VIEWPOINTS

Reflections on a Decade of Progress in Pharmacy Education: Reasons for Celebration

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The profession of pharmacy recently passed a historic milestone that merits recognition, discussion, and celebration. I am referring to July 2010, which marked the passage of 10 years since all entry classes of pharmacy students were enrolled in doctor of pharmacy (PharmD)-only programs. Driven by the profession's aspirations for a larger role in health care, the Accreditation Council for Pharmacy Education (ACPE), a decade ago, began accrediting only pharmacy education programs that met its standards for the PharmD degree.

The successful transformation of pharmacy education over the past 10 years is a tribute to the leadership of the administrators and faculty members at accredited colleges of pharmacy, the dedication of practitioners who take students under their wings for experiential instruction, the support of ACPE's 3 sponsors (American Association of Colleges of Pharmacy, American Pharmacists Association, and National Association of Boards of Pharmacy), the guidance and advice of other pharmacy organizations, and the work of the board of directors, other volunteers, and staff members of ACPE.

All of the colleges and schools of pharmacy in operation 10 years ago met the deadline for conversion from the bachelor of science (BS) degree to the PharmD entry-level (first professional) degree. This was an enormous achievement. It involved marshalling resources for an additional year of instruction and making significant changes in the content and structure of the curriculum, including the addition of introductory pharmacy practice experiences (IPPE) and expanded advanced pharmacy practice experiences (APPE).

Demonstrating immense ingenuity, many colleges and schools of pharmacy during this period pioneered new ways of applying their resources to meet the challenge of preparing new pharmacists for an expanded role in health care. These innovations included:

- Distance education, both synchronous and asynchronous
- Creation of branch campuses (with or without distance education)
- 3-calendar-year curricula
- 2-plus-2 curricula
- Modular curricula organized by body organ system/disease states
- Integrated instruction in the biomedical, pharmaceutical, social/behavioral/administrative, and clinical sciences
- Team-based instruction
- Problem-based learning initiatives
- Service-learning initiatives
- Expanded use of high-tech simulation in teaching
- Facilitated dual-degree curricula (PharmD with master of business administration [MBA] degree, master of public health [MPH] degree, doctorate [PhD] degree, etc)

This spirit of innovation among colleges and schools of pharmacy was supported by the revisions in the standards for pharmacy education that ACPE adopted in 2007. Examples of that support through revised standards include:

- Required interviews of student applicants as part of the admission process
- Greater use of active-learning techniques
- Outcomes-based assessment of student learning and curricular effectiveness
- Outcomes-based programmatic assessment
- Greater interprofessional instruction
- More curricular emphasis on medication safety, cultural competence, professionalism, and research principles
- Higher expectations for quality IPPEs and APPEs
- Accommodation of new areas of science in pharmacy, including pharmacoeconomics and pharmacogenomics
- Expanded use of portfolios to document faculty member and student progress and competencies
- Improved preparation of preceptors as educators, assessors of student competence, and innovators in practice

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- Improved awareness of practice issues among science faculty members (stemming from shadowing experiences, increased dialogue with clinical colleagues, etc)
- More student involvement in college operations (committees, interviews, admissions process, etc)

Notably, the ACPE now includes the Joint Commission of Pharmacy Practitioners (JCPP) *Vision for Pharmacy Practice in 2015* in the accreditation standards for both the evaluation of pharmacy degree programs and continuing education providers. The JCPP vision is: “Pharmacists will be the health care professionals respon-

sible for providing patient care that ensures optimal medication therapy outcomes.”

Everyone in the profession can take pride in the remarkable progress in pharmacy education over the past decade. The changes we have witnessed were anchored in standards, and the standards were linked to a vision of the future in which patients have improved health outcomes because pharmacists were there—with the necessary knowledge, skills, and abilities—to help them.

Let us pause to reflect and celebrate a decade of progress in pharmacy education. Our work is not done, of course, but our momentum is moving us in the right direction.