3101 Broadway, Suite 650
Kansas City, MO 64111-2446
(816) 531-2177
(816) 531-4990 FAX
http://www.accp.com

November 11, 2003

Peter H. Vlasses, Pharm.D., BCPS
Executive Director
American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

ATTN: Standards Revision

Dear Pete:

The American College of Clinical Pharmacy is pleased to provide the following comments during Phase I of the Council's review and refinement of the Accreditation Standards and Guidelines for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree. In developing these comments, the ACCP Board of Regents reviewed the current accreditation document and a past report from the 1998 ACCP Education Affairs Committee that was prepared at Board request to analyze the then-new standards and guidelines.

Comments

In general, we find the current standards and guidelines to be comprehensive and reflective of contemporary health professions education. We have restricted our comments to areas of a specific standard or guideline that may benefit from updating, clarification, or other revision. As Standards 2000 is a lengthy and detailed document, we have attempted to make sure that suggested specific standard or guideline revisions are not already addressed elsewhere. Nonetheless, we apologize in advance for any such oversights.

Standard 1: College or School of Pharmacy Mission and Goals

As the profession continues to move forward, we suggest that pharmaceutical care is now the expected mode of pharmacy practice. Hence, the words "an evolving" should be deleted from

the first sentence of Guideline 1.4. Also, we recommend that the last sentence of this guideline be revised to read: "Moreover, the College or School should insure the early professionalization of students, including the provision of a positive outlook for all aspects of pharmacy practice with an expectation that graduates will assume future leadership roles to improve health care delivery and outcomes."

Standard 8: The Curriculum in Pharmacy

As pharmacists seek recognition of their direct patient care roles, we recommend that "and providers of patient-centered care" be added to the end of the first sentence of this standard. This language establishes a clear indication of the curriculum's intent to educate pharmacists as providers of care and is consistent with current core competencies within health professions education in general (see 2003 Institute of Medicine report *Health Professions Education: A Bridge to Quality*). We also again suggest that "ensuring rational use of drugs" is an expected responsibility of today's pharmacy graduates and that therefore the word "emerging" should be deleted from the second sentence of this standard.

Standard 10: Professional Competencies and Outcome Expectations

Among the list of professional competencies, we suggest that several items that overlap considerably in scope might be combined (e.g., f, g, and h) to simplify and clarify the competencies. Although a more major undertaking, it is conceivable that the five core competencies cited by Institute of Medicine report cited above (provide patient-centered care, work in interdisciplinary teams, employ evidence-based practice, apply quality improvement, and utilize informatics) could provide a foundation for revision of this standard to include competencies recognized by other health care disciplines as well.

Standard 11: Areas and Content of Curricular Core

While every specific content area cannot be included in the standards, we suggest the addition of several new and/or important content areas to the curricular core: pharmacogenomics, assuring patient safety, cultural competence, leadership, advocacy, professionalism, life-long learning, and team interaction/collaboration.

Standard 12: Teaching and Learning Processes

In the description of this standard, use of assessment as a discrete learning strategy (e.g., peer assessment, self-assessment) should be added to the desired processes listed. We suggest that an additional sentence be added to the end of this standard: "Peer and self-assessment should be incorporated into the learning process across the curriculum."

In Guideline 12.2, reference is made to "interpersonal and interprofessional communicative and collaborative skills…" An increased emphasis on interdisciplinary interactions will be important to the future success of practitioners. We suggest the

following addition after sentence 3 of this guideline: “Interdisciplinary learning should be incorporated into both the didactic and experiential curriculum.”

Within Guideline 12.3, more emphasis should be placed on the pathways available for maintaining and enhancing professional competence. We recommend addition of the following sentence to the end of the guideline: “This process should include exposure to post-graduate training and credentialing.”

Standard 22: Student/Faculty Relationships

We suggest addition of the following after the first sentence of Guideline 22.1: “Student interactions with residents and fellows, and informal mentoring of students by residents or fellows, should be maximized whenever possible.”

Standard 23: Faculty and Staff, Quantitative Factors

Within this standard, we suggest the following (italicized) modifications: “The College or School should have a faculty/student ratio sufficient to effectively deliver and evaluate the professional program in pharmacy and to provide time for *all* faculty to engage in faculty development and to pursue research *or* scholarly activities.”

As schools and colleges of pharmacy continue to expand enrollments, there is a growing tendency to increase student:preceptor ratios during advanced practice experiences. Guideline 23.1 appropriately states that the ratio “should be adequate so as to provide individualized instruction, guidance, and evaluative supervision by pharmacy faculty.” While we agree that a proscriptive approach to experiential education should be avoided, we believe that this guideline could be more explicit. Toward that end, we suggest that the following sentences be added after the foregoing quoted passage: “Student:faculty ratios should provide for optimal guidance and assessment during clinical experiences. Under most circumstances, the student:preceptor ratio during advanced practice experiences should not exceed 3:1, although in some practice settings other ratios may be acceptable.”

Despite increasing enrollments and potential faculty shortages, colleges and schools must not increase their reliance on volunteer faculty to deliver experiential education. Therefore, we recommend the following addition to Guideline 23.1: “The core experiential instruction should be precepted by competent practitioner faculty who are full-time, part-time, or adjunct faculty that share the mission, vision, and core values of the institution. Compensation should be strongly considered for all adjunct faculty.”

Standard 24: Faculty and Staff, Qualitative Factors

We agree that faculty with professional practice responsibilities “should satisfy all professional licensure requirements which apply to their practice sites.” However, we feel strongly that additional credentialing of practitioner faculty is indicated in order to enhance faculty development and ensure practice competence commensurate with the faculty rank. Therefore, we propose addition of the following to the end of the first

paragraph of this standard: "…and should achieve certification in the appropriate Board of Pharmaceutical Specialties area(s)."

Standard 29: Practice Facilities

As experiential education and training continues to expand and become more interdisciplinary, faculty and practice sites may experience an increase in the number of trainees for whom they are responsible. We therefore suggest the additions to the end of Guideline 29.3 (proposed additions italicized): "…as well as other health professional students*, residents, or other trainees. Student:preceptor and trainee:preceptor ratios should also be included in the facility evaluation.*"

The members of ACCP appreciate the continued opportunity to contribute comments to the ACPE standards review process. We look forward to submitting additional feedback on the next revision of the Standards utilizing input from our 2004 Educational Affairs Committee. Please do not hesitate to call or write if we can provide any additional clarification or information.

Sincerely,

Michael S. Maddux, Pharm.D., FCCP
Executive Director Designate