



## **Cumulative Policies**

**1980-2012  
of the  
American Association of Colleges of Pharmacy  
House of Delegates**

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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*)

## **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*)

## **Policies on Curriculum**

AACP supports the development of accreditation criteria that are based upon the school of pharmacy's ability to develop measurable behavioral competencies in student pharmacists that incorporate knowledge and skills, as well as professional attitudes and values. (Source: *Council of Deans, 2012*)

AACP endorses evidence-based education, continuous quality improvement, rigorous accreditation standards and assessment. (Source: *Standing Committee on Advocacy, 2012*)

AACP supports the inclusion of the basic principles of clinical and translational research, including how such research is conducted, evaluated, explained to patients, and applied to patient care, in the professional pharmacy curriculum. (Source: *Section of Teachers of Pharmacy Practice*)

Curricular modifications should occur such that competencies for leading change in pharmacy and health care are developed in all student pharmacists, using a consistent thread of didactic, experiential and co-curricular learning opportunities. (Source: *Argus Commission, 2009*)

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*)

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

AACP affirms that preceptor development is essential to enhance the quality of experiential education and believes that preceptors should possess competencies that include, but are not limited to, leadership/management skills, embodiment of the development of a practice philosophy focused on improving patient outcomes, role modeling as a practitioner, commitment to excellence in scholarly teaching, effective communication skills, and encouragement of self-directed learning. (Source: *Standing Committee on Professional Affairs, 2012*)

AACP supports the inclusion of outcomes related to pharmacist supervision and management of pharmacy technicians in the professional degree program, as well as process analysis skills necessary to optimally integrate pharmacy technicians into pharmacy workflow and services. These outcomes should be addressed in the didactic and experiential components of the curriculum. (Source: *Bylaws and Policy Development Committee, 2011*)

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*)

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)

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

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)

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**

All pharmacy faculty have the responsibility to practice as scholarly teachers. Scholarly teaching is achieved when faculty use an evidence-based approach to deliver their discipline-specific content knowledge as well as their pedagogical knowledge of teaching and motivation. (Source: *Standing Committee on Academic Affairs*, 2012)

AACP encourages faculty members to provide leadership in pharmacy and health care and recognizes that they must be supported with appropriate faculty development, mentoring and reward systems. (Source: *Argus Commission*, 2009)

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: *Educating Clinical Scientists Task Force*, 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: *Educating Clinical Scientists Task Force, 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 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, in its broadest definition. (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 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*)

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**

AACP encourages its member institutions to support the development of dual degree programs that provide student pharmacists increased educational and research opportunities resulting in an expansion of graduates' academic or non-traditional pharmacy/healthcare career options. *(Source: Research and Graduate Affairs Committee, 2009)*

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: Educating Clinical Scientists Task Force, 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 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 believes that pharmacy faculty have a responsibility to use their experience to examine and document the effectiveness of pharmacist-provided pharmaceutical care as an essential element of primary care. *(Source: Professional Affairs Committee, 1994)*

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)*

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**

AACP advocates increased continuing education programs that address practitioner needs in the areas of addiction, substance abuse and recovery. *(Source: Special Committee on Substance Abuse, 2010)*

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)*

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 Postgraduate Education and Training**

AACP supports member schools and colleges in their efforts to invest in the expansion of postgraduate education and training programs that prepare pharmacists to be effective members of patient-centered health care teams. *(Source: Professional Affairs Committee 2011)*

AACP recognizes that residency training is an essential element in the preparation for practitioner-educator faculty roles and supports activities by colleges and schools that enhance the quality and quantity of residency training programs in all pharmacy practice settings. *(Source: Professional Affairs Committee, 2009)*

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*)

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*)

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*)

## **Policies on Professional Affairs**

AACP supports efforts to develop and maintain strong, mutually beneficial community-campus partnerships that demonstrate and recognize the value of education and science scholarship and innovative practice models that improve the quality of individual and community health outcomes. (Source: *Standing Committee on Advocacy, 2012*)

AACP supports the efforts of schools and colleges of pharmacy working with health care entities to promote and advocate for the inclusion, reimbursement and sustainability of pharmacist services as a required element of patient-centered care in all settings. (Source: *Professional Affairs Committee, 2011*)

AACP supports the Partnership for Patients and encourages all member institutions, faculty, preceptors and students to sign the Partnership pledge and participate in the work of the partnership at the local, state and national levels. (Source: *Board of Directors, 2011*)

AACP will assist colleges and schools of pharmacy to integrate the concepts of the Food and Drug Administration's Science of Safety into their teaching, research, and service. (Source: *Advocacy Committee, 2010*)

AACP supports the teaching and clinical application of core competencies in primary care health services delivery which are community-based and fully interprofessional. (Source: *Argus Commission, 2010, as revision to policy proposed by the Professional Affairs Committee, 1994*)

AACP encourages pharmacy faculty to use their experience to examine and document the effectiveness of pharmacist-provided medication therapy management services as an essential element of primary care. (Source: *Argus Commission, 2010, as revision to policy proposed by the Professional Affairs Committee, 1994*)

AACP supports the position that pharmacist-provided medication therapy management core elements are an essential and integral component of primary care. (Source: 2009-10 Argus Commission as revision to Professional Affairs Committee, 1994)

AACP supports the measurement of the attainment of all core competencies included in the current standards for accreditation in the national licensing examination for pharmacists. (Source: Social and Administrative Sciences Section, 2009)

AACP supports enhanced educational efforts to foster awareness among faculty members, student pharmacists and the public to combat drug counterfeiting. (Source: Advocacy Committee, 2009)

Administrators, faculty members and student pharmacists at all colleges and schools of pharmacy share responsibility for stimulating change in pharmacy practice consistent with the Vision for Pharmacy in 2015 developed by the Joint Commission of Pharmacy Practitioners. (Source: Argus Commission, 2009)

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 should 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 should 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 urges the pharmacies that currently sell cigarettes and other tobacco products to discontinue doing so. (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)

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

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)

## **Policies on Professional Education**

AACP encourages its member institutions to offer course work that develops the management, business, and entrepreneurial skills necessary for pharmacists to succeed as members of patient-centered health care teams. (Source: *Professional Affairs Committee, 2011*)

AACP encourages the use of the title “student pharmacist” for students enrolled in Doctor of Pharmacy degree programs. (Source: *Members, 2009*)

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 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 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*)

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 recognizes and strongly supports the primary function of the colleges and schools of pharmacy as being professional education, and recognizes the graduate education should complement professional education. AACP should take an active leadership role in promoting pharmaceutical graduate education and research. (Source: *Research and Graduate Affairs Committee, 1988*)

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 professional curricular paths, 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*)

## **Policies on Pharmacy Technicians**

AACP supports the creation of partnerships with other national pharmacy organizations to develop a framework to ensure an educated, trained, and certified pharmacy technician workforce to enable pharmacists to provide medication therapy management and other patient care services. (Source: *Professional Affairs Committee, 2011*)

AACP supports the inclusion of outcomes related to pharmacist supervision and management of pharmacy technicians in the professional degree program, as well as process analysis skills necessary to optimally integrate pharmacy technicians into pharmacy workflow and services. These outcomes should be addressed in the didactic and experiential components of the curriculum. (Source: *Bylaws and Policy Development Committee, 2011 in an amendment to the original policy statement from the Professional Affairs Committee, 1990*)

AACP supports training and education for pharmacy technicians that include outcomes deemed appropriate by the profession and that are based on sound educational principles. (Source: *Bylaws and Policy Development Committee, 2011 in an amendment to the original policy statement from the Professional Affairs Committee, 1990*)

AACP supports innovative relationships between colleges and schools of pharmacy and pharmacy technician education programs that enhance the quality of the respective educational programs offered by each. (Source: *Bylaws and Policy Development Committee, 2011 in an amendment to the original policy statement from the Professional Affairs Committee, 1990*)

## 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 training 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.

## **Appendix B**

### **Record of Archived Policy**

A full record of all archived AACP policy has been maintained at the AACP offices and is available to members via the AACP Web site: <http://www.aacp.org/governance/HOD/Pages/default.aspx>