Entrustable Professional Activities: Can They Help Us Better Educate Our Students?

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SHARED DISCOVERY CURRICULUM

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Community Campuses and Clinical Sites

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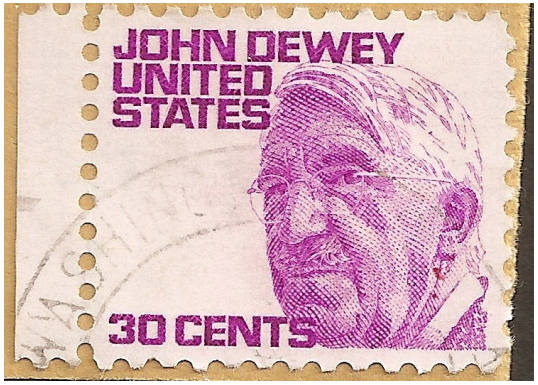
Agenda, kinda



Core Entrustable Professional Activities for Entering Residency

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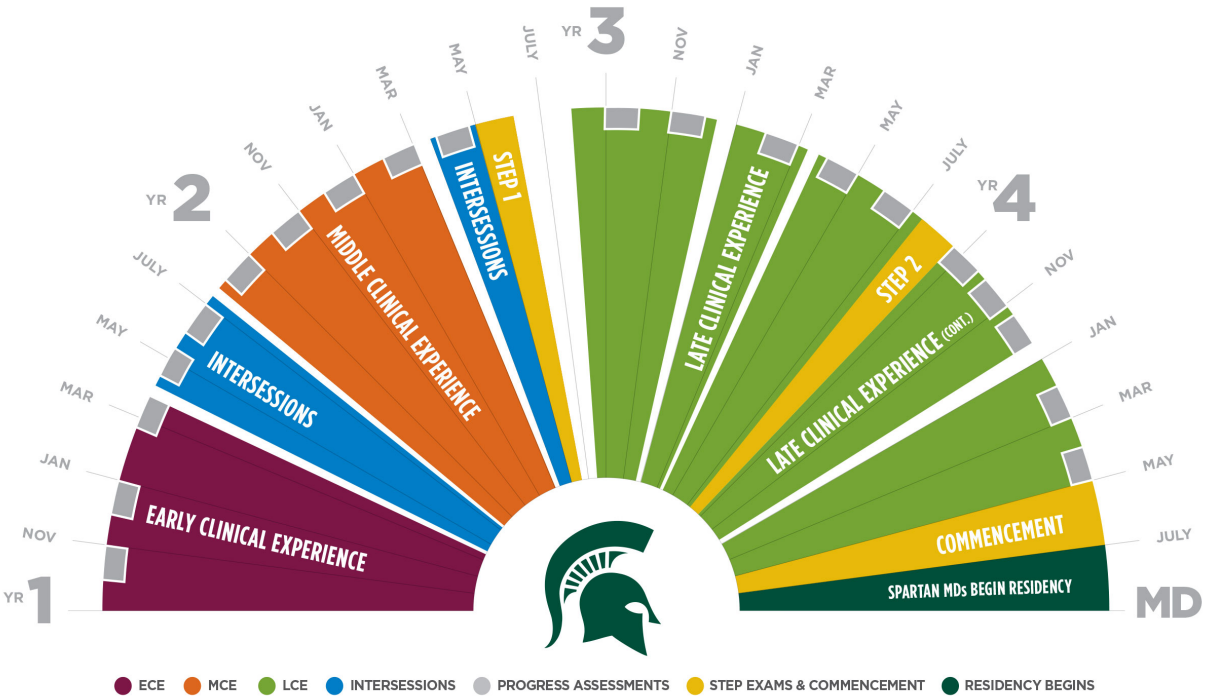

Aron's Underlying Themes in Education

- Learning is a biological process regardless of content
  - Multiple senses, repetition, strength of stimulus, change of site of learning, exercise
  - Rest, nutrition, some stress but not too much
  - Integration of content
- Usefulness
- Assessments need to match objectives
- The future role of faculty focuses on educational experiences and assessment…not content

Entrustability of professional activities and competency-based training

Olle ten Cate

Medical Education 2005; 39:1176-1177

- EPAs help translate competencies (theory) to measurable work (practice)
- EPAs are an entire work product that can be assessed
- EPAs require multiple competencies

- Competency
- “An observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attributes.”

Core Entrustable Professional Activities for Entering Residency: Faculty and Learners’ Guide

- Entrustable Professional Activity
- “EPAs are units of professional practice, defined as tasks or responsibilities that trainees are entrusted to perform unsupervised once they have attained specific competence. EPAs are independently executable, observable, and measurable in their process and outcome, and therefore, suitable for entrustment decisions.

Core Entrustable Professional Activities for Entering Residency: Faculty and Learners’ Guide

- Milestone
- “A milestone is a behavioral descriptor that marks a level of performance for a given competency.”

Core Entrustable Professional Activities for Entering Residency: Faculty and Learners’ Guide

Entrustable Professional Activities

- Entrustment
  - What does it mean for us to entrust our students and graduates?
    - Why does this feel different than certifying competency?
    - Can we measure “trustworthiness”
    - Or what if someone is technically sound but not conscientious.
  - What “critical deficiencies” prevent entrustment?

What makes for the “trust” in Entrustment

Discernment: Awareness of the limits of one’s clinical knowledge and skill.

Conscientiousness: Thoroughness and Dependability in following through with assigned tasks.

Truthfulness: Appropriate balance of truth and tact.

Innovation Report

Finding a Path to Entrustment in Undergraduate Medical Education: A Progress Report From the AAMC Core Entrustable Professional Activities for Entering Residency Entrustment Concept Group

David R. Brown, MD, Jamie B. Warren, MD, MPH, Abbas Hyderi, MD, MPH, Ronald E. Drusin, MD, Jeremy Moeller, MD, Melvin Rosenfeld, PhD, Philip R. Orlander, MD, Sandra Yingling, PhD, Stephanie Call, MD, Kyla Terhune, MD, Janet Bull, MA, Robert Englander, MD, and Dianne P. Wagner, MD, for the AAMC Core Entrustable Professional Activities for Entering Residency Entrustment Concept Group

Abstract

Problem
To better prepare graduating medical students to transition to the professional responsibilities of residency, 10 medical schools are participating in an Association of American Medical Colleges pilot to evaluate the feasibility of explicitly teaching and assessing 13 Core Entrustable Professional Activities for Entering Residency. The authors focused on operationalizing the concept of entrustment as part of this process.

Approach
Starting in 2014, the Entrustment Concept Group, with representatives from each of the pilot schools, guided the development of the structures and processes necessary for formal entrustment decisions associated with students’ increased responsibilities at the start of residency.

Outcomes
Guiding principles developed by the group recommend that formal, summative entrustment decisions in undergraduate medical education be made by a trained group, be based on longitudinal performance assessments from multiple assessors, and incorporate day-to-day entrustment judgments by workplace supervisors. Key to entrustment decisions is evidence that students know their limits (discernment), can be relied on to follow through (conscientiousness), and are forthcoming despite potential personal costs (truthfulness), in addition to having the requisite knowledge and skills. The group constructed a developmental framework for discernment, conscientiousness, and truthfulness to pilot a model for transparent entrustment decision making.

Next Steps
The pilot schools are studying a number of questions regarding the pathways to and decisions about entrustment. This work seeks to inform meaningful culture change in undergraduate medical education through a shared understanding of the assessment of trust and a shared trust in that assessment.

Editor’s Note: An Invited Commentary by Th.J.(Olle) ten Cate appears on pages 736–738.

Problem

Competency-based medical education is emerging as the predominant paradigm across the education continuum. Graduate medical education (GME) clinical competency committees periodically assess and report milestones achievements for their residents, but comparable systematic competency assessment and reporting structures do not exist in undergraduate medical education (UME), where the advancement process tends to focus primarily on identifying struggling students.[1–3] The transition to a competency- and outcomes-based educational model requires UME to move beyond the traditional time-based curriculum. Increased focus on competencies in GME has exposed a “gap between residency program directors’ expectations and new residents’ performance.”[1] To address this gap and ensure that all medical school graduates have a basic level of preparedness for the responsibilities of residency, a drafting panel convened by the Association of American Medical Colleges (AAMC) defined 13 Core Entrustable Professional Activities for Entering Residency (Core EPAs) that all graduating medical students might be expected to perform on day one of residency without direct supervision.[3,4] (See Englander et al[4] for the complete list of the 13 Core EPAs.)

In addition to addressing the UME-to-GME transition, the Core EPAs framework also offers a practical process for assessing competencies.[2,3] It allows educators to take a holistic approach to the assessment of competencies and their corresponding milestones because they represent the activities of

> the day-to-day work of the professional; situate competencies and milestones in the clinical context in which we live; make assessment more practical by clustering milestones into meaningful activities; [and] explicitly add the notions of trust and supervision into the assessment equation.[4]

By creating a shared understanding of specific professional workplace activities, clustering competencies and milestones to fit those activities, and crafting developmental models of the knowledge, skills, and attitudes associated with those activities, the Core EPAs framework guides the “gestalt” of supervisors so they are able to provide effective assessment and feedback about the ability of learners to perform specific professional activities in the workplace.[3]

Foundational to the Core EPAs framework are the concepts of trust[5,6] and supervision,[2] which include complex

Please see the end of this article for information about the authors.

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Acad Med. 2017;92:774–779.
First published online January 3, 2017
doi: 10.1097/ACM.0000000000001544

AAMC Entrustable Professional Activities for Entering Residency	
1. Gather a history and perform a physical examination	8. Give or receive a patient handover to transition care responsibility
2. Prioritize a differential diagnosis following a clinical encounter	9. Collaborate as a member of an interprofessional team
3. Recommend and interpret diagnostic and screening tests	10. Recognize a patient requiring urgent care and initiate evaluation and management
4. Enter and discuss orders and prescriptions	11. Obtain informed consent for tests and/or procedures
5. Document a clinical encounter in the patient record	12. Perform general procedures of a physician
6. Provide an oral presentation of a clinical encounter	13. Identify system failures and contribute to a culture of safety and improvement.
7. Form clinical questions and retrieve evidence to advance patient care	

Appendix 1. Mapping of the Core EPAs for New Pharmacy Graduates to the CAPE 2013 Educational Outcomes and the Pharmacists Patient Care Process [1,5-6]

EPA Domains & Core Statements			(PPCP) Pharmacist Patient Care Process	CAPE Domains and Subdomains														
				1	2			3						4				
EPA Domain		EPA Core Statement	5 step PPCP Process (select 1 or more) Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate	Learner	Caregiver	Manager	Promotor	Provider	Problem Solver	Educator	Advocate	Collaborator	Includer	Communicator	Self-aware	Leader	Innovator	Professional
1	Patient Provider	Collect information to identify a patient's medication-related problems and health-related needs.	Collect		X	X	X		X				X	X				
		Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	Assess	X	X				X					X				
		Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.	Plan	X	X	X					X		X					
		Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	Implement		X	X			X	X								
		Follow-up and monitor a care plan.	Follow-Up: Monitor & Evaluate		X	X						X		X				
2	Interprofessional Team Member	Collaborate as a member of an interprofessional team.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate	X					X		X	X		X	X	X	X	X
3	Population Health Promoter	Identify patients at risk for prevalent diseases in a population.	Collect				X	X		X		X	X	X				
		Minimize adverse drug events and medication errors.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate			X	X	X		X	X	X	X	X				
		Maximize the appropriate use of medications in a population.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate		X	X	X	X		X	X	X	X	X				
		Ensure that patients have been immunized against vaccine-preventable diseases.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate		X	X	X	X		X	X	X	X	X				
4	Information Master	Educate patients and professional colleagues regarding the appropriate use of medications.	Assess, Implement, Follow-Up: Monitor & Evaluate	X						X	X		X	X		X		X
		Use evidence-based information to advance patient care.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate	X									X	X			X	
5	Practice Manager	Oversee the pharmacy operations for an assigned work shift.	Assess, Plan, Follow-Up: Monitor & Evaluate			X			X					X	X	X	X	X
		Fulfill a medication order.	Implement			X			X					X				
6	Self-developer	Create a written plan for continuous professional development.	Collect, Assess, Plan, Implement, Follow-Up: Monitor & Evaluate												X			X

Appendix 1. Mapping of the Core EPAs for New Pharmacy Graduates to the CAPE 2013 Educational Outcomes and the Pharmacists Patient Care Process [1,5-6]

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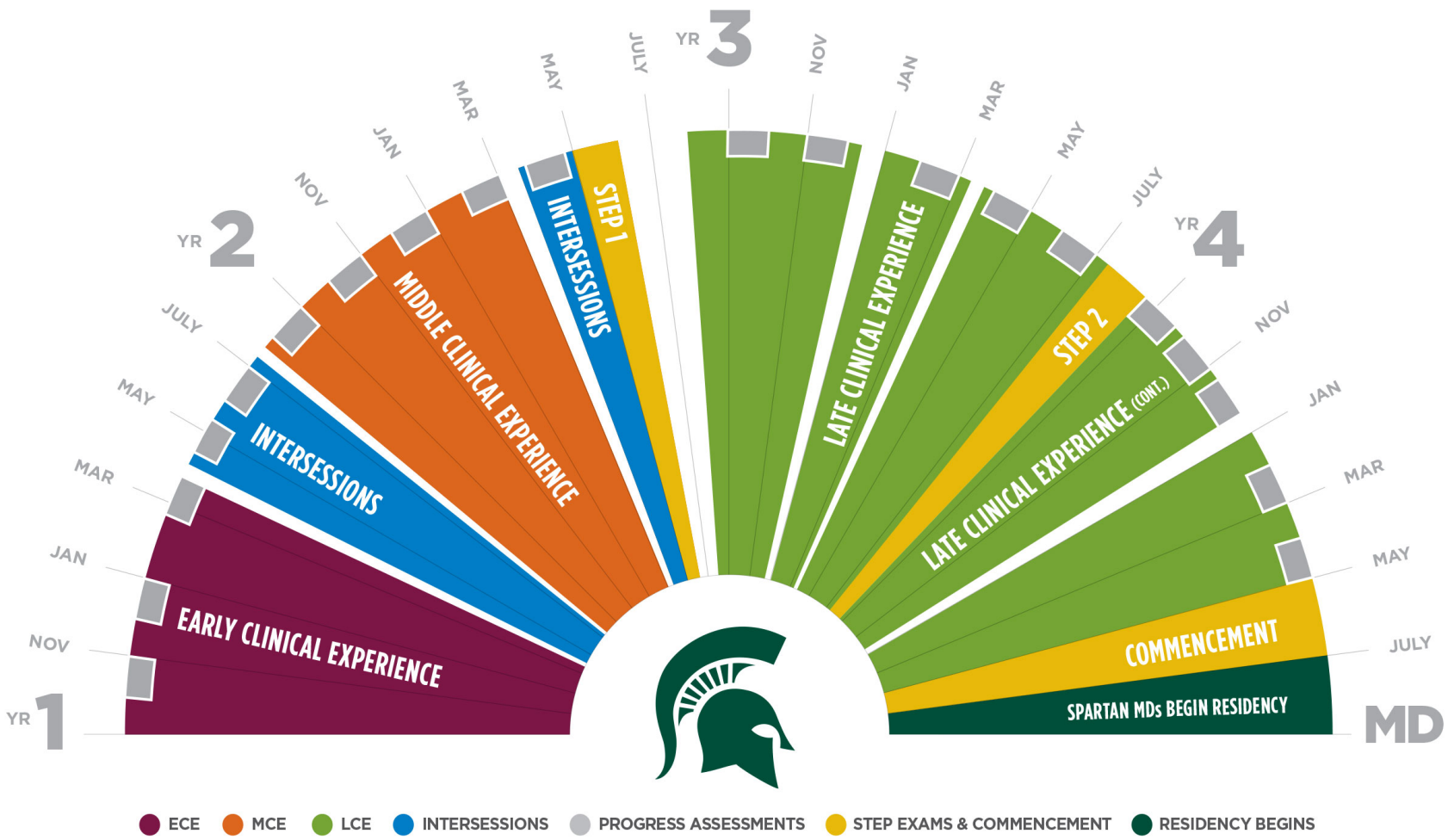
1	Patient Provider	Collect information to identify a patient's medication-related problems and health-related needs.	Collect		X	X	X		X				X	X				
		Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs.	Assess	X	X				X					X				
		Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.	Plan	X	X	X					X		X					
		Implement a care plan in collaboration with the patient, caregivers, and other health professionals.	Implement		X	X			X	X								
		Follow-up and monitor a care plan.	Follow-Up: Monitor & Evaluate		X	X						X		X				

Shared Discovery Curriculum



Relationship Between Competencies and

	EPA 1	EPA 2	EPA 3	EPA 4	EPA 5	EPA 6	
CHM	H+P	DDx	Tests	Rx	Notes	Present	ACGME
Service							
Care of Patients	x	x	x	x	x	x	Patient Care
	x	x		x	x	x	IC
Rationality		x	x	x		x	PBL&I
Integation			x	x	x		SBP
Professionalism					x	x	P
Transformation	x	x	x				MK

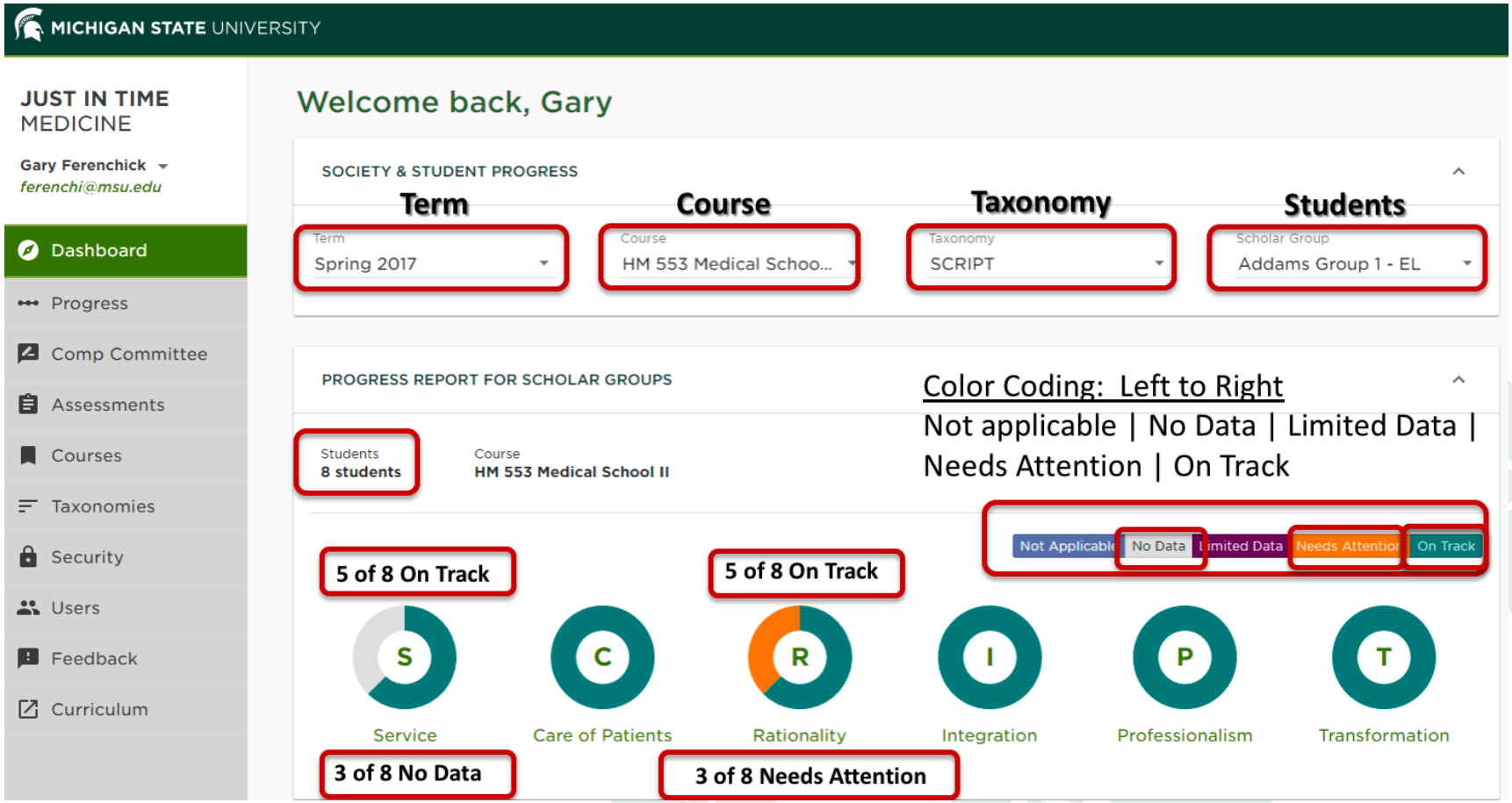
ACGME Abbreviations: PC=Patient Care &Procedural Skills IC=Interpersonal & Communication Skills, PBLI= Practice-Based Learning and Improvement, P=Professionalsim, MK=Medical Knowledge

Relationship Between Competencies and

	EPA 7	EPA 8	EPA 9	EPA 10	EPA 11	EPA 12	EPA 13	
CHM	Clinical Qs	Handover	Team	Sick??	Informed C	Procedures	Safety	ACGME
Service								
Care of Patients	x	x	x	x	x	x		Patient Care
	x	x	x	x	x	x	x	IC
Rationality	x	x		x			x	PBL&I
Integation			x	x			x	SBP
Professionalism		x	x		x		x	P
Transformation	x				x	x	x	MK

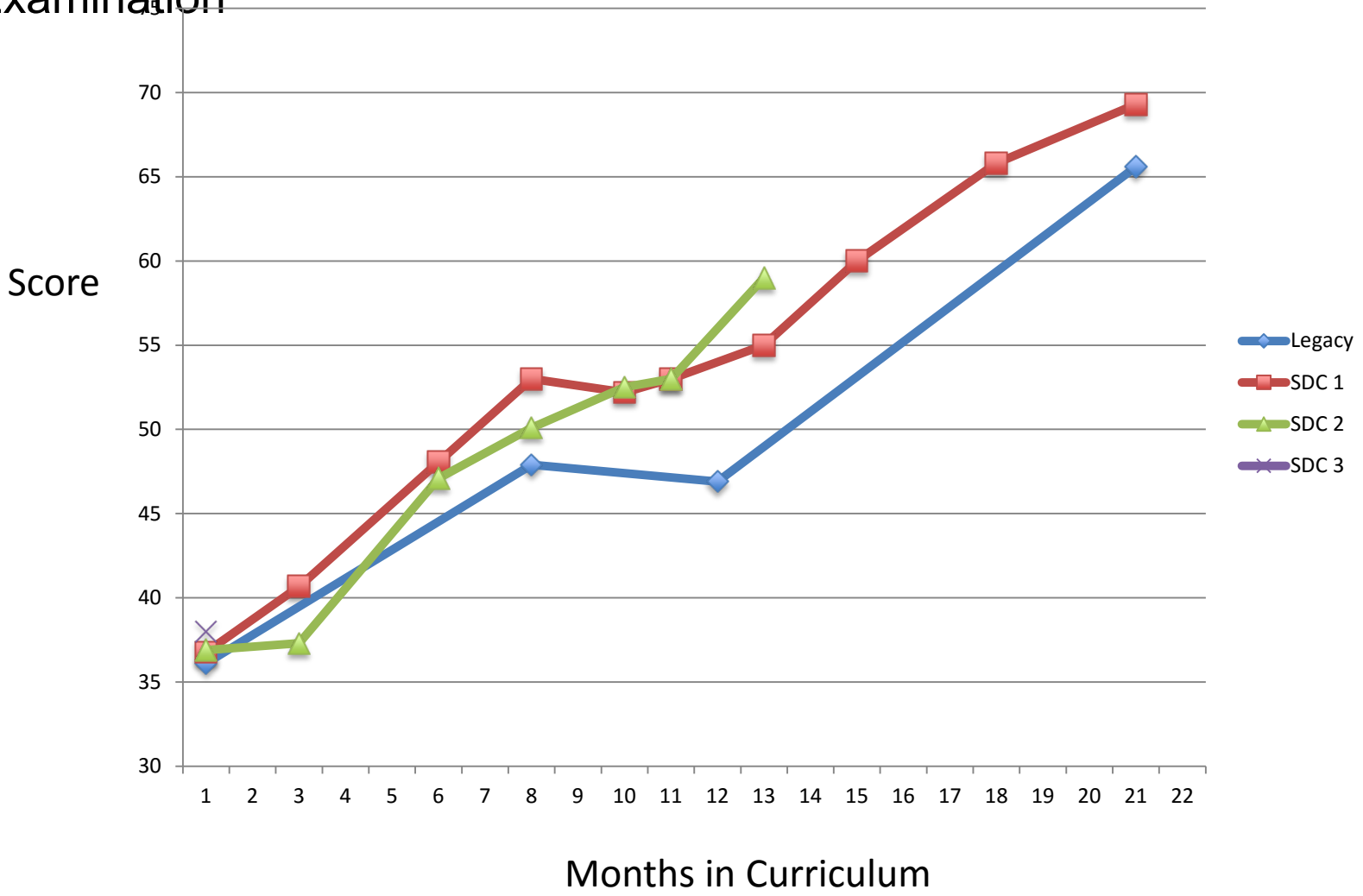
ACGME Abbreviations: PC=Patient Care &Procedural Skills IC=Interpersonal & Communication Skills, PBLI= Practice-Based Learning and Improvement, P=Professionalsim, MK=Medical Knowledge

CHM's JustInTimeMedicine – Student



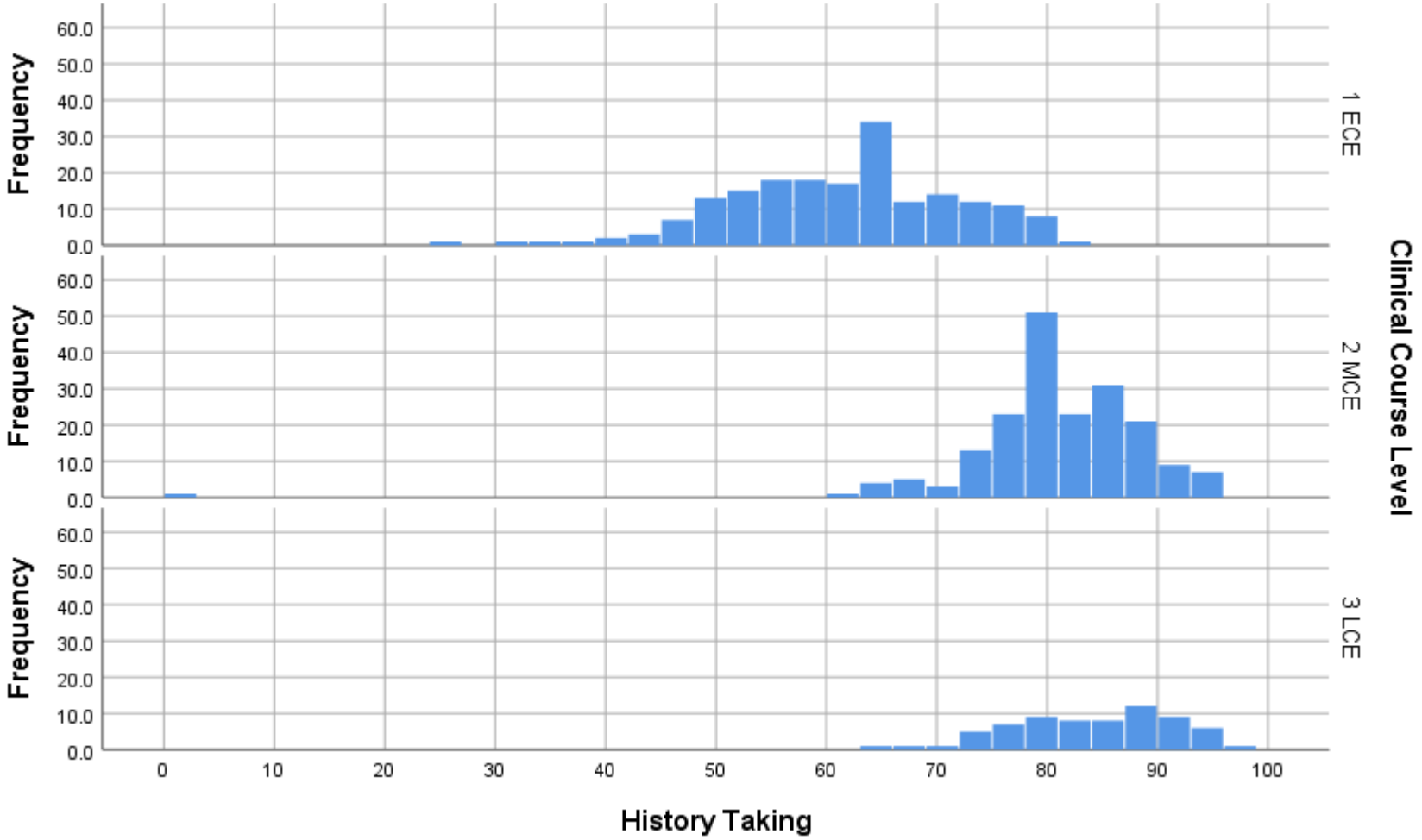
Progress in Medical Knowledge

National Board of Medical Examiners Comprehensive Basic Science Examination



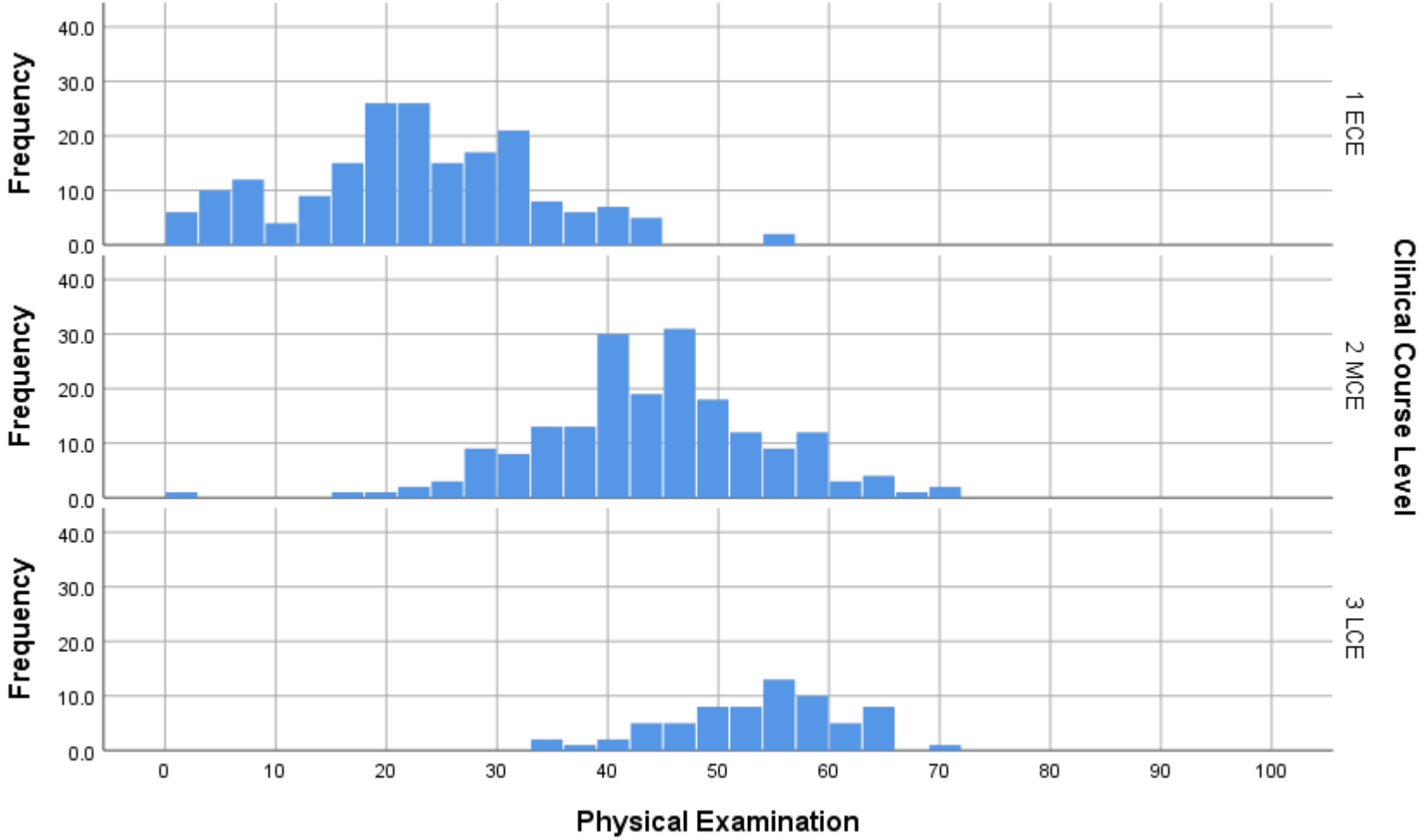
Progress Clinical Skills Examination

Hypothesis-driven history taking - Histogram



Progress Clinical Skills Examination

Hypothesis-driven physical examination - Histogram



EPA's in the Shared Discovery Curriculum

- Early Clinical Experience and Middle Clinical Experience
  - Piling up subskill data
- Late Clinical Experience
  - Workplace Assessments of all 13 CEPAERs
  - Piloting 29 assessments, for example
    - History and Physical
    - Procedures

IMPLEMENTING ENTRUSTABLE PROFESSIONAL ACTIVITIES AT THE COLLEGE LEVEL

Lisa Meny, PharmD
Kali VanLangen, PharmD, BCPS
Ferris State University College of Pharmacy

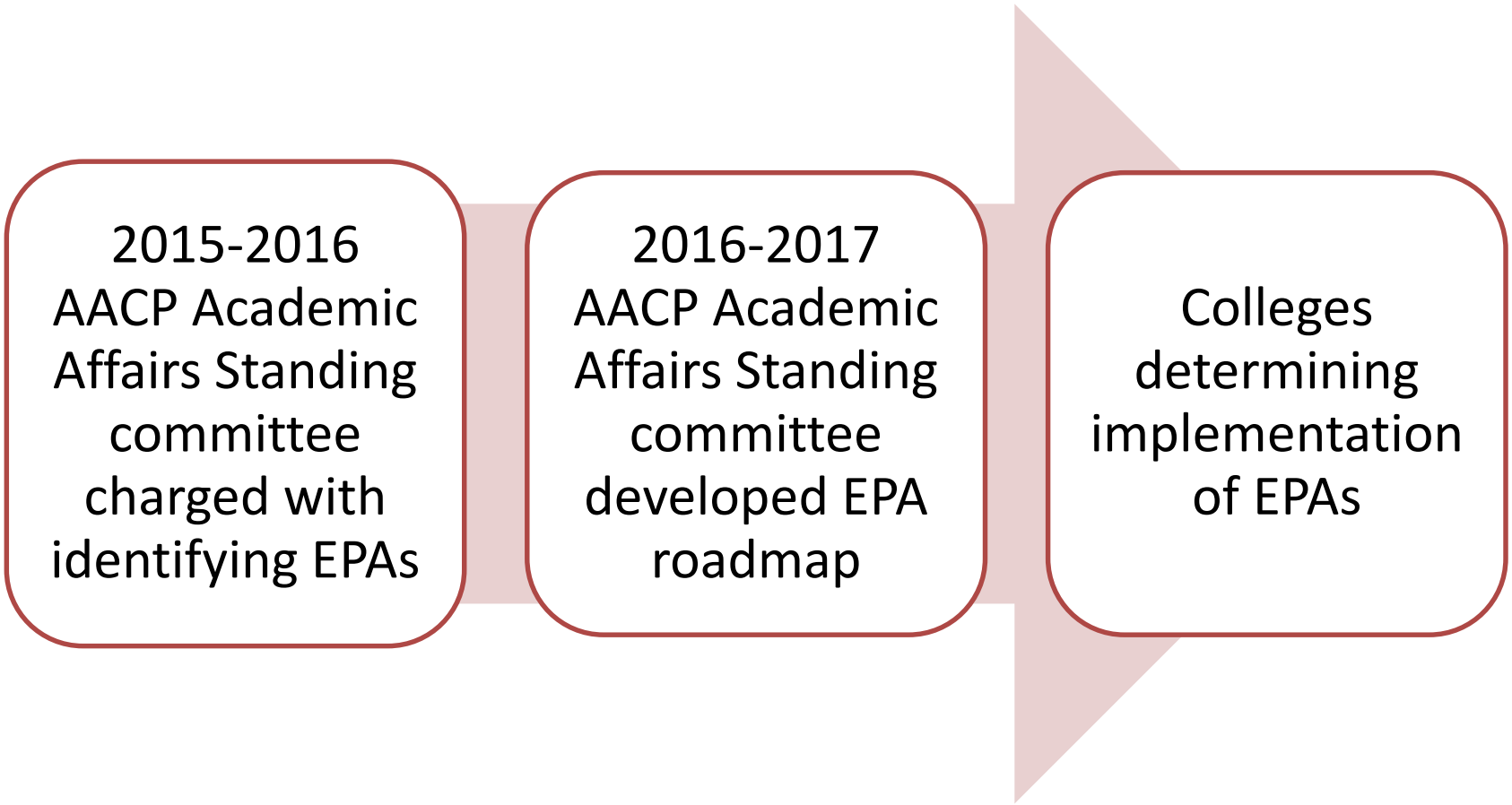
Objectives

- Discuss the challenges of applying EPAs within pharmacy education.
- Describe an approach for using EPAs to determine student Advanced Pharmacy Practice Experience-readiness.

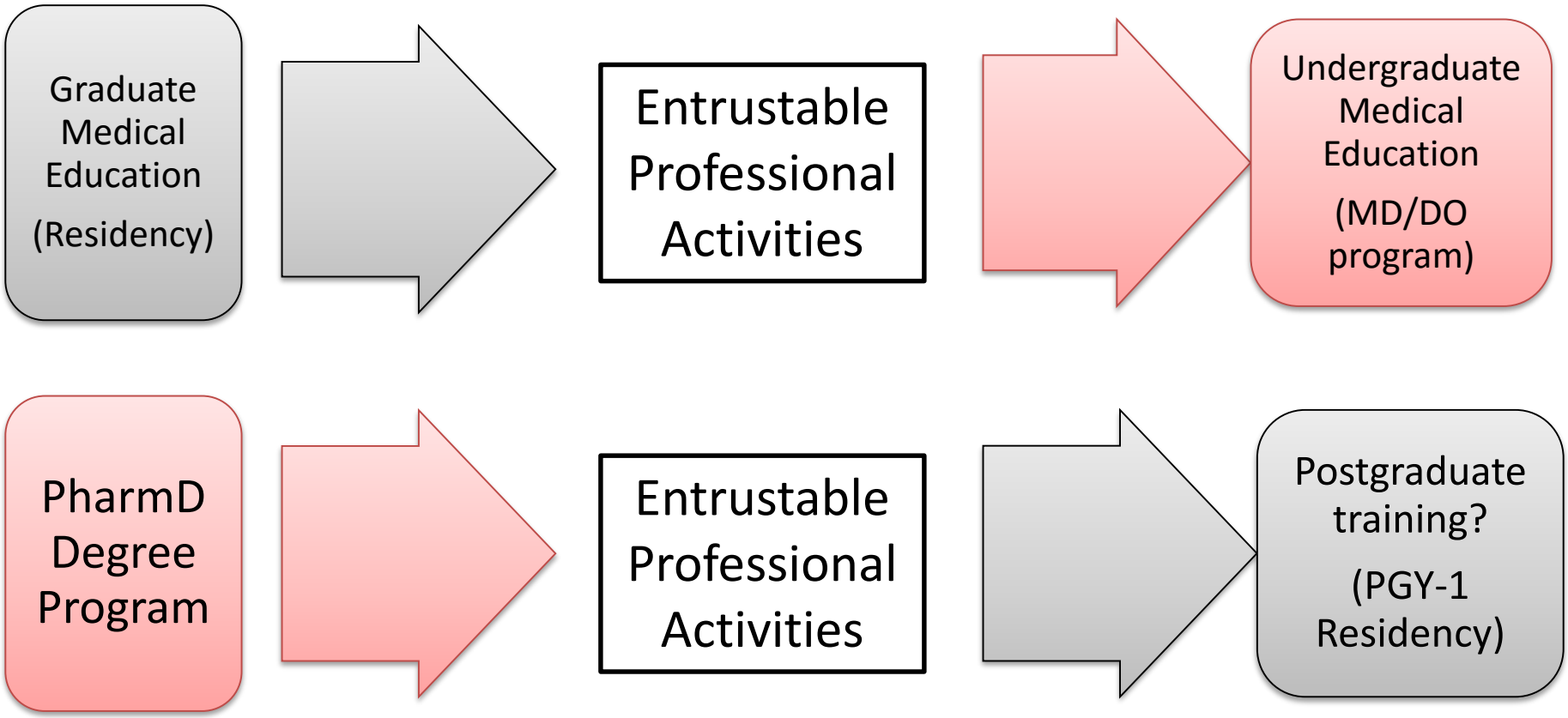
Why EPAs in Pharmacy?[1]

- To be valued contributors to the healthcare team pharmacists must engage in a range of professional activities
  - Activities are recognizable by stakeholders
- EPAs are tasks or descriptors of work that all graduates should be able to do prior to entering practice
- EPAs bridge the theory to practice gap by defining and assessing units of professional practice within clinical settings

Development of EPAs in Pharmacy



Medicine vs. Pharmacy



EPA Core Statements[2]

EPA Number	
1	Collect information to identify a patient's medication related problems and health-related needs.
2	Analyze information to determine the effects of medication therapy, identify medication-related problems, and prioritize health-related needs (including immunizations).
3	Establish patient-centered goals and create a care plan for a patient in collaboration with the patient, caregiver(s), and other health professionals that is evidence-based and cost-effective.
4	Implement a care plan in collaboration with the patient, caregivers, and other health professionals.
5	Follow-up and monitor a care plan.
6	Collaborate as a member of an interprofessional team.
7	Identify patients at risk for prevalent diseases in a population.
8	Minimize adverse events and medication errors
9	Maximize the appropriate use of medications in a population.
10	Ensure that patients have been immunized against vaccine-preventable diseases
11	Educate patients and professional colleagues regarding the appropriate use of medications.
12	Use evidence-based information to advance patient care.
13	Oversee the pharmacy operations for an assigned work shift.
14	Fulfill a medication order.
15	Create a written plan for continuous professional development.
16	Lead a project, organization, team or event.

FERRIS STATE UNIVERSITY
College of Pharmacy


?
WHO WHAT
WHERE
WHY WHEN
& HOW

Key Concepts

APPE READY

- What skills and abilities should the students be able to do at the **beginning** of APPEs and at what level of entrustment?
- Think of **APPE Day 1**
  - What do we want our students to be able to do on Day 1?

PRACTICE READY

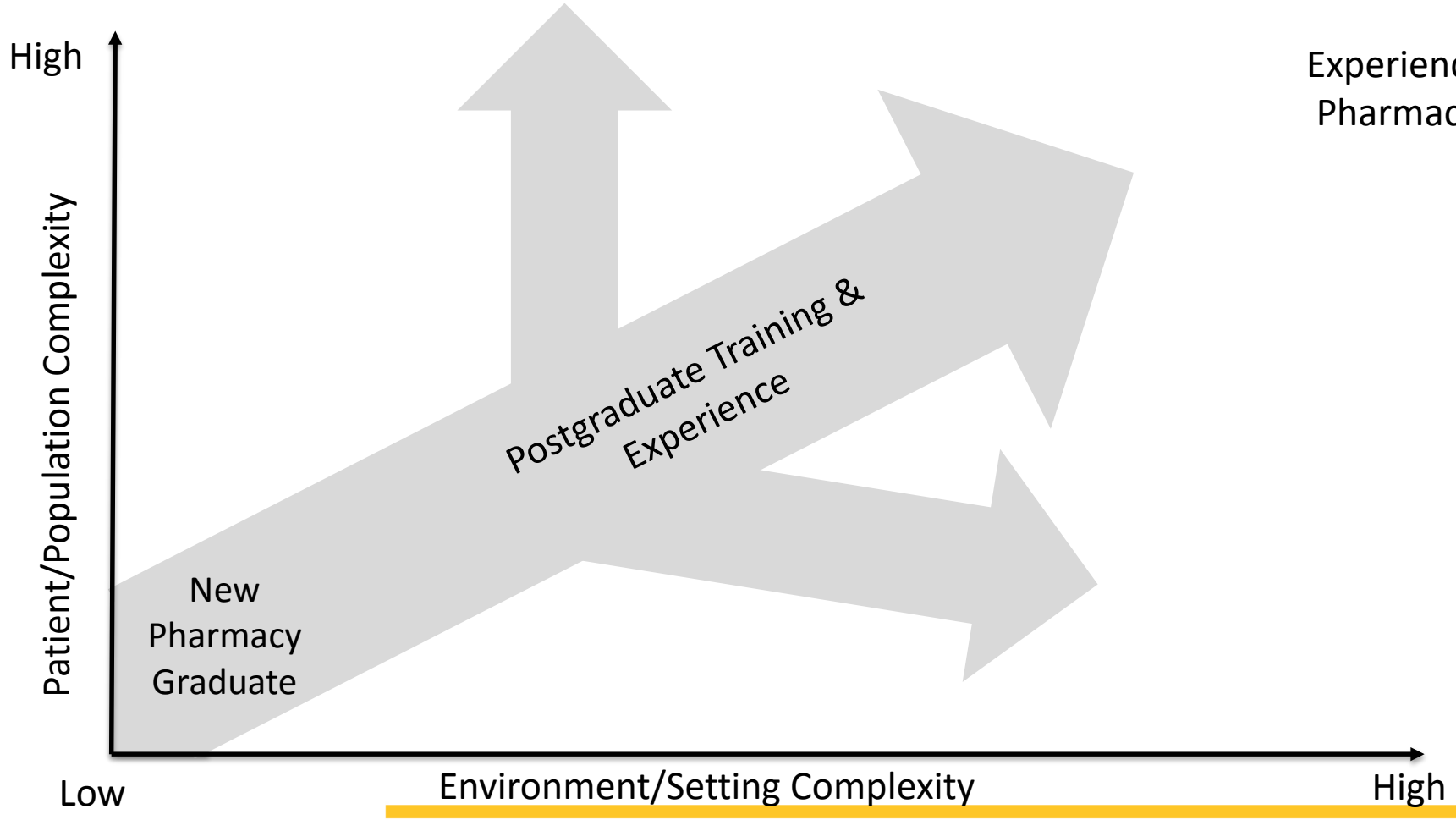
- What skills and abilities should the students be able to do at the **end** of APPEs and at what level of entrustment?
- Think of **"Graduation Day"**
  - What should our graduates be able to do when they walk across the stage?
  - The "final product"

Key Concepts

LEVEL	DESCRIPTION	EXAMPLE
1	Student observes only.	Pre-Pharm/P1 s
2	Student performs task with direct supervision and frequent feedback for correction.	P2/P3 student
3	Student performs task with reactive supervision. Student is self-directed and seeks guidance PRN.	P4 student
4	Student performs tasks independently with post hoc supervision.	Graduate intern?
5	Student has mastered the task. Student supervises and is qualified to give meaningful feedback to other learners.	Licensure?

Minimum for Practice Ready

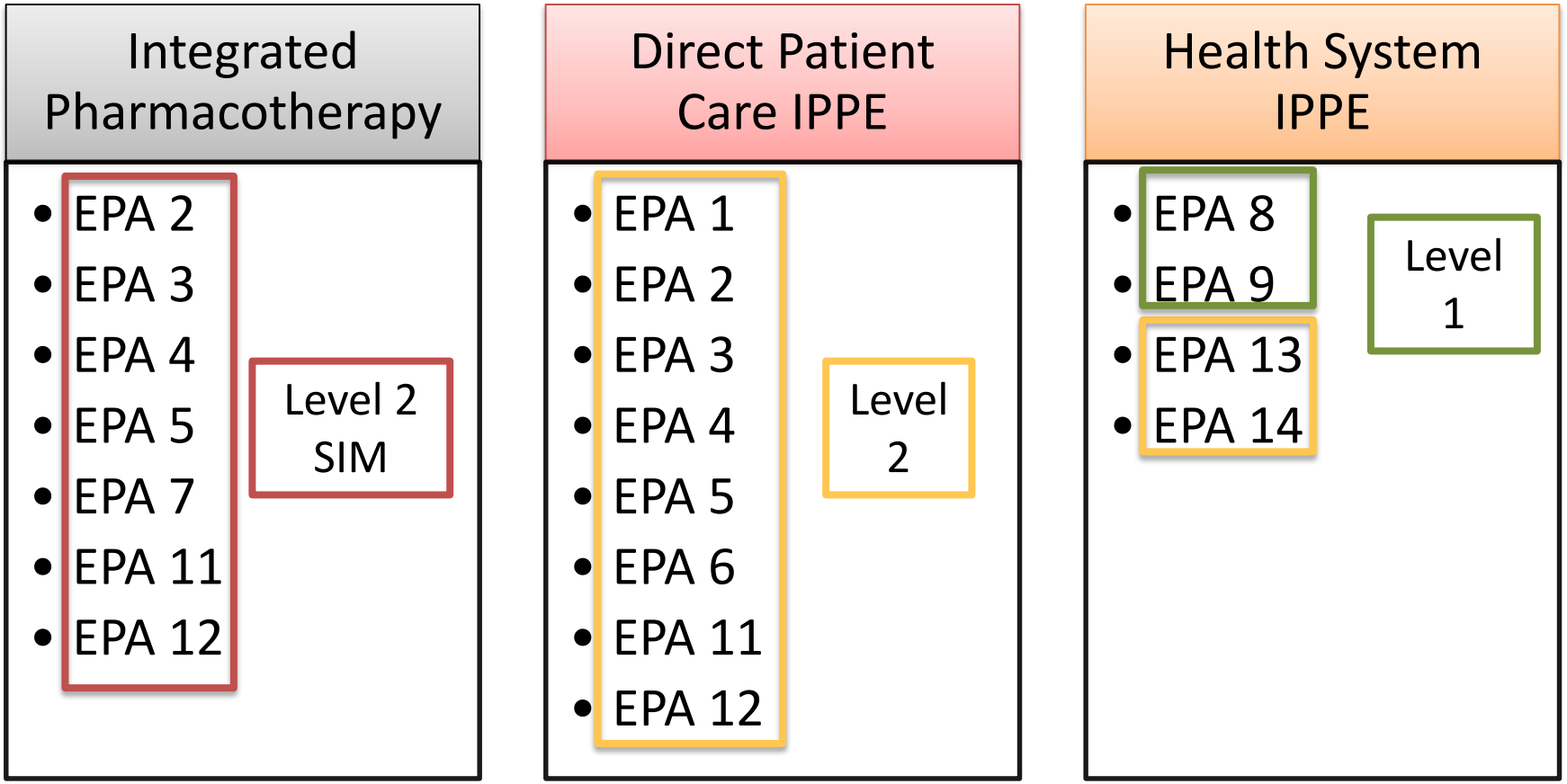
Continuum of EPA Development[1]



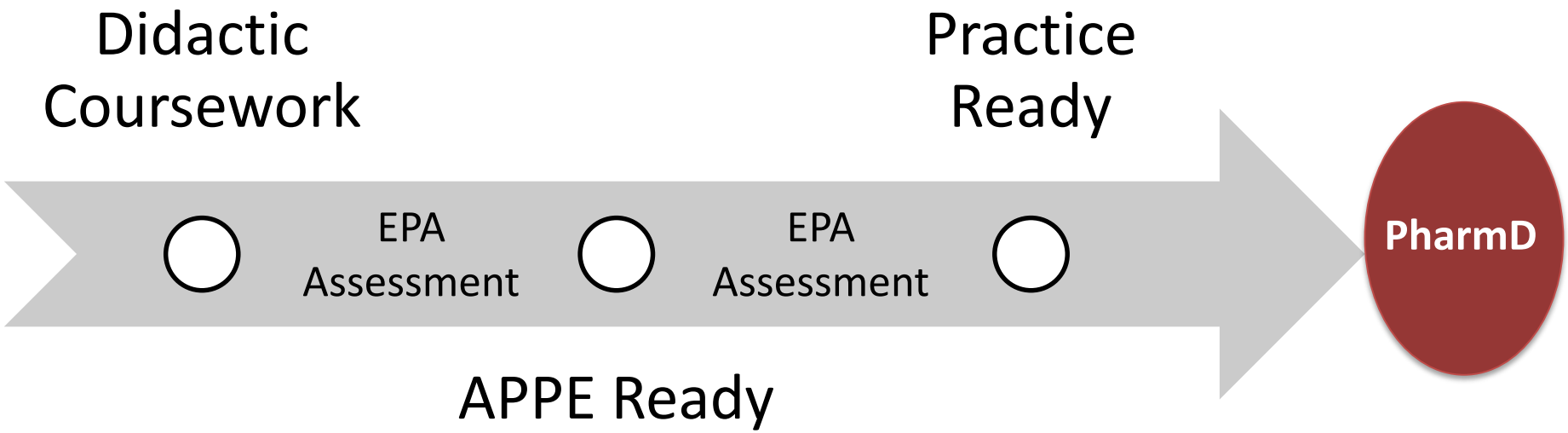
EPAs at Ferris State University

- Mapped throughout the PharmD curriculum
  - Integral component of the curriculum
  - Includes experiential and simulation

Sample P2 EPA Expectations



Development of EPAs in Pharmacy



EPAs at Ferris State University

EPA 1 Collect information to identify a patient's medication related problems and health-related needs

- Immediately prior to APPEs, students should be able to demonstrate competence **conducting a medication history** to identify a patient's medication related problems and health-related needs with **direct supervision**. (i.e., on request and quickly available)

- Immediately prior to APPEs, students should be able to demonstrate competence **obtaining information from a chart** to identify a patient's medication related problems and health-related needs with **direct supervision**. (i.e., on request and quickly available)

EPAs at Ferris State University

Survey Process

What is next for EPAs in Pharmacy?

- How and when should we assess EPAs in Schools/Colleges of Pharmacy?
- Continue a dialog about the appropriate level of entrustability expected of graduates
  - What is the bar we are setting for student achievement at various points throughout the curriculum?
- Communication and adoption across the profession of pharmacy
  - What is the role of EPAs in post-graduate training?

What Questions Do You Have?

References

1. Haines S et al. Report of the 2015-2016 Academic Affairs Standing Committee. *Am J Pharm Educ.* 2016; 80 (9) Article S20
2. Haines S et al. Core Entrustable Activities for New Pharmacy Graduates. *Am J Pharm Educ.* 2017; 81(1) Article S2.

New ASHP/ACPE Accreditation Standards for Educational Preparation of Pharmacy Technicians

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NABP/AACP District 4 Meeting

November 7, 2018, Grand Rapids, MI

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SPEAKER DISCLOSURE

Neither speaker has any relevant financial relationships to commercial interests to disclose

LEARNING OBJECTIVES

- Discuss the variation in pharmacy technician education and accreditation requirements across U.S. states
- Describe the purpose of the 2017 *Pharmacy Technician Stakeholder Consensus Conference* and the consensus reached regarding pharmacy technician education and training
- Discuss the new 2018 *ASHP/ACPE Accreditation Standards for Pharmacy Technician Education and Training Programs* developed in response to the findings of the 2017 *Pharmacy Technician Stakeholder Consensus Conference*

Assessment Question #1: Which ONE of the following is TRUE:

a. The Pharmacy Technician Accreditation Commission (PTAC) was established by ASHP and ACPE to accredit pharmacy technician education and training accreditation programs
b. In the ASHP/ACPE collaboration, using the same set of standards, ASHP accredits employer-based (community, hospital, health system) education and training accreditation programs, while ACPE accredits those in community colleges
c. The Pharmacy Technician Accreditation Commission (PTAC) is composed of pharmacy technician education providers, pharmacists, technicians, a state board member, a public member and members of the ASHP and ACPE boards
d. There are currently 265 ASHP/ACPE accredited pharmacy technician education and training programs and an estimated greater number of unaccredited programs

Assessment Question #2: Which ONE of the following is TRUE:

a. The new ASHP/ACPE pharmacy technician education and training accreditation standards address entry level preparation
b. The National Association of Boards of Pharmacy (NABP) has called for all state boards to adopt the revised ASHP/ACPE pharmacy technician education and training accreditation standards for entry to practice
c. The Joint Commission of Pharmacy Practitioners has called for all state boards to adopt the new ASHP/ACPE pharmacy technician education and training accreditation standards for entry to practice
d. The new ASHP/ACPE pharmacy technician education and training accreditation standards for the entry level technician call for a minimum of 400 hours of instruction, divided between didactic, simulation and experiential education

Assessment Question #3: Which ONE of the following is TRUE:

a. Distance education programs for the education and training of pharmacy technicians do not qualify for ASHP/ACPE accreditation
b. The participants in 2017 Pharmacy Technician Stakeholder Consensus Conference reached strong consensus on matters of pharmacy technician education, certification, and the need for change
c. The NABP Model Practice Act defines the scope of practice for entry level and advanced level pharmacy technician education and training
d. High school based pharmacy technician education and training programs do not qualify for ASHP/ACPE accreditation

Assessment Question #4: Which ONE of the following is TRUE:

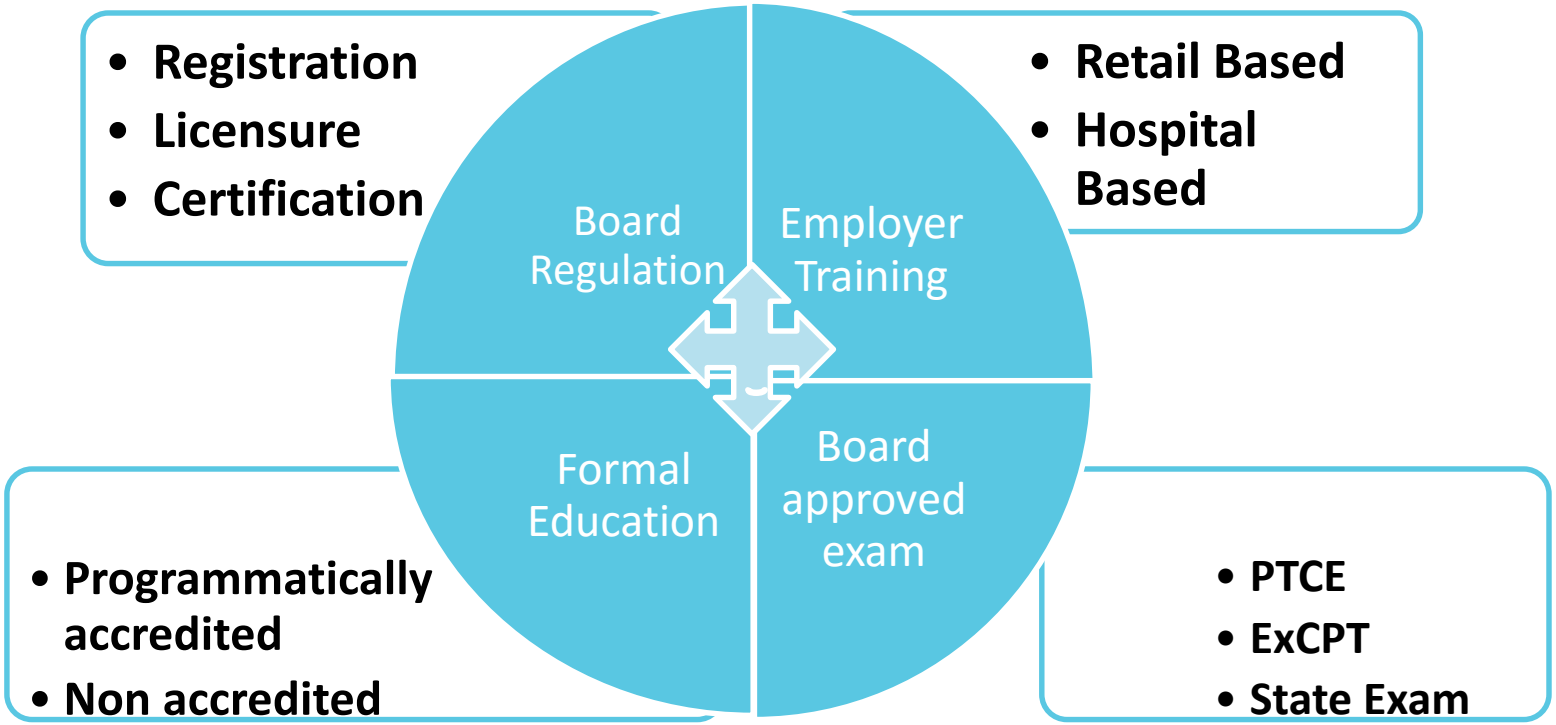
a. The duration of education required in the new entry level ASHP/ACPE pharmacy technician education and training accreditation standards is similar to that required for medical assistants

b. Part of the assessment of the quality of an entry level program called for in the new ASHP/ACPE pharmacy technician accreditation standards is performance on national certification examinations or performance on a psychometrically valid evaluation

c. The duration of education required in the new entry level ASHP/ACPE pharmacy technician education and training accreditation standards is similar to that required for dental assistants

d. None of the above

VARIOUS POINTS OF ENTRY FOR PHARMACY TECHNICIANS



TYPES OF PHARMACY TECHNICIAN EDUCATION/TRAINING PROGRAMS

- Certificate and degree programs in community colleges or technical schools
- College of Pharmacy associated programs
- Employer sponsored programs
- High school programs
- Military training programs
- Certification review courses

PHARMACY TECHNICIAN ACCREDITATION COMMISSION (PTAC)

- ASHP has been accrediting technician programs in the 1970's on a voluntary basis
- In 2012, NABP requests for ACPE to participate in pharmacy technician education and training accreditation
- PTAC formed through ASHP/ACPE collaboration in 2013
- ACPE Board approved ASHP standards, guidelines, and procedures for PTAC
- PTAC recommendations require approval of both ASHP and ACPE Boards
- First PTAC recommendations to ASHP and ACPE boards for accreditation actions occurred at their June 2015 meetings and were approved
- There are 265 ASHP/ACPE accredited pharmacy technician education and training programs and an estimated greater number of unaccredited programs

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PHARMACY TECHNICIAN

Stakeholder Consensus Conference

http://www.ajhp.org/content/ajhp/early/2017/06/07/ajhp170283.full.pdf?sso-checked=true

WHY NOW?

- **Technician roles are evolving and scope of practice is expanding**
  - Technicians play integral roles in supporting pharmacists in all practice settings
  - Provider status for pharmacists doesn't work without technicians
  - Complexity + Complications = Collaborative Healthcare
- **Greater expectations for technicians**
  - Not just technical but patient focus
- **Regulations governing technician entry & practice vary widely**
- **Consider standards necessary within the profession to meet demands of growing healthcare system**

- **Pharmacy is the only Allied Health Profession without national standards for support staff preparation**

Allied Health Position	Training
Clinical Lab Technician	2-4 years
Dental Hygienist	2-6 years
Dental Assistant	1-2 years
Dietetic Technician	3-4 years
Medical Assistant	1-2 years
Occupational Therapy Assistant	2 years
Pharmacy Technician	**Entry Level - 400 hours >= 8 weeks** **Advanced Level -600 hours >= 15 weeks**
Physical Therapy Assistant	2 years
Surgical Technologist	1-2 years
EMT	2 years
Veterinary tech	2 years
2017 Liaison International	

ABOUT THE CONFERENCE

- Planned by PTCB, ASHP, ACPE with the help of a multi-stakeholder advisory group
- Sponsored by the Pharmacy Technician Certification Board
- Held February 14 – 16, 2017 in Irving, Texas
- 89 invited participants
- 350 individuals participated remotely in the plenary sessions
- Attendees included the public, pharmacists and technicians from various types of practice and education settings and public members

Recommendations from Stakeholder Consensus Conference

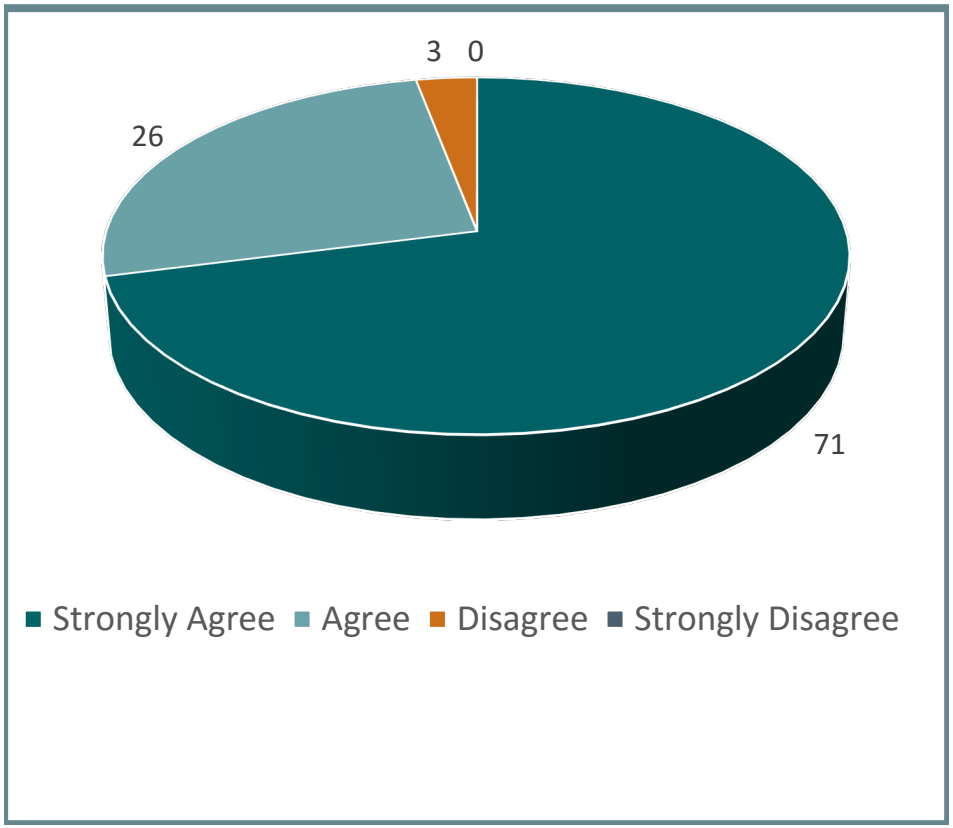
- Defining Pharmacy Technicians
- Pharmacy Technician Education
- Required Knowledge, Skills, and Abilities of Entry--Level Pharmacy Technicians
- Certification of Pharmacy Technicians
- State Laws and Regulations on Pharmacy Technicians
- Advanced Pharmacy Technician Practice
- Moving Forward on Pharmacy Technician Issues

ADVANCED PHARMACY TECHNICIAN PRACTICE

General agreement that pharmacy's immediate priority for technicians, should be:

- **development of standards related to entry--level practice**
- **advanced roles for technicians (and related education and credentials) will evolve over time**

EDUCATION OF PHARMACY TECHNICIANS



Most conferees **agreed that national standards** should guide technician education, and that technician education **programs should be accredited**.

MOVING FORWARD ON PHARMACY TECHNICIAN ISSUES

- Unanimous agreement that the conference planners should establish a coalition of stakeholders to pursue the consensus recommendations from the conference
- Most conferees agreed that participants in this stakeholder event have a responsibility to work toward achieving the consensus recommendations

Standard Writing Subcommittee*

- **Tim Koch, RPh, PD,CHC**
  Sr Director, Pharmacy Practice Compliance
  Walmart Corporate Office
- **Kenneth Mark Ey, RPh**
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  CARE Pharmacies Cooperative Inc.
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  Casper College
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  Clinical Pharmacist
  Indiana University Hospital
  Indianapolis, IN
  PTAC Vice Chair
- **Supported by Angela Cassano, PharmD, BCPS, FASHP**
  President
  Pharmfusion Consulting, LLC
  PTAC Member

*Appointed July 2017

Standard Revision Process

- Review of the PTSCC recommendations
- PTCE job analysis review
- ExCPT blue print review
- Compared job analyses to the existing standard
- Any PTSCC recommended entry-level competencies missing were added
- Separated entry-level competencies from advanced-level competencies

Standard Revision Process (cont.)

- Identified additional advanced-level competencies
- Identified Key Elements for achieving a standard at each level
- Minimum hour requirements have been edited to reflect education and training needs for entry-level and advanced-level competencies and were established by an independent review of the standard by a group of educators

Standard Revision Process

- The draft standards were reviewed by the Stakeholder Advisory Group and PTAC in October
- Changes were incorporated
- The new draft was sent to members of the Stakeholder Advisory Group again for additional comment prior to the public comment period
- Went out for stakeholder comment the end of January for two months
- The writing group reviewed the feedback and submitted their edits to PTAC for their May 2018 meeting for review
- Final draft went from PTAC to the ASHP and ACPE Boards in for approval
- ASHP and ACPE boards approved the new standards in June 2018; posted on both web sites

Implementation Timeline

- The new standards will become effective for first time applicant programs as of January 1, 2019.
- Existing accredited pharmacy technician programs will have until January 1, 2020 to incorporate the new standards into their programs and will be surveyed against these revised standards after that date.

Revised ASHP/ACPE Accreditation Standards for Pharmacy Technician Education and Training Programs

Purpose:

- protect the public by ensuring the availability of a competent workforce;
- describe pharmacy technician education and training program development at the Entry-level and Advanced-level;
- provide criteria for the evaluation of new and established education and training programs; and
- promote continuous improvement of established education and training programs

SECTION I: COMPETENCY EXPECTATIONS

Entry-Level

- **The program prepares students for practice as Entry-level pharmacy technicians in a variety of contemporary settings (e.g., community, hospital, home care, long-term care) and has students acquire knowledge, skills, behaviors, and abilities needed for such practice.**

Advanced-Level

- **The program prepares students for practice as Advanced-level pharmacy technicians, in a broad range of advanced roles in a variety of contemporary settings (e.g., community, hospital, home care, long-term care) and has students acquire additional knowledge, skills, behaviors, and abilities beyond those of the Entry-level pharmacy technician, needed for such advanced practice.**

Three Sections of the ASHP/ACPE Standards

- **SECTION I: COMPETENCY EXPECTATIONS**
  - Standards # 1 to 5
- **SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF COMPETENCY EXPECTATIONS**
  - Standards # 6 to 13
- **SECTION III: ASSESSMENTS OF STANDARDS AND KEY ELEMENTS**
  - Standards # 14 to 15

SECTION I: COMPETENCY EXPECTATIONS

- **Standard 1: Personal/Interpersonal Knowledge and Skills**
  - Entry-level: 8 Key Elements
  - Advanced-level: 4 Key Elements
- **Standard 2: Foundational Professional Knowledge and Skills**
  - Entry-level: 8 Key Elements
  - Advanced-level: 3 Key Elements
- **Standard 3: Processing and Handling of Medications and Medication Orders**
  - Entry-level: 22 Key Elements
  - Advanced-level: 9 Key Elements
- **Standard 4: Patient Care, Quality and Safety Knowledge and Skills**
  - Entry-level: 8 Key Elements
  - Advanced-level: 5 Key Elements
- **Standard 5: Regulatory and Compliance Knowledge and Skills**
  - Entry-level: 8 Key Elements
  - Advanced-level: 2 Key Elements

SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES

- **Standard 6: Authority and Responsibility provided to Program Director**
  - 9 Key Elements
- **Standard 7: Strategic Plan**
  - 2 Key Elements
- **Standard 8: Advisory Committee**
  - 5 Key Elements
- **Standard 9: Curricular Length**
  - Entry-level: 4 Key Elements
  - Advanced-level: 2 Key Elements

SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES

Standard 9: Curricular Length

- **Entry-level: 400 hours, ≥ 8 weeks**
  - 300 hours divided as:
    - Didactic – 120 hours
    - Simulation – 50 hours
    - Experiential – 130 hours
  - 100 hours allocated as program director and faculty see fit
- **Advanced-level: 600 hours, ≥ 15 weeks (includes Entry-level hrs)**
  - 460 hours divided as:
    - Didactic – 160 hours (40 more hours beyond Entry-level)
    - Simulation – 100 hours (50 more beyond Entry-level)
    - Experiential – 200 hours (70 more hours beyond Entry-level)
  - 140 hours allocated as program director and faculty see fit

SECTION II: STRUCTURE AND PROCESS TO PROMOTE ACHIEVEMENT OF EDUCATIONAL OUTCOMES (cont.)

- **Standard 10: Curricular Composition and Delivery (includes distance learning expectations)**
  - 8 Key Elements; Distance Learning – 4 Key Elements
  - Entry-level: Students complete at least **one experiential rotation** in a dispensing pharmacy setting where the student will utilize skills learned during their entry-level curriculum
  - Advanced-level: Students complete at least **one additional experiential rotation**, in addition to any completed during an entry-level program. This advanced experiential rotation takes place in a facility where the student will utilize skills learned during the advanced-level curriculum.
- **Standard 11: Student Recruitment, Acceptance, Enrollment, and Representation -** 8 Key Elements
- **Standard 12: Faculty/Instructors -** 4 Key Elements
- **Standard 13: Documentation -** 8 Key Elements

SECTION III: ASSESSMENTS OF STANDARDS AND KEY ELEMENTS

- **Standard 14: Assessment of Competency Expectations**
  - 14.1 Student Learning Assessments – 6 Key Elements
  - 14.2 Program assessments – 5 Key Elements

    (a) program completion;

    (b) performance on national certification examinations or; performance on a psychometrically valid evaluation;

    (c) program satisfaction, including student, graduate, and employer satisfaction;

    (d) job placement; and

    (e) assessment data used in the continuous quality improvement process is actively maintained.
- **Standard 15: Assessments of Structure and Process**
  - 3 Key Elements

QUESTIONS?

Pharmacy Technician Full Scope of Practice: Evidence > Emotions

NABP/AACP District IV, 2018

Deeb Eid, Pharm.D., RPh

Assistant Professor/Experiential Coordinator

Ferris State University

Disclosure Statement

I, Deeb Eid, disclose no vested interest or affiliation with any corporate organization offering financial support or grant monies for this continuing education activity. I am, however, an employee of Ferris State University and a former employee of the Pharmacy Technician Certification Board (PTCB). The ideas represented within this presentation are mine and do not directly reflect those of current or former employers.

Learning Objectives

1. Identify national landscape data of pharmacy technicians and recognize recent updates or changes in laws and practice models.

Interpret and consider future applications of “full scope of practice” through legislative, literature, education/training, and historical based data on pharmacy technician roles.

Compare and contrast both regional and national legislation, practice models, evidenced based outcomes, and education/training requirements for pharmacy technicians.

The Big Idea

As the profession of pharmacy continues to evolve, pharmacy technicians will continue to play a larger role on the healthcare team.

The Big Question

What fundamentals can be used and what roles might be included in "Full Scope"?

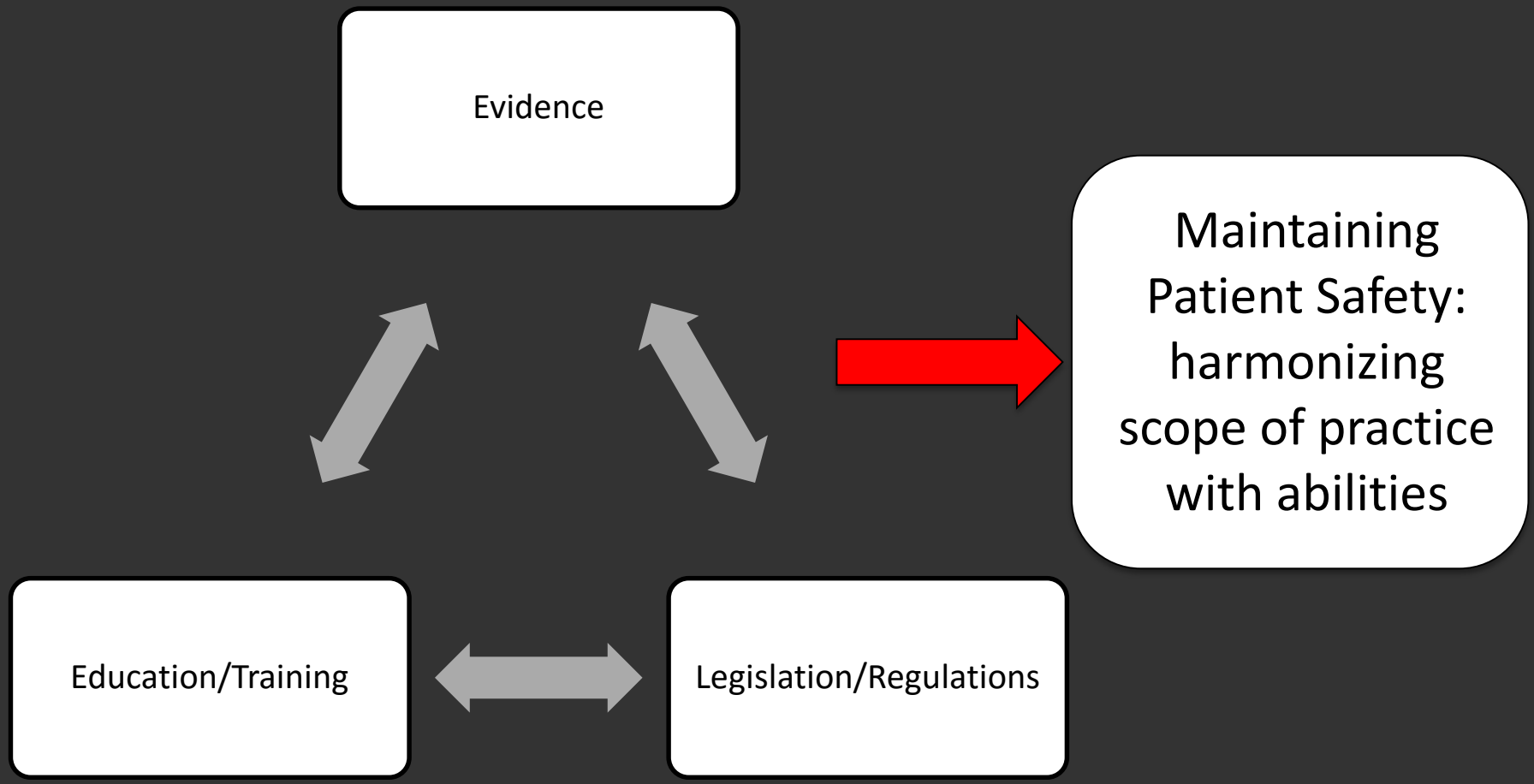
Definitions

- ***Litmus Test:***
  - a critical indication of future success or failure
- ***Registration/Education/Training:***
  - A formal education program (accredited or non).
  - Training, provided on the job, or via another means
  - Certification, via a national, state, or local examination or test
  - Registration of some sort with the Board of Pharmacy

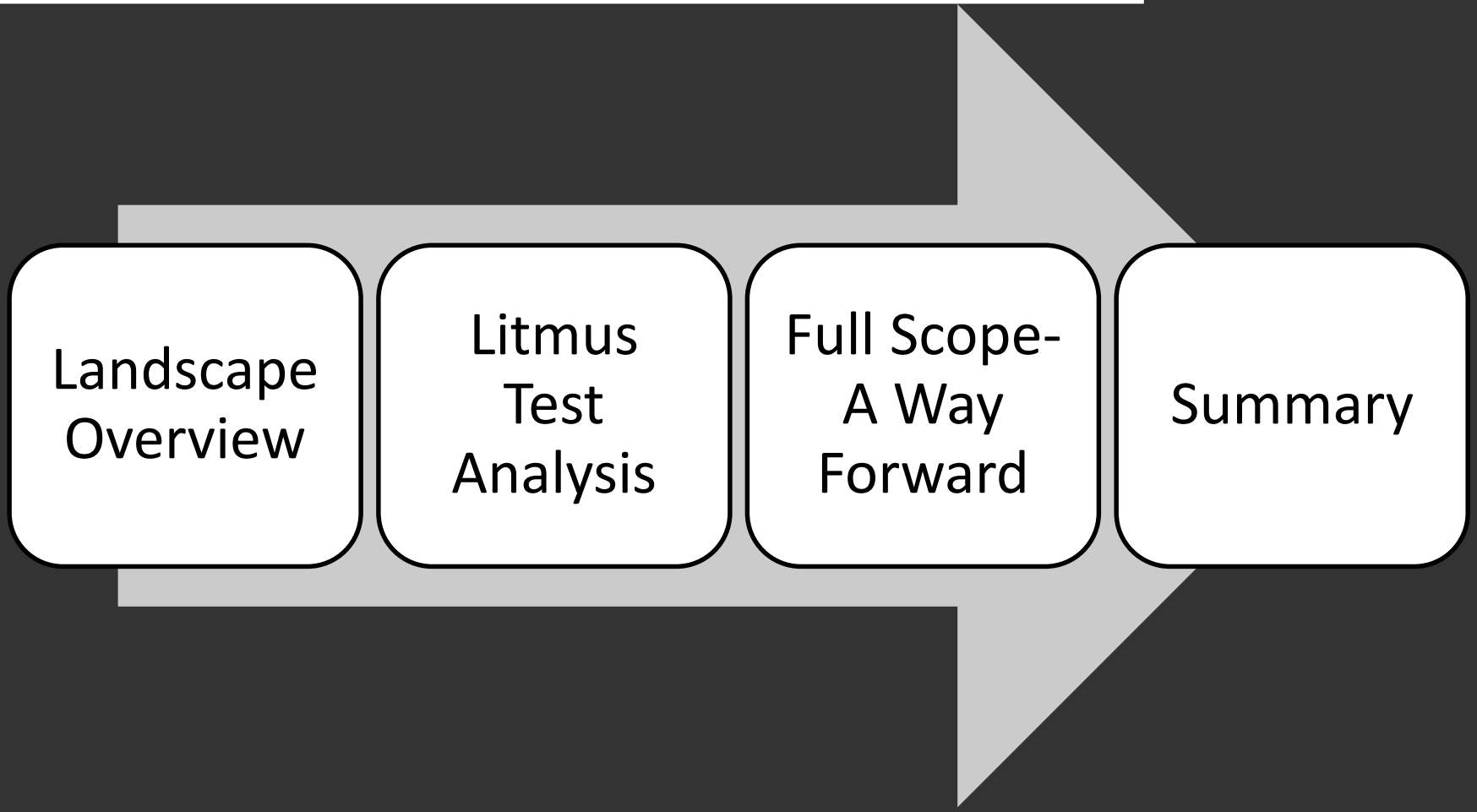
Definitions

- ***Evidence:***
  - Based on published literature or historical success in other jurisdictions
- ***Legislation/Regulations:***
  - State statutes and rules specific to the topic

Three Part Litmus Test



Today's Agenda



Landscape Overview

By The Numbers:
Pharmacy Technicians | Aides

417,720

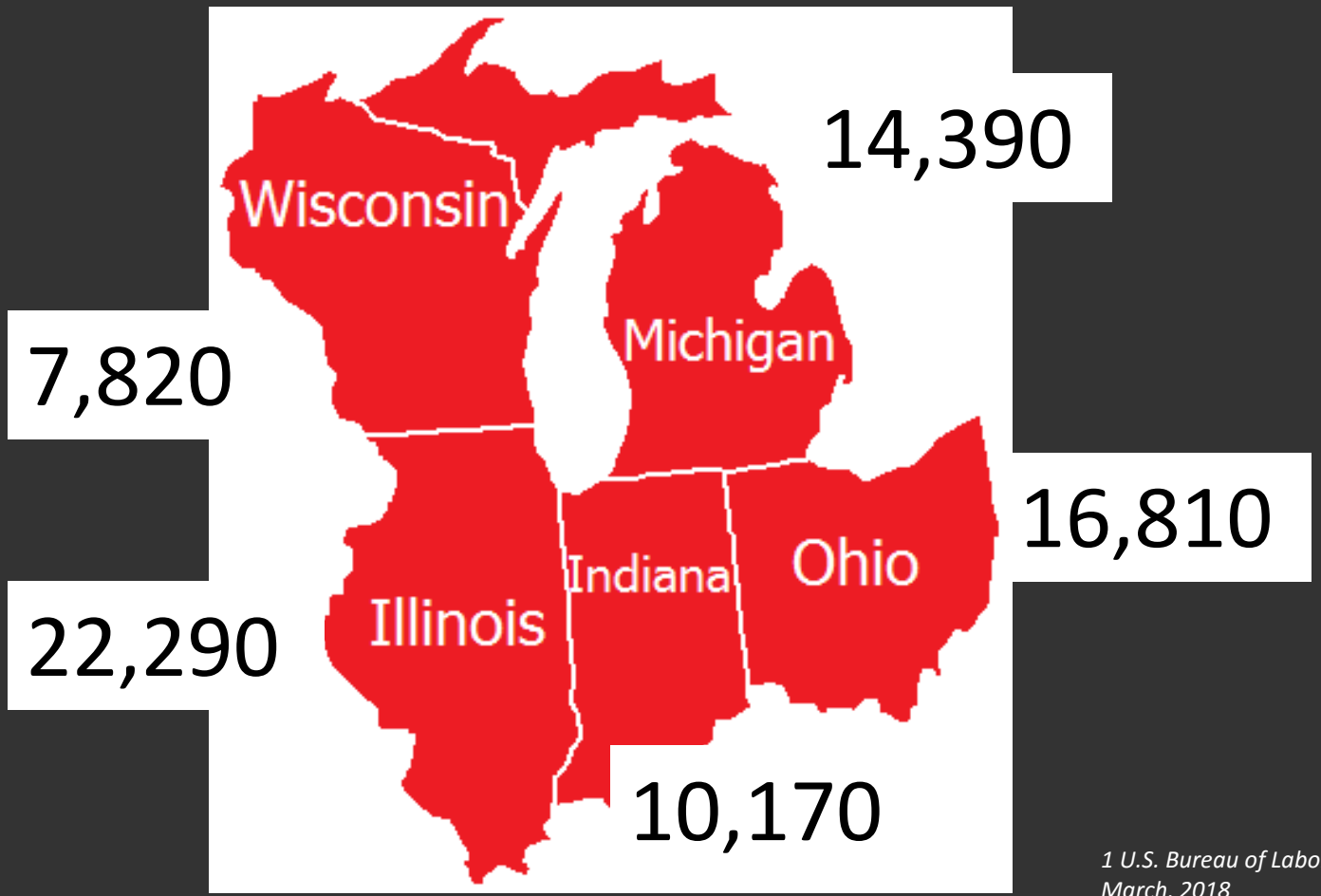
Prepare medications. May measure, mix, count out, label, and record amounts and dosages of medications according to prescription orders.

35,960

Record drugs delivered to the pharmacy, store incoming merchandise, and inform the supervisor of stock needs. May operate cash register and accept prescriptions for filling.

1 U.S. Bureau of Labor Statistics, March, 2018 https://www.bls.gov/oes/current/oes292052.htm

Pharmacy Technician-Employment Numbers



1 U.S. Bureau of Labor Statistics, March, 2018

By The Numbers

2016

What sectors of pharmacy are estimated to employ the largest number of pharmacy technicians (out of 402,500 total)?

Retail trade	71.8%
Hospitals: state, local, private	16.4%
Ambulatory Care	3.1%
Wholesale trade	3.0%
Government	2.2%

1 U.S. Bureau of Labor Statistics, March, 2018

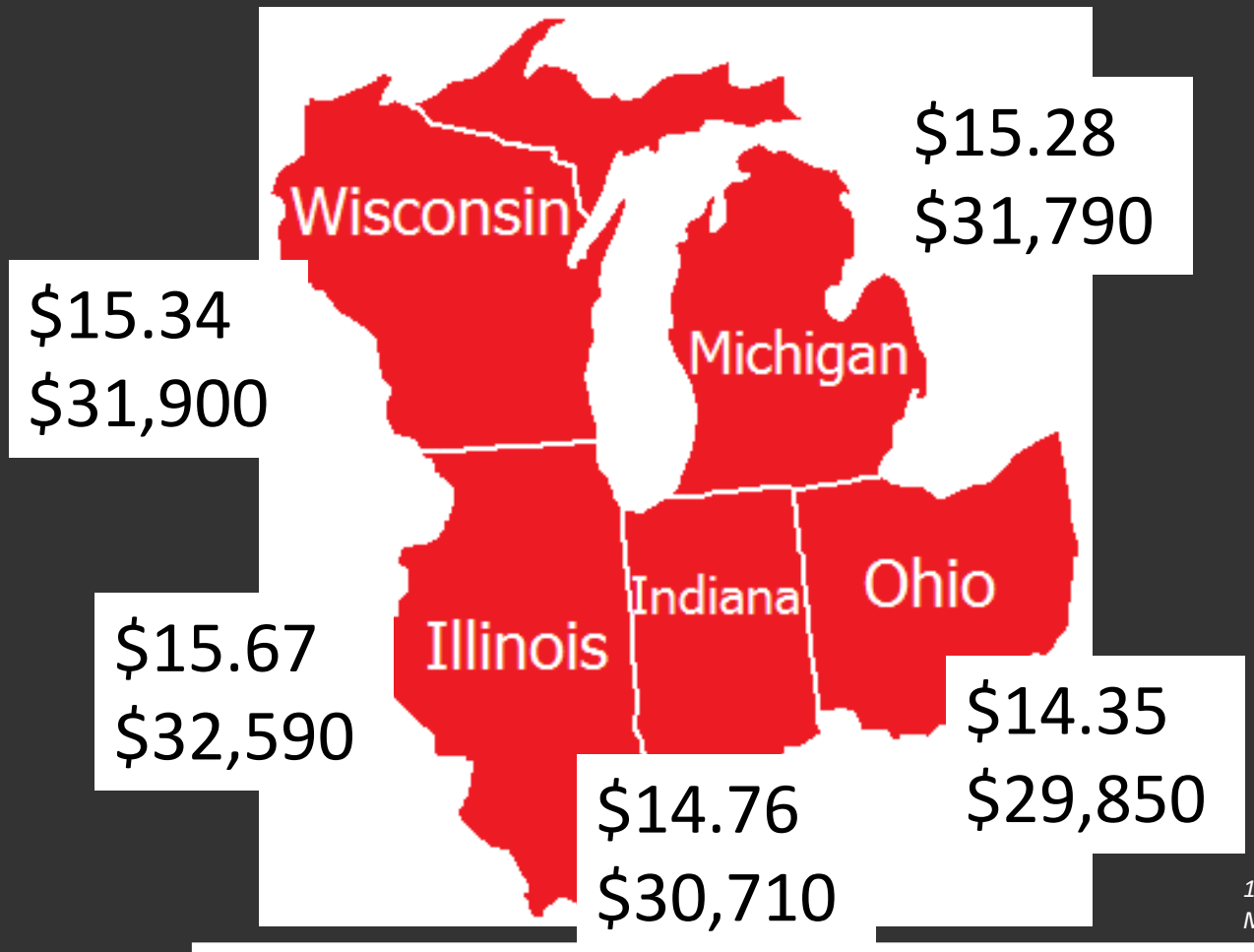
By The Numbers:
Pharmacy Technicians

$15.90

$33,060

1 U.S. Bureau of Labor Statistics, March, 2018 https://www.bls.gov/oes/current/oes292052.htm

Pharmacy Technician-Median Hourly Wage | Annual Mean Wage

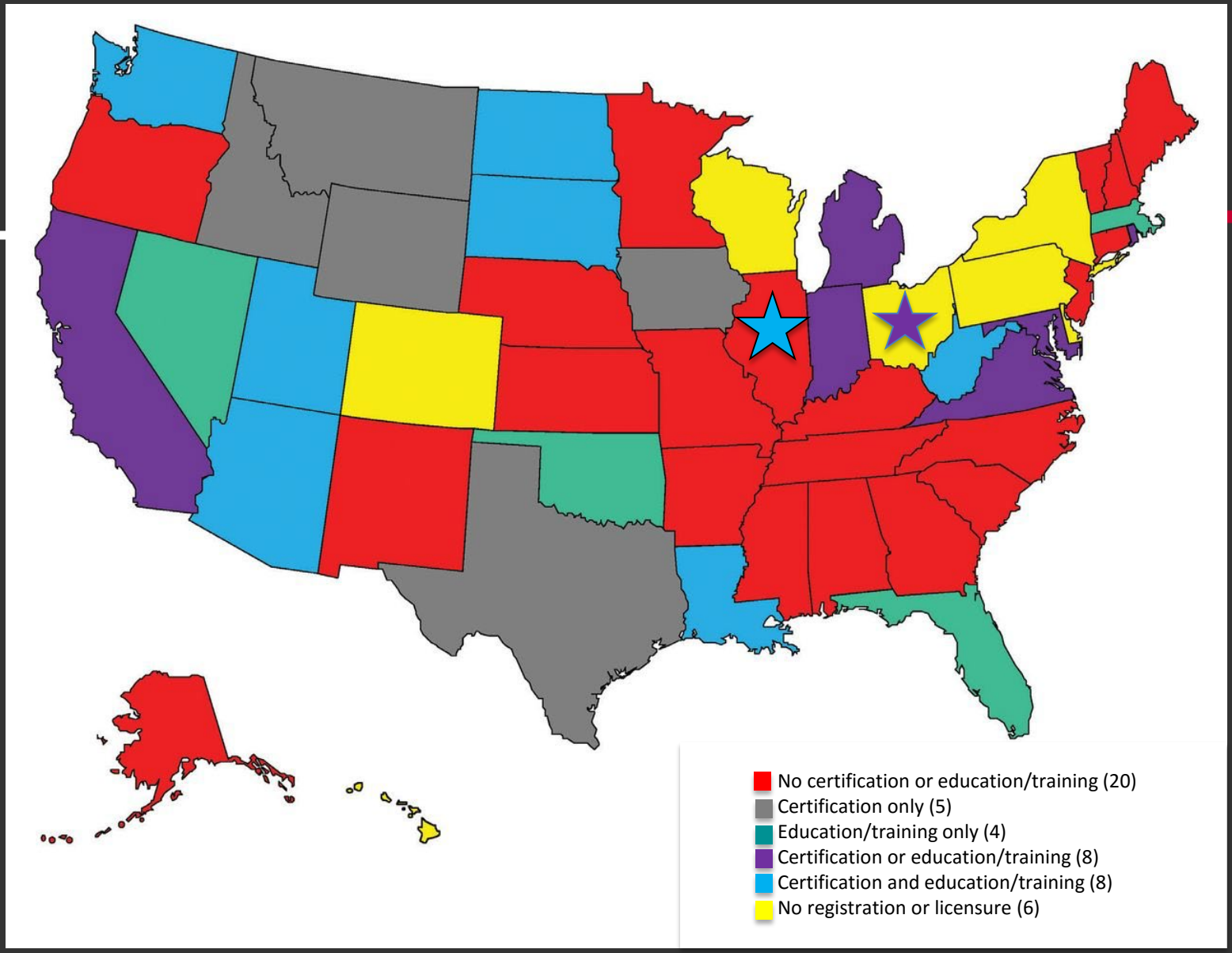


1 U.S. Bureau of Labor Statistics, March, 2018

Pharmacy Technician-50 State Review

State Requirements	Percentage of States (Out of 50)	
Registration	62% (N =31)	
Licensure	20% (N=10)	
Certificate	4% (N=2)	
Permit	2% (N=1)	
Totals	88% (N =44)	
None of the above	12% (N=6)	CO, DE, HI, NY, PA, WI

3 Mattingly, A., Entry-level practice requirements of pharmacy technicians across the United States: A review. 2018



Adapted from: 3 Mattingly, A. Entry-level practice requirements of pharmacy technicians across the United States: A review. 2018

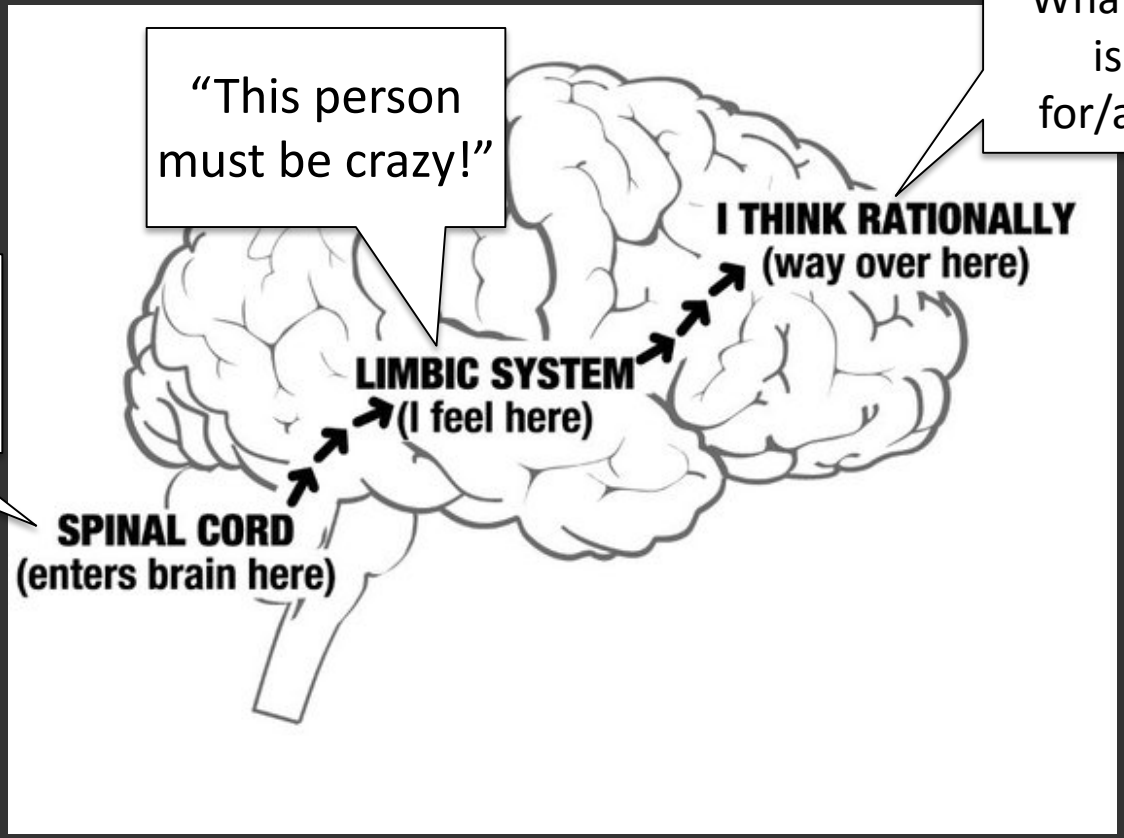
Pharmacy Technician-50 State Review

State Requirements	Percentage of States (Out of 50)
No certification OR education/training	40% (N =20)
Certification **OR** education/training	16% (N=8)
Certification **AND** education/training	16% (N=8)
Certification **Only**	10% (N=5)
Education/Training **Only**	8% (N = 4)
ASHP/ACPE Accredited Program **Only**	2% (N = 1)

3 Mattingly, A., Entry-level practice requirements of pharmacy technicians across the United States: A review. 2018

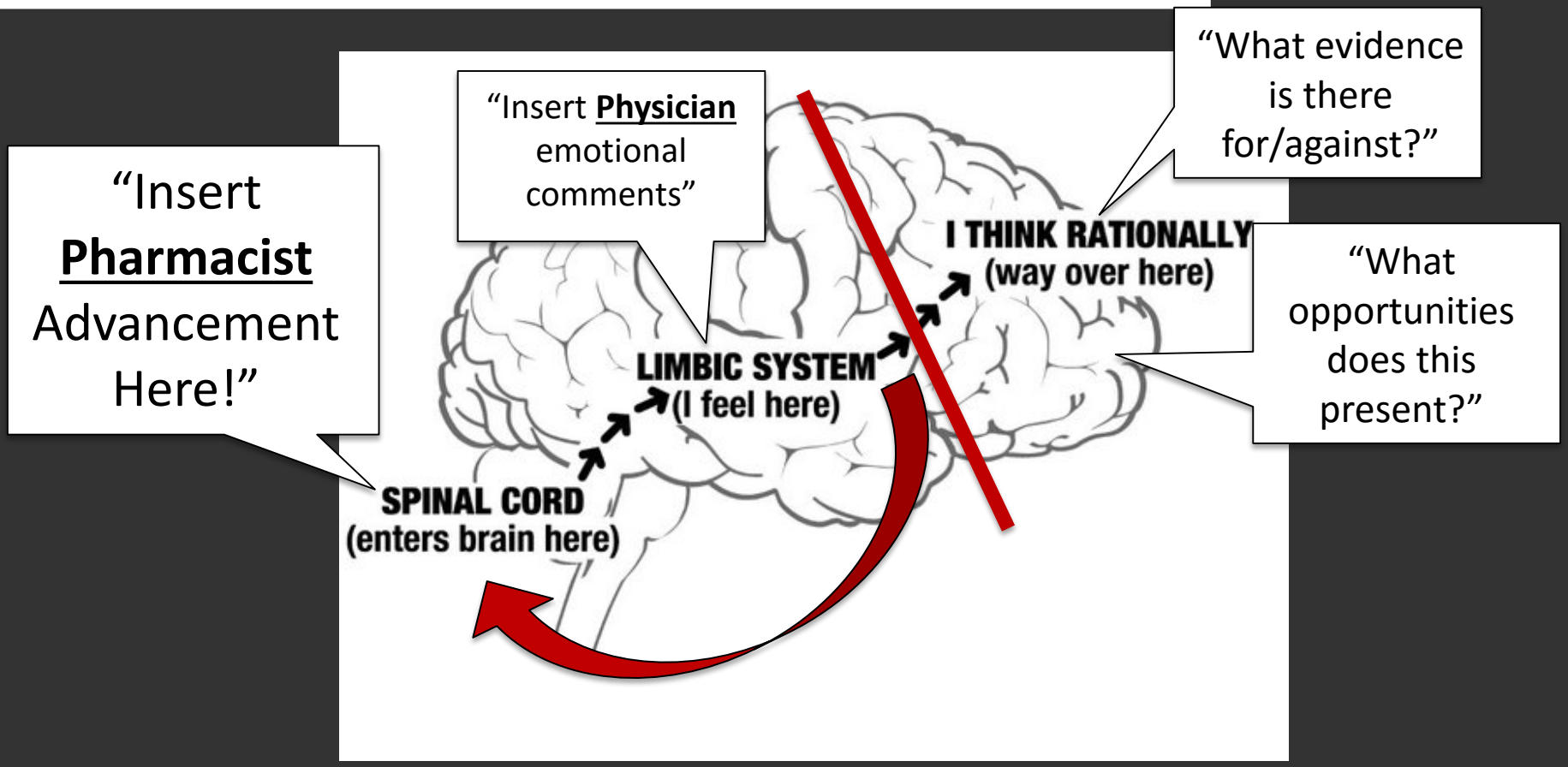
Litmus Test Analysis

Emotions



4 Bradberry, T., Greaves, J., & Lencioni, P. (2009). Emotional intelligence 2.0.

Emotions



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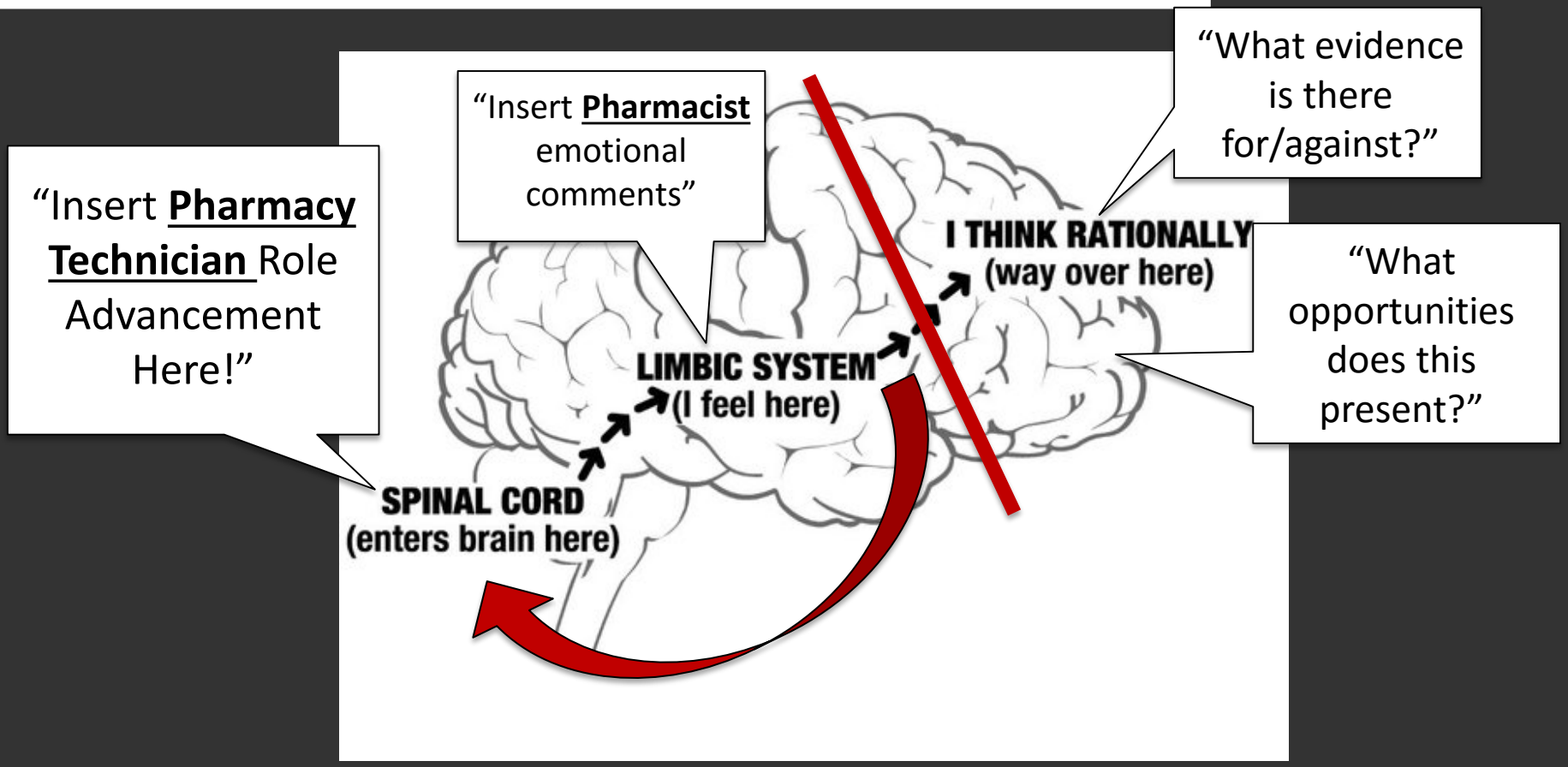
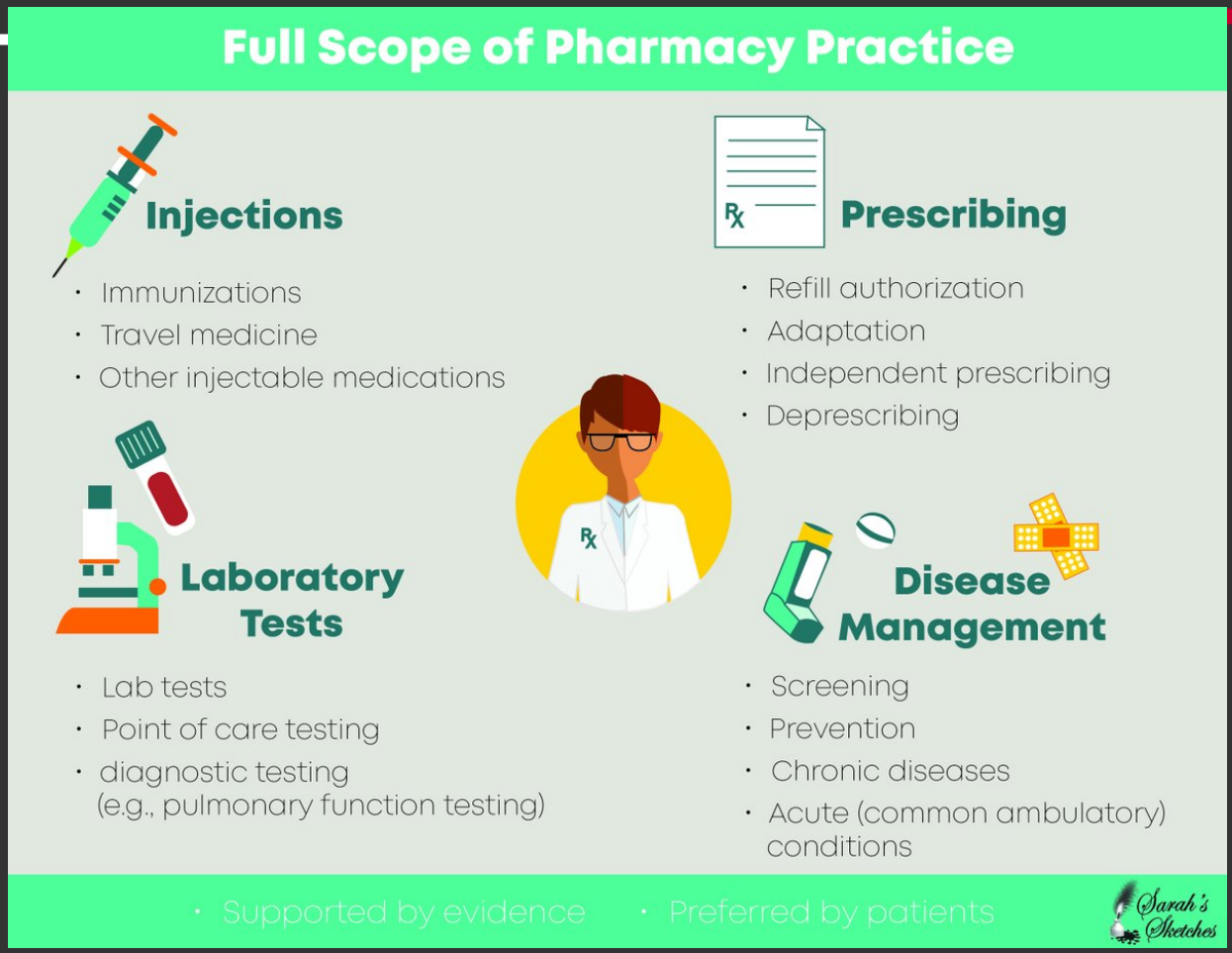
Emotions



4 Bradberry, T., Greaves, J., & Lencioni, P. (2009). Emotional intelligence 2.0.

Full Scope-Pharmacists



5 Ross T. Tsuyuki et al. Time to give up on expanded scope of practice. 2018.

Full Scope-Pharmacy Technicians?

What might “Full Scope” include for pharmacy technicians?

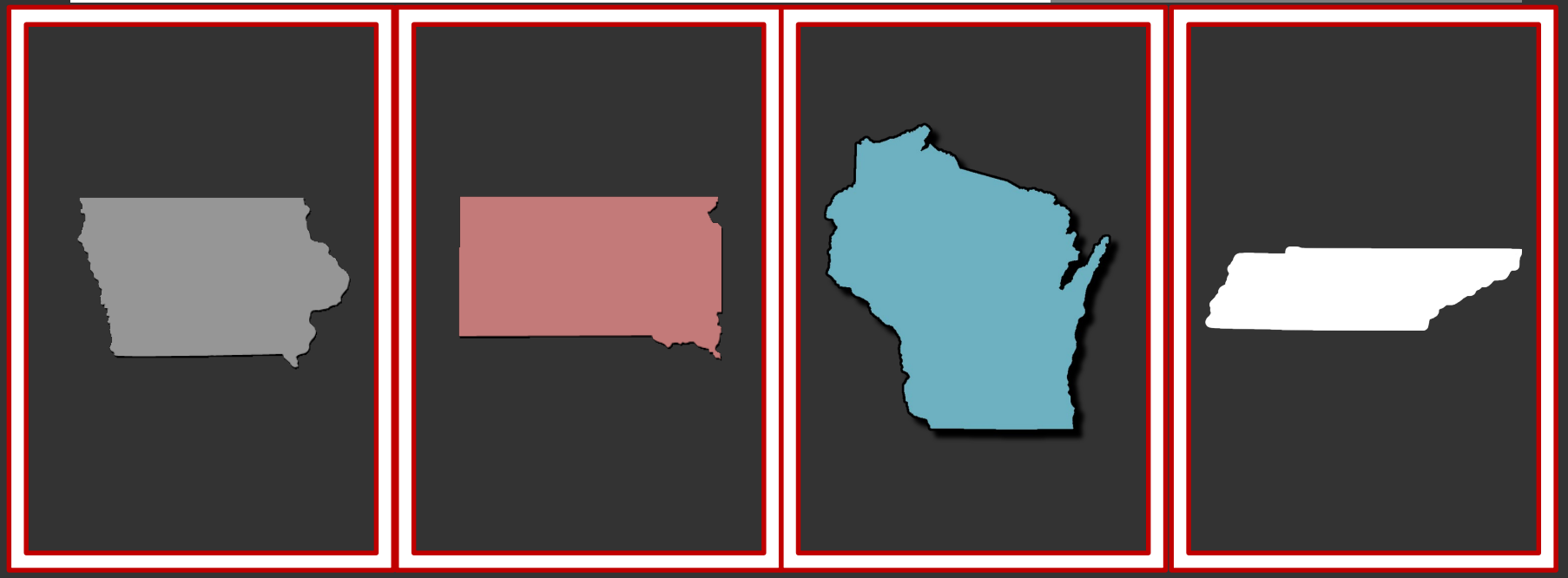
Technician Accuracy Checking

Definitions

- ***Accuracy Checking:***
  - Pharmacy Technician utilizing technology (bar code scanning) to check the work of someone else, an automated dispensing system, or other technology assisted filling equipment (whomever prepared the medication).

State Profiles: Technician Accuracy Checking

Iowa, South Dakota, Wisconsin, Tennessee | **2014-Present**



Accuracy Checking Research Programs

Evidence: Technician Accuracy Checking

Health-Systems

11 studies published since **1978**[6]

- **Pharmacist** accuracy: 99.3%
- **Pharmacy Technician** accuracy: 99.6%
- Reported various levels of training, education, and certification requirements

Community

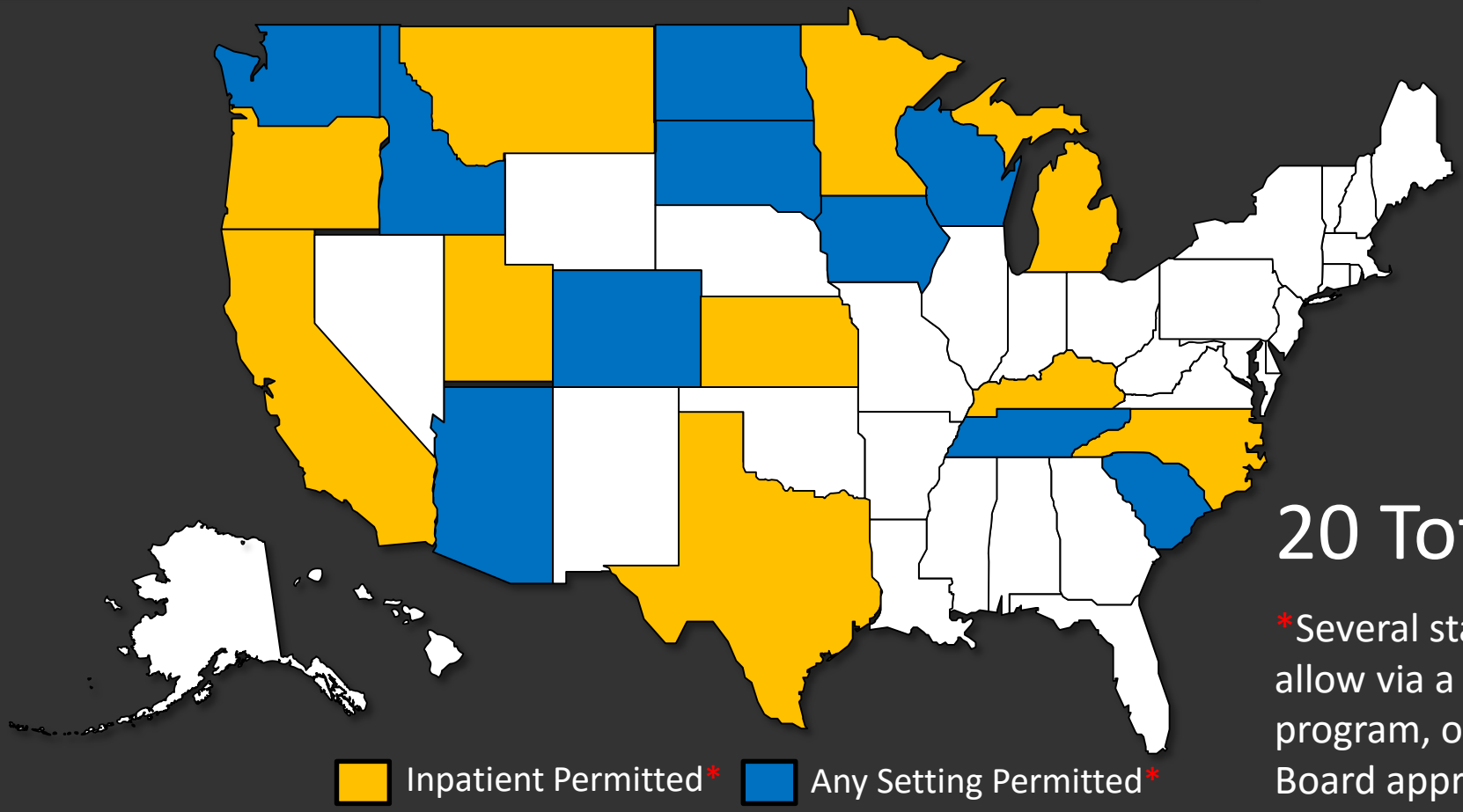
4 studies published since 2003[7]

- **Pharmacist** accuracy: 99.73%, 99.74%
- **Pharmacy Technician** accuracy: 99.445%, 99.95%
- Reported various levels of training, education, and certification requirements

6 Adams, A. J., et al. "'Tech-Check-Tech': A Review of the Evidence on Its Safety and Benefits

7 Frost, Timothy P., et al. Tech-Check-Tech in Community Pharmacy Practice Settings."

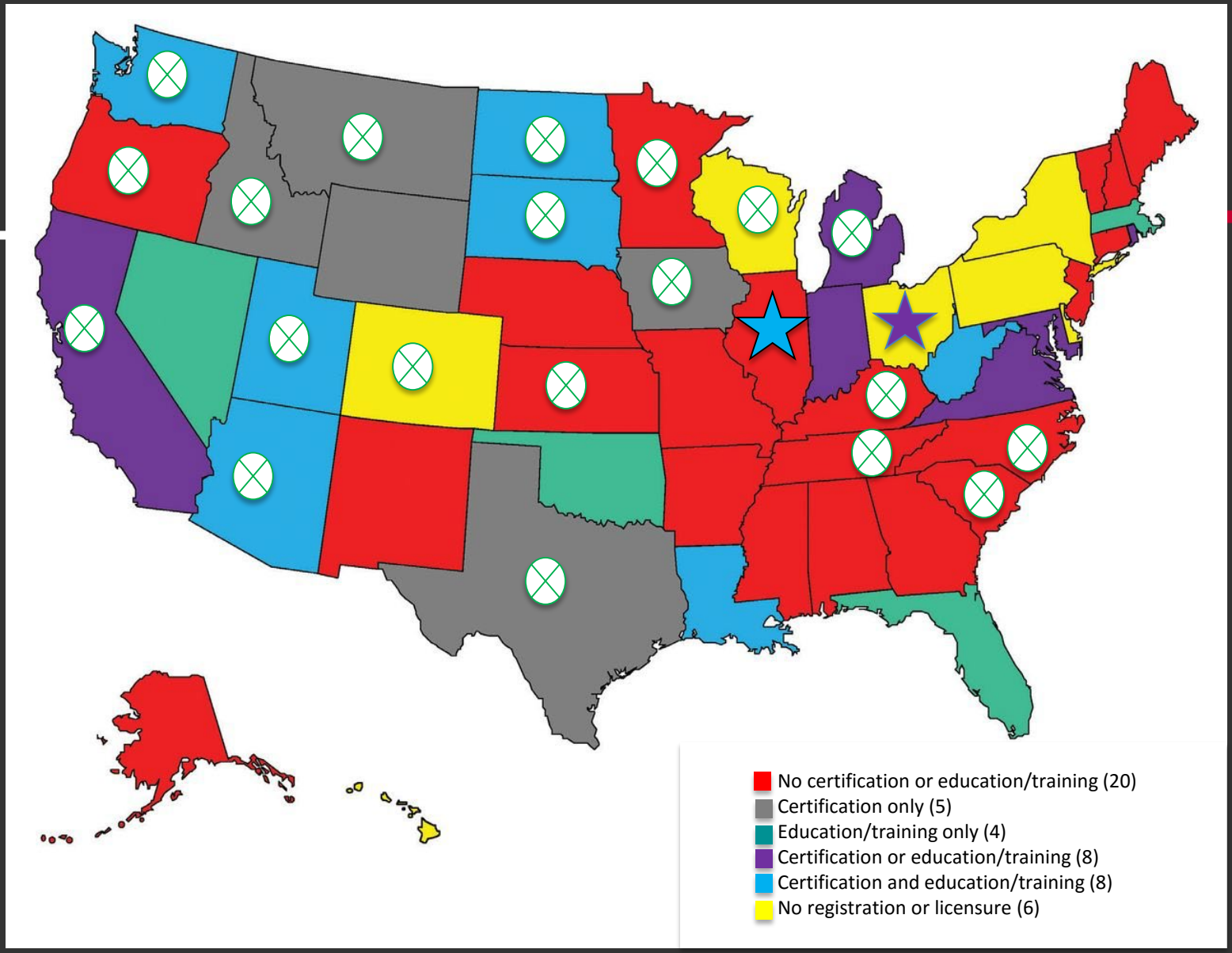
Laws: Technician Accuracy Checking



20 Total

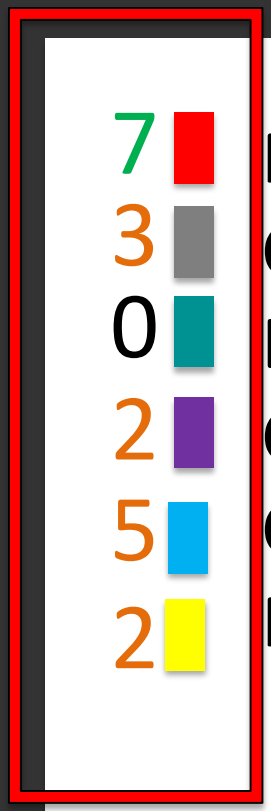
*Several states allow via a pilot program, or require Board approval

8 2018 NABP Survey of Law



Adapted from: 3 Mattingly, A., Entry-level practice requirements of pharmacy technicians across the United States: A review. 2018

Education & Training: Accuracy Checking



No certification or education/training (20)
Certification only (5)
Education/training only (4)
Certification or education/training (8)
Certification and education/training (8)
No registration or licensure (6)

Adapted from: 3 Mattingly, A., Entry-level practice requirements of pharmacy technicians across the United States: A review. 2018

Laws | Education & Training: Accuracy Checking

State	Accuracy Checking Permitted/Setting	General Pharmacy Technician State Requirements
IN	No/None	Certification or education/training
IL	No/None	Certification and education/training
MI	Yes/Institutional	Certification or education/training
OH	No/None	Certification or education/training
WI	**Via pilot, Institutional, Community**	**No certification or education/training**

Administering Immunizations/Medications

State Profile: Immunizations

Idaho IDAPA 27.01.03: Subchapter B Rule 101

2016-Present (Updated 7-1-18)

(Delegation of Pharmacy Functions)[9]

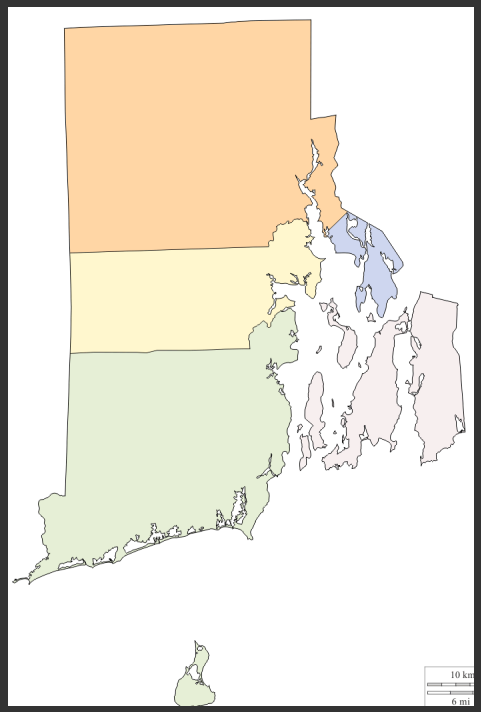
- "A pharmacist may delegate to and allow performance by a technician…"
- "The function is **commensurate with the education, skill, and experience of the technician** or pharmacist intern.."

9 Idaho IDAPA 27.01.03:Subchapter B Rule 101

State Profile: Immunizations

Rhode Island RICR Title 216, Chapter 40

2018-Present



- 1.11.1 Administration of Immunizations:
  - Pharmacist delegation:
  - 8b. "A **technician II (nationally certified)** who has completed a **recognized certificate training course** on appropriate immunization administration technique and holds a current **basic cardiopulmonary resuscitation (CPR) training certificate**, shall be permitted to administer vaccinations…"
  - *Date Effective: 10/31/18*

10 RICR Title 216, Chapter 40

Evidence: Immunizations

Administering Immunizations

12/16 to 06/17:[11]

- 953 immunizations administered-**0 adverse events reported**

Several studies[12-14]:

- ***Unlicensed laypersons*** can safely and effectively self-administer vaccines

Medical Assistants[15]:

- Delegated authority: **14 states**
- Own authority: **1 state**
- Law silent: **35 states**

11 McKeirnan et al. "Training Pharmacy Technicians to Administer Immunizations"
12 Burgess et al. Self-admin of intranasal influenza vaccine.
13 Zahn et al. Self-immunization with live attenuated influenza vaccine in a mass vaccination clinic.
14 Coleman et al. A RCT comparing immunogenicity, safety, and preference for self-versus nurse-administered intradermal influenza vaccines.

15 Stewart AM at al. State Law and Standing Orders for Immunization Services.

Laws: Immunizations

State	Pharmacy Technician Admin. of Immun.	Medical Assistant Admin. of Immunization
IN	No	Law silent
IL	No	Own authority
MI	No	Delegatory
OH	No	Law silent
WI	No	Law silent

Emotions

"Pharmacy associations have worked hard to attain pharmacist immunization authority and it is too early to "give this up."

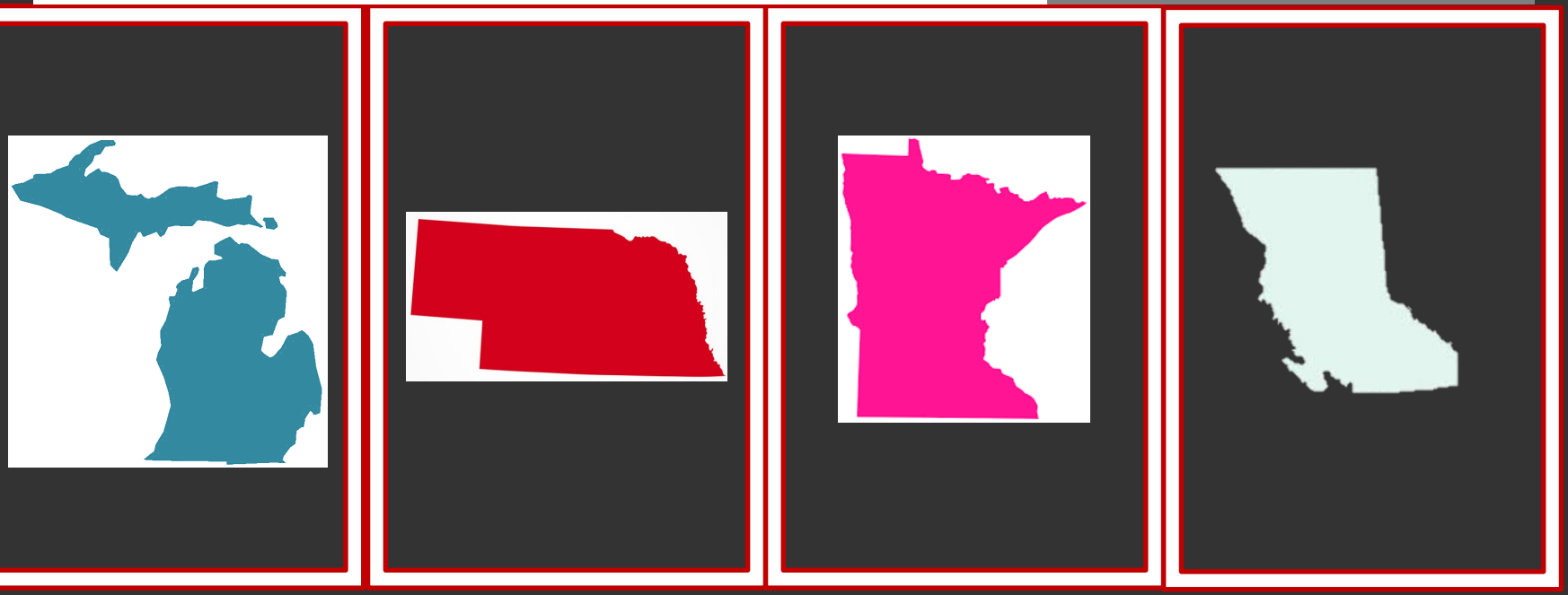
"…pharmacists would remain in charge of the immunization process… pharmacists would assess the patient, prescribe the right vaccination, and monitor for adverse events… just as pharmacists have not "given up" dispensing by better leveraging technicians in the medication use process… time is better directed at the activities that require professional judgment in the immunization process."

16 Atkinson D., et al. Should Pharmacy Technicians Administer Immunizations?

CLIA Waived Point of Care Testing (POCT) and Collecting Vitals

State Profiles: POCT & Vitals

Michigan, Nebraska, Minnesota, British Columbia **2010-Present**



Evidence: POCT & Vitals

Point of Care Testing

CLIA 1988[17]

- As defined by CLIA, waived tests are **simple tests** with a **low risk for an incorrect result.**
  Including:
  - Tests cleared by the FDA **for home use**

Bright et al[18]:

- Pharmacy technicians **capable of performing PGx POCT** in simulated environment.

17 CDC: Clinical Laboratory Improvement Amendments (CLIA)
18 Bright Et al. Pharmacist-Provided Pharmacogenetic POCT Consultation Service: A Time and Motion Study

Collecting Vitals

Klepser et al[19]:

- Avg. decrease from 9.4 min to 4.95 min-Pharmacist time
- Pharmacy technicians involved in **collecting vitals** during POCT "visit".

Mabasa et al[20]:

- Pharmacy technicians collecting **vital signs**, medication administration times, and trends from blood work.

19 Klepser et al. Time and Motion Study of Influenza Diagnostic Testing in a Community Pharmacy.
20 Mabasa et al. Using Clinical Pharmacy Support Technicians to Optimize Pharmaceutical Care in the ICU.

Laws | Education & Training: POCT

State	CLIA Waived POCT	POCT Education/Training Requirements
IN	*IC 25-34.5-3-8 Laboratory tests by nonpractitioner-Federal CLIA 1988* **Non prohibitive**	Non-specific/broad
IL	*No State prohibitions-Federal CLIA 1988* **Non prohibitive**	Non-specific/broad
MI	*No State prohibitions-Federal CLIA 1988* **Non prohibitive**	Non-specific/broad
OH	*OAC 4729-5-25* **Permissive, restrictive**	"Appropriate training to conduct testing in a safe and effective manner."
WI	*No State prohibitions-Federal CLIA 1988* **Non prohibitive**	Non-specific/broad

Verbals, Transfers, Clarifications (VTC)

State Profile: VTC

Ohio, Michigan

2014-Present

4729:3 Pharmacy Technician[21]

MCL 333.17739[22]

21 Ohio Administrative Code 47293:3 Pharmacy Technician Trainees
22 MCL333.17739 Pharmacy technician; functions; licensure

Evidence: VTC

- Receive verbal Rx and/or transfer Rx orders between pharmacies
  - ~17-20 States total
    - 10-13 States allow for **BOTH**
    - 5 States ONLY verbals
    - 2 States ONLY transfers
- Performed for **30-40 years** in some states

23 Frost et al. Expanded pharmacy technician roles: Accepting verbal prescriptions and communicating prescription transfers.

Evidence: VTC

Wakefield et al[24]:

- Has <u>not been studied in depth</u> and the extant literature is anecdotal.
- 1 study:
  - Verbal orders **decreased the risk of error** compared to handwritten orders by **<u>a factor of four.</u>**

Frost et al[23]:

- **<u>0 articles</u>** were identified on technicians **transferring** prescription orders.
- **<u>0 published studies</u>** documenting that these activities lead to widespread safety issues.

24 Wakefield DS et al. Are Verbal Orders a Threat to Patient Safety?

23 Frost et al. Expanded pharmacy technician roles: Accepting verbal prescriptions and communicating prescription transfers.

Laws: Verbals, Transfers, Clarifications

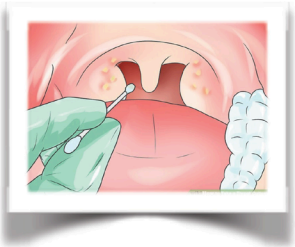
State	Verbals	Transfers	Clarifications	Added Education/Training Req.
IN	**N**	**N**	**N**	None
IL	**Y**	**N**	**Y**	None
MI	**Y**	**Y**	**Y**	None
OH	**Y-Certified Only**	**Y-Certified Only**	**Y-Certified Only**	None
WI	**Y-limited***	**N**	**Silent**	None

Full Scope-A Way Forward

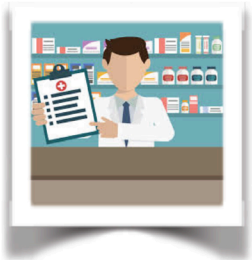
The Big Question

What fundamentals can be used and what roles might be included in "Full Scope"?

Full Scope of Pharmacy Technician Practice



- Medication Administration (Immunizations/Others)
- CLIA Waived Point of Care Testing
- Collecting Vitals



- Medication Histories/Medication Therapy Management (MTM) Support
- Triage Patient Counseling
- Compliance Checks

- Technician Accuracy Checking
- Sterile/Non-Sterile Compounding
- Inventory Management

- Prescription Drug Monitoring Program (PDMP)
- Verbals/Transfers/Clarifications
- Remote Operations/Telehealth Support

Pharmacy UNIVERSE

Summary

By The Numbers: PTSCC

89 invited participants

Sector	Representatives With Sector Inclusion (Overlap)
Association	18
Regulatory	16
Pharmacy Technician	16* (7 of 16 also Academia)
Health System	15
Admin	12
Academia	10
Community	10
BOP	8
Govt	6
Public	2

Adapted from: 25 Zeller et al. Toward uniform standards for pharmacy technicians: Summary of the 2017 Pharmacy Technician Stakeholders Consensus Conference

The Big Considerations

"A commonly **reported reason for the lack of full deployment** of the pharmacy technician workforce is the **great variability in their education and training**. Less reported is the reciprocal: the **variability in legally permissible roles and responsibilities** of technicians may **suppress** investment in more robust education and training."

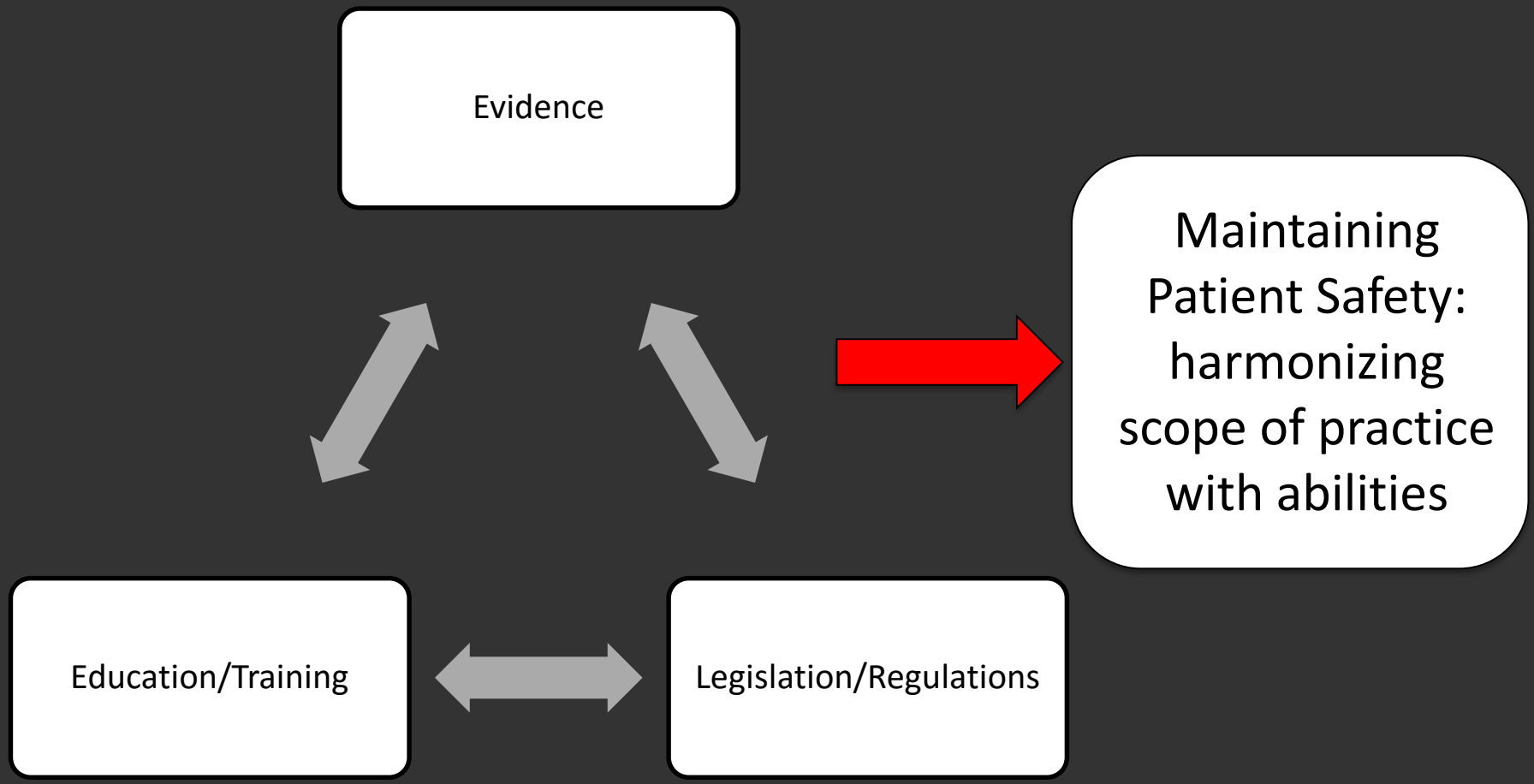
23 Frost et al. Expanded pharmacy technician roles: Accepting verbal prescriptions and communicating prescription transfers.

The Big Considerations

"Why would a technician or employer **invest time and money** in a **skill that is legally prohibited** from performing in practice? Similarly, why would a **technician training program** integrate the teaching of such a skill into its curriculum?"

23 Frost et al. Expanded pharmacy technician roles: Accepting verbal prescriptions and communicating prescription transfers.

Three Part Litmus Test



“What’s dangerous is not to evolve.”

-Jeff Bezos, CEO, Amazon

Learning Assessment Questions

According to the Bureau Labor of Statistics in 2016, which sector of pharmacy includes approximately 71.8% of practicing pharmacy technicians?

A. Hospital-state, local, or private

B. Retail trade
C. Government
D. Ambulatory care
E. Wholesale trade

Learning Assessment Questions

Which of the following states is the first to allow pharmacist delegation of the administration of immunizations/medications to pharmacy technicians?

A. Ohio
B. California
C. Iowa
D. North Dakota
E. Idaho
F. Indiana

Learning Assessment Questions

Which of the following has had multiple studies demonstrate a 99% accuracy rate in both pharmacists and pharmacy technicians?

A. Patient counseling

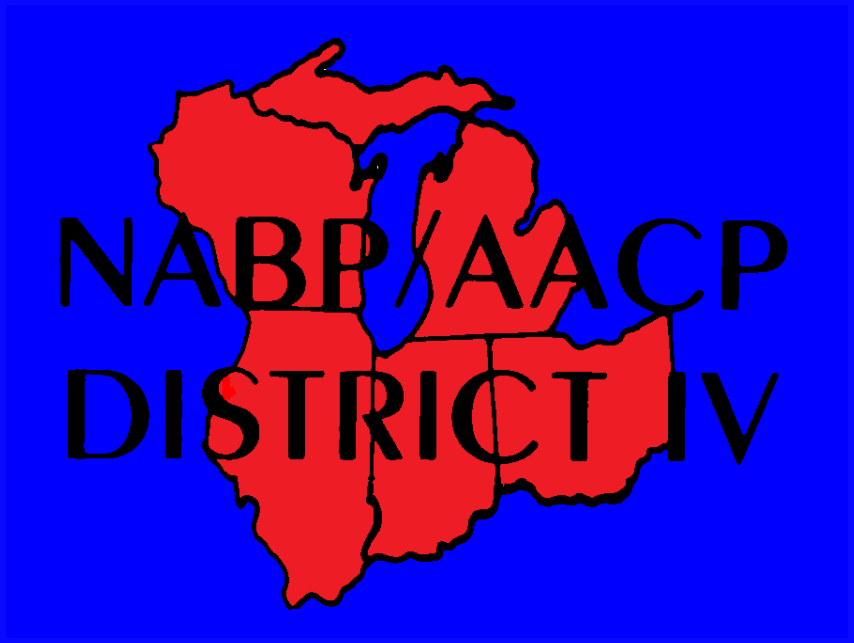
B. Accuracy checking
C. Administration of immunizations
D. Rounding with the healthcare team

Q & A

Deeb Eid, PharmD,
Assistant Professor/Experiential Coordinator,
Ferris State College of Pharmacy
deebeid@ferris.edu

Founder/Content Strategist,
Pharmacy Universe
"Socially engaging and educating the world about #Pharmacy"

@pharmacyuniverse @pharmacyu92 Pharmacy Universe Podcast



85th Annual Meeting

November 7-9, 2018

Grand Rapids, MI

Business Session I: Agenda

- Call to Order
- Acknowledgements
- Roll Call
- Reports
  - AACP Report: **Lucinda L. Maine, Ph.D., R.Ph.**
    Executive Vice President & CEO
  - NABP Report: **Susan Ksiazek, RPh**
    NABP President
  - District IV : **Curtis D. Black, R.Ph., Ph.D.,**
    Executive Secretary
- Presentation of Slate for District IV Board

Sponsors

- AACP
- CVS Health
- Express Scripts
- Genoa Healthcare
- Meijer Corporation
- NABP
- NACDS
- Rite Aid
- Walgreens
- Walmart

NABP/AACP District IV Member Institutions

DEFINITION: EACH COLLEGE OF PHARMACY THAT IS A FULL VOTING MEMBER OF THE AMERICAN ASSOCIATION OF COLLEGES OF PHARMACY AND EACH BOARD OF PHARMACY IN THE STATES OF ILLINOIS, INDIANA, MICHIGAN, OHIO AND WISCONSIN IS ELIGIBLE TO BE A MEMBER OF DISTRICT IV.

Indiana

- Indiana Board of Pharmacy
- Butler University College of Pharmacy and Health Sciences
- Manchester University College of Pharmacy
- Purdue University College of Pharmacy

NABP/AACP District IV Member Institutions

Illinois

- Illinois Board of Pharmacy
- Chicago State University College of Pharmacy
- Midwestern University-Chicago College of Pharmacy
- Roosevelt University College of Pharmacy
- Rosalind Franklin University of Medicine & Science College of Pharmacy
- Southern Illinois University Edwardsville School of Pharmacy
- University of Illinois at Chicago College of Pharmacy

NABP/AACP District IV Member Institutions

Michigan

- Michigan State Board of Pharmacy
- Ferris State University College of Pharmacy
- University of Michigan College of Pharmacy
- Wayne State University Eugene Applebaum College of Pharmacy and Health Sciences

NABP/AACP District IV Member Institutions

Ohio

- Ohio State Board of Pharmacy
- Cedarville University College of Pharmacy
- Northeast Ohio Medical University College of Pharmacy
- Ohio Northern University Raabe College of Pharmacy
- The Ohio State University College of Pharmacy
- The University of Findlay College of Pharmacy
- The University of Toledo College of Pharmacy and Pharmaceutical Sciences
- University of Cincinnati James L. Winkle College of Pharmacy

NABP/AACP District IV Member Institutions

Wisconsin

- Wisconsin Pharmacy Examining Board
- Concordia University School of Pharmacy
- Medical College of Wisconsin School of Pharmacy
- University of Wisconsin-Madison School of Pharmacy

NABP/AACP District IV Affiliated Institutions

Australia

- Pharmacy Board of Australia
  - Gerald McInerney, Chair – Notification Committee

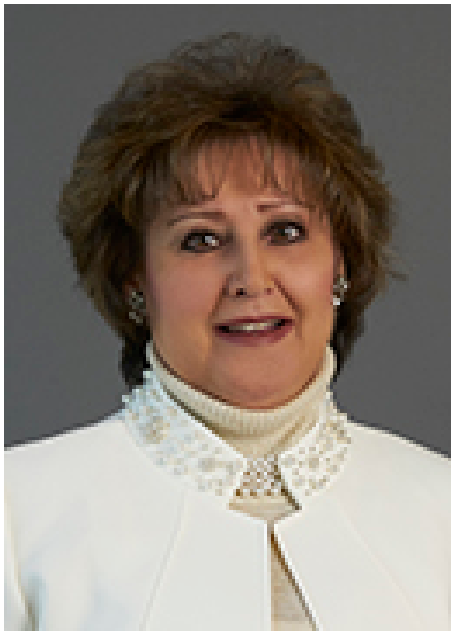
Bahama

- The Bahamas Pharmacy Council
  - Anne T. Rolle, Registrar

AACP Report

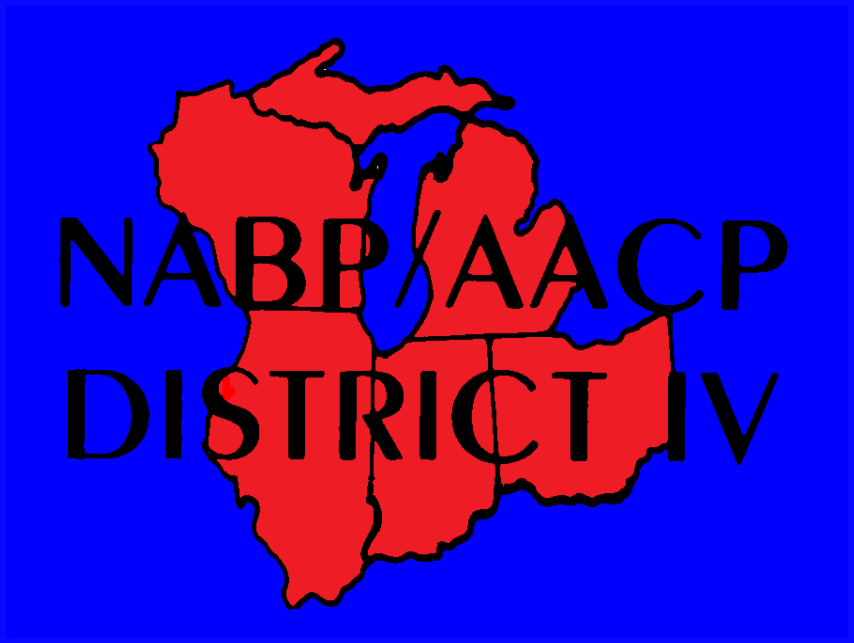
Lucinda L. Maine, Ph.D., R.Ph.
Executive Vice President & CEO

NABP Report



Susan Ksiazek, RPh

2018-19 NABP President



85th Annual Meeting

November 7-9, 2018

Grand Rapids, MI

District IV Executive Secretary Report

- Roll Call
  - Boards of Pharmacy:
    - /5 Boards represented
  - Colleges of Pharmacy:
    - /22 Member institutions represented

- Proceedings of 2017 Meeting: Toledo, OH
  - Posted on District website
    - http://District4NABP-AACP.org/annual-meeting

District IV Executive Secretary Report

- Financial Report
  - Statement of Financial Position (AS OF 08/31/18)
    - Total Assets: $77.1K
    - Total Liabilities: $ 5.3K
    - Net Assets $71.8K
  - Net Assets [08/31/2017]: $73.1K

District IV Executive Secretary Report

NABP/AACP District IV Grant Award to Pharmacy Students - 3nd Year

- Purpose: Small project grants to conduct projects that promote and advance public health in their region
- 2017-18 Project
  - "Nalox-Now"
  - Midwestern University – Chicago
    - Samantha Korsak, Pharm.D. Candidate
    - Faculty Advisors: Drs. Susan Cornell & Tran Tran

NABP/AACP District IV Grant Award to Pharmacy Students – 4rd Year

submissions

& the Recipient is …

Executive Committee

- DEFINED:
  - An Executive Committee shall be elected by the Members and shall have responsibility for organizational oversight including:
    - fiscal operation and management,
    - meeting planning and organization and
    - performance of Executive Secretary
  - The Executive Committee shall consist of:
    - three persons elected from Member colleges; and,
    - three persons elected from Member boards of pharmacy
    - each person shall serve a term of three years and terms will be staggered.

Executive Committee

- Boards of Pharmacy

Nichole Penny Cover

(12/31/2020)

Michigan Board of Pharmacy

Phil Burgess

(12/31/2018)

Illinois Board of Pharmacy

Ned Milenkovich

(12/31/2019)

Illinois Board of Pharmacy

- Colleges of Pharmacy

Walter Siganga

(12/31/2020)

SIU-Edwardsville

Megan Kaun

(12/31/2018)

University of Toledo

Dean Arneson

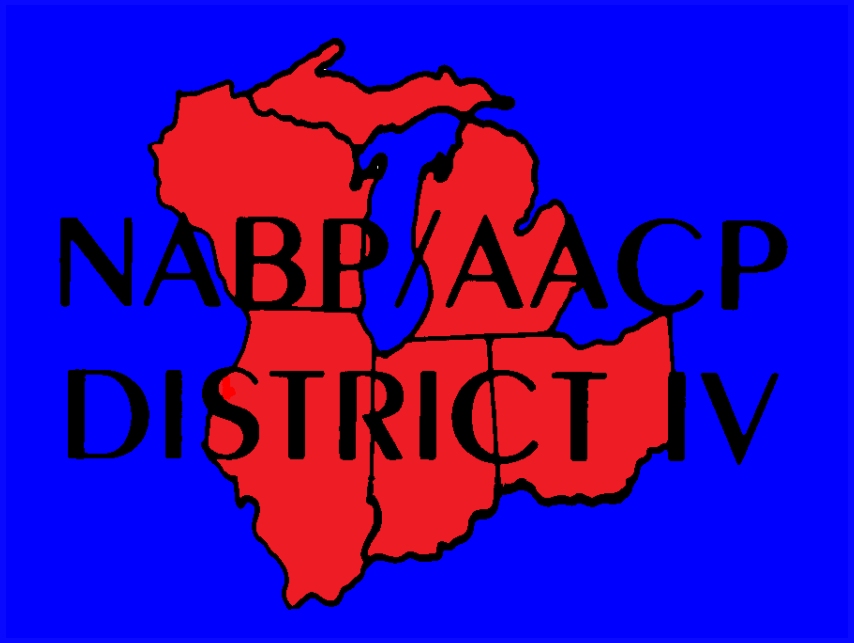
(12/31/2019)

Concordia-Wisconsin

District IV Executive Committee Candidates
Term: 2018-2020

Boards of Pharmacy Candidate

Colleges of Pharmacy Candidate



86th Annual Meeting

Fall 2019

Hosts: Purdue University

Indiana Board of Pharmacy