Accreditation Council for Pharmacy Education
International Services Program

Self-Assessment Instrument for International-Accreditation of Professional Degree Programs of Colleges of Pharmacy Based Outside the United States of America

Quality Criteria 2026
Effective: July 1, 2026

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Introduction: The *Self-Assessment Instrument for International-Accreditation of Professional Degree Programs of Colleges of Pharmacy Based Outside the United States of America and its Territories* is designed to assist a college/faculty/school of pharmacy (hereafter referred to as "college") prepare its self-study report and document how its pharmacy degree program is addressing ACPE's International Quality Criteria. The instrument identifies the documents, data, and descriptive text that will need to be provided by the college for evaluation during the evaluation visit in order to determine how the program is addressing each of the Quality Criteria.

An equivalent evaluation instrument (commonly referred to as the "Rubric") is used by members of the evaluation team to validate the college's Self-Study Report and as the basis for the *Evaluation Team Report (ETR)* sent to the college, the ACPE International Commission, and the ACPE Board of Directors. The findings of the evaluation team are used to advise ACPE's International Commission and Board of Directors. The ACPE Board of Directors considers the *ETR* along with other supplementary information provided by the college in order to determine the pharmacy degree program's overall compliance with ACPE's International Quality Criteria and to prepare the ACPE *Action and Recommendations (A&R)* document, which is the official ACPE Board of Directors Action.

Directions for Completing the Self-Assessment Instrument

For each Quality Criterion, the college should do the following:

1) **Documentation and Data:** Use a check ☒ to indicate documents and data that have been submitted as an appendix or made available on site.
   For each Quality Criterion, the following documentation and data sections are included:
   - Required Documentation and Data (for inclusion as an Appendix of the Self-Study Report)
   - Required Documentation for On-Site Review only (may not apply to all Quality Criteria) (Note: instructions will be provided if the evaluation visit is conducted online)
   - Optional Documentation and Data (included in the Self-Study Report at the discretion of the college)

   Please Note: All documentation should be submitted in English. For self-study reports submitted electronically, the preferred file format for documents and data is Portable Document Format (PDF). If required documentation or data cannot be provided, an explanatory note should be provided.

2) **College's Self-Assessment:** Self-assess the program on aspects of each Quality Criterion using the following scale:
   - The program is in **full or substantial compliance** with the Criterion **(FSC)**
   - The program needs **minimal improvement** to achieve compliance with the Criterion **(MI)**
   - The program needs **substantial improvement** to achieve compliance with the Criterion **(SI)**

3) **College's Comments on the Quality Criterion:** The college's descriptive text should describe:
   - Areas of the program that are noteworthy, innovative, or exceed the expectation(s) of the Quality Criterion;
   - The college's self-assessment of its issues and its plans for addressing them, with relevant timelines; findings that highlight areas of concern along with actions or recommendations to address them; and
   - Additional actions or strategies to further advance the quality of the program.

     Note: For plans that have already been initiated to address an issue, the college should provide evidence that the plan is working.

Suggested page limits have been provided for each Quality Criterion. Appendices, tables, and figures included in the text do not count towards the page limit.

4) **College's Final Self-Evaluation:** Self-assess compliance of the program on each Quality Criterion using the following classifications:

Compliant[1]:
- No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.

Compliant with Monitoring:
- No factors exist that compromise current compliance; factors[2] exist that, if not addressed, may compromise future compliance **/or**
- Factors exist that compromise current compliance; an appropriate plan[3] 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 implemented 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 plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or**
- Adequate information was not provided to assess compliance.[6]

Notes:
1. Compliant means *substantially meets*, *meets*, or *exceeds* the requirements and expectations of the Quality Criterion. A program may have elements of a Quality Criterion that are assessed as needing improvement, but overall, the Quality Criterion may be rated as Compliant.
2. Factors could include innovations and planned or unplanned substantive changes.
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 first bullet point under Non-Compliant, the above classifications assume that the information provided 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.

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the Quality Criterion that may require further monitoring.

The college should develop an appropriate cover page for their Self-Study Report followed (on the next page) by a detailed Index with page numbers, including the following:

Overview of the College and Program(s)

Summary of the College's Self-Study Process

Table of the College's Self-Evaluation of All Quality Criteria

Criterion No. 1: Organization and Governance

Criterion No. 2: Curriculum

Criterion No. 3: Experiential Education

Criterion No. 4: Student Services

Criterion No. 5: Academic and Non-Academic Staff

Criterion No. 6: Resources

Criterion No. 7: Assessment

The college should develop a list of all the appendices arranged by Quality Criterion in the following format:

Note: Appendix filenames should be in the format Appendix 1.X only (see [ACPE Guidelines for Electronic Submission of Documents](#) on the ACPE website).

Criterion No. 1: Organization and Governance
Appendix 1.X	Title of Document	Brief Description (if not self-explanatory)
Appendix 1.X	Title of Document	Brief Description (if not self-explanatory)
Appendix 1.X	Title of Document,	Brief Description (if not self-explanatory) etc.

Criterion No. 2: Curriculum
Appendix 2.X	Title of Document	Brief Description (if not self-explanatory)
Appendix 2.X	Title of Document	Brief Description (if not self-explanatory)
Appendix 2.X	Title of Document,	Brief Description (if not self-explanatory) etc.

The same format should be used for the remaining Quality Criteria:
Criterion No. 3: Experiential Education

Criterion No. 4: Student Services

Criterion No. 5: Academic and Non-Academic Staff

Criterion No. 6: Resources

Criterion No. 7: Assessment

Overview of the College and Program(s)

<u>Application for Initial Accreditation</u>

For the college's first self-study report for ACPE, please provide a brief <u>overview</u> of the college and pharmacy program(s) to address the following points (use appropriate headings for each section):

- History of the university (public/private, mission, faculties/colleges, etc.) and college of pharmacy.
- A description of current pharmacy practice in the country, in all of its manifestations and practice sites.
- Degrees offered by the college of pharmacy; date of first enrollment and date of first graduating class for the professional degree program(s) for which International-Accreditation is applied.
- Number of students currently enrolled in the professional degree program(s) for which International-Accreditation is applied (provide numbers for each year/degree/class of the program); nature/diversity of the students enrolled.
- Accreditation status of the pharmacy degree program(s) (for which International-Accreditation is applied) and/or the university by the country's national accreditation body and/or any other accreditation that applies to the degree program and/or university; the overview should include a description of any applicable special conditions, requests or monitoring.
- Any other innovative, noteworthy, or unique aspects of the program(s), college, and university that may provide additional valuable information and provide context for the evaluation.

   [TEXT] (Approximately 1 - 3 pages)

<u>Self-Study for Continuation of International-Accreditation</u>

For a self-study report for continuation of International-Accreditation, please provide an <u>overview</u> of notable changes and developments related to the program(s) and the college <u>since the last comprehensive evaluation</u>. The overview should be organized by the Quality Criteria and address:

- Areas/issues that were identified as needing improvement during the last comprehensive evaluation and/or any subsequent monitoring.
- Any substantive changes in the college or program(s) since the last comprehensive evaluation including any changes with regard to the accreditation status of the college or university by the country's national accreditation body and/or any other accreditation that applies to the degree program or university.
- Any changes in pharmacy practice in the country.
- Any other innovative, noteworthy, or unique aspects of the program(s), college, and university that may provide additional valuable information and provide context for the evaluation.

   [TEXT] (Approximately 1 - 3 pages)

Summary of the College's Self-Study Process

The college should provide a summary of the self-study process. ACPE does not require any supporting documentation for the Summary of the Self-Study Process; however, the college may provide supporting documentation (such as a list of the members of the self-study committees and their title/position/role) as an appendix in the self-study report. **The college is encouraged to provide details of any notable changes already made, in process, or proposed for future implementation as a result of the self-study.**

[TEXT] (Approximately 2 - 3 pages)

The members of the evaluation team will use the following form to evaluate the college's self-study process and the clarity of the report, and will provide feedback to assist the college to improve the quality of future reports. **The college is not required to complete this table**.

	Commendable	Meets Expectations	Needs Improvement
Participation in the Self-Study Process	The self-study report was written and reviewed with broad-based input from students, academic and other staff, preceptors, administrators and a range of other stakeholders, such as, graduates, practitioners, employers of pharmacists, and representatives of pharmacy organizations and regulators. Commend ☐	The self-study report was written and reviewed with broad-based input from students, academic and other staff, preceptors, and administrators. Meets ☐	The self-study report was written by a select group of individuals in the college who did not seek broad input from students, academic and other staff, preceptors, administrators, or other key stakeholders. Needs Improvement ☐
Knowledge of the Self-Study Report	Students, academic and other staff, and preceptors are conversant in the major findings and conclusions of the report and how the college intends to address any deficiencies in the program. Commend ☐	Students, academic and other staff, and preceptors are aware of the report and its contents. Meets ☐	Students, academic and other staff, and preceptors have little or no knowledge of the report and its contents or its impact on the program. Needs Improvement ☐
Completeness and Transparency of the Self-Study Report	All narratives and supporting documentation are complete, thorough, clear and concise. The content appears thoughtful and honest. Data presented is analyzed, conclusions made, and remedial action identified when necessary. Areas needing improvement are discussed openly and plans outlined for quality improvement. Interviews validate the self-study findings and conclusions. Data provided in different sections is consistent and no sections of the report contradict each other. Commend ☐	All narratives and supporting documentation are present. Strengths and weaknesses of the program are presented. Interviews generally agree with the self-study findings and conclusions. Meets ☐	Information is missing, inadequate, inconsistent, or contradictory. Portions of the content appear biased and/or evidence is not presented to support statements made in the text. Data is presented without adequate commentary. Needs Improvement ☐
Organization of the Self-Study Report	All sections of the report are complete and well organized. Indexes, bookmarks and hyperlinks are provided to facilitate finding information. Pages are numbered and sections are clearly labeled. The style and formatting of text is consistent throughout the report. Tables and figures are clear and easy to read and interpret. Commend ☐	The content is organized and logical. The reviewer is able to locate a response for each Criterion and the supporting documentation with minimal difficulty. Meets ☐	Information appears to be missing or is difficult to find. Sections are not well labeled. Some links provided in the document do not work. Data tables and graphics are not easy to read and interpret. Different text formatting and fonts are used in the report. Needs Improvement ☐
Relevance of Supporting Documentation	Supporting documentation is informative, used judiciously, and linked to the main text. Commend ☐	Supporting documentation is present when needed. Meets ☐	Supporting documentation is missing, irrelevant, redundant, or uninformative. The relevant text is hard to find. Needs Improvement ☐
Evidence of Continuous-Quality Improvement	The college presents thoughtful, viable plans to address areas of deficiency and advance the quality of the program beyond the requirements of the Quality Criteria. When plans have already been implemented, evidence is provided to demonstrate that the plan is addressing the problem. Commend ☐	The college proactively presents plans to address areas where the program is in need of improvement. Meets ☐	No plans are presented or plans do not appear adequate or viable given the issues and the context of the program. Areas needing attention are not resolved in a timely fashion. Needs Improvement ☐

Table of the College's Self-Evaluation of All Quality Criteria

The college should complete this table (☒) **after** self-assessing compliance with the individual Quality Criteria using the Self-Assessment Instrument.

Quality Criteria		Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
Criterion 1: Organization and Governance					
1.1	Mission, Vision, and Values	☐	☐	☐	☐
1.2	Strategic Planning	☐	☐	☐	☐
1.3	Internal and External Relationships	☐	☐	☐	☐
1.4	Organizational Structure and Governance of the College	☐	☐	☐	☐
1.5	Organizational Culture	☐	☐	☐	☐
Criterion 2: Curriculum					
2.1	Program Outcomes	☐	☐	☐	☐
2.2	Curriculum Design, Delivery, and Oversight	☐	☐	☐	☐
Criterion 3: Experiential Education					
3.1	Pharmacy Practice Experiences Curriculum	☐	☐	☐	☐
3.2	Practice Sites and Preceptors	☐	☐	☐	☐
Criterion 4: Student Services					
4.1	Student Services	☐	☐	☐	☐
4.2	Academic Policies and Procedures	☐	☐	☐	☐
4.3	Admissions	☐	☐	☐	☐
4.4	Progression	☐	☐	☐	☐
4.5	Student Perspectives	☐	☐	☐	☐
Criterion 5: Academic and Non-Academic Staff					
5.1	Academic and Non-Academic Staff – Quantitative Factors	☐	☐	☐	☐
5.2	Academic and Non-Academic Staff – Qualitative Factors	☐	☐	☐	☐
5.3	Professional Development and Performance Evaluation	☐	☐	☐	☐
Criterion 6: Resources					
6.1	Physical Facilities and Educational Resources	☐	☐	☐	☐
6.2	Financial Resources	☐	☐	☐	☐
Criterion 7: Assessment					
7.1	Assessment Plan	☐	☐	☐	☐
7.2	Program Assessment	☐	☐	☐	☐
7.3	Assessment Elements for Competency-Based Program Outcomes, Curriculum, and Experiential Learning	☐	☐	☐	☐
7.4	Assessment Elements for Student Services, Academic and Non-Academic Staff, and Resources	☐	☐	☐	☐
7.5	Continuous Quality Improvement	☐	☐	☐	☐

Criterion No. 1: Organization and Governance: The college is organized and staffed to advance its vision, mission, and strategic plan; and provide an environment and culture that promotes self-directed lifelong learning, professional and ethical behavior, and collaboration.

1) **Documentation and Data:**

Use a check ☒ to indicate that the information has been provided by the college as an appendix and used to self-assess this Criterion:

Required Documentation and Data:

☐ The vision, mission, goals, and values of the college and the university (parent institution)

☐ The college's strategic plan and action plans (current or latest available)

☐ The strategic plan of the university (current or latest available)

☐ The college and university organizational charts

☐ A list of university committees on which the college is represented

☐ Examples of written agreements that codify the nature, intent, and obligations of the relationship in place for partnerships and other forms of collaboration (internal to and external to the university), such as agreements for:

- academic or teaching collaboration

- research collaboration

- practice or service relationships

- inter-professional collaboration

- working with pharmacy and education regulators and/or professional pharmacy organizations on matters of common interest

☐ Résumés and job descriptions for the dean and other college administrative leaders

☐ Written bylaws and policies of the college

☐ List of college executive and standing councils/committees with their members names, terms of appointment or reference, and designated charges

☐ The college's code(s) of ethics and/or code(s) of conduct for students, academic and non-academic staff, and the conduct of research

Required Documentation for On-Site Review:
(Note: instructions will be provided for an online evaluation.)

☐ Academic Staff Member Handbook (or the equivalent guidance document for academic staff)

☐ Non-Academic Staff Member Handbook (or the equivalent guidance document for non-academic staff)

Optional Documentation and Data:
☐ Other documentation or data that provides supporting evidence of compliance with the Criterion

2) **College's Self-Assessment:** Use the checklist below to self-assess the program's compliance with the requirements of the Criterion:

	FSC	MI	SI
Criterion 1.1. Mission, Vision and Values			
1.1.1. <u>Mission and Vision</u> – The college operates under a defined mission and vision, which is compatible with the mission of the university and aligned with the needs of society and national and/or regional goals.	☐	☐	☐
1.1.2. <u>Stakeholder Involvement</u> – Broad input from stakeholders of the college (e.g., academic and non-academic staff, students, preceptors, alumni, university administrators, employers, regulators) is used in the development and periodic review of the college's mission and vision.	☐	☐	☐
1.1.3. <u>Commitment to Continuous Quality Improvement</u> – The mission, goals and values reflect a commitment to continuous quality improvement, professional pharmacy education, research, scholarship, and community service.	☐	☐	☐
Criterion 1.2. Strategic Planning			
1.2.1. <u>Strategic Plan</u> – The college implements a strategic plan to advance its mission. The strategic plan outlines the program's goals and objectives, includes action steps, performance metrics, responsible persons, needed resources, and the timetable for achievement.	☐	☐	☐
1.2.2. <u>Alignment</u> – The college's strategic plan is aligned with the University's strategic plan.	☐	☐	☐
1.2.3. <u>Inclusive Process</u> – The strategic plan is developed through an inclusive process, including academic and non-academic staff, students, preceptors, practitioners, and other relevant constituents.	☐	☐	☐
1.2.4. <u>Communication</u> – The strategic plan is communicated to communities of interest to the college (academic and non-academic staff, students, preceptors, alumni, etc.)	☐	☐	☐
1.2.5. <u>Periodic Revision</u> – The college periodically reviews and updates its strategic plan. The review and revision process is completed with input from relevant communities of interest.	☐	☐	☐
Criterion 1.3 Internal and External Relationships			
1.3.1. <u>Autonomy</u> – The college has appropriate autonomy to implement and manage the pharmacy program. The university and college policies and procedures clearly define the autonomy, respective authority, and responsibility of the pharmacy program leadership team.	☐	☐	☐
1.3.2. <u>University Participation</u> – The college contributes to the leadership and governance of the university. The college works effectively with other units within the university.	☐	☐	☐

1.3.3. <u>Collaborative Relationships</u> – To support and advance its mission, the college establishes, maintains, and evaluates, collaborative relationships with organizations and entities inside and outside the university (e.g. organizations that support the college's efforts related to education, research and other scholarly activity, industry, pharmacy practice, legislation, and community service).	☐	☐	☐

Criterion 1.4. Organizational Structure and Governance of the College

1.4.1. <u>Qualified Leadership Team</u> – The college dean (chief academic officer) and other administrative leaders are adequately qualified to provide leadership in pharmacy professional education and practice, research and scholarship, and professional and community service. The administrative leadership team collectively demonstrates support for pharmacy education and the profession of pharmacy.	☐	☐	☐
1.4.2. <u>Organizational Structure</u> – The dean and other administrative leaders have defined lines of responsibility and authority and function in an organizational structure that ensures the optimal use and development of resources, including academic and non-academic staff resources, to support achievement of the mission.	☐	☐	☐
1.4.3. <u>Authority and Responsibility</u> – The governance documents of the college (such as bylaws and policies) describe the authority and responsibility of the leadership team (including councils, committees, task forces, units), organizational structure, and the functions and responsibilities of committees and meetings of academic staff.	☐	☐	☐

Criterion 1.5. Organizational Culture

1.5.1. <u>Professional and Ethical Behavior</u> – The college demonstrates a commitment to professional and ethical behavior. The college fosters ethical leadership in administrators, academic and non-academic staff, preceptors, and students.	☐	☐	☐
1.5.2. <u>Professional Identify Formation</u> – The college facilitates students' professional identity development including internalization of the pharmacy profession's core values, beliefs, skills, and knowledge.	☐	☐	☐
1.5.3. <u>Culture</u> – In alignment with national norms and culture, the college promotes the consideration of diverse perspectives, lived experiences, backgrounds, religion and cultures, to create environments that support and enhance learning, teaching, research and pharmacy practice.	☐	☐	☐

3) **College's Comments on the Criterion:** The college's descriptive text and supporting evidence should specifically address the following:
   - The college's self-assessment in relationship to the Criterion and its plans for addressing any areas of noncompliance, with relevant timelines.
   - Findings that highlight areas of concern along with actions or recommendations to address them.
   - Areas of the program that are noteworthy, innovative, or exceed the expectation of the Criterion

- Additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college should provide evidence that the plan is working.

Describe how (with examples as appropriate):

☐ The College's vision and mission:
  - are aligned with the vision and mission of the university and with national and/or regional needs.
  - reflect a commitment to continuous quality improvement, professional education, research and scholarship, and community service.

☐ The mission is developed, adopted, reviewed and updated on a regular basis. The role of various stakeholders (e.g., students, preceptors, alumni, academic and non-academic staff) in review and revision of the mission should be described.

☐ The College's strategic plan:
  - was developed with evidence of the involvement of various stakeholders.
  - advances the mission and goals of the college and university.
  - is aligned with the strategic plan of the university and has the support of the university's administration with respect to programmatic development and the allocation of the necessary budget and resources.
  - Is periodically revised.
  - is communicated to key stakeholders.

☐ The college develops, implements, monitors progress and achievement of goals and objectives that are specific, measurable (e.g., using Key Performance Indicators, KPIs), and achievable, and revises its strategic plan.

☐ Clear lines of authority, responsibility, and accountability are ensured between the college and university.

☐ The college participates in and contributes to the governance of the university.

☐ The college establishes, maintains, and evaluates, collaborative relationships with organizations and entities inside and outside the university (e.g. organizations that support the college's efforts related to education, research and other scholarly activity, industry, pharmacy practice, legislation, and community service).

☐ The organizational structure supports achievement of the college's mission.

☐ Bylaws, policies and procedures are developed and modified.

☐ The dean provides leadership for the college and how the qualifications and characteristics of the dean support the achievement of the college's mission and strategic plan.

☐ The credentials and experience of the administrative leaders working with the dean have prepared them for their respective roles.

☐ The college values and provides an environment that promotes professional and ethical behavior and effective communication among administrators, academic and non-academic staff, preceptors, and students.

☐ The college fosters ethical leadership in administrators, staff, preceptors, and students.

☐ The college facilitates students' professional identity development including internalization of the pharmacy profession's core values, beliefs, skills, and knowledge.

☐ The college develops and fosters a culture of collaboration within subunits of the college, as well as within and outside the university, to advance its vision, mission, and strategic plan, and to support the profession.

☐ In keeping with its mission, the college promotes the consideration of diverse perspectives, lived experiences, backgrounds, religion and cultures, to create environments that support and enhance learning, teaching, research and pharmacy practice.

☐ Any other notable achievements, innovations or quality improvements.

[TEXT BOX] (Approximately 15 pages)

4) **College's Final Self-Evaluation:** Self-assess how well the program is in compliance with the Criterion by putting a check in the appropriate box ☒:

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined the Standard/ **or** • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the Criterion that may require further monitoring.

Criterion No. 2: Curriculum: The college, using competency-based program outcomes, imparts to the graduate the knowledge, skills, abilities, behaviors, and attitudes necessary for entry into the contemporary practice of pharmacy. The curriculum is designed, delivered and monitored by academic staff to ensure breadth and depth of knowledge and skills and the maturation of professional attitudes and behavior in alignment with current and anticipated practice trends at the national, regional, and international levels. The curriculum provides a foundation in the basic, biomedical, pharmaceutical, social/administrative/behavioral, and clinical sciences, while emphasizing active learning pedagogy, content integration, knowledge acquisition, the application of knowledge, and attitudinal, skill, and behavioral development. A baccalaureate curriculum usually requires a five academic year program of study or the equivalent. A doctor of pharmacy curriculum usually requires six academic years or the equivalent.

1) **Documentation and Data:**
   Use a check ☒ to indicate that the information has been provided by the college and used to self-assess this Criterion:

   Required Documentation and Data:

   ☐ A list of the program's competency-based program outcomes that graduates of the program achieve for entry into practice.

   ☐ A table organized by academic year listing all required courses, and providing the title, brief description, teaching/learning methods used, and responsible member(s) of the academic staff.

   ☐ A map/cross-walk of the courses in the curriculum aligned to the expected competency-based program outcomes for graduates of the program

   ☐ A representative sampling of course syllabi from the basic sciences, biomedical, pharmaceutical, social/behavioral/administrative and clinical sciences, including stated competency-based program outcomes addressed in the course.

   ☐ A copy of the Interprofessional Education Plan that documents the program's efforts in relation to interprofessional education including, where applicable, student involvement, other health profession involvement, a timeline, activities, outcomes, assessment, resources, and tools utilized.

   Required Documentation for On-Site Review:
   (Note: instructions will be provided for an online evaluation.)

   ☐ All course syllabi and course files for didactic and experiential courses (or the college's documents that serve a similar purpose).

   Optional Documentation and Data:

   ☐ Other documentation or data that provides supporting evidence of compliance with the Criterion.

2) **College's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the Criterion and accompanying guidelines:

	FSC	MI	SI
Criterion 2.1. Program Outcomes			
2.1.1. <u>Competency-Based Program Outcomes</u> – The college identifies and publishes competency-based program outcomes that graduates must achieve. The competency-based program outcomes: 1) ensure graduates are prepared for patient care practice roles; 2) address medication and health-related needs of individuals and populations; 3) are appropriate for the degree awarded; and 4) address national program learning outcomes (if applicable) and are reflective of current and future national pharmacy practice.	☐	☐	☐
Criterion 2.2. Curriculum Design, Delivery, and Oversight			
2.2.1. <u>Curriculum Development</u> – The college, through a defined process, uses the desired competency-based program outcomes to design and develop the curriculum (philosophy, structure, content, and instructional methods) to ensure attainment of the breadth and depth of knowledge and skills, and the maturation of professional attitudes and behaviors.	☐	☐	☐
2.2.2. <u>Curricular Content</u> – The curricular content provides students with the necessary foundational knowledge in the following content areas, as appropriate, to achieve the desired competency-based program outcomes (also see Appendix 1): • Basic Sciences: biology, chemistry, organic chemistry, mathematics, humanities/social sciences • Biomedical Sciences: biochemistry, biostatistics, human anatomy, human physiology, immunology, medical microbiology, pathophysiology. • Pharmaceutical Sciences: clinical chemistry, extemporaneous compounding, medicinal chemistry, pharmacognosy, pharmaceutical calculations, pharmaceutics/biopharmaceutics, pharmacogenomics/genetics, pharmacokinetics, pharmacology, toxicology. • Social/Behavioral/Administrative Sciences: cultural awareness, ethics, pharmacoeconomics, pharmacoepidemiology, pharmacy law, practice management, professional communication, professional development, research design, social and behavioral aspects of practice. • Clinical Sciences: clinical pharmacokinetics, digital health, health informatics, health information retrieval and evaluation, medication dispensing, distribution, and administration, patient assessment, patient safety, pharmacotherapy, public health, and self-care pharmacotherapy.	☐	☐	☐

2.2.3. <u>Intraprofessional and Interprofessional Education</u> – To advance collaboration and quality of patient care, the college emphasizes the pharmacist's role as a healthcare team member in providing team-based, patient-centered care. As available, the college provides opportunities for students to learn about, from, and with other health professional students and members of the intraprofessional and interprofessional healthcare team.	☐	☐	☐
2.2.4. <u>Organization and Sequence</u> – The professional curriculum is organized to allow for the logical building of a sound scientific and clinical knowledge base. The curriculum is sequenced to promote integration and reinforcement of content and the demonstration of competency in skills required to achieve the competency-based program outcomes.	☐	☐	☐
2.2.5. <u>Teaching and Learning Methods</u> – The curriculum encompasses didactic, simulation, and experiential components. Teaching and learning methods used to deliver the curriculum address the diverse learning needs of students and: (1) facilitate achievement of learning outcomes, (2) actively engage learners, (3) promote student responsibility for self-directed learning, (4) foster collaborative learning, (5) provide timely, formative performance feedback to students in both didactic and experiential education courses, and (6) are appropriate for the student population.	☐	☐	☐
2.2.6. <u>Technology and Simulation Activities</u> – The college incorporates educational technology and simulation activities, as available and appropriate, to enhance delivery of the curriculum (e.g., simulation activities and databases, electronic library databases, telehealth, artificial intelligence-generated assignments/activities, etc.). Simulation activities are used to supplement practice experiences.	☐	☐	☐

3) **College's Comments on the Criterion:** The college's descriptive text and supporting evidence should specifically address the following:
- The college's self-assessment in relationship to the Criterion and its plans for addressing any areas of noncompliance, with relevant timelines.
- Findings that highlight areas of concern along with actions or recommendations to address them.
- Areas of the program that are noteworthy, innovative, or exceed the expectation of the Criterion
- Additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college should provide evidence that the plan is working.

Describe how (with examples as appropriate):

☐ The competency-based program outcomes for graduates of the program:
- were selected (i.e., the rationale) and the role of the academic staff in the selection process.
- ensure graduates are practice-ready to serve as an entry-level pharmacist.
- align with and contribute to current and projected national needs, including the pharmacist's role in patient-centered care.
- are reviewed regularly and revised as needed to ensure alignment with evolving pharmacy education and practice, societal needs, and national and international trends in the profession of pharmacy.

- ☐ The college clearly differentiates the desired competency-based program outcomes for different degree programs or tracks (if applicable).

- ☐ The curricular philosophy and model were selected, how they reflect contemporary pharmacy education models, and the role of the academic staff in the process.

- ☐ Completion requirements are clearly identified and the curriculum meets the requirements of the university for the granting of a degree.

- ☐ Curricular development, revision, and adoption are undertaken in compliance with college and institutional policies and regulations.

- ☐ The entire curriculum is developed, mapped to the competency-based program outcomes, and implemented to ensure optimal sequencing, alignment, reinforcement, coordination of content across disciplines, and progressive achievement of competency-based program outcomes in students.

- ☐ Delivery of the curriculum is coordinated across different sections or locations (if applicable) to ensure comparability of structure, resources, process, and outcomes.

- ☐ The curriculum addresses multiple degree exit points (if applicable).

- ☐ The curriculum addresses multiple degree tracks (if applicable).

- ☐ Members of the academic staff employ a range of teaching and learning methods, including active learning, to ensure that students develop the required competencies. The teaching and learning methods used by academic teaching staff account for various learning styles of students and:
  - facilitate achievement of learning outcomes.
  - actively engage learners.
  - promote student responsibility for self-directed learning.
  - foster collaborative learning.
  - provide timely, formative performance feedback to students in both didactic and experiential education courses.
  - are appropriate for the student population.

- ☐ The college uses online learning and other distance learning technologies, including the measures taken to ensure the quality, integrity and outcomes of learning (if applicable).

- ☐ The foundation in the basic, biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences provided by the curriculum relates to the desired competency-based program outcomes for graduates of the program.

- ☐ Instruction across departmental and scientific disciplines is coordinated and sequenced to ensure appropriate coverage of all foundational science areas and minimize unnecessary redundancy.

- ☐ The foundational knowledge in the sciences is applied, reinforced, and advanced progressively throughout the curriculum.

- ☐ The college incorporates interprofessional education concepts and/or activities into the curriculum. The curriculum prepares graduates to work as members of an interprofessional team, including a description of the course(s) that address and/or incorporate interprofessional education.

- ☐ The curriculum incorporates opportunities for students to work as a member of the pharmacy team and prepares graduates for intraprofessional activities.

- ☐ The college incorporates educational technology and simulation activities, as available and appropriate, to enhance delivery of the curriculum.

- ☐ Any other notable achievements, innovations or quality improvements

[TEXT BOX] (Approximately 20 pages)

4) **College's Final Self-Evaluation:** Self-assess how well the program is in compliance with the Criterion by putting a check in the appropriate box ☒:

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined the Standard/ **or** • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the Criterion that may require further monitoring.

Criterion No. 3: Experiential Education: The curriculum incorporates pharmacy practice experiences that are used to integrate, apply, reinforce, and advance the knowledge, skills, attitudes, abilities and behaviors included in the competency-based program outcomes and ensure graduates are practice-ready and team-ready. The college has a sufficient number of preceptors, who have professional credentials and expertise commensurate with their responsibilities to the professional program, needed to effectively deliver and evaluate students in the experiential components of the curriculum. The college has the appropriate number and mix of practice sites and experiences to accommodate students.

1) **Documentation and Data:**

Use a check ☒ to indicate that the information has been provided by the college and used to self-assess this Criterion:

<u>**Required Documentation and Data**</u>:

☐ Overview of the pharmacy practice (experiential) curriculum (duration, types of required and elective rotations, etc.).

☐ Criteria used for the selection of practice sites and preceptors of experiential education.

☐ List of practice sites, preceptors and their credentials (such as, licensure, academic qualifications, and certifications/postgraduate training).

☐ Practice site capacity that demonstrates the college can meet the experiential requirements outlined in the curriculum for all students enrolled in the program (documentation that the number of practice sites can accommodate the experiential needs of all students).

☐ Examples of materials (such as course syllabi, manuals or instructions) provided to practice sites, preceptors, and students to prepare them for practice experiences.

☐ Examples of agreements between the college and sites used for practice experiences.

☐ Student and preceptor evaluation tools.

☐ Policies and procedures related to preceptor recruitment, orientation, development, performance review, promotion, and retention.

<u>**Required Documentation for On-Site Review**</u>:
(<u>*Note*</u>: *instructions will be provided for an online evaluation.*)

☐ Pharmacy practice experience manuals, including assessment forms.

<u>**Optional Documentation and Data**</u>:

☐ Other documentation or data that provides supporting evidence of compliance with the Criterion.

2) **College's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the Criterion and accompanying guidelines:

	FSC	MI	SI
Criterion 3.1. Pharmacy Practice Experiences Curriculum			
3.1.1. <u>Practice Experiences for Baccalaureate Degree Programs</u> – The curriculum provides educational practice experiences in a variety of actual healthcare settings for students to develop and demonstrate achievement of the desired competency-based program outcomes, under academic staff and preceptor supervision and guidance. The practice experiences integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed throughout the didactic curriculum. ☐ Not applicable (not a Bachelor's program)	☐	☐	☐
3.1.2. <u>Practice Experiences for the Doctor of Pharmacy Degree Program (or Equivalent)</u> – The curriculum provides educational practice experiences in a variety of actual healthcare settings for students to develop and demonstrate achievement of the desired outcomes, under academic staff and preceptor supervision and guidance. The practice experiences integrate, apply, reinforce, and advance the knowledge, skills, attitudes, and values developed throughout the didactic curriculum. Doctor of Pharmacy and equivalent degree programs include advanced pharmacy practice experiences with opportunities for direct patient care. ☐ Not applicable (not a Doctor of Pharmacy/equivalent program)	☐	☐	☐
Criterion 3.2. Practice Sites and Preceptors			
3.2.1. <u>Selection</u> – The college has criteria to ensure that sites and preceptors are of high quality and committed to advancing practice in their respective settings. The college uses the established criteria to approve sites and preceptors prior to students undertaking their practice experience at the site.	☐	☐	☐
3.2.2. <u>Quantity</u> – The college 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.	☐	☐	☐
3.2.3. <u>Communication</u> – The college has an effective system for bidirectional communication with sites and preceptors, and evaluating the site, preceptor, and students' experiences and outcomes.	☐	☐	☐
3.2.4. <u>Preceptor Development</u> – Preceptors are oriented to the college's mission, the specific learning expectations for the experiences outlined in the syllabus, and effective performance evaluation techniques before accepting students. The college fosters the professional development of its preceptors through a variety of learning tools and programs commensurate with their educational responsibilities to the college.	☐	☐	☐

3) **College's Comments on the Criterion:** The college's descriptive text and supporting evidence should specifically address the following:

- The college's self-assessment in relationship to the Criterion and its plans for addressing any areas of noncompliance, with relevant timelines.
- Findings that highlight areas of concern along with actions or recommendations to address them.
- Areas of the program that are noteworthy, innovative, or exceed the expectation of the Criterion
- Additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college should provide evidence that the plan is working.

Describe how (with examples as appropriate):

☐ The pharmacy practice experiences are structured within the curriculum as courses or learning modules.

☐ The college coordinates and collaborates with other entities responsible for postgraduate, pre-licensure practice experience to ensure achievement of desired competency-based program outcomes.

☐ The practice experiences provide opportunities for communication and collaboration with other healthcare professionals and comply with any national expectations for the volume and scope of practice learning opportunities.

☐ The pharmacy practice experiences prepare students for their future responsibilities as a pharmacist (describe the various resources used, such as computer-based technology, practice labs, etc.) in a variety of practice settings.

☐ Experiential education practice sites and preceptors are identified, recruited, and selected, then provided orientation, development, and quality assurance training.

☐ The preceptors and sites are evaluated to ensure that experiential education supports the achievement of desired competency-based program outcomes.

☐ Adequate capacity of diverse, quality preceptors and sites is assured through capacity planning and effective recruitment and retention strategies.

☐ Students are evaluated and given performance feedback during experiential education.

☐ Quality improvements are made based on student, preceptor, site coordinator/supervisor, and experiential education staff feedback.

☐ The college strengthens the relationships with its sites and preceptors, including ways in which sites and preceptors are supported, recognized, and appreciated by the college.

☐ The college fosters the professional development of its preceptors commensurate with their educational responsibilities to the college.

☐ Any other notable achievements, innovations or quality improvements.

[TEXT BOX] (Approximately 15 pages)

4) **College's Final Self-Evaluation:** Self-assess how well the program is in compliance with the Criterion by putting a check in the appropriate box ⊠:

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined the Standard/ **or** • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the Criterion that may require further monitoring.

Criterion No. 4: Students/Student Services: The college has an appropriate array of services available that promote student success. The College develops, implements, and assesses its policies and procedures to promote student success, resilience, well-being; ensures the selection of a qualified student body; and supports progression through the pharmacy program.

1) **Documentation and Data:**
   Use a check ☒ to indicate that the information has been provided by the college and used to self-assess this Criterion:

   Required Documentation and Data:

   ☐ URL, link or copy of:

   - the Student Handbook and/or Catalog (college or university)
   - information distributed to students regarding student service elements
   - program information on the college website
   - distance learning policies
   - admissions policies and procedures addressing recruitment, admission, number of students enrolled
   - the student complaint policy related to college
   - policies related to academic integrity
   - policies and procedures regarding student progression, early intervention, probation, remediation, missed course work, leave of absence, withdrawal, dismissal, readmission, due process, and appeals
   - the college code of conduct (or equivalent) addressing professional behavior
   - recruitment materials

   ☐ Summarized enrollment data by degree and year for the past five years.

   ☐ Data on on-time graduations, academic probations, academic dismissals, and withdrawals in the past five years.

   ☐ The list of college committees that include students, with the names and class/year of the students involved.

   Required Documentation for On-Site Review:
   (Note: instructions will be provided for an online evaluation.)

   ☐ Student Handbook (or equivalent document that provides policies and procedures related to students)

   Optional Documentation and Data:

   ☐ Other documentation or data that provides supporting evidence of compliance with the Criterion.

2) **College's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the Criterion and accompanying guidelines:

	FSC	MI	SI
Criterion 4.1. Student Services			
4.1.1. <u>Healthcare</u> – The university or college ensures students have access to adequate physical and mental health services.	☐	☐	☐
4.1.2. <u>Wellness</u> – The college supports and provides programs and services to promote maintenance of student health and wellness.	☐	☐	☐
4.1.3. <u>Records Maintenance</u> – The college uses an ordered, accurate, and secure system of student records.	☐	☐	☐
4.1.4. <u>Academic Advising/Mentorship</u> – Academic advising/mentoring opportunities are provided and used to support the academic and career development of students.	☐	☐	☐
4.1.5. <u>Academic Support</u> – Tutoring and remediation opportunities are provided to support students experiencing academic difficulty.	☐	☐	☐
4.1.6. <u>Disability Accommodations</u> – The College accommodates students with documented disabilities.	☐	☐	☐
4.1.7. <u>Financial Aid Advising</u> – The College provides students with financial aid information and guidance by appropriately trained personnel, as applicable. ☐ Not applicable	☐	☐	☐
Criterion 4.2. Academic Policies and Procedures			
4.2.1. <u>Program Information</u> – The college produces a complete and accurate description of the academic requirements and policies, including admissions and transfers, progression, graduation, probation, remediation, missed course work or credit, dismissal, re-admission, and due process, and makes this information available to academic staff, students and prospective students.	☐	☐	☐
4.2.2. <u>Policies and Procedures Review</u> – The college regularly assesses student admission and progression criteria, policies, and procedures based on how successfully graduates attain the desired outcomes.	☐	☐	☐
4.2.3. <u>Distance Learning Policies</u> – For colleges offering distance learning opportunities, admissions information clearly explains the conditions and requirements related to distance learning and full disclosure of any requirements that cannot be completed at a distance.	☐	☐	☐

Criterion 4.3. Admissions			
4.3.1. <u>Enrollment Policies and Management</u> – The college ensures that enrollment is aligned with available resources (e.g., number of academic staff, physical facilities, practice site capacity), and national needs and policies.	☐	☐	☐
4.3.2. <u>Admissions Process</u> – The college has policies and procedures that address admissions including admissions criteria and pre-requisite requirements.	☐	☐	☐
Criterion 4.4. Progression			
4.4.1. <u>Progression Policies</u> – The college creates and makes available to students and prospective students, policies and procedures aligned with University requirements, related to: • Academic progression • Appeal mechanisms • Dismissals for academic and non-academic reasons • Leaves of absence • Missed coursework or credit • Readmission • Rights to due process • Suspension • Withdrawals	☐	☐	☐
Criterion 4.5 Student Perspectives			
4.5.1. <u>Student Representation</u> – The college has clearly defined structures and mechanisms, including membership on relevant college committees, that provide a forum for student dialogue, facilitate student representation and input to the administrative leaders of the college, and foster the development of student leadership and professionalism.	☐	☐	☐
4.5.2. <u>Student Perspectives</u> – The administrative leaders of the college consider student feedback and respond within an appropriate time to student requests, recommendations, problems and issues of concern.	☐	☐	☐
4.5.3. <u>Student Complaints</u> – The college has a process through which students may submit complaints and a policy that is followed in the event of a formal complaint (grievance) related to the program or college is received.	☐	☐	☐

3) **College's Comments on the Criterion:** The college's descriptive text and supporting evidence should specifically address the following:

- The college's self-assessment in relationship to the Criterion and its plans for addressing any areas of noncompliance, with relevant timelines.
- Findings that highlight areas of concern along with actions or recommendations to address them.
- Areas of the program that are noteworthy, innovative, or exceed the expectation of the Criterion
- Additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college should provide evidence that the plan is working.

Describe how (with examples as appropriate):

☐ The college works with the university to offer student services including how the college ensures that all students receive information about and have equal access to and a comparable system of individualized student services (e.g., tutorial support, student advising, healthcare, financial aid advising, wellness and counseling).

☐ The college and/or institution evaluates the quality and effectiveness of student services, identifies areas of quality improvement, and implements the needed changes.

☐ The college identifies and monitors students' academic performance, wellbeing, and any special needs, and provides the appropriate assistance and services to optimally support all students in their academic and personal development.

☐ The college provides students with academic advising and career counseling.

☐ The college maintains and ensures the security of official student records.

☐ The college plans and manages the number of students enrolled in alignment with available physical, financial, staff, practice site, preceptor and administrative resources.

☐ Decisions to admit a student to the pharmacy program are made at an individual student, student by student, level.

☐ The college periodically assesses how admission variables correlate to progression and graduation rate outcomes.

☐ Academic counseling and/or student support staff work with students seeking to retain or regain good academic standing, and how extensively academic support services are utilized.

☐ Progression policies are periodically evaluated and modified to support student progression.

☐ Students are involved on college committees.

☐ Other methods (e.g., focus groups, meetings with the Dean or other administrators, involvement in self-study activities, review of student complaints) are used to gather student perspectives on issues such as curricular development and improvement, student services, and the college's policies and procedures.

☐ Using examples, the college has processed, analyzed, interpreted, and used student input to improve the pharmacy program and student-related services

☐ The complaint policy is communicated to students, how complaints are collected, recorded, processed and reconciled. Provide the number of complaints since the last accreditation visit and the nature of their resolution.

☐ The college addresses student misconduct according to its policies and procedures.

☐ Any other notable achievements, innovations or quality improvements (if applicable).

[TEXT BOX] (Approximately 15 pages)

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4) **College's Final Self-Evaluation:** Self-assess how well the program is in compliance with the Criterion by putting a check in the appropriate box ☒:

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined the Standard/ **or** • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the Criterion that may require further monitoring.

Criterion No. 5: Academic and Non-Academic Staff: The college has a sufficient cohort of academic and non-academic staff with the qualifications and experience needed to effectively deliver and evaluate the professional degree program.

1) **Documentation and Data:**
   Use a check ☒ to indicate that the information has been provided by the college and used to self-assess this Criterion:

   Required Documentation and Data:

   ☐ List of full-time academic staff, including a summary of their current academic rank, primary discipline, terminal degree, and other credentials/postgraduate training. This list should clearly identify academic staff that are pharmacists.

   ☐ List of academic staff and practitioners from outside the college that teach in the curriculum, including a summary of their current academic rank and primary discipline (if applicable), terminal degree, prior academic experience, and other credentials/postgraduate training.

   ☐ List of full-time non-academic staff and their areas of responsibility (e.g., administrative support, research support, etc.).

   ☐ List of academic and non-academic staff departures in the last three years, with details of position and reasons for leaving. A list of academic and non-academic staff hired during the last three years should also be provided.

   ☐ Evidence of academic and non-academic staff capacity planning and succession planning.

   ☐ List of active research areas of academic staff and an aggregate summary of academic staff publications/presentations over the past three years.

   ☐ Policies and procedures related to academic staff recruitment, performance review, promotion, tenure (if applicable), and retention.

   ☐ Examples of staff development programs and opportunities offered or supported by the college and/or university during the past 12 months.

   ☐ The policies, procedures, and criteria for evaluation of the academic staff, promotion (and tenure, if applicable)

   Required Documentation for On-Site Review:
   (*Note: instructions will be provided for an online evaluation.*)

   ☐ Academic staff CVs (including a detailed record of research and scholarly activities for the past several years)

   ☐ If utilized, examples of academic member (academic staff) portfolios, documenting teaching, research and service activities

   Optional Documentation and Data:

   ☐ Other documentation or data that provides supporting evidence of compliance with the Criterion

2) **College's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the Criterion and accompanying guidelines:

	FSC	MI	SI
Criterion 5.1. Academic and Non-Academic Staff Resources – Quantitative Factors			
5.1.1. <u>Quantity of Academic Staff</u> – The number of qualified full-time academic staff is adequate to effectively deliver and evaluate the professional degree program, while providing adequate time for academic staff development, research and other scholarly activities, student advising, service, and, where applicable, pharmacy practice. The composition of the academic staff, including contributions from collaborative relationships, part-time academic staff, 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 college. The college defines, in alignment with the University and national accrediting bodies, the roles and responsibilities of part-time academic staff.	☐	☐	☐
5.1.2. <u>Quantity Non-Academic Staff</u> – The number of non-academic staff is adequate to support the achievement of the college's mission.	☐	☐	☐
Criterion 5.2. Academic and Non-Academic Staff Resources – Qualitative Factors			
5.2.1. <u>Academic Credentials</u> – All academic staff members hold appropriate credentials suitable to their assigned instructional responsibilities. Where applicable, the qualifications of the academic staff are in compliance with the expectations set by the oversight body of the country (e.g. Ministry of Education).	☐	☐	☐
5.2.2. <u>Professional Credentials</u> – Non-academic staff have professional credentials and expertise commensurate with their roles and responsibilities to the professional program.	☐	☐	☐
Criterion 5.3. Professional Development and Performance Evaluation			
5.3.1. <u>Continuing Professional Development</u> – The college promotes, facilitates and supports the training and ongoing professional development of its academic and non-academic staff and preceptors, commensurate with their programmatic responsibilities. The college evaluates the training and professional development activities regularly and implements measures to enhance professional development as needed.	☐	☐	☐
5.3.2. <u>Performance Evaluation and Advancement</u> – The college regularly evaluates the productivity, scholarship, and performance of its academic and non-academic staff. The criteria for promotion (and tenure, if applicable) are articulated clearly to academic staff and consistently applied.	☐	☐	☐

3) **College's Comments on the Criterion:** The college's descriptive text and supporting evidence should specifically address the following:

- The college's self-assessment in relationship to the Criterion and its plans for addressing any areas of noncompliance, with relevant timelines.
- Findings that highlight areas of concern along with actions or recommendations to address them.
- Areas of the program that are noteworthy, innovative, or exceed the expectation of the Criterion
- Additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college should provide evidence that the plan is working.

Describe (with examples as appropriate):

☐ The student-to-academic staff ratio and how the ratio aligns with the college's mission and strategic plan.

☐ How the college ensures a balanced and fair workload, allowing all academic staff to undertake professional development, research and other scholarly activities, student advising, service, and, where applicable, pharmacy practice, including (if applicable) comparability and equity across different sections or locations.

☐ The process used to assess and confirm the credentials of academic staff, and to ensure that credentials are appropriate for their assigned teaching responsibilities.

☐ How the college is planning for academic and non-academic staff capacity and succession planning.

☐ How the college ensures that the academic staff composition encompasses the relevant disciplines within the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences to meet the education and research needs as defined by the mission statement.

☐ The college's policy or expectations regarding research productivity for academic staff.

☐ How the college supports the orientation, mentoring, continuing education, training, and ongoing development of its academic and non-academic staff, commensurate with their responsibilities in the program, including (as applicable) developing and enhancing knowledge, skills and attitudes for teaching, research, assessment, innovation, and use of new technologies. How academic staff involved in distance education are qualified through training or experience to manage, teach, evaluate, and grade students engaged in distance learning (if applicable) should be described.

☐ How the college evaluates the effectiveness and impact of professional development activities.

☐ The performance review process for academic staff including:

     ○ How criteria, policies and procedures for the evaluation of performance are commensurate with responsibilities in the degree program

     ○ Feedback is provided for quality improvement purposes

☐ How criteria and policies and procedures for promotion (and tenure, if applicable) are developed, adopted, communicated to academic staff, and applied transparently, consistently, and fairly

☐ Any other notable achievements, innovations or quality improvements

[TEXT BOX] (Approximately 15 pages)

4) **College's Final Self-Evaluation:** Self-assess how well the program is in compliance with the Criterion by putting a check in the appropriate box ☒:

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined the Standard/ **or** • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the Criterion that may require further monitoring.

Criterion No. 6: Resources: The college has adequate and appropriately equipped physical facilities and educational resources to achieve its mission and goals. The college has current and anticipated financial resources to deliver the educational program and accomplish its mission and strategic plan.

1) **Documentation and Data:**

Use a check ☒ to indicate that the information has been provided by the college and used to self-assess this Criterion:

<u>Required Documentation and Data</u>:

☐ Architectural drawings or descriptions of the physical facilities, including the number and size of classrooms, practice/simulation laboratories, research facilities, staff offices, group meeting space, student relaxation space, and other facilities.

☐ Evidence that the facilities meet legal and other safety standards.

☐ A list of the learning and educational resources relevant to pharmacy education. For example, lists of primary and tertiary library resources, educational databases, etc.

☐ The college's budget including sources of revenue and the expenses for the past, current, and next three academic years.

☐ Funding obtained from research grants and other external sources in the past five years.

<u>Optional Documentation and Data</u>:

☐ Other documentation or data that provides supporting evidence of compliance with the Criterion

2) **College's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the Criterion and accompanying guidelines:

	FSC	MI	SI
Criterion 6.1. Physical Facilities and Educational Resources			
6.1.1. <u>Physical Facilities</u> – The college has adequate physical facilities to support achievement of 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 non-academic staff, and students. Facilities and resources for different groups of students (including students at multiples campuses or students separated by gender), academic and non-academic staff assure comparable experiences and opportunities, and equivalent competency-based program outcomes for all students.	☐	☐	☐
6.1.2. <u>Access to Educational Resources</u> – The academic staff, preceptors, and students have access to library, learning and educational resources, including online/digital resources, that are sufficient to support the degree program, research and other scholarly activities according to the mission and goals of the college.	☐	☐	☐

Criterion 6.2. Financial Resources			
6.2.1. <u>Revenue Allocation</u> – The college has the financial resources necessary to provide the human, physical, technological, and educational resources needed to accomplish its mission.	☐	☐	☐
6.2.2. <u>Budget Planning</u> – The budget of the college is planned, developed, and managed according to university policies and sound management practices. The budget ensures ongoing stability of the college.	☐	☐	☐

3) **College's Comments on the Criterion:** The college's descriptive text and supporting evidence should specifically address the following:
- The college's self-assessment in relationship to the Criterion and its plans for addressing any areas of noncompliance, with relevant timelines.
- Findings that highlight areas of concern along with actions or recommendations to address them.
- Areas of the program that are noteworthy, innovative, or exceed the expectation of the Criterion
- Additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college should provide evidence that the plan is working.

Describe how (with examples as appropriate):

☐ The physical facilities support the curricular philosophy and model, and the different learning needs of students.

☐ The lecture halls, classrooms, laboratories, simulation and study facilities – including their equipment and technology – effectively support and assure the quality and integrity of student learning, including, if applicable, distance or e-learning.

☐ The research laboratories support the research and scholarly interests and activities of the academic staff.

☐ The design, construction, use, maintenance, and updating of the physical facilities and equipment meet legal, ethical, health, disability and special needs, environmental, and safety standards.

☐ Decisions on additional equipment, space needs, or space reallocation are made, and the measures taken to ensure transparency and fairness.

☐ The library and other learning/educational resources provide adequate support for the professional degree program, research, and other scholarly activities of the college.

☐ The college ensures adequate and comparable resources, services, and access for academic staff, non-academic staff, and students from different sections and locations (if applicable).

☐ The college budget is requested, developed, and managed, and describe the individuals involved.

☐ The financial resources, as well as policies and procedures (including but not limited to audit, insurance cover, and risk management) provide a stable and sustainable environment in which the college and program can develop and accomplish the mission.

☐ The college has autonomy to use and allocate financial resources, with appropriate oversight by the university.

☐ Any other notable achievements, innovations or quality improvements.

[TEXT BOX] (Approximately 15 pages)

4) **College's Final Self-Evaluation:** Self-assess how well the program is in compliance with the Criterion by putting a check in the appropriate box ⊠:

Compliant	Compliant with Monitoring	Partially Compliant	Non Compliant
No factors exist that compromise current compliance; no factors exist that, if not addressed, may compromise future compliance.	• The program is in a period of transition regarding a key element or elements, the nature of which warrants further observation to evaluate the impact on future compliance with the expectations outlined the Standard/ **or** • No factors exist that compromise current compliance; factors exist that, if not addressed, may compromise future compliance **/or** • Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance; the plan has been fully implemented; sufficient evidence already exists that the plan is addressing the factors and will bring the program into full compliance.	Factors exist that compromise current compliance; an appropriate plan exists to address the factors that compromise compliance and it has been initiated; the plan has not been fully implemented and/or there is not yet sufficient evidence that the plan is addressing the factors and will bring the program into compliance.	• Factors exist that compromise current compliance; an appropriate plan to address the factors that compromise compliance does not exist or has not yet been initiated **/or** • Adequate information was not provided to assess compliance
☐ **Compliant**	☐ **Compliant with Monitoring**	☐ **Partially Compliant**	☐ **Non Compliant**

5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the Criterion that may require further monitoring.

Criterion No. 7: Assessment: The college develops, resources, and implements a plan to assess achievement of its mission, strategic plan, and attainment of competency-based program outcomes to ensure that graduates are prepared to enter practice. Assessment data should be used for continuous quality improvement of the pharmacy program.

1) **Documentation and Data:**
Use a check ☒ to indicate that the information has been provided by the college and used to self-assess this Criterion:

Required Documentation and Data:

- ☐ The College's assessment plan (or equivalent) (plan should cover curriculum, mission, strategic plan, etc.).

- ☐ Examples of instruments used in measurement and evaluation of student learning (identifying formative and summative measures); for each instrument, actual assessment data should be provided (in raw and analyzed formats).

- ☐ Examples of instruments used in assessment and evaluation of the college's mission.

- ☐ A list of objective or subjective measures (including, for example, Key Performance Indicators and targets) used in the assessment and evaluation of achievement mission-related goals.

- ☐ Examples of assessment and documentation of student performance and the attainment of competency-based program outcomes.

- ☐ Analysis of academic staff productivity in scholarship, teaching, and service.

- ☐ Relationship analysis of student variables, admission variables, and academic performance.

- ☐ A list of curricular improvements made as a result of the assessment of students' achievement of the competency-based program outcomes

- ☐ A list of programmatic improvements made as a result of programmatic assessment efforts

Required Documentation for On-Site Review:
(Note: instructions will be provided for an online evaluation.)

- ☐ Examples of instructional tools, such as portfolios, used by students to assist them in assuming responsibility for their own learning and for measuring their achievement.

Optional Documentation and Data:

- ☐ Other documentation or data that provides supporting evidence of compliance with the Criterion.

2) **College's Self-Assessment:** Use the checklist below to self-assess the program on the requirements of the Criterion and accompanying guidelines:

	FSC	MI	SI
Criterion 7.1. Assessment Plan			
7.1.1. <u>Assessment Plan Expectations</u> – The college develops and utilizes an assessment plan that assesses the key elements of Criterion 7. The college uses the analysis of process and outcome measures for continuous quality improvement of the pharmacy program.	☐	☐	☐
Criterion 7.2. Program Assessment			
7.2.1. <u>Measurement of Achievement of the Mission</u> – The college establishes and uses measures, including input from stakeholders, to evaluate achievement of the mission and program outcomes.	☐	☐	☐
7.2.2. <u>Assessment of the Strategic Plan</u> – The college's assessment plan is designed to monitor and assess the achievement of the college's strategic plan. Key performance indicators, metrics and benchmarks are established to define achievement.	☐	☐	☐
7.2.3. <u>Assessment of Organizational Effectiveness</u> – The college's assessment plan evaluates the effectiveness of the organizational structure to support achievement of the mission.	☐	☐	☐
7.2.4. <u>Assessment of Organizational Culture</u> – The college assesses the development of a culture that supports collaboration; professional and ethical behavior; and professional identify formation.	☐	☐	☐
Criterion 7.3. Assessment Elements for the Competency-Based Program Outcomes, Curriculum and Experiential Learning			
7.3.1. <u>Depth and Breadth</u> – The college documents, through mapping or other comparable methods, the breadth and depth of exposure to didactic and experiential curricular content areas in relation to the identified competency-based program outcomes.	☐	☐	☐
7.3.2. <u>Curriculum Assessment</u> – The college completes a periodic review of the curricular structure, content and organization.	☐	☐	☐
7.3.3. <u>Valid and Reliable Methods</u> – Assessment methods for student learning are valid and reliable to evaluate the desired curricular outcomes.	☐	☐	☐
7.3.4. <u>Use of Assessment Data</u> – Quantitative and Qualitative assessment data are used to evaluate and improve individual and collective student learning.	☐	☐	☐

7.3.5. <u>Achievement of the Competency-Based Program Outcomes</u> – The college analyzes, interprets, and uses these data to determine the level of attainment of the desired competency-based program outcomes and to continuously improve the content, organization, and delivery of the curriculum.	☐	☐	☐
7.3.6. <u>Experiential Quality Assurance</u> – The college develops and implements a quality assurance procedure for the pharmacy practice experiences that is established and implemented to periodically review practice sites and preceptors to: 1) facilitate achievement of stated course expectations, 2) standardize key components of experiences across all sites offering the same experiential course; and 3) promote consistent assessment of student performance.	☐	☐	☐
7.3.7. <u>Comparability</u> – The assessment plan includes a variety of assessments that will allow for comparison and establishment of educational parity of all students at different campuses or for instances of gender-based differences in instruction (if applicable). ☐ Not applicable	☐	☐	☐
Criterion 7.4 Assessment of Elements for Student Services, Academic and Non-Academic Staff, and Resources			
7.4.1. <u>Student Services</u> – The college assesses the quality and quantity of student services to address the programmatic needs for healthcare, wellness, advising and academic support.	☐	☐	☐
7.4.2. <u>Admission Criteria</u> – The college regularly assesses the criteria, policies and procedures to ensure the selection of students with the potential for academic success in the program.	☐	☐	☐
7.4.3. <u>Student Progression</u> – The college regularly assesses student progression including retention and attrition data, criteria, policies, and procedures to identify and analyze trends and to make programmatic adjustments to optimize student progression as needed.	☐	☐	☐
7.4.4. <u>Academic and Non-Academic Staff Workload</u> – The college regularly assesses academic and non-academic staff workload to effectively address programmatic needs.	☐	☐	☐
7.4.5. <u>Preceptor Capacity</u> – The college systematically assesses the preceptor quality and quantity needs based on enrollment.	☐	☐	☐
7.4.6. <u>Physical and Financial Resources</u> – The college evaluates the physical facilities and financial resources based on programmatic needs.	☐	☐	☐
Criterion 7.5 Continuous Quality Improvement			
7.5.1. <u>Quality Improvements</u> – The college utilizes assessment data, including feedback from communities of interest, to make changes to the program and improve the competency-based program outcomes and programmatic processes.			

7.5.2. <u>Continuous Compliance with the International-Accreditation Quality Criteria</u> – The College has in place processes and procedures for reviewing and ensuring its pharmacy program meets all international-accreditation criteria during the awarded accreditation term.			

3) **College's Comments on the Criterion:** The college's descriptive text and supporting evidence should specifically address the following:
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- Findings that highlight areas of concern along with actions or recommendations to address them.
- Areas of the program that are noteworthy, innovative, or exceed the expectation of the Criterion
- Additional actions or strategies to further advance the quality of the program. For plans that have already been initiated to address an issue, the college should provide evidence that the plan is working.

Describe how:

☐ The college uses the analysis of process and outcome measures for continuous development and improvement of the pharmacy program.

☐ The college assessment plan provides insight into the effectiveness of the strategic plan in meeting the mission of the program.

☐ The college assesses the effectiveness of the organizational structure and uses feedback for improvement.

☐ Assessment data are gathered regarding the organizational culture of the college with examples of how feedback has been used for quality improvement purposes, as applicable.

☐ The college systematically assesses its curricular structure, content, organization, and outcomes to ensure optimal achievement of competency-based program outcomes with reasonable student workload expectations.

☐ The college documents the use of assessment data for continuous improvement of the curriculum and its delivery. Feedback from the assessments is used to improve student learning, outcomes, and curricular effectiveness. Examples should be provided.

☐ The college implements a procedure to assess pharmacy practice experiences to promote achievement of competency-based program outcomes.

☐ Interprofessional education outcomes assessment data are used to improve the curriculum.

☐ Assessment data is used to evaluate educational parity between pathways to degree completion (if applicable).

☐ The college regularly assesses the criteria, policies, and procedures to ensure the selection of a qualified student body with a description of how curricular outcomes data are correlated and related to admissions data.

☐ The college regularly assesses student retention and attrition data, criteria, policies, and procedures to identify and analyze trends and to make programmatic adjustments to optimize student progression.

☐ The college assesses academic staff and non-academic staff workload to effectively address the programmatic needs (curricular, academic affairs, student affairs, and experiential) including the process and interval for conducting faculty and staff workload and needs assessments.

- ☐ The college assesses the productivity of its faculty in scholarship, teaching, and service.

- ☐ The college assesses the preceptor needs based on enrollment and necessary practice site diversity

- ☐ Assessment data from practice sites are used for quality improvement.

- ☐ The college evaluates the physical facilities and financial resources based on programmatic needs and goals.

- ☐ Any other notable achievements, innovations or quality improvements

[TEXT BOX] (Approximately 15 pages)

4) **College's Final Self-Evaluation:** Self-assess how well the program is in compliance with the Criterion by putting a check in the appropriate box ☒:

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5) **Recommended Monitoring:** If applicable, briefly describe issues or elements of the Criterion that may require further monitoring.