



Commentary

PharmD Education Program Diversity, Equity, & Inclusion: Aligning Accreditation, Curricula, and the Oath

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ABSTRACT

In November 2021, the Oath of a Pharmacist was updated to include the following statement, "I will promote inclusion, embrace diversity, and advocate for justice to advance health equity." These words underscore the responsibility of Doctor of Pharmacy (PharmD) programs and the Accreditation Council for Pharmacy Education to reconsider how diversity, equity, inclusion, and antiracism are integrated within curricula and programmatic processes. To fully embrace the new Oath, the Accreditation Council for Pharmacy Education and PharmD programs should consider the incorporation of diversity, equity, inclusion, and antiracism concepts utilizing the recommendations of external expert bodies with overlapping and complementary frameworks. The intent is not to add more to the accreditation standards or curricula, but rather to intentionally integrate inclusive approaches into programmatic processes and delivery. This can be accomplished through the alignment of our accreditation standards, PharmD programs, and the Oath that is the foundation of the pharmacy profession.

A small but significant change occurred across the nation at commencement ceremonies for the Doctor of Pharmacy (PharmD) class of 2022. An expanded Oath of a Pharmacist welcomed the newest members of the pharmacy profession with each graduate uttering this new statement, "I will promote inclusion, embrace diversity, and advocate for justice to advance health equity."¹ These 14 words highlighted the responsibility of new graduates and practicing pharmacists to address diversity, equity, inclusion, and racism. Given the health care gaps experienced by individuals from minoritized populations and medically underserved areas, this update was timely and in alignment with community needs.^{2–6}

For new pharmacists to promote inclusion, embrace diversity, and advocate for justice in the name of health equity, there is an expectation that related knowledge, skills, and attributes must be intentionally developed. Are PharmD programs encouraged, supported, and held

accountable to take action to meet the larger needs of society? The likely answer is that academic pharmacy has a lot of work to do, and teaching about Diversity, Equity, Inclusion, and Anti-racism (DEIA) can be improved.⁷

During the 2021–2022 academic year, the American Association of Colleges of Pharmacy (AACP) Council of Deans formed a Task Force to focus on DEIA. The Task Force was charged to conduct an environmental scan to identify successes, challenges, needs, and opportunities to help programs navigate change.⁸ The overarching themes of the DEIA Task Force's work can be found in the Table. The identified areas of improvement are based on the domains identified in the framework published by the National Association of Diversity Officers in Higher Education (NADOHE), which include institutional structure; policies and procedures; resource allocation; academic equity and student success; curriculum and pedagogy; hiring retention and promotion;

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Table
AACP Council of Deans DEIA Task Force Overarching Themes Mapped With NADOHE Priority Areas.

NADOHE priority area ^a	AACP Council of Deans DEIA Task Force overarching themes
1	Each institution is unique and DEIA outcomes will vary based on the mission, culture, and developmental stage of the institution.
2	Work needs to occur at both the individual (micro) and institutional (macro) level.
9	We must aspire to do better, acknowledge our role individually and institutionally, and act to support meaningful change through structured continuous quality improvement.
1	We must invest in relationships , build trust, and promote individual and shared vulnerability .
5, 8	Increase training focused on developing self-awareness , self-management , relationship-awareness , and relationship-management skills of faculty, staff, and students.
9	DEIA efforts must go beyond race, while not forgetting the impact of race.
3	Work must take place with nursing, medicine, and other health professions to build DEIA across professions.

Abbreviations: AACP, American Association of Colleges of Pharmacy; DEIA, Diversity, Equity, Inclusion, and Antiracism; NADOHE, National Association of Diversity Officers in Higher Education.

^a NADOHE framework priority areas: 1. Institutional Structure, 2. Policies and Procedures, 3. Resource Allocation, 4. Academic Equity and Student Success, 5. Curriculum and Pedagogy, 6. Hiring, Retention, and Promotion, 7. Institutional Programming, 8. Education/Training/Employee Development, 9. Campus Climate/Culture, 10. Admissions and Access

institutional programming; education training and employee development; campus climate and culture; and admissions and access.⁹ The conclusion of the Task Force's work was that every program is on an individual journey to be more inclusive with many programs experiencing challenges related to complex political environments and widespread social and health inequities present across the United States.

In the absence of institutional support or facing resistance to change, recognizing DEIA-related inequities, initiating DEIA efforts, and advocating for resources can require creative solutions to overcome barriers. Many state legislatures are taking steps to prohibit spending and can take punitive actions on individuals or organizations engaging in DEIA efforts, going as far as limiting the types of education permitted in classrooms. Currently, 21 states are either considering or have enacted laws that aim to restrict DEIA offices and staff, mandatory training, diversity statements, educational offerings, admissions, and hiring policies.¹⁰ At the program level, existing enrollment and budgetary issues introduce unique challenges resulting in faculty and staff doing more with less. Despite these challenges, there may be motivation to advance DEIA efforts without a corresponding budget or accountability to implement widespread change.

As a counterbalance to the regressive policies in many states and the financial challenges within pharmacy, evidence suggests that DEIA efforts are underway to support positive outcomes for our students as well as patients in our community through addressing equity gaps.¹¹ Passionate leaders and individuals who are invested in DEIA are making progress through grassroots quality improvement efforts. However, additional resources, training, and accountability measures are needed to create lasting change and are dependent on the development or maintenance of institutional support. Support could include but is not limited to protection of faculty time, improved promotion processes, and visible support from program leadership. While support is important, to enact meaningful change that is sustained and improved upon over time academic programs need to be beholden to pressure from external factors aligned with accountability.

Within higher education, meaningful programmatic changes are driven by the accountability of articulated standards developed and influenced by external accrediting bodies.¹² The role of accreditation is to ensure high-quality training of a competent workforce using a comparison against defined standards.¹² The Accreditation Council for Pharmacy Education (ACPE) is revising the accreditation standards 2016 for PharmD programs.¹³ In addition to other planned changes, the updated ACPE standards should consider societal needs and health inequities intersecting with DEIA efforts as well as incorporating recommendations of external expert bodies with overlapping and complementary frameworks (eg, NADOHE, Curriculum Outcomes Entrustable Professional Activities [COEPA], Interprofessional Education Collaborative, Joint Commission of Pharmacy Practitioners

Pharmacist Patient Care Process [PPCP], and the Oath of a Pharmacist).^{1,9,14–19}

While this commentary could be interpreted as a request for an expansion of pharmacy accreditation standards (Standards), the authors concur with Fulford and colleagues¹⁷, who argued that intentional effort should be used to simplify and integrate the work of the expert bodies into the standards by stripping down and letting go of old traditions allowing room for innovation. To allow for innovation, we must allow colleges and schools of pharmacy to have a higher level of autonomy within the curriculum to determine the areas of emphasis to meet the healthcare needs of the communities we serve. This should include the ability of individual programs to define the depth and breadth of coverage of different pharmacologic and pharmacotherapeutic principles while increasing emphasis on advancing leadership and communication skills that can be utilized with diverse populations, understanding health care disparities, closing health care gaps, and developing professionals prepared to enter practice. When considering the diverse populations that reside in our communities it is important to pay attention to and work to address the inherent disparities influenced by race, religion, living in medically underserved areas, political affiliation, age, gender, sex, physical ability, and/or sexual orientation. Ultimately, there is no “one right way” to approach DEIA efforts or to deliver a PharmD program; rather, the focus should be on meeting the organization where it is, in alignment with societal needs and along a continuum of development to support growth through continuous quality improvement.^{11,20}

We applaud the work of the AACP 2021–2023 Academic Affairs Committee with the integration of the Center for the Advancement of Pharmacy Education 2013 Educational Outcomes, Entrustable Professional Activities, PPCP, and the updated Oath of the Pharmacist to coalesce and simplify the overlapping themes into COEPA, which will likely be used as a roadmap for the updated ACPE standards related to educational outcomes.^{14,18,19} ACPE is encouraged to be thoughtful in the reimagining of the standards by allowing some domain areas, such as DEIA to be viewed as expected components that are holistically integrated within standards beyond Section I: Educational Outcomes to include Section II: Structure and Process to Promote Achievement of Educational Outcomes and Section III: Assessment of Standards and Key Elements.¹³ It is the opinion of the authors that we should approach all that we do through a DEIA lens.

Making improvements that truly address social and healthcare inequities, requires confluence of policies, culture, and curriculum to be viewed through a DEIA lens utilizing the NADOHE domains.⁵ The goal is not another checklist or expansion of the Standards with additional required assessment reports, but rather a commitment to and accountability for continuous quality improvement intended to be a life-long and individualized DEIA journey for each pharmacy program. Programs seeking guidance for how to begin incorporating DEIA efforts

can find practical suggestions in the DEIA Task Force Report as well as the NADOHE Framework.^{8,9}

To create a more socially just health system, we must aspire to do better, acknowledge our roles individually and institutionally, and act to support meaningful change through structured continuous quality improvement. This can be accomplished through the alignment of our accreditation standards, PharmD programs, and the Oath that is the foundation of our profession.

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Author Contributions

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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