



**Cumulative Policies  
1980-2019**

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

## **Table of Contents**

Policies on Accreditation	3
Policies on Conflicts of Interest	3
Policies on Curriculum	3
Policies on Experiential Education & Training	4
Policies on Faculty	6
Policies on Graduate Education & Research	8
Policies on Impairment	9
Policies on Postgraduate Education & Training	10
Policies on Professional Affairs	11
Policies on Professional Education	14
Policies on Pharmacy Technicians	16
Appendix A	
Record of Archived Policy	18

## **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 colleges and schools of pharmacy to support and maintain adequate staffing to sustain all necessary administrative functions, including but not limited to: curricula; student affairs; experiential education; academic services; assessment; research; and accreditation activities. (Source: Administrative Services Section 2018-19)

## **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 educational reform to adopt the framework of personalized learning in curricula to meet the advances in healthcare delivery. (Source: 2018-19 Academic Affairs Committee)

AACP encourages timely transformation of educational models and a culture of change enabling responsiveness, flexibility, and effective assessment of the impact of leaders, faculty, staff, and students on healthcare delivery. (Source: 2018-19 Academic Affairs Committee)

AACP advocates that 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 and takes into account the overall impact on faculty workload and balance. (Source: Academic Affairs Committee, 2018; Original Source: Argus Commission, 2009)

AACP supports, in conjunction with ACPE, the development, implementation, and evaluation of global health and international pharmacy education within the didactic and experiential curriculum for U.S. PharmD students. (Source: Global Pharmacy Education Special Interest Group, 2015)

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 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)

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

CP 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)

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 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 advocates for expansion of experiential learning opportunities, including IPPEs, APPEs and post-graduate training, in clinical and research environments operated by all relevant federal agencies. (Source: 2018-19 Argus Commission)

AACP is committed to supporting the Continuing Professional Development (CPD) of all preceptors to become competent educators for experiential education. (Source: Professional Affairs Committee, 2018)

AACP supports the development of preceptors to ensure role modeling of the use of the Pharmacists' Patient Care Process by preceptors. (Source: COD/COF Pharmacist Patient Care Taskforce, 2018)

AACP supports the ongoing development of the Essential Elements for Core APPEs and encourages their use in quality assurance in Experiential Education. (Source: Experiential Education Section, 2018)

AACP encourages pharmacists in all practice settings to be a preceptor to contribute to the future of the profession and the evolving health care system. (Source: Professional Affairs Committee, 2016)

AACP encourages members of the academy that use the traditional transactional model of experiential education (i.e., payment to an experiential preceptor/site per student per rotation) to transition to a model that reinvests experiential education resources to support the professional development/advancement of preceptors. (Source: Professional Affairs Committee, 2016)

AACP supports and recognizes the importance of adequately prepared preceptors, including non-pharmacists and non-US-based preceptors, for global health and international APPEs and training programs. (Source: Global Pharmacy Education Special Interest Group, 2015)

AACP encourages the development of strategic partnerships to accelerate access to value-based experiential education, especially within emerging health care settings. (Source: Professional Affairs Committee, 2015)

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**

AACP recognizes the positive role that research leadership development can play in the success of early and mid-career faculty. (Source: 2018-19 Research and Graduate Affairs Committee)

AACP values all types of research and scholarship including, but not limited to educational research, scholarship of teaching and learning, biomedical/pharmaceutical science, clinical science, or social/behavioral/administrative science research and encourages recognition and reward for faculty and staff who engage in efforts to create new knowledge and advance teaching. (Source: Academic Affairs Committee, 2018)

AACP encourages innovative faculty development to facilitate appropriate utilization of new models of teaching and learning and the continued study of these models through the scholarship of teaching and learning. (Source: Academic Affairs Committee, 2018; Original Source: Argus Commission, 2013)

AACP supports the measurement and evaluation of the practice-related activities of faculty with a practice component of their position during annual evaluations and tenure and promotion decisions. (Source: Council of Faculties, 2018)

AACP will work to foster training to prepare graduate students, postdoctoral trainees and new faculty for successful careers in academic pharmacy so they can contribute to both the education and research missions of the colleges and schools of pharmacy. (Source: Research and Graduate Affairs Committee, 2016)

AACP supports the inclusion of scholarship devoted to emerging and innovative technologies in promotion and tenure policies. (Source: Academic Affairs Committee, 2014)

AACP encourages retired or emeritus faculty members to make themselves available to assist schools and colleges of pharmacy based on their credentials in an area of expertise. (Source: Council of Faculties, 2013)

AACP supports the acknowledgement of the importance of the service contributions made by faculty and staff by assigning significant credit in the evaluation process. AACP recognizes the importance of everyone contributing to their community to affect change. (Source: Professional Affairs Committee, 2013)

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 programs of faculty development that enable faculty to be successful in all scholarly and research activities. (Source: 2018-19 Bylaws and Policy Development Committee. Original source is three existing policies identified as similar in intent. See Archived Policy for details)

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)

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

AACP encourages colleges/schools to foster and support faculty members in conducting research, including but not limited to the development, demonstration, documentation and evaluation of innovative practice roles. (Source: 2018-19 Bylaws and Policy Development Committee; Original 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)

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

AACP supports the training and development of an increasingly diverse population of researchers at colleges and schools of pharmacy through active efforts to promote graduate and professional education. (Source: Research and Graduate Affairs Committee, 2018)

AACP believes that core competencies are essential components of graduate education. (Source: Research and Graduate Affairs Committee, 2017)

AACP supports and encourages collaborative scholarship in the area of global health and international pharmacy education and practice. (Source: Global Pharmacy Education SIG, 2016)

AACP will work with the colleges and schools of pharmacy to promote innovation and excellence in graduate education programs, including new and established programs, to provide graduate students and postdoctoral trainees with professional development skills and career guidance that best prepares them for success in a wide array of opportunities in the workforce. (Source: Research and Graduate Affairs Committee, 2016)

AACP encourages member institutions to conduct regular external peer reviews and assessments of their graduate education programs, including masters, doctoral, and postdoctoral programs, in order to achieve and sustain excellence in research training. (Source: Research and Graduate Affairs Committee, 2016)

AACP supports the advancement of research that examines consumer needs and behaviors to engage them as active participants in their own and others' health care as well as research that characterizes how the practice activities of pharmacists should be adapted to meet the needs of engaged consumers. (Source: Argus Commission, 2013)

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 encourages colleges and schools of pharmacy to equip student pharmacists, faculty, preceptors and other practitioners with the knowledge, skills and abilities to assist providers, patients, families and caregivers with the challenges of effective pain management and the prevention and treatment of associated substance use disorders. (Source: Argus Commission, 2017)

AACP urges colleges and schools of pharmacy to commit to actions aimed at reducing the public health threat from opioid abuse and heroin use by utilizing teaching, research and patient-centered, team-based care that includes, but is not limited to: preparing every student to provide, administer, and educate on appropriate use of life-saving interventions to patients, as well as to individuals who may encounter those at risk of opiate overdose; engaging in education outreach with other healthcare providers; and providing continuing professional development to prepare practicing pharmacists to respond to requests for interventions that can reverse opioid overdose. (Source: AACP Board of Directors, 2016)

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 encourages expansion of curricular and co-curricular content that informs student pharmacists of career opportunities in clinical, research and administrative positions in all relevant federal programs. (Source: 2018-2019 Argus Commission)

AACP encourages the inclusion of Teaching and Learning Curriculum (TLC) Programs, which meet national guidelines, in post-graduate pharmacy training programs including residencies and fellowships and encourages schools and colleges of pharmacy to provide such programs. (Source: Section of Teachers of Pharmacy Practice, 2013)

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 the promotion of pharmacists as healthcare professionals that have the ability to evaluate, analyze, and synthesize patient-and population-based data. (Source: 2018-19 Academic Affairs Committee)  
AACP supports unbiased, systematic public health research on gun violence, including the determinants of gun violence and the actions required to prevent it. (Source: AACP Board of Directors, 2018)

AACP encourages the allocation of federal funds to the Centers for Disease Control and other relevant agencies to support a substantial public health research agenda on gun violence. (Source: AACP Board of Directors, 2018)

AACP supports the development and enforcement of local, state and federal laws, regulations and programs focused on reducing gun violence and promoting gun safety. (Source: AACP Board of Directors, 2018)

AACP supports the development and adoption of a common language document that clearly defines all the various terms used to describe pharmacists' patient care responsibilities, to serve as guidance for consistent instruction of the Pharmacists' Patient Care Process and documentation of patient care by students, faculty, preceptors and pharmacists. (Source: COD/COF Pharmacist Patient Care Taskforce, 2018)

AACP endorses the role of academic pharmacy as a leader in the dissemination of the Pharmacists' Patient Care Process across the profession. (Source: COD/COF Pharmacist Patient Care Taskforce, 2018)

AACP encourages colleges and schools of pharmacy to have an office or designated person(s) to focus specifically on community engagement. (Source: Advocacy Committee, 2017)

AACP recognizes the importance of academic pharmacy collaborating with pharmacy practice and other health professions in documenting and demonstrating the value of student pharmacists and pharmacy preceptors. (Source: Professional Affairs Committee, 2017)

AACP supports the creation of a national vision emphasizing the value of pharmacy education and colleges and schools of pharmacy to various stakeholders including patients and communities. (Source: Professional Affairs Committee, 2015)

Administrators, faculty members, preceptors and student pharmacists at all colleges and schools of pharmacy share responsibility for stimulating change in pharmacy practice consistent with the JCPP Vision for Pharmacy Practice and the Pharmacists' Patient Care Process. (Source: Professional Affairs Committee, 2015)

AACP supports ongoing mechanisms and collaborations that define the "Practice Readiness" of pharmacy school graduates and influence internal and external stakeholders. (Source: Professional Affairs Committee, 2015)

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 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 supports education on pharmacists' responsibility for contributing to the diagnostic process to help minimize errors, maximize patient safety and optimize health outcomes. (Source: Gloria R. Grice as an individual, supported by six additional AACP members)

AACP believes that Continuing Professional Development (CPD) significantly contributes to the concept of life-long learning for all administrators, faculty, staff, preceptors, students, pharmacy technicians and alumni. (Source: 2018-2019 Professional Affairs Committee)

AACP affirms that fostering leader, faculty, staff, and student wellbeing is a vital responsibility of the academy and individual schools and colleges (Source: 2018-19 Academic Affairs Committee)

AACP believes that all pharmacy graduates must enter practice with the requisite knowledge and competencies to achieve success in value-based practice and payment models, including but not limited to health informatics, data analytics and quality measurement and reporting. (Source: Argus Commission, 2018)

AACP believes that all administrators, faculty, staff, preceptors, student pharmacists and alumni should contribute to a culture of wellness and resilience in pharmacy education. (Source: 2017-18 Student Affairs Committee, 2018)

AACP supports the instruction of the Pharmacists' Patient Care Process across the curriculum to include basic sciences, clinical sciences, social and administrative sciences, and experiential learning. (Source: COD/COF Pharmacist Patient Care Taskforce, 2018)

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 encourages schools and colleges of pharmacy to proactively promote overall wellness and stress management techniques to students, faculty, and staff. (Source: Student Affairs Committee, 2017)

AACP encourages colleges and schools of pharmacy and all relevant testing organizations to provide testing accommodations for student pharmacists with disabilities, at no cost to the student, in accordance with applicable laws. Approval for accommodation should come from the testing organization who writes and facilitates the exam. AACP also encourages appropriate appeal policies be in place for accommodations that have been denied or modified from what was requested. (Source: Taskforce on Diversifying Our Investment in Human Capital, 2017)

AACP affirms its unequivocal support of equal opportunities for employment, advancement, compensation, access to resources, professional development, and leadership positions for all faculty, administrators, preceptors, trainees, students and staff affiliated with colleges and schools of pharmacy. AACP opposes discrimination based on an individual's gender, gender identity or expression, race, color, religion, national origin, age, disability, genetic information, sexual orientation, or any other category protected by federal or state law. (Source: Submitted by nine (9) AACP Members, 2017)

AACP recognizes that a diverse student body, faculty, administration, and staff contribute to improvements in health equity and therefore encourages member institutions to develop faculty, staff, pharmacists and scientists whose background, perspectives, and experiences reflect the diverse communities they serve. (Source: Taskforce on Diversifying our Investment in Human Capital, 2016)

AACP supports the use of holistic review admissions processes for pharmacy education to provide a diverse learning environment and health workforce to advance health equity. (Source: Special Committee on Admissions, 2015)

AACP supports the use and development of emerging and innovative technologies to enhance pharmacy and interprofessional education. (Source: 2018-19 Bylaws and Policy Development Committee; Original Source: Academic Affairs Committee, 2014)

AACP affirms the value of diversity and inclusivity in all elements of the academic mission and of the institutional policies and practices that achieve such goals. (Source: Argus Commission, 2014)

AACP supports the development of an increasingly diverse population of pharmacists to serve as part of health care communities and teams that reflect the diversity of the populations served. (Source: Argus Commission, 2014)

AACP encourages a culture of intellectual curiosity, entrepreneurship, innovation and nurturing agents of change in schools /colleges of pharmacy. (Source: Academic Affairs Committee 2018-19; Original Source: Professional Affairs Committee, 2013)

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)

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 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 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 completion by pharmacy technicians of an accredited pharmacy technician education/training program, certification by an accredited certification agency, and registration by state boards of pharmacy. (Source: Professional Affairs Committee, 2014)

AACP encourages schools/colleges of pharmacy to collaborate with pharmacy technician education/training programs in an area(s) of potential interest and enhancement for both entities. (Source: Professional Affairs Committee, 2014)

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 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: <https://www.aacp.org/sites/default/files/2019-08/aacp-archived-policies-1980-2019.pdf>