



PETER H. VLASES
 PharmD, DSc (Hon),
 BCPS, FCCP,
 ACPE Executive Director

FROM THE DESK OF THE EXECUTIVE DIRECTOR

Ensuring Continuing Pharmacy Education (CPE) and Continuing Professional Development (CPD) in Pharmacy Align with the Needs of the Public and the Profession of Pharmacy

ACPE's Invitational Stakeholder Conference, "**CPE 40 Years Later—Current and Future Opportunities and Challenges in Continuing Pharmacy Education,**" was held on October 29–30, 2015, in Chicago, Illinois. The conference attracted over 60 leaders from across the continuum of pharmacy practice, academia, industry, state boards of pharmacy, and health care organizations. Nationally recognized speakers shared the history of CPE accreditation and reviewed the results of a CPE/CPD survey to gather perspectives from all stakeholders related to the current and future states of CPE/CPD. The survey results clearly indicated that ACPE **does** assure the quality of CE for the pharmacy profession.

Expert panelists challenged participants to think deeply about the needs of pharmacists and pharmacy technicians for continuing education in the next 10–15 years and the ways in which the marketplace and the regulatory framework should ensure practitioner competence. Panelists also encouraged attendees to consider what pharmacists and pharmacy technicians will need from their continuing education in the next 10–15 years, as well as the factors that will

ensure ongoing practitioner competence in the future.

The focus and design of the meeting engaged attendees to identify the optimal future state of accredited CPE, including its relationship to CPD practices, practitioner privileging in health care delivery organizations, and interprofessional education (IPE) and practice. Attendees also assessed current conditions with respect to accredited CPE, taking into account the diversity of educational needs among practitioners; the status of CPD; and the perspectives of pharmacists, pharmacy technicians, pharmacy owners, health care delivery organizations, CPE providers, regulators, the public, and accreditors (ACPE and others). Most importantly, attendees identified viable options for moving from current conditions to the optimal future state of accredited CPE.

During their November meeting, the CPE Commission vetted all of the "high impact" recommendations and forwarded their recommendations to the ACPE Board for discussion during the January board meeting. The board approved their recommendations, which are outlined in Table 1 below. Several manuscripts are also being prepared for submission for publication.

[continued on page 4](#)

TABLE 1: Recommendations from the CPE Invitational Stakeholder Conference

<p>What next steps should the profession take to ensure practitioner competence based on marketplace and regulatory changes in the next 10–15 years?</p>	<ul style="list-style-type: none"> ▪ Develop internal education and/or credentialing requirements for practitioners that align with organizational goals to advance team delivered patient care ▪ Develop a CPD portfolio that will support lifelong learning and competency throughout the career of a pharmacist and pharmacy technician <ul style="list-style-type: none"> ○ Lead the development and implementation (through CPE Monitor™ enhancements) of: <ul style="list-style-type: none"> ▪ Competency-based, self-assessment instruments to assist pharmacists and technicians in identifying their education gaps ▪ Storage of documentation of CPE, non-CPE, CPD activities (adult learning transcript/CV) to be available to be viewed by employers, payers, Joint Commission and other regulatory agencies, etc. (as approved by practitioner)
<p>How can the value of CPE be optimized over the next 10–15 years?</p>	<ul style="list-style-type: none"> ▪ Encourage development of a hybrid CPE/CPD model for maintaining practitioner competence that takes into account the diversity of professional roles and the relative effect of various activities on patient safety and outcomes ▪ Collaborate with AACP, colleges and schools of pharmacy, and ASHP to educate students and residents in lifelong learning skills/CPD for faculty and students in professional degree programs and residency programs ▪ Support research on assessing the value of CPD portfolios in maintaining pharmacy practitioner competence ▪ Develop a culture of voluntary life-long learning that both accommodate individualization and practice specific needs ▪ Study the current types of CPE activities (Knowledge, Application, and Practice) and hour requirements for enhancements

From the Desk of the Executive Director [continued from page 3](#)

These recommendations will require the engagement of many stakeholders within the profession, and ACPE will work diligently, with these stakeholders, to advance the contribution of CPE and CPD to patient care. In the face of tremendous changes in our profession and health care, the conference outcomes will be extremely important to “shine a light on the path” ACPE and our profession should take in furthering CE quality improvement. Many other countries have seen the benefits of CPE in a CPD framework. It is time for U.S. pharmacists, pharmacy technicians, employers and practice site accreditors to embrace a new model of professional development for improved patient care. ACPE looks forward to helping our profession better understand and adopt the CPE/CPD model, guided by the recommendations from our stakeholder conference.

ACPE looks forward to helping our profession better understand and adopt the CPE/CPD model, guided by the recommendations from our stakeholder conference.

ACPE would like to sincerely thank all of the individuals who contributed to the success of the conference, particularly William A. Zellmer, ACPE Conference Advisor and Dr. Kristin Janke of the University of Minnesota College of Pharmacy who conducted the CE/CPD survey and served as a speaker. ACPE also deeply appreciates the support of the Community Pharmacy Foundation and the National Association of Chain Drug Stores (NACDS) Foundation whose grants funded the work of the conference. ■

ACPE Staff Participates in AACP/NABP District Meetings

Over the last half of 2015, ACPE Staff participated in all five AACP/NABP District Meetings across the country, covering all eight of the districts. These meetings engaged faculty from schools and colleges of pharmacy and members of state boards of pharmacy to discuss regional issues of mutual concern as well as national issues affecting the districts. Attendees also addressed professional issues affecting pharmacy practice and educational matters influencing tomorrow's pharmacists.

Jeffrey W. Wadelin, PhD, ACPE Associate Executive Director and Peter H. Vlasses, PharmD, DSc (Hon.), BCPS, FCCP, ACPE Executive Director, attended these meetings to present on behalf of ACPE. Attendees learned updated information about ACPE programs, including a detailed overview of progress toward implementation of the revised degree accreditation standards (Standards 2016).

Participants were very engaged, asking important questions and showing interest in how the Standards revision will impact their schools, their states, and the status of the ASHP/ACPE collaboration in the accreditation of pharmacy technician education and training programs. ACPE appreciated the invitations to engage in these discussions. ■

Pharmacy Technician Accreditation Commission Update

Commissioners for the Pharmacy Technician Accreditation Commission (PTAC) met on October 14–15, 2015, at the Headquarters of the American Society of Health-System Pharmacists in Bethesda, Maryland. PTAC, a joint initiative between ACPE and ASHP, is tasked with promoting, assuring, and advancing the quality of pharmacy technician education and training programs in the United States and recommending accreditation decisions to the ASHP and ACPE boards.

PTAC recommended that the Accreditation Standards for Pharmacy Technician Education and Training Programs be revised. The ASHP and ACPE boards accepted the PTAC recommendations. The update expands the flexibility of training programs to meet requirements regarding the number and types of student experiential activities that must be completed, requiring at least one and encouraging two different contemporary pharmacy practice experiences. Accredited pharmacy technician education and training programs include didactic education in sterile and nonsterile compounding; accredited programs, however, may now determine whether they provide hands-on training in sterile compounding, nonsterile compounding, or both. These changes took effect on January 1, 2016.

The transition to the changes in the standards are complete and PTAC continues to engage stakeholders and others of interest to create a highly trained technician workforce, improve patient safety, and maintain greater consistency in the technician workforce. ■



PTAC members discuss recommendations to revise the Accreditation Standards for Pharmacy Technician Education and Training Programs.