




Accreditation in an Evolving Practice Environment

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Objectives



- Discuss the impact of the COVID-19 pandemic on pharmacy education in the USA
- Describe the flexibilities offered to meet ACPE Standards to US pharmacy programs during the pandemic
- Describe the role of accrediting bodies in the quality of pharmacy degree programs and the transition to online delivery and distance education




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Some background...




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ACPE – What do we do? 

- **ACPE Accredits:**
 - **Professional degree programs in the USA (1932)**
 - US Department of Education recognition, since 1952
 - Council on Higher Education Accreditation (CHEA) recognition, since 2004
 - Founding member (2014) of Health Professions Accreditors Collaborative (HPAC)
 - **Providers of continuing pharmacy education (1975)**
 - Joint Accreditation for Interprofessional Continuing Education™ (founded with Accreditation Council for Continuing Medical Education [ACCME] and American Nurses Credentialing Center [ANCC]) (2009)
 - **Pharmacy technician programs (2015)**
 - Collaboration with the American Society of Health-System Pharmacists
- **ACPE Certifies:**
 - **Professional degree programs outside the USA and its territories (2011)**

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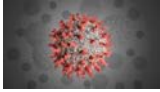

ACPE Board of Directors and Commissions 

- Three appointees each by:
 - American Association of Colleges of Pharmacy (AACP) – **educators**
 - American Pharmacists Association (APhA) – **practitioners**
 - National Association of Boards of Pharmacy (NABP) – **regulators**
- One appointee by:
 - American Council on Education (ACE) – **non-pharmacy educator, public member**
- Formerly had six-year terms of office; now 3 years
- Commissions for CPE provider accreditation (10), International Commission (8), Pharmacy technician education accreditation (10 with ASHP)

The Board makes all determinations of compliance with accreditation and certification standards


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Ensuring quality in pharmacy education in the midst of a pandemic

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COVID-19



- Many issues were beginning to surface in early to mid-March 2020
- Affected all aspects of ACPE operations
 - Colleges and Schools
 - CPE and CPD
 - International Services Program
 - Technician program accreditation
- Many concerns about site visits, commission meetings, an appeal hearing, workshops that were scheduled, etc.
- Illinois (ACPE office location) issued a stay-at-home order affecting all ACPE staff in mid-March

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COVID-19 and Colleges/Schools



- Schools were contacting us saying faculty travel was restricted; faculty unable to participate in site team visits
- Pharmacy programs began to teach all didactic material online with little notice or preparation; campuses were closing including dormitories and students were sent home
- Schools faced challenges with students (and faculty) who live in remote or rural areas with inadequate internet access or lack of access to computers as many programs do not require that students own a computer
- Many concerns about meeting accreditation standards for labs and experiential learning
- Students were concerned about their safety in patient care sites

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COVID-19 and Colleges and Schools



- Faculty had very little time to adapt their courses to online learning and in many cases had never taught virtually and were not familiar with many of the tools (e.g., Zoom, Teams, breakout rooms, sharing slides, etc.)
- All face-to-face meetings, conferences, workshops, etc. were canceled



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COVID-19 and Colleges/Schools



- To better define the problems, ACPE staff along with AACP, held video conference calls with the majority of deans in the US
- Four calls were held where issues were identified and ACPE offered guidance
- ACPE then issued 4 guidance documents over the first few weeks of the pandemic to Deans outlining the issues that had been identified and potential solutions while respecting the boundaries of the Standards; by the end of the 2020 summer, a total of 7 guidance documents were issued

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COVID-19 and Colleges/Schools



- Meanwhile, The Association of American Medical Colleges (AAMC) and the Liaison Committee on Medical Education (LCME) issued several joint statements providing guidance regarding medical students' participation in direct patient care activities
- Guidance documents strongly suggested that medical students not be involved in direct patient care activities
- Experiential education sites began questioning whether they should take pharmacy students or they outright chose to stop all experiential training based on the guidance for medical students

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COVID-19 and Colleges/Schools



- Medicine has more flexibility than pharmacy with regard to clinical rotations as their goal is to graduate a residency-ready practitioner who will continue on to do a supervised residency
- Pharmacy's graduates need to be practice-ready and eligible to take the pharmacist licensure exam
- ACPE worked with ASHP to encourage health-systems to continue to train students

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ACPE Response



Underlying philosophy

- Flexibility is allowed BUT *within the boundaries of the ACPE Standards*

Creativity and innovation is encouraged but within the standards; relaxing the standards was not an option

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ACPE Staff and Board Philosophy



- 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*
- ACPE does that through the standards that all have agreed are necessary to produce a practice-ready pharmacist

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COVID-19 and Colleges/Schools



- ACPE issued another guidance letter in mid-May 2020 underscoring that the flexibilities offered earlier that spring would be in effect for all of 2020
 - To date, a total of 12 guidance documents have been issued including information about online education
- Permanent changes considered substantive changes and need to be reported and in some cases, approved by ACPE
- 2021-2022 academic year – all flexibilities still in place

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COVID-19 and Colleges/Schools



- ACPE is recognized by the US Department of Education (USDE) for the accreditation and preaccreditation, within the United States, of professional degree programs in pharmacy leading to the Doctor of Pharmacy degree
- The US Department of Education has provided flexibilities for the duration of the national emergency declaration and 180 days following the date on which the COVID-19 national emergency declaration is rescinded
 - At this point, USDE flexibilities will cover the 2021-22 academic year

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COVID-19 and Colleges/Schools



- USDE is allowing virtual site visits on a temporary basis based on predetermined parameters (e.g., a school in good standing)
- USDE also *requires* that a face-to-face site visit be completed as soon as is feasible after the virtual site visit in order to meet the statutory and regulatory requirements to perform regular on-site inspections

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COVID-19 and Colleges/Schools Site Visits



- The majority of on-site evaluations in spring 2020 were postponed to fall 2020
- All fall 2020 visits (25) and spring 2021 visits (21) were converted to virtual visits using Zoom technology
- Fall 2021 – most site visits (14) are being conducted virtually
- Spring 2022 – to be determined
 - Currently surveying volunteers to determine willingness or ability to travel
- Programs were given a 30% refund in site visit fee since ACPE incurs no travel expenses with virtual visits



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Examples of issues addressed by ACPE due to pandemic

- Curricular changes
- Grading
- Laboratory sessions or skills labs
- Introductory Pharmacy Practice Experiences (IPPE); 300 hours required, 60 hours of which may be simulated
- Advanced Pharmacy Practice Experiences (APPE); 1440 hours required and 4 core rotations of 160 hours each required
- COVID-19 screening activities for IPPE/APPE hours
- Affiliation agreements
- Admissions standards
- Online learning



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Curricular Changes



- Standards 2016 detail what should be in a program’s didactic curriculum
- There is no guidance or restrictions on how these topics are taught, combined, or sequenced. How a faculty executes curricular content of is unique to each accredited program
- Sequencing of content, particularly face-to-face student laboratories in the didactic curriculum, is a faculty-driven decision

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Curricular Changes



- 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

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Grading – letter grades to P/F



- Given the pandemic, some schools inquired if they could change their grading scales
- The Standards don't dictate whether letter grades are given or if a class is pass/fail – that is a faculty decision
- If grading change is temporary, ACPE is not requiring that it be reported as substantive change

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Laboratory Sessions/Skills Labs



- With regard to skills labs, they did need to be completely cancelled during online instruction
- Any concepts that may prepare the student for a skill can be offered virtually
- Faculty can 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.



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Introductory Pharmacy Practice Experiences (IPPE)

- 300 IPPE hours are required prior to the student’s advancement to the Advanced Pharmacy Practice Experiences
- The 300 hours must include a majority (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

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Advanced Pharmacy Practice Experiences (APPE)



- Advanced Pharmacy Practice Experiences (APPEs):
 - 1440 hours are required
 - 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
- Elective APPEs must be offered

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Advanced Pharmacy Practice Experiences (APPE)



- 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

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Advanced Pharmacy Practice Experiences (APPE)



- Sample flexibilities
 - 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.
 - If the practice sites allow it and can provide qualified preceptors, consider using evening and weekend hours for student rotations

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COVID-19 activities for IPPE/APPE hours



- Volunteer hours helping screen patients for COVID-19 or to administer vaccines could count as IPPE or APPE if:
 - they are prospectively approved by the experiential education administration
 - appropriate learning objectives are developed for the experience
 - the student is appropriately precepted by a health care professional able to sign off and verify the hours and activities

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Affiliation agreements



- Schools have asked if it is permissible to use new experiential sites where there is no affiliation agreement
- ACPE approved the use of these sites where you don't have a formal affiliation agreement
- The experiential education administration director must be satisfied with the quality of the site and preceptor to proceed without the customary affiliation agreement
- ACPE suggests that the experiential education administrator document that the site was vetted, even if it is just via a phone call with the preceptor

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Admissions standards



- Programs inquired if they can waive certain admission 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).
- For changes, ensure it doesn't compromise the quality of the students admitted.
- 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.

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Admissions standards



- Admissions interviews are still required
- The standards allow for them to be conducted in several different manners including over the telephone.
 - If face to face interviews have been done in the past, it is fine to change to another method that makes sense during the pandemic


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Online Learning

- US Department of Education (who recognizes ACPE) is allowing flexibility to implement distance-learning solutions AND allowing accrediting agencies to waive the normal distance learning review requirements and processes until 180 days post-pandemic




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Case 


- Pharmacy school X has always delivered their curriculum in a traditional in-person classroom environment. During the pandemic, the faculty were forced to teach the majority of their courses online. There was little time for faculty development or a cohesive approach to curricular delivery so each faculty member determined their own approach. In the fall, the school planned to bring the students back on campus. However, students and faculty complained and wanted an online option. The administration decides to offer a distance education option in the future for the majority of their program. What will need to be put in place to meet accreditation standards?

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"ACPE Standards"
Accreditation Standards and Key Elements for the Professional Program in Pharmacy Leading to the Doctor of Pharmacy Degree 

- Central to accreditation
- Define minimum levels of quality
- Basis of all decisions by site teams and ACPE Board of Directors
- Created by educators, regulators, practitioners, students, & general public
- Revised on a routine basis

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Background – US Accreditation  ACCREDITATION COUNCIL FOR PHARMACY EDUCATION

- The US Department of Education has provided guidance to accreditors that *allows schools and colleges to use distance education without the normal ACPE approval process* for the duration of the national emergency declaration and 180 days following the date on which the COVID-19 national emergency declaration is rescinded
- Normally, ACPE requires *one-year advance notice* for the addition of a distance campus *or the implementation of distance education* for an existing college or school (more than 25% of the curriculum)

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Background – US Accreditation



- Notification is required to allow ACPE sufficient time to conduct the monitoring needed to ensure readiness and continued compliance with the accreditation standards
- Failure to comply with the one-year notice requirement constitutes grounds for review and potential adverse accreditation actions
- If the distance education component of the curriculum is between 25-49%, notice to ACPE is all that is required
- If the distance education component exceeds 50% then a comprehensive academic plan needs to be submitted

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- ACPE Standards related to online education



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Standard 10: Curriculum



- 10.12. Teaching and learning methods –

The didactic curriculum is delivered via teaching/learning methods that:

- (1) facilitate achievement of learning outcomes
- (2) actively engage learners
- (3) promote student responsibility for self-directed learning
- (4) foster collaborative learning
- (5) are appropriate for the student population (i.e., campus-based vs. distance-based).

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Curricular Delivery

“Some people talk in their sleep. Lecturers talk while other people sleep.”



Albert Camus

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Standard 25: Assessment



•25.5. Pathway comparability – The assessment plan includes a variety of assessments that will allow **comparison and establishment of educational parity** of alternative program pathways to degree completion, including geographically dispersed campuses and *online or distance learning-based programs*.


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Other Standards




- Does the school assess readiness of student to engage in distance education (self-motivation, commitment, basic technological skills, competencies, and support needed to succeed)?
- Do distance education students have access to physical facilities of comparable quality and functionality
- Are synchronous, real-time, on-campus requirements made clear to distance students (e.g., science labs, experiential experiences, skills labs)
- Does the school ensure the correct identity of students completing proctored assessments? What is the proctoring process?
- Does the school ensure access to a comparable set of student services (tutoring, faculty advising, counseling, etc.)?

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Academic plan must be submitted to ACPE prior to starting online program 


- Curriculum
 - Describe any modifications to curriculum, including the **teaching and learning processes** used to deliver the curriculum, which will be implemented as a result of the initiative.
 - Describe the College or School's **technology capacity** to teaching and learning effectively.
 - Describe the plan for **curricular assessment**; including assessment of teaching strategies, indicators for student learning and the curriculum, related to the substantive change.

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Academic Plan (continued) 


- Describe the actual and planned mechanisms for **faculty development** related to the substantive change
 - Looking for **evidence** that faculty (and others such as teaching assistants) *have been prepared and have the necessary tools* to teach at a distance
 - Do they have the skills to manage, mentor, teach, engage, and evaluate students enrolled in distance learning courses or activities?

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Impact on accreditation 


- The accreditation review process applies to the Doctor of Pharmacy program **in its entirety**. Noncompliance or partial compliance with the standards at one site (main campus or distance campus/online students) will impact the accreditation status of the entire program.

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Case 


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Evidence ACPE will look for: 

- Solid academic plan that includes:
 - Needs assessment – do faculty and students have the tools they need to successfully accomplish distance education (equipment, connectivity)
 - Pedagogy/Curricular delivery tools: is active learning, collaborative learning and other aspects present in the distance education program? Has there been sufficient faculty development in the area of distance education?
 - What is the remediation plan for struggling students?
 - Assessment plan: teaching strategies, indicators for student learning and the curriculum, parity between distance education program and traditional program outcomes

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Summary – Online Education 

- ACPE Standards address distance education
- Schools are required to submit a formal report before starting distance education (outside of the pandemic) and seek approval from the ACPE Board of Directors
- ACPE evaluates compliance with the Standards through a number of mechanisms including the substantive change notification and academic plan, self-study, survey data, complaints and the site team visit

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Ensuring quality...summary



- ACPE has offered as much flexibility as it possibly can while remaining “within the boundaries of the standards.”
- ACPE leaves it to a program’s faculty to determine what can be offered virtually via distance learning and what must be taught in a face-to-face settings. How an instructor conducted his/her classroom, offered examinations, etc., has always been a faculty responsibility
- ACPE’s expectations are that what the faculty does must be “within the boundaries of the standards” 3 years of didactic instruction or its equivalent, 300 hours of IPPE appropriately placed in curriculum, 1440 hours APPE with four-week core (minimum) experience in community, institutional, ambulatory care and medicine

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ACPE Update – Other News



- PCOA *optional* for 2020-2021, 2021-2022 academic years
 - “Dear Dean” letter from June 2021 posted on website
- New Strategic Plan approved in July 2021
- ACPE Fee schedule
 - No increases for 2021-2022
- Bylaws revision completed and approved – June 2021



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ACPE Bylaws Changes/2022-2025 Director Selection

- Board member terms have decreased from 6 years to 3 years
- Term limit of 3 consecutive full terms (9 years)
- Transition period such that current Board members may be reappointed for one 3 year term
- Revised qualifications for Board members to increase consistency across appointing organizations

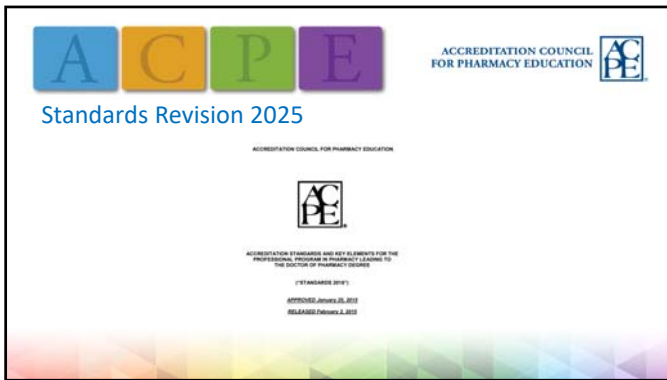


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DEI Activities

- DEI Task Force
 - Task Force asked staff to collect additional data from accredited colleges and schools of pharmacy in an effort to understand the current policies or practices concerning DEI at Colleges and Schools of Pharmacy
 - Data will be used to inform our thoughts on how to address DEI in the Standards revision process
 - Questions added to the job placement survey
 - Additional training on DEI issues to be implemented for staff and volunteers
- January 2021: ACPE Board approved the "ACPE Guidance to ACPE-accredited CE Providers to Incorporate Diversity, Equity and Inclusion in CE Activities"
- Providers send examples of how they incorporated principles of DEI in their CE activities; these examples are posted to ACPE's website with the goal of sharing practices with ACPE accredited providers

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Standards Revision 2025

- January 2021: Announcement of the plan to revise the Standards
- March 2021- Dec 2021: **Survey** of key constituencies
- July 2021
 - Held public hearing at Annual AACP Annual Meeting
 - Virtual meeting with State Board of Pharmacy Executives during monthly NABP call
- September 2021: Met with APhA Board of Trustees
- November 2021: Town Hall meetings with ACCP, AMCP, APhA, ASHP, BPS, NABP, NCPA
- Other town halls to be held dependent on live meetings
- June 2022: Brief ACPE Board on **Key Findings** from the Public Comments and Hearings
 - Review key changes in new CAPE document (if released as planned in June 2022)
 - Seek Board's guidance on any key directions emerging from the public comments and revised CAPE

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Standards Revision 2025



• **January 2024:** Board reviews relevant drafts of new/ revised standards & guidance for Facilities & Teaching Resources, Finances, and Assessment

• **RELEASE OF DRAFT "STANDARDS 2025" FOR PUBLIC COMMENT**

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Standards Revision 2025



• **June 2024:**

• Board reviews and approves complete volume of new standards & guidance, to be known as "Standards 2025"

• "Standards 2025" released following Board Meeting with release and implementation July 1, 2025

Allows 12 months between release of new standards and their implementation

• New Rubrics to support "Standards 2025" released in "pdf" format

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Standards Revision 2025



• **July 1, 2025: Implementation of new standards, known as "Standards 2025"**

• ACPE will request from each accredited program a *Readiness Response* to "Standards 2025" – the four or five most significant changes between "Standards 2016" and "Standards 2025"

• Exempt: those with visits in Fall 2025 as new standards will be addressed in the self-study

• **January 2026:** Board reviews all Readiness Responses and takes appropriate actions on each

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