



Accreditation Council for Pharmacy Education

Accreditation Standards for Continuing Pharmacy Education

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Accreditation Council for Pharmacy Education (ACPE) Overview

The Accreditation Council for Pharmacy Education is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmacy education. ACPE was established in 1932 for the accreditation of professional degree programs in pharmacy. In 1975 its scope was broadened to include accreditation of providers of continuing pharmacy education (www.acpe-accredit.org).

THE MISSION OF ACPE IS TO ASSURE AND ADVANCE QUALITY IN PHARMACY EDUCATION.

ACPE is an autonomous and independent agency whose Board of Directors is appointed by the American Association of Colleges of Pharmacy (AACP), the American Pharmacists Association (APhA), the National Association of Boards of Pharmacy (NABP), and the American Council on Education. Since the inception of its accreditation agency recognition program in 1952, ACPE has been recognized by the U.S. Department of Education, and in April 2004, received recognition by the Council for Higher Education Accreditation.

State boards of pharmacy require that licensure applicants from the United States be graduates of an accredited pharmacy degree program to be eligible to sit for the North American Pharmacist Licensure Examination™ (NAPLEX®). In addition, all state boards of pharmacy require pharmacists to participate in accredited or otherwise approved continuing education activities for relicensure. A growing number of state boards of pharmacy require pharmacy technicians to participate in continuing education for re-registration or relicensure. These Standards were created in order to meet those requirements.

Revision of Standards: Background

All accrediting bodies, including ACPE, periodically review and revise their standards for currency and appropriateness. The factors that prompted ACPE to conduct a reassessment of existing CPE requirements for provider accreditation include:

- Experience gained by ACPE in its accreditation reviews since the adoption of the *ACPE Criteria for Quality and Interpretive Guidelines* in 1977.
- Feedback from ACPE stakeholders regarding quality improvement of the *ACPE Criteria for Quality and Interpretive Guidelines*.
- Revision of the *Accreditation Standards and Guidelines for the Professional Degree Program in Pharmacy Leading to the Doctor of Pharmacy Degree* (“Standards 2007”): The standards and guidelines have been refined to ensure the development of students who can contribute to the care of patients and to the profession by practicing with competence and confidence in collaboration with other health care providers. The standards place greater emphasis on desired scientific foundation and practice competencies, the manner in which programs need to assess students’ achievement of competencies, and the importance of the development of the student as a professional and lifelong learner. The standards focus on the development of students’ professional knowledge, skills, attitudes, and values, as well as sound and reasoned judgment and the highest level of ethical behavior. (www.acpe-accredit.org)
- Revision of AACP’s Center for the Advancement of Pharmaceutical Education (CAPE) Educational Outcomes in 2004 was guided by a consultant and an advisory panel of educators and practitioners. These educational outcomes are intended to be the target toward which the evolving pharmacy curriculum should be aimed. (www.aacp.org)
- The 2005 publication of The Joint Commission of Pharmacy Practitioners’ *Vision of Pharmacy Practice 2015*, accepted by the governing boards of 11 pharmacy organizations, including ACPE.
- The Medicare Modernization Act of 2003 that established the need for medication therapy management services provided by pharmacists for high-risk patients (www.cms.hhs.gov).
- Reports from the Institute of Medicine (www.iom.edu) suggesting changes in the current health care system to improve medication safety and patient outcomes, including the five competencies that all health care professionals should attain during their education and training.
- The growing number of pharmacy technicians who require continuing education to renew their certification and/or registration.
- Revision of ACPE’s *Definition of Continuing Education for the Profession of Pharmacy* to differentiate CPE for pharmacy technicians as defined by the practice analysis for certified pharmacy technicians.

Revision of Standards: Differences

- Title: Changed from ACPE Criteria for Quality and Interpretive Guidelines to *ACPE Standards for Continuing Pharmacy Education* for clarity and organizational consistency.
- Philosophy and emphasis: The CPE standards were designed to facilitate the continuum of learning as defined in Standards 2007. Standards 2007 emphasizes the foundation needed for development of the student as a lifelong learner and the *Standards for Continuing Pharmacy Education* should provide a structure as students make the transition to practicing pharmacists.
- The Standards emphasize that pharmacists and pharmacy technicians should:
 - identify their individual educational needs
 - pursue educational activities that will produce and sustain more effective professional practice in order to improve practice, patient, and population health care outcomes
 - link knowledge, skills, and attitudes learned to their application of knowledge, skills, and attitudes in practice
 - continue self-directed learning throughout the progression of their careers
- The Standards guide CPE providers to:
 - advocate for the lifelong learning of pharmacists and technicians
 - emphasize systematic, self-directed learning
 - educate pharmacists and technicians about available activities in their specific practice areas
 - identify and meet the educational needs of pharmacists and technicians
 - focus on the educational needs of pharmacists and technicians rather than on the number of participants or activities conducted
 - assure that faculty take an active role in delivering content so that pharmacists and technicians are actively engaged in their learning
 - include active learning strategies to enhance knowledge retention and application in practice
 - assess participant learning from a CPE activity
 - evaluate the impact of CPE activities in pharmacy practice
- Format: The Standards are organized in four sections - Content, Delivery, Assessment, and Evaluation - with an introductory paragraph describing the intent and context of each section. The Standard is defined and an explanatory Guidance section follows.
- Terminology: The Standards use the phrase 'pharmacists and technicians' as the recipients for CPE activities. Please note that it is acceptable for some providers to design CPE activities for pharmacists only; to design CPE activities for pharmacy technicians only; and, for some providers to design CPE activities for both pharmacists and pharmacy technicians.

Standards for Continuing Pharmacy Education

Section I: Content of Continuing Pharmacy Education (CPE) Activities

The purpose of the standards in this section is to ensure that the provider's continuing pharmacy education program has a clearly articulated mission, desired goals and a planning process to achieve the mission and goals. The mission, goals, and activities must be related to the vision and educational needs of the profession of pharmacy to better serve society. As recommended by the Institute of Medicine for all health care professionals, pharmacists and pharmacy technicians must be educated to deliver patient-centered care as members of an interprofessional team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

Standard 1: Goal and Mission of the CPE Program

Standard 2: Educational Needs Assessment

Standard 3: Continuing Pharmacy Education Activities

Standard 4: CPE Activity Objectives

Standard 5: Standards for Commercial Support

Standard 1: Goal and Mission of the CPE Program

The provider must develop a CPE goal and mission statement that defines the basis and intended outcomes for the majority of educational activities the provider offers.

Guidance

A CPE *goal* is a concise written statement of what the provider intends to achieve for pharmacy education. The CPE goal should address how a provider will assist pharmacists and technicians* to maintain and enhance their professional competencies to practice in various settings. These may include, but are not limited to:

- ensuring optimal medication therapy outcomes and patient safety,
- managing practice settings,
- satisfying the educational requirements for pharmacist relicensure, and
- meeting recertification requirements for pharmacy technicians.

A CPE *mission* statement should be consistent with the goals and specifically indicate the provider's short-term intent in conducting CPE activities, including the intended audience and the scope of activities. The mission and goals should be systematically evaluated and periodically updated to assure consistency among the mission, overall goals, and individual activities.

CPE is a structured educational *activity* designed to support the continuing professional development of pharmacists and technicians in order to help them maintain and enhance their competence. Each CPE activity should promote problem-solving and critical thinking and be applicable to the practice of pharmacy as defined by the current *Definition of Continuing Pharmacy Education* (Appendix I). CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacists and technicians.

Note: The appendices are guides for ACPE-accredited providers as they develop CPE activity content appropriate for pharmacists and technicians.

Standard 2: Educational Needs Assessment

The provider must develop CPE activities based on a multifaceted process where educational needs are prospectively identified.

Guidance

Needs assessment should be completed before planning specific CPE activities and should guide content development and delivery.

* Terminology: The Standards use the phrase 'pharmacists and technicians' as the recipients for CPE activities. Please note that it is acceptable for some providers to design CPE activities for pharmacists only; to design CPE activities for pharmacy technicians only; and, for some providers to design CPE activities for both pharmacists and pharmacy technicians.

A needs assessment should employ multiple strategies to identify the specific gaps in knowledge or skills or areas for enhancement for pharmacists' and technicians' competence. The provider should identify gaps between what pharmacists and technicians do and what is needed and desired in practice.

Strategies for needs assessment should incorporate a method or methods in which representatives of the intended audience participate in identifying their own continuing education needs.

Standard 3: Continuing Pharmacy Education Activities

The provider must structure each CPE activity to meet the knowledge-, application- and/or practice-based educational needs of pharmacists and technicians.

Guidance:

Knowledge-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to acquire factual knowledge. This information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 15 minutes or 0.25 contact hour.

Application-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions. The minimum credit for these activities is 60 minutes or one contact hour.

Practice-based CPE activity. These CPE activities should be designed primarily for pharmacists and technicians to systematically acquire specific knowledge, skills, attitudes, and performance behaviors that expand or enhance practice competencies. The information within the practice-based CPE activity must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component and a practice component. The minimum credit for these activities is 15 contact hours.

Providers are not required to offer all three activity types. The CPE activities should be consistent with the provider's mission and appropriate to meet the identified pharmacist and technician needs.

Providers are encouraged to *guide* pharmacists and technicians to the best combination of CPE activities to meet their practice needs.

Standard 4: CPE Activity Objectives

The provider must develop objectives for each CPE activity that define what the pharmacists and technicians should be able to do at the completion of each CPE activity.

Guidance

Objectives must be:

- specific and measurable
- developed to specifically address the identified educational need (Standard 2)
- addressed by an active learning activity (Standard 7) and
- covered by a learning assessment (Standard 9)

Standard 5: Standards for Commercial Support (Appendix II)

The provider must plan all CPE activities independent of commercial interest. The educational content must be presented with full disclosure and equitable balance.

Appropriate topics and learning activities must be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug, device or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guidance:

The provider must:

- ensure independence in planning and delivery of CPE activities, and
- implement a mechanism to prospectively identify and resolve conflicts of interest during the planning process, and
- use commercial support appropriately, and
- manage commercial promotion appropriately, and
- present content that is without commercial bias, and
- disclose required information.

Section 2: Delivery of CPE Activities

The purpose of the standards in this section is to ensure that the provider delivers CPE activities to promote pharmacists' and technicians' learning and application of learned principles to practice. The teaching and learning methodologies used should foster the continued development of critical thinking and problem-solving skills, be applicable to the diverse learning needs of the pharmacists and technicians, and encourage the continuing professional development of pharmacists and technicians.

Standard 6: Faculty

Standard 7: Teaching and Learning Methods

Standard 8: Educational Materials

Standard 6: Faculty

The provider must communicate and collaborate with CPE activity faculty regarding the identified educational needs, intended audience, objectives, active participation, and learning assessments for each CPE activity.

Guidance

- a. Faculty should be selected based upon their knowledge of the subject matter; experience and teaching ability; and ability to meet the educational needs of the pharmacists and technicians.
- b. Information, verbal and written, should be provided to faculty to assure that CPE activities meet ACPE's *Standards for Continuing Pharmacy Education* for developing objectives, incorporating active learning opportunities, and appropriate assessments of learning.
- c. Faculty should disclose to the provider all relevant financial relationships with any commercial interest. In addition, the provider must have implemented a mechanism to identify and resolve any conflicts of interest prior to the education activity being delivered (Standard 5).

Standard 7: Teaching and Learning Methods

The provider must assure that all CPE activities include active participation and involvement of the pharmacist and technician.

Guidance

The methodologies employed should be determined by the CPE activity planned (Standard 3), objectives, educational content, and the size and composition of the intended audience.

The provider should design and implement active learning exercises as a component of live and home study instructional methods.

Standard 8: Educational Materials

The provider must offer educational materials for each CPE activity that will enhance participants' understanding of the content and foster applications to pharmacy practice.

Guidance

Educational materials should serve as a guide, provide additional sources of information, and include reference tools usable in practice.

Section 3: Assessment

The purpose of the standards in this section is to ensure that CPE activities employ appropriate learning assessments and that feedback is provided to pharmacists and technicians in a timely manner, enabling them to apply the learned content to practice.

Standard 9: Assessment of Learning

Standard 10: Assessment Feedback

Standard 9: Assessment of Learning

The provider in collaboration with faculty must include learning assessments in each CPE activity to allow pharmacists and technicians to assess their achievement of the learned content. Completion of a learning assessment is required for CPE credit.

Guidance

The provider may select formal and informal techniques for assessment of learning. Informal techniques typically involve participant discussions. Formal techniques, such as tests and quizzes, are typically individualized, written, and graded. The assessment should be consistent with the identified CPE activity objectives (Standard 4) and activity type (Standard 3).

Knowledge-based CPE activity. Each CPE activity in this category must include assessment questions structured to determine recall of facts.

Application-based CPE activity. Each CPE activity in this category must include case studies structured to address application of the principles learned.

Practice-based CPE activity. Each CPE activity in this category must include formative and summative assessments that demonstrate that the pharmacists and technicians achieved the stated objectives.

Standard 10: Assessment Feedback

The provider must ensure learner assessment feedback is provided to participants in an appropriate, timely, and constructive manner.

Guidance

The feedback provided should be consistent with the learning assessment (Standard 9), activity objectives (Standard 4), and activity type (Standard 3). Verbal and written feedback may be provided as follows:

Knowledge-based CPE activity. Feedback may include the correct response to questions. For incorrect responses, the provider is encouraged to communicate that the question was answered incorrectly and provide the rationale for the correct responses.

Application-based CPE activity. Feedback may include the correct evaluation of case studies. When responses are incorrect, the provider is encouraged to explain the rationale for the correct responses.

Practice-based CPE activity. Feedback should be provided based on the formative and summative assessments that were used to demonstrate that the pharmacist or technician achieved the stated objectives.

Section 4: Evaluation

The purpose of the standards in this section is to ensure that providers evaluate the effectiveness of CPE activities and program. Providers must have an evaluation plan that allows for a determination of the degree to which the mission and goals have been achieved. They must use this information for continuous quality improvement of their CPE programs.

Standard 11: Evaluation of CPE Activities

Standard 12: Achievement and Impact of CPE Mission and Goals

Standard 11: Evaluation of CPE Activity

Providers must develop and conduct evaluations of each CPE activity. The evaluations must allow pharmacists and technicians to provide feedback on the following items:

- applicability of the CPE activity to meet their educational needs
- achievement of each stated objective
- quality of faculty
- usefulness of educational material
- effectiveness of teaching and learning methods, including active learning
- appropriateness of learning assessment activities
- perceptions of bias or commercialism

Guidance

The above items are the minimum requirements for CPE activity evaluations. Providers are encouraged to evaluate additional items and assess whether the provider's stated mission and goals are achieved.

The feedback should be summarized for pharmacists and technicians separately and used in a systematic fashion for the purpose of ongoing improvement of the overall CPE program.

Standard 12: Achievement and Impact of Mission and Goals

Providers must establish and implement evaluation plans that assess *achievement* and *impact* of stated mission and goals (Standard 1). They must use this information for continuous development and improvement of the CPE program.

Guidance

An evaluation plan, that includes data collection and analysis, should be developed to document achievement of the provider's CPE mission and goals. Based on the results of the evaluation plan, the provider's mission and goals should be periodically updated.

In general, the impact of the provider's CPE program should be measured using the following levels:

- Participation: number of participants attending CPE activities
- Satisfaction: directly measuring satisfaction with learning activities, topic, level of content, and speaker's organization of the material
- Learning: pre- and post-tests, self-assessment tools, multiple choice, short answer, essays, presentations
- Performance: demonstration of skills, application of treatment guidelines
- Patient Health: compliance rates, reduced physician visits
- Population Health: morbidity/mortality, infection rates, readmission rates

Depending on the activity type, these six levels may be evaluated as follows:

Knowledge-based CPE activity. The levels that must be evaluated are participation, satisfaction, and learning.

Application-based CPE activity. The levels that must be evaluated are participation, satisfaction, learning, and performance (demonstration during the activity and intended application in practice).

Practice-based CPE activity. The levels that must be evaluated are participation, satisfaction, learning, performance (demonstration during the activity and application in practice post-activity), and, if applicable, patient and/or population health.

Appendix I. Accreditation Council for Pharmacy Education Definition of Continuing Education for the Profession of Pharmacy

What is the definition of continuing education?

Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

What does 'applicable to the practice of pharmacy' mean?

In general, for guidance in organizing and developing CPE activity content, providers should ensure that, as for all health care professionals, pharmacists should develop and maintain proficiency in five core areas*:

- delivering patient-centered care,
- working as part of interdisciplinary teams,
- practicing evidence-based medicine,
- focusing on quality improvement and
- using information technology.

*Adapted from Institute of Medicine's Health Professions Education: A Bridge to Quality, April 2003.

Pharmacist competencies. Pharmacists should always strive to achieve the *Future Vision of Pharmacy Practice* (see Appendix A). Specific competency statements have been developed by the American Association of Colleges of Pharmacy and are expected to be achieved upon graduation from an ACPE-accredited professional degree program in pharmacy (see Appendix B: Center for the Advancement of Pharmaceutical Education, Educational Outcomes 2004). Pharmacy graduates need to take and pass the pharmacy licensure exam, NAPLEX[®], in order to practice pharmacy. NABP has developed the NAPLEX[®] Blueprint (see Appendix C: The NAPLEX[®] Competency Statements) as the competencies needed to pass the exam. These documents are synergistic in establishing the competencies required of pharmacists to enter practice and to continue as a student of pharmacy for a lifetime.

Pharmacy Technician Competencies. The Pharmacy Technician Certification Board (PTCB) has developed the Pharmacy Technician Certification Exam (PTCE) Blueprint as the competencies needed to pass the exam (see Appendix D: PTCB Exam Content Outline).

Note: The appendices should be used by ACPE-accredited providers as guides in developing CE activity content appropriate for pharmacists and/or pharmacy technicians.

How will CPE activities for pharmacists and pharmacy technicians be designated?

Promotional materials (brochures, advertisements, memoranda, letters of invitation, or other announcements) should clearly and explicitly identify the target audience that will benefit from the CPE activity. A CPE activity that includes pharmacists and pharmacy technicians should have specific and separate learning objectives described for both.

In addition, a Universal Program Number—an identification number—is assigned to each CPE activity developed and sponsored, or cosponsored, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 197), the cosponsor designation number (000 for no cosponsor, 999 for all cosponsors), the year of CE activity development (e.g., 09), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

Cosponsor Designators:

- 000 - no cosponsoring organization
- 999 - cosponsoring organization

Format Designators:

- L - Live activities
- H - Home study and other mediated activities
- C - Activities that contain both live and home study or mediated components

Topic Designators - activities are related to:

- 01 - Disease State Management/Drug therapy
- 02 - AIDS therapy
- 03 - Law (related to pharmacy practice)
- 04 - General Pharmacy
- 05 - Patient Safety

Target audience designator

- P - Pharmacist
- T - Pharmacy Technician

If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:

- 01-P Disease State Management/Drug therapy
- 02-P AIDS therapy
- 03-P Law (related to pharmacy practice)
- 04-P General Pharmacy
- 05-P Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation "T" will be used as follows:

- 01-T Disease State Management/Drug therapy
- 02-T AIDS therapy
- 03-T Law (related to pharmacy practice)
- 04-T General Pharmacy
- 05-T Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient). Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation[®] Board July 2003)

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Program Number with respect to the provider identification number, cosponsor designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a "P" or "T." For example:

197-000-09-001-L05-P (program number to be used for pharmacists)

197-000-09-001-L05-T (program number to be used for pharmacy technicians)

What are the responsibilities of an ACPE-accredited provider?

It is the responsibility of the provider to assure that each activity complies with the Definition of Continuing Education, be applicable to the practice of pharmacy, identifies the appropriate target audience as it relates to the content, and adheres to ACPE *Criteria for Quality and Interpretive Guidelines*.

As outlined in the ACPE *Criteria for Quality and Interpretive Guidelines*, every ACPE-accredited provider is ultimately responsible for CPE activity planning, faculty selection, content of the activity, site selection, method of delivery, marketing to the appropriate target audience and assurance that the activity is fair, balanced and free from bias and/or promotion. In addition, the provider is responsible for explaining and guiding the faculty in its expectations regarding development of learning objectives and instructional materials and incorporation of active learning and learning assessment mechanisms within the activities. The provider should also ensure that the statements of credit include the appropriate designation as well as the other required elements noted in the *ACPE Criteria for Quality*, Guideline 8.1 Statements of Credit.

Have questions?

If you have any questions as to what constitutes continuing education for the profession of pharmacy, please contact the ACPE staff at ceinfo@acpe-accredit.org or phone 312-664-3575.

Appendix A. Joint Commission of Pharmacy Practitioners Future Vision of Pharmacy Practice

Joint Commission *of* Pharmacy Practitioners

Academy of Managed Care Pharmacy
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American Society of Consultant Pharmacists
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John Feather, Executive Director

National Association of Boards of Pharmacy
847-391-4400
Carmen A. Catizone, Executive Director

**American Society of Health-System
Pharmacists**
301-664-8794
Henri R. Manasse, Jr., Executive Vice
President

**National Council of State Pharmacy
Association Executives**
804-285-4145
Rebecca P. Snead, Administrative Manager

For Immediate Release
September 6, 2005

Contact Dana Easton
901-383-8119

Joint Commission of Pharmacy Practitioners Releases “Future Vision of Pharmacy Practice”

The JCPP Future Vision of Pharmacy Practice is a consensus document that articulates a vision for pharmacy and how it will be practiced. Equally important, the document describes how pharmacy practice will benefit society. The document was officially adopted by the JCPP members’ executive officers following the November 2004 JCPP meeting and has subsequently been endorsed by each JCPP member’s board of directors.

The stakeholders group identified and prioritized the top groups and organizations pharmacy must engage in efforts to work toward the vision of optimized medication use. While pharmacy intends to take leadership roles in improving the use of medications in health and wellness it can not do so in isolation of the many other players in the medication use process.

Vision Statement

Pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes.

Pharmacy Practice in 2015

The Foundations of Pharmacy Practice. Pharmacy education will prepare pharmacists to provide patient-centered and population-based care that optimizes medication therapy; to manage health care system resources to improve therapeutic outcomes; and to promote health improvement, wellness, and disease prevention. Pharmacists will develop and maintain:

- a commitment to care for, and care about, patients
- an in-depth knowledge of medications, and the biomedical, sociobehavioral, and clinical sciences
- the ability to apply evidence-based therapeutic principles and guidelines, evolving sciences and emerging technologies, and relevant legal, ethical, social, cultural, economic, and professional issues to contemporary pharmacy practice.

How Pharmacists Will Practice. Pharmacists will have the authority and autonomy to manage medication therapy and will be accountable for patients' therapeutic outcomes. In doing so, they will communicate and collaborate with patients, care givers, health care professionals, and qualified support personnel. As experts regarding medication use, pharmacists will be responsible for:

- rational use of medications, including the measurement and assurance of medication therapy outcomes
- promotion of wellness, health improvement, and disease prevention
- design and oversight of safe, accurate, and timely medication distribution systems.

Working cooperatively with practitioners of other disciplines to care for patients, pharmacists will be:

- the most trusted and accessible source of medications, and related devices and supplies
- the primary resource for unbiased information and advice regarding the safe, appropriate, and cost-effective use of medications
- valued patient care providers whom health care systems and payers recognize as having responsibility for assuring the desired outcomes of medication use.

How Pharmacy Practice Will Benefit Society. Pharmacists will achieve public recognition that they are essential to the provision of effective health care by ensuring that:

- medication therapy management is readily available to all patients
- desired patient outcomes are more frequently achieved
- overuse, underuse and misuse of medications are minimized
- medication-related public health goals are more effectively achieved cost-effectiveness of medication therapy is optimized.

Appendix B. Center for the Advancement of Pharmaceutical Education Educational Outcomes 2004

1. Provide pharmaceutical care in cooperation with patients, prescribers, and other members of an inter-professional health care team based upon sound therapeutic principles and evidence-based data, taking into account relevant legal, ethical, social, cultural, economic, and professional issues, emerging technologies, and evolving biomedical, pharmaceutical, social, behavioral, and clinical sciences that may impact therapeutic outcomes.
 - a. Provide patient-centered care.
 - b. Provide population-based care.
2. Manage and use resources of the health care system, in cooperation with patients, prescribers, other health care providers, and administrative and supportive personnel, to promote health; to provide, assess, and coordinate safe, accurate, and time-sensitive medication distribution; and to improve therapeutic outcomes of medication use.
 - a. Manage human, physical, medical, informational, and technological resources
 - b. Manage medication use systems.
3. Promote health improvement, wellness, and disease prevention in cooperation with patients, communities, at-risk populations, and other members of an inter-professional team of health care providers.
 - a. Assure the availability of effective, quality health and disease prevention services.
 - b. Develop public health policy.

*Adapted from American Association of Colleges of Pharmacy's, *Center for the Advancement of Pharmaceutical Education (CAPE), Educational Outcomes, 2004*, www.aacp.org

Appendix C. The NAPLEX Competency Statements

Area 1 Assure Safe and Effective Pharmacotherapy and Optimize Therapeutic Outcomes

- 1.1.0 Obtain, interpret and evaluate patient information to determine the presence of a disease or medical condition, assess the need for treatment and/or referral, and identify patient-specific factors that affect health, pharmacotherapy, and/or disease management.
- 1.2.0 Identify, evaluate, and communicate to the patient or health-care provider, the appropriateness of the patient's specific pharmacotherapeutic agents, dosing regimens, dosage forms, routes of administration, and delivery systems.
- 1.3.0 Manage the drug regimen by monitoring and assessing the patient and/or patient information, collaborating with other health care professionals, and providing patient education.

Area 2 Assure Safe and Accurate Preparation and Dispensing of Medications

- 2.1.0 Perform calculations required to compound, dispense, and administer medication.
- 2.2.0 Select and dispense medications in a manner that promotes safe and effective use.
- 2.3.0 Prepare and compound extemporaneous preparations and sterile products.

Area 3 Provide Health Care Information and Promote Public Health

- 3.1.0 Access, evaluate, and apply information to promote optimal health care.
- 3.2.0 Educate the public and health-care professionals regarding medical conditions, wellness, dietary supplements, and medical devices.

*Adapted from the National Association of Boards of Pharmacy's *NAPLEX Blueprint*, 2005, www.nabp.net

Appendix D. PTCB Exam Content Outline

The pharmacy technician performs activities related to three broad function areas. The specific responsibilities and activities that pharmacy technicians may perform within each function area are:

I. Assisting the Pharmacist in Serving Patients (66% of exam)

- A. Receive prescription/medication order(s) from patient/patient's representative, prescriber, or other healthcare professional
 - 1. Accept new prescription/medication order from patient/patient's representative, prescriber, or other healthcare professional
 - 2. Accept new prescription/medication order electronically (for example, by telephone, fax, or electronic transmission)
 - 3. Accept refill request from patient/patient's representative
 - 4. Accept refill authorization from prescriber or other healthcare professional electronically (for example, by telephone, fax, or electronic transmission)
 - 5. Contact prescriber/originator for clarification of prescription/medication order refill
 - 6. Perform/accept transfer of prescription/medication order(s)
- B. Assist the pharmacist in accordance with federal rules and regulations in obtaining from the patient/patient's representative such information as diagnosis or desired therapeutic outcome, disease state, medication history (including over-the-counter [OTC] medications and dietary supplements), allergies, adverse reactions, medical history and other relevant patient information, physical disability, and payor information (including both self-pay and third party reimbursement)
- C. Assist the pharmacist in accordance with federal rules and regulations in obtaining from prescriber, other healthcare professionals, and/or the medical record such information as diagnosis or desired therapeutic outcome, disease state, medication history (including [OTC] medications and dietary supplements), allergies, adverse reactions, medical history and other relevant patient information, physical disability, and payor information (including both self-pay and third party reimbursement)
- D. Collect and communicate patient-specific data (for example, blood pressure, glucose, cholesterol levels, therapeutic drug levels, immunizations) to assist the pharmacist in monitoring patient outcomes
- E. Collect and communicate data related to restricted drug distribution programs (for example, thalidomide, isotretinoin, and clozapine)
- F. Collect and communicate data related to investigational drugs
- G. Assess prescription or medication order for completeness (for example, patient's name and address), accuracy, authenticity, legality, and reimbursement eligibility
- H. Update the medical record/patient profile with such information as medication history (including [OTC] medications and dietary supplements), disease states, compliance/adherence patterns, allergies, medication duplication, and/or drug-disease, drug-drug, drug-laboratory, drug-dietary supplement and/or OTC, and drug-food interactions
- I. Assist the patient/patient's representative in choosing the best payment assistance plan if multiple plans are available to patient
- J. Process a prescription/medication order
 - 1. Enter prescription/medication order information onto patient profile
 - 2. Select the appropriate product(s) for dispensing (for example, brand names, generic substitutes, therapeutic substitutes, formulary restrictions)
 - 3. Obtain pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances, controlled substances, and investigational products) from inventory

4. Calculate quantity and days supply of finished dosage forms for dispensing
 5. Measure or count quantity of finished dosage forms for dispensing
 6. Process and handle radiopharmaceuticals
 7. Perform calculations for radiopharmaceuticals
 8. Process and handle chemotherapeutic medications commercially available in finished dosage forms (for example, Efudex, mercaptopurine)
 9. Perform calculations for oral chemotherapeutic medications
 10. Process and handle investigational products
 11. Package finished dosage forms (for example, blister pack, robotic/automated dispensing vial)
 12. Affix label(s) and auxiliary label(s) to container(s)
 13. Assemble patient information materials (for example, drug information sheets, patient package inserts, Health Information Portability and Accountability Act [HIPAA] literature)
 14. Check for accuracy during processing of the prescription/medication order (for example, National Drug Code [NDA] number, bar code, and data entry)
 15. Verify the data entry, measurements, preparation, and/or packaging of medications produced by other technicians as allowed by law (for example, tech check tech)
 16. Prepare prescription or medication order for final check by pharmacist
 17. Prepare prescription or medication order for final check by pharmacy technician as allowed by law (for example, tech check tech)
 18. Perform Nuclear Regulatory Commission (NRC) required checks for radiopharmaceuticals
- K. Compound a prescription/medication order:
1. Assemble equipment and/or supplies necessary for compounding the prescription/medication order
 2. Calibrate equipment (for example, scale or balance, total parenteral nutrition [TPN] compounder) needed to compound the prescription/medication order
 3. Perform calculations required for preparation of compounded IV admixtures
 4. Perform calculations for extemporaneous compounds
 5. Compound medications (for example, topical preparations, reconstituted antibiotic suspensions) for dispensing according to prescription and/or compounding guidelines
 6. Compound medications in anticipation of prescriptions/medication orders (for example, compounding for a specific patient)
 7. Prepare sterile products (for example, TPNs, piggybacks, IV solutions, ophthalmic products)
 8. Prepare radiopharmaceuticals
 9. Prepare chemotherapy
 10. Record preparation and/or ingredients of medications (for example, lot number, control number, expiration date, chemotherapy calculations, type of IV solution)
- L. Provide prescription/medication to patient/patient's representative:
1. Store medication prior to distribution
 2. Provide medication and supplemental information (for example, package inserts) to patient/patient's representative
 3. Package and ship pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) to patient/patient's representative. Place medication in dispensing system (for example, unit-dose cart, automated systems)
 4. Deliver medication to patient-care unit
 5. Record distribution of prescription medication
 6. Record distribution of controlled substances
 7. Record distribution of investigational drugs
 8. Record distribution of restricted drugs (for example, isotretinoin, clozapine, thalidomide)

- 9. Record distribution of prescription/medication to patient's home
- M. Determine charges and obtain reimbursement for products and services
- N. Communicate with third-party payers to determine or verify coverage
- O. Communicate with third-party payers to obtain prior authorizations
- P. Communicate with third-party payers and patients/patient's representatives to rectify rejected third-party claims
- Q. Identify and resolve problems with rejected claims (for example, incorrect days supply, incorrect ID number)
- R. Provide supplemental information (for example, disease state information, CDs) as requested/required
- S. Direct patient/patient's representative to pharmacist for counseling
- T. Perform drug administration functions under appropriate supervision (for example, perform drug/IV rounds, check pumps, anticipate refill of drugs/IVs)
- U. Process and dispense enteral products

II. Maintaining Medication and Inventory Control Systems (22% of exam)

- A. Identify pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) to be ordered
- B. Place routine orders for pharmaceuticals, durable and nondurable medical equipment, devices, and supplies (including hazardous substances and investigational products) in compliance with legal, regulatory, formulary, budgetary, and contractual requirements
- C. Place emergency orders for pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) in compliance with legal, regulatory, formulary, budgetary, and contractual requirements
- D. Receive pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) and verify against specifications on original purchase orders
- E. Place pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) in inventory under proper storage conditions while incorporating error prevention strategies
- F. Perform non-patient-specific preparation, distribution, and maintenance of pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products) while incorporating error prevention strategies (for example, crash carts, clinic and nursing floor stock, automated dispensing systems)
- G. Remove from inventory expired/discontinued/slow moving/overstocked pharmaceuticals, durable and nondurable medical equipment, devices, and supplies (including hazardous substances and investigational products)
- H. Remove from inventory recalled pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products)
- I. Dispose of or destroy pharmaceuticals or supplies (for example, hazardous substances, investigational products, controlled substances, non-dispensable products)
- J. Communicate changes in product availability (for example, formulary changes, recalls, shortages) to pharmacy staff, patient/patient's representative, physicians, and other healthcare professionals
- K. Implement and monitor policies and procedures to deter theft and/or drug diversion
- L. Maintain a record of controlled substances ordered, received, and removed from inventory
- M. Maintain a record of investigational products ordered, received, and removed from inventory
- N. Perform required inventories and maintain associated records
- O. Maintain record-keeping systems for repackaging, non-patient specific compounding, recalls, and returns of pharmaceuticals, durable and non-durable medical equipment, devices, and

- supplies (including hazardous substances and investigational products)
- P. Compound non-patient specific medications in anticipation of prescription/medication orders
- Q. Perform quality assurance tests on compounded medications (for example, end product testing and validation)
- R. Repackage finished dosage forms for dispensing (for example, unit dose, blister pack, oral syringes)
- S. Participate in quality assurance programs related to pharmaceuticals, durable and non-durable medical equipment, devices, and supplies (including hazardous substances and investigational products)

III. Participating in the Administration and Management of Pharmacy Practice (12% of exam)

- A. Coordinate written, electronic, and oral communications throughout the practice setting (for example, route phone calls, faxes, verbal and written refill authorizations; disseminate policy and procedure changes)
- B. Update and maintain patient information (for example, insurance information, demographics, provider information) in accordance with federal regulations and professional standards (for example, Health Insurance Portability and Accountability Act [HIPAA])
- C. Collect productivity information (for example, the number of prescriptions filled, fill times, payments collected, rejected claim status)
- D. Participate in quality assurance activities (for example, medication error prevention, customer satisfaction surveys, and internal audits of processes)
- E. Generate quality assurance reports (for example, compile or summarize data collected for evaluation or action plan development, root cause analysis)
- F. Implement and monitor the practice setting for compliance with federal regulations and professional standards (for example, Materials Safety Data Sheet [MSDS], Occupational Safety Health Administration [OSHA], Joint Commission on Accreditation of Healthcare Organizations [JCAHO], United States Pharmacopeia [USP])
- G. Implement and monitor policies and procedures for infection control
- H. Implement and monitor policies and procedures for the handling, disposal, and destruction of pharmaceuticals and supplies (for example, hazardous substances, investigational products, controlled substances, non-dispensable products, radiopharmaceuticals)
- I. Perform and record routine sanitation, maintenance, and calibration of equipment (for example, automated dispensing equipment, balances, TPN compounders, and refrigerator/freezer temperatures)
- J. Update, maintain, and use manual or electronic information systems (for example, patient profiles, prescription records, inventory logs, reference materials) in order to perform job related activities
- K. Use and maintain automated and point-of-care dispensing technology
- L. Perform billing and accounting functions for products and services (for example, self-pay, third-party adjudication, pharmaceutical discount cards, medication reimbursement)
- M. Communicate with third-party payors to determine or verify coverage for products and services
- N. Coordinate and/or participate in staff training and continuing education
- O. Perform and/or contribute to employee evaluations and competency assessments
- P. Participate in the establishment, implementation, and monitoring of the practice setting's policies and procedures

*Adapted from the Pharmacy Technician Certification Board's *Content Outline, 2006*; www.ptcb.org

Appendix II. Standards for Commercial Support adapted from Accreditation Council for Continuing Medical Education, 2004

All continuing pharmacy education (CPE) programs should provide for an in-depth presentation with fair and full disclosure and equitable balance. Appropriate topics and learning activities shall be distinguished from topics and learning activities which are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice it addresses).

Guideline 1: Independence

- a. A CPE provider must ensure that the following decisions were made free of the control of a commercial interest. A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'
 - 1) Identification of CPE needs;
 - 2) Determination of educational objectives;
 - 3) Selection and presentation of content;
 - 4) Selection of all persons and organizations that will be in a position to control the content of the CPE;
 - 5) Selection of educational methods;
 - 6) Evaluation of the activity.
- b. A commercial interest cannot take the role of non-accredited partner in a cosponsorship relationship.

Guideline 2: Resolution of Personal Conflicts of Interest

- a. The provider must be able to show that everyone who is in a position to control the content of an education activity has disclosed to the provider all relevant financial relationships with any commercial interest. The ACPE defines "relevant financial relationships" as financial relationships in any amount occurring within the past 12 months that create a conflict of interest.
- b. An individual who refuses to disclose relevant financial relationships will be disqualified from being a planning committee member, a teacher, or an author of CPE, and cannot have control of, or responsibility for, the development, management, presentation or evaluation of the CPE activity.
- c. The provider must have implemented a mechanism to identify and resolve all conflicts of interest prior to the education activity being delivered to learners.

Guideline 3: Appropriate Use of Commercial Support

- a. The provider must make all decisions regarding the disposition and disbursement of commercial support.

- b. A provider cannot be required by a commercial interest to accept advice or services concerning teachers, authors, or participants or other education matters, including content, from a commercial interest as conditions of contributing funds or services.
- c. All commercial support associated with a CPE activity must be given with the full knowledge and approval of the provider.

Written agreement documenting terms of support

- d. The terms, conditions, and purposes of the commercial support must be documented in a written agreement between the commercial supporter that includes the provider and its educational partner(s). The agreement must include the provider, even if the support is given directly to the provider's educational partner or cosponsor.
- e. The written agreement must specify the commercial interest that is the source of commercial support.
- f. Both the commercial supporter and the provider must sign the written agreement between the commercial supporter and the provider.

Expenditures for an individual providing CPE

- g. The provider must have written policies and procedures governing honoraria and reimbursement of out-of-pocket expenses for planners, teachers and authors.
- h. The provider, the cosponsor, or designated educational partner must pay directly any teacher or author honoraria or reimbursement of out-of-pocket expenses in compliance with the provider's written policies and procedures.
- i. No other payment shall be given to the director of the activity, planning committee members, teachers or authors, cosponsor, or any others involved with the supported activity.
- j. If teachers or authors are listed on the agenda as facilitating or conducting a presentation or session, but participate in the remainder of an educational event as a learner, their expenses can be reimbursed and honoraria can be paid for their teacher or author role only.

Expenditures for learners

- k. Social events or meals at CPE activities cannot compete with or take precedence over the educational events.
- l. The provider may not use commercial support to pay for travel, lodging, honoraria, or personal expenses for non-teacher or non-author participants of a CPE activity. The provider may use commercial support to pay for travel, lodging, honoraria, or personal expenses for bona fide employees and volunteers of the provider, cosponsor or educational partner.

Accountability

- m. The provider must be able to produce accurate documentation detailing the receipt and expenditure of the commercial support.

Guideline 4: Appropriate Management of Associated Commercial Promotion

- a. Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation, nor can they be a condition of the provision of commercial support for CPE activities.
- b. Product-promotion material or product-specific advertisement of any type is prohibited in or during CPE activities. The juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed exhibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate from CPE.
 - For **print**, advertisements and promotional materials will not be interleaved within the pages of the CPE content. Advertisements and promotional materials may face the first or last pages of printed CPE content as long as these materials are not related to the CPE content they face **and** are not paid for by the commercial supporters of the CPE activity
 - For **computer based**, advertisements and promotional materials will not be visible on the screen at the same time as the CPE content and not interleaved between computer 'windows' or screens of the CPE content
 - For **audio and video recording**, advertisements and promotional materials will not be included within the CPE. There will be no 'commercial breaks.'
 - For **live, face-to-face CPE**, advertisements and promotional materials cannot be displayed or distributed in the educational space immediately before, during, or after a CPE activity. Providers cannot allow representatives of Commercial Interests to engage in sales or promotional activities while in the space or place of the CPE activity.
- c. Educational materials that are part of a CPE activity, such as slides, abstracts and handouts, cannot contain any advertising, trade name or a product-group message.
- d. Print or electronic information distributed about the non-CPE elements of a CPE activity that are not directly related to the transfer of education to the learner, such as schedules and content descriptions, may include product promotion material or product-specific advertisement.
- e. A provider cannot use a commercial interest as the agent providing a CPE activity to learners, e.g., distribution of self-study CPE activities or arranging for electronic access to CPE activities.

Guideline 5: Content and Format without Commercial Bias

- a. The content or format of a CPE activity or its related materials must promote improvements or quality in healthcare and not a specific proprietary business interest of a commercial interest.

- b. Presentations must give a balanced view of therapeutic options. Use of generic names will contribute to this impartiality. If the CPE educational material or content includes trade names, where available trade names from several companies should be used, not just trade names from a single company.

Guideline 6: Disclosures Relevant to Potential Commercial Bias

Relevant financial relationships of those with control over CPE content

- a. An individual must disclose to learners any relevant financial relationship(s), to include the following information:
 - The name of the individual;
 - The name of the commercial interest(s);
 - The nature of the relationship the person has with each commercial interest.
- b. For an individual with no relevant financial relationship(s) the learners must be informed that no relevant financial relationship(s) exist.

Commercial support for the CPE activity

- c. The source of all support from commercial interests must be disclosed to learners. When commercial support is 'in-kind' the nature of the support must be disclosed to learners.
- d. 'Disclosure' must never include the use of a trade name or a product-group message.

Timing of disclosure

- e. A provider must disclose the above information to learners prior to the beginning of the educational activity.

NOTE: The Standards for Commercial Support and accompanying guidelines were adopted by ACPE (October 2006) with permission from the Accreditation Council for Continuing Medical Education. The updated definition of a commercial interest was approved by the ACPE Board of Directors in January 2008.



GLOSSARY

Accreditation

A voluntary process in which an institution, organization or agency submits to an in-depth analysis to determine its capacity to provide quality continuing pharmacy education in accord with standards.

Acquired Immune Deficiency Syndrome (AIDS) Therapy Related

CPE activities which address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with AIDS.

Active learning

A process whereby pharmacists and/or pharmacy technicians are actively engaged in the learning process, rather than "passively" absorbing lectures. Active learning involves reading, writing, discussion, and engagement in solving problems, analysis, synthesis, and evaluation. Faculty usually takes a more guiding role.

Activity

An educational event which is based upon identified needs, has a purpose or objectives, and is evaluated to assure the needs are met. An activity is designed to support the continuing professional development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Each CPE activity should promote problem-solving and critical thinking while being applicable to the practice of pharmacy as defined by the current *Definition of Continuing Pharmacy Education* (Appendix I). The CPE activities should be designed according to the appropriate roles and responsibilities of the pharmacists and/or pharmacy technician.

Accredited Provider - An institution, organization or agency that has been recognized by the Accreditation Council for Pharmacy Education, in accord with its policy and procedures, as having demonstrated compliance with the standards which are indicative of the Provider's capability to develop and deliver quality continuing pharmacy education.

Assessment

The Latin root '*assidere*' means to sit beside. In an educational context it is the process of observing learning, such as describing, collecting, recording, scoring, and interpreting information about a pharmacist's and technician's learning. Assessments are used to determine achievement of objectives.

Case study or scenario

A description of a situation that requires problem-solving and/or investigation by the learner, e.g. application of learned material to provide a solution to the problem.

Combined Programs

An activity that consists of both live and enduring (home study) components where every learner is required to participate in both components.

Commercial Bias

A personal judgment in favor of a specific proprietary business interest of a commercial interest.

Commercial Interest

A 'commercial interest' is any entity producing, marketing, re-selling, or distributing health care goods or services consumed by, or used on, patients. Providers of clinical service directly to patients are not 'commercial interests.'

Commercial Support

Financial, or in-kind, contributions given by a commercial interest, which is used to pay all or part of the costs of a CPE activity.

Conflict of Interest

When an individual's interests are aligned with those of a commercial interest the interests of the individual are in 'conflict' with the interests of the public. ACPE considers financial relationships to create actual conflicts of interest in CPE when individuals have both a financial relationship with a commercial interest and the opportunity to affect the content of CPE about the products or services of that commercial interest.

Contact Hour

A unit of measure of educational credit which is equivalent to approximately 60 minutes of participation in an organized learning experience.

Continuing Education Unit (CEU)

An educational credit unit of measure where 0.1 CEU is equivalent to one contact hour.

Continuing Pharmacy Education (CPE)

Continuing education for the profession of pharmacy is a structured educational activity designed or intended to support the continuing development of pharmacists and/or pharmacy technicians to maintain and enhance their competence. Continuing pharmacy education (CPE) should promote problem-solving and critical thinking and be applicable to the practice of pharmacy.

Continuing Professional Development

The lifelong process of active participation in learning activities that assists in developing and maintaining continuing competence, enhancing their professional practice, and supporting achievement of their career goals.

Cosponsorship

An accredited provider works with another organization for the purpose of developing a continuing pharmacy education activity.

Curricular-based

CPE activities that are designed to be building blocks of knowledge, skills and attitudes for a specific disease state, task, etc.

Disease State Management/Drug therapy

Covers CPE activities that address disease states, drugs and/or drug therapy related to disease states.

Enduring Materials (Home Study)

Enduring materials are home study activities that are printed, recorded or computer assisted instructional materials that do not provide for direct interaction between faculty and participants.

Evidence-based medicine

The conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. (Centre for Evidence-Based Medicine)

Faculty

A person(s) who guides and delivers or writes the content of a CPE activity.

Financial Relationships

Financial relationships are those relationships in which the individual benefits by receiving a salary, royalty, intellectual property rights, consulting fee, honoraria, ownership interest (e.g. stocks, stock options or other ownership interest, excluding diversified mutual funds), or other financial benefit. Financial benefits are usually associated with roles such as employment, management position, independent contractor (including contracted research), consulting, speaking and teaching, membership on advisory committees or review panels, board membership, and other activities from which remuneration is received, or expected.

Formative Evaluation

An evaluation process in which outcomes data and analysis are used to modify (form or reform) an activity with an eye to improving it before the activity is completed or repeated.

Goal

A concise written statement of what the provider intends to achieve for pharmacy and/or pharmacy technician education at a certain point in the future. The CPE goal should address how a provider will assist pharmacists and/or pharmacy technicians to maintain and enhance their professional competencies to practice in various settings.

Law

CPE activities which address federal, state, or local laws and/or regulations affecting the practice of pharmacy.

Live Programs

CPE activities that provide for direct interaction between faculty and participants and may include lectures, symposia, live teleconferences, workshops, etc.

Mission

A statement that is consistent with the program goals and specifically indicate the provider's short-term intent in conducting CPE activities including the intended audience and scope of activities.

Needs assessment

Identification of educational needs of the pharmacists and/or pharmacy technician that serve as the basis for planning CPE activities.

Non-commercialism

Continuing pharmacy education activities that provide an in-depth presentation with fair, full disclosure as well as objectivity and balanced. Appropriate topics and learning activities shall be distinguished from those topics and learning activities that are promotional or appear to be intended for the purpose of endorsing either a specific commercial drug or other commercial product (as contrasted with the generic product/drug entity and its contents or the general therapeutic area that it addresses), or a specific commercial service (as contrasted with the general service area and/or the aspects or problems of professional practice that it addresses).

Objectives

Statements that describe what the pharmacists and/or pharmacy technician can expect to know or do after completion of the CPE activity. Objectives are preferably written in behavioral terminology and should suggest outcome measures for a program's success or effectiveness.

Outcome

The end result of a learning activity measured by evaluation or change in practice.

Patient Safety

The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation[®] Board July 2003)

Pharmacy Technician

An individual working in a pharmacy who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist. (<http://www.acpe-accredit.org/pdf/whitePaper.pdf>)

Program

The overall CPE activities of an accredited provider.

Relevant Financial Relationships

ACPE focuses on financial relationships with commercial interest in the 12 month period preceding the time that the individual is being asked to assume a role controlling content of the CPE activity.

Self Assessment or Self Study

A comprehensive review and assessment process of the provider's CPE program to document accomplishments, assess areas for improvement and outline a plan for making those improvements.

Summative Evaluation

An evaluation process in which outcomes data and analysis are used to show the degree to which goals are attained at the conclusion of an activity.

Target Audience

Group of individuals for which an educational activity has been designed (e.g. pharmacists, technicians, or both).

Universal Program Number (UPN)

A Universal Program Number is an identification number that is assigned to each CPE activity developed and sponsored, or cosponsored, by an ACPE-accredited provider. This number is developed by appending to the ACPE provider identification number (e.g. 197), the cosponsor designation number (000 for no cosponsor, 999 for all cosponsors), the year of CPE activity development (e.g., 09), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic and format designators (see below).

Cosponsor Designators:

- 000 - no cosponsoring organization
- 999 - cosponsoring organization

Format Designators:

- L - Live activities
- H - Home study and other enduring activities
- C - Activities that contain both live and home study and enduring components

Topic Designators - activities are related to:

- 01 - Disease State Management/Drug therapy
- 02 - AIDS therapy
- 03 - Law (related to pharmacy practice)
- 04 - General Pharmacy
- 05 - Patient Safety

Target audience designator

- P - Pharmacist
- T - Pharmacy Technician

If a CPE activity's target audience is exclusively for *pharmacists* the designation "P" will be used as follows:

- 01-P Disease State Management/Drug therapy
- 02-P AIDS therapy
- 03-P Law (related to pharmacy practice)
- 04-P General Pharmacy
- 05-P Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare outcome caused by a defect in the delivery of care to a patient.) Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

If a CPE activity's target audience is exclusively for *pharmacy technicians* the designation "T" will be used as follows:

- 01-T Disease State Management/Drug therapy
- 02-T AIDS therapy
- 03-T Law (related to pharmacy practice)
- 04-T General Pharmacy
- 05-T Patient Safety: The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors (An unintended healthcare

outcome caused by a defect in the delivery of care to a patient). Healthcare errors may be errors of commission (doing the wrong thing), omission (not doing the right thing), or execution (doing the right thing incorrectly). Errors may be made by any member of the healthcare team in any healthcare setting. (definitions approved by the National Patient Safety Foundation® Board July 2003)

Note: If the CPE activity is intended for both pharmacists and pharmacy technicians, that activity will have the same Universal Program Number with respect to the provider identification number, cosponsor designation, year of release, sequence number and format; however, the topic designator in the number will be specific to each audience, either a “P” or “T.” For example:

197-000-09-001-L05-P (program number to be used for pharmacists)

197-000-09-001-L05-T (program number to be used for pharmacy technicians)