**ACPE Pharmacy Reference Guide**

**Types of CPE Activities:**

* Activities are designed around **one** of the following:

• **Knowledge-based CPE activity:** These CPE activities are primarily constructed to transmit knowledge (i.e., facts). The facts must be based on evidence as accepted in the literature by the health care professions.   
 **• Application-based CPE activity.** These CPE activities are primarily constructed to apply the information learned in the time frame allotted. The information must be based on evidence as accepted in the literature by the health care professions.   
  
• **Practice-based CPE activity.** [Previously named Certificate Programs in Pharmacy] These CPE activities are primarily constructed to instill, expand, or enhance practice competencies through the systematic achievement of specified knowledge, skills, attitudes, and performance behaviors. The information within the practice-based CPE activity must be based on evidence as accepted in the literature by the health care professions. The formats of these CPE activities should include a didactic component (live and/or home study) and a practice experience component (designed to evaluate the skill or application). The provider should employ an instructional design that is rationally sequenced, curricular based, and supportive of achievement of the stated professional competencies.

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| Activity | Activity Purpose | Learning Assessment | Assessment Feedback |
| Knowledge (minimum 15 minutes) | Transit Knowledge | Questions/Recall of Facts | Must be provided to all participants |
| Application (minimum 60 minutes) | Apply Information | Case studies/application of principles | Must be provided to all participants |
| Practice (minimum 15 hours) | Instill knowledge, skills, attitudes | Formative and summative | Must be provided to all participants |

**Topic Designators:**

* Activities are designed around **one** of the following:

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| 01: Disease/Drug Therapy Related |
| * Covers all activities that address drugs, drug therapy, and/or disease states. |
| 02: HIV/AIDS Therapy Related |
| * Covers all activities that address therapeutic, legal, social, ethical, or psychological issues related to the understanding and treatment of patients with HIV/AIDS. |
| 03: Law |
| * Covers all activities that address federal, state, or local laws and/or regulations affecting the practice of pharmacy. |
| 04: General Pharmacy Topics |
| * Covers all activities that address topics relevant to the practice of pharmacy other than those included in the classifications of drug therapy related, HIV/AIDS therapy related, and law. |
| 05: Patient Safety |
| * The prevention of healthcare errors, and the elimination or mitigation of patient injury caused by healthcare errors. |
| 06: Immunizations |
| * Includes all activities related to the provision of immunizations, i.e., recommend immunization schedules, administration procedures, proper storage and disposal, and record keeping. This also includes CPE Policies and Procedures Manual | Version 10 – (July 2017) 26 review for appropriateness or contraindication and identifying the reporting adverse drug events and providing necessary first aid. |
| 07: Compounding |
| * Includes all activities related to sterile, nonsterile, and hazardous drug compounding for humans and animals. This includes best practices and USP quality assurance standards, environmental test and control, record keeping, error detection and reporting, and continuous quality improvement processes. |

**Pharmacist Competencies**

* American Association Colleges of Pharmacy’s Center for the Advancement of Pharmacy **(CAPE)** Educational Outcomes

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| Domain 1 – Foundational Knowledge |
| * **Learner** - Develop, integrate, and apply knowledge from the foundational sciences (i.e., pharmaceutical, social/behavioral/administrative, and clinical sciences) to evaluate the scientific literature, explain drug action, solve therapeutic problems, and advance population health and patient centered care |
| Domain 2 – Essentials for Practice and Care |
| * **Patient-centered care (Caregiver)** - Provide patient-centered care as the medication expert (collect and interpret evidence, prioritize, formulate assessments and recommendations, implement, monitor and adjust plans, and document activities) |
| * **Medication use systems management (Manager)** - Manage patient healthcare needs using human, financial, technological, and physical resources to optimize the safety and efficacy of medication use systems |
| * **Health and wellness (Promoter)** - Design prevention, intervention, and educational strategies for individuals and communities to manage chronic disease and improve health and wellness. |
| * **Population-based care (Provider)** - Describe how population-based care influences patient centered care and influences the development of practice guidelines and evidence-based best practices. |
| Domain 3 - Approach to Practice and Care |
| * **Problem Solving (Problem Solver)** – Identify problems; explore and prioritize potential strategies; and design, implement, and evaluate a viable solution. |
| * **Educator (Educator)** – Educate all audiences by determining the most effective and enduring ways to impart information and assess understanding |
| * **Patient Advocacy (Advocate)** - Assure that patients’ best interests are represented. |
| * **Interprofessional collaboration (Collaborator)** – Actively participate and engage as a healthcare team member by |
| * **Cultural sensitivity (Includer)** - Recognize social determinants of health to diminish disparities and inequities in access to quality care |
| * **Communication (Communicator)** – Effectively communicate verbally and nonverbally when interacting with an individual, group, or organization |
| Domain 4 – Personal and Professional Development |
| * **Self-awareness (Self-aware)** – Examine and reflect on personal knowledge, skills, abilities, beliefs, biases, motivation, and emotions that could enhance or limit personal and professional growth. |
| * **Leadership (Leader)** - Demonstrate responsibility for creating and achieving shared goals, regardless of position |
| * **Innovation and Entrepreneurship (Innovator)** - Engage in innovative activities by using creative thinking to envision better ways of accomplishing professional goals |
| * **Professionalism (Professional)** - Exhibit behaviors and values that are consistent with the trust given to the profession by patients, other healthcare providers, and society. |

**Pharmacy Technician Competencies**

* Knowledge statements developed by the Pharmacy Technician Certification Board **(PTCB)**

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| 1.0 Pharmacology for Pharmacy Technicians |
| * Generic and brand names of pharmaceuticals |
| * Therapeutic equivalence |
| * Drug interactions (e.g., drug-disease, drug-drug, drug-dietary supplement, drug-OTC, drug-laboratory, drug-nutrient) |
| * Strengths/dose, dosage forms, physical appearance, routes of administration, and duration of drug therapy |
| * Common and severe side or adverse effects, allergies, and therapeutic contraindications associated with medications |
| * Dosage and indication of legend, OTC medications, herbal and dietary |
| 2.0 Pharmacy Law and Regulations |
| * Storage, handling, and disposal of hazardous substances and wastes (e.g., MSDS) |
| * Hazardous substances exposure, prevention and treatment (e.g., eyewash, spill kit, MSDS) |
| * Controlled substance transfer regulations (DEA) |
| * Controlled substance documentation requirements for receiving, ordering, returning, loss/theft, destruction (DEA) |
| * Formula to verify the validity of a prescriber’s DEA number (DEA) |
| * Record keeping, documentation, and record retention (e.g., length of time prescriptions are maintained on file) |
| * Restricted drug programs and related prescription-processing requirements (e.g., thalidomide, isotretinoin, clozapine) |
| * Professional standards related to data integrity, security, and confidentiality (e.g., HIPAA, backing up and archiving) |
| * Requirement for consultation (e.g., OBRA'90) |
| * FDA’s recall classification |
| * Infection control standards (e.g., laminar air flow, clean room, hand washing, cleaning counting trays, countertop, and equipment) (OSHA, USP 795 and 797) |
| * Record keeping for repackaged and recalled products and supplies (TJC, BOP) |
| * Professional standards regarding the roles and responsibilities of pharmacists, pharmacy technicians, and other pharmacy employees (TJC, BOP) |
| * Reconciliation between state and federal laws and regulations |
| * Facility, equipment, and supply requirements (e.g., space requirements, prescription file storage, cleanliness, reference materials) (TJC, USP, BOP) |
| 3.0 Sterile and Non-Sterile Compounding |
| * Infection control (e.g., hand washing, PPE) |
| * Handling and disposal requirements (e.g., receptacles, waste streams) |
| * Documentation (e.g., batch preparation, compounding record) |
| * Determine product stability (e.g., beyond use dating, signs of incompatibility) |
| * Selection and use of equipment and supplies |
| * Sterile compounding processes |
| * Non-sterile compounding processes |
| 4.0 Medication Safety |
| * Error prevention strategies for data entry (e.g., prescription or medication order to correct patient) |
| * Patient package insert and medication guide requirements (e.g., special directions and precautions) |
| * Identify issues that require pharmacist intervention (e.g., DUR, ADE, OTC recommendation, therapeutic substitution, misuse, missed dose) |
| * Look-alike/sound-alike medications |
| * High-alert/risk medications |
| * Common safety strategies (e.g., tall man lettering, separating inventory, leading and trailing zeros, limit use of error prone abbreviations) |
| 5.0 Pharmacy Quality Assurance |
| * Quality assurance practices for medication and inventory control systems (e.g., matching National Drug Code (NDC) number, bar code, data entry) |
| * Infection control procedures and documentation (e.g., personal protective equipment [PPE], needle recapping) |
| * Risk management guidelines and regulations (e.g., error prevention strategies) |
| * Communication channels necessary to ensure appropriate follow-up and problem resolution (e.g., product recalls, shortages) |
| * Productivity, efficiency, and customer satisfaction measures |
| 6.0 Medication Order Entry and Fill Process |
| * Order entry process |
| * Intake, interpretation, and data entry |
| * Calculate doses required |
| * Fill process (e.g., select appropriate product, apply special handling requirements, measure, and prepare product for final check) |
| * Labeling requirements (e.g., auxiliary and warning labels, expiration date, patient specific information) |
| * Packaging requirements (e.g., type of bags, syringes, glass, pvc, child resistant, light resistant) |
| * Dispensing process (e.g., validation, documentation and distribution) |
| 7.0 Pharmacy Inventory Management |
| * Function and application of NDC, lot numbers and expiration dates |
| * Formulary or approved/preferred product list |
| * Ordering and receiving processes (e.g., maintain par levels, rotate stock) |
| * Storage requirements (e.g., refrigeration, freezer, warmer) |
| * Removal (e.g., recalls, returns, outdates, reverse distribution) |
| 8.0 Pharmacy Billing and Reimbursement |
| * Reimbursement policies and plans (e.g., HMOs, PPO, CMS, private plans) |
| * Third party resolution (e.g., prior authorization, rejected claims, plan limitations) |
| * Third party resolution (e.g., prior authorization, rejected claims, plan limitations) |
| * Healthcare reimbursement systems (e.g., home health, long-term care, home infusion) |
| * Coordination of benefits |
| 9.0 Pharmacy Information System Usage and Application |
| * Pharmacy-related computer applications for documenting the dispensing of prescriptions or medication orders (e.g., maintaining the electronic medical record, patient adherence, risk factors, alcohol drug use, drug allergies, side effects) |
| * Databases, pharmacy computer applications, and documentation management (e.g., user access, drug database, interface, inventory report, usage reports, override reports, diversion reports) |
| 10.0 Verbal Communication Skills for Pharmacy Technicians |
| * Effective and professional verbal communication skills with multidisciplinary healthcare members and patients/customers (e.g., effective listening, feedback, using proper verbal syntax, and questioning) |
| * Effective telephone communication techniques/etiquette which comply with organizational protocols in both receiving and initiating calls |
| * Identify nonverbal gestures (e.g., body language) which can positively or negatively affect verbal communication |

References:

1. ACPE Continuing Education Provider Accreditation Program. Policies and Procedures Manual: A Guide for ACPE – accredited Providers. <https://www.acpe-accredit.org/pdf/CPE_Policies_Procedures.pdf>
2. ACPE Standards for Continuing Education Pharmacy Education. <https://webinars.acpe-accredit.org/sites/default/files/Standard%203%20and%204%20webinar%20handout.pdf>