The 2016 ACPE Accreditation Standard

From Appendix 1: Required Elements of the Didactic Doctor of Pharmacy Curriculum
Social/Administrative/Behavioral Sciences
   History of Pharmacy
      Exploration of the evolution of pharmacy as a distinct profession, the transition from a
      focus on the drug to a focus on the patient and the drug (including pharmacist-provided
      patient care), and major milestones and contributors in the evolution of pharmacy.

The Goal of the AIHP Guidelines on Teaching History of Pharmacy Education:
To guide and assist the pharmacy academy in the development of pharmacy history education that will
meet the 2016 ACPE Accreditation Standard. It is understood that these guidelines can be met in a
number of ways, from a distribution of the material throughout the curriculum to a portion of a single
course or a stand-alone course.

Recommended History of Pharmacy Content Coverage:
A. Introduction to the Study of Pharmacy History
   1. Purpose of learning the history of pharmacy
   2. Prehistoric and ancient Western therapeutics
   3. Non-Western traditional pharmacy and therapeutics (e.g., Ayurveda, Traditional Chinese
      Medicine, African, Unani, Shamanism)

B. Evolution of Pharmacy Practice
   1. Separation of pharmacy profession from the medical profession
      a. Concept of pharmacist arises in Medieval Islamic culture
      b. Edict of Frederick II, c. 1240
   2. Apothecary shop practice in colonial America and the Early Republic
   3. 1700 - 1865: In-shop manufacturer of ingredients and preparations
   4. 1820: Publication of the first Pharmacopeia of the United States demonstrates prescription
      writing and filling by meeting the need for drug standardization
   5. 1820 - 1940: Pharmacist as compounder of prescriptions/rise of the classic American drugstore
   7. 1930 - 1965: “Count and pour” dispenser and development of the chain drug industry
   8. 1965 - 1990: Clinical pharmacy era and diversification of the profession
   9. 1990 - 2005: Pharmaceutical Care era
   10. 2005 - Present: Medication Therapy Management and provider status
C. Pharmacy Regulation via State and Federal Governance
   1. State law impact on the profession and its practice:
      a. Pre-1870 attempts, primarily poison sales, abortifacent restrictions and discount sales\textsuperscript{15}
      b. 1870-1900: The Model Pharmacy Act and enactment of state pharmacy laws\textsuperscript{16}
      c. 1900-present: Evolution of the pharmacy board, and pharmacy and pharmacist regulation\textsuperscript{17}
   2. Federal law impact on the profession and its practice:
      a. 1848-present: Federal efforts concerned for safety in the drug production process and the drugs provided to the public\textsuperscript{18}
      b. 1914-present: Federal efforts to control addictive and abused substances\textsuperscript{19}
      c. 1962-present: Federal efforts to ensure the efficacy of the U.S. drug supply\textsuperscript{20}

D. Pharmacy Education
   1. Prior to 1821: Training through apprenticeship\textsuperscript{21}
   2. 1821: The beginnings of institutional pharmacy education\textsuperscript{22}
   3. 1862: The Morrill Land Grants College Act stimulates development of state universities\textsuperscript{23}
   4. 1867-1899: State board of pharmacy examinations stimulate diverse educational endeavors\textsuperscript{24}
   5. 1868: University of Michigan - first science-based state university program\textsuperscript{25}
   6. 1907-1932: Development of pharmacy education at the B.S. level\textsuperscript{26}
   7. Development of clerkship and residency training\textsuperscript{27}
   8. 1960: Establishment of the minimum five-year B.S. degree requirement\textsuperscript{28}
   9. 1975-2004: Establishment of the minimum Pharm.D. degree requirement\textsuperscript{29}

E. Growth of the Pharmaceutical Industry
   1. Early seeds of the industry—American Revolution: Andrew Craigie, Apothecary General, established first large-scale pharmaceutical manufacturing in the U.S.\textsuperscript{30}
   2. Post-American Revolution: Philadelphia became the center of the fledgling pharmaceutical industry\textsuperscript{31}
   3. Mid-19\textsuperscript{th} century: Tensions between community pharmacists and industry regarding compounding\textsuperscript{32}
   4. Early manufacturers: Farr & Kunzi (later named Powers & Weightman), Rosengarten & Sons, Merck & Company, Frederick Stearns, William Warner, Edward Squibb, and many others\textsuperscript{33}
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5. 1800s: Emergence of patent medicines

6. Early 20th century: Emergence of research & development within the pharmaceutical industry; the beginning of pharmaceutical industry associations

7. Research developments from academic-industry collaborations

8. Mid-20th century: Rise of the generic pharmaceutical industry

9. Late 20th century/early 21st century: Globalization, biotechnology, “blockbuster” drugs, horizontal consolidation and vertical integration

F. Pharmacy Associations

1. Middle Ages: Pharmacy Guilds form in Europe, and gain governmental recognition and authority

2. 1617: Society of the Apothecaries of London established with continuing overlap of professional roles in Great Britain and colonial America

3. 1821: Formation of the Philadelphia College of Pharmacy by local pharmacists in response to a perceived threat from the medical college in Philadelphia

4. 1852: American Pharmaceutical Association established as the first national association with goals of promoting a professional code of ethics and legal standards for drug quality

5. 1898: National Association of Retail Druggists established as the first sub-specialty association of pharmacists

6. 1942: Creation of American Society of Hospital Pharmacists as specialty organization for hospital pharmacists

7. Latter 20th Century and beyond: Creation of multiple specialty national pharmacy associations, some with local counterparts at the state level

Developed by the Historical Studies Committee of the American Institute of the History of Pharmacy (AIHP); approved by the AIHP Board of Directors, February 2017
Suggested Teaching Resources

2 Z, 6-27, 48-61; KU, 3-22
4 KU, 23-28; Z, 76-84.
5 KU, 34-36; Z, 65-73.
6 KU, 145-162; Z, 112-118.
8 KU, 256-263.
9 KU, 310-315; AP, 5-8.
11 AP, 11-14; KU, 310-315; CP, 5-21, 29-30.
14 CP, 164-165, Z, 237; PPL, 324-326.
15 KU, 213-214; AP, 75-76
16 KU, 214-219; AP, 76-78.
17 AP, 79-86.
19 KU, 223-225; Z, 213-215; PPL, 43-44.
20 PPL, 44-49; Z, 219-223.
22 KU, 227-232; AP, 37-41; Z, 163-168.
24 KU, 244-246; AP, 37-41.
27 CP, 178-179; Z, 229-233; KU, 320-322.
28 AP, 49-53; KU, 242-243.
29 CP, 156-158; AP, 49-53.
30 KU, 163-166; Z, 118-123.
31 KU, 326-327; AP, 55; Z, 184-186.
32 AP, 56-59; KU, 327-331.
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33 KU, 326-335; Z, 185-188.
34 Z, 136-142.
35 Z, 188-190; AP, 19-23, 67-73.
40 KU, 100-107; Z, 114-123.
41 KU, 189-194; Z, 148-150.
42 KU, 198-205; Z, 150-153; AP, 87-90.
43 KU, 205-208; AP, 91-99; Z, 154-156.
44 KU, 208-209; Z, 156-157; AP, 94-95; CP, 16, 132.
45 KU, 209-212; AP, 101-108; CP, 72-73.