

THE COVID-19 PANDEMIC ACROSS THE ACADEMY

Assuring Quality in Pharmacy Education During a Time of Crisis

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The COVID-19 pandemic has disrupted all facets of pharmacy education, including accreditation and certification activities. In a very short period of time, Doctor of Pharmacy (PharmD) programs and pharmacy technician programs had to convert to teaching classes online, experiential education sites had to figure out how to train student pharmacists and pharmacy technicians while ensuring their safety, continuing pharmacy education providers had to move their in-person courses online, and the Accreditation Council for Pharmacy Education (ACPE) had to postpone accreditation site visits. Given the challenges faced by our constituencies, the ACPE implemented processes and suggested solutions that stayed within the boundaries of the standards while at the same time allowing flexibility so that organizations could achieve their educational outcomes even given the constraints produced by the pandemic.

Keywords: accreditation, COVID-19, quality, pharmacy education

INTRODUCTION

I knew when I started as the Executive Director of the Accreditation Council for Pharmacy Education (ACPE) in 2019 that the job was going to require a steep learning curve. However, I could have never envisioned that just a few months into my new position, I would be confounded by a world-wide pandemic that impacted not only pharmacy education but the entire profession. Our fairly structured processes at ACPE had to be reviewed to address the unprecedented global situation. We were faced with a series of questions related to our college accreditation arm, upcoming site visits, experiential learning, continuing education (CE), and an upcoming board meeting, to name just a few. Specific questions included, were we going to be able to do site visits? What should we do about the teams that were already on the road, in the air, or about to leave for a visit? Should we try to schedule visits virtually? These were some of the first questions that had to be addressed. We were also starting to hear from schools that faculty travel was being restricted, campuses were closing, and programs were moving to all online classes. So, then, what happens to laboratories and other hands-on experiences? Next, schools were being told that experiential education sites were no longer accepting students. Students were beginning to worry about their safety and questioning whether they should

continue to go to experiential sites. Would they be adequately protected if the site involved patient care? This is a snapshot of the kinds of issues and inquiries that were raised. These concerns were just from colleagues working in the college accreditation arm of ACPE.

Similar questions were being asked by the technician programs that the American Society of Health-System Pharmacists (ASHP) and ACPE accredit and from our ACPE-certified international pharmacy programs. Our CE and joint accreditation providers had many questions that needed to be addressed. CE accreditation reviews had to be handled. We also had to address meetings that had been scheduled, including commission meetings, appeal meetings, CE workshops, and a Board meeting. The ACPE Board meeting was scheduled for the end of June but there were some members who were not going to be allowed to travel to the meeting. We had to decide whether to move that meeting and, if so, what the ramifications would be as several schools' accreditation terms expired on June 30, 2020. We, like other organizations, also had to address the stay-at-home order that was implemented in Illinois, where the ACPE is located, at the end of March, which meant we needed to ensure adequate computer equipment and internet access to enable our employees to work remotely. For me, not being at the office meant I could not just drop by somebody's office to run an idea past them, ask a question, or discuss how to handle the new issues that constantly arise even when things are normal. Everything had to be done remotely. Thus, the pandemic situation added to the already steep learning curve I faced.

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What was going on at ACPE was going on in one way or another at all US and international schools and colleges of pharmacy, our Continuing Pharmacy Education (CPE) and Joint Accreditation providers, and our ACPE/American Society of Health-System Pharmacists (ASHP) accredited technician programs. While some of the issues were different, everyone suddenly had to adapt to new ways of doing business. We all had to become experts very quickly at attending meetings via video-conferencing and doing business at a distance.

Influence of Other Organizations

To further complicate the situation, across other health professions, guidance was being issued by other organizations that inadvertently affected pharmacy programs. The Association of American Medical Colleges (AAMC) and the Liaison Committee on Medical Education (LCME) issued several joint statements providing guidance regarding medical students' participation in direct patient care activities.¹ These guidance documents strongly suggested that medical students not be involved in direct patient care activities. This directly affected pharmacy students in several ways. Experiential education sites began questioning whether they should take pharmacy students and some chose to immediately stop all experiential training based on the guidance for medical students as well as on other factors. Medicine has more flexibility than pharmacy with regard to clinical rotations as their goal is to graduate a residency-ready practitioner who will then complete a supervised residency program, whereas pharmacy's graduates need to be practice-ready and eligible to take the pharmacist licensure examination upon graduation (which was less than three months away when the COVID-19 outbreak was declared a pandemic). As we began to receive reports of health-systems canceling student experiential rotations, ACPE reached out to the American Society of Health-System Pharmacists (ASHP) staff for assistance. Paul Abramowitz, CEO of ASHP, agreed to address the issue in one of his blogs in which he noted that student pharmacists are "valuable patient care providers and integral to their operations and patient care teams."²

Excellence, Creativity, Innovation, and Flexibility

The ACPE is recognized by the US Department of Education (USDE)³ as responsible for the accreditation and pre-accreditation of US programs leading to the Doctor of Pharmacy (PharmD) degree, including those programs offered via distance education. As such, the ACPE's accreditation requirements and process must follow all USDE rules and regulations. In addition, ACPE is also recognized by the Council for Higher Education

Accreditation (CHEA),⁴ a private, nonprofit national organization that coordinates accreditation activity in the United States. The CHEA represents more than 3,000 colleges and universities and 60 national, regional, and specialized accreditors. The CHEA carries out periodic review of ACPE to affirm that we are meeting all CHEA recognition standards of academic quality, accountability, transparency, and effective organization and practice.

The role of ACPE is to ensure and advance excellence in pharmacy education. We take that mission very seriously. The ACPE's goal during the pandemic has been to provide flexibility to accredited and certified programs while maintaining the requirement that all standards be met. The ACPE advocates that creativity and innovation are key to successfully educating student pharmacists during the pandemic. However, if a significant number of our experiential education sites refused to educate pharmacy students, we were going to have some difficult conversations. Schools cannot graduate a student pharmacist who has not seen a patient or spent time in a hospital or community pharmacy and therefore is not practice ready. Our dilemma was how to balance quality in pharmacy education with the realities of the COVID-19 pandemic. Our first goal was to listen to the issues being experienced by our constituencies. At the beginning of the pandemic, ACPE staff members began to field emails and phone calls from all sectors of our operations looking for advice on how to handle the myriad of problems caused by the pandemic that prevented business as usual. Dr. Greg Boyer, ACPE Director of Professional Degree Program Accreditation, and I participated in a series of conference calls that were arranged and co-hosted by the American Association of Colleges of Pharmacy (AACCP) and included almost all of the deans of schools and colleges of pharmacy in the United States. From those calls, we were better able to identify the problems and, in turn, suggest solutions that stayed within the boundaries of the standards but allowed some flexibility. The questions received from various emails and phone calls then led to guidance documents that were sent to deans several times throughout the pandemic with the goal of sharing solutions to common problems faced by PharmD programs.

ACPE COVID-19 Policies and Solutions for Programmatic Accreditation

With regard to COVID-19, the ACPE is required to follow regulations from both the USDE and CHEA in order to maintain our status as a recognized accreditor. While both organizations allowed us some flexibility, certain regulations were still in place that have affected how we are handling PharmD program accreditation policies and decisions during the pandemic. For example,

the ACPE has been approached by several schools who were scheduled for site visits in either spring or fall of 2020 asking if we could do a virtual site visit instead of an onsite visit. The Department of Education is allowing virtual site visits on a temporary basis based on pre-determined parameters (eg, the school is in good standing) during the pandemic because of travel restrictions. However, they require that a face-to-face site visit be completed as soon after the virtual site visit as possible in order to meet the statutory and regulatory requirements for regular on-site inspections. Thus, this compromise would necessitate that the ACPE make two visits (one virtual, one in person) to each program. At this time, the ACPE Board has not made a decision regarding virtual site visits, but should we move in that direction, there would still have to be a follow-up onsite visit.

The USDE has also allowed flexibility to institutions to implement distance-learning solutions and, with that, provided flexibility to accrediting agencies to waive the normal distance-learning review requirements and approval processes. However, this is temporary. If a school anticipates that the distance-learning modalities are going to continue after the pandemic, they will be subject to normal review procedures by ACPE and the program should develop a distance-learning plan.

The USDE has also allowed flexibility to accreditors to extend the term of accreditation for a reasonable time frame during the pandemic. The ACPE plans to do this for several schools whose visits were cancelled this spring because of travel restrictions.

The CHEA also has recognition standards that ACPE is obligated to follow. One such expectation is ACPE must require programs to establish and make public their expectations for achievement of academic quality and indicators of student success. In addition, processes must be implemented to determine whether students and graduates meet the stated expectations for student success in aggregate form. One such outcome parameter that ACPE monitors is the scores of first-time test takers on the North American Pharmacist Licensure Examination (NAPLEX). These scores must be reported accurately on every program's website. The ACPE routinely audits these postings as a requirement for CHEA recognition. In January 2020, we issued letters to 19 schools whose published data did not reflect the most recently available NAPLEX results and, therefore, they were not in compliance with the ACPE policy. The ACPE is required to submit a link to the data on the program website to CHEA as part of our review. During CHEA's review, the ACPE can be cited if the data provided are not accurate. While this is not specifically related to COVID-19, it is illustrative of the reasoning

behind some of the information ACPE requires of its accredited programs.

Pandemic Effects on ACPE's other Divisions

The ACPE's Continuing Pharmacy Education (CPE) staff members also problem-solved with providers as many were being forced to transition live CPE programs into a virtual or online format. Some providers were responsible for educating health care professionals and first responders on COVID-19 testing and other topics pertinent to the pandemic. Creativity and innovation in content delivery and technology were challenges that had to be addressed. New keywords related to coronavirus needed to be identified and made available. A listing of coronavirus-related CE was developed and posted on the ACPE website.⁵ To allow flexibility during the pandemic, the CPE staff waived some policies related to the administrative components of CE activities. The ACPE was also notified that some CE professionals and/or entire CE departments had been furloughed. For the Joint Accreditation for Interprofessional Continuing Education, accreditation reviews were converted to virtual conference calls because many team members were not able to travel. A few of the organizations due to be reviewed had to postpone their review because they were first-line responding organizations.

The ASHP/ACPE accredited technician programs had issues similar to those experienced by our colleges and schools of pharmacy. Our partners at ASHP handled the many inquiries from these programs and also planned the first virtual Pharmacy Technician Accreditation Council Meeting. Virtual meetings were also held with providers to answer questions.

Fortunately, we were able to complete all of our international site visits for the spring 2020 cycle, but that also was not without issues. We had several teams in the field that had to be monitored. During one of the last ACPE international site visits, airports were beginning to close to flights coming from certain countries including one that our team was on, so that necessitated shortening the duration of the visit, extending each day's schedule to accommodate all sessions, and rescheduling everybody on different flights to get them home safely and without incident.

Unity in the Profession

Many of the issues that arose from the pandemic were profession-wide, and all of the national pharmacy organizations worked together to address them. Conference calls (first daily and then bi-weekly) were arranged with all of the Joint Commission of Pharmacy Practitioners (JCPP) organizations. During these calls, JCPP

organizations monitored and discussed legislation, advocacy, and other areas important to our profession. Many staff members in areas such as government affairs had additional conference calls to get all of the work done. We were able to schedule important virtual meetings with all of our organizations and various arms of the Food and Drug Administration (FDA) to express our viewpoints about topics such as drug shortages and the Health and Human Services guidance that authorized pharmacists to order and administer FDA-authorized COVID-19 tests.⁶ Our national organizations are stepping up to try and make the best decisions possible during these unprecedented times, and the ACPE is part of that dialogue and effort.

During the pandemic, ACPE has worked very closely with AACP. This included frequent calls and emails to discuss and brainstorm solutions to the various issues that the pandemic has placed on schools and colleges of pharmacy. Monitoring the AACP Connect discussion boards, an online platform for members to share and discuss important topics, also contributed to early identification of problems and potential solutions that ACPE could offer. The ACPE has worked very closely with our colleagues at the National Association of Boards of Pharmacy (NABP) when regulatory issues regarding NAPLEX, the Pharmacy Curriculum Outcomes Assessment (PCOA), or state licensure were raised. The NABP invited ACPE to participate in weekly state board of pharmacy calls, which are very instructive and informational on these issues. The ACPE also worked with the International Pharmaceutical Federation (FIP) as they developed the COVID-19 FIP Call to Action to ensure there was a statement included that affirms that student pharmacists are important contributors to the health care team and, where possible, are utilized to contribute to patient care as this is a critical component of a student pharmacist's education.⁷

Moving Beyond COVID-19

Even though many of the ACPE's normal operations have been altered by the pandemic, I still am in the process of fact-finding and listening. I have engaged our board members, staff members, and internal and external constituencies in conversations to determine the opportunities and challenges that ACPE may encounter in the months ahead. These dialogues included listening sessions at two national meetings, the ASHP Midyear Clinical Meeting and the AACP Interim Meeting. The American Pharmacists Association (APhA) Annual Meeting was cancelled, but I hope to engage with them at a later date. I also hope to connect with other national pharmacy associations when meetings and travel are

once again viable options. Furthermore, I have met with the leadership at NABP, ASHP, APhA, FIP, and the American Foundation for Pharmacy Education (AFPE), as well as the leadership of various accrediting bodies.

As I have mentioned previously, ACPE welcomes participation from the Academy in our activities. Every two years, our supporting organizations, AACP, APhA, and NABP, call for nominations of qualified individuals to serve on the ACPE Board of Directors. This is an opportunity to be directly involved in the decision-making of ACPE. Other opportunities to get involved include volunteering for the Continuing Pharmacy Education Commission, the International Commission, or the ACPE/ASHP Pharmacy Technician Accreditation Commission. Additional areas of involvement include volunteering to participate as a college's or school's site team member or as a continuing pharmacy education field reviewer. Later this summer, travel-permitting, the ACPE has three sessions planned to meet with leaders in experiential education, assessment, and curriculum to obtain feedback on various aspects of the self-study rubric and other areas relevant to ACPE. Participation from the Academy in ACPE activities is critical to guiding our future. Our constituencies have learned a lot during the COVID-19 pandemic. That knowledge, shared by our volunteers in the various capacities described above, will be very helpful to ACPE as we continue to move forward.

Additional goals, objectives, and priorities for ACPE will be identified through strategic planning, which has recently commenced. We have sent members of our constituencies surveys, and their responses will advise our strategic planning process. I look forward to receiving as much input as possible to inform our strategic planning, so please take time to respond. Furthermore, I aspire to continue to build a culture of communication and transparency both within and outside of the organization despite the hurdles the pandemic has raised.

CONCLUSION

As I reflect on the past few months of turmoil, I am grateful to the ACPE staff and to all of the faculty members and administrators that reached out to provide advice, suggestions, and ideas as to how we could address the academic issues brought on by the pandemic and still stay within the boundaries of the standards. This helped ACPE assist our accredited programs and achieve our mission and ultimate goal of assuring that graduates are practice-ready and able to take on the challenges of the pharmacy profession. While many of the challenges that faced academia with the class of 2020 have been met, we now face the reality of another academic year filled with

uncertainty and change. It is a turbulent time for academia and the pharmacy profession as well as for our country and the world. The ACPE staff will continue to partner with our constituents to fulfill our mission of assuring and advancing excellence and quality in pharmacy education.

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