



**ARCHIVED POLICY**

**From  
1980-2017  
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**

### **Policies on Curriculum**

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

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)

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**

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*)

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 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*)

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**

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)**