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From
1980-2026
of the

American Association of Colleges of Pharmacy

House of Delegates

Policies on Accreditation

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)

Policies on Curriculum

AACP encourages timely curricular change that transforms education models and advocates for accreditation standards that are responsive and flexible, and that support effective assessment of the impact on students and faculty. (Source: Argus Commission, 2013)

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 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, bio imaging, computational methods, information technologies, and their psychological, social and economic implication. (Source: Argus Commission, 2008)

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

Policies on Experiential Education & Training

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)

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

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)

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)

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)

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)

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)

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 and Administration

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 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 and colleges/school 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)

Faculty development programs and collaborative research and teaching strategies should be expanded such that faculty at colleges and school 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 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 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)

AACP supports innovative faculty development to facilitate appropriate utilization of new models of teaching and learning. (Source: Argus Commission, 2013)

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)

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)

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)

Policies on Graduate Education and Research

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 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. (Archived: Research and Graduate Affairs Committee, 2011, 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)

Policies on Impairment

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

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)

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

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 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 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)

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)

AACP does not support the exchange of the baccalaureate degree for the doctor of pharmacy degree. AACP is committed to helping colleges develop realistic program 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

The American Association of Colleges of Pharmacy recognizes, supports, and appreciates the extraordinary efforts of its members in their flexibility and rapid adaptation to online delivery of didactic and experiential education, dedication to students, and exceptional service to their institutions in the face of the COVID-19 crisis. (Source: Social and Administrative Sciences Section, 2020)

AACP discourages the use of PCOA results for any use beyond which it has been validated and encourages further research on the use of the exam. (Source: Council of Deans, 2017)

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)

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 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)

AACP supports the establishment of a recognized triad relationship among the schools/colleges of pharmacy, boards of pharmacy, and state pharmacy associations for the successful advancement of pharmacy practice and the role of pharmacists in interprofessional patient and healthcare settings. (Source: Professional Affairs Committee, 2013)

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) A

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

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)

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 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)

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 affirms and endorses the principles contained in the Statement on Affirmative Action and Diversity of the American Council on Education (ACE). (Source: Board of Directors, 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 pre-professional 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)

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)

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 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)

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 program 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 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 Pharmacy Technicians (2011 and earlier: Supportive Personnel)