ACPE Update

Peter H. Vlasses, PharmD, DSc(Hon), BCPS, FCCP
ACPE Executive Director

NABP/AACP District V meeting
Saskatoon, Saskatchewan
August 5, 2011
Learning Objectives

• Discuss the expansion of pharmacy degree programs and the current nature of quality markers
• Name the recent change in ACPE policy regarding the frequency of self studies by pharmacy colleges/schools
• Describe the AACP/ACPE collaboration entitled Assessment & Accreditation Management System
• Describe the NABP/ACPE collaboration entitled CPE Monitor and its meaning for CPE providers, state boards, pharmacists and pharmacy technicians
• Discuss the current state of Continuing Professional Development for pharmacists in the U.S.
• Describe the ACPE, ACCME, ANCC collaboration
ACPE History

• Founded in 1932 for accreditation of professional degree programs by:
  – National Association of Boards of Pharmacy (NABP) (regulators)
  – American Association of Colleges of Pharmacy (AACP) (educators)
  – American Pharmacists Association (APhA) (practitioners)
ACPE History

- Accreditation of CE Providers added in 1975
- International Services Program added in 2011
- ACPE is an autonomous, independent, not-for-profit agency with headquarters in Chicago, IL
- New address: 135 S. LaSalle St., Suite 4100, Chicago, IL 60603
ACPE Board of Directors - 2011

- Heidi M. Anderson, PhD (AACP, 2006–2012) (President)
- Robert Beardsley, RPh, PhD (AACP, 2008–2014) (Vice President)
- Michael A. Moné, RPh, JD (NABP, 2006–2012) (Secretary/Treasurer)
- Barbara G. Burch, MS, EdD (ACE, 2010–2016)
- Bruce Canaday, PharmD (APhA, 2010–2016)
- Stephanie F. Gardner, PharmD, EdD (AACP, 2010–2016)
- Dennis K. McAllister, RPh (NABP, 2010–2016)
- Warren A. Narducci, PharmD (APhA, 2006–2012)
- Donna S. Wall, PharmD (NABP, 2008–2014)
ACPE Executive Staff Members

- Peter H. Vlasses, PharmD, BCPS
  Executive Director
- Jeffrey W. Wadelin, PhD
  Assoc. Exec. Director and
  Director, Professional Degree
  Program Accreditation
- Dimitra Travlos, PharmD, BCPS
  Assistant Exec. Director, and
  Director, CPE Provider
  Accreditation
- Michael J. Rouse, BPharm (Hons), MPS
  Assistant Exec. Director, Professional Affairs and Director, International Services
- J. Gregory Boyer, PhD
  Assistant Exec. Director and Assistant
  Director, Prof. Degree Program
  Accreditation
- Jennifer Baumgartner, PharmD, BCPP
  Assistant Director, Continuing
  Pharmacy Education Provider
  Accreditation
- Sharon L. Hudson
  Assistant Exec. Director, and Director, Operations and Human Resources
QUALITY OF PROFESSIONAL DEGREE PROGRAMS
Quality Advancement

Quality Assurance

ACPE Standards
USDE Criteria
Standardization
Consistency

Program-driven; ACPE-encouraged Innovation
Individuality
The PharmD Degree

KNOW  DO  BE

Knowledge + + + + + + + Skills + + + + + Attitudes/Behavior

Pre-Professional

Behavioral, Social, Admin & Clinical Sciences/
Apply & build on knowledge

Biomedical & Pharmaceutical Sciences/Didactic

IPPEs and simulations

Pharmacy Practice Experiences APPEs (patient settings)

2 years (min.)  3 years  1 year

Dependent/directed learner  Independent/self-directed lifelong learner

ENTER PRACTICE
Accredited PharmD Programs*

Programs with Accreditation Status (n = 125)

• Full Accreditation Status: 103
  – Programs that have graduated students

• Candidate Accreditation Status: 17
  – Programs with students enrolled but have not yet produced graduates or have graduates and have not addressed all the accreditation standards

• Pre-Candidate Accreditation Status: 5
  – Programs that have not yet enrolled students or are in their first year of classes

* Inclusive of June 2011 Board Actions
Number of Colleges and Schools of Pharmacy with ACPE-Accredited Degree Programs*

* Inclusive of June 2011 ACPE Board Actions
Pharmacy School Graduation Trends

Number of Graduates

Source: AACP Fall 2010 Data and ACPE February 2011 Estimates
Increase in Pharmacy Graduates Since 2003

Source: AACP Fall 2010 Data and ACPE February 2011 Estimates

- Increase attributable to pre-1995 schools
- Increase attributable to post-1995 schools

Increase in No. of Graduates (from 2003 baseline)

- Actual numbers:
  - 2004: n = 83
  - 2005: n = 85
  - 2006: n = 88
  - 2007: n = 89
  - 2008: n = 90
  - 2009: n = 93
  - 2010: n = 98
  - 2011: n = 102

- Projected numbers:
  - 2011: n = 114

n = total number of US colleges and schools with graduates

Source: AACP Fall 2010 Data and ACPE February 2011 Estimates
Increase in Pharmacy Graduates Since 2003

Source: AACP Fall 2010 Data and ACPE February 2011 Estimates

- Increase attributable to pre-1995 schools
- Increase attributable to post-1995 schools

$n = 83$

$n = 85$

$n = 88$

$n = 89$

$n = 90$

$n = 93$

$n = 98$

$n = 102$

$n = 110$

$n = 114$

$n = 118$

$n = \text{total number of US colleges and schools with graduates}$

Increase in No. of Graduates (from 2003 baseline)

(Actual numbers)

(Projected numbers)
# Growth Trends in Education Among Other Health Professions

<table>
<thead>
<tr>
<th>Health Profession/Accreditor</th>
<th>Accredited Programs 2000</th>
<th>Accredited Programs Plus Applications (Net % Change) 2011</th>
</tr>
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<tbody>
<tr>
<td>Medicine (LCME)</td>
<td>125</td>
<td>141 (+13%)</td>
</tr>
<tr>
<td>Osteopathy (AOA-COCC)</td>
<td>19</td>
<td>28 (+47%)</td>
</tr>
<tr>
<td>Nursing (CCNE)</td>
<td>DNP = 0 (new degree)</td>
<td>58</td>
</tr>
<tr>
<td>Physical Therapy (APTA)</td>
<td>196</td>
<td>229 (+17%)</td>
</tr>
<tr>
<td>Occupational Therapy (OTA)</td>
<td>131</td>
<td>154 (+18%)</td>
</tr>
<tr>
<td>Dentistry (ADA CODA)</td>
<td>55</td>
<td>60 (+9%)</td>
</tr>
</tbody>
</table>
NAPLEX Passing Rate for First-Time Candidates 2004–2010
Pre-1995 versus Post-1995 Programs

<table>
<thead>
<tr>
<th>Year</th>
<th>Pre-1995 Passing Rate</th>
<th>Post-1995 Passing Rate</th>
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<tbody>
<tr>
<td>2004</td>
<td>95.8%</td>
<td>85.9%</td>
</tr>
<tr>
<td>2005</td>
<td>96.7%</td>
<td>82%</td>
</tr>
<tr>
<td>2006</td>
<td>93.0%</td>
<td>92.0%</td>
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<td>2007</td>
<td>95.6%</td>
<td>92.3%</td>
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<tr>
<td>2008</td>
<td>95.1%</td>
<td>95.1%</td>
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<tr>
<td>2009</td>
<td>97.0%</td>
<td>96.5%</td>
</tr>
<tr>
<td>2010</td>
<td>96.7%</td>
<td>94.4%</td>
</tr>
</tbody>
</table>
2010 NAPLEX Passing Rate Spread for Pre-1995 versus Post-1995 Programs

Pre-1995 Programs

- 66 - 70%: 1 program
- 71 - 75%: 3 programs
- 76 - 80%: 1 program
- 81 - 85%: 2 programs
- 86 - 90%: 6 programs
- 91 - 95%: 12 programs
- 96 - 100%: 39 programs

Post-1995 Programs

- 66 - 70%: 1 program
- 71 - 75%: 10 programs
- 76 - 80%: 1 program
- 81 - 85%: 2 programs
- 86 - 90%: 5 programs
- 91 - 95%: 3 programs
- 96 - 100%: 10 programs
NAPLEX Passing Rate for First-Time Candidates 2008 – 2010
Three-Year vs. Four-Year Programs

<table>
<thead>
<tr>
<th>Year</th>
<th>Three-Year Programs</th>
<th>Four-Year Programs</th>
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</thead>
<tbody>
<tr>
<td>2008</td>
<td>95.7% n = 7</td>
<td>96.9% n = 83</td>
</tr>
<tr>
<td>2009</td>
<td>96.2% n = 8</td>
<td>96.7% n = 85</td>
</tr>
<tr>
<td>2010</td>
<td>93.9% n = 8</td>
<td>94.4% n = 86</td>
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</table>
Work with other stakeholders to identify and resolve problems related to medication use

Manage the system of medication use to affect patients

Work with a health care team to implement the patient care plan

Develop a patient care plan to manage each medication-related problem

Gather and use specific information to identify patient medication-related problems

Communicate with patients and caregivers

2010 Graduating Student Survey Results
Section I: Professional Competencies/Outcomes (N = 7,496)

The PharmD Program prepared me to:

- Communicate with patients and caregivers
  - Strongly Agree: 54.5%
  - Agree: 43.5%
  - Disagree/Strongly Disagree: 1.7%

- Gather and use specific information to identify patient medication-related problems
  - Strongly Agree: 54.4%
  - Agree: 43.7%
  - Disagree/Strongly Disagree: 1.6%

- Develop a patient care plan to manage each medication-related problem
  - Strongly Agree: 50.0%
  - Agree: 47.9%
  - Disagree/Strongly Disagree: 1.9%

- Work with a health care team to implement the patient care plan
  - Strongly Agree: 43.4%
  - Agree: 51.5%
  - Disagree/Strongly Disagree: 4.6%

- Manage the system of medication use to affect patients
  - Strongly Agree: 37.4%
  - Agree: 55.7%
  - Disagree/Strongly Disagree: 4.4%

- Work with other stakeholders and resolve problems related to medication use
  - Strongly Agree: 41.3%
  - Agree: 55.0%
  - Disagree/Strongly Disagree: 3.2%
2010 Graduating Student Survey Results
Section III: Pharmacy Practice Experiences (N = 7,496)

My introductory pharmacy practice experiences were valuable in helping to prepare me for my advanced pharmacy practice experiences

- Strongly Agree: 24.1%
- Agree: 48.5%
- Disagree/Strongly Disagree: 21.4%

My introductory pharmacy practice experiences permitted my involvement in direct patient care responsibilities in both community and institutional settings

- Strongly Agree: 23.4%
- Agree: 47.5%
- Disagree/Strongly Disagree: 22.9%

In the community pharmacy setting, I was able to apply my patient care skills

- Strongly Agree: 42.3%
- Agree: 47.8%
- Disagree/Strongly Disagree: 8.7%

In the ambulatory care setting, I was able to apply my patient care skills

- Strongly Agree: 54.0%
- Agree: 39.6%
- Disagree/Strongly Disagree: 4.1%

In the hospital or health-system pharmacy setting, I was able to apply my patient care skills

- Strongly Agree: 43.4%
- Agree: 47.2%
- Disagree/Strongly Disagree: 8.3%

In the inpatient/acute care setting, I was able to apply my patient care skills

- Strongly Agree: 48.5%
- Agree: 45.2%
- Disagree/Strongly Disagree: 4.4%

Overall, my advanced practice experiences were valuable in helping me to achieve the professional competencies

- Strongly Agree: 46.9%
- Agree: 48.3%
- Disagree/Strongly Disagree: 4.0%
The PharmD Program prepared students to:

- Develop and use patient-specific care plans
  - 96.3% Preceptor Strongly Agree/Agree
  - 97.5% Faculty Strongly Agree/Agree

- Efficiently manage a patient-centered pharmacy practice
  - 93.9% Preceptor Strongly Agree/Agree
  - 93.6% Faculty Strongly Agree/Agree

- Develop disease management programs
  - 91.1% Preceptor Strongly Agree/Agree
  - 89.9% Faculty Strongly Agree/Agree

- Manage the system of medication use
  - 94.5% Preceptor Strongly Agree/Agree
  - 93.7% Faculty Strongly Agree/Agree

- Promote the availability of health promotion and disease prevention initiatives
  - 95.4% Preceptor Strongly Agree/Agree
  - 94.4% Faculty Strongly Agree/Agree

- Communicate with patients, caregivers, and other members of the interprofessional health care team
  - 96.8% Preceptor Strongly Agree/Agree
  - 97.2% Faculty Strongly Agree/Agree
The PharmD Program prepared students to:

- Search the health sciences literature
- Evaluate the health sciences literature
- Demonstrate expertise in the area of informatics
- Apply state and federal laws and regulations to the practice of pharmacy
- Maintain professional competence

2010 Faculty and Preceptor Survey Curriculum Responses (Faculty N = 2,604 / Preceptor N = 8,170)

- Preceptor Strongly Agree/Agree: 96.7%
- Preceptor Agree/Disagree: 94.1%
- Faculty Strongly Agree/Agree: 94.2%
- Faculty Agree/Disagree: 90.6%
- Preceptor Strongly Agree/Agree: 92.0%
- Preceptor Agree/Disagree: 82.9%
- Faculty Strongly Agree/Agree: 96.6%
- Faculty Agree/Disagree: 98.2%
- Preceptor Strongly Agree/Agree: 97.9%
- Preceptor Agree/Disagree: 96.1%
Extension of Time Between Self-Studies

• The ACPE Board has approved a measure to *extend the time between self-studies for comprehensive reviews of established programs to eight years*

• After informal discussion for several years, ACPE President Anderson appointed a subcommittee to:
  – Study the cycle length and process of other appropriate accrediting bodies
  – Consider requirements for resources and the current/future economic constraints facing higher education
Extension of Time Between Self-Studies

• Beginning in January 2012, established programs will be evaluated under this new timeframe as they proceed through their scheduled reviews.

• ACPE will continue processes for interim monitoring of programs using data provided through AAMS and NABP and substantive change reporting by programs.

• ACPE’s review process for new colleges and schools will remain the same.
ACPE Stakeholder Conference
September 12–14, 2012
Atlanta, GA

• Advancing Quality in Pharmacy Education: Charting Accreditation’s Future
• Invitational consensus-seeking conference
  – Including APhA-ASP
• In collaboration with a broad array of leaders in pharmacy, health care, and education
ACPE Stakeholder Conference Objectives

• Examine competencies that are currently required of pharmacists and competencies that will be required in the future
• Expand evidence-based practices in assessing the quality of educational programs
• Inform standards, guidelines, and process quality improvement initiatives
AAMS is a joint project of AACP and ACPE
Purpose

The purpose of the AAMS is to assist member colleges and schools of pharmacy with their assessment and accreditation-related activities. The AAMS will streamline the compilation, management, analysis, and reporting of data and documentation used for assessment and accreditation.
What AAMS can do?

• Store assessment documents so that they are easily accessible and transferable into a comprehensive accreditation report
• Track colleges/schools progress by Standard between accreditation self-studies
• Provide data from AACP annual surveys into a comprehensive accreditation report
• Provide data from AACP annual surveys for benchmarking
• Compile and submit self-study reports making a paper-intensive process electronic
<table>
<thead>
<tr>
<th>Section</th>
<th>Progress Status</th>
<th>Last Updated</th>
<th>Standard Manager</th>
<th>Alerts</th>
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<td>Sibu R. Thomas</td>
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<tr>
<td>Summary of the College or School's Self-Study Process</td>
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### MISSION, PLANNING, AND EVALUATION

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<tr>
<th>#</th>
<th>Standard</th>
<th>Progress Status</th>
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<th>Alerts</th>
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Standard 2. Strategic Plan

Standard

The college or school must develop, implement, and regularly revise a strategic plan to facilitate the advancement of its mission and goals. The strategic plan must be developed through an inclusive process that solicits input and review from faculty, students, staff, administrators, alumni, and other stakeholders as needed, have the support of the university administration, and be disseminated in summary form to key stakeholders.

Guidelines

1. Documentation and Data

2. College or School's Self-Assessment

3. College or School's Comments on the Standard

4. College or School's Final Self-Evaluation

5. Recommended Monitoring

Progress Status Indicators

Progress Status: Not Started
Question 86: If I were starting my college career over again I would choose to study pharmacy.
Program vs. National Average Comparison

2010 Comparison With National

- Strongly Agree: School 58.1%, National 47.9%
- Agree: School 35.5%, National 39.5%
- Disagree: School 6.5%, National 7.5%
- Strongly Disagree: School 0.0%, National 0.0%
- No Comment: School 3.1%, National 0.0%
What is CPE Monitor?

A national e-system currently under collaborative development by NABP and ACPE to store and authenticate data for completed ACPE-accredited CPE activities for both pharmacists and pharmacy technicians

- Provides a central repository for ACPE-accredited CPE activities
- Enables efficient verification of completion of CPE by State Boards of Pharmacy
CPE Monitor Overview

**Practitioner**
- Pharmacists and pharmacy technicians create their e-profile at www.MyCPEMonitor.net (name, address, phone, e-mail, SSN, DOB, states of licensure/#, optional demographics)
- NABP e-profile ID is assigned and e-mailed to registrant within two business days
- ID and DOB (MMDD) is used to obtain credit for all subsequent CPE activities

**CPE Provider**
- Activity information (title, type of activity, objectives, contact hours, etc.) submitted via Provider Web Tool
- Additional information to be submitted for credit: ID, DOB (MMDD)
- Annual Activity Update will no longer be required

**State Board**
- Use CPE Monitor as a tool to confirm completion of CPE requirements for re-licensure, re-registration, or re-certification for pharmacists and pharmacy technicians
Benefits for Providers

- Decreased time/costs for administering CPE
  - Elimination of printed statements of credit and their distribution, e.g. mail costs, etc.
  - Elimination of provider Annual Activity Update Reporting requirements
- Gain a better understanding of pharmacists and pharmacy technician CPE habits (e.g. topic areas, format, etc.)
- No change of accountability of CPE participants
Benefits for State Boards

- Decreased time/costs for verifying CPE
  - Streamlines process for State Boards to verify requirements for re-licensure
  - Reduces the need to conduct state-based audits of pharmacists and pharmacy technicians
Challenges for Providers and State Boards

- Technology and resource requirements to submit information to CPE Monitor
- Proper education of pharmacists and pharmacy technicians to obtain credit
Benefits for Pharmacists and Pharmacy Technicians

- Secure, central location to maintain and track all completed ACPE-accredited continuing education credits
  - No need to file and maintain hard copies of statements of credit
- Streamlines processes for pharmacists licensed in multiple states
- Can be accessed on-line at the convenience of the pharmacist and pharmacy technician (24/7)
Challenges for Pharmacists and Pharmacy Technicians

- Must initially complete the online NABP e-profile in order to receive the ID to submit to providers to receive CPE credit (www.cpemonitor.net)
- Adjust to no longer receiving a printed statement of credit for completion for continuing education activities

A transition period will be provided!
Timeline

- March 10, 2011: Pharmacists and pharmacy technicians can start to complete their e-profile at: [www.MyCPEMonitor.net](http://www.MyCPEMonitor.net)
  - Following registration an e-mail will be sent with NABP e-ID
- March 2011 – Fall/Winter 2011:
  - Providers will transition their systems to accommodate the additional two fields (NABP e-ID, MMDD)
  - ACPE will pilot the program
- Early 2012*: System implemented by all providers
  - All pharmacists must be registered to receive CPE credit

* May be adjusted based on results of the pilot program
CONTINUING PROFESSIONAL DEVELOPMENT (CPD)
Evolving to CPD

Traditional CE Model

• Hours-based system

• Required CPE hours → licensure renewal

Continuing Professional Development (CPD)

Structured educational activities remain a key element of the CPD approach
ACPE CPD Taskforce

- Established by ACPE Board for an initial two-year period (2010-2012)
- Serves primarily as a “think tank” to advise CPEC and ACPE Board, and to foster and facilitate implementation of the CPD model
- Action Plan includes:
  - Development of CPD tools and resources
  - Continued provision of information, education and training to stakeholders, including employers and state boards of pharmacy
- Updated competencies for CE Professionals adopted
JOINT ACCREDITATION ACTIVITIES
“CE Developed by the Team for the Team”

- Simplifies the application process for CE providers seeking accreditation by two or more of the organizations

- The Joint Accreditation Process:
  - decreases the provider’s workload
  - increases the number of continuing education activities with an interprofessional audience
  - increases communication among accreditation agencies from different health care disciplines to exchange and share ideas
Jointly Accredited Providers

The Accreditation Council for Continuing Medical Education (ACCME®), the Accreditation Council for Pharmacy Education (ACPE) and the American Nurses Credentialing Center (ANCC) are proud to announce that they have jointly awarded accreditation to:

• Institute for Healthcare Improvement
• VHA Inc.
• Cine-Med, Inc.
• Creighton University
• North American Center for Continuing Medical Education
Accreditation Council for Pharmacy Education

Information For:
- Pharmacists
- Pharmacy Technicians
- CE Providers
- Deans/Faculties
- Students
- International
- CPE Monitor
- State Boards of Pharmacy

Search

ADVANCED SEARCH

Bullets & Reports

Are you interested in becoming an ACPE Continuing Pharmacy Education Field Reviewer? Click here for more information and to register!

AACP Interim Meeting 2011 Presentation
Click here to download presentation

ACPE Releases Standards 2007 Guidelines 2.0
Download Adobe Acrobat File

ACPE Announces Officers for 2011-2012

Documents & Forms

Pharmacists' Learning Assistance Network A Continuing Education Activities Database

ACPE Update Newsletter Accreditation Council for Pharmacy Education

- Accreditation Council for Pharmacy Education Annual Report
  Jan. 12, 2009 - Jan. 24, 2010

Provider Web Tool
For Continuing Education Providers to create and submit CPE activity descriptions to ACPE

ACPE CPE Administrator Workshops
March 21-22, 2011 (Registration Closed)
Chicago, IL

ACPE Self-Study Workshop
August 11-12, 2011
SUPPLEMENTARY SLIDES FOR POTENTIAL QUESTIONS
S2007 Guidelines 2.0

• Guidelines 2.0 are in effect (document highlighting changes posted on www.acpe-accredit.org)
  – Site teams will evaluate starting Fall 2011 cycle
  – Reflects ACPE Board of Directors policy decisions
  – 15 new “must” statements (many have previously been communicated)

• AAMS is updated with Rubric v4.0 which became effective July 1

• Self-studies in progress that are using other versions of the rubric must address the Guidelines 2.0 changes in the text of their self-study submissions
S2007 Guidelines 2.0 Highlights

- 3.3 – AACP surveys
- 10.3 – Curricular mapping
- 13.5 – Appendix B mapping
- 14.8 – Appendix C mapping
- 14.4 – IPPE 300 hours; Majority balance between community and health-system settings
- 14.5 – Simulation as a component of IPPE
- 14.6 – APPE1440 hours; Begins after completion of all pre-APPE coursework (didactic and IPPE)
- 15.5 – Assessment of underlying cause(s) of poor performance
- 16.6 – Comparable access to student services across multiple campuses
- 17.2 – Alignment of expansion of admission with resources
- 17.6 – Maintenance of admission records at college or school
- 25.8 – Evidence of scholarship
- 28.4 – Assessment of practice sites
- 30.3 – Business plan to address substantive change
S2007 Guidelines 2.0 Highlights

• Added emphasis on:
  – Mission driven program performance assessment
  – Student learning outcomes
    • Aggregate and individual levels
  – Faculty scholarship and research
  – Interprofessional education, service and research
  – Teaching methods to enhance learning
  – Fostering of post-graduate educational opportunities (i.e., graduate education, residencies, fellowships)
S2007 Guidelines 2.0 Highlights

• Clarification of early assurance admission agreements
• New definition of substantive change
• Updates to Appendices B and C
  – ASHP-ACPE Task Force on Entry-level Competencies referenced
• New Appendix D
  – Pre-APPE Core Performance Domains and Abilities (AACP)
S2007 Guidelines 2.0 Rubric v4.0

• Reorganization of layout (data, documentation and focused questions now specific to a standard, not a section)
• Improved clarity of ACPE’s expectation (required documentation & data, focused questions); provision of additional guidance and templates in AAMS
• Much more data-driven (use of standardized survey responses, standardized data views and tables in AAMS)
• Standard-related assessments now include S, NI, and U
• Elimination of “descriptive examples” in Final Evaluation (which were causing problems because some regarded the bullets as a check-list); replaced with compliance classifications