



## Report of the Task Force on the Development of an Equitable Degree Upgrade Mechanism

### Members Present:

David R. Work, Chairman (NC); Howard B. Bolton (LA), Mario Casinelli (RI), H. Lee Gladstein (NJ), Lloyd K. Jessen (IA), Keith W. Macdonald (NV), R.T. “Tenny” Moss (SC), Joseph G. Schnabel (OR), Lawrence M. Trippiedi (IL).

### Others Present:

Paul G. Boisseau, *Executive Committee Liaison*; Robert Beardsley, *University of Maryland College of Pharmacy*; Michael E. Hart, Jr., *American Council on Pharmaceutical Education*; Ronald Maddox, *Campbell University College of Pharmacy*; Daniel A. Nona, *American Council on Pharmaceutical Education*; Carl E. Trinca, *American Association of Colleges of Pharmacy*; Carmen A. Catizone, *NABP Executive Director*.

### Introduction:

The 1994-1995 Task Force on the Development of an Equitable Degree Upgrade Mechanism (TFDEDUM) met on Saturday, December 10, 1994 at NABP headquarters in Park Ridge, Illinois.

### Review of the Task Force Charge:

The Task Force on the Development of an Equitable Degree Upgrade Mechanism was established by the Executive Committee of the National Association of Boards of Pharmacy to fulfill the mandate of Resolution No. 90-10-94, Doctor of Pharmacy Degree, which was approved by the delegates to the Association’s 90<sup>th</sup> Annual Meeting in Portland, Oregon. Resolution No. 90-10-94 reads as follows:

**Title:** Doctor of Pharmacy Degree

**Whereas**, the legal authority for setting the requirements for the issuance, renewal, and transfer of pharmaceutical licenses, including approving educational programs, rests with the state boards of pharmacy; and

**Whereas**, the uniformity within these requirements, established by the state boards of pharmacy through NABP, has contributed to the public health by enhancing the quality of care provided; and

**Whereas**, the state boards of pharmacy have recognized the American Council on Pharmaceutical Education (ACPE) as the accrediting agency for educational programs and have supported the orderly and equitable implementation of a single entry-level doctor of pharmacy degree; and

*Whereas*, because of their education and experience, practicing pharmacists who have baccalaureate degrees safely render pharmaceutical care, yet their valuable contributions to the public health could be restricted if their opportunities to render pharmaceutical care are hampered due to a degree differential; and

*Whereas*, there has been insufficient progress towards the development of an equitable mechanism for baccalaureate-degreed pharmacists to obtain a doctor of pharmacy degree;

*Therefore Be It resolved* that the National Association of Boards of Pharmacy (NABP) reaffirms its support of a doctor of pharmacy degree as the sole entry-level degree; and

*Be It Further Resolved* that NABP recommend that state boards of pharmacy continue to approve both baccalaureate and doctor of pharmacy degree programs accredited by ACPE as meeting the qualifications for licensure until an equitable mechanism that enables baccalaureate-degreed pharmacists to obtain a doctor of pharmacy degree is implemented; and

*Be it Further Resolved* that NABP convene a task force, composed of representatives of the Association's member districts, to develop such a mechanism and that ACPE be invited to participate in the task force; and

*Be it Further Resolved* that a report from this task force be delivered to NABP's member boards at the Association's 1995 Annual Meeting for final consideration and disposition; and

*Be It Further Resolved* that NABP rescind Resolution No. 88-10-92 and Resolution No. 89-7-93, since it is the Association's intent to restate its position through this resolution.

#### **District Meeting Comments:**

The Task Force meeting was convened to review the Guidelines developed at the July 31, 1994 meeting and comments received from the districts regarding the document. Chairman Work thanked the Task Force members for their assistance at the district meetings in presenting the Guidelines, answering questions, and receiving comments. Task Force members reported that there was general consensus among the member boards of pharmacy in the eight districts that the Guidelines document was an equitable proposal for boards and colleges to utilize in developing upgrade programs for licensed pharmacists with baccalaureate degrees in pharmacy to earn a doctor of pharmacy degree. It was further reported that the colleges of pharmacy, although appreciative of NABP's efforts to assist in this matter, did not endorse or reject the proposal.

The colleges/schools of pharmacy offered various comments and suggestions for modifying the Guidelines. Task Force members reported that some colleges/schools recommended that the Guidelines be withdrawn and other methods for earning a doctor of pharmacy degree be instituted. Comments from the district meetings were discussed by Task Force members.

#### **Written Comments Received by NABP:**

Task Force members reviewed correspondence received by NABP in response to the Guidelines. The Task Force agreed that no further action was required.

### **Comments from AACP:**

Trinca outlined the activities of the Center for the Advancement of Pharmaceutical Education (CAPE) to assist colleges/schools in identifying non-traditional means for baccalaureate-degreed pharmacists to earn a doctor of pharmacy degree. He commented further that many pharmacy educators recognize that the practitioners seeking to earn a PharmD degree are adult learners and not the traditional students normally enrolled in pharmacy degree programs. He explained that CAPE is trying to define this “practitioner-learner” and the necessary educational strategies. He urged NABP to keep AACP, APhA, ASHP, and NARD advised of the deliberations of the Task Force because the issue is important for the profession as a whole.

### **Comments from ACPE:**

Nona expressed optimism over the progress that has been made to date by colleges/schools of pharmacy to develop non-traditional programs and address the PharmD degree for BS practitioners. He indicated that ACPE is encouraged by these efforts and the commitment to educational standards. He suggested that the Task Force establish reasonable timelines for individuals to complete a non-traditional program. Hart stressed that continuing education programs geared to the implementation of pharmaceutical care should be developed and incorporated into non-traditional programs.

### **Guidelines Document:**

Beardsley described the non-traditional program in place at the University of Maryland. Task Force members expressed interest in the overall approach taken by the University of Maryland and the practical manner in which the requirements were developed, the academic credit awarded for learning acquired from life experiences, and the option to allow practitioners to complete experiential requirements at their own practice sites. In response to a question from the Task Force, Beardsley noted that the bachelor of science to doctor of pharmacy degree upgrade program at the University of Maryland would likely require three to five years to accomplish, on a part-time basis.

The Task Force was interested in whether or not other colleges could establish similar and/or more innovative programs. It was agreed that questions in this regard would be developed and submitted to AACP for a response. The Task Force asked that a subcommittee of representatives from AACP, ACPE, and NABP develop proposed questions to submit to the AACP’s Board of Directors. NABP would work with AACP to receive answers to the questions prior to the Annual Meeting.

The Task Force members reviewed the comments from the district meetings concerning the Guidelines, and proposed the following changes:

### **Guidelines for a Uniform Method for a Baccalaureate Degreed Pharmacist to Earn a Doctor of Pharmacy Degree**

- I. Pharmacist holding a baccalaureate degree in pharmacy from an ACPE-accredited program who wishes to earn a doctor of pharmacy degree voluntarily makes application to the college or school from which he/she graduated or to another ACPE-accredited program. The application shall be assessed using a uniform guideline within the institution and among all ACPE-accredited pharmacy programs. The application would include the necessary identifier information as well as:
  1. Date of graduation;

2. Date of original licensure as a pharmacist;
  3. Other educational experiences (including continuing education) and/or degree(s) earned; and
  4. Criteria – Appropriate and documented practical experience, based upon criteria developed with input from practitioners and boards of pharmacy, assessed individually.
- II. Following the assessment of the pharmacist’s application, professional skills, abilities, and knowledge and payment of appropriate fees, the college/school would select the appropriate procedure for the baccalaureate degreed pharmacist to earn a doctor of pharmacy degree. The procedure would be one of the following:
1. Completion of the appropriate didactic work (e.g. continuing education courses – live or home study); or
  2. Completion of appropriate experiential rotation(s); or
  3. Completion of appropriate didactic work and appropriate experiential rotation(s); or
  4. No additional requirements.

Such a standardized mechanism shall be individually customized within the context of the following characteristics:

1. **ASSESSABILITY:**  
A competency-based process (i.e. NABPLEX competencies) shall be conducted by a committee composed of faculty and practitioners.  
[The Task Force agreed that if the competencies being developed by the Committee for the Advancement of Pharmaceutical Education (CAPE) within AACP are in accordance with the philosophy and direction of the uniform method, they could be utilized in conjunction with the NABPLEX competencies.]
2. **ACCESSIBILITY:**  
Accessibility is defined as the practical, non-disruptive program that will not require the applicant to relocate or significantly interfere with his or her practice.
3. **ACADEMICALLY SOUND:**  
An academically sound program is defined as a documented evaluation that does not disrupt or compromise accreditation standards.
4. **AFFORDABILITY:**  
An affordable program is defined as one which can be offered to the applicant at a reasonable cost and may be completed in a timely manner (generally one year).

**Questions for AACP Consideration:**

Questions for consideration by the American Association of Colleges of Pharmacy (AACP) in regard to the NABP Task Force meeting on December 10, 1994.

1. The NABP Task Force believes that non-traditional degree programs that utilize innovative educational strategies and are accessible and practical can be developed and implemented by the colleges and schools of pharmacy. One of the outcomes of such programs would be the opportunity for pharmacists with baccalaureate degrees in pharmacy to earn doctor of pharmacy degrees. However, a more important outcome to strive for would be the development of an infrastructure of innovative and academically sound programs that assist practitioners in the lifelong learning process, and present the

concepts of pharmaceutical care to the maximum number of practitioners in all types of practice.

(a) Does AACP agree with these statements and desired outcomes?

(b) Would AACP support the *Guidelines for a Uniform Method for a Baccalaureate Degreed Pharmacist to Earn a Doctor of Pharmacy Degree* as proposed by the Task Force?

2. At the December 1994 meeting of the NABP Task Force, several examples of current non-traditional degree programs were discussed. Of particular interest to the Task Force was the approach taken by one school whereby the successful completion of 30 semester credit hours (e.g. usually associated with one full-time academic year) would earn the baccalaureate-degreed candidate a doctor of pharmacy degree (PharmD). Unique to this program is the manner in which the 30 hours are earned: 10 hours didactic coursework; up to 10 hours for demonstrated/documentated learning related to life experience; 10 hours experiential coursework (which could ideally be completed in the student's own practice); and the balance, if any, representing a combination of didactic and experiential coursework.

(a) What is AACP's reaction to such a program?

3. The Task Force also recognized that there is a need for the timely implementation of non-traditional programs as described in the protocol document.

(a) Does AACP agree, and how would the Association define and describe this process?

4. The Task Force discussed the importance of defining desired outcomes for non-traditional programs which can be objectively determined and validly measured. The outcomes would define the difference between the current doctor of pharmacy and baccalaureate degree programs.

(a) In AACP's opinion, could a pharmacist demonstrate mastery of the outcomes described above in a non-traditional program through challenge examinations or similar instruments and be granted a degree?

(b) If the answer is no, can you please explain why not?

### **Recommendation TFDEDUM #1:**

The Task Force on the Development of an Equitable Degree Upgrade Mechanism recommends that state boards of pharmacy and NABP withdraw support of the six year doctor of pharmacy degree as the sole degree for entry into the profession of pharmacy if an equitable program for degree upgrade following the "Guidelines" developed by the Task Force has not been implemented within two years. The Task Force further recommends that state boards of pharmacy and NABP continue to recognize both baccalaureate and doctor of pharmacy degree programs as satisfying the requirements for licensure.

### **Background:**

The Task Force examined the issues surrounding the proposal by the American Council on Pharmaceutical Education (ACPE) to accredit only doctor of pharmacy degree programs by the year 2000, and the request from the state boards of pharmacy for NABP to assist in the development of an equitable degree upgrade program for pharmacists who have earned a baccalaureate degree from an ACPE-accredited program. The Task Force firmly rejected non-traditional upgrade programs that impose significant burdens and expense on baccalaureate-

degreed pharmacists seeking to earn a doctor of pharmacy degree. In suggesting means to overcome such barriers, the Task Force developed “Guidelines for a Uniform Method for a Baccalaureate Degreed Pharmacist to Earn a Doctor of Pharmacy Degree,” as a mechanism by which colleges and boards of pharmacy may work cooperatively and develop upgrade programs that are both accessible and credible. The Task Force worked closely with representatives from ACPE and the American Association of Colleges of Pharmacy (AACP) to develop the “Guidelines,” and expressed its appreciation for their cooperation and expertise.

The Task Force expressed some frustration with the resistance it encountered from some segments of academia to the development of an equitable degree upgrade mechanism. Those opposing the implementation of such a mechanism questioned the role of the boards and NABP in this matter, and provided ample evidence that significant movement to develop and implement upgrade programs accessible to the majority of baccalaureate degreed pharmacists would not occur in the near future.

In response to this lack of progress, the Task Force agreed that NABP and its member boards could not continue to support the recognition of the doctor of pharmacy degree as the sole entry-level degree. However, the Task Force also agreed that more time would be needed to evaluate if progress is to occur. Rather than withdrawing its support at NABP’s 91<sup>st</sup> Annual Meeting, it asked the Executive Committee to study the implementation of upgrade programs for two years. If significant progress has not been made during that time, the Task Force recommends that NABP and the state boards of pharmacy withdraw support for the doctor of pharmacy degree program as the sole entry-level degree.

### **Recommendation TFDEDUM #2:**

The Task Force on the Development of an Equitable Degree Upgrade Mechanism recommends that NABP and the state boards of pharmacy inform those pharmacists currently holding a baccalaureate degree in pharmacy from an ACPE accredited program about the recently developed “Guidelines for a Uniform Method for a Baccalaureate Degreed Pharmacist to Earn a Doctor of Pharmacy Degree.”

### **Background:**

The Task Force agreed that the majority of baccalaureate-degreed pharmacists are not actively involved in the discussion concerning the proposal to accredit only doctor of pharmacy degree programs. It emphasized the importance of getting pharmacists involved in the discussion.

### **NABP Task Force Questions and AACP Board of Directors’ Responses Relative to the “Development of an Equitable Degree Upgrade Mechanism”:**

Q. The NABP Task Force believes that non-traditional degree programs which utilize innovative educational strategies and are accessible and practical can be developed and implemented by the colleges and schools of pharmacy. One of the outcomes of such programs would be the opportunity for pharmacists with baccalaureate degrees in pharmacy to earn doctor of pharmacy degrees. However, a more important outcome to strive for would be the development of an infrastructure of innovative and academically sound programs that assist practitioners in the lifelong learning process and present the concepts of

pharmaceutical care to the maximum number of practitioners in all types of practice. Does AACP agree with these statements and desired outcomes?

- A. Yes, AACP agrees with these concepts and would add that such programs should be outcomes-based (e.g., see CAPE Educational Outcomes) and organized in a curricular manner.
- Q. Would AACP support the Protocol for a Uniform Method for a Baccalaureate Degreed Pharmacist to Earn a Doctor of Pharmacy degree as proposed by the Task Force?
- A. Yes. Although the AACP Board of Directors believes the word “guidelines” more accurately reflects the voluntary nature of the described process, it does support its content.

AACP’s primary concerns focus on the ability of a school electing to offer a non-traditional PharmD degree to assure the student and the community that educational outcomes have been met, while not jeopardizing the accreditation status of the pharmacy program. The document clearly suggests innovative components in the evaluation and preparation of degree candidates while placing this responsibility correctly with the school and its student(s). Further, recent action regarding the protocol taken by the American Council on Pharmaceutical Education (ACPE) confirms that it “is consistent with the Standards and Policies of ACPE for nontraditional doctor of pharmacy programs, and implementation thereunder will not jeopardize a professional program’s accreditation.”

- Q. At the December, 1994 meeting of the NABP Task Force, several examples of current nontraditional degree programs were discussed. Of particular interest to the Task Force was the approach taken by one school whereby the successful completion of 30 semester credit hours (e.g., usually associated with one full-time academic year) would earn the baccalaureate-degreed candidate a doctor of pharmacy degree (Pharm.D.). Unique to this program is how the 30 hours are earned: 10 hours didactic coursework; up to 10 hours for demonstrated/documentated learning related to life experience; 10 hours experiential coursework (which could ideally be completed in the student’s own practice); and the balance, if any, representing a combination of didactic and experiential coursework. What is AACP’s reaction to such a program?
- A. This approach is perhaps the most innovative approach to non-traditional education currently under development. It is still evolving, and certain assessment methods (e.g., advance placement examination) are still lacking. Importantly, it is outcome-based (e.g., see CAPE Educational Outcomes), individualized, innovative, and assumes a degree of shared risk between the school and the student.

It is tempting to assume, however, that because a degree program consists of 30 semester credit hours (the equivalent of one classroom hour per week for 15 weeks per credit), it may be completed in one academic year. This will not likely be the case for most practitioners. Typically, nontraditional programs are not completed on a full-time basis (otherwise, they

would be traditional). Additionally, because of their very nature, outcomes-based programs confound the length of time required to complete them. For example, a major strength of innovative nontraditional programs is individuality; therefore, conceivably a practitioner enrolled full-time could complete the requirements in less than one academic year. By the same token, a part-time student would undoubtedly take considerably more time based on his/her individual commitment and/or prior knowledge.

- Q. The Task Force also recognized that there is a need for the timely implementation of non-traditional programs as described in the protocol document. Does AACP agree, and how would the Association define and describe this process?
- A. Yes, innovative technology-driven, curricular, outcomes-based educational approaches to ensuring continuing contemporary competence of pharmacy practitioners is essential to the prosperity of the profession and the educational mission of all colleges and schools of pharmacy. Schools, however, have varying levels of resources to commit to the wide range of programs meeting this description (e.g., continuing education, certificate programs, degree programs). Likewise, all colleges and schools of pharmacy recognize the important contributions practitioners make to their educational programs, and the commitment schools have to ensure the highest level of pharmaceutical care in its community. AACP has and will continue to encourage colleges and schools of pharmacy to include the development of non-traditional educational opportunities for practitioners as a parallel priority to their development of their new PharmD programs.
- Q. The Task Force also discussed the importance of defining desired outcomes for non-traditional programs which can be objectively determined and validly measured. Can AACP differentiate between educational outcomes for current entry-level (BS, PharmD) programs, and the educational outcomes proposed for the new doctor of pharmacy degree? If not, why not?
- A. Although individual colleges and schools of pharmacy may be able to differentiate between the educational outcomes for current entry-level programs and the educational outcomes for the new PharmD, AACP cannot. While educational outcomes for the new PharmD program have now been developed at the national level, with NABP's assistance, they have not previously been described for current (or past) BS and PharmD programs. Where no national template exists, educational outcomes across 75 colleges and schools of pharmacy may vary greatly. Indeed, ACPE's current accreditation standards and guidelines encourage innovation.
- Q. In that case, in AACP's opinion, could an examination be developed whereby a baccalaureate-degreed pharmacist would demonstrate mastery of the educational outcomes for a doctor of pharmacy degree which would result in the granting of that degree by colleges and schools of pharmacy?
- A. AACP believes that a nontraditional educational program where practitioners are being educated to achieve identified outcomes, it is not reasonable to require students to take courses designed to teach material that the practitioner has already mastered. However, it is clear that practitioners who apply for non-traditional educational programs fall along a spectrum of anywhere from zero mastery of educational outcomes to complete mastery of the material. AACP believes that there is need to develop a process that pharmacy schools can use to "place" practitioners in non-traditional educational programs. Such a process will make it possible for schools to maximize their efficiency while focusing the unavoidable

burden their students will experience during the non-traditional degree program. In other words, students will only need to master new content and skills in order to meet the outcomes of the curriculum. This placement process is, essentially, an assessment process.

It is believed that most educational outcomes (e.g., problem solving, communications, knowledge-based) can be measured and validated; some (e.g., ethics, leadership, caring values) require considerable time and effort to assess; others (e.g., skills-based) must be observed and demonstrated, much like the experiential component of the curriculum. As a result, it would be feasible, efficient, and cost-effective to design and administer a placement process that will permit some students to “test out” of some courses. However, AACP believes that it would not be possible, given our current level of assessment technology, to measure all of the educational outcomes of a four-year professional educational program leading to a PharmD degree in a compact, reactively simple, paper-and-pencil, and inexpensive “placement or challenge processes.”

AACP remains highly committed to working with NABP, the profession, and its interested member schools in discovering the most assessable, accessible, academically sound, and affordable nontraditional degree programs whereby active, baccalaureate-degreed pharmacy practitioners can voluntarily earn a doctor of pharmacy degree.