



**ACPE Continuing Pharmacy Education Provider Accreditation Program
Policies and Procedures Manual: A Guide for ACPE-accredited Providers**

Effective January 1, 2009

The purpose of ACPE's Continuing Pharmacy Education (CPE) Policies and Procedures is to give the ACPE-accredited providers a guide to ACPE's CPE program policies and practices as they apply to providers' CPE overall program and individual activities. The policies included in this manual form part of the essential understandings between ACPE-accredited providers and ACPE.

The current edition (2008) supersedes all previous versions of policies and procedures. These policies and procedures constitute a living document and are subject to change by ACPE. Major changes will be communicated to providers electronically. Questions as to the policies and procedures should be directed to ACPE staff.

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SECTION I - INTRODUCTION

A. ACPE's Continuing Pharmacy Education (CPE) Provider Accreditation Program Mission

The purpose of the Provider Accreditation Program is to assure and advance the quality of continuing pharmacy education thereby assisting in the advancement of the practice of pharmacy.

B. Scope of the Evaluation

ACPE accredits providers offering CPE for content that meets the definition of CPE and involves the appropriate target audience (pharmacist, pharmacy technicians, etc.) Evaluation and accreditation of this program is in accord with the *Accreditation Standards for Continuing Pharmacy Education*. The latest revision was adopted June 2007, and will be effective January 1, 2009.

C. ACPE's Definition of Continuing Pharmacy Education for the Profession of Pharmacy

Continuing pharmacy 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*. Specific competency statements have been developed by the American Association 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). Post graduation, pharmacy graduates need to take and pass the pharmacy licensure exam, NAPLEX[®], in order to practice pharmacy. The National Association of Boards of Pharmacy (NABP) has developed the NAPLEX[®] Blueprint 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.

SECTION II GOVERNANCE

A. Continuing Pharmacy Education Commission (CPEC)

The Continuing Pharmacy Education Commission (CPEC) was established in January 2007 to better serve the CPE program and to support the achievement of ACPE’s mission to assure and advance the quality of pharmacy education. The duties of the CPEC include: recommending policy and procedure for the ACPE CPE Provider Accreditation program; assisting in strategic planning; contributing to the planning of ACPE’s biennial CPE Conference; reviewing ACPE-accredited provider’s comprehensive reports (and other reports as necessary); and recommending accreditation actions to the ACPE Board of Directors. Each recommendation of the Commission will be reviewed and official actions will be made by the ACPE Board of Directors at its regular January and June meetings.

CPEC Composition: The members of the CPEC are appointed by the ACPE Board, based on nominations by ACPE staff. The CPEC will be comprised of ten members from various sectors of CPE stakeholders. The membership shall include representation from ACPE-accredited providers, state boards of pharmacy, practicing pharmacists and pharmacy technicians. Each CPEC member will have experience in continuing and/or adult education and awareness of contemporary pharmacy education and practice. The CPEC will serve a staggered three-year term. To establish the staggered terms, one-third of the initial membership was appointed for a one-year term (i.e. January 2007 - December 2007); one-third appointed for a two-year term (January 2007 - December 2008); and one-third appointed for a three-year term (January 2007 - December 2009) Repeating three-year terms will be allowed.

Annually the CPEC will elect a Chair and Vice-Chair to conduct the meetings. The Chair and Vice-Chair will serve one-year terms. During the second year, the Vice-Chair will serve as Chair. The Chair and Vice-Chair will nominate a new Vice-Chair. The CPEC will vote on the nomination. The Chair’s responsibilities also include to discuss the agenda for the CPEC prior to its meetings and to provide the CPEC’s recommendations to the Board.

ACPE Board Liaison: Each year, an ACPE Board Member will be nominated by the ACPE Board Nominating Committee, and approved by a majority vote of the Board to serve a one-year term as the Board’s liaison to the CPEC. Repeating one-year terms will be allowed. All ACPE Board members, including board officers, will be eligible for nomination and election as the Board’s liaison to the CPEC. The Board member liaison will attend all CPEC meetings, as well as ACPE’s CE Conference if possible.

CPEC Meetings: The CPEC will meet approximately one month prior to each January and June meeting of the ACPE Board of Directors. Each meeting will be approximately two days. As the Commission develops in future years, it may be necessary to extend the meeting duration or add a third meeting to accomplish the CPEC’s agenda.

Recommendations to the ACPE Board of Directors: At each January and June meeting of the ACPE Board of Directors, the Board liaison to the CPEC, the Director of the CPE provider accreditation program, and the Chair of the CPEC will present the recommendations of the CPEC to the ACPE Board for action. At the discretion of the Board, officers of the CPEC may be invited to attend meetings of the Board. The ACPE Board will deliberate and take the appropriate action as per its established procedures for decision making.

CPEC Expenses to ACPE: ACPE will be responsible for expenses associated with the CPEC meetings and other assigned responsibilities, including commissioner travel, lodging, and catering. No direct payment is made to members of the CPEC for CPEC service time.

CPEC Member Responsibilities: CPEC member responsibilities include:

- Participate in CPEC meetings
- Ensure effective CPE organizational planning by ACPE
- Review CPE provider's reports and recommend accreditation actions to the ACPE Board of Directors
- Participate in the periodic review of CPE accreditation policies, procedures and *Standards for Continuing Pharmacy Education*
- Assist with planning and participation in ACPE's CPE regional and biennial CPE conferences
- Ensure legal and ethical integrity of ACPE's program of CPE provider accreditation
- Act in an advisory capacity to the ACPE Board of Directors and Staff
- Have a respectful attitude for colleagues and their views

Time Requirements for each CPEC Member:

Two CPEC Meetings per year (two days each; approximately three days preparatory reading); Biennial CPE Conference during odd numbered years (3-4 day conference)
Officers of the CPEC will have an additional time commitment as outlined above.

SECTION III - ACCREDITATION POLICIES AND PROCEDURES

Policy 1.0 Continuing Pharmacy Education Provider (hereafter shown as "provider")

A provider is an institution, organization or agency that has been recognized by ACPE in accord with its policies and procedures, as having demonstrated compliance with the *Accreditation Standards for Continuing Pharmacy Education*. Information concerning specific providers may be obtained by corresponding directly with the provider listed in the ACPE Directory of Accredited Providers of Continuing Pharmacy Education at www.acpe-accredit.org.

Procedures

1a. Initial Application

Eligibility: The organization must be administratively and operationally responsible for coordinating all aspects of the CPE activities provided by the organization. In addition the organization must have been operational for a minimum of six months and have planned, implemented, and evaluated at least three educational activities for health care professionals at the time of initial application. A commercial interest is not eligible for ACPE accreditation.

Providers seeking initial accreditation from ACPE are required to submit the *Self-Study Report for Accreditation of Institutions and Organizations as Providers of Continuing*

Education for Health Care Professionals. In addition, the following items must be submitted at the same time.

- ✓ Self-Assessment Questionnaire together with supporting materials and documentation, organized into a bound volume (e.g., notebook or binder) and one electronic copy
- ✓ Non-refundable application fee, in the form of a check (includes a registration fee for the administrator to attend an ACPE Administrator’s Workshop once the provider is accredited). Note: If the applicant formally withdraws their application prior to the accreditation action, a portion of the application fee may be refunded at the discretion of ACPE
- ✓ Articles of Incorporation establishing incorporated status of the organization
- ✓ Organizational budget (most recent projected or actual) or auditor’s statement

Deadline for submission of the application is as follows:

The Application must be submitted by:	For consideration at the:
September 1	January Board of Directors Meeting
February 1	June Board of Directors Meeting

Following the Board’s evaluation of the Application, the Board will take action. A formal report of the Board’s action will be made to the applicant shortly after the meeting. The notice of the action will indicate that the Board has

- (1) awarded accredited provider status or
- (2) denied accreditation.

If accreditation status is awarded, the standard term of initial accreditation is two years. A provider that is awarded accreditation status will be invoiced for the annual evaluation and accreditation fee, as set by the Board. Thereafter, a fee will be paid annually as long as accredited, probationary, or inactive status is maintained.

During this initial term, providers are expected to respond to requests for information, report activities via the online Provider Web Tool (requires the provider have a PC with Microsoft Internet Explorer 6.0 and Windows 98 or higher), submit annual fees, and undergo periodic monitoring reviews to assure full compliance with ACPE’s *Accreditation Standards for Continuing Pharmacy Education*. It is required that the administrator will attend an ACPE Administrator’s Workshop during this initial two year term. Accreditation beyond the initial two-year term is dependent upon submission of a satisfactory report including documentation of compliance with standards.

The granting of accreditation status to a provider does not imply recognition of that provider’s satellite organizations, cooperating organizations, or divisions.

1b. Reaccreditation of Accredited Provider Status

Accredited providers seeking renewal of accredited status beyond the current term of accreditation shall be required to submit data documenting capability for, and commitment to, compliance with the standards. Every six years, the provider is required to submit a Comprehensive Review (self-study) in which each of the ACPE standards is reviewed and evaluated by the provider. In the evaluation process, the CPEC and Board will rely upon the provider’s prior experience in CPE programming or, in the event that

such experience is absent, the provider's mechanism(s) for assuring that the CPE program provided will meet the standards. The Board may seek additional detailed information as deemed necessary to an evaluation of the provider's capabilities, and may also survey learners and others regarding the provider's educational activities.

The Board reserves the right to grant shortened or extended terms of accreditation in order to establish a cycle allowing efficiency and evenness of workload. The Board also may lengthen or shorten a previously awarded term of accreditation as determined appropriate in order to reflect changes in an accredited provider's compliance with the standards.

Accredited status for currently accredited providers may be renewed on the basis of a complete CPE program review. In both instances, accredited status indicates that, in the opinion of the Commission and Board, the provider is in compliance with the standards.

i. Initial term of accreditation

The initial term for accreditation is two years after submission of an application for accreditation. At the end of the first year, the provider is required to submit a First Review report followed by a Second Review report at the end of the second year.

ii. Six-year term of accreditation

If a provider is found to be in compliance with ACPE Standards and there are no major challenges faced by the organization, a provider may receive accreditation for a period of six years. Within that time frame, a provider may be asked to provide additional information to ACPE in the interest of ongoing monitoring of quality. At the end of each six-year term of accreditation, the accredited provider is required to submit a Comprehensive Review.

iii. Shortened term of accreditation

In the event that the ACPE Board of Directors determines a provider is not in compliance with a standard or standards, the provider will be notified in writing of its non-compliance and given a period not longer than two years to bring all aspects of non-compliance into compliance with ACPE accreditation standards. Generally, if after one year of notification of non-compliance, the provider fails to demonstrate adequate progress towards achieving compliance with ACPE standards, ACPE will place the program on probation.

iv. Shortened term of accreditation with Probation

Probation status may be awarded to an accredited provider that, in the opinion of the Board, is no longer in compliance with the standards or has otherwise failed to demonstrate its compliance to the Board's satisfaction. In the event that the ACPE Board of Directors determines a provider is not in compliance with a standard or standards, the provider will be notified in writing of its non-compliance and given a period not longer than two years to bring all aspects of non-compliance into compliance with ACPE accreditation standards. During this time, there may be a more intensive monitoring plan of the provider. Such probationary status will be published in the ACPE Directory on the web site along with appropriate notification via ACPE's Report of the Proceedings. In addition, the provider must alter the provider statement to reflect 'probation' as noted below.

v. Adverse Action

Adverse action, defined as withdrawal or denial of accreditation, will be taken if a provider: fails to bring itself into compliance within the period specified by the Board; and/or has not paid annual fees, submitted requested reports; and/or has not responded to communications by ACPE. If the provider's accredited status is not restored, the education activities produced during the provider's term of accreditation will not be recognized as accredited when offered to new audiences. At such time, the provider will be notified in writing and removed from the ACPE directory of accredited providers.

If a provider believes that probationary status or adverse action notification is not fair or that the situation has been misjudged, the provider may request a review of the situation by a special Appellate Commission under the terms and conditions set forth in Appendix C. The Appellate Commission may also be employed by applicant providers that do not receive Board accreditation.

vi. Inactive Status

If a provider has not conducted or is not planning to conduct any CPE activities but would still like to continue to be an ACPE-accredited provider, it may elect to continue in "inactive status." During this time frame the provider:

- agrees not to conduct CPE activities that offer ACPE credit;
- will not be required to complete a Self-Assessment Report Questionnaire, Interim Report or Progress Report;
- will not use the ACPE logo and/or provider statement during the period they are inactive;
- will declare "inactive status" annually;
- will pay the lowest level ACPE Annual Fee;
- will be listed on the ACPE web site within the Directory of ACPE-accredited providers with "inactive status"; and
- if the provider begins to offer CPE activities for ACPE credit, the ACPE-accredited provider must notify ACPE.

vii. Withdrawal of accreditation

In the event of voluntary withdrawal from accreditation or upon a decision to let accreditation lapse, written notification of such actions shall be made to ACPE that includes the date and reason for withdrawal of accreditation status. In addition, all active CPE activities will expire a date agreed upon the provider and ACPE prior to the date of withdrawal or the provider may transfer the CPE activities to another ACPE-accredited provider. ACPE will then notify the appropriate state licensing or authorizing agency and the public within 30 days. Public notification includes posting on the ACPE web site.

Policy 2.0 Reference to Status for Accredited CPE Providers

Any reference by an accredited provider to accreditation by the Board in announcements, promotional materials, publications, or in any other form of communication or publicity, shall state only the following: "(Name of Provider) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education." The Board's official accredited provider logo (see below) shall also be used in close conjunction with the statement.



2a. Providers on Probation

Any reference by a provider on probation to its status in announcements, promotional materials, publications, or in any other form of communication or publicity, shall state only the following: “(Name of Provider) is on probation as an accredited provider of continuing pharmacy education by the Accreditation Council for Pharmacy Education. Next scheduled review: (date).” ACPE’s official accredited provider logo shall also be used in close conjunction with the statement.

2b. Organizations applying for ACPE accreditation

Providers that are in the process of applying to ACPE for accreditation may not include a statement to this effect in their materials or any form of marketing or publicity; only providers that have been accredited may reference ACPE on their materials or publicly.

SECTION IV - MONITORING POLICIES AND PROCEDURES

Policy 1.0 Monitoring

Once a provider is accredited, the organization is required to submit periodic updates to ACPE in response to recommendations from their last report. During the term of a provider’s accreditation, the Board will seek, by various means, assurances of the maintenance of quality.

Procedures

1a. Evaluation process

A Comprehensive Review is submitted by a provider at the end of each six year accreditation cycle. This report addresses all ACPE standards, policies, and procedures. The review process for Comprehensive Reviews is as follows: Staff members, field reviewers, Commission Members and Board members review the provider’s compliance with the *Accreditation Standards for Continuing Pharmacy Education* based on the Self-Assessment Report Questionnaire which contains the following: 1) the provider’s narrative responses, 2) supporting documentation, and 3) self-assessment of performance. In addition, a conference call will be scheduled to discuss the report. The Board will review and approve the Action and Recommendations document which then will be sent to the provider.

1b. Ongoing Monitoring of Quality

An accredited provider may be requested to submit reports designed to give evidence of ongoing compliance with the standards, and/or to provide records of progress in the development of its educational activities and operations. The CPEC and/or Board may survey learners in the provider’s activities for additional assurances. The Board may require other assessment or information concerning the provider and/or its activities at any time.

Accreditation actions, including reconsideration of any prior accreditation action shall be made by the Board of Directors only during a regularly scheduled meeting of the Board. Meetings of the Board are currently scheduled for January and June of each year.

i. First Review

This report is the first report of submission one year after the applicant was approved as an accredited provider. The First Review report should address those standards marked as “Needs Improvement” or “Additional Documents Needed” from the provider’s previous Action and Recommendation report. An Action and Recommendation report is mailed to the provider following the submission and review of the provider’s initial application for accreditation (the *Self-Study Report for Accreditation of Institutions and Organizations as Providers of Continuing Education for Health Care Professionals*).

ii. Second Review

This report is the second report of submission two years after the applicant was approved as an accredited provider. The Second Review report should address those standards marked as “Needs Improvement” or “Additional Documents Needed” from the provider’s previous Action and Recommendation report. An Action and Recommendation report is mailed to the provider following submission and review of the provider’s First Review report.

iii. Interim Report

The Interim Report is submitted - if applicable - after evaluation of a provider’s Comprehensive Review. The Interim Report should address those standards marked as “Needs Improvement” or “Additional Documents Needed” from the provider’s Action and Recommendation report. If applicable, an Action and Recommendation report is mailed to the provider following submission and review of a provider’s Comprehensive Review.

iv. Progress Report

A Progress Report is a report submitted when critical issues related to the quality of the provider’s program are identified and/or there are a substantial number of areas in need of improvement. The Progress Report should address those standards marked as “Needs Improvement” or “Additional Documents Needed” from the provider’s Action and Recommendation report. An Action and Recommendation report is mailed to the provider following submission and review of a provider’s First Review, Second Review, Comprehensive Review, or Interim Report.

Policy 2.0 Pharmacy Technicians

ACPE has adopted a prospective monitoring system for pharmacy technician continuing education activities. The main purpose is to assure the quality of the activities meets the specified learning needs of pharmacy technicians.

Procedure 2.0

The initial query process for all technician activities included development of a quality assurance procedure to notify providers whose activities appear to be inconsistent with the objectives stated in the *Definition* document. After a thorough review, a letter is sent to the provider if specific objectives need to be modified. In such cases, a provider may change the objectives upon request, or open a dialogue with ACPE whereby ACPE can help providers adapt to the new guidelines via workshops, consultations, and conference calls. As each CPE activity is different, ACPE will make an effort to understand the nature of specific activities and collect data, if necessary. ACPE will also notify providers for commendations on using appropriate learning objectives for pharmacy technician activities. In the future, the monitoring process will be modified for selection of a random sample of provider’s activities.

SECTION V - CPE OPERATIONS POLICIES AND PROCEDURES

Policy 1.0 CPE Administrator

There shall be a visible, continuous and identifiable authority charged with the administration of the provider's CPE program. The administrative authority shall have the responsibility and be accountable for assuring and demonstrating compliance with the standards. The provider should have policies and procedures to conduct its CPE program.

The person in whom the administrative function is vested shall be qualified by virtue of background, education, training and/or experience. The CPE Administrator must have authority within the organization to assure that the ACPE standards are met.

Procedures

1a. Responsibilities:

The CPE Administrator should be able to:

- Comprehend evidence-based adult and organizational learning principles that improve the performance and outcomes of the learner and the organizations in which they work. (Adult/Organizational Learning Principles)
- Apply and improve educational interventions using evidenced-based adult and organizational learning principles in appropriate contexts (learners, content and settings) that produce expected results for the learners and the organizations in which they work. (Educational Interventions)
- Use appropriate data to assess two components: 1) Educational - the success of learning interventions, especially performance (CPE activities) and 2) Administrative - the performance of the CPE program. (Performance Measurement)
- Recognize that learners are part of a complex healthcare system with processes, other health providers and patients that must be considered in providing learning interventions. (Systems Thinking)
- Identify and collaborate with key partners and stakeholders in accomplishing their CPE mission. (Partnering)
- Provide leadership for the CPE program that emphasizes continuous improvement, professionalism and appropriate ethical practice. (Leadership)
- Manage office operations to meet personnel, finance, legal, logistical, and accreditation standards. (Administration/Management)
- Continually assess individual and organizational performance and make improvements through relevant learning experiences. (Self Assessment and Lifelong Learning)¹

The provider must have or provide support for the administrator's continuing professional development. (Appendix B) The administrator and, where utilized, other professional staff, should maintain and enhance their professional development by seeking to improve their knowledge, skills and experience in the responsibilities noted above.

1b. Administrative Change

In the event of administrative change, a procedure for transfer of authority should exist so as to have a smooth and orderly transfer of administrative responsibilities from one individual to another. The procedure for transfer of authority should include notification to ACPE whenever a change takes place and adequate training of the new administrator to ensure familiarity with ACPE standards, ACPE policy and procedures, general administrative and other liaison responsibilities between the provider and ACPE, and all

¹ Adapted from the Alliance for CME, June 21, 2003; accessed at www.acme-assn.org April 28, 2008

other areas of operational and policy responsibility for the provider's continuing pharmacy education efforts.

Policy 2.0 CPE Activities

Continuing pharmacy education activities are categorized into three types: knowledge, application, and practice. Providers are not required to conduct all three activity types. The CPE activity type(s) conducted should be consistent with the provider's mission and appropriate to meet the identified pharmacist and/or pharmacy technician needs.

Providers are encouraged to *guide* pharmacists and/or pharmacy technicians to the best combination of CPE activity types to meet their learning, professional development, and practice needs.

Procedures - Types of CPE activities:

2a. Knowledge-based CPE activity. These CPE activities are primarily constructed to transmit knowledge (i.e., facts). The facts must be based on evidence as accepted in the literature by the health care professions. The minimum amount of credit for these activities is 15 minutes or 0.25 contact hour.

2b. Application-based CPE activity. These CPE activities are primarily constructed 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 amount of credit for these activities is 60 minutes or one contact hour.

2c. Practice-based CPE activity. [Previously named Certificate Programs in Pharmacy] These CPE activities are primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. 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 experience component. The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies. The minimum amount of credit for these activities is 15 contact hours.

Policy 3.0 Cosponsorship

ACPE accredited providers that collaborate on content development with ACPE and/or non-ACPE accredited providers are engaging in cosponsorship. ACPE expects all CPE activities to be in compliance with the *Accreditation Standards for Continuing Pharmacy Education*. It is the accredited provider's responsibility to demonstrate through written documentation compliance to ACPE.

Procedures

The provider should collaborate with the cosponsor(s) in all stages of development of the activity, from planning, development, promotion, delivery, evaluation and revision. Cosponsorship agreements should be developed to clearly define the working relationships between parties; include completion dates for various tasks; and recourses in the event that the parties involved fail to meet their responsibilities. Cosponsorship agreements should document the ACPE-accredited provider's responsibility to assure compliance with ACPE standards. (Non ACPE-accredited organizations cannot assume

responsibility for compliance with ACPE standards; therefore, this responsibility must be explicit in the agreement.)

Commercial interests cannot be accredited providers and cannot be cosponsors. To maintain CPE activities as independent from commercial interests, control of identification of CPE needs, determination of educational objectives, selection and presentation of content, selection of all persons and organizations that will be in a position to control the content of the CPE, selection of educational methods, and evaluation of the activity cannot be in the hands of a commercial interest.

Policy 4.0 CPE Activity Announcement Literature

Adequate advance information should be provided to prospective learners in order to enable them to be well-informed regarding CPE activities.

Procedures

4a. Program announcement materials

Materials that offer the opportunity to participate, purchase, or register for a CPE activity must include the following informational items:

- The learning objectives;
- The type of activity, i.e. knowledge, application, practice;
- The target audience(s) that may best benefit from participation in the activity;
- The faculty member(s) name, degree, and title/position;
- The fees for the activity;
- The schedule of the educational activities;
- The amount of CPE credit, specified in contact hours or CEUs;
- The official ACPE logo, used in conjunction with a statement identifying the accredited provider(s) sponsoring or cosponsoring the program, according to the exact language of the prescribed statement:

“The [name of accredited provider(s)] is/are accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.”

- The ACPE Universal Program Number assigned to the activity;
- The appropriate target audience designation (‘P’ and/or ‘T’)
- A full description of all requirements established by the provider for successful completion of the CPE activity and subsequent awarding of credit (e.g., passing a post-test at a specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.).
- Acknowledgment of any organization(s) providing financial support for any component of the educational activity, and,
- For home study activities: the initial release date and the expiration date.

In addition to the informational items listed above, promotional materials for Internet-based CPE activities should clearly and explicitly specify:

- Hardware requirements: The minimum hardware requirements including the minimum memory, storage, processor speed and multimedia components required by the learner;
- Software requirements: The minimum software requirements including, where appropriate, the Internet Browser(s) and minimum version along with any Browser “Plug-Ins” that may be required;

- Internet: The Internet connectivity and minimum connection speed the learner must have.
- Provider Contact Information: The accredited provider must have a mechanism in place for the learner to be able to contact the provider if there are questions about the Internet CPE activity.
- Policy on Privacy and Confidentiality: The accredited provider must have, adhere to, and inform the learner about its policy on privacy and confidentiality that relates to the CPE activities it provides on the Internet.

Copyright: The accredited provider must be able to document that it owns the copyright for, or has received permissions for use of, or is otherwise permitted to use copyrighted materials within any CPE activity.

4b. Multiday conference brochures:

Program announcements that are for multiday conferences should include the following items:

- The learning objectives of the overall conference;
- The target audience(s) that may best benefit from the conference;
- The fees for the conference;
- The schedule of the educational activities;
- The amount of CPE credit, specified in contact hours or CEUs;
- The official ACPE logo, used in conjunction with a statement identifying the accredited provider(s) sponsoring or cosponsoring the program, according to the exact language of the prescribed statement:

“The [name of accredited provider(s)] is/are accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.”

- The ACPE Universal Program Numbers assigned to the activities;
- The appropriate target audience designation (‘P’ and/or ‘T’);
- A full description of all requirements established by the provider for successful completion of the CPE activities within the conference and subsequent awarding of credit (e.g., passing a post-test at a specified proficiency level, completing an activity evaluation form, participating in all sessions or certain combinations of sessions which have been designed as a program package, etc.); and,
- Acknowledgment of any organization(s) providing financial support for any component of the educational activity.

The final conference program must also include:

- The faculty member(s) name, degree, and title/position;
- The faculty member’s disclosures; and,
- The learning objectives of the activities.
- The type(s) of activities offered at the conference, i.e. knowledge, application, practice;

Notes:

- “Save the Date” cards: Materials such as a ‘teaser’, save-the-date card, an advertisement or post cards to alert learners of a date of an activity, etc., does not apply to this policy. However, the provider may use the ACPE logo and provider statement as indicated above.

- Providers must not list any language alluding to or indicating that ACPE credit is applied for. The provider may use the following language, “This activity is eligible for ACPE credit; see final CPE activity announcement for specific details.”

Policy 5.0 Continuing Education Credit

The number of contact hours or CEUs to be awarded for participation and successful completion of an activity shall be determined by the provider in advance of offering the activity and comply with the requirements set forth for the types of CPE activities (knowledge-, application- and practice-based).

Procedures

5a. Live CPE activities: CPE credit is based on real time, i.e. 60 minutes = one (1) contact hour (0.1 CEU)

5b. Home study CPE activities: In order to realistically appraise the amount of time required for successful completion of each CPE activity, an educationally sound and defensible process must be employed and documented. Acceptable procedures include, but are not limited to:

- Assessing the amount of time the activity would require if it were delivered in a live program format;
- Pilot testing the activity with a group of pharmacists and/or pharmacy technicians as applicable who are representative of the target audience and ascertaining the average length of time for completion for only those learners who successfully complete the program; or,
- A determination by an advisory panel, consisting of individuals qualified by experience and training in the development and administration of continuing pharmacy education.
- Monitoring actual participant duration post-activity for validation of amount of credit processes (e.g. activity evaluation form).

In all instances, the provider should be conservative in the determination of the amount of credit to be awarded for successful completion of CPE activities. In addition, the provider is asked to monitor and validate the methods by asking learners to document the amount of time spent in completing the activity.

5c. Partial Credit

The provider is encouraged to assign individual Universal Program Numbers to each activity (e.g. each session in a day-long or multi-day conference) to accurately reflect different continuing education activities; to ensure accuracy of the topic designator selection; and, to simplify the issuing of credit. If the provider uses one Universal Program Number for a multi-hour activity, their policy and requirements for awarding partial credit should be clearly stated in advance of the activity (e.g. activity announcement literature.)

Policy 6.0 Record keeping

The provider shall maintain and assure the availability of records adequate to serve the needs of the learners and others requiring such information for a period of six years. The provider should assure the security of its records by having appropriate back up systems and contingency plans.

Note: The provider’s and ACPE’s records may be used by state boards of pharmacy to verify a pharmacist’s participation in an activity and, therefore any problems noted with record keeping should be corrected immediately.

Policy 7.0 Statements of Credit

The provider shall give evidence to each learner, in the form of a statement of credit of successful completion of the CPE activity in a timely fashion. Completed and signed statements of credit are distributed only following the completion of the activity within the time frame stated by the provider (e.g. on promotional materials). Incomplete or blank statements of credit must not be distributed.

Procedures 7.0

All statements of credit must include the following informational items:

- The name of the learner;
- The title and date(s) of the activity;
- Type of activity: knowledge, application, practice;
- The appropriate target audience designation ('P' or 'T')
 - Separate statements of credit must be issued to either pharmacists or pharmacy technicians
 - If non-pharmacist or pharmacy technician participant attends the activity, a statement of credit with a 'P' designation should be issued;
- The accredited provider sponsoring or cosponsoring the activity;
- The official ACPE logo;
- The amount of credit awarded;
- The assigned ACPE Universal Program Number;
- The date the CPE Administrator signed the original statement of credit (either hand-written or electronically generated).

The provider is instructed not to use the term 'certify' or 'certification' on its statements of credit to prevent any confusion with certification processes.

Note: If participant records are maintained electronically in a transcript format and it will be utilized as a statement of credit then the above required elements need to be included on the electronic document.

Policy 8.0 Financial Resources

The budget and resources for CPE shall be adequate to sustain the activities undertaken and their continued improvement, the maintenance and security of records of CPE activities and statements of credit, and for the training and professional development of the CPE administrator and the provider's staff. The provider should document adequacy of resources by having an audited financial statement or appropriately certified income and expense statement.

Policy 9.0 Provider Web Tool

The Provider Web Tool is a secure, web-based application designed for ACPE-accredited providers to submit and update Activity Description Forms, update contact information using the Provider Verification Form and submit activity information using the Annual Activity Update Form (AAU).

Procedures 9.0

9a. Change in Administrator

- 1) When a change in administrator, address or contact information occurs, the provider is required to submit an online Provider Verification Form via the Provider Web Tool prior to the change taking place.
 - a. Login to the Provider Web Tool
 - b. Click on "Provider Verification Form"
 - c. Click on "Make Changes"

- d. Enter the changes into the blank fields
 - e. Click on "Submit to ACPE"
- 2) If there is an administrative change, the provider should also develop a means by which the new administrator becomes familiar with ACPE standards, policies and procedures, including required participation in an ACPE Administrator's Workshop.

9b. Activity Description Forms

Providers are required to submit Activity Description Forms via the online Provider Web Tool at least 30 days prior to the initial release date of an activity. The online Web Tool allows the provider to enter information relevant to the activity, including the following:

- ✓ Release year
- ✓ Sequence number
- ✓ Learner designation (Pharmacists - P or Pharmacy Technicians - T)
- ✓ Title of the activity
- ✓ Learning objectives
- ✓ Topic designator (see below)
- ✓ Contact hours or Continuing Education Units (CEUs)
- ✓ Release and expiration dates
- ✓ Cosponsorship information
- ✓ Live dates/locations for live activities
- ✓ Format
- ✓ Home study format
- ✓ Receipt of grant support

The Activity Description Forms are retained in a database accessible at all times by ACPE staff. Providers that produce enduring materials must review each enduring material at least once every three years or more frequently if indicated by new scientific developments. Accredited providers can access their Activity Description Forms and make certain modifications. Providers are required to update their forms as necessary and to monitor the submission of the forms on a regular basis to ensure compliance.

9c. Universal Program Numbers

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 the CPE activity development (e.g., 08), 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).

Provider Number:

Identification number of the provider responsible for issuing statements of credit and updating the ACPE activity database.

Cosponsor Designators:

- 000 - no cosponsorship
- 999 - cosponsoring with another 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

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

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

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, format and topic designator; however, the target audience designator in the number will be specific to each audience, either a "P" or "T." For example:

197-000-08-001-L05-P (program number to be used for pharmacists)

197-000-08-001-L05-T (program number to be used for pharmacy technicians)

9d. Annual Activity Update

Each year, providers are required to submit an Annual Activity Update (AAU). This report calculates the number of activities conducted, the number of CEUs offered and the number of individuals who received ACPE Statements of Credit. [CEU's Awarded x Number of Learners who Received a Statement of Credit = Educational Service Units (ESU's)] This form is accessed online via the Provider Web Tool. Every accredited provider must submit a complete AAU by the due date. This report is used each year to determine a provider's annual fee. Within two weeks of the due date, providers should receive invoices in the mail after which payment should be received no later than 60 days from the date on the invoice.

Policy 10.0 Fees*

Upon favorable action by the Board on a provider's completed application, and annually thereafter as long as accreditation is maintained, the provider shall pay an evaluation and accreditation fee intended to defray operational costs in accordance with the Board's non-profit corporate status. Continuation of accredited provider status is contingent upon payment of this fee. Providers on probation and with inactive status will be held accountable for the payment of the applicable fee as well.

Procedures 10.0

The fee schedule is posted on ACPE's website and is accessible to providers at all times. A provider's annual fee is assessed on the basis of the number of activities offered, the number of CEUs allocated to each activity, and the number of learners. The provider must fill out the Annual Activity Update form online via the Provider Web Tool and submit it by the proposed due date. Providers will be placed in one of ten fee levels determined by the number of Educational Service Units the provider offered over the course of the year (assessed electronically by the Annual Activity Update form).

*Fees are subject to change at anytime throughout the year. In addition, the Board may adjust the fees, set effective dates for such adjustments at any regular meeting of the Board.

Policy 11.0 Organization Name Change or Merger

If an organization undergoes a name change or merger, that organization is required to submit to ACPE legal documentation of that change in the form of articles of incorporation or another type of legal document. Once the provider has done so and the change has been confirmed by ACPE staff, ACPE will update its records accordingly.

SECTION VI - COMMUNICATIONS: COMMENTS AND COMPLAINTS

Policy 1.0 Conflict Of Interest (for representatives participating in or observing the CPE accreditation process)

Due to the sensitivity of ACPE's activities, a policy is maintained regarding conflict of interest or the appearance thereof, by ACPE Board members, CPEC members, field reviewers, professional staff, consultants, and other representatives participating in or observing the CPE accreditation process.

Procedures 1.0

Conflict of Interest statements are signed yearly by ACPE Board members and staff; as well as prior to each review cycle by field reviewers, consultants, and other representatives participating in or observing the CPE accreditation process. When a conflict of interest exists, the ACPE Board member, CPEC member, and/or staff person declares the conflict, and abstains from discussion and voting by leaving the meeting room; others with conflicts leave the meeting room. Field reviewers without conflicts are selected for evaluation of providers' documents. Copies of the ACPE Conflict of Interest Policy are available on request.

In addition, the following statement should be incorporated into oral presentations and or slide presentations when an ACPE Board or CPEC member is making such presentation in their individual capacity on a subject or generally-related subject to ACPE activities rather than in their capacity as an ACPE Board or CPEC member:

Disclaimer:

This presentation represents my personal views and opinions with regard to the subject matter at issue. I am not making this presentation in my capacity as a member of the Board or Continuing Pharmacy Education Commission of the Accreditation Council for Pharmacy Education (ACPE). The information contained herein has not been reviewed by, nor is it endorsed by, ACPE.

For further information regarding ACPE, please refer to the website located at www.acpe-accredit.org.

Policy 2.0 Complaint Regarding a CPE Provider

ACPE has an obligation to assure itself that any institution that seeks or holds an accreditation status for its CPE program conducts its affairs with impartiality, non-discrimination, honesty and frankness. Complaints from other institutions, learners, faculty, or the public against a CPE provider, including tuition and fee policies, and as related to ACPE standards, policies or procedures, shall be placed in writing in detail by the complainant and submitted to the ACPE office. The complaint shall be referred by ACPE to the institution for response. Requests for

confidentiality shall be respected to the extent any such information is not necessary for the resolution of the complaint.

Procedures 2.0

The ACPE Executive Director, or his/her designate, shall, based upon the complaint, the response, and information from such further investigation deemed necessary, promptly determine the facts surrounding the issue, determine the validity of the complaint, and resolve the issue; provided, however, where the Executive Director deems it necessary or appropriate, the matter shall be considered at the next regular meeting of the ACPE Board. The time frame for resolution is generally within six months. A record of complaints regarding a specific CPE provider, including learner complaints received or made available, is kept for consideration on file at the ACPE office. Such records of complaints are considered during scheduled evaluations, or a special evaluation, as the case may require.

The procedure shall provide for treatment of complaints in a timely manner that is fair and equitable to all parties. The complainant shall be advised of the decision or action as soon as possible. When ACPE has cause to believe that any institution with which it is concerned is acting in an unethical manner or is deliberately misrepresenting itself to learners or the public, it will investigate the matter and provide the institution an opportunity to respond to the allegations. If, on the basis of such investigation, after notice to the institution and opportunity for institutional response, ACPE finds that an institution has engaged in unethical conduct or that its integrity as an accredited provider has been seriously undermined, ACPE will either:

(A) request that the institution show cause, within a stated time period, why adverse action should not be taken, or

(B) in extreme cases, immediately discontinue its relationship with the institution by denying or withdrawing accreditation status.

A complaint against a CPE provider must be related to the standards or the policies and procedures of ACPE and must be submitted in writing to the Executive Director. Under existing practices, when a complaint is received, it is referred to the affected provider for response. If, thereafter, based upon the complaint and the response, the Executive Director determines that a complaint is not related to the standards or policies, the complainant is so advised in writing with a copy to the CPE provider, and the matter is treated as resolved.

Anonymous complaints pertaining to accreditation matters are retained and, depending on circumstances, may or may not be forwarded to the CPE provider involved, depending somewhat on the severity of the complaint. This decision is made by the Executive Director.

Responses to anonymous complaints will be:

To Whom It May Concern:

Please be advised that we have received the information which you forwarded to the attention of ACPE.

In accordance with ACPE Policies and Procedures, a complaint against an accredited continuing pharmacy education provider, as related to ACPE standards, shall be placed in writing and signed by the complainant(s) and should contain specific evidence of non-compliance with ACPE Standards or Policies and Procedures to ensure that the matter can be resolved in a timely manner. ACPE will respond to such a complaint in accordance with ACPE Policies.

For further information regarding the Standards and Policies and Procedures of ACPE, please refer to our website at www.acpe-accredit.org.

*Sincerely,
ACPE Staff*

Where a complaint has threatened or filed legal action against the institution involved, ACPE will hold complaints in abeyance pending resolution of the legal issues and the complainant is so advised.

If the Executive Director finds a complaint to be extremely serious in nature charging egregious conduct that may warrant adverse action by ACPE, or involves an interpretation which the Executive Director believes should be made by the ACPE Board, the complaint will be submitted to the ACPE Board for determination at the next regular meeting. Extraordinary remedies available for complaints covering extreme cases are set forth.

Policy 3.0 Record of Learner Complaints Available to ACPE

Accredited CPE providers have an obligation to respond to any written complaints by learners lodged against the CPE provider that are related to the standards or ACPE's policies and procedures. The accredited provider shall establish, implement and maintain a learner complaint procedure that affords the complainant fundamental procedural due process.

Procedures 3.0

The CPE provider should communicate the complaint policy to learners (e.g., include in activity materials, reference their website in activity announcement literature, etc.). The CPE provider, shall maintain a file that contains the written complaint, a written record of each step of the complaint procedure and the outcome, except as otherwise prohibited by state or federal law. The files shall be made available for inspection to ACPE during evaluations or otherwise at ACPE's written request. The findings of this inspection, and the resulting implication(s) to the accreditation of the CPE provider program, shall be noted.

Policy 4.0 Notice of Review or Consideration

ACPE lists in the Report of the Proceedings the accredited providers' schedule for review or consideration of accreditation with notice for third party comments concerning qualifications for accreditation. Third party comments must be in writing and submitted by the deadline indicated in the newsletter. ACPE's process for considering third party comments includes provision for the Provider's response.

Policy 5.0 Assistance in Accreditation Matters

ACPE staff and its consultants provide one-on-one guidance and conduct administrator workshops, on matters pertaining to continuing pharmacy education. Staff guidance is available through various formats, including discussions at the ACPE office (no fee) and at the site of the institution (with a consultative fee), and administrator workshops conducted throughout the year.

The ACPE Board of Directors and staff also provide assistance in the advancement and improvement of pharmacy education through active cooperation with professional organizations and societies in support of sound educational policies and procedures.

SECTION VII - REFERENCES

A. 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/or 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

Any proprietary entity producing health care goods or services, with the exemption of non-profit or government organizations and non-health care related companies. The ACPE does not consider providers of clinical service directly to patients to be 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 (with regard to *Standards for Commercial Support*)

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 the learner 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 learners.

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 learners and may include lectures, symposia, live teleconferences, workshops, etc.

Mission

A statement that is consistent with the program goals and specifically indicates the provider's short-term intent in conducting CPE activities including the intended audience(s) 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 balance. 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 be able to do after completion of the CPE activity. Objectives are preferably written in behavioral terminology and should suggest outcome measures for an activity'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., 08), the sequential number of the CPE activity from among the new CPE activities developed during that year (e.g., 001), and the topic, target audience and format designators (see below).

Cosponsor Designators:

- 000 - no cosponsoring organization
- 999 - cosponsoring with another 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

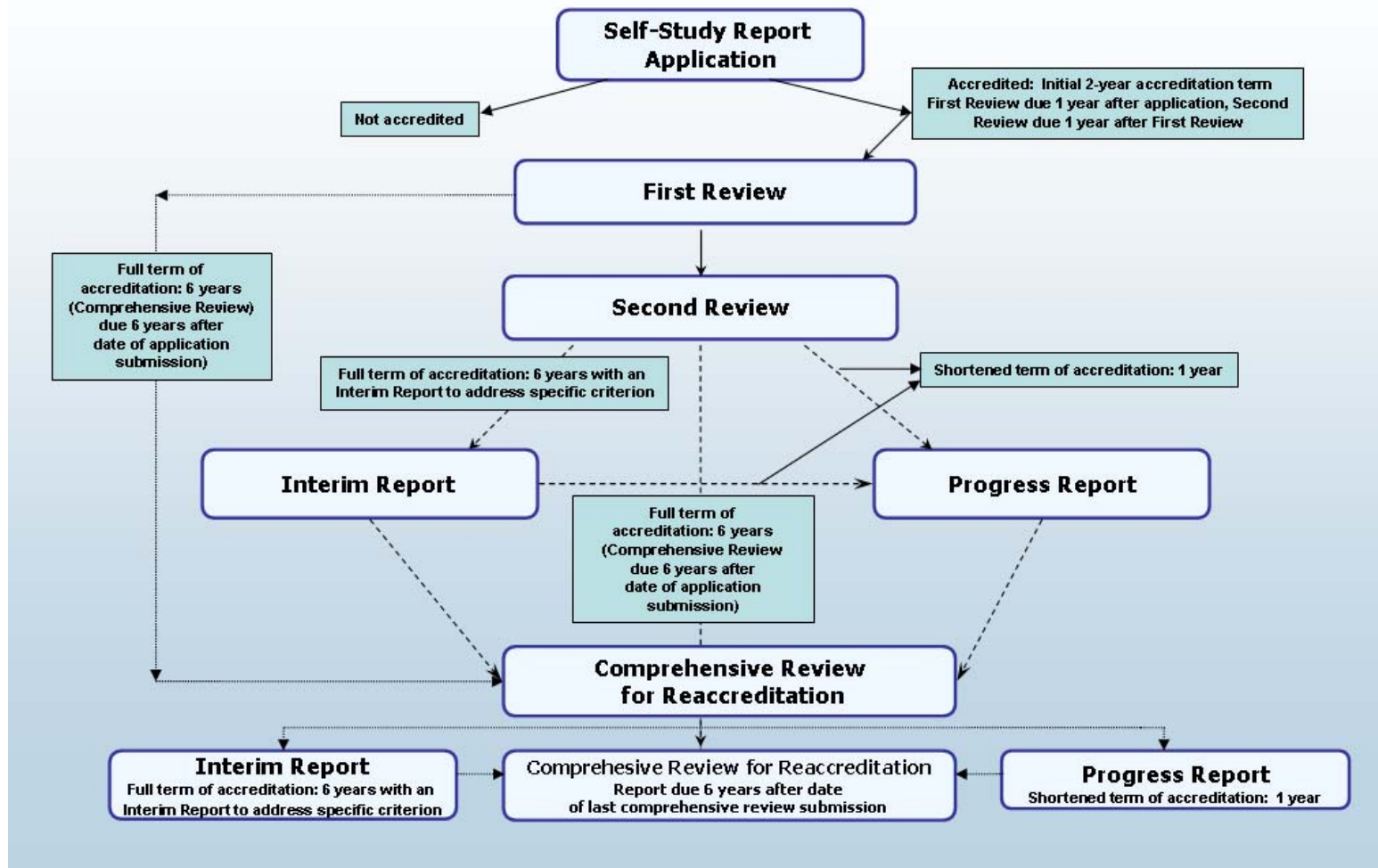
- P - Pharmacist
- T - Pharmacy Technician

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:

- 197-000-08-001-L05-P (program number to be used for pharmacists)
- 197-000-08-001-L05-T (program number to be used for pharmacy technicians)

APPENDIX A

ACPE Continuing Education Provider Accreditation Process



APPENDIX B
Statement on Continuing Professional Development (CPD)*
October 2006

The Joint Commission of Pharmacy Practitioners (JCPP) *Future Vision of Pharmacy Practice 2015* states that pharmacists will be the health care professionals responsible for providing patient care that ensures optimal medication therapy outcomes. In order to safely and effectively provide such care, pharmacists need to maintain their professional competency throughout their careers. Colleges and schools of pharmacy prepare their graduates to have the necessary competencies to enter practice, but no professional program can provide or develop all the knowledge, skills, attitudes, and values that a pharmacist will ever need in practice. These can only be gained through the combination of an appropriate educational foundation (pre-service), in-service training, hands-on work experience, and lifelong learning.

In line with its mission to assure and advance quality in pharmacy education and in accordance with Goal Three of its Strategic Plan (*“To continue to work with its stakeholders to explore enhancements to the present continuing education system on a profession-wide and individual pharmacist level”*) the Accreditation Council for Pharmacy Education (ACPE) has studied the concepts of Continuing Professional Development (CPD), as outlined in the Statement on Continuing Professional Development of the International Pharmaceutical Federation¹. Furthermore, ACPE has studied the findings and conclusions published in the professional literature regarding the effectiveness of continuing education, as well as the recommendations of several important reports, such as those of the Institute of Medicine. ACPE has noted the experiences and findings of other countries and professions regarding CPD and its implementation.

Based on the above, ACPE believes that the concept of CPD is built on sound educational principles, and that CPD can further engage pharmacists (in all practice settings) as adult learners, and enhance the overall effectiveness and outcomes of continuing education. ACPE considers that all individuals involved in the delivery of healthcare services or in the education and training of healthcare providers would benefit by adopting a CPD approach to their personal and/or professional development. ACPE believes that the CPD model provides the opportunity for *quality improvement* of the current system of continuing education, building on the existing foundation of quality-assured, accredited continuing pharmacy education.

ACPE believes that the acquisition of the knowledge, skills, attitudes and values required for self-directed lifelong learning should be encouraged and supported from the earliest stages in the education and training of pharmacists. On graduation, students of pharmacy must possess the competencies necessary to assume responsibility for their own lifelong learning. Such requirements are entrenched throughout ACPE’s revised accreditation standards for professional degree programs in pharmacy (“Standards 2007,” effective July 1, 2007). Standards 2007 also require colleges and schools of pharmacy to have an effective continuing professional development program for faculty and staff; to have or provide support for programs and activities for faculty and preceptor continuing professional development as educators, researchers, scholars, and practitioners; and to evaluate faculty and staff regarding their commitment to and the effectiveness of personal continuing professional development. In Standards 2007, ACPE states that student portfolios should be employed to document students’ progressive achievement of the competencies throughout the curriculum and the practice experiences, and

* This statement updates and replaces ACPE’s September 2003 Statement on CPD

ACPE encourages the use of self-assessment and improvement tools, such as portfolios, by faculty and staff.

ACPE acknowledges that, while CPD is a sound yet simple concept, implementation of CPD is likely to pose a number of challenges - for pharmacists, colleges and schools of pharmacy, providers of continuing pharmacy education, and regulatory bodies. ACPE supports ongoing discussions regarding the implications of national adoption of the CPD model. In this regard, ACPE is pleased to have been able to contribute to the piloting of CPD in five states and, within its available resources, will continue to support and participate in similar initiatives.

ACPE remains committed to responding to the needs of the profession, and the public as a whole, with regard to any changes or improvements that may be required in its policies, procedures or standards to ensure that, as an organization, it continues to assure and advance quality in the *continuum* of pharmacy education.

Adopted by the Accreditation Council for Pharmacy Education, Chicago, Illinois; October 2006.

Reference:

1. *The International Pharmaceutical Federation. FIP Statement of Professional Standards: Continuing Professional Development. Adopted September 2002. www.fip.org*

APPENDIX C

13. Appeal Procedure for an Adverse Accreditation Action (Denial or Withdrawal)

13.1 Initiating the Appeal and Convening the Appellate Commission. In the event ACPE renders an adverse accreditation action (denial or withdrawal of accreditation), the chief executive officer of the institution involved, after notification of such action by ACPE, may appeal the decision of ACPE to an Appellate Commission on the grounds that the decision of ACPE was arbitrary, prejudiced, biased, capricious, or based upon incorrect facts or incorrect interpretation of facts. No change shall occur in the accreditation status of the program of a provider that shall exercise its right of appeal in accordance with the procedure provided herein, pending the disposition of the appeal. The existing accreditation status of the provider shall be maintained and such status shall continue to be reflected in the Directory until the appeal procedure is finalized. Notice of appeal by the institution shall be in writing and delivered personally or by certified mail to the offices of ACPE within 30 days after receipt of notification of the adverse accreditation action of ACPE. Such notice of appeal shall specify and set forth the facts supporting the grounds on which the appeal is based. Upon receipt of said notice, ACPE shall proceed to constitute the Appellate Commission and, after consulting with officers of the associations set forth in Section 13.2, shall notify the individuals of their appointment to the Appellate Commission and shall inform them of their responsibilities thereto. ACPE shall notify the institution that initiated the appeal that the Appellate Commission has been created and inform it of the names and addresses of all members. The Appellate Commission can be convened only on notice of appeal as described above. Both parties of the appeal have the right to representation by counsel throughout the appeals procedure. All reasonable expenses incurred by the Appellate Commission including but not limited to travel expenses (e.g., transportation, accommodations, and meals) shall be paid by the provider that initiated the appeal. Notice of appeal shall be accompanied by a fee equal to the current cost of an evaluation, to be used against expenses. Any necessary additional expenses shall be promptly paid by the institution that initiated the appeal and any surplus of the deposit shall be promptly returned to the institution. The institution shall be provided with an itemized list of the expenses of the Appellate Commission.

13.2 Members of the Appellate Commission. The Appellate Commission shall consist of the current chief elected officer of the American Association of Colleges of Pharmacy, the American Pharmacists Association, and the National Association of Boards of Pharmacy. No member of the Appellate Commission shall be a member of the board of directors or staff of the Accreditation Council for Pharmacy Education nor shall any member have an affiliation with the institution involved that would create an apparent or real conflict of interest (e.g., alumnus, present or former faculty member). In the event any person designated herein shall be ineligible, refuse, or be unable to serve on the Commission for any reason at any time, the executive committee (or such other appropriate committee or board) of the organization he or she is representing shall designate an alternate member. The designated representative of the American Association of Colleges of Pharmacy shall be chairman of the Commission. Any member who shall be designated as a learner on the Commission shall remain a member of the Commission until the Commission is discharged, even if his or her successor in the elective office of the respective association is installed in the interim. The Appellate Commission shall be discharged by ACPE at the adjournment of the ACPE meeting next succeeding the date of the filing of the Commission's report.

13.3 Responsibilities. Within thirty days of the notice of the appeal, the institution and ACPE shall present statements of their respective positions to the Commission. Hearings shall be held as soon as possible thereafter, at which time evidence may be presented. Thirty days shall be allowed to pass following completion of the hearings for memoranda of arguments to be

presented. Within an additional thirty days the Commission shall render a decision. The minutes of its meeting(s) shall be recorded. In disposing of an appeal the Appellate Commission shall (1) affirm the decision of ACPE or shall (2) remand the matter to ACPE for review and reconsideration. A report of the Commission's findings shall be submitted to ACPE, its Executive Director, and the chief executive officer of the institution and the CPE administrator of the provider concerned.

13.4 Final Consideration. All matters referred to ACPE by the Appellate Commission for review and reconsideration shall be considered by ACPE at its first meeting next succeeding the date of the report of the Appellate Commission. The final decision and report of ACPE, including the basis for the decision, shall be in writing and shall be forwarded to the chief executive officer of the institution and the CPE administrator of the provider. This final report shall also be forwarded to all members of the Appellate Commission.