



## **Cumulative Policies**

**of the**

**American Association of Colleges of Pharmacy  
House of Delegates**

**1980-2008**

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## **Policies on Accreditation**

AACP supports accreditation by a federally recognized accrediting agency for all member institution-affiliated residency programs. (*Source: Task Force on the Role of Colleges and Schools in Residency Training, 2004*)

AACP encourages its member schools and colleges to assure that the nontraditional pathways used to deliver doctor of pharmacy (Pharm.D.) educational programs fully adhere to applicable accreditation standards and guidelines. Further, the American Council on Pharmaceutical Education accreditation process should include self-study and program review for these nontraditional pathways. (*Source: Board of Directors, 1997*)

AACP reaffirms its support of the ACPE in its planned revision of the accreditation standards and guidelines. However, AACP strongly recommends that ACPE remove its timeline for implementation of the sole entry-level Pharm.D. degree in favor of the implementation planning process described in Policy Statement 3. (AACP will assist in the establishment of a Pharm.D. implementation planning process to be developed with the full participation of all stake holders in pharmaceutical education and to address such issues as curricular outcomes, planning and programmatic evaluation, quality of educational programs, fiscal and human resources required to implement Pharm.D. programs, and postgraduate education and training, including degree equity.) (*Source: Board of Directors, 1992*)

AACP supports limited modifications in the structure and composition of the American Council on Pharmaceutical Education. These modifications, excluding public members as defined by the Secretary of Education, should respond to the need for additional expertise, which may be desired, on the Council but should not significantly alter the ratio of pharmaceutical educator to non-pharmaceutical educator members of the Council. (*Source: Task Force on the Structure and Composition of the American Council on Pharmaceutical Education, 1992*)

AACP reaffirms its support for the American Council on Pharmaceutical Education and the process it has established for revising the accreditation standards for pharmaceutical education programs. (*Source: Council of Deans, 1991*)

The Report of the Task Force on Pharm.D. Accreditation Standards, with the following amendment, is hereby adopted as Association policy, Amendment: Delete the following sentence in the section, Standard No. 4, Guideline 2: "At least 200 of the required clock hours should be clerkship."). (*Source: Policy Development Committee, 1981*)

## **Policies on Conflicts of Interest**

AACP should work with ACPE to develop guidelines for inclusion in the Criteria for Quality requiring the use of letters of agreement and faculty disclosure statements for continuing professional education programs in pharmacy. (*Source: Continuing Professional Education Section, 1993*)

AACP and its member colleges and schools should have guidelines that address conflicts of interest, should ensure that faculty are aware of and compliant with these guidelines, and should educate faculty regarding the impacts of conflicts of interest guidelines relative to their roles as teachers, researchers and practitioners. (*Source: Professional Affairs Committee, 1991*)

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## **Policies on Curriculum**

Colleges/schools of pharmacy should work to advance learners' human cognition, ethical developments, and behavior. Meaningful strategies include teaching and assessing ethics, cultural competency, intra- and inter- professional teamwork and community engagement with underserved populations. (*Source: Board of Directors based on Argus Commission, 2008*)

AACP and colleges and schools of pharmacy should assure that students, faculty and alumni have sophisticated and continuous preparation in the design and use of health information technology (HIT) and systems and are prepared to apply HIT in evidence-based decision-making at the point of patient care. (*Source: Board of Directors based on Argus Commission, 2008*)

Pharmacy curricula must adequately address contemporary issues associated with biotechnology advances in personalized medicine, including relevant competencies in cell and systems biology, bioengineering, genetics/genomics, proteomics, nanotechnology, cellular and tissue engineering, bioimaging, computational methods, information technologies, and their psychological, social and economic implication. (*Source: Argus Commission, 2008*)

The mission of pharmacy education is to prepare graduates who provide patient-centered care that ensures optimal medication therapy outcomes and provides a foundation for specialization in specific areas of pharmacy practice; participation in the education of patients, other healthcare providers, and future pharmacists; conduct of research and other scholarly activity; and provision of service and leadership to the community. (*Source: Academic Affairs Committee, 2007*)

AACP supports and encourages the implementation of on-going program assessment processes at member institutions for the purpose of enhancing the quality of educational programs and student services. (*Source: Academic Affairs Committee, 2004*)

AACP supports the inclusion of complementary and alternative therapies within the pharmaceutical curricula to support the development of the skills and knowledge necessary to understand the role complementary and alternative therapies play in the delivery of pharmaceutical care. (*Source: Professional Affairs Committee, 1998*)

AACP supports the development and implementation of curricular components and associated instructional strategies which assure a common set of core competencies and knowledge concerning population-based epidemiology, the determinants of health, effective programs in health promotion and disease prevention, and primary health care services delivery for all health professionals. (*Source: Professional Affairs Committee, 1994*)

Curriculum committees of colleges of pharmacy need to review their respective curricula for the incorporation of biotechnology related material so as to adequately prepare the student for future practice. (*Source: Academic Affairs Committee, 1987*)

## **Policies on Experiential Education & Training**

AACP encourages employers and stakeholders to identify and develop potential preceptors in their organizations and provide performance evaluation which incentivizes and recognizes preceptors' contributions to pharmacy education. (*Source: Experiential Education Section, 2008*)

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Introductory Pharmacy Practice Experiences should be a continuum of integrated learning experiences of sufficient scope, flexibility and duration to allow students to achieve a set of defined competencies and allow for the development and use of innovative and alternative methods, such as simulation, novel direct patient care experiences and leadership development opportunities. (Source: Board of Directors, 2008)

AACP member colleges and schools encourage their students who are seeking employment opportunities in community pharmacy practice to include the sale of cigarettes and other tobacco products among the factors to be considered in their employment decisions. (Source: Members, 2003)

AACP member colleges and schools give preference to those pharmacies that do not sell cigarettes and other tobacco products at clerkship/experience sites. (Source: Members, 2003)

AACP will support member schools and colleges in their efforts to develop pharmacy professionals committed to their communities and all the populations they serve, by facilitating opportunities for the development and maintenance of strong community-campus partnerships. (Source: Professional Affairs Committee, 2001)

AACP and its member colleges and schools support allowing credited hours for nontraditional internship experience in research laboratories. (Source: Research and Graduate Affairs Committee, 1991)

As pharmacy practice expands into nontraditional areas of care, pharmacy schools must provide experiential education and training opportunities in these developing practice areas. (Source: Professional Affairs Committee, 1990)

Pharmacy education has the major responsibility to assist the profession to accomplish its mission for society. In keeping with the transition of health care from the acute care to the ambulatory care environment, pharmacy education must continue its efforts to encourage and assist the profession to provide clinical pharmacy services in the ambulatory environment. (Source: Professional Affairs Committee, 1990)

AACP supports the inclusion in entry degree pharmacy curriculums of didactic coursework, externships and clerkships that develop fundamental knowledge and skills in the delivery of comprehensive pharmacy services in the ambulatory setting. (Source: Professional Affairs Committee, 1989)

AACP supports acceptance by pharmacy licensing boards of college-based experiential programs toward partial or total fulfillment of internship requirements. (Source: Professional Affairs Committee, 1988)

Pharmacy schools periodically should evaluate their experiential education and training programs, on an equal basis with other academic programs, to assure that they are of sufficient quality to meet the schools' mission and educational objectives. (Source: Professional Affairs Committee, 1988)

Colleges of pharmacy have a responsibility to develop practice/research/teaching role models in evolving health care settings. After development, these innovative areas of practice should become integrated into the experiential component of the pharmacy curriculum. (Source: Academic Affairs Committee, 1987)

All experiential education and training, regardless of whether such is controlled by pharmacy schools or state regulatory boards, should be based on sound educational principles and standards with clearly articulated competency objectives. (Source: Professional Affairs Committee, 1987)

Colleges of pharmacy must be encouraged to explore what elements of clinical education need to be provided in the patient care environment within differentiated programs, and should be encouraged to

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develop cost-effective, efficient methods of instruction (such as computer-assisted, auto-tutorial programs) to adequately prepare students for clinical experiential courses. These educational strategies should be implemented as an adjunct to, and not as a replacement of, needed, direct patient contact. (Source: *Academic Affairs Committee, 1984*)

AACP should encourage member institutions, in concert with practitioners, to expand clinical pharmacy in the community so that clerkships in community settings will be more meaningful to students, and even inspirational, so that such practices will be emulated when they enter the profession. (Source: *Policy Development Committee, 1982*)

## **Policies on Faculty**

AACP and colleges/schools of pharmacy should promote pathways of faculty development and the requisite infrastructure for research that enable faculty members to lead or participate in practice-based research networks. (Source: *Board of Directors based on Educating Clinical Scientists Task Force #2, 2008*)

AACP and colleges/schools of pharmacy should promote pathways of faculty development that enable pharmacy faculty members, including non-tenure track faculty, to lead and/or participate in practice-based translational research. (Source: *Board of Directors based on Educating Clinical Scientists Task Force #2, 2008*)

Faculty development programs and collaborative research and teaching strategies should be expanded such that faculty at colleges and schools of pharmacy are prepared to lead and contribute significantly to education and research related to cell and systems biology, bioengineering, genetics/genomics, proteomics, nanotechnology, cellular and tissue engineering, bioimaging, computational methods, information technologies, and their psychological, social and economic implications. (Source: *Argus Commission, 2008*)

AACP and its member institutions are encouraged to develop metrics that can be employed to document and evaluate the impact of faculty citizenship and service scholarship, and furthermore AACP should facilitate investigation and programming to provide information, implementation strategies, and shared experiences on metrics used to document and evaluate the impact of faculty citizenship and service scholarship. (Source: *Council of Faculties, 2006*)

AACP supports the structuring of systems of federal support for health professions education to assure the teaching and clinical application of core competencies in primary care health services delivery which are community-based and fully interdisciplinary. (Source: *Professional Affairs Committee, 1994*)

All pharmacy faculty have a responsibility to generate and disseminate knowledge through scholarship. (Source: *Research and Graduate Affairs Committee, 1993*)

AACP encourages colleges and schools of pharmacy to accept a broader definition of scholarship for pharmaceutical education as described in Paper IV of the Commission to Implement Change in Pharmaceutical Education. (Source: *Research and Graduate Affairs Committee, 1993*)

AACP encourages each college and school of pharmacy to develop among its individual faculty members an understanding that the mission(s) of the college can be achieved only through the collective strengths of

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individual faculty members, acknowledging that responsibilities and contributions vary widely and may change significantly over the course of an individual's career. (Source: *Academic Affairs Committee, 1992*)

AACP encourages activities by colleges to clearly identify the guidelines by which the scholarship of teaching and service activities of all college faculty will be evaluated. (Source: *Academic Affairs Committee, 1992*)

AACP supports and encourages activities by colleges and schools of pharmacy that enhance the recognition and reward for demonstrated excellence and accomplishment in teaching and for demonstrated excellence and accomplishment in professional service. (Source: *Academic Affairs Committee, 1992*)

Each dean should review faculty salaries to determine if unexplained differences exist between salary levels for men and women faculty and take measures to correct differences where appropriate and AACP should continue to monitor faculty salaries to ensure equity. (Source: *Bylaws and Policy Development Committee, 1988*)

Colleges of pharmacy have a responsibility to invest the appropriate resources to develop and/or retrain selected faculty in the area of biotechnology. (Source: *Academic Affairs Committee, 1987*)

AACP endorses the establishment of an externally funded Visiting Scientist Program and that external funds be sought to implement this program. (Source: *Research and Graduate Affairs Committee, 1982*)

The American Association of Colleges of Pharmacy encourages colleges which do not now have tenure tracks for clinical faculty to develop appropriate tenure track appointment mechanisms and to utilize those mechanisms for clinical faculty who have demonstrated potential and accomplishment in scholarly activity, teaching and service. (Source: *Policy Development Committee, 1981*)

The Association encourages colleges to foster and support clinical faculty members in conducting research, including the development, demonstration, documentation and evaluation of innovative practice roles and the Association recognizes that such research activities are appropriate for clinical faculty members in tenure-tracks. (Source: *Policy Development Committee, 1981*)

The Association encourages colleges to clearly identify the guidelines by which the scholarly, teaching and service activities of clinical faculty will be evaluated. (Source: *Policy Development Committee, 1981*)

The American Association of Colleges of Pharmacy recognizes that faculty members in clinical pharmacy have a responsibility for scholarly activity in addition to teaching and clinical practice. (Source: *Policy Development Committee, 1981*)

## **Policies on Graduate Education and Research**

Research that explores the social, economic, organizational and clinical factors that influence the outcomes of drug therapy in prevention or treatment of disease should be central to the mission of all colleges/schools of pharmacy. (Source: *Board of Directors based on Educating Clinical Scientists Task Force #2, 2008*)

AACP encourages research intensive university pharmacy programs associated with academic health centers (AHCs) to accept as a necessary component of their research/graduate training mission, a

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significant interdisciplinary education/training program for clinical scientists in experimental pharmacotherapeutics at the PhD level. (Source: *Educating Clinical Scientists Task Force, 2007*)

AACP should assume a leadership role in promoting pharmaceutical sciences graduate education and research and in integrating the goals of professional pharmacy education and graduate education and research. (Source: *Amended statement based on language proposed by the 2005-06 Research and Graduate Affairs Committee and published in the consolidated report of the standing committees, 2006*)

AACP should support the concept of Continuous Professional Development. (Source: *Section of Continuing Professional Education, 2003*)

AACP supports efforts to increase federal funding for basic science and clinical research devoted to the evaluation and clinical applications of complementary and alternative therapies. (Source: *Professional Affairs Committee, 1998*)

AACP supports the development of graduate degree programs for the purpose of educating and training pharmacist/clinical scientists at schools and colleges of pharmacy with adequate pharmaceutical science and clinical faculty and facility resources. The pharmacist/clinical scientist graduate programs should contain appropriate coursework and research requirements to award the appropriate graduate degrees (M.S./Ph.D.) to those individuals who successfully complete the program. (Source: *Research and Graduate Affairs Committee, 1998*)

AACP affirms the importance of research to the pharmacy profession and the pharmacy education enterprise. Furthermore, AACP affirms that every full-time faculty member is expected to participate in the generation and/or application of new knowledge and its dissemination to an extent consistent with the mission of the school or college. (Source: *Research and Graduate Affairs Committee, 1995*)

AACP defines "graduate affairs" as issues pertaining to all graduate level degree-granting programs (M.S., Ph.D., or equivalent degrees), as well as to postdoctoral (Pharm.D., Ph.D., etc.) fellowship programs. (Source: *Research and Graduate Affairs Committee, 1994*)

AACP believes that pharmacy faculty have a responsibility to use their experience with health services research and pharmacoconomics to examine and document the effectiveness of pharmacist-provided pharmaceutical care as an essential element of primary care. (Source: *Professional Affairs Committee, 1994*)

AACP encourages schools of pharmacy to increase funding support for post-Pharm.D. clinical research fellowships, works with other professional pharmacy organizations to increase collaborative funding support of post-Pharm.D. clinical research fellowships, and works with appropriate agencies to provide funding for post-Pharm.D. clinical research fellowships, and degree-granting programs. (Source: *Council of Faculties, 1993*)

AACP should urge schools and colleges of pharmacy to devise undergraduate curricular paths, each leading to the awarding of a degree and subsequent professional licensure, which optimally prepare students for entry into graduate programs. (Source: *Policy Development Committee, 1982*)

AACP, with the assistance of the Research and Graduate Affairs Committee, should monitor carefully the activities of granting agencies; take an active role in identifying, developing and articulating positions on legislation, regulation and other policy issues of importance to research in schools of pharmacy. (Source: *Research and Graduate Affairs Committee, 1982*)

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AACP urges all member schools to undertake periodic rigorous examination of their research and scholarly activity with the objective of improving both quality and quantity. This examination should include not only self-study but also an evaluation by an appropriate team of external reviewers. (Source: *Research and Graduate Affairs Committee, 1982*)

## **Policies on Impairment**

Pharmaceutical education has the responsibility to prepare students to address the problems of substance abuse and chemical dependency in society. (Source: *Academic Affairs Committee, 1991*)

AACP and its member colleges and schools support increased efforts that result in reducing the demand for illicit drugs in society. (Source: *Professional Affairs Committee, 1991*)

Individual colleges and schools of pharmacy should utilize the position statements and general goals contained in the Guidelines for the Development of Chemical Impairment Policies for Colleges of Pharmacy and individual colleges and schools of pharmacy should actively participate in programs as suggested by the Guidelines. (Source: *Bylaws and Policy Development Committee, 1988*)

## **Policies on Member Affairs**

Affiliate individual membership should be made available to individual corporate and pharmaceutical industry organizations. (Source: *Bylaws and Policy Development Committee, 1986*)

## **Policies on Postgraduate Education and Training**

AACP recommends that all schools and colleges support postgraduate professional education and training, specifically residencies, as part of their mission. (Source: *Council of Deans, 2005*)

AACP supports accreditation by a federally recognized accrediting agency for all member institution-affiliated residency programs. (Source: *Task Force on the Role of Colleges and Schools in Residency Training, 2004*)

AACP encourages its member schools and colleges to assure that the nontraditional pathways used to deliver doctor of pharmacy (Pharm.D.) educational programs fully adhere to applicable accreditation standards and guidelines. Further, the American Council on Pharmaceutical Education accreditation process should include self-study and program review for these nontraditional pathways. (Source: *Board of Directors, 1997*)

AACP supports mechanisms for practicing pharmacists to obtain earned Doctor of Pharmacy degrees. (Source: *Members, 1992*)

AACP supports the development within the pharmacy profession of mechanisms that assess, validate, and certify pharmacists' competencies at or beyond contemporarily defined levels for general practice. (Source: *Professional Affairs Committee, 1992*)

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AACP supports activities by colleges that enhance the quality and quantity of residency training programs in all pharmacy practice settings and recognizes that residency training is an essential element in developing differentiated (specialized) practice roles. (Source: *Academic Affairs Committee, 1990*)

Specialization in pharmacy should be developed through postgraduate education or training programs, such as residencies and fellowships. (Source: *Academic Affairs Committee, 1990*)

AACP supports residencies and certificate programs that develop advanced clinical and administrative knowledge and skills in the delivery of comprehensive pharmacy services in the ambulatory care setting. (Source: *Professional Affairs Committee, 1989*)

AACP defines certificate programs as structured and systematic postgraduate educational and training experiences for pharmacists that are generally smaller in magnitude and shorter in time than degree programs, and that impart knowledge, skills, attitudes and performance behaviors designed to meet specific pharmacy practice objectives. (Source: *Professional Affairs Committee, 1988*)

AACP has a role to foster and encourage the development of quality clinical science training and research, and the Association should initiate a study to establish the quality criteria and norms for these programs. (Source: *Research and Graduate Affairs Committee, 1988*)

Certificate programs should be based on sound educational principles and standards and must include the following critical elements: a. competency-based objectives and measurable outcomes; b. didactic and experiential components; and c. program and participant evaluation. (Source: *Professional Affairs Committee, 1988*)

## **Policies on Professional Affairs**

AACP supports research, education, and development of practice models to promote safe medication practices as the standard of care in all practice settings. (Source: *Argus Commission, 2007*)

Students, faculty and practitioner educators should work to achieve cultural competence and to deliver culturally competent care as part of their efforts to eliminate disparities and inequalities that exist in the health care delivery system. (Source: *Argus Commission, 2005*)

AACP member colleges and schools encourage their students who are seeking employment opportunities in community pharmacy practice to include the sale of cigarettes and other tobacco products among the factors to be considered in their employment decisions. (Source: *Members, 2003*)

AACP members educate the public about the expanded scope of pharmacy practice and advocate for payment of services rendered. (Source: *Council of Deans, 2003*)

AACP should commend pharmacies that do not sell cigarettes and other tobacco products. (Source: *Members, 2003*)

AACP urge the pharmacies that currently sell cigarettes and other tobacco products to discontinue doing. (Source: *Members, 2003*)

AACP affirms that the responsibility for the accuracy, efficiency, and safety of dispensing medication is a component of pharmaceutical care. (Source: *Argus Commission, 2000*)

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AACP affirms that pharmacists must be responsible for the design and operation of medication dispensing and distribution systems. (Source: *Argus Commission, 2000*)

AACP supports the position that pharmaceutical care is pharmacy's most essential and integral contribution to the provision of primary care. (Source: *Professional Affairs Committee, 1994*)

AACP encourages its member colleges and schools to develop or enhance relationships with other primary care professions and educational institutions in the areas of practice, professional education, research, and information sharing. (Source: *Professional Affairs Committee, 1994*)

AACP supports the elimination of legal, structural, social, and economic barriers to the delivery of primary care health services that prevent competent health professionals from providing necessary health care services. (Source: *Professional Affairs Committee, 1994*)

AACP does not support the exchange of the baccalaureate degree for the doctor of pharmacy degree. AACP is committed to helping colleges develop realistic programs allowing pharmacists with a baccalaureate degree to earn a doctor of pharmacy degree. (Source: *Members, 1993*)

AACP encourages and/or supports appropriate local and national studies and analyses (e.g., manpower, Scope of Pharmacy Practice) and appropriate practice models supporting pharmaceutical care developed in all practice settings and supported by stakeholders. (Source: *Board of Directors, 1992*)

AACP supports proper studies of the scope, depth, and proficiency of pharmacy practice required to meet societal needs and demands for pharmaceutical care in different professional settings. (Source: *Members, 1992*)

AACP supports working in concert with community pharmacy practitioners and their professional societies to bring about needed change in the practice of pharmacy in the ambulatory and community settings. (Source: *Members, 1992*)

Pharmacy education is responsible for the preparation of pharmacists who may practice over a lifetime career. Consequently, pharmacy education must be involved in the development of a mission statement for the pharmacy profession, a definition of pharmacy practice and the revision of state pharmacy practice acts that reflect pharmacy's mission and definition. (Source: *Professional Affairs Committee, 1990*)

The American Association of Colleges of Pharmacy supports the transferring of all G.S. Title 4-Pharmacists to Title 38-Professionals as allowed under P.L. 96330. (Source: *Policy Development Committee, 1981*)

AACP opposes the use of the designation, PD. (Source: *Policy Development Committee, 1981*)

## **Policies on Professional Education**

AACP and member institutions should expand opportunities for students and faculty to provide culturally sensitive clinical and other service experiences in the context of global health care. (Source: *Board of Directors based on Argus Commission, 2008*)

AACP endorses the competencies of the Institute of Medicine for health professions education and advocates that all colleges and schools of pharmacy provide faculty and students meaningful

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opportunities to engage in interprofessional education, practice and research to better meet health needs of society. (Source: *Professional Affairs Committee, 2007*)

Students, faculty and practitioner educators should work to achieve cultural competence and to deliver culturally competent care as part of their efforts to eliminate disparities and inequalities that exist in the health care delivery system. (Source: *Argus Commission, 2005*)

AACP acknowledges the foundational role of the pharmaceutical sciences in the education of contemporary pharmacists, and to should include the pharmaceutical sciences in all future planning and agenda building based on the JCPP Vision Statement. AACP advocates that the *JCPP Future Vision of Pharmacy Practice* explicitly include the pharmaceutical sciences as part of the necessary foundation for the education of pharmacists. (Source: *Members, 2005*)

AACP supports and encourages the implementation of on-going program assessment processes at member institutions for the purpose of enhancing the quality of educational programs and student services. (Source: *Academic Affairs Committee, 2004*)

AACP supports interdisciplinary and interprofessional education for health professions education. (Source: *Professional Affairs Committee, 2002*)

AACP affirms and endorses the principles contained in the Statement on Affirmative Action and Diversity of the American Council on Education (ACE) (see Appendix A). (Source: *Board of Directors, 1996*)

AACP encourages schools and colleges of pharmacy to incorporate the active participation of pharmacy students into the admissions process for professional students. (Source: *Council of Deans/APhA-ASP Task Force on Professionalism, 1996*)

AACP supports the inclusion of the educational outcomes, competencies and processes contained in Background Paper II in the revised accreditation standards and guidelines of the American Council on Pharmaceutical Education. (Source: *Board of Directors, 1992*)

The official position of AACP is to support a single entry-level educational program at the doctoral level (Pharm.D.) that is at least four professional academic years in length, and follows preprofessional instruction of sufficient quality and length (two-year minimum) to prepare applicants for doctoral-level education. (Source: *Board of Directors, 1992*)

AACP will assist in the establishment of a Pharm.D. implementation planning process to be developed with the full participation of all stakeholders in pharmaceutical education and to address such issues as curricular outcomes, planning and programmatic evaluation, quality of educational programs, fiscal and human resources required to implement Pharm.D. programs, and postgraduate education and training, including degree equity. (Source: *Board of Directors, 1992*)

AACP member colleges and schools should now commit themselves to planning for the implementation of the Pharm.D. degree as the sole entry-level degree. (Source: *Board of Directors, 1992*)

AACP urges colleges and schools of pharmacy that currently offer doctor of pharmacy programs to examine, analyze and revise as appropriate, their doctor of pharmacy curriculums to assure that they are based on and reflect the philosophy of pharmaceutical care. (Source: *Board of Directors, 1992*)

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AACP supports a rational, carefully thought-out approach of refining pharmacy education to produce graduates adequately prepared to provide pharmaceutical care in a variety of practice areas. (Source: *Members, 1992*)

AACP supports appropriate titles for degrees in pharmacy based on careful evaluation of academic entry criteria, didactic and experiential course requirements, the depth, length, and complexity of the curriculum, and traditional university standards for awarding academic degrees. (Source: *Members, 1992*)

AACP supports the examination of the philosophy, purpose, requirements, rigor, and intensity of the Doctor of Pharmacy degree program, and should take appropriate measures to align the standards of the Doctor of Pharmacy degree with those of other professional doctorates. (Source: *Members, 1992*)

AACP member colleges and schools immediately commit themselves to curricular change with engenders competencies and outcomes essential to pharmaceutical care, and strengthens the effectiveness of the process of pharmaceutical education. (Source: *Board of Directors, 1991*)

AACP and its member colleges and schools adopt pharmaceutical care as the philosophy of pharmacy practice on which practitioner education must be based. (Source: *Board of Directors, 1991*)

AACP supports inclusion in the professional pharmacy curriculum of didactic and experiential material related to the supervision and management of supportive personnel in pharmacy practices. (Source: *Professional Affairs Committee, 1990*)

Pharmacy education is responsible for the preparation of pharmacists who may practice over a lifetime career. Consequently, pharmacy education must be involved in the development of a mission statement for the pharmacy profession, a definition of pharmacy practice and the revision of state pharmacy practice acts that reflect pharmacy's mission and definition. (Source: *Professional Affairs Committee, 1990*)

AACP and its member schools must assume the responsibility for developing and implementing a long-term commitment for the renewal of pharmacy education. Essential to this commitment will be establishing a broadened perspective of curriculum as an educational plan based on well-defined outcome goals, strategies for relating educational content and process to those goals, and ongoing assessments of student progress and program effectiveness. (Source: *Academic Affairs Committee, 1989*)

The leaders in our colleges and schools of pharmacy must assume the responsibility for developing an academic environment in their individual institutions. This environment should provide the opportunity for students and faculty to study, explore, question and discuss scientific, technical, professional, ethical and social issues and subjects pertinent to professional and graduate pharmaceutical education and to scholarship in pharmacy and its related disciplines. (Source: *Academic Affairs Committee, 1988*)

AACP supports programs, forums and activities which will assist schools with the integration of liberal education outcomes into the pharmacy professional curriculum. (Source: *Academic Affairs Committee, 1988*)

AACP recognizes and strongly supports the primary function of the colleges and schools of pharmacy as being professional education, and recognizes the graduate education should not compete with, but complement, professional education. AACP should take an active leadership role in promoting pharmaceutical graduate education and research. (Source: *Research and Graduate Affairs Committee, 1988*)

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Official ballot on the entry level degree issue at the AACP 1985 House of Delegates: I vote (please check one): (78) a. to maintain either the baccalaureate (B.S. or B.Pharm.) degree and/or the Doctor of Pharmacy (Pharm.D.) degree as the entry level degree programs for the profession of pharmacy, or (56) b. to establish the Doctor of Pharmacy (Pharm.D.) degree as the sole entry level degree for the profession of pharmacy. [superseded by 1992 policy] (*Source: Bylaws and Policy Development Committee, 1985*)

The American Association of Colleges of Pharmacy supports the principle of differentiated professional programs, and future AACP committees and member schools are encouraged to study how differentiation might be implemented and to what extent. (*Source: Academic Affairs Committee, 1984*)

Colleges of pharmacy must be encouraged to explore what elements of clinical education need to be provided in the patient care environment within differentiated programs, and should be encouraged to develop cost-effective, efficient methods of instruction (such as computer-assisted, auto-tutorial programs) to adequately prepare students for clinical experiential courses. These educational strategies should be implemented as an adjunct to, and not as a replacement of, needed, direct patient contact. (*Source: Academic Affairs Committee, 1984*)

The important role of the basic pharmaceutical sciences in the pharmacy curriculum is affirmed and the Association encourages its member institutions to continue to emphasize the various components of their curricula at a level commensurate with the significant contributions of these sciences to pharmacy education. (*Source: Policy Development Committee, 1983*)

AACP should urge schools and colleges of pharmacy to devise undergraduate curricular paths, each leading to the awarding of a degree and subsequent professional licensure, which optimally prepare students for entry into graduate programs. (*Source: Policy Development Committee, 1982*)

The Report of the Task Force on Pharm.D. Accreditation Standards, with the following amendment, is hereby adopted as Association policy, (Amendment: Delete the following sentence in the section, Standard No. 4, Guideline 2: "At least 200 of the required clock hours should be clerkship."). (*Source: Policy Development Committee, 1981*)

AACP staff and the AACP Task Force on Aging should prepare the resource materials which will facilitate pharmacy's local and state level planning activities related to the White House Conference on Aging. (*Source: Policy Development Committee, 1980*)

The Association urges colleges of pharmacy in each state to provide leadership in bringing all elements of the profession into a participation role with the White House Conference on Aging planning personnel in organizing and implementing the local and state hearings designed to identify the priority unmet needs of the elderly of the state. (*Source: Policy Development Committee, 1980*)

The Association urges colleges of pharmacy to respond to the recommendations of the 1980 AACP Task Force on Aging by directing educational and research programs to assist students and practitioners in developing the knowledge and skills necessary to properly care for the drug-related needs of the elderly. (*Source: Policy Development Committee, 1980*)

## **Policies on Supportive Personnel**

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AACP supports inclusion in the professional pharmacy curriculum of didactic and experiential material related to the supervision and management of supportive personnel in pharmacy practices. (*Source: Professional Affairs Committee, 1990*)

Training for technicians in pharmacy must be based on competencies derived from tasks which are deemed appropriate by the profession and currently performed by technical personnel. (*Source: Professional Affairs Committee, 1989*)

Pharmacy schools should offer their assistance to supportive personnel training programs to assure that programs meet appropriate educational objectives. (*Source: Professional Affairs Committee, 1987*)

Training for supportive personnel in pharmacy must be based on sound educational principles with clearly established competency objectives. (*Source: Professional Affairs Committee, 1987*)

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## Appendix A

### Statement on Affirmative Action and Diversity Adopted by the Board of Directors of the American Council on Education

May 25, 1995

The American Council on Education has a long-standing record of commitment to access to higher education for all qualified Americans and to the advancement of groups that in the past have been denied equal educational opportunity. This commitment is reflected in ACE's positions on public policy, its programmatic activities, and its employment practices. It has been expressed repeatedly in resolutions by the Board of Directors regarding affirmative action, nondiscrimination, equity, equal opportunity, and admission standards.

In light of recent questions about the impact of affirmative action in college and university admissions and employment, and the prospects for its continuation, the Board of Directors wishes to reaffirm its previous resolutions and restate its support for efforts by higher education institutions to achieve diversity in their student populations and their faculty and staff. This support is based upon the following beliefs:

- Diversity serves an important educational function. One of higher education's essential functions is to broaden the perspectives of students by exposing them to individuals from different backgrounds and to a variety of disciplines, cultures, and points of view. Given the enormous changes taking place in our nation and the world, no person in the 21st century will be considered to have received a quality education without such exposure.
- Diversity in higher education helps prepare students for the world of work and for participation in a democratic society. Employers in all sectors of the economy increasingly see diversity as critical to organizational success and competitiveness, and expect higher education to prepare students for a work environment characterized by diversity. They recognize that a diverse work force is a better, more productive work force — which is as true in higher education as it is in other sectors. In addition, as the economy increasingly demands higher levels of education for employment and advancement, the nation cannot hope to achieve true equality of opportunity unless it attains diversity among college students.
- Affirmative action helps guarantee equal employment opportunity in colleges and universities and enhances quality in higher education. As with other major employers, affirmative action has proved to be a useful tool to colleges and universities in ensuring compliance with fair employment practices and redressing past discrimination. A diverse faculty and staff is essential for colleges and universities to provide quality in teaching, scholarship, and service to the campus and the community.
- Colleges and universities should enjoy significant latitude in fulfilling their missions. One of the fundamental strengths of American higher education is the extraordinary diversity of its colleges and universities. Institutions differ greatly in their missions and serve a wide variety of constituencies. They employ a variety of quantitative and qualitative factors in the admissions process. Most colleges and universities have undertaken efforts to diversify their student bodies voluntarily, rather than as a result of legal requirements. For them to achieve their educational goals and serve society, it is important that colleges and universities retain the greatest degree of autonomy and freedom to develop their own admission, academic, and employment standards.

The nation's colleges and universities have made important strides in recent years toward ending discrimination and enhancing the participation and success of historically disadvantaged minorities and women of all races. This task, however, is far from complete. Various forms of affirmative action, from outreach and admission policies, to employment incentives, to specific raining programs, have played an important role in the relative success that has been achieved to date, and should not now be abandoned. Therefore, the Board of Directors of the American Council on Education strongly endorses the continued use of affirmative action in employment and admissions as part of the effort to achieve diversity and quality in American higher education.

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## **Appendix B**

### **Record of Archived Policy**

Colleges of pharmacy have a responsibility to develop practice/research/teaching role models in evolving health care settings. After development, these innovative areas of practice should become integrated into the experiential component of the pharmacy curriculum. *(Source: Academic Affairs Committee, 1987; Archived 2008)*

Curriculum committees of colleges of pharmacy need to review their respective curricula for the incorporation of biotechnology related material so as to adequately prepare the student for future practice. *(Source: Academic Affairs Committee, 1987; Archived 2008)*