

March 17, 2020

Dear Pharmacy Deans,

ACPE and AACP appreciate any opportunity where we can engage with our colleges and schools of pharmacy. We had an opportunity to participate in a conference call with a group of AACP members to discuss the issues facing schools due to the COVID-19 pandemic. This discussion was very useful and helped both organizations better understand the serious issues facing colleges and schools of pharmacy. One of the outcomes of the call was that ACPE would provide additional guidance. **[Note: Later today AACP will be announcing additional conference calls via Go to Meeting for Wednesday, Thursday and Friday at noon ET for ACPE to build upon the information below and respond to schools' questions.]**

Last week we sent a communication from ACPE delineating the requirements for didactic and experiential education. We received questions from a few schools the week before and had received positive feedback about that response and decided to send it out to all. Some schools have indicated that it was helpful in encouraging university upper administration not to include pharmacy or the health sciences in the guidance that no classes or experiential education could be offered, as our clinical clerkships are critical for graduation. However, from our subsequent discussion with various deans, faculty and AACP, we realized that, in some cases, schools needed more guidance and support.

Below, to provide ideas that support flexibility during this unique public health crisis, we have identified some examples of innovation that might be helpful for experiential programs. These are not prescriptive, only suggestions. We encourage you to do what is most appropriate for your programmatic needs. **You also do not need to contact ACPE for guidance on your innovations as long as they are within the standards.** However, we are happy to help if you have questions.

- Specialty inpatient rotations such as cardiology, nephrology, or transplant can count towards the core inpatient general medicine requirement. If a student completed one of these rotations earlier in the year as an elective, compare the objectives and competencies of the specialty rotation against the internal medicine outcomes. Many may overlap and where there are deficiencies, faculty can use their professional judgement and decide how best to address them. In reverse, if your inpatient medicine faculty can't accept students or already have students, consider using the specialty faculty to provide a required core rotation but ask them to use the syllabus and objectives for the inpatient general medicine experience.
- Review the elective experiences a student has taken and compare the objectives of that rotation with the objectives of the missing core rotation (see example above). If there is enough overlap, the rotation may count for a core rotation with some additional supplementation to cover the deficiencies or missing objectives.
- Student opportunities using telehealth may count for ambulatory care or IPPE hours if they meet the competencies developed for your ambulatory care/IPPE rotations.
- Student participation in poison center activities and/or call centers for COVID-19 are also possibilities for an ambulatory care APPE rotation or an IPPE rotation.
- Keep in mind that ACPE standards require 160 hours (4 weeks) for each core rotation. If your rotations are 5 or 6 weeks, the additional time can be used for virtual education or any other activities per the faculty member or preceptor's professional judgement. In addition, not all 160 hours have to be completed on-site. Journal clubs, case presentations, etc. which are commonly done in core rotations can all be done virtually. This is not to say that all activities on a core rotation can be done off-site but those that are amenable to another form of learning could be considered.
- If your practice sites allow it and can provide qualified preceptors, consider using evening and weekend hours for student rotations as student pharmacists can be very helpful in providing care and other services to non-Covid-19 patients during this time of extreme stress on our health care system.
- If you currently do not have any simulation hours in your IPPE instruction or it is less than the maximum of 60 hours, consider adding simulation to decrease the number of live hours that need to be

provided. Given the current scenario with COVID-19, the types of instruction that could be offered via simulation is much broader than the definition used in the past, which was to do things in simulation that were “difficult to do in the real world.” The list of things that fit that definition is much broader today than even a week ago.

- Review your experiential placements. If you have students completing electives in sites that could be used and are needed for core experiences, consider moving the elective student to another site to increase your capacity for core rotations.
- If you require more than 1440 hours of APPE in your curriculum, consider a temporary adjustment to now only require 1440 hours, while still respecting the required core experiences of 160 hours. However, make sure that you comply with your university requirements for total number of credits and the state licensure requirements.

ACPE has always encouraged creativity and innovation. You do not have to achieve the desired outcomes of your curriculum in the same way you always have – if you can come up with alternatives that meet the standard and your curricular objectives, that is fine.

With regard to skills labs, they do not need to be completely cancelled during this time of online instruction. Any concepts that may prepare the student for a skill can be offered virtually. Let your faculty use their professional judgement to deliver the lab and meet the objectives. The actual performance of the “skill” can be delayed to a later date when students are back on campus.

Many schools have reported concerns about the ability to administer the PCOA exam since students are not on campus. We have been in contact with NABP and they plan to offer an alternative. A communication from NABP will be forthcoming.

During this time of uncertainty and change due to COVID-19, ACPE will not require schools to report substantive changes to the curriculum that are TEMPORARY and only in response to campus restrictions on instruction and experiential education as long as the changes do not violate the Standards. All other changes (changes in leadership, permanent changes to the curriculum, etc.) should be reported as usual.

While ACPE understands that schools are under a great deal of pressure with the loss of normal resources, our job is to assure quality in pharmacy education and we do that through the standards that all have agreed are necessary to produce a practice-ready pharmacist. ACPE staff do not have the authority to change the standards. Should the situation become even more dire, we will continue to work with our Board and NABP to determine an approach that is appropriate. We have been in contact with AACP, NABP and ASHP and will involve others as necessary to provide support to the schools.

This is our guidance as of today – it could change at any time given the fluidity of the situation. We will update you periodically. We know that all our schools and colleges of pharmacy are facing very difficult times with much out of your direct control. We want to be helpful and support your efforts in these turbulent times. If you have any questions, please feel free to reach out to any member of the ACPE staff.

Jan

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March 20, 2020

Dear Pharmacy Deans,

I would like to thank all of you who took the time to share your questions and Insights with ACPE, AACP and NABP during our conference calls this week. Lucinda has sent out the links for those calls and a list of questions that were answered to all who may have missed them. As we mentioned on all of the calls, ACPE supports flexibility and innovation within the expectations of the standards.

One of the positive outcomes of the conference calls, individual phone calls and emails we received this week was the opportunity to work with deans and faculty to collectively problem-solve the many issues that schools are facing while assuring quality in pharmacy education by adhering to the standards that all have agreed are necessary to produce a practice-ready pharmacist. One issue that did not get much discussion during the calls was related to giving students credit for their activities in the workplace where they are paid. Below is some additional guidance on this topic given the extraordinary circumstances we are all facing:

*The standards (10.16) do not allow students to receive payment for participating in a curricular pharmacy practice experience. However, ACPE would be open to allowing students who have extensive experience in either hospital or community practice (that they can document) to “test” out of the IPPE/APPE experience required by your institution. Your faculty would have to develop a standardized way to test the student and document the outcome along with some policies as to what the prerequisite (e.g. number of hours in the work site) is to be a candidate to test out. Having said that, you would then need to develop something else for the student to do to “earn” those hours that you allowed to be “tested out” of. So, the faculty would then have to design something more in-depth for the 75 hours (or whatever number the student tests out of). This could be an online or virtual experience. For IPPE’s, this additional, new, in-depth experience would need to be completed before the student started his/her APPEs. You could also use the first APPE block if needed so the student could finish his/her IPPE hours before starting them on APPEs. Finally, this approach would only be valid in these very unusual times due to COVID-19. This is not an approach that should be used during normal operations.*

We continue to monitor the situation and will issue additional guidance as necessary. We know that all of our schools and colleges of pharmacy are facing very difficult times with much out of your direct control. We want to support your efforts in these turbulent times to the best of our ability. ACPE will continue to work with other national pharmacy organizations as appropriate. If you have any questions, please feel free to reach out to any member of the ACPE staff.

Stay safe and wash your hands.

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March 27, 2020

Dear Pharmacy Deans,

ACPE and AACP continue to get inquiries about the many issues schools are facing due to the pandemic and this unique public health crisis. One of the areas where we have received several questions is related to the admissions standards. Below is some guidance related to Standard 16: Admissions.

Schools have asked if it is permissible to waive PCAT for remaining applicants in the pool, if they can waive certain prerequisites if it isn't available due to the pandemic, accept pass/fail and online coursework for prerequisites, accept course substitutions and the like. ACPE's position on these types of issues is that if changes are made in admissions policies, they should be vetted through the normal process at the school (e.g., approval by admissions committee with subsequent faculty approval or however the school normally does this). The standards do state that, "Admission criteria, policies, and procedures are not compromised regardless of the size or quality of the applicant pool." So, schools would need to think about the items they are waiving or changing to be sure it doesn't compromise the quality of the students admitted. For example, if a school decided to waive a prerequisite and allowed it to be taken at a later date, it would be prudent to justify that decision – maybe the prerequisite isn't really needed until a P2 course so it wouldn't be a major problem if the prerequisite course was taken the summer prior to P2 year or possibly some of the course material was being incorporated into a pharmacy course instead. While there is no absolute number as to the number of courses that could be waived, it would be important to justify why they were being waived and how that material was being made up as theoretically it must be something students need since it was required in the prerequisites. ACPE wouldn't want to see so many accommodations made such that the student was set up for failure because they didn't have the proper background to succeed. That would open the door for progression issues later.

With regard to admissions interviews, they are still required. However, the standards allow for them to be conducted in several different manners including over the telephone. If you have done face to face interviews in the past, it is fine to change to another method that makes sense during the pandemic.

We have received encouraging news from several schools that they have been able to place all of their P4 students in the rotation sites that they need for graduation. However, we also know many of you are still struggling. In some cases, the state pharmacy associations have been able to assist schools in finding alternate placements. The sites may not be overly convenient and may be in rural areas distant from the school but many of these sites are willing to take students.

ACPE and AACP have sent a request to NABP to ask the state boards of pharmacy to consider suspending rules related to the regulation of student/intern and pharmacist/preceptor ratios and allow those decisions during the pandemic to be at the discretion of the pharmacist-in-charge. We also requested that state boards waive any requirements for pharmacists to be formally designated as a preceptor by the board and allow the school/college the discretion to assess the qualifications of a pharmacist to serve as a preceptor. Carmen Catizone, NABP CEO, was supportive of this request and placed these items on the agenda of his call with the state boards of pharmacy today. Hopefully, there will be a positive outcome from the call and it will make it easier for schools to place students. We also encourage colleges and schools of pharmacy, within the same state and neighboring states, to collaborate and support each other to share their experiential sites whenever possible.

We will continue to monitor the situation and will issue additional guidance as necessary.

Jan

April 3, 2020

Dear Pharmacy Deans,

We received a few questions this week where the answer may be of interest to all.

Schools have asked if it is permissible to use new experiential sites where there is no affiliation agreement. Given the circumstances, it is ok to use sites where you don't have a formal affiliation agreement, assuming the Board of Pharmacy in that particular state has no concern about the experiential sites. As long as your experiential education administration director is satisfied with the quality of the site and preceptor, then you can proceed without the customary affiliation agreement. We suggest that the experiential education administrator document that the site was vetted, even if it is just via a phone call with the preceptor. If you look at the guidance for Standard 22c, it states that informal documents can articulate expectations in situations where formal signed agreements are not possible which fits this scenario with COVID-19.

Several schools/students have asked if volunteer hours helping screen patients for COVID-19 could count as IPPE or APPE hours. These hours can count if they are prospectively approved by the experiential education administration, appropriate learning objectives are developed for the experience and the student is appropriately precepted by a health care professional able to sign off and verify the hours and activities.

We have heard from a few schools that they may pursue early graduation and degree conferral for qualified students. ACPE has no issue with this assuming the student has completed all didactic and experiential education requirements including 1440 hours of APPE and the program has received relevant university, and if needed, state board of pharmacy approval.

We are also getting a lot of questions about the potential option to allow a student with extensive work experience to "test-out" of a community or hospital IPPE. To further clarify what we explained previously, this can be done but please keep in mind that:

1. The school would first need to put policies in place surrounding eligibility criteria to qualify a student to take the test (e.g., some schools award one hour of credit for every xx hours worked).
2. In addition, the "test" needs to be a consistent approach to assess a student's competency in what was to be learned in the particular IPPE.
3. Next, an experience would need to be developed for what the student would do to "earn" those hours that you allowed to be "tested out" of. The faculty would need to design a more in-depth experience for the 75 hours (or whatever number of hours the student tests out of). This could be an online or virtual experience during the pandemic only.

Guidance 12e states: Replacement IPPEs will then be used to advance students' understanding of practice and their preparation for success in APPE. In normal times, the expectation is that the replacement IPPE hours would involve direct patient care if they are to count towards the 150 hours of IPPE balanced between community and institutional health-care settings.

We will continue to monitor the situation and will issue additional guidance as necessary. Greg, Mary and I are happy to answer any individual questions you may have.

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May 8, 2020

Dear Pharmacy Deans:

As the uncertainties caused by the COVID-19 national health crisis continue, we know you and your faculties are challenged in planning for the coming summer and fall 2020 academic terms. ACPE has received a number of questions as programs are sorting their way forward. ACPE is providing this guidance with the hope that it is helpful during this time of ever changing realities.

Please note that the guidance that ACPE has provided in previous communications to you (March 7, March 17, March 20, March 27, and April 3) *will remain applicable through the remainder of 2020*. Given the uncertainties of the pandemic, we are not prepared to comment beyond 2020.

We also want to remind everyone, that even with the creative solutions identified to meet the accreditation standards during this challenging time, all of these approaches must remain within the boundaries of ACPE's Standards 2016. ACPE staff does not have the authority to waive the standards; we can only work with you to find ways to accomplish what must be accomplished, while being guided by the standards.

Elements of the standards that should be guiding all of us as we develop alternative approaches necessitated by the COVID-19 situation:

- Appendix 1 of Standards 2016 details what should be in your program's didactic curriculum. However, there is no guidance or restrictions on how these topics are taught, combined, or sequenced. How a faculty executes the content of Appendix 1 is unique to each accredited program. This remains true during the current situation. Sequencing of content, particularly face-to-face student laboratories in the didactic curriculum, is a faculty-driven decision. No prior approval is required from ACPE for temporary sequencing changes, although a substantive change notification to inform us of any major changes is expected. A key element of any change is how basic knowledge and practice skills are retained, making assessment of those skills in later courses extremely important when temporary changes are necessitated by COVID-19. As students entering higher level courses, these basics are expected, and if not found, the deficiencies will need to be addressed.
- Introductory Pharmacy Practice Experiences (IPPE): 300 hours are required prior to the student's advancement to the Advanced Pharmacy Practice Experiences. The 300 hours must include a majority (i.e., at least 151 hours) equally divided between community and health-system settings, and the remaining 149 hours should involve patient care activities. Telemedicine may have a role if properly designed by a preceptor across any of the 300 hours, as might interprofessional education activities. Simulation is limited by the standards to 60 hours during the IPPE. Students with competencies learned in prior community or health-system experiences (i.e., paid employment) may test-out of those experiences using appropriate assessments, but the hours are not waived; rather the hours can be earned using other IPPE activities new to each particular student. Remuneration for IPPE hours is prohibited by Standards 2016.
- Advanced Pharmacy Practice Experiences (APPEs): 1440 hours are required and must include at least 160 hours each in the required core APPE experiences of community, health-system/institutional, general medicine, and ambulatory care. The majority of the 1440 hours must involve direct patient-care. There must be elective APPE offerings. We note that even telemedicine can be direct-patient care if designed appropriately. If a program has more required core APPE experiences or more than 1440 hours of APPE, that is a faculty decision (one the faculty may wish to reconsider temporarily as ACPE only requires 1440 and 4 core experiences.) Remuneration for APPE hours is prohibited by Standards 2016.

Please note that the ACPE staff is always available to discuss and work through possible options you might be considering as you balance the realities you are facing within the boundaries set by the accreditation standards. Relaxing the standards is not an option even in such times as these, but finding new and creative ways to live within the boundaries of the standards is appropriate and needed. At least through the remaining months of 2020, we are likely to encounter challenges that stretch us all, yet we must always be guided by the need to maintain academic integrity and fulfill our responsibility to the public safety by graduating pharmacists ready to enter practice as generalist practitioners.

Finally, I would like to inform you that the ACPE Board meeting that was scheduled for June has been postponed until July 29-August 1<sup>st</sup> due to the pandemic. The Proceedings from the meeting will be issued shortly thereafter.

We will continue to monitor the situation and will issue additional guidance as necessary.

Jan