INTRODUCTION

The AACP Argus Commission is comprised of the past five Presidents of the American Association of Colleges of Pharmacy (AACP). Its purpose is to scan the environment for the Association and offer its views for AACP action and policy. The Commission also responds to specific AACP Presidential requests for discussion and analysis.

The 2002-03 Argus Commission was charged to assist the newly appointed Executive Vice President in evaluating several key AACP priorities, including assessing the overall strengths and weaknesses of the Association, preparing a strategic approach to increasing outreach to audiences and constituencies beyond pharmacy and pharmaceutical education, and maximizing the opportunities for AACP and ACPE to collaborate in assuring quality pharmaceutical education.

The Commission met initially by conference call in December 2002. The primary focus of the call was to discuss Association strengths and weaknesses. In addition, the commission had a preliminary discussion of the importance of expanding the external advocacy function and discussed means for achieving this goal. The Commission then met during the AACP Interim Meeting in Long Beach, CA and continued discussions regarding formation of an external advisory body as a primary means of expanding external outreach. During the second meeting the commission also reviewed current history related to the relationship between AACP and American Council on Pharmaceutical Education (ACPE).

STRENGTHS AND WEAKNESSES OF AACP

Each member of the Commission was asked to elaborate on their perceptions of the Association’s strengths and weaknesses. These were summarized as follows:

Strengths

- Vision of the Association as a uniting organization to channel and focus the voice of pharmacy education and practice at the national level; mission-driven (improving academic pharmacy)
- A commitment to improving academic pharmacy and enhancing the quality of all schools and colleges, regardless of their institutional mission
- Strength comes from collective efforts of schools, collaborative efforts of individual members, strong service delivery and good representation
- Strong support services from association, especially benchmarking institutional data
- Contributions in area of research analysis and support are essential to R-1 schools
- Current staff is an asset/strength
- Investment in dues (institutional) strongly considered worthwhile
- Very important contributions (a center of excellence) in pedagogical skill development
- Outreach to younger faculty (1st year dues, teachers seminar/primer)
- Explicit promotion and active support of the concept of the scholarship of teaching and learning
- Expanded advocacy efforts are making a difference
- Fostering and honing leadership among faculty and academic administrators
- Assessment agenda (helping schools be more effective, connection to accreditation)
AACP meetings are rich environments for learning, corridor conversations/networking, collaboration, and platforms for new faculty development

- Current Association leadership structure (Board of Directors, councils, sections)

Weaknesses/challenges

- Pharmaceutical science faculty issues (faculty engagement in AACP, increased number of non-pharmacists who need to fully appreciate how their science relates to the contemporary practice of pharmacy)
- Need for even greater collaboration in advocacy efforts but too small and underfinanced to be effective in advocacy as a free standing organization
- Evolution of practice faculty (increasingly specialized) and their allegiance to other practice associations
- Need to develop clinical faculty as scholars (especially critical with opening of many new schools)
- Diversity of missions and focus among member institutions beyond doctoral pharmacy education poses unique challenges in meeting individual and institutional member expectations
- Individual membership legacy and Council of Deans / Council of Faculties policy structure may preclude the rapid establishment of strong political positions
- Less than maximally effective in stimulating interest in academic careers among graduate students, residents and fellow; lack of a clear and effective means to reach out to these students to promote an academic career track
- Need to study these concepts carefully and assess how their science relates to the contemporary practice of pharmacy
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Recommendation 1: The AACP Board should engage in disciplined planning efforts that culminate in the revision of the July 2000 AACP Strategic Plan with a prioritized agenda for the next 3 to 5 years. In doing so, AACP should utilize feedback from both institutional and individual member needs assessment, external constituencies and external scanning activities to determine which new programs, products and services to develop to best meet member needs.

Extending Our Reach - Effective Advocacy with Non-pharmacy Stakeholders

The Argus Commission discussed at length the very high priority AACP needs to place on enhancing its advocacy efforts with stakeholders external to pharmacy and pharmaceutical education. External advocacy efforts and related activities must be aimed at positioning pharmaceutical educators as leaders in and champions of quality health care and strong interdisciplinary health professions education. Several audiences were identified as key to this strategy, including academic medicine and other health disciplines, health policymakers at the state and federal levels, private sector leaders in business and health, and higher education officials.

This priority was deemed especially timely in light of increased concerns related to access, cost and safety of medication use. It is essential that we ensure that those external to pharmacy fully understand pharmacy’s change to the professional doctoral degree as entry-level preparation for pharmacists, have a true appreciation for what this means in terms of the scientific and clinical preparation of pharmacists to engage in outcomes-driven, team-based patient care, and recognize that published research bears important evidence that patient-centered pharmacy services improve care and decrease overall health care costs.

A springboard for additional outreach is found in the reports of the Institute of Medicine, especially the most recent report of the Summit on Health Professions Education entitled “Health Professions Education: A Bridge to Quality.” That 2002 summit had excellent representation by pharmacy educators and other leaders in the profession. It was clear from comments made in both plenary and small group sessions that leaders in health professions education recognized the important changes that have taken place in pharmaceutical education in the 1990’s and the need to capitalize upon them in the name of overall health professions education and the delivery of team-based care.

A statement resulting from that IOM summit is worth mentioning in this report. Participants agreed that health professionals of the future must be patient-centered professionals equipped to deliver evidence-based care in interdisciplinary teams that are supported by information systems and use the tools of quality improvement in their practice. Pharmaceutical educators should study these concepts carefully and assess how the current curriculum in pharmacy aligns with these
constructs. At the same time, we must take care not to lose sight of the importance of the less definitive aspects of healing which spring from patients’ health care beliefs, values, and cultural traditions.

To realize the goal of increasing AACP’s external advocacy, the Argus Commission discussed the potential value of an advisory body comprised of 9 to 12 members that would primarily be selected from groups external to the profession of pharmacy. Candidates could include physician leaders from academic health centers and/or quality improvement institutes, other health professions leaders, higher education officials, public and private insurers, research leaders, federal officials, and representatives of consumer interests. Two or three senior thought leaders from academic pharmacy would also be invited to serve on the panel.

A draft charge to such a body would be to apply diverse insights related to health care and health professions education and scholarship to challenges and opportunities before pharmaceutical educators and AACP to guide in the development of new programs, initiatives, and outreach efforts that will ultimately improve medication use in patient care. Specific input should be sought as to how and with whom to seek to form key collaborations to influence important policy matters in health, education and research.

Recommendation 2: The Argus Commission recommends that the AACP Board of Directors establish an External Advisory Council charged to guide the Association in the design of new programs, initiatives, and effective outreach efforts on behalf of pharmaceutical educators.

AACP/ACPE Collaboration to Enhance Quality and Insure the Quality of Pharmaceutical Education

The Argus Commission discussed the history of collaboration between AACP and ACPE. The past decade has been a time of profound change in pharmaceutical education, with the establishment of an unprecedented number of new programs, universal change in curriculum as programs migrated from the bachelors degree to the doctoral degree standard, new modes of delivery in pharmaceutical education (including distance and web-based education), and other significant changes. Both organizations have also experienced a recent change in the office of the chief staff leader. The Commission affirmed that maintaining a highly effective dialogue with ACPE should be among the highest priorities for AACP and for its Executive Vice President.

The Commission reviewed the most recent history of collaboration, including the joint task force on assessment and accreditation appointed in 2001 and a series of meetings held between ACPE and the organizations that founded the independent accrediting body over 70 years ago (AACP, American Pharmacists Association, and the National Association of Boards of Pharmacy). Commission members noted that AACP members needed the Association to serve as convener and a sounding board such that member concerns and questions about accreditation could be aired in a “safe” environment. The Association can then communicate major issues and any perceived need for modifications in standards and/or procedures as voiced by Association members to ACPE.

In discussing the relationship between AACP and ACPE, one former Argus Commission member noted, “No one should expect AACP and ACPE to agree on everything. In fact, that would not necessarily be appropriate. We should, however, expect the two groups to consistently work together to improve the quality of pharmaceutical education. It is also important that unnecessary positioning on the part of either group be minimized.” The role of ACPE as a monitor and enforcer of quality, coupled with that of AACP as an innovator and enhancer of quality, should lead naturally to collaborative partnerships which allow pharmaceutical education to reach its highest potential.

The four papers in the “Excellence Series,” commissioned by AACP in the past year are designed to serve as a strong platform for future discussions between pharmaceutical educators and ACPE. The topics were identified following AACP Board discussions of concerns about quality and the ability of colleges and schools to meet and exceed accreditation standards. The Commission also noted that AACP would be revising the CAPE Outcome statements during the next several months. These resources will be important components of the effective exchange between AACP and ACPE.

Recommendation 3: AACP executive staff must maintain open lines of communication and an effective working relationship with ACPE. An appropriate mechanism needs to be established to ensure regular input into ACPE policy matters from AACP and from thought leaders in the Academy while appropriately respecting ACPE’s authority as an independent review body. AACP appointees to the ACPE can also serve as the conduit for clear expression of AACP members’ issues and concerns related to quality pharmaceutical education to the accrediting body.
Building Upon Our Strengths

How exactly should AACP take advantage of increased interest in appropriate medication use and the growing recognition that our faculty and the graduates of our programs have important contributions to make to quality patient care? The Argus Commission believes the answer lies in building bridges between pharmaceutical educators and other influential stakeholders external to pharmacy. Effective dialogue with academic medicine, policy makers, and private sector leaders in health will yield a better understanding of pharmacists’ changing roles and possible opportunities for role expansion and financing. Academic pharmacy has consistently been an effective force for change in the profession, but the opportunities on the horizon may be greater than ever before.

To succeed, effective planning, clear and compelling communication and partnerships with external stakeholders to influence key policy processes are essential ingredients. In the end, the contributions to quality health care from pharmaceutical educators and practitioners will be recognized as essential to closing the gaps in quality that plague the contemporary health delivery system.