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RESEARCH

Academic Progression and Retention Policies of Colleges and Schools of Pharmacy

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Objective. To describe academic progression and retention policies used by US colleges and schools of pharmacy.
Methods. Student handbooks on the Web sites of 122 colleges and schools of pharmacy were reviewed between February 2012 and May 2012.
Results. Data were available and obtained from 98 (80%) programs. Most used grade point average (GPA) as a criterion for progression, with 66% requiring a minimum GPA of 2.0. Cumulative GPA was the most frequently used criteria for probation. Most handbooks did not address remediation, but 38% noted that a failed course could only be retaken once. The most common criteria for dismissal were the cumulative number of times a student was on probation. The graduation requirements of most programs were a cumulative GPA of 2.0 and completion of the program within 6 years of enrollment.
Conclusions. Colleges and schools of pharmacy use various criteria for academic progression and retention and frequently provide incomplete or inadequate information related to probation, progression, and dismissal. Information regarding remediation and academic performance during experiential learning is lacking. A clearinghouse containing institutional data related to progression and retention would assist programs in developing academic policies. The study also highlights the need for ACPE to ensure this information is provided to students.

Keywords: education, pharmacy, progression, retention, remediation

INTRODUCTION

The Accreditation Council for Pharmacy Education (ACPE) establishes standards and guidelines that all colleges and schools of pharmacy must address to ensure the education and experiences received by pharmacy graduates are of adequate quality.[1] ACPE Professional Standard 19 requires that the criteria and policies for academic progress, probation, remediation, and dismissal be stated and readily available.[1] Progression policies specify the conditions under which a student pharmacist cannot proceed in the curriculum. These generally include remediation of a specific portion of the curriculum (ie, course), repeat of a section of the curriculum (ie, semester or year), or dismissal from the program. Academic policies exist to ensure that faculty members and students understand the expectations for academic success, that the college or school administration is consistent in its approach to addressing academic progression among students, and that the high academic standards dictated by the profession are maintained.

Although Maize and colleagues provided a thorough review of remediation programs in health-related fields, no other studies have assessed the academic standards and progression policies in colleges and schools of pharmacy.[2] Our objective was to describe academic progression, remediation, and dismissal criteria that are used by colleges and schools of pharmacy in the United States. This information should assist programs in their development and/or reevaluation of their academic progression and retention policies.

METHODS

Web sites for 122 colleges and schools of pharmacy designated by ACPE as having either candidate or full accreditation status were reviewed between February 2012 and May 2012.

A standardized form was used to facilitate data collection. Institutional information included public or private status and ACPE accreditation standing. Criteria for student progression, probation, dismissal, and remediation

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were noted. Additionally, information regarding criteria for graduation, including matriculation timeframe, was recorded. The Institutional Review Boards at Southern Illinois University Edwardsville and the University of Tennessee Health Sciences Center deemed the project exempt.

RESULTS

The Web sites of 122 programs that met the criteria were reviewed. Twenty-four did not have any information regarding academic standards or progression policies posted; hence, data were available for 98 (80%) colleges and schools of pharmacy. Of these, 54 (55%) were public and 44 (45%) were private institutions. Thirteen programs had ACPE candidate status, indicating that students had matriculated but a class had not graduated.

The handbooks of most programs contained criteria for progression (79.6%), probation (86.7%), and dismissal (86.7%); however, only 38.8% of programs included any information on remediation. With the exception of remediation, there were no differences in availability of information between public and private institutions (Table 1). The majority of programs used a 4.0 grading scale, but 5 programs used a percentile score. While 45% of programs included a D grade in their grading scale, a higher percentage of public institutions (59.3%) did so compared to private (27.3%) programs.

Progression

The minimum cumulative GPA was the most common criteria used to determine student progression (Table 2). A minimum GPA was specified in the handbooks of 76.5% of programs. The percentage of programs that used GPA was higher among public (83.3%) vs private (68.2%) institutions. Sixty percent of programs required a student to maintain a cumulative GPA of ≥ 2.0, while 11.2% and 5.1% required a GPA of 2.1-2.5 and 2.6-3.0, respectively. A greater percentage of private institutions (22.1%) than public institutions (11.1%) required a higher GPA (ie, ≥2.0) for progression.

Table 2 also depicts other non-GPA criteria used to determine progression. The presence of a D or F grade was a component of progression criteria in 16.3% and 15.3% of programs, respectively. Another 8.2% of programs used a combination of D and F grades and 6.1% used grades earned in core courses (ie, Pharmacotherapeutics sequence).

Table 1. Information on Academic Progression and Retention Policies Available on College and School of Pharmacy Web Sites, No. (%)

Types of Data	Public (n=54)	Private (n=44)
Progression	44 (81.5)	34 (77.3)
Probation	48 (88.1)	37 (84.1)
Dismissal	47 (87.0)	38 (86.4)
Remediation	16 (29.6)	22 (50.0)

Table 2. Criteria for Progression at Colleges and Schools of Pharmacy, No. (%)

Progression Criteria	Public (n=54)	Private (n=44)
GPA		
2.0	39 (72.2)	20 (45.5)
2.1-2.5	4 (7.4)	7 (15.9)
2.6-3.0	2 (3.7)	3 (6.8)
Other[a]	2 (3.7)	2 (4.5)
Not reported	7 (13.0)	12 (27.3)
Letter grade		
D grades	12 (22.2)	4 (9.1)
F grades	8 (14.8)	7 (15.9)
F and D grades	5 (9.3)	3 (6.8)
Grades in core courses	5 (9.3)	1 (2.3)
Other[b]	9 (16.7)	14 (31.8)
Not specified	7 (13.0)	14 (31.8)

Abbreviations: GPA = grade point average.
[a] Schools that do not use GPA but percentile scores.
[b] Schools that require completion of all P1 courses prior to P2 etc, or completion of course prerequisites.

Probation

The criteria for probation were specified in 86.7% of the handbooks. Cumulative GPA was the most common criteria used for placing a student on probation (64.3%); however, semester GPA (39.8%), the number of F (45.9%), D (18.4%), and combination D and F (13.3%) grades were also used. Four programs used deficiencies in quality points as a determinant for probation. The majority of schools (58.2%) did not specify if a student could progress while on probation; however, 18.4% of programs noted that a student could not progress, and 23.5% noted that progression was allowed or was possible under certain conditions. Some colleges and schools also provided information on restricted student activity while on probation (eg, inability to hold an elected office in student government or professional society, or receive program monetary support for travel).

Remediation

Only 38.8% of programs included any information on remediation. The number reporting information was higher among private programs (50%) than public institutions (29.6%). The most common forms of remediation involved holding the student back and having him/her repeat the course the next time it was offered (n=15),

carrying a reduced load when repeating the course (n=9), completing summer school at the institution (n=8), or participating in another type of remediation program (n=6 Thirteen programs used challenge examinations and 9 used self-study examinations to assess learning by students repeating a course. The majority of programs (54.1%) did not note how many times a course could be repeated; however, 37.8% and 8.2% of those who did include this information noted that they allowed a student to repeat a course once or twice, respectively. A higher percentage of private programs (47.7%) than public institutions (29.6%) specified that a student who was failing a course could only repeat it once.

Graduation

Only nine programs failed to specify a GPA requirement for graduation. A cumulative GPA of $\geq$ 2.0 was required by most programs (66.3%). Another 15.3% and 5.1% of programs used 2.1-2.5 and 2.6-3.0, respectively.

Thirty-six programs (36.7%) had a policy regarding matriculation time limit. Of those, 23 required that a 4-year curriculum be completed within 6 years. Two 3-year programs required completion of the curriculum within 4 or 5 years. Few programs specified if the total matriculation time did or did not include leave of absences.

Dismissal

The 86% of programs with published guidelines regarding academic dismissal used a wide range of criteria. Common criteria included cumulative GPA or specific GPA post-probation or suspension; the number of times on probation; a certain number of F, D, or a combination of F and D grades; failing a course more than once; failing 2 advanced pharmacy practice experiences; or exceeding the matriculation time limit.

Forty-four programs use probation as a criterion for dismissal. About 73% of these programs used the cumulative number of times on probation as the criterion, with 21 using 2 probationary periods as the "limit" as grounds for dismissal. Another 12.2% use non-cumulative times such as within a semester or academic year, with the number of probationary instances varying from 1 to 3 before dismissal. Fifty-six programs used GPA after probation or suspension as a criterion for dismissal. Forty-two programs (42.9%) used the number of F grades, with the cumulative numbers of Fs being the most common criterion. Eight programs specified a number of D grades for dismissal. Twenty programs specified a combination of F and D grades, with the cumulative number being the most common criteria. The majority of programs (81.6%) did not address academic performance during the experiential learning component of the curriculum. Among the 19 programs that specified the number of failed advanced pharmacy practice experiences (APPEs) that would result in dismissal, the most frequent criterion was failure of 2 APPEs.

DISCUSSION

Although colleges and schools of pharmacy use a variety of criteria to determine academic standards and progression, only 1 report has summarized these standards and that publication is almost a decade old.[3] While ACPE requires that pharmacy programs have criteria and policies regarding academic progression and retention,[1] only 80% of programs included this information on their Web site. Given the use of technology by universities to communicate expectations to students, we were surprised that these policies could not be located online for 24 colleges and schools of pharmacy. A limitation of this study was the reliance on student handbooks that are in the public domain via each academic program's Web site. Obviously, additional information and more detailed policies may be available in another venue that is accessible only by a program's students and faculty members. A clearinghouse containing institutional data related to progression and retention maintained by the American Association of Colleges of Pharmacy would assist the academy in developing academic policies. ACPE should also ensure that information of progression and retention is provided to students.

Few programs required higher than a 2.0 GPA to progress through the curriculum. Interestingly, this finding is consistent with that reported by Lobb and Wilkins,[3] who noted a decade ago that the minimum GPA acceptable for progression in the first-professional degree doctor of pharmacy (PharmD) program was 2.08 $\pm$ 0.20.

In addition to GPA, some programs use letter grades to determine progression, probation, and dismissal. While almost half of programs included a D grade in their grading scale, it was difficult to determine the number of D, F, or combination of F and D grades that were allowed prior to any academic action. Although we attempted to garner additional information via an electronic survey instrument, the response rate was insufficient to merit publication/sharing of those findings here.[4] Hence, we relied exclusively on Web site-based information. Clearly, responses to questions on a standardized survey instrument could have provided important clarification regarding the number of D and F grades a college or school allowed. It is also unclear if programs have greater expectations for performance in selected classroom and/or experiential learning courses. There probably should be separate standards that address classroom and experiential learning as different performance outcomes

may be expected because of the different learning styles of students.

Although the number of programs with information was small, one interesting finding was that a larger percent of programs with candidate accreditation status require a higher GPA and do not allow D grades. The use of lower progression criteria among fully accredited programs may reflect adoption of standards as a result of experiences gained over years of addressing academic issues. There was also a higher percentage of public institutions using D grades and a lower GPA for progression. This might be attributable to private schools offering more remediation options, which results in less significant attrition rates, even with the existence of more stringent standards.

We were only able to identify a few studies that evaluated criteria for academic progression among other health professions. One article reviewed remediation programs in other health professions.[2] Graduate programs and other professional doctoral programs generally do not allow D grades. An important attribute of a "good pharmacist" to physicians, nurses, and patients is knowledge.[5] If one assumes that a D grade reflects below average and/or inadequate knowledge, allowing progression in the face of a D grade poses an interesting challenge for professional degree programs. Given this academic standard, how would other health professionals and patients perceive a graduate's ability to provide safe and effective therapy if he or she had earned a D grade? The implications of varying criteria for academic progression among health professions on the same campus has interesting implications given the current emphasis on interprofessional education.[6] It is unclear whether enrollments in colleges and schools of pharmacy would be negatively or positively affected by higher standards. Higher standards might result in students being better prepared for clinical practice.

The capstone of the PharmD curriculum is experiential learning, where students are expected to apply both knowledge and skills to the care of patients. Few programs provided any guidelines on academic expectations for students completing practice experiences. When information was available, it was unclear if a failed APPE was considered part of the total number of D, F, or D and F grades. Other data of interest would have included information on the grading scale for APPEs and whether there is a minimum GPA requirement for this portion of the curriculum.

One of the most interesting findings of our study was the lack of information provided on remediation of coursework. This is consistent with the findings of Maize and colleagues.[2] The few programs that did include policies on remediation allowed a course for which a failing grade was received to be repeated only once. Unfortunately, no data were found on whether the grade level for "passing" was the same upon repeat of the course or if a higher standard was expected. It also would be useful for programs to clarify if the grade for the retaken course would replace the original grade, if the 2 grades would be averaged, or if there is a maximum grade that can be earned on repeat of a course. There is likely great variability in approaches between colleges and schools and among faculty members who coordinate different courses. We found that those programs that allowed remediation used a variety of methods. Lobb and Wilkin also discovered differences in remediation procedures in their study: retaking the course (89%), retaking a year of coursework (70%), retaking a semester (54%), completing additional coursework (30%), and retesting (24%).[3]

There was also limited information on the cumulative time allowed for matriculation before dismissal. Of the information available, most 4-year programs' matriculation policies specified that a student must complete all elements of the program within 6 years of the date of entry. Unfortunately, most Web sites noting the maximum number of years allowed for completion of the PharmD program generally did not specify if that time included approved leaves of absences.

Academic policies exist to ensure that both students and faculty members understand the expectations for academic progression and retention, that the institution's administration is consistent in addressing academic issues among students, and that the academic standards dictated by the profession are upheld. While individualization of procedures is an important aspect of policy, the information reported in this study should cause pharmacy educators and administrators to consider whether there should be more consistency in academic standards among all colleges and schools of pharmacy. Data on academic standards and progression polices should be collected by the American Association of Colleges of Pharmacy Institutional Research and Effectiveness division. While written criteria may specify probation, remediation, or dismissal, academic action often results in student appeal to a college or school oversight body, which ultimately recommends a course of action to the dean. As part of institution research, identifying/determining the working procedures and ultimate outcomes associated with academic progression and retention policies within PharmD programs would be important. This would facilitate the sharing of important data that would be valuable to programs as they design their respective policies. ACPE should also ensure that all programs have complete policies regarding academic progress

and retention, probation, remediation, dismissal, and matriculation time.

CONCLUSION

Colleges and schools of pharmacy use various criteria for academic progression and retention and frequently provide incomplete or inadequate information related to probation, progression, and dismissal. Information regarding remediation and academic performance during experiential learning is lacking.

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