate the COEPA educational outcomes and activities. These include knowledge, skills, attitudes, and professional development activities.
 - Professional Skills and Attitudes and Entrustable Professional Activities were reversed in order under the professional development activities.
 - Added “curricular and co-curricular” to describe the activities in the professional skills and attitudes key element.
 - 2.1.e – Added “comprehensive medication management” to the person-centered care outcome.
 - 2.2.g – Added “lifelong” to describe self-directed learning.
 - 2.3.b – Added more specificity to the key element to emphasize that multiple types of prescribers should be included as part of the IPE plan.
- Standard 3: Experiential Learning (includes Standards 2016: 12, 13, 20, and 22)
 - 3.1.a – Added “via an approved process” for IPPE exemptions.
 - 3.1.b – Revised to emphasize the IPPEs should occur throughout the curriculum in both community-based and institutional-based settings. Removed the term “health-system.”
 - 3.2.a – Revised language to emphasize that APPEs expose students to patients across the patient spectrum, including those who are neurodivergent. Duplicative wording was eliminated.
 - 3.2.b – The 480 hour limitation for APPEs outside of the U.S. was eliminated.
 - 3.2.d – The interprofessional requirement was removed from the ambulatory care APPE. An additional sentence was added “The majority of required APPEs must involve interprofessional communication and collaboration.”
 - 3.2.e – An additional qualifier was added stating that the 320 APPE hours of non-direct patient care are relative to the 1440 hours.
 - 3.3.b – Academic was removed from the preceptor credentials.
 - 3.3.e – Additional wording was added to the student to preceptor ratio to emphasize the ratio for each IPPEs and APPEs.

- 3.4.a – Revised to ensure a sufficient quantity of sites and preceptors are available based on student enrollment.
 - 3.5.a – Additional wording to include more than one professional may led the experiential education component.
 - 3.5.b – Fully executed replaced signed affiliation for affiliation agreements.
- Standard 4: Student Services (includes Standards 2016: 14-17)
 - 4.1.e – Ensures replaced offers under the healthcare key element.
 - 4.1.g – Credentialing was added to the list of information provided in the Advising and mentoring key element.
 - 4.3.f – Wording was removed in the description of admission materials.
 - 4.3.h – Synchronous was added to describe the candidate interview requirements.
 - 4.4.b – Appropriate was removed in the description of interventions.
- Standard 5: Faculty and Staff (includes Standards: 2016 18-19)
 - 5.1.a – The language was updated to describe the student to faculty ratios.
- Standard 6: Resources (includes Standards 2016: 21 and 23)
 - 6.1.a – Key element was rephrased for clarity.
 - 6.1.b – Language was updated to describe the physical facilities attributes regarding laboratory space.
 - 6.2.c – Language was updated to describe the sufficiency of funding available to the program.
- Standards 7: Assessment (includes Standards 2016 24-25)
 - 7.2.d – Since the alumni survey will be discontinued with the new standards, the alumni survey will no longer be required and was removed from the key element.
 - 7.3.a – An additional qualifier was added to state that the standardized assessments for comparison will be those required by ACPE.
 - 7.3.d – The key element was revised to reflect that programs provide evidence to show that students are APPE-ready, and graduates are Practice-ready and Team-ready.
 - 7.4.f – Key element was revised for clarity.
 - 7.5.b – Reporting replaced monitoring.
- Appendix 1
 - Clinical chemistry was moved from the Pharmaceutical Sciences section to the Clinical Sciences and renamed Clinical Laboratory Data.
 - Drug abuse was renamed drug misuse.
 - Substance abuse disorder was renamed substance use disorder.
 - Medication Dispensing, Distribution and Administration was revised for emphasis on prescribing and that students received immunization training.
 - Nutraceuticals was added to self-care pharmacotherapy.