PROCEEDINGS COMPTE RENDUS

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

ASSOCIATION DES FACULTÉS DE PHARMACIE DU CANADA

2002

INCLUDING THE

FIFTY- NINETH ANNUAL MEETING

MAY 10 - 13, 2002

WINNIPEG, MANITOBA

PROCEEDINGS

OF THE

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

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ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
MISSION STATEMENT

AFPC is an association of faculties of pharmacy whose members are committed to the promotion and recognition of excellence in pharmacy education and scholarly activities.

GOALS

1. To foster excellence in pharmaceutical education.

(a) To stimulate and provide an opportunity for exchange of information, ideas and discussion among pharmaceutical educators.
(b) To encourage quality education in pharmacy by assuming an advisory role for development of policies and standards.
(c) To recognize innovations in pharmaceutical education.

2. To foster excellence in scholarly activities

(a) To provide members with opportunities for the exchange of information, ideas and discussion on scholarly activities.
(b) To recognize excellence in graduate studies.
(c) To recognize innovation in scholarship
(d) To recognize achievements in undergraduate research.

3. To establish and maintain liaison with external organizations for the development, support and improvement of pharmaceutical education and research

(a) To recognize significant contributions and achievements of other organizations or individuals towards the mission of AFPC.
(b) To promote the achievements of our members to the wider pharmacy and health care community.
(c To represent the broad interest of our members to external organizations.
(d) To gather and report statistical and descriptive data in order to provide information about the state of academic pharmacy in Canada.

Glossary For Mission Statement

For the purpose of this Mission Statement:

Education - is interpreted to include: curricular design, teaching methods, student assessment, program evaluation and continuing education

Scholarly Activities - includes: graduate education; publication/dissemination, discovery/new information; discovery/creation of new knowledge and innovations; acquisition of resources for research; develop interdisciplinary collaboration; adherence to ethical standards of scholarship

AFPC CONSTITUENT FACULTIES 2001 - 2002

Memorial University of Newfoundland, School of Pharmacy, St. John's NF
Linda Hensman, Director (709) 737-6571
Dalhousie University, College of Pharmacy, Halifax, NS
Rita Caldwell, Director (902) 494-2457
Université Laval, Faculté de Pharmacie, Québec, QC
Monique Richer, Directeur (418) 656-5639
Université de Montréal, Faculté de Pharmacie, Montréal, QC
Jacques Turgeon, Doyen (514) 343-6440
University of Toronto, Faculty of Pharmacy, Toronto, ON
Wayne Hindmarsh, Dean (416) 978-2880
University of Manitoba, Faculty of Pharmacy, Winnipeg, MB
David Collins, Dean (204) 474-8794
University of Saskatchewan, College of Pharmacy & Nutrition, Saskatoon, SK
Dennis Gorecki, Dean (306) 966-6328
University of Alberta, Faculty of Pharmacy & Pharmaceutical Sciences, Edmonton, AB
Franco Pasutto, Dean (780) 492-2125
University of British Columbia, Faculty of Pharmaceutical Sciences, Vancouver, BC
Frank Abbott, Dean (604) 822-2343

AFPC OFFICERS 2001 - 2002

Executive

President	Fred Rémillard (Saskatchewan)
President Elect	Lavern Vercaigne, (Manitoba)
Past President	David Fielding (British Columbia)
Deans' Rep.	Wayne Hindmarsh (Toronto)
Executive Director	Jim Blackburn

Council

Simon Albon (British Columbia)
Pierre Bélanger (Laval)
Susan Mansour (Dalhousie)
Yvonne Shevchuk (Saskatchewan)
Zubin Austin (Toronto)
John Bachynsky/Sheila Kelcher (Alberta)
Sylvie Marleau (Montréal)
Mike Namaka (Manitoba)
Lili Wang (Memorial)

AFPC REPRESENTATIVES TO AFFILIATE ORGANIZATIONS

Association of Deans of Pharmacy of Canada - Wayne Hindmarsh (Toronto)
Academic Board Member, Canadian Pharmacists Assoc. – Keith Simons (Manitoba)
Canadian Council for the Accreditation of Pharmacy Programs
– Sylvie Marleau (Montréal), Don Perrier (Toronto)/Jake Thiessen (Toronto)
Canadian Council for Continuing Education in Pharmacy – Marc Desgagné (Laval)
Pharmacy Examining Board of Canada
- Monique Richer (Montréal) & Linda Suveges (Sask.)
Representative to United States Pharmacopieal Convention – Colin Briggs (Manitoba)

Committee Chairs and Other Positions

Awards Committee - Sylvie Marleau (Montréal)
Bylaws Committee - David Fielding (British Columbia)
Education Committee – David Fielding (British Columbia)
Nominations Committee - David Fielding (British Columbia)
Pharmaceutical Research - Pierre Bélanger (Laval)
Conference Planning Committee – Lavern Vercaigne (Manitoba)
Communications Committee Chair – Simon Albon (UBC),
Editor, AFPC Communications – Rebecca Law, (Memorial)
Representative to CPhA Human Resources Task Force – David Hill (British Columbia)
Representative to NAPRA Continuing Competence Core Steering Committee
– David Fielding (British Columbia)
Task Force on Experiential Education – David Hill (British Columbia)
Romanow Commission Task Force – Monique Richer (Laval) & David Hill (British Columbia)

RECIPIENTS OF MAJOR AFPC AWARDS

RECIPIENTS OF THE AFPC AWARD FOR EXCELLENCE IN RESEARCH

McNEIL AWARD

1982	Ron Coutts, University of Alberta
1983	John McNeill, University of British Columbia
1984	Kam Midha, University of Saskatchewan
1985	Basil Roufogalis, University of British Columbia
1986	Ed Knaus, University of Alberta
1987	Tony Noujaim, University of Alberta
1988	Len Wiebe, University of Alberta
1989	Mike Mezei*, Dalhousie University
1990	Mike Wolowyk*, University of Alberta
1991	James Axelson, University of British Columbia
1992	Ted Hawes, University of Saskatchewan
1993	Frank Abbott, University of British Columbia
1994	Fakhreddin Jamali, University of Alberta
1995	Sandy Pang, University of Toronto
1996	Peter O=Brien, University of Toronto

JANSSEN-ORTHO AWARD

1997	Gail Bellward, University of British Columbia
1998	Len Wiebe, University of Alberta
1999	Jack Diamond, University of British Columbia
2000	Sid Katz, University of British Columbia
2001	Jack Uetrecht, University of Toronto
2002	Thérèse Di Paolo-Chenevert, Université Laval

RECIPIENTS OF THE AFPC BRISTOL-MYERS SQUIBB NATIONAL AWARD FOR EXCELLENCE IN EDUCATION

1995	Cheryl Cox, University of Alberta
1996	David Fielding, University of British Columbia
1997	Kristin Janke, Dalhousie University
1998	not awarded
1999	not awarded
2000	Pat Farmer, Susan Mansour, Anne Marie Whelan, Dalhousie
2001	Zubin Austin, University of Toronto
2002	Claude Mailhot, Université de Montréal

RECIPIENTS OF THE AFPC NEW INVESTIGATOR AWARD

UPJOHN-AFPC New Investigator Award

1993	Jacques Turgeon, Université Laval
1994	Robert Foster, University of Alberta
1995	Wendy Duncan-Hewitt, University of Toronto
1996	D. Hampson, University of Toronto

ASTRA PHARMA - AFPC New Investigator Award

1997	Frank Burczynski, University of Manitoba
1998	R. Macgregor, University of Toronto
1999	S. Wu, University of Toronto

ASTRAZENECA – AFPC New Investigator Award

2000	Hu Liu, Memorial University of Newfoundland
2001	David Wishart, University of Alberta
2002	Kishor Wasan, University of British Columbia

ROCHE GRADUATE STUDENT RESEARCH AWARD

1997	Diane Jette, University of Alberta
1998	Rajesh Krishna, University of British Columbia
1999	Jean François Bouchard, Université de Montréal
2000	Mark Lomaga, University of Toronto
2001	Amgad Habeeb, University of Alberta

GLAXOSMITHKLINE GRADUATE STUDENT RESEARCH AWARD

2002	Erica Rosemond, University of Toronto

RECIPIENTS OF THE AFPC AWARD OF RECOGNITION FOR OUTSTANDING SUPPORT OF AFPC

1991	Fares Attalla
1992	Canadian Foundation for Pharmacy
1993	Jean-Guy Cyr
1994	Carl Trinca
1995	Yves Chicoine
1996	Pierre Bois
1997	Jeff Poston
1998	Gerald Duncan
1999	not awarded
2000	Ginette Bernier
2001	Richard Penna
2002	not awarded

RECIPIENTS OF THE AFPC SPECIAL SERVICE AWARD

1992	Keith McErlane
1993	Helen Burt
1994	UBC Host Committee, 1993 AFPC Biotechnology Conference
1995	Ernst Stieb
1996	Pauline Beaulac
1997	not awarded
1998	not awarded
1999	not awarded
2000	not awarded
2001	Bernard Riedel, Ernst Stieb
2002	Wayne Hindmarsh, Jim Blackburn

AFPC HONORED LIFE MEMBERS

*A.W. Matthews	Toronto, Ontario 1946-52, 1967
*G.T. Cunningham	Vancouver, B.C. 1947
J .G. Richard	Montreal, Quebec 1957
*J.R. Kennedy	Toronto, Ontario 1959
*A.F. Larose	Montreal, Quebec 1960
*J.I. MacKnight	Halifax, Nova Scotia 1964
J.E. Cooke	Halifax, Nova Scotia 1965
R. Larose	Montreal, Quebec 1965
*R.C. Cary	Toronto, Ontario 1966
*G.L. Webster	Chicago, Illinois 1969
* J. Antonin Marquis	Quebec, Quebec 1969
*F.N. Hughes	Toronto, Ontario 1973
*Mrs. I. Stauffer	Toronto, Ontario 1974
*H.J. Fuller	Toronto, Ontario 1974
*L.G. Elliott	Montreal, Quebec 1974
A. Archambault	Montreal, Quebec 1975
J.E. Halliday	Vancouver, B.C. 1978
*G.C. Walker	Toronto, Ontario 1979
*M.J. Huston	Edmonton, Alberta 1979
* A.J .Anderson	Edmonton, Alberta 1980
G.R. Paterson	Toronto, Ontario 1980
* J .R. Murray	Winnipeg, Manitoba 1981
*J.J. O'Mara	St. John's, NF 1981
J.A. Wood	Saskatoon, SK 1982
L.G. Chatten	Edmonton, Alberta 1983
F. Morrison	Vancouver, B.C. 1983
*S.K. Sim	Toronto, Ontario 1984
*J.G. Jeffrey	Saskatoon, SK 1984
* D.J. Stewart	Toronto, Ontario 1984
* R.M. Baxter	Toronto, Ontario 1985
B.E. Riedel	Vancouver, B.C. 1985
P. Claveau Laval,	Quebec, QC 1986
D. Zuck	Saskatoon, SK 1986
G.E. Hartnett	Saskatoon, SK 1986
* J .L. Summers	Saskatoon, SK 1986
R. Bilous	Winnipeg, MB 1987
L. Stephens-Newsham	Edmonton, AB 1987
T.H. Brown	Vancouver, B.C. 1987
A.M. Goodeve	Vancouver, B.C. 1987
*J.O. Runikis	Vancouver, B.C. 1987
R. Plourde	Montreal, Quebec 1987
*J.G. Moir	Vancouver, B.C. 1988
* G. Myers	Edmonton, Alberta 1989
J. Ryan	Halifax, Nova Scotia 1989
*F. Teare	Toronto, Ontario 1990
K. James	Halifax, Nova Scotia 1990

*** Deceased**

AFPC HONORED LIFE MEMBERS (cont'd)

G. Duff	Halifax, Nova Scotia 1991
A. Noujaim	Edmonton, Alberta 1993
*M. Mezei	Halifax, Nova Scotia 1994
B. Schnell	Saskatoon, Sask. 1995
G. Nairn	Toronto, Ontario 1995
E. Stieb	Toronto, Ontario 1995
R. Coutts	Edmonton, Alberta 1996
A. Shysh	Edmonton, Alberta 1996
J. Steele	Winnipeg. Manitoba 1996
I. Abraham	Halifax, Nova Scotia 1998
P. Beaulac	Montreal, Quebec 1998
F. Chandler	Halifax, Nova Scotia 1998
P. Farmer	Halifax, Nova Scotia 1998
R. Tawashi	Montreal, Quebec 1998
Gilles Barbeau	Québec City, QC, 2000
Robert Goyer	Montréal, QC, 2000
Ted Hawes	Saskatoon, SK, 2000
Gaston Labrecque	Québec City, QC, 2000
Pierre-Paul LeBlanc	Québec City, QC, 2000
Dick Moskalyk	Edmonton, AB, 2000
James Orr	Vancouver, BC, 2000
Jacques Dumas	Québec QC 2001

John Bachynsky, Edmonton, Alberta 2002

Don Lyster, Vancouver, BC 2002

John Sinclair, Vancouver, BC 2002

John Templeton, Winnipeg MB 2002

ANNUAL MEETINGS AND OFFICERS

C.C.P.F (1944-1969)
A.F.P.C. (1970- 2000)

YEAR	PLACE	PAST CHAIRMAN	CHAIRMAN	VICE CHAIRMAN	SEC/TRES*	Assist.SEC
1944(1)	Toronto		E.L. Woods		F.N. Hughes	
1945(2)	Bigwin Inn		E.L. Woods	R.O. Hurst	F.N. Hughes	
1946(3)	Toronto		E.L. Woods	R.O. Hurst	F.N. Hughes	
1947(4)	Vancouver	E.L. Woods	R.O. Hurst	D. McDougall	F.N. Hughes	
1948(5)	Windsor	E.L. Woods	R.O. Hurst	D. McDougall	F.N. Hughes	J.G. Jeffrey
1949(6)	Saskatoon	R.O. Hurst	M.J. Huston	J.A. Marquis	F.N. Hughes	J.G. Jeffrey
1950((7)	Montreal	M.J. Huston	J.A. Marquis	W.C. MacAulay	F.N. Hughes	J.G. Jeffrey
1951(8)	Calgary	J.A. Marquis	W.C. MacAulay	F.N. Hughes	D.H. Murray	
1952(9)	Toronto	W.C. MacAulay	F.N. Hughes	D. McDougall	D.H. Murray	
1953(10)	Winnipeg	F.N. Hughes	D. McDougall	A.F. Larose	D.H. Murray	
1954(11)	Halifax	D. McDougall	A.F. Larose	A.W. Matthews	G.C. Walker	
1955(12)	Vancouver	A.F. Larose	A.W. Matthews	J.E. Cooke	G.C. Walker	
1956(13)	Ottawa	A.W. Matthews	J.E. Cooke	R. Larose	G.C. Walker	
1957(14)	Montreal	J.E. Cooke	R. Larose	G.C. Walker	R.M. Baxter	
1958(15)	Edmonton	R. Larose	G.C. Walker	B.E. Riedel	R.M. Baxter	
1959(16)	Saint John	G.C. Walker	B.E. Riedel	J.G. Jeffrey	R.M. Baxter	
1960(17)	Saskatoon	B.E. Riedel	J.G. Jeffrey	F.A. Morrison	G.R. Paterson	
1961(18)	Hamilton	J.G. Jeffrey	F.A. Morrison	J.R. Murray	G.R. Paterson	
1962(19)	Vancouver	F.A. Morrison	J.R. Murray	R.M. Baxter	G.R. Paterson	
1963(20)	Winnipeg	J.R. Murray	R.M. Baxter	A. Archambault	A.J. Anderson	
1964(21)	Halifax	R.M. Baxter	A. Archambault	J.G. Duff	A.J. Anderson	
1965 (22)	Calgary	A. Archambault	J.G. Duff	G.R. Paterson	A.J. Anderson	
1966(23)	Saint John	J.G. Duff	G.R. Paterson	J.E. Halliday	W.R. Wensley	
1967(24)	Toronto	G.R. Paterson	J.E. Halliday	J.A. Wood	James/Goodeve**	Goodeve/Wood
1968(25)	Regina	J.E. Halliday	J.A. Wood	B.E. Riedel	J.G. Nairn	A.M. Goodeve
1969(26)	St. John's	J.A. Wood	B.E. Riedel	J.A. Mockle	J.G. Nairn	A.M. Goodeve
1970(27)***	Vancouver	B.E. Riedel	F.N. Hughes	J. Tremblay	J.G. Nairn	A.M. Goodeve
1971(28)	Winnipeg	F.N. Hughes	J.G. Nairn	P. Claveau	R.E. Moskalyk	A.M. Goodeve
1972(29)	Edmonton	J.G. Nairn	P. Claveau	A.M. Goodeve	R.A. Locock	O'Reilly/H.J. Segal
1973(30)	Halifax	P. Claveau	A.M. Goodeve	E.W. Stieb	R.F. Chandler	H.J. Segal

YEAR	PLACE	PAST CHAIRMAN	CHAIRMAN	VICE CHAIRMAN	SEC/TRES*	RECORDING SEC.
1974(31)	Ottawa	A.M. Goodeve	E.W. Stieb	G.E. Hartnett	R.F. Chandler	H.J. Segal/IL.I. Wiebe
1975(32)	Montréal	E.W. Stieb	G.E. Hartnett	J.W. Steele	K.W. Hindmarsh	R.M. Gentles/L. Goodeve
			PRESIDENT	**VICE PRESIDENT**		
1976(33)	Saskatoon	G.E. Hartnett	J.W. Steele	W.E. Alexander	K.W. Hindmarsh	C.J.8riggs
		PAST PRESIDENT				
1977(34)	Charlottetown	J.W. Steele	W.F. Alexander	K.W. Hindmarsh	F.W. Teare	C.J.8riggs
1978(35)	Victoria	W.E. Alexander	K.W. Hindmarsh	F.W. Teare	W.A. Parker	C.J.8riggs
					EXEC. DIRECTOR	
1979(36)	Sarnia	K.W. Hindmarsh	F.W. Teare	R.E. Moskalyk	J.A. Wood****	E.M. Hawes
1980(37)	Calgary	F.W. Teare	R.E. Moskalyk	C.J.Briggs	J.A. Wood	E.M. Hawes
1981(38)	Winnipeg	R.E. Moskalyk	C.J.Briggs	M. Mezei	J.A. Wood	E.M. Hawes
1982(39)	Ottawa	C.J. Briggs	M. Mezei	J.L. Summers	J.A. Wood	K.M. McErlane
1983(40)	Montréal	M. Mezei	J.L. Summers	R. Tawashi	A.M. Goodeve	K.M. McErlane
1984(41)	Vancouver	J.L. Summers	R. Tawashi	J. Gagné	A.M. Goodeve	K.M. McErlane
1985(42)	Halifax	R. Tawashi	J. Gagné	J.Bachynsky	A.M. Goodeve	K.M. McErlane
1986(43)	Québec	J. Gagné	J.Bachynsky	K. Simons	K.M. McErlane	H.M.Burt
1987(44)	Jasper	J.Bachynsky	K. Simons	F. Chandler	K.M. McErlane	H.M.Burt
1988(45)	Saint John	K. Simons	F. Chandler	S.M. Wallace	K.M. McErlane	H.M.Burt
1989(46)	Portland	F. Chandler	S.M. Wallace	P.Beaulac	K.M. McErlane	H.M.Burt
1990(47)	Regina	S.M. Wallace	P.Beaulac	H.M.Burt	K.M. McErlane	M. Greer
1991(48)	St. John's	P.Beaulac	H.M.Burt	M. Spino	K.M. McErlane	M. Greer
1992(49)	Winnipeg	P. Beaulac	H.M. Burt	M. Greer	K. Moody	J. Louvelle
1993(50)	Vancouver	H.M. Burt	M. Greer	R. Coutts	K. Moody	J. Louvelle
1994(51)	Charlottetown	H.M. Burt	M. Greer	R. Coutts	K. Moody	J.l. Glennie
1995(52)	Montréal	M. Greer	R. Coutts	J.L Blackburn	K. Moody	J.L. Glennie
1996(53)	Calgary	M. Greer	R. Coutts	J.L Blackburn	K.A. Ready	C.J. Turner
1997(54)	Vancouver	R. Coutts	J.L Blackburn	D. Perrier	K.A. Ready	C.J. Turner/K.A. Ready
1998(55)	St. John's	J. L. Blackburn	D. Perrier	C.J. Turner/1. Sketris	K.A. Ready	K.A. Ready
1999 (56)	Québec City	D. Perrier	I. Sketris	D. Hill	K. Ready/J. Blackburn	
2000 (57)	Saskatoon	I. Sketris	D. Hill	D. Fielding	J.L. Blackburn	
2001 (58)	Ottawa	D. Hill	D. Fielding	A.J. Rémillard	J.L. Blackburn	
2002 (59)	Winnipeg	D. Fielding	A.J. Rémillard	L. Vercaigne	J.L. Blackburn	

* This office ceased to exist after the 1978 meeting.

-This office was assumed by A.M. Goodeve in the Spring of 1967 due to the sudden illness of K.M. James. -Officers of the new organization, AFPC, assumed their offices on January 1, 1970, after a mail ballot.

The officers of 1968-69 served in the interim after the 1969 meeting. **** J.A. Wood was Executive Director from 1977-1982.

The following pages contain an overview

of the Activities of

the Association of Faculties of Pharmacy of Canada

during the period

July 12001 to June 30, 2002

PART 1.0

AFPC ANNUAL CONFERENCE 2002

WINNIPEG, MANITOBA

MAY 10 - 13, 2002

Table of Contents

WORDS OF WELCOME

From President Fred Rémillard:

It is my pleasure to welcome everybody to another exciting AFPC Annual Conference. This is a great time of year; spring is here, undergraduate classes are over and tax returns are in (sorry about that)! Most importantly it is a chance to reacquaint ourselves with old friends, meet new colleagues and hopefully continue to learn at the conference and take away new information.

I want to congratulate Dr. Lavern Vercaigne and the entire Conference Planning Committee for putting together another inspiring Teacher's Conference and Research Symposium. This year's conference, entitled "Educational Excellence: An Endless Horizon for Learning", will continue to address relevant topics which will guide all of us in academia as we move forward with program revisions, evaluations and accreditation matters. We will also have the opportunity to enter into some discussion of issues affecting experiential learning.

I wish to express our thanks to the conference sponsors (see page) for their contributions to the success of our educational program.

Although the conference itself promises to be another success, do not forget to take the opportunity to enjoy Winnipeg's fine restaurants and exciting night life. I know I will !

Bienvenu à notre Conférence annuelle d'AFPC. Ces't toujour un plaisir d'avoir la chance de rencontrer nos vieux amis at aussi des nouveaux collègues. J'aimerais félicité D Lavern Vercaigne et sons comité pour preparer une autre conférence excitante.. La conférence va continuer d'addresser les sujets important pour nos programmes scolaire.. N'oublier pas à
se donner du bon temps à Winnipeg avec ces très bons restaurants et les boîtes de nuit.

Fred Rémillard, Pharm.D., BCPP
President, Association of Faculties of Pharmacy of Canada

From Lavern Vercaigne, Chair, Conference Planning Committee

On behalf of the entire planning committee. it is my pleasure to welcome you to Winnipeg for the AFPC Annual General Meeting. In keeping with our prairie theme, "Educational Excellence: An Endless Horizon for Learning", we are pleased to offer a program that explores program evaluation, experiential learning, and pharmacy practice research. Combined with recognizing our outstanding researchers at the awards and poster presentations, we are confident you will have an enjoyable and productive conference. In addition, we hope you enjoy the tour and banquet at the Winnipeg Art Gallery, and have a chance to explore Winnipeg with friends and colleagues for a relaxing Sunday (Mother's Day) evening.

On behalf of the entire planning committee, I hope you have an excellent conference, an opportunity to spend time with friends, and an excellent stay with us in Winnipeg!

Sincerely,
Lavern M. Vercaigne, Pharm.D.
Chair, AFPC Annual General Meeting

AFPC CONFERENCE 2002
"Educational Excellence: An Endless Horizon for Learning"
Saturday, May 11 – 13, 2002
Winnipeg Convention Centre
Winnipeg, Manitoba

Friday, May 10 – AFPC Executive & Council will meet in Cecil Richards Suite from 8 AM until 5 PM.

Saturday, May 11:

8:00 - 8:45 a.m. Continental Breakfast (Room 2)

8:45 a.m. **Welcome to the AFPC Conference 2002**
Fred Rémillard, President
Lavern Vercaigne, Conference Chair

9:00 a.m.- 12:00 noon **Teachers Conference I** (Room 2)
Program Evaluation
David Fielding, University of British Columbia

Goals: Canadian Faculties of Pharmacy have indicated an ongoing need to gather evidence of program quality as well as data to focus on program refinements and improvements. Participants in this one-day workshop will collectively design a template to conduct formal and informal educational program evaluations to meet this need. As well, this workshop will provide an opportunity for each Canadian Faculty of Pharmacy to build the capacity to conduct credible education program evaluations.

12:00 -1:00 p.m. Buffet Lunch (Room 2)

1:00 – 4:00 p.m. **Program Evaluation Teachers Conference** *(cont'd)*

5:30 – 6:30 p.m. **Winnipeg Art Gallery Cocktails and Gallery Visit**
(Winnipeg Art Gallery)

6:30 p.m. **AFPC Banquet & Awards Recognition (Winnipeg Art Gallery)**
Wayne Hindmarsh, University of Toronto (Master of Ceremonies)

Sunday, May 12

7:00 a.m. - 8:30 a.m. Breakfast with CPhA (Bagels and Coffee) (East Concourse)

8:30 a.m. – 11:30 a.m. **Teachers Conference II** (Room 2)

8:30--10:15 **Experiential Learning** *Rehana Durocher, University of Manitoba*
Gilles Leclerc, Guylaine Bertrand, Université de Montréal

Presenters from the Université de Montréal will describe the structure of their experiential program (4th year clinical clerkship), present an overview of their program evaluation process and comment on the impact of that process on the program and in other areas of the curriculum.

10:30-11:30 **Experiential Education Task Force Discussions** *David Hill, University of British Columbia*

Dr. Hill will introduce the Task Force on Experiential Education and discuss important issues that are common to many of the Pharmacy programs across Canada.

11:45 a.m.-1:45 p.m. **AFPC Annual General Meeting** & Buffet Lunch (Room 2)

2:00 p.m.- 4:45 p.m. **AFPC Awards Presentations** (Room 2)
Sylvie Marleau, Université de Montréal

The 2002 AFPC Award Winners will be making their presentations:

Janssen-Ortho Pharmaceutical Research Award
– ***Thérèse Di Paolo-Chenevert, Université Laval***

Bristol-Myers Squibb National Award for Excellence in Education
– ***Claude Mailhot, Université de Montréal***

AstraZeneca New Investigator Award
– ***Kishor Wasan, University of British Columbia***

AFPC/ADPC Graduate Student Research Award
– ***Erica Rosemond, University of Toronto***

Evening *A* "night off" for Mother's Day!

Monday, May 13

7:00 – 8:30 a.m. **Novopharm Heritage Breakfast** (with CPhA) (Rooms 1 & 2)

8:45 – 10:00 a.m. *CPhA Event: Roy Romanow Presentation* (Room 3 & 4)

10:30 – 12:30 p.m. **AFPC/Merck Frosst Pharmacy Practice Research Symposium**
"Health Services Research: Proving the Value of the Pharmacist" (Room 5)
Colleen Metge,University of Manitoba
Ingrid Sketris, Dalhousie University
Neil MacKinnon, Dalhousie University
Ross Tsuyuki, University of Alberta
Judy Soon, University of British Columbia

The goal of health services research (HSR) is to provide information that will eventually lead to improvements in the health of the citizenry. In this session, the participant will be introduced to the concepts of HSR and how they have been applied to pharmacy practice research. We will highlight the teams of investigators from across the Canadian Faculties of Pharmacy working in this relatively new area of research for pharmacy.

10:00 a.m. – 3:00 p.m. Pharmacy Practice, Pharmaceutical Science and Pharmacy Education Posters available for viewing (Hall B) – *see poster abstracts on page*

12:30 p.m. – 3:00 p.m. **Poster Session and Lunch (Hall B)**
Concurrent with CPhA displays
Frank Burczynski, Sheryl Zelenitsky, University of Manitoba

1:00 p.m.- 3:30 p.m. New Council Meeting (Room 11)

DETAILED CONFERENCE PROGRAM INCLUDING ABSTRACT OF PRESENTATIONS AND HANDOUTS

"Educational Excellence: An Endless Horizon for Learning"
Saturday, May 11 – 13, 2002
Winnipeg Convention Centre
Winnipeg, Manitoba

Saturday, May 11:

8:00 - 8:45 a.m. Continental Breakfast (Room 2)

8:45 a.m. **Welcome to the AFPC Conference 2002**
Fred Rémillard, President
Lavern Vercaigne, Conference Chair

9:00 – 4:30 PM **Teachers Conference I** (Room 2)
Program Evaluation Workshop

Facilitator: David W. Fielding, Ed.D.
Professor and Dr. Tong Louie Chair in Pharmacy Administration,
Faculty of Pharmaceutical Sciences,
The University of British Columbia.

Description: Pharmacy educators want and need evidence of the quality of their various programs. Such information is essential for purposes of self-reflection, accreditation, communication with critical stakeholders and program improvement. Participants in this workshop will **work** in small groups and develop a process for evaluation of pharmacy undergraduate programs. Participants in this workshop will leave with an enhanced capacity to implement credible educational program evaluations.

Objectives: At the conclusion of this workshop participants will be able to:
1. Define (What is it?) and differentiate educational program evaluation (When and how is it used?) from concepts such as assessment, measurement.
2. Develop a comprehensive list of essential program elements for pharmacy undergraduate programs in Canada.
3. Develop a comprehensive list of evaluation criteria to be applied to the essential program elements of pharmacy undergraduate programs in Canada.
4. For each program element, identify its objective(s).
5. For each program element, indicate the types of evidence (evaluation data) to be gathered to measure degree its objective(s) is/are meet.
6. For each program element, propose a mechanism for how, when, and by whom evaluation data should be gathered.
7. For each program element, develop guidance for judging quality.
8. Develop general guidelines for implementation of program evaluation strategy in Canadian Undergraduate Programs.

Program Outline:

Activity Number	Activity	Time	LG/ SM Group	Who
1	Introduction Workshop Explained Workshop Overview Workshop Objectives "Evaluation" Overview Sm. Group Assignments	9:00 – 9:30	Large Group	DWF
2	Refinement of program elements/ evidence and judgment items	9:30 – 10:15	Small Groups	All
3	Reports	10:15 – 11:00	LG/ SM Groups	All
4	Application of framework to U/G Program	11:00 – 11:45	LG/ SM Groups	All
5	Lunch	12:00 – 1:00		
6	Reports	1:00 – 1:45	LG/ SM Groups	All
7	Application of framework to U/G Program Continued	1:45 – 2:30	LG/ SM Groups	All
8	Report	2:30 – 3:15	LG/ SM Groups	All
9	Development of Guidelines for Program Evaluation in Canadian Faculties of Pharmacy	3:15 – 4:15	LG/ SM Groups	All
10	Evaluation	4:15 – 4:30	Individual	

Sunday, May 12

8:30 a.m. – 11:30 a.m. **Teachers Conference II** (Room 2)

8:30--10:15 **Experiential Learning** *Rehana Durocher, University of Manitoba*
Gilles Leclerc, Guylaine Bertrand, Université de Montréal

Undergraduate pharmacy clinical clerkships
The University of Montreal Faculty of pharmacy experience.

Presenters from the University of Montréal will describe the structure of their experiential program (4th year clinical clerkship), give an overview of their program evaluation process and comment the impact of that process on the program and on other areas of the curriculum.

Summary

Since the 1996 clerkship revision, two clerkships are mandatory for pharmacy students at the University of Montreal, one in the community setting and one in the hospital setting. For these clerkships, goal, educational outcomes and course structure have been developed to manage a performance-based evaluation process reflecting pharmaceutical care concept. A 1:1 supervision with a pharmacist(associate clinician) acting as role model with delegated responsibilities for student supervision and evaluation led to the establishment of a preceptor recruitment process and a preceptorship training program. The training program, based on adult and self-learning principles, allows associate clinicians to understand all aspects needed for efficient student supervision and evaluation during the clerkships. Performance-based evaluation forms were designed and specific evaluation directives were developed to provide the most objectivity to the process by guiding and supporting associate clinicians in their student evaluation role. Program evaluations are performed consistently and feedback is provided to the clinical sites, associate clinicians, trainers, clerkship management team and to other areas of the curriculum to increase efficiency of the learning processes. The recent increase in the number of pharmacy students and the vision of a revised pharmacy program with additional clerkships defines new challenges for the team.

Learning objectives:

At the end of the session, the participant will be able to understand:

1. The process used for selecting, and training pharmacists to become associate clinicians.
2. The role of the pharmacist as an assessor for 4th year pharmacy students in clinical clerkships.
3. **The process used for evaluating students in clinical settings using a criterion-based evaluation form.**
4. **The process used for identifying problem learners and dealing with these difficult situations.**
5. **The process used for communicating with other areas of the curriculum to make modifications using some outcomes from the clinical evaluation process.**
6. The process used for an evaluation program for the clinical sites and associate clinicians.

10:30-11:30 **Experiential Education Task Force Discussions** ***David Hill, University of British Columbia***

Dr. Hill will introduce the Task Force on Experiential Education and discuss important issues that are common to many of the Pharmacy programs across Canada. He will also seek audience views regarding the specific issues.

Task Force on Experiential Education

Draft Terms of Reference

Background

At its 2001 annual meeting, AFPC council approved the formation of a task force to identify and clarify issues facing the structured practice education training programs (SPEP) offered by pharmacy schools in Canada. Council's action was prompted by advice from a variety of organizations and segments of the profession that has raised questions about the curriculum, preceptor instructional support, clinical site availability, student concerns, and other issues relating to the design and delivery of practice education programs by the schools. The schools also have identified features of the planning and management of effective clinical training programs for undergraduates that are problematic and need attention from a broader cross section of academia and the practice community.

Objectives of the Task Force Project

1. To identify and clarify the issues facing experiential learning for pharmacy programs in Canada.
2. To develop a strategy for addressing these issues with the resources that are available to the task force.
3. To formulate options or strategies for recognition of the costs of experiential education to schools of pharmacy resulting from the placement of students in hospital and community pharmacies and other agencies for clinical learning.

11:45 a.m.-1:45 p.m. **AFPC Annual General Meeting** & **Buffet Lunch**
(Room 2)

ANNUAL GENERAL MEETING AGENDA

1.0 Opening Remarks - President Fred Rémillard
2.0 Acceptance of 2001 Annual General Meeting Minutes
- Saturday, June 16, 2001
3.0 Conference Committee Announcements - Lavern Vercaigne
4.0 Greetings
4.1 Dr. Richard Penna, Executive Vice President,
American Association of Colleges of Pharmacy
5.0 Memorial to Deceased Members
Dr. Norman Hughes
6.0 President Address - Fred Rémillard

7.0 AFPC Committee Reports
7.1 Awards Committee Report – Sylvie Marleau
7.2 Nominations Committee Report - David Fielding

7.3 Bylaws Committee Report - David Fielding
- notification of approved bylaws
7.4 Education Committee Report - David Fielding
7.5 Research Committee Report - Pierre Bélanger
7.6 Communications Committee Report - Simon Albon

8.0 Reports from Special Committees and Delegates
8.1 Appointee of the Association of Deans of Pharmacy of Canada - Wayne Hindmarsh
8.2 Academic Board Member of the Canadian Pharmacists Association - Keith Simons
8.3 Appointees to the Canadian Council for the Accreditation of Pharmacy Programs - Sylvie Marleau & Jake Thiessen
8.4 Appointee to the Canadian Council on Continuing Education in Pharmacy - Marc Desgagné
8.5 Task Force on Experiential Education - David Hill
8.6 Report of Representative to CPhA Pharmacy Human Resources Planning Team - David Hill
8.7 Romanow Commission Submission - Monique Richer and David Hill

9.0 Report of Executive Director - Jim Blackburn
10.0 Audited 2001 Financial Statements and Budget for 2002
- report of auditor
11.0 Appointment of Auditor
12.0 New Business
13.0 Transfer of Presidency
14.0 Confirmation of Signing Authority
15.0 Adjournment

2:00 p.m.- 4:45 p.m. AFPC Awards Presentations (Room 2)
Sylvie Marleau, Université de Montréal

The 2002 AFPC Award Winners will be making their presentations:

2:00 – 2:40 PM Janssen-Ortho Pharmaceutical Research Award
– Thérèse Di Paolo-Chenevert, Université Laval

NEUROMODULATION AND NEUROPROTECTION OF BRAIN NEUROTRANSMISSION: POTENTIAL THERAPEUTIC APPLICATION FOR SCHIZOPHRENIA AND PARKINSON'S DISEASE

Thérèse Di Paolo
Faculty of pharmacy, Laval University and Molecular Endocrinology and Oncology Research Center, CHUL, Quebec, G1V 4G2, Canada.

Molecular investigations as well as clinical studies demonstrate the potency of estrogens to modulate brain function and their implication in schizophrenia. Our laboratory has established alterations of dopaminergic, GABAergic, glutamatergic and serotonergic neurotransmission through estrogen-mediated mechanisms. Genomic and non-genomic mechanisms of actions of estrogens in the brain have been investigated implicating nuclear estrogen receptors as well as possible estrogen membrane receptors, antioxidant activity of steroids and their effect on fluidity. Estrogen-like activity in the brain has been sought with estrogens and with steroids possibly acting as pro-drugs of estrogens such as testosterone and

dehydroepiandrosterone (DHEA) as well as selective estrogen receptor modulators (SERMs). Drugs with estrogen activity in the brain may have therapeutic potential either by modulating brain neurotransmitter transmission or through neuroprotective activity. Indeed, studies using in vivo and in vitro models as well as epidemiological data suggest that estrogens provide neuroprotection of central nervous system (CNS) cells implicated in the etiology of neurodegenerative disorders such Parkinson's (PD) disease. In an animal model of Parkinson's disease our group has shown neuroprotection against MPTP toxicity in mice by estradiol, progesterone, DHEA and raloxifene whereas the androgens testosterone and dihydrotestosterone are inactive. In MPTP monkeys and human Parkinsonian brains we investigated the modulation of dopamine transmission by neuropeptides as well as GABAergic transmission. Increase mRNA levels of striatal preproenkephalin and pallidal GABAa receptors are associated with overactive (dyskinetic) dopaminergic activity. Steroid, peptide and neurotransmitter interactions play an important role in the brain and should be considered to improve existing drugs treatments.

2:40 – 3:20 PM Bristol-Myers Squibb National Award for Excellence in Education – *Claude Mailhot, Université de Montréal*

Faculty development, students development and assessment of the program at the Faculty of pharmacy, University of Montreal.

Claude Mailhot, Pharm.D.
Associate dean for academic affairs

The Faculty of pharmacy improved teaching and learning within the Baccalaureate program by :
1) offering individualized professor training to new Faculty members;
2) regularly presenting pedagogy workshops and lectures for all Faculty members;
3) revising teaching evaluation methods and integrating the evaluation in a model of teaching improvement with results presented in a formative format;
4) recognizing teaching efforts by implementing teaching awards.

New complementary activities have been developed for enhancing professionalism in pharmacy students: 1) career week with community, hospital and industry pharmacists; and 2) brown bag days for elderly patients in our pharmacy practice laboratory.

We evaluated the impact of changes to the program on the practice of our graduates in community pharmacy. For each of the pharmaceutical steps, we questioned graduates on their abilities to perform different tasks, their actual use of the process and their perception of training during their Baccalaureate program. Satisfaction level with the program were above 80% for every element except communication with physicians. This study insures efficiency of the program in pharmacy practice

3:40 – 4:10 PM AstraZeneca New Investigator Award – *Kishor Wasan, University of British Columbia*

Speaker: Dr. Kishor M. Wasan, Associate Professor & Chair, Division of Pharmaceutics & Biopharmaceutics, Faculty of Pharmaceutical Sciences, University of British Columbia

Title: **The role of plasma lipoproteins in modifying the biological activity of hydrophobic drugs.**
Abstract

The plasma lipoprotein distribution of potential drug candidates is not commonly studies. For some hydrophobic drug candidates and compounds formulated into lipid-based drug carriers, attainment of similar plasma free drug levels has not been associated with uniform production of pharmacological activity in different animal species. It is well known that plasma lipoprotein lipid profiles vary considerably between different animal species. In addition, human disease states can significantly influence plasma lipoprotein profiles, resulting in altered therapeutic outcomes. Current research has shown that lipoprotein binding of drug compounds can significantly influence not only the pharmacological and pharmacokinetic properties of the drug, but the relative toxicity as well. Elucidation of drug distribution among plasma lipoproteins is expected to yield valuable insight into the factors governing the pharmacological activity and potential toxicity of the drug. This presentation will present an historical perspective and summarize the latest research in the area of lipoprotein-drug interactions.

4:15 – 4:45 PM AFPC/ADPC Graduate Student Research Award – *Erica Rosemond, University of Toronto*

MAPPING THE AGONIST BINDING SITE OF METABOTROPIC GLUTAMATE RECEPTORS. E. Rosemond, Peltekova V., Naples M., Thøgersen H., and Hampson D.R. Department of Pharmaceutical Sciences and Institute for Drug Research, University of Toronto and Novo Nordisk A/S Denmark.

The family of eight metabotropic glutamate receptors (mGluRs) is currently the focus of considerable attention due to their potential as drug targets for the treatment of a number of psychiatric and neurological disorders. It has been demonstrated that agonists that activate the Group III mGluRs have neuroprotective properties *in vitro* and *in vivo.* This provides a valid argument, in the context of drug development, for studying the structures of this family of receptors. The purpose of this study was to identify the amino acids that mediate high affinity ligand binding of the specific agonist L-2-amino-4-phosphonobutyric acid (L-AP4) to the mGluR4 receptor subtype. The amino terminal domain (ATD) of the mGluRs resembles a Venus-Flytrap plant in which a hinge region connects two globular lobes. A computer-generated structural model of the ATD of mGluR4 was produced based on the crystal structure of the mGluR1 receptor subtype, which is approximately 40% identical in amino acid sequence with mGluR4. Using this model as a template, a thorough investigation of the amino acids within the vicinity of the putative ligand binding pocket was examined using site-directed mutagenesis and [^{3}H]-L-AP4 binding. Our results demonstrate that the amino acids involved in high affinity binding of [^{3}H]-L-AP4 are interspersed on both globular lobes of mGluR4. Furthermore, our study indicates that L-AP4 *selectivity* is restricted by 3-5 amino acids within the binding pocket that combine to create a positively charged microenvironment in which the negatively charged phosphate moiety of L-AP4 may enter the cleft and bind. Our data reveal important differences between members of the mGluRs that may have important implications for the design of highly selective mGluR ligands.

*This work was supported by the Canadian Institutes of Health Research.

Monday, May 13

7:00 – 8:30 a.m. Novopharm Heritage Breakfast (with CPhA) (Rooms 1 & 2)
part of CPhA program

8:45 – 10:00 a.m. *CPhA Event: Roy Romanow Presentation* (Room 3 & 4)
part of CPhA program

Monday, May 13

10:30 – 12:30 p.m. **AFPC/Merck Frosst Pharmacy Practice Research Symposium**
"Health Services Research: Proving the Value of the Pharmacist" (Room 5)
Colleen Metge,University of Manitoba
Ingrid Sketris, Dalhousie University
Neil MacKinnon, Dalhousie University
Ross Tsuyuki, University of Alberta
Judy Soon, University of British Columbia

The goal of health services research (HSR) is to provide information that will eventually lead to improvements in the health of the citizenry. In this session, the participant will be introduced to the concepts of HSR and how they have been applied to pharmacy practice research. We will highlight the teams of investigators from across the Canadian Faculties of Pharmacy working in this relatively new area of research for pharmacy..

10:30 - 10:50
Health Services Research: Proving the Value of Pharmacists
The 30,000 foot view

Colleen J. Metge, B.Sc.(Pharm.), PhD.
Associate Professor
Faculty of Pharmacy, University of Manitoba

A quick review of a taxonomy of health services research and how it applies to pharmacy and pharmacists will be offered. In addition, participants will have a 30,000 foot view of pharmacy-based health services research in Canada. Health services research as it applies to the Manitoba pharmacy community will also be reviewed. The application of health services research to health care reform and pharmacy education will be demonstrated.

10:50 - 11:15

Health Services Research: Evaluating the Quality of Medication Use and Pharmacy Services in Atlantic Canada

Neil J. M[ac]Kinnon, Ph.D., R.Ph., Assistant Professor, College of Pharmacy, Dalhousie University

The objectives of this presentation are to: (1) describe the development and use of quality indicators of medication use in Nova Scotia and the issues for researchers and practitioners, (2) discuss the evaluation of a pharmacist-directed seamless care service in Moncton, New Brunswick and the issues for researchers and practitioners, and (3) consider how the results of these two studies apply to healthcare reform and pharmacy education.

Issues related to HSR for pharmacy researchers to be discussed include: working with healthcare databases, promoting uptake of research results by decision makers, encouraging the multiplication of research activities, costs and benefits of conducting research with practitioners, and organizing research teams in "excellence" areas.

Issues related to HSR for pharmacists to be discussed include: fostering on-going monitoring of drug-related problems in the elderly, the use of medication use performance measures, collecting evidence of the value of pharmacy services, and changing pharmacy standards of care.

Issues related to HSR for health policy makers to be discussed include: recognizing the costs of adverse-drug related outcomes, emphasizing medical technology and preventive medicine, re-organizing financial incentives to promote seamless care.

Issues related to HSR for pharmacy educators to be discussed include: teaching of the medication use system at the "macro" level, training graduate students in HSR, teaching seamless care in our educational model, and teaching outcomes measurement.

11:15 - 11:40
Health Services Research: Proving the Value of Pharmacists. The SCRIP and REACT Studies.
Ross T. Tsuyuki, PharmD, MSc, FCSHP. Associate Professor of Medicine, Division of Cardiology, University of Alberta.

Cardiovascular disease is the leading cause of mortality and morbidity in Canada. Although much emphasis is placed on in-hospital care, preventive measures are clearly best delivered in the community. Pharmacists are well-placed to facilitate preventive cardiology, however we must prove the efficacy of these activities before moving forward. This presentation will focus on the results of 2 recently completed studies, the Study of Cardiovascular Risk Intervention by Pharmacists (SCRIP), and the Review of Education on ACE inhibitors in Congestive heart failure Treatment (REACT).

11:40 - 12:05
Dr. Judith Soon, B.Sc.(Pharm.), M.Sc., PhD.
Assistant Professor
Faculty of Pharmaceutical Sciences, University of British Columbia.

Community pharmacists in British Columbia were the first in Canada to be

granted independent prescribing authority for emergency contraceptive pills (ECPs), which are used to prevent unintended pregnancy. This presentation will (1) review the analysis on patterns and trends of pharmacist-initatieated ECP prescribing 9 months post-policy change and (2) outline the attitudes and practices of ECP-pharmacist providers. How independent prescribing authority may have lessons for health care reform and pharmacy education will be explored.

12:05 - 12:30 pm

Panel Discussion: All presenters

A question and answer segment will explore the application of pharmacy-based health services research to health care reform and pharmacy education.

10:00 a.m. – 3:00 p.m. Pharmacy Practice, Pharmaceutical Science and Pharmacy Education Posters available for viewing (Hall B)

12:30 p.m. – 3:00 p.m. **Poster Session and Lunch (Hall B) Concurrent with CPhA displays**

Frank Burczynski, Sheryl Zelenitsky, University of Manitoba

POSTER ABSTRACTS

AFPC CONFERENCE

WINNIPEG

May 13, 2002

ALPHABETICAL LISTING OF AFPC POSTER PRESENTATIONS
(according to underlined name on poster)

PE – 1 **THE NEW PHARM.D. CURRICULUM AT THE UNIVERSITY OF COLORADO SCHOOL OF PHARMACY**

Ralph J. Altiere, Christopher J. Turner and the Curriculum Committee*
University of Colorado Health Sciences Center School of Pharmacy, Denver, CO USA 80262-0238

PS – 1 **A NEW PEPTIDE-LIPOSOMES/PROTAMINE/DNA (LPD) COMPLEX FOR HEPATOCYTE-SELECTIVE TARGETING**

Anas El-Aneed, Zhili Kang, Mohamedtaki Kara and Hu Liu
School of Pharmacy, Memorial University of Newfoundland, St John's, NF, A1B 3V6.

PS – 2 **OXIDATIVE STRESS IN HEPATOCYTES : ROLE OF FATTY ACID BINDING PROTEIN**

Frank J. Burczynski, Jennifer C. Bonnetta, Ganesh Rajaraman, Guqi Wang
Faculty of Pharmacy, University of Manitoba

PS - 3 **THE EFFECT OF DHA ON THE CYTOTOXICITY OF TAXOL IN HUMAN BREAST CARCINOMA MCF-7 AND MDA-MB-231 CELLS**

Krista B. Butt and Lili Wang
School of Pharmacy, Memorial University of Newfoundland, St. John's, NF., Canada, A1B 3V6

PE – 2 **DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A PRECEPTOR EDUCATIONAL PROGRAM FOR A STRUCTURED PRACTICAL EXPERIENCE PROGRAM.**

Lesley A. Lavack[1], Andrea J. Cameron[1], Hilja M. Toom[1], Lori Blain[2], Barb J. Farrell[3], Lalitha Raman-Wilms[1] [1]University of Toronto, Toronto, [2]Surrey, British Columbia, [3]Sisters of Charity Health Services, Ottawa.

PP – 1 **EVALUATION OF EFFICACY AND SAFETY OF THE COMBINATION OF ONDANSETRON, DEXAMETHASONE AND PROCHLORPERAZINE IN THE PREVENTION OF NAUSEA AND VOMITING CAUSED BY CHEMOTHERAPY FOR PATIENTS WITH BREAST CANCER.**

Julie Cormier[1,2], pharmacy student, Anne Dionne[1,2], M. Sc., BCOP
(1) Faculté de pharmacie, Université Laval (2) CHA-Hôpital du St-Sacrement

PP – 2 **THE IMPACT OF A CLINICAL PHARMACIST ON PATIENT AND ECONOMIC OUTCOMES ON THE CHILD AND ADOLESCENT MENTAL HEALTH UNIT AT THE IWK HEALTH CENTRE.**

[1]Natalie A. Crown, [1,2]Adil S. Virani, B. Sc. (Pharm), Pharm D.
[1]College of Pharmacy, Dalhousie University, Halifax NS [2]IWK Health Centre, Halifax NS

PE – 3 **DEVELOPMENT AND IMPLEMENTATION OF A RECRUTMENT STRATEGY FOR THE DALHOUSIE COLLEGE OF PHARMACY**

Rita Caldwell, Anne M. Whelan, Robert Drobitch, Laura McDonald, Shakara Clouston
College of Pharmacy, Dalhousie University, Halifax, Nova Scotia, Canada

PS – 4 **TOPICAL ADMINISTRATION OF HYDROXYZINE FOR ALLERGIC SKIN DISORDERS USING LIPOSOMAL FORMULATIONS IN A RABBIT MODEL**

Abeer AW. Elzainy[1], Xiaochen Gu[1], Estelle R. Simons[2], Keith J. Simons[1,2]
[1]Faculty of Pharmacy, and [2]Dept. of Pediatrics, University of Manitoba

PS – 5 **TOPICAL ADMINISTRATION OF CETIRIZINE FOR ALLERGIC SKIN DISORDERS USING LIPOSOMAL FORMULATIONS IN A RABBIT MODEL**

Abeer AW. Elzainy[1], Xiaochen Gu[1], Estelle R. Simons[2], Keith J. Simons[1,2]
[1]Faculty of Pharmacy, and [2]Dept. of Pediatrics, University of Manitoba

PE – 4 **DEVELOPMENT OF A CRITICALLY EVALUATED, DISEASE-BASED HERBAL MEDICINE GUIDE FOR PHARMACISTS: GYNECOLOGICAL DISORDERS.**

Dorita Gerami, Tannis M. Jurgens, Anne M. Whelan
College of Pharmacy, Dalhousie University, Halifax, NS B3H 3J5

PP – 3 **SECONDARY PREVENTION OF CORONARY ARTERY DISEASE (CAD): ANTIPLATELET UTILIZATION IN A COMMUNITY PHARMACY.**

Alan Gervais, BSP, Major R. Vaillancourt, B Pharm, Pharm D, Directorate of Medical Policy, Pharmacy Policies and Standards, Canadian Forces Health Services, Ottawa, Ontario

PS – 6 **EVALUATION OF THREE HYDROPHILIC METRIX POLYMERS FOR MODIFIED DRUG RELEASE OF ACRIVASTINE AND PSEUDOEPHEDRINE**

Xiaochen Gu[1], Daryl J. Fediuk[1], Keith J. Simons[1], Estelle R. Simons[2]
[1]Faculty of Pharmacy, [2]Department of Pediatrics and Child Health, University of Manitoba

PP – 4 **THE IMPACT OF TREATMENT WITH ANTIDEPRESSANT (AD) DRUG THERAPY ON THE UTILIZATION OF PROTON PUMP INHIBITORS (PPI) OR HISTAMINE 2 ANTAGONISTS (H2)**

M. Guillemette, BPharm Student, Major R. Vaillancourt PharmD, L. Maria Gutschi, PharmD. Directorate of Medical Policy, Pharmacy Policy and Standards, Canadian Forces Health Services, Ottawa, ON

PP – 5 **ANTIDEPRESSANT DRUG UTILIZATION: DRUG USE PATTERNS, CHRONIC MEDICAL CONDITIONS AND CONCURRENT DRUG USE IN THE CANADIAN FORCES**

L. Maria Gutschi[1], PharmD, Drug Utilization Pharmacist, Major Régis Vaillancourt[1], PharmD, Clinical Advisor, Colonel R Boddam[2], MD, Mental Health Advisor, [1]Pharmacy Policy and Standards, Directorate of Medical Policy, and [2]Health Services Delivery, Canadian Forces Health Services, Ottawa, ON

PP – 6 **Secondary Prevention of Coronary Artery Disease: Antiplatelet Utilization**

L. Maria Gutschi[1], PharmD, and Major Régis Vaillancourt[1] PharmD, [1]Directorate of Medical Policy, Pharmacy Policy and Standards, Canadian Forces Health Services, Ottawa, Lisa Dolovich[2]- PharmD, and Paul Grootendorst[2] PhD, [2]Centre for Evaluation of Medicines, St. Joseph's Hospital, Hamilton

PE – 5 **DEVELOPMENT AND IMPLEMENTATION OF CROSS-DISCIPLINARY CASE-BASED PROBLEMS USING THE FACULTY OF PHARMACEUTICAL SCIENCES' WEB-BASED LEARNING CENTRE (WBLC).**

Philip L. Y. Hui, Lynda M. Eccott, Simon P. Albon
Faculty of Pharmaceutical Sciences, University of British Columbia

PS – 7 **EFFECTS OF QUERCETIN AND RUTIN ON LIPID PEROXIDATION INDUCED BY HYDROPHILIC AND LIPOPHILIC FREE RADICAL GENERATORS**

Ping Jiang[1], Frank J. Burczynski[1], Grant N. Pierce[2], and Colin J. Briggs[1]

PS – 8 **SYNTHESIS AND CHARACTERISATION OF NOVEL pH-SENSITIVE UNIMOLECULAR POLYMERIC MICELLES AS POTENTIAL CARRIERS FOR THE ORAL DELIVERY OF HYDROPHOBIC DRUGS.**

Marie-Christine Jones[1], Maxime Ranger[2] and Jean-Christophe Leroux[1], [1]Canada Research Chair in Drug Delivery, Faculté de Pharmacie, Université de Montréal, Montréal, QC H3C 3J7 ; [2]Labopharm Inc., 1208 Bergar, Laval, QC

PS – 9 **PRELIMINARY ASSESSMENT OF PERCUTANEOUS PENETRATION OF BENZOPHENONE-3 AND N,N-DIETHYL-M-TOLUAMIDE IN VITRO**

Sreeneeranj Kasichayanula, Frank J. Burczynski, Vikram P. Sarveiya, Xiaochen Gu
Faculty of Pharmacy, University of Manitoba

PS – 10 **ANTISENSE EVIDENCE FOR NF-kB-MEDIATED SIGNAL TRANSDUCTION IN THE MECHANISM OF PHENYTOIN EMBRYOPATHIES.**

Julia C. Kennedy[1] and Peter G. Wells [1,2]. [1]Faculty of Pharmacy and [2]Department of Pharmacology, University of Toronto, Toronto, Ontario, M5S 2S2

PP – 7 **STRUCTURAL ELEMENTS ASSOCIATED WITH THE PROVISION OF PHARMACEUTICAL CARE IN COMMUNITY PHARMACY PRACTICE IN CANADA**

John Ramaswamy-Krishnarajan[1], Dr. David S Hill[2], Dr. Timothy-John Grainger-Rousseau[3],
[1]M.Sc. Candidate, Faculty of Pharmaceutical Sciences, University of British Columbia.
[2]Associate Dean, Professional Programs, Faculty of Pharmaceutical Sciences, University of British Columbia, [3]Affiliate Clinical Assistant Professor, College of Pharmacy, University of Florida.

PS – 11 **PHARMACOGENETICS OF CODEINE BIOACTIVATION IN PEDIATRIC DENTAL PATIENTS: DEVELOPMENT OF A REAL-TIME, RAPID-CYCLE METHOD FOR CYP2D6*10 GENOTYPING**

Evan H. Kwong, Thomas K. H. Chang, and Marc Levine.
Faculty of Pharmaceutical Sciences, The University of British Columbia, Vancouver, B.C.

PS – 12 **ULTRASENSITIVE IMMUNOASSAY FOR THE DETECTION OF THE WALKERTON PATHOGEN ESCHERICHIA COLI O157**

Eunna Lee[1], G.Armstrong[2], Mavanur R. Suresh[1]
Faculty of Pharmacy and Pharmaceutical Sciences, 3118 Dentistry/Pharmacy Center[1] Medical Microbiology & Immunology[2] University of Alberta, Edmonton, Alberta, T6G 2N8, Canada

PE – 6 **MULTIPLE-CHOICE PROGRESS EXAMINATION: COMPARISON OF TRADITIONAL AND PBL-BASED CURRICULA: INTERIM ANALYSIS**

Anne M. Whelan, Susan Mansour, Patrick Farmer
College of Pharmacy, Dalhousie University, Halifax, Nova Scotia, Canada

PP – 8 **Influence of the menstrual cycle on the timing of acute coronary events in young with coronary artery disease**

Méthot Julie, Bogaty Peter, Poirier Paul, Arsenault Marie, Pilote Sylvie, Plante Sylvain, Hamelin Bettina A.; Faculté de Pharmacie, Université Laval

PE – 7 **The Evaluation Profile for the Faculty of Pharmaceutical Science's Web-Based Learning Centre (WBLC).**

Claire L. Moffett, Michael D. Pungente, Simon P. Albon
Faculty of Pharmaceutical Sciences, The University of British Columbia

PS – 13 **EXPRESSION ANALYSIS OF HOXA2 GENE DURING OLIGODENDROGENESIS**

Danette J Nicolay[1], J Ronald Doucette[2], and Adil J Nazarali[1]
[1]College of Pharmacy and Nutrition [2]Department of Anatomy & Cell Biology
University of Saskatchewan, Saskatoon, SK S7N 5C9

PS – 14 **EFFECT OF MODULATION OF LIVER FATTY ACID BINDING PROTEIN LEVELS ON HEPATOCYTE MITOTIC ACTIVITY**

Ganesh Rajaraman, Sheri Fandrey, Guqi Wang, and Frank J. Burczynski
Faculty of Pharmacy, University of Manitoba, Winnipeg, Manitoba, Canada R3T 2N2

PP – 9 **PHYSICIAN'S BELIEFS AND PERCEPTIONS OF THE ALBERTA TRIAL PRESCRIPTION PROGRAM**

Sandra Rees, Leah Lechelt, Harold Lopatka.
University of Alberta, Lechelt Communications, University of Alberta

PS – 15 **EFFECT OF IONIZATION ON PENETRATION OF IBUPROFEN THROUGH POLYDIMETHYLSILOXANE MEMBRANE**

Vikram P. Sarveiya [a] and Heather A.E. Benson [b]

PP – 10 **COMMUNITY PHARMACY PRACTICE RESEARCH IN CANADA DURING THE LAST DECADE: A CRITICAL ANALYSIS OF THE LITERATURE [1]**

Hanan B. Sokar-Todd[2], PhD and Thomas R. Einarson, PhD
Faculty of Pharmacy, University of Toronto

PE – 8 **INTRODUCTORY EXPERIENTIAL COURSES IN AN ENTRY-LEVEL PHARM.D. PROGRAM**

Christopher J. Turner, Ralph Altiere, Larry Clark, Catherine Jarvis, Joel Giles and Carrie Maffeo; University of Colorado Health Sciences Center School of Pharmacy, Denver, Colorado, USA

PP – 11 **DRUG USE EVALUATION OF RESPIRATORY TRACT MEDICATIONS AMONG MEMBERS OF THE CANADIAN FORCES**

Maj R. Vaillancourt, BPharm, PharmD; J. Ma, BScPhm, PharmD; L.M. Gutschi, BScPhm, PharmD.; Canadian Forces Health Services, Deputy Chief of Staff - Medical Policy, Pharmacy Policy & Standards.

PP – 12 **EVALUATING THE EFFECTS OF CFC-FREE INHALER SUBSTITUTION AMONG CANADIAN FORCES MEMBERS: A CONTINUOUS QUALITY INITIATIVE**

Major Régis Vaillancourt, BPharm, PharmD, Janice Ma, BScPhm, PharmD, Brad Blanchard, BSc(Pharm), L. Maria Gutschi BScPhm, PharmD. Pharmacy Policy and Standards, Deputy Chief of Staff - Medical Policy, Canadian Forces Health Services, Ottawa, ON, CANADA

PP – 13 **EVALUATION OF PRESCRIBING COMPETENCE AMONG PHYSICIAN ASSISTANTS IN THE CANADIAN FORCES**

Maj Régis. Vaillancourt, BPharm, PharmD; J. Ma, BScPhm, PharmD.
Canadian Forces Health Services, Directorate of Medical Policy, Pharmacy Policy & Standards; N. Winslade, PharmD, MHPE; L. Schuwirth, MD, PhD.
Department of Educational Research and Development, University of Maastricht.

PP – 14 **PHARMACIST-BASED LIPID CLINICS - DEVELOPMENT AND IMPLEMENTATION IN THE CANADIAN FORCES**

Major Régis Vaillancourt, Pharm D, Clinical Pharmacy Advisor, L. Maria Gutschi, Pharm D, Drug Utilization Pharmacist, and Janice Ma, Pharm D, Pharmacy Consultant, from Directorate of Medical Policy, Pharmacy Policy and Standards, Canadian Forces Health Services Ottawa, ON, Captain Shannon Sinclair, Pharm D, Director of Pharmacy Services, Formation Health Services Unit (Pacific), Victoria, BC, Lieutenant-Commander Danette Beechinor, Director of Pharmacy Services, Formation Health Services (Halifax), Halifax, NS

PP – 15 **PROVISION OF NON-PRESCRIPTION MEDICATIONS TO CANADIAN FORCES MEMBERS THROUGH CIVILIAN PHARMACIES : A PILOT PROJECT**

Major Régis Vaillancourt, B. Pharm Pharm D; Alan Gervais, BSP, Michel Trottier, B.Sc.Phm. Directorate of Medical Policy, Pharmacy Policy and Standards, Canadian Forces Health Services, Ottawa, ON

PS – 16 **INFECTION OF RAT MYOCYTES WITH *CHLAMYDIAE***

Guqi Wang[1], Guangming Zhong[2] , and Frank Burczynski[1]

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PE – 9 **REVISION OF DALHOUSIE COLLEGE OF PHARMACY ADMISSIONS REQUIREMENTS, POLICIES AND PROCEDURES**

Anne M. Whelan[1], Rita Caldwell[1]Richard Braha[2], Robert Drobitch[1]
[1] College of Pharmacy, Dalhousie University, Halifax, Nova Scotia, Canada
[2] Braha & Associates, Halifax, NS

PE – 10 **EDUCATIONAL EXPERIENCE AND PREPARATION FOR PROFESSIONAL PRACTICE: A SURVEY OF GRADUATING STUDENTS AND GRADUATES: INTERIM ANALYSIS**

Anne M. Whelan, Susan Mansour, Patrick Farmer, David Yung
College of Pharmacy, Dalhousie University, Halifax, Nova Scotia, Canada

POSTER PRESENTATIONS – PHARMACEUTICAL SCIENCES

PS – 1

A NEW PEPTIDE-LIPOSOMES/PROTAMINE/DNA (LPD) COMPLEX FOR HEPATOCYTE-SELECTIVE TARGETING

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PURPOSE: Cationic liposomes are non-viral vectors studied for cancer gene therapy. However, liposomal-mediated transfection levels in the liver are significantly lower than those observed in other organs such as the lungs. In this study, we evaluated the feasibility of coating the liposomal preparation liposomes/protamine/DNA LPD with a liver targeting ligand derived from malaria circumsporozoite (CS) protein.

METHODS: A novel derivative of a peptide sequence of the malaria CS protein was designed and synthesized. It was studied for its liver targeting potential for liposomal-mediated gene delivery. Transfection Experiment: PCMV53 plasmid containing the tumor suppressor gene p53 was used for the preparation of the liposomal preparation, LPD. The targeting ligand was added either in the final stage or during liposome preparation. The transfection experiments were executed using the rat liver cancer cell line McA RH 7777. Western blotting analysis was performed to determine p53 expression. Hemolytic assay: Hemolytic assays were evaluated by incubating different concentrations of the peptide with freshly isolated and properly washed rat erythrocytes. RESULTS: **The preliminary results showed an increased expression of human wt-p53 in cells treated with peptide-LPD complexes compared to that treated with LPD. While the peptide-LPD complexes prepared by inclusion the peptide in the final stage resulted in non-consistent outcomes, peptide-LPD complexes prepared by incorporating the peptide during liposome preparation yielded reproducible results. Hemolytic assay showed a maximum hemolytic activity of ~20% with peptide concentrations ³ 300 ug/ml.**

CONCLUSIONS: Liposomal-mediated transfection levels were elevated when the novel peptide was included in LPD preparation**.**

PS - 2

OXIDATIVE STRESS IN HEPATOCYTES: ROLE OF FATTY ACID BINDING PROTEIN

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PURPOSE: Fatty acid binding protein (FABP) is a cytosolic protein found in many tissues. The protein has been reported to bind intracellular free radicals. Thus, we tested the hypothesis that a further function of FABP is as an endogenous free radical scavenger in hepatocytes**. METHODS**: Rat hepatoma cells were incubated with (treated group) or without (control group) dexamethasone (0.5 μM, reduces FABP levels) for three days at 37^{o}C (95% O_2/5% CO_2). Following incubation, cells were loaded with 10 μM dichlorodihydrofluorescein diacetate (DCF) at room temperature in the dark. After 35 minutes of incubation, cells were washed with warm phosphate buffered saline (PBS) and incubated at 37^{o}C for a further 2.5 min. This procedure was repeated twice to remove any external DCF. Oxidative stress was induced by incubating cells with 2 mM H_2O_2 for 8 minutes at 37^{o}C. Following incubation, cells were washed twice with warm PBS and further incubated in PBS at 37^{o}C for 2.5 min. Image analysis was started immediately following final incubation. Hepatocytes were analyzed for the amount of fluorescence per cell area, which was taken as an index of intracellular reactive oxygen intermediates. **RESULTS**: Intracellular images from control and dexamethasone treated cells showed that incubation with dexamethasone resulted in a 290% increase in fluorescence per cell area (n= 161-256 cells, $p<0.01$). **CONCLUSION:** Dexamethasone treatment was associated with significantly higher levels of intracellular reactive oxygen intermediates. The decreased fluorescence in control cells likely resulted from the higher FABP levels.

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PS - 3

THE EFFECT OF DHA ON THE CYTOTOXICITY OF TAXOL IN HUMAN BREAST CARCINOMA MCF-7 AND MDA-MB-231 CELLS

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Introduction: It has been documented that exogenous polyunsaturated fatty acids (PUFAs), such as docosahexaenoic acid (DHA) can enhance the cytotoxicity of various anti-cancer drugs. However, currently little is known about the involvement of PUFAs in the modulation of anti-cancer drugs that do not induce *in vitro* peroxidation events, such as Taxol.

Objective : To determine the IC50 of Taxol in MCF-7 and MDA-MB-231 cells and to assess the effect of DHA on the cytotoxicity of Taxol in these cell lines respectively.

Methods: The MTT assay was carried out to determine cytotoxicity. Briefly, 2 x 10^4 cells/100 µl/well were plated in 8 replicates into 96 well microtitre plates and were incubated for 24 hours to allow adherence of cells. Taxol at 6.4 x 10^{-4} - 10 µM was added and incubated for 72 hours. Cells without Taxol added were used as a control. Percentage of cell survival was plotted against the concentration of Taxol and IC50 was defined as the concentration required for 50% inhibition. For assessment of the effects of DHA on the cytotoxicity of Taxol, varying concentrations of DHA (5-30 µM) was added to 0.0032 µM Taxol. Percentage of cell survival was plotted against the concentration of DHA.

Results: IC50 of Taxol alone was determined to be 0.040 µM for MCF-7 and 0.013 µM for MDA-MB-231 cells. The results of the effects of DHA on the cytotoxicity of Taxol (0.0032 µM) in MCF-7 and MDA-MB-231 cells are shown in Figures 1 and 2, respectively.

Conclusion: Our results indicate that DHA does not significantly enhance the cytotoxicity of Taxol in MCF-7 and MDA-MB-231 cells.

Figure 1: Cell Survival of MCF-7 Cells Treated with Varying Concentrations of DHA and 0.0032 mM Taxol

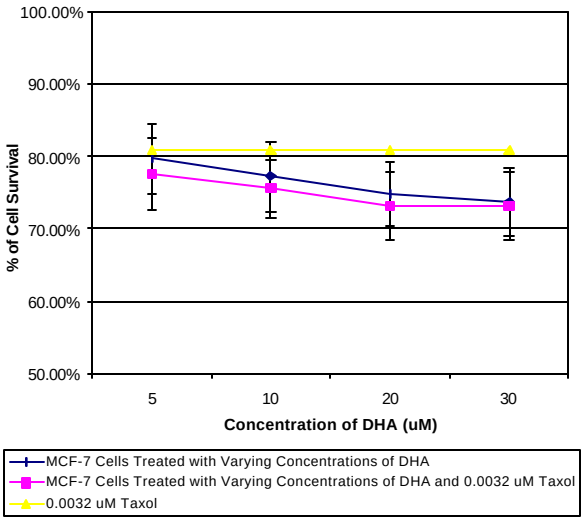
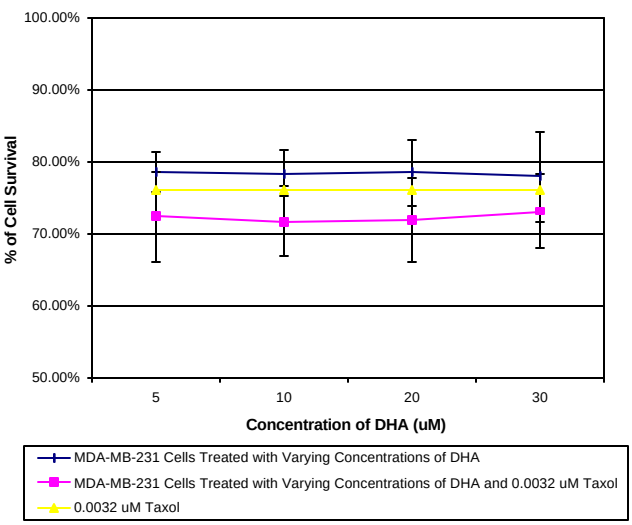


Figure 2: Cell Survival of MDA-MB-231 Cells Treated with Varying Concentrations of DHA and 0.0032 mM Taxol



PS – 4
TOPICAL ADMINISTRATION OF HYDROXYZINE FOR ALLERGIC SKIN DISORDERS USING LIPOSOMAL FORMULATIONS IN A RABBIT MODEL

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PURPOSE: To measure the extent of hydroxyzine absorption and to assess the peripheral H_1-antihistamine activity from hydroxyzine liposome formulations applied to the skin of a rabbit model. **METHODS**: Using L-α-phosphatidylcholine, unilamellar (SUV) and mulilamellar (MLV) vesicles were prepared by ethanol injection and thin-lipid film hydration methods respectively. Hydroxyzine in Glaxal Base (o/w) was used as the control formulation. In a randomized, crossover study, 10 mg of hydroxyzine in each formulation were applied to the shaved backs of 6 female New Zealand rabbits. Intradermal tests with histamine phosphate (1mg/ml), and blood sampling were performed at pre-selected times up to 24 hrs, then the backs of the rabbits were wiped to determine the remaining medication. Wheal areas were traced after 10 min and calculated using Sigmascan software. Percent suppression compared to baseline was calculated. Plasma was analyzed for hydroxyzine using HPLC-UV. Data analyzed using PCSAS were considered significantly different at $p \leq 0.05$. **RESULTS**: Compared to baseline hydroxyzine from all formulations, significantly suppressed histamine-induced wheal formation 75-95% for up to 24 hrs, maximum suppression 95 % for 3-6 hrs, with no difference between the products. Hydroxyzine plasma concentrations were significantly lower following the SUV, and MLV formulations compared to Glaxal Base. Only 0.02-0.06 % of the initial dose applied remained after 24 hrs. **CONCLUSIONS**: From the results in rabbits, topical hydroxyzine administration from SUV and MLV produces excellent peripheral H_1-antihistamine effects. The lower hydroxyzine concentrations in the systemic circulation, may indicate possible reduced CNS adverse effects.

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PS – 5
TOPICAL ADMINISTRATION OF CETIRIZINE FOR ALLERGIC SKIN DISORDERS USING LIPOSOMAL FORMULATIONS IN A RABBIT MODEL

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PURPOSE: To measure the extent of cetirizine absorption and to assess the peripheral H_1-antihistamine activity from cetirizine liposome formulations applied to the skin of a rabbit model. **METHODS**: Using L-α-phosphatidylcholine, unilamellar (SUV) and mulilamellar (MLV) vesicles were prepared by ethanol injection and thin-lipid film hydration methods respectively. Cetirizine in Glaxal Base (GB) (o/w) was the control formulation. In a randomized, crossover study, 10 mg of cetirizine in each formulation were applied to the shaved backs of 6 female New Zealand rabbits. Intradermal tests with histamine phosphate (1mg/ml), and blood sampling were performed at pre-selected times up to 24 hrs, then the medication remaining on the back was determined. Wheal areas were traced after 10 min and calculated using Sigmascan software. Plasma was analyzed for cetirizine using HPLC-UV. Data analyzed using PCSAS were considered significantly different at $p \leq 0.05$. **RESULTS**: Compared to baseline, histamine-induced wheal formation was suppressed by cetirizine in SUV and MLV for 0.5-24 hrs and in GB from 0.5-10 hrs. Cetirizine in MLV and in SUV was superior to GB from 2-8 hrs (67.8 ± 10.4 - 94.6±2.3 %) and from 6-8 hrs (90.6± 4.9 - 89±3.8 %) respectively. Cetirizine plasma concentrations from GB were higher than MLV and SUV from 0.5-2 hrs, but were lowest overall from SUV. Less than 3% of the initial dose remained after 24 hrs. **CONCLUSIONS:** From the results in rabbits, topical cetirizine administration from SUV and MLV produces excellent peripheral H_1-antihistamine effects. The lower cetirizine concentrations from SUV in the systemic circulation, may indicate minimal CNS adverse effects.

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PS – 6

EVALUATION OF THREE HYDROPHILIC METRIX POLYMERS FOR MODIFIED DRUG RELEASE OF ACRIVASTINE AND PSEUDOEPHEDRINE

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PURPOSE: For treatment of allergic disorders, acrivastine (A) with pseudoephedrine (P) in Semprex®-D capsules requires four-time daily dosing. To reduce dosing to 1-2 times daily, we developed a modified release matrix tablet of A and P using three hydrophilic matrix polymers and evaluated its dissolution characteristics in vitro. **METHODS**: Various proportions of hydroxypropylmethylcellulose (Methocel®), glyceryl behenate (Compritol®) and poly(ethylene oxide) (Polyox®) were used alone or in combination for the formulations of matrix tablets. Dissolution profiles were evaluated using the USP Method I and compared to that of Semprex®-D capsules. Concentrations of A and P in dissolution samples were analyzed simultaneously using an HPLC method. **RESULTS**: Over 95 % of A and P content was released from Semprex®-D capsules within 30 minutes. Matrix tablets consisting 30 % Methocel® or Polyox® alone released 90 % of A and P within 210 minutes. The use of two polymers in combination significantly decreased the dissolution rate of A and P. A combination of Methocel®/Compritol® at 51 % of total tablet weight produced sustained drug release for over 8 hours. All formulas studied produced quality matrix tablets with satisfactory tabletting properties**. CONCLUSIONS**: It is possible to modify the release profiles of A and P in vitro by using combined hydrophilic matrix polymers Methocel®, Compritol® and Polyox®. Further studies are being conducted to determine the appropriate excipient proportions to achieve drug dissolution rate suitable for once or twice daily administration.

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PS – 7

EFFECTS OF QUERCETIN AND RUTIN ON LIPID PEROXIDATION INDUCED BY HYDROPHILIC AND LIPOPHILIC FREE RADICAL GENERATORS

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PURPOSE: Flavonoids have antioxidant properties which are believed to reduce the risk of cardiovascular disease. Quercetin ant its glycoside rutin are the bioflavonoids naturally occurring in buckwheat. In this study, we compared the antioxidant effects of quercetin ant rutin with vitamin E and vitamin C in lipoprotein of rabbits using the hydrophilic free radical generator AAPH (2,2' azobis (2-amidinopropane) dihydrochloride) and the lipophilic free radical generator AMVN (2,2'-azobis (2,4-dimethylvaleronitrile)). **METHODS:** The malondialdehyde content determined by the thiobarbituric acid reactive substances(TBA test) was used to detect the extent of lipid peroxidation. The conjugated diene assay was used to measure the early stage in the peroxidation process. **RESULTS**: Quercetin (IC_{50} = 4.1 μM) was more effective in inhibiting lipid peroxidation than vitamin E (IC_{50} = 5.8 μM), rutin (IC_{50} = 7.1 μM) and vitamin C (IC_{50} = 157.3 μM) in the hydrophilic free radical generating system AAPH. At the concentration range 0 – 30 uM, no protective effect against lipophilc free radical generator AMVN induced lipid peroxidation products except for vitamin E (IC_{50} = 16.0 μM). On the early stage of the lipid peroxidation induced by the hydrophilic free radical generator AAPH, quercetin (CLT_{50} = 0.5 μM) and rutin (CLT_{50} = 0.8 μM) produced greater increase in lag time than vitamin E (CLT_{50} = 3.4 μM). Vitamin C (CLT_{50} = 35.3 μM) showed the least increase in lag time. **CONCLUSION**: These findings suggest that quercetin and rutin could have potent antioxidant activities in the aqueous environment surrounding the low-density lipid.

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PS – 8

SYNTHESIS AND CHARACTERISATION OF NOVEL pH-SENSITIVE UNIMOLECULAR POLYMERIC MICELLES AS POTENTIAL CARRIERS FOR THE ORAL DELIVERY OF HYDROPHOBIC DRUGS.

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Purpose: Novel pH-sensitive unimolecular polymeric micelles (UPM) were obtained by atom transfer radical polymerization (ATRP). These new polymers have a structure similar to that of polymeric micelles (PM) and were developed as a mean to circumvent stability problems associated with PM in infinitely diluted environments. **Methods:** Starting from a four-armed multi-functional initiator, amphiphilic star polymers were synthesized by sequential polymerization of hydrophobic ethylmethacrylate, tert-butylmethacrylate and hydrophilic poly(ethylene glycol) methacrylate. Cleavage of the tert-butylmethacrylate units introduces ionisable carboxylic functions into the micellar core, thus rendering the UPM sensitive to pH. **Results:** The obtained UPM were of small size (< 20 nm) with no signs of secondary aggregation. Fluorescence studies, using pyrene as a probe, showed that the polarity inside the core increases with pH due to the ionisation of the carboxylic functions. **Conclusion:** The developed polymers may serve as vehicles for the oral administration of poorly water-soluble drugs.

PS – 9

PRELIMINARY ASSESSMENT OF PERCUTANEOUS PENETRATION OF BENZOPHENONE-3 AND N,N-DIETHYL-M-TOLUAMIDE IN VITRO

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PURPOSE: Benzophenone-3 and N,N-diethyl-m-toluamide (DEET) are two essential components in newer commercial combined sunscreen/insect repellent products. Their characteristics in percutaneous absorption are mostly unknown. We carried out a series of preliminary in vitro studies to evaluate the percutaneous penetration and interaction of these two compounds. METHODS: In vitro diffusion studies were performed in Franz-style diffusion cells at 37 °C, using a phosphate buffer solution (pH 7.4, containing 4 % bovine serum albumin) and synthetic poly(dimethyl siloxane) (PDMS) membranes. Benzophenone-3 and DEET were applied separately or in combination (concentrations 1, 2.5, 5 and 10 mg/ml respectively), using propylene glycol as the vehicle, to the donor cells. Samples were collected hourly from the receptor cells for 6 hours. Concentrations of benzophenone-3 and DEET were analyzed simultaneously using an HPLC-UV method. RESULTS: In all diffusion studies benzophenone-3 and DEET penetrated across the PDMS membranes. Separately, the penetration rates for benzophenone-3 and DEET were 30-70 % and 35-70 % respectively. The rates increased with increased concentration of components in the donor cells. Using the combination, DEET was determined to increase the penetration of benzophenone-3 across the PDMS membranes by 35-49 %. CONCLUSION: The percutaneous penetration of benzophenone-3 was influenced by the presence of the insect repellent DEET. The potential interaction and consequent enhancement in percutaneous absorption of sunscreen chemicals and DEET in a combined sunscreen/insect repellent product requires further systematic evaluation.

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PS – 10

ANTISENSE EVIDENCE FOR NF-kB-MEDIATED SIGNAL TRANSDUCTION IN THE MECHANISM OF PHENYTOIN EMBRYOPATHIES.

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BACKGROUND: The nuclear transcription factor-kappa B (NF-κB) family regulates expression of many genes and plays a role in the pathogenesis of several diseases including cancer. NF-κB is activated by numerous stimuli and may be a downstream effector of reactive oxygen species (ROS)-mediated signal transduction. Teratogens like the anticonvulsant drug phenytoin enhance embryonic ROS formation, and embryopathies may result from oxidative damage to cellular macromolecules, and/or enhanced ROS-mediated signaling.

METHODS: To determine the toxicological role of ROS-mediated NF-κB activation, embryos were cultured with either a therapeutic concentration of phenytoin (20 µg/ml, 80 µM) or its vehicle (0.002N NaOH), with or without antisense NF-κB (p65) (2.5-25 µM).

RESULTS: Gestational day 9.5 CD-1 embryos incubated with phenytoin showed decreases in anterior neuropore closure, turning, yolk sac diameter, crown rump length and somite development ($p<0.05$). Addition of antisense NF-κB to the culture medium decreased the embryotoxic effects of phenytoin on anterior neuropore closure, turning and somite development ($p<0.05$), but did not protect against decreases in yolk sac diameter and crown rump length. The protective effects were not observed using sense or nonsense controls, or antisense vehicle. This was corroborated using transgenic mice engineered to express NF-κB-dependent β-galactosidase in which phenytoin caused NF-κB activation in embryonic target tissues.

CONCLUSIONS: These results suggest that NF-κB-mediated signal transduction may play a role in the mechanism of phenytoin embryopathies. This novel study may provide new insights into risk factors and therapeutic interventions and may contribute in the development of drug products designed for pregnant women with epilepsy. (Support: CIHR)

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PS - 11

PHARMACOGENETICS OF CODEINE BIOACTIVATION IN PEDIATRIC DENTAL PATIENTS: DEVELOPMENT OF A REAL-TIME, RAPID-CYCLE METHOD FOR CYP2D6*10 GENOTYPING

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PURPOSE: Codeine is bioactivated to morphine by cytochrome P450 2D6 (CYP2D6). The CYP2D6*10 allele is very common among Asians, and appears to be associated with decreased enzyme function. The purpose of our initial project is to develop a real-time, rapid-cycle polymerase chain reaction (PCR) method for CYP2D6*10 genotyping.

METHODS: To accurately genotype CYP2D6*10 (C188→T), we need to rule out CYP2D6*5 (gene deletion) and CYP2D6*4 (C188→T, G1934→A), and to determine the presence of either CYP2D6*1 or CYP2D6*2 (C188). Fluorescent hybridization probes and two different primer sets (F1/R1 and P11/P12) for the CYP2D6*10 locus were synthesized. The C188→T single nucleotide polymorphism (SNP) was analyzed with the Lightcycler™. The results were then validated with PCR restriction fragment length polymorphism (PCR-RFLP) analysis using the restriction enzyme *Hph*I.

RESULTS: Rapid-cycle PCR and melting curve results for CYP2D6*10 with F1/R1 primers were inconsistent. Although consistent results were obtained with the P11/P12 primers, these primers also amplified the CYP2D7BP pseudogene. Thus, we conducted experiments with the P11/R1 primers (R1 is specific for CYP2D6). The initial rapid-cycle PCR and melting curve results showed good reproducibility and specificity for CYP2D6, with a single peak at 68°C. Subsequent PCR-RFLP analysis results were in agreement with the melting curve analysis.

CONCLUSIONS: The CYP2D6*10 C188→T SNP can be detected by real-time, rapid-cycle PCR. Our novel approach for genotyping CYP2D6*10 in patient samples will involve initial analysis for the CYP2D6*5 gene deletion by long chain PCR, followed by subsequent analysis for the CYP2D6*10, CYP2D6*4, CYP2D6*1, and CYP2D6*2 alleles by real-time, rapid-cycle PCR.

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PS – 12

ULTRASENSITIVE IMMUNOASSAY FOR THE DETECTION OF THE WALKERTON PATHOGEN ESCHERICHIA COLI O157

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Escherichia coli (*E. coli*) O157 has been linked to a spectrum of health disorders. The outbreaks of *E. coli* O157 infection associated with a treated municipal water supply in Walkerton, Canada, have highlighted the threat and concerns related to this pathogen and public health. Since the infectious dose of *E. coli* O157 is estimated to be very low, highly sensitive detection system is needed for the efficient detection to prevent infection. Homosandwich molecular velcro ELISA using monoclonal antibodies may be a potential tool to develop specific and sensitive detection of *E. coli* O157. This simple strategy provides cost and time effective advantages. Therefore, this study was aimed at the development of ultrasensitive immunoassay that can detect very low number of *E. coli* O157 for potential application in public health area.

Anti- *E. coli* O157 monoclonal antibodies (MAb) specific to lipopolysaccharide (LPS) were produced from 13B3 hybridoma ascites by Protein G affinity chromatography. The 13B3 MAb was biotinylated to be used as a tracer. Homosandwich ELISA using colorimetric (TMB), chemiluminescent (Super Signal Femto™, Super Signal Pico™) and fluorogenic (QuantaBlu™) substrates were performed to detect *E. coli* O157:H-. Conventional ELISA using colorimetric substrate could detect 16 bacterial cells/well in a 100 µl ELISA. The sensitivity of chemiluminescent ELISA using Femto and Pico substrate were 8 cells/well in both assays. In fluorescent ELISA, 32 cells/well could be detected. Chemiluminescent ELISA showed the highest sensitivity of detecting 8 bacterial cells/well in 100 µl ELISA. Such ultrasensitive homosandwich ELISA using purified 13B3 MAb and biotinylated 13B3 MAb could be a superior method to detect *E. coli* O157 for public health applications in water, food and human sample testing. Adaptation of the above assay strategy to unitized disposable formats for farm use as well as on line testing for waste/running water are in progress.

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PS - 13

EXPRESSION ANALYSIS OF HOXA2 GENE DURING OLIGODENDROGENESIS

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An insulating sheath, myelin, surrounds the motor neuron axon and allows information to be transmitted along it at a faster rate. The myelin sheath is produced and maintained by cells known as oligodendrocytes (OGs). The development of OGs involve multiple stages, each characterized by several markers. One marker that appears to be expressed in developing OGs is the transcription factor Hoxa2.

PURPOSE: The objective of this study is to determine the expression pattern of Hoxa2 gene in relation to OG development.

METHODS: In order to accomplish this objective experiments have been conducted utilizing immunohistochemical techniques to show the expression of various OG markers, including Hoxa2. These experiments were conducted in both cultures obtained from the cerebral hemispheres of newborn mice as well as spinal cord sections obtained from mice of embryonic ages 11 to 18.

RESULTS: Results indicate that Hoxa2 gene is expressed at all stages of OG development. Its expression is co-localized with both early as well as later markers of oligodendrogenesis.

CONCLUSIONS: Our findings show that Hoxa2 is expressed throughout OG development and hence may play some role in this process. Research is in progress to further evaluate the role of Hoxa2 in OG development. This research, through furthering our understanding of OG development, could lead to new treatments for multiple sclerosis.

(Supported by grants from CIHR and the Multiple Sclerosis Society of Canada)

PS – 14

Effect of Modulation of Liver Fatty Acid Binding Protein Levels on Hepatocyte Mitotic Activity

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PURPOSE: Liver fatty acid binding protein (L-FABP) is involved in many intracellular functions including cellular mitogenesis. We investigated the role of L-FABP in the modulation of hepatocellular growth and differentiation, hypothesizing that L-FABP levels affect hepatocyte mitotic activity. **METHODS**: L-FABP expressing 1548-mouse hepatoma cells were treated with dexamethasone (0.5 μM) and clofibric acid (500 μM) for 4 days to downregulate and upregulate L-FABP expression, respectively. Treatment with alpha-bromo palmitate (600 μM) inactivated L-FABP by irreversibly binding to the protein. Western blot analysis was used to monitor L-FABP levels. [^{3}H]-Palmitate clearance studies were performed using monolayer cultures and data presented as mean ± SEM with statistical significance set at $p<0.05$. **RESULTS**: Palmitate clearance in dexamethasone and alpha-bromopalmitate treated cells was significantly less (50%) than control ($p<0.05$), while clofibrate treatment moderately increased the clearance. Dexamethasone treatment diminished hepatocytes growth rate by 51%. Clofibrate treatment did not significantly enhance growth rate. Treatment with alpha-bromopalmitate was associated with cell apoptosis within 4 hours of treatment. **CONCLUSION**: Intracellular L-FABP level is associated with the induction of hepatocellular mitogenesis. This may be due to availability of long-chain fatty acids, which increased with increased L-FABP content. We speculate that L-FABP is an important intracellular protein involved in hepatocyte multiplication and in the process of oncogenesis.

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PS - 15

EFFECT OF IONIZATION ON PENETRATION OF IBUPROFEN THROUGH POLYDIMETHYLSILOXANE MEMBRANE

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PURPOSE: The purpose of the present study was to investigate the influence of pH and ionization on penetration of ibuprofen and its sodium salt across polydimehtyl siloxane [PDMS] membrane. **METHODS:** Solubility of ibuprofen sodium was determined at a range of pH values. Franz cells were used to study the permeation of ibuprofen from saturated solutions at different pH values. The apparent partition coefficient of ibuprofen sodium between n-octanol and phosphate buffer at different pH values was investigated**. RESULTS:** As expected, with increases in pH and degree of ionization, aqueous solubility increases. Diffusion studies with ibuprofen sodium at different pH values 4.0, 5.0, 6.0, 7.0 and 8.0 indicated that ibuprofen flux increased significantly with increase in pH from 4.0 to 7.0. Above pH 7.0 a decrease in diffusion was observed. The permeability coefficients of ibuprofen and its sodium salt were directly related to the degree of ionization, and were found to increase with the increase in the amount of unionized acid. The flux observed with the sodium salt was significantly greater than the parent acid. The octanol/water partition coefficient was directly related to the permeability coefficient, being higher at lower pH. **CONCLUSIONS:** Introduction of sodium significantly increased the solubility. As saturated solutions were used the membrane flux of ibuprofen also increased. We suggest that the maximum flux that can be achieved for ibuprofen was at higher pH values due to increased solubility and hence available concentration for diffusion. The lower inherent permeability of the ionized species at higher pH values was more than compensated for by increased solubility thereby resulting in increased flux**.**

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PS - 16

INFECTION OF RAT MYOCYTES WITH *CHLAMYDIAE*

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PURPOSE: Chlamydia infection has been associated with various forms of myocarditis in both animals and humans. However, the mechanisms on how chlamydial infection causes myocarditis is not known. In this study, we hypothesized that both *C. trachomatis* and *C. pneumoniae* organisms can infect and replicate in myocytes isolated from neonate rats, resulting in cardiac myocytes damage. **METHODS**: The *C. trachomatis* LGV2 (L2) and *C. pneumoniae* AR39 strains were used to infect neonate myocytes. Chlamydial infection was detected with an immunofluorescence staining assay and electron microscopic observation. The potential damage of chlamydial infection on myocytes was evaluated by LDH release and ATP level assay. The intracellular oxidative stress in cardiomyocytes was assessed using the fluorescent indicator-Dichlorofluorescein (DCF). **RESULTS**: The infected myocytes contained chlamydial inclusions, and the infectious particles were recoverable from the infected myocytes. A significant increase ($p<0.05$) in LDH release was found in myocytes12 hours after infection. The total ATP levels were dramatically lower at 30 hours after infection with L2 and 48 hours after infection with AR39. There was 1.5 to 3 fold increase ($p<0.05$) in oxidative species in the infected cell samples than the uninfected samples. No nuclear apoptosis was detected. **CONCLUSION**: Chlamydia was able to productively infect myocytes. This infection caused significant damage to the infected cells. Collectively, our results provided important information for understanding the mechanisms of chlamydia-induced myocarditis.

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POSTER PRESENTATIONS – PHARMACY EDUCATION

PE – 1

THE NEW PHARM.D. CURRICULUM AT THE UNIVERSITY OF COLORADO SCHOOL OF PHARMACY

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Purpose: To design and implement a new innovative, progressive four-year entry-level Doctor of Pharmacy degree program at the University of Colorado School of Pharmacy.

Methods: The Curriculum Committee gathered information from other entry-level Pharm.D. programs, consulted with Colorado practitioners and with faculty members from other schools, attended workshops and conferences and held faculty retreats and workshops to assist in the task of designing a new curriculum. The new curriculum was initiated in 1999 and its implementation and development remains an ongoing process.

Results: The main features of the new curriculum are: abilities-based, integration, active learning and introductory and advanced pharmacy practice experiences. These characteristics conform to the national direction in pharmacy education and were promoted and endorsed by the faculty early in the design process. The result is a curriculum incorporating both vertical and horizontal integration of disciplines and subject areas, e.g., Integrated Organ Systems courses integrate pathophysiology, pharmacology and therapeutics for each major organ system. The core of the curriculum is the Professional Skills Development course sequence that integrates material in concurrent courses while developing practice-based skills. The capstone course, Comprehensive Patient Care, requires students to synthesize, integrate and apply their knowledge and skills to resolve complex patient care cases. Introductory and advanced pharmacy practice experiences require students to utilize knowledge and skills acquired throughout the program in patient care activities.

Conclusions: The new Pharm.D curriculum has met with satisfaction by students, the faculty and the ACPE accrediting body and has garnered several education awards.

**Current and former faculty members of the Curriculum Committee: Ralph Altiere, Carlos Catalano, Tom Cyr, Doug Fish, Dana Hammer, Laura Hansen, Cathy Jarvis, David Kroll, Paul Langely, Dan Malone, Marianne McCollum, Chris Paap, Susan Paulsen, Joe Saseen, David Thompson, Chris Turner*

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PE – 2

DEVELOPMENT, IMPLEMENTATION AND EVALUATION OF A PRECEPTOR EDUCATIONAL PROGRAM FOR A STRUCTURED PRACTICAL EXPERIENCE PROGRAM.

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PURPOSE: To describe the development, implementation and evaluation of a Teaching Associate Educational Program (TAEP) to provide standardized education for pharmacist preceptors (Teaching Associates) assigned students in the final year Structured Practical Experience Program (SPEP).

METHODS: An educational program based on students' SPEP learning objectives was designed for preceptors, with input from a panel of practitioners and managers. The program was piloted in 1996 and fully implemented in 1997 in preparation for 258 rotations in 1998. Major goals of TAEP are 1) to enable preceptors to enhance their practices based on the pharmaceutical care model taught in the Faculty's curriculum and 2) to provide knowledge and skills required for teaching and assessing student performance. A series of 4 sessions, each 1.5 - 2 days in length, was designed and delivered to address over 75 learning objectives. Teaching methods included: didactic and audiovisual presentations, interactive discussions, role-playing, and take home assignments. Sessions and rotations were evaluated and results compiled and analyzed.

RESULTS: Over 200 pharmacists completed the 1997 program. All agreed with the statement, 'TAEP has assisted me to meet the stated learning objectives'. Ninety-nine percent stated their TAEP-related expectations were 'Met' or 'Exceeded'. Eighty-nine percent of attendees agreed that they were well prepared to take students after completing the program. Post rotation student surveys indicated consistently high ratings of preceptors' teaching skills and learning environments.

CONCLUSIONS: TAEP met its goals in 1997 and annually since then. A standardized preceptor education program is recommended

PE – 3

DEVELOPMENT AND IMPLEMENTATION OF A RECRUITMENT STRATEGY FOR THE DALHOUSIE COLLEGE OF PHARMACY

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OBJECTIVES: In the late 1990's the number of applications to pharmacy faculties across Canada was declining at a time when increased enrolments were initiated to address a nationwide shortage of pharmacists. The Dalhousie College of Pharmacy's goal was to increase the number of qualified, interested applicants to the pharmacy program.

METHODS: In the fall of 2000, the Admissions Committee undertook a critical review of recruitment tools and plans and solicited the input of various stakeholders. In 2001 a new recruitment strategy was implemented. Recruitment tools including a television ad, presentations at feeder universities, an information brochure and an "applicant friendly" website were key components. Applicants invited to the College in 2001 for an interview were asked to evaluate the new recruitment tools/methods.

RESULTS: Together with current students of the College, who played an integral role in recruitment planning and implementation, the College of Pharmacy significantly increased awareness of the profession and the application process for the pharmacy program. The College Website, information brochure and talking to a current student were cited as the most useful tools/methods of obtaining information about the College.

CONCLUSIONS: The number of applicants to the College of Pharmacy in 2001 rose dramatically (almost 200%!!). Information obtained from the 2001 applicants was used to further enhance the recruitment strategy in 2002 with application increasing by approximately 30% again this year.

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PE – 4

DEVELOPMENT OF A CRITICALLY EVALUATED, DISEASE-BASED HERBAL MEDICINE GUIDE FOR PHARMACISTS: GYNECOLOGICAL DISORDERS.

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Objectives: With significant numbers of patients using herbal medicines, pharmacists need quality information to help answer patients' questions regarding the safety and efficacy of these products. The primary objective of this project was to produce a resource for pharmacists that would provide reliable information for use when counseling patients regarding the use of herbal medicines in women's health.

Methods: A list of herbal medicines most commonly used for gynecological conditions was compiled by reviewing teritiary herbal references and websites. Databases were searched to identify clinical trials of these herbal medicines in dysmenorrhea, premenstrual syndrome, menopause and vaginitis. Each trial was critically assessed using two methods and results compared. The format of the guide for pharmacists was drafted and refined using feedback from pharmacists.

Results: Eighteen clinical trials were critically assessed using two methods. Levels of evidence assigned by each method differed as a result of different emphasis on particular criteria. Neither method considered the importance of product content. A preliminary format for the disease-based herbal medicine guide was developed with feedback from pharmacists.

Conclusions: Despite the amount of publicity surrounding the use of herbal medicines in gynecological conditions, relatively few well controlled clinical trials have been published which support their use. The two methods used in evaluating these trials were not adequate for assessing the level of evidence produced by clinical trials of herbal medicines.

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PE – 5

DEVELOPMENT AND IMPLEMENTATION OF CROSS-DISCIPLINARY CASE-BASED PROBLEMS USING THE FACULTY OF PHARMACEUTICAL SCIENCES' WEB-BASED LEARNING CENTRE (WBLC).

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PURPOSE To develop an online case-based problem linking courses within the WBLC to establish an interdisciplinary approach to teaching and learning.

METHODS Project steps: 1) Identifying challenging learning needs: faculty experts and students met to determine knowledge and skill sets that were difficult to teach and/or to learn. 2) Development of the case-based problem: utilizing the step 1 learning needs, patient-centred, cross-disciplinary, case-based problems were developed through iterative brain-storming sessions. 3) Implementation: The case-based problem along with a student evaluation survey was integrated into the course outline of a second year pharmaceutics course. 4) Web-implementation: the case was posted weekly in stages with hypertext linking to appropriate WBLC and external content, and bulletin board fora set-up for facilitated group discussions, collecting student submissions for expert analysis and grading.

RESULTS An online cross-disciplinary case-based problem involving the use of risperidone in schizophrenia therapy was implemented in Pharmacy 311 (P311: Drug Delivery Systems II). The case, accessed through the P311 WBLC course, focused on depot formulation development but included discipline specific content outside the scope of P311 (drug analysis, antipsychotic pharmacology and therapeutics, and patient counselling). Hypertext links to other WBLC courses and external sources provided the additional discipline specific information. Preliminary student survey results (N=125) indicate comfort with the online delivery method (69.6% agree/8% disagree) but were mixed as to the flexibility offered by online learning (46.4% agree/38.4% disagree). 36.8% of students gained an appreciation of the connections between pharmacy disciplines (21.6% did not), and overall, the learning activity was rated as "fair". Confounding factors included student time-constraints and workload.

CONCLUSIONS An online, cross-disciplinary case-based problem was created with potential to establish an interdisciplinary approach to teaching and learning. Student response to the learning activity varied.

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Publication/Presentation: Hui, P., Albon, S.P., Development of Web-Enabled Cross-Disciplinary Case-Based Problems using the Faculty of Pharmaceutical Sciences Web-Based Learning Centre (WBLC), *J Informed Pharmacother*, 2001:7:401. Presented at the Alan C. Hayman Summer Student Research Competition, University of British Columbia, September 2001.

PE - 6

MULTIPLE- CHOICE PROGRESS EXAMINATION: COMPARISON OF TRADITIONAL AND PBL-BASED CURRICULA: INTERIM ANALYSIS

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OBJECTIVES: In 1997/98 the College of Pharmacy at Dalhousie University implemented a unique, integrated problem-based learning (PBL) curriculum for a four year undergraduate pharmacy program. Several methods are being used to compare the PBL-based curriculum to the previous lecture-based curriculum. This 5-year project was designed to determine if knowledge learned by the students in the two curricula is equivalent.

METHODS: A bank of multiple choice questions was developed including questions from the biomedical and pharmaceutical sciences and all other pharmacy disciplines. This bank is enhanced each year. A single 100-item examination is administered simultaneously each spring to all students in the undergraduate program. Results are compared using ANOVA. The project received ethical approval in 1998.

RESULTS: Data collected to date, from the classes of 1998-2001, includes students from the lecture-based and PBL-based curricula. Interim analysis suggests that students progress in overall knowledge as they proceed through the curriculum and retention of knowledge appears to be at least partially related to the year in which the knowledge is learned in the curriculum. No consistent differences in performance could be detected between students in the PBL and traditional curricula.

CONCLUSIONS: Results of the multiple-choice progress examination suggest that there is no consistent difference in the knowledge learned by students in the PBL-based curriculum and the previous lecture-based curriculum.

Presented at AACP Conference, Toronto, July, 2001 and published the Am J Pharm Educ 200; 65 (winter suppl):84S. W

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PE – 7

The Evaluation Profile for the Faculty of Pharmaceutical Science's Web-Based Learning Centre (WBLC).

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Purpose: To evaluate the long-term sustainability of the WBLC as an educational tool in the undergraduate pharmacy program through the development of a comprehensive evaluation profile.

Methods: Evaluation profile development was based upon a literature investigation as well as consultations with external agencies such as Distance Education and Technology. An iterative process of design, evaluation, and redesign through a series of intensive brainstorming sessions was used to define "long-term sustainability of the WBLC" in terms of major evaluation concepts. Major concepts were defined using a hierarchy of primary, secondary, and tertiary descriptive elements. A master flow chart containing a tree-structure of sub-charts was created to define "long-term sustainability of the WBLC" and the interrelationship between the major evaluation concepts and their primary, secondary, and tertiary descriptive elements.

Results: A 41-page evaluation profile defining the long-term sustainability of the WBLC was created and includes the development process as well as a master flow chart. The flow chart illustrates long-term sustainability in terms of two major evaluation concepts: effectiveness and cost/benefit analysis. Major concepts were defined by several primary element sub-charts:

Effectiveness:	**Cost/Benefit Analysis:**
Chart A – Quality of Interface	Chart H – Development Costs
Chart B – Access/Barriers to Access	Chart I – Faculty Costs
Chart C – User Perceptions	Chart J – Student Costs
Chart D – Organization	Chart K – Faculty Benefits
Chart E – Clarity	Chart L – Student Benefits
Chart F – Aesthetics	

Secondary and tertiary descriptive elements further defined each primary element setting the framework for the development of specific evaluation tools.

Conclusions: An evaluation profile for the WBLC was completed. The long-term sustainability of the WBLC was defined through major concepts and a series of primary, secondary and tertiary descriptive elements. The profile provides a framework for development of specific evaluation tools to measure the effectiveness, costs and benefits of the WBLC for supporting a learning-centred approach to pharmacy education.

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PE - 8

INTRODUCTORY EXPERIENTIAL COURSES IN AN ENTRY-LEVEL PHARM.D. PROGRAM

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Objective : design and integrate introductory experiential courses in a new entry-level Pharm.D. program.

Methods: internal and external working groups advised the school on the philosophy and practical aspects of introductory pharmacy practice experiential training. A philosophy was established that students should be required to demonstrate increasing mastery of the general and professional competencies required to practice pharmacy, and to contribute to patient care. Six courses were designed in keeping with that philosophy and with the practical aspects of operating half-day per week experiential courses in the metropolitan Denver area.

Results: one course per semester for the first six semesters (3 years) of the program was created. The first was designed to introduce students to the professional and general competencies required for pharmacy practice. Subsequent courses were designed to allow students to show increasing mastery of these competencies. The assessment of students in all courses was ability-based: students were required to demonstrate levels of competency appropriate to each course and year of the program. The courses employed community and hospital pharmacies, elementary schools and physician and nurse practitioner offices.

Conclusions: six introductory experiential courses that require students to demonstrate increasing mastery of the professional and general pharmacy practice competencies, and to contribute to patient care, have been designed and successfully implemented.

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PE – 9

REVISION OF DALHOUSIE COLLEGE OF PHARMACY ADMISSIONS REQUIREMENTS, POLICIES AND PROCEDURES

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OBJECTIVES: In 1997/98 the Dalhousie College of Pharmacy implemented a problem-based learning curriculum. In light of the new method of student learning in this curriculum, the changes in the profession of pharmacy and the overall shortage of pharmacists in the workforce, we undertook a critical review and revision of our admissions process. We wished to ensure that we were admitting students with the knowledge, skills and abilities to successfully complete the pharmacy program and become competent, committed pharmacists.

METHODS: A thorough review of the admissions requirements, policies and procedures was initiated in 1999. Literature searches and reviews of Canadian faculties of pharmacy admissions requirements were conducted, and stakeholders surveyed via focus groups and questionnaires. An Admissions Leadership Taskforce aided with making recommendations.

RESULTS: Lists of desired academic and non-academic criteria were developed forming the basis for change to the admission process. Relative weighting of academic versus non-academic criteria in determining admission changed. The Pharmacy College Admissions Test was deleted as a requirement, prerequisite course requirements changed and customized behavioral interviews and questionnaires developed.

CONCLUSIONS: The new admissions process was used for the first time in 2001. Informal feedback and student performance to date suggests that the revised admissions process was successful in identifying students with the desired knowledge, skills and abilities.

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PE – 10

EDUCATIONAL EXPERIENCE AND PREPARATION FOR PROFESSIONAL PRACTICE: A SURVEY OF GRADUATING STUDENTS AND GRADUATES: INTERIM ANALYSIS

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OBJECTIVES: In 1997/98 the Dalhousie College of Pharmacy implemented an integrated problem-based (PBL) curriculum designed around desired educational outcomes. Several methods are being used to compare the PBL-based curriculum to the previous lecture-based curriculum. This project compares the graduates' perception of the curriculum and how well it prepared them for practice at the time of graduation and one year later.

METHODS: A 24-item questionnaire covering demographics, College experience, pharmacy practice experience and educational preparation was designed. Graduates are asked to rank how well they felt Dalhousie prepared them to perform the 50 competencies comprising the educational outcomes. The questionnaire was administered to the students (in the Class of 1998-2001) at the time of graduation and was mailed to the graduates of the Classes of 1998-2000 one year after graduation. Results were compared using chi-square, ANOVA and independent t-tests. Ethical approval was received in 1998.

RESULTS: Interim analysis shows students in the Class of 2001 (PBL curriculum) perceive themselves to be better prepared for practice in 16 competencies than did the students of the lecture-based curriculum. No other statistically significant differences were consistently found between the PBL class and the three previous classes.

CONCLUSIONS: Interim results of the survey of graduating students and graduates indicate students of the PBL curriculum perceive themselves to be as well prepared and, in some competencies, better prepared for practice than students graduating from the lecture-based curriculum.

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POSTER PRESENTATIONS – PHARMACY PRACTICE

PP – 1

EVALUATION OF EFFICACY AND SAFETY OF THE COMBINATION OF ONDANSETRON, DEXAMETHASONE AND PROCHLORPERAZINE IN THE PREVENTION OF NAUSEA AND VOMITING CAUSED BY CHEMOTHERAPY FOR PATIENTS WITH BREAST CANCER.

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PURPOSE: This descriptive study evaluates the efficacy and safety of the standard protocol (ondansetron-dexamethasone-prochlorperazine) used since October 1998 in the prevention of nausea and vomiting in patients receiving chemotherapy for breast cancer**.**

METHODS: Data from 198 breast cancer patients (mean age, 56 years) having received chemotherapy (CMF, AC, EC, FAC, FEC) and having completed a home evaluations diary of post chemotherapy emesis after each treatment (adaptation of the Morrow Assessment of Nausea and Emesis) was used for analysis. 129 patients received the standard protocol (prior to chemotherapy: ondansetron 8 mg PO + dexamethasone 10 mg IV and after the treatment: dexamethasone in decreasing doses + prochlorperazine) and 69 patients received the standard protocol and an additional dose of ondansetron (modified protocol) after the first cycle.

RESULTS: After the first cycle, 92% of patients treated with the standard protocol had no vomiting in the first 24 hours vs 88% of patients who received the modified protocol. In the delayed phase, 89% had no vomiting with the standard protocol and 91% of patients with the modified protocol. Ten patients who received the standard protocol after the first cycle had to add a supplementary dose of ondansetron after the second cycle and six patients improved their response. 51 patients suffered of insomnia and 27 patients demonstrated excitability after the first cycle. 38 patients out of 57 required a change in the protocol because of adverse events. 33 patients had a reduction of the dose of dexamethasone and 5 patients who presented with extrapyramidal reactions were switched from prochlorperazine to dimenhydrinate.

CONCLUSION: The standard protocol is effective and safe. According to the results, the oncology team (doctors, pharmacists and nurses) decided to reduce the dosage of dexamethasone to improve the quality of life and sleep for patients with breast cancer.

This project was supported by Apotex-P.A.C.E. undergraduate pharmacy practice research award.

Anne Dionne (418)656-2131 #5176 ; anne.dionne@pha.ulaval.ca ; Faculté de pharmacie, Université Laval Cité universitaire, Québec (Québec) ; G1K 7P4. *The abstract has been submitted for presentation to the Eight International Symposium on Oncology Pharmacy Practice which will be held in Vancouver, May 7-11, 2002.*

PP – 2

THE IMPACT OF A CLINICAL PHARMACIST ON PATIENT AND ECONOMIC OUTCOMES ON THE CHILD AND ADOLESCENT MENTAL HEALTH UNIT AT THE IWK HEALTH CENTRE.

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BACKGROUND It has been shown that clinical pharmacists positively impact quality of care and decrease drug expenditures in hospital settings. To date, no studies have evaluated the role of a pharmacist in a pediatric mental health population. This study investigated the impact of a 0.4 FTE clinical pharmacy position on a child and adolescent mental health unit.

PURPOSE To evaluate the impact of a clinical pharmacist on patient and economic outcomes in a pediatric mental health population.

METHODS The outcomes of this study were measured in 2 parts. First, during a 4-week prospective evaluation period, pharmacist-initiated interventions were documented and distributed to a panel of assessors to determine the impact of each intervention on patient care. Secondly, a retrospective cost analysis compared drug costs for the year prior to and post implementation of the clinical pharmacy position. A matched pair t test and a regression analysis were conducted on the cost data.

RESULTS The pharmacist initiated 48 interventions during the 4-week period, 98% of which were accepted by the physician. Eighty six percent of the interventions were assessed as having a positive effect on patient care. Total drug cost per patient day decreased by 14% in the year post implementation of the pharmacy position, with a statistically significant decrease seen in the last eight months ($p = 0.0019$). Total drug costs decreased by 21%, translating into a cost savings of $5,485.80.

CONCLUSION The clinical pharmacist had a positive impact on both clinical and economic outcomes in a pediatric mental health population.

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PP – 3

SECONDARY PREVENTION OF CORONARY ARTERY DISEASE (CAD): ANTIPLATELET UTILIZATION IN A COMMUNITY PHARMACY.

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BACKGROUND: The use of nitrate products has been found to be a strong predictor of the presence of CAD. ASA, a relatively benign medication has been conclusively proven to reduce cardiovascular events in these patients.
The rate of antiplatelet utilization among Non Insured Health Benefits, Veterans Affairs Canada and Department of National Defence clients with CAD is approximately 58%. This analysis was based on a large reimbursement database. Limitations of this study included the inability to diagnose ischemic heart disease, the purchase of ASA out-of-pocket, and the inability to determine contraindications to antiplatelet therapy using information from the prescription database.
PURPOSE: To compare the utilization of antiplatelet therapy for the secondary prevention of cardiovascular disease from three reimbursement data bases with data from the community.
METHODS: 1) Patients were identified as having CAD if they had a prescription for a nitrate product over a 12 month period from January 1 2001 to December 31 2001. 2) A list of all drug identification numbers for nitrate products were obtained. 3) Using these numbers, a list of all patients on nitrates were obtained. 4) The profiles of all patients prescribed nitrates were reviewed to determine the use of antiplatelet agents (January 1 2001 to December 31 2001).
RESULTS: This retrospective audit identified 108 patients that had a prescription for a nitrate product recorded on their profile. The rate of antiplatelet utilization was low. Fifty-two patients (48%) did not have evidence of a prescription for an antiplatelet agent. Fifty-six (52%) patients had a record of at least one prescription for an antiplatelet agent. This data is consistent with the data derived from the reimbursement data base.
IMPLICATIONS; There is an opportunity for Pharmacists to improve antiplatelet utilization among patients with CAD. Nitrate prescriptions can be used as a positive predictive value for Pharmacists to identify patients with CHD. Pharmacists can intervene on behalf of patients to increase the prescribing of proven pharmacotherapy (antiplatelet agents) for CAD. Once they have been prescribed, the pharmacist can verify with the patient at each nitrate refill that the patient is compliant with their use of antiplatelet agents

PP – 4

THE IMPACT OF TREATMENT WITH ANTIDEPRESSANT (AD) DRUG THERAPY ON THE UTILIZATION OF PROTON PUMP INHIBITORS (PPI) OR HISTAMINE 2 ANTAGONISTS (H2)

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Rationale: AD drug therapy has been reported to increase the risk of gastrointestinal (GI) bleeding and is associated with dyspepsia
Objective: to determine if the rate of PPI and H2 use increases following AD drug therapy in ambulatory care patients
Methods: Subjects prescribed an AD drug between July 1st and December 31st, 2000 were included for analysis. Records were obtained from the computer system of 7 military pharmacies. Subjects were classified to PPI or H2 use prior to, or post AD drug therapy. AD were further classified as to their serotonin uptake inhibition on platelets: tricyclics (amitryptiline, imipramine), SSRI's (citalopram, fluoxetine, fluvoxamine, nefazodone, paroxetine, sertraline, and trazodone) and others (bupropion, desipramine, nortryptiline and trimipramine). Patients were further stratified by long-term non-steroidal anti-inflammatory drug (NSAID) use, defined as ≥ 4 weeks.
Results: 1609 patient profiles were reviewed; 70.3% were male with average age being 37.2±6.9 years. PPI and/or H2 utilization was 12.4% prior to AD therapy, this increased to 23.3% post therapy ($p<0.001$). PPI or H2 use increased from 13.7% to 29.0% in 1289 patients on SSRI therapy ($p<0.001$), 17.1% to 27.9% in 269 patients on TCA therapy ($p<0.05$) but did not increase significantly in 25 patients on other drugs (12.0% to 28.3%, $p=0.33$). The presence of long-term NSAID use in 148 patients increased the utilization of PPI's or H2 blockers over that of AD alone ($p<0.01$). Over 40% of the patients were on PPI or H2 blockers within 6 months of starting AD drug therapy.
Conclusions: AD utilization appears to have an impact on PPI and H2 prescribing.

PP – 5

ANTIDEPRESSANT DRUG UTILIZATION: DRUG USE PATTERNS, CHRONIC MEDICAL CONDITIONS AND CONCURRENT DRUG USE IN THE CANADIAN FORCES

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Purpose: To assess prevalence of chronic medical conditions and determine concurrent drug use for patients receiving antidepressant drug (AD) therapy on 7 Canadian Force Bases

Methods: Patients were included if they received any AD medications between July 1st and Dec 31st 2000. Exclusions were: patients receiving bupropion brand for smoking cessation, personnel deployed or unavailable and CF medical professionals. Charts were reviewed for demographics, indication and chronic medical conditions. AD use was examined for duration of therapy during the study period, proportion of patients who switched AD drugs and concurrent drug use.

Results: Of 1609 patients receiving AD drugs, 587 patients were excluded leaving 1024 patients for analysis. A chronic medical condition was diagnosed in 667 patients (65.1%), of which chronic pain or a migraine diagnosis was the most common condition. Patients with a chronic medical condition were more likely to receive AD drugs for depression ($p<0.001$) or for a non-psychiatric indication ($p<.001$) but not for an anxiety indication including PTSD (p=NS) compared to patients without a chronic medical condition. Concomitant CNS drug use was common; 466 (45.5%) were receiving sedatives, 77 (7.5 %) were receiving antiepileptics and 16 (1.6 %) were receiving mood stabilizers. Drugs reported to be a probable or possible cause of depression was dispensed to 105 (10.3%) patients. There were 228 patients new users of SSRI therapy during the study period, of which 67 (29.4%) were either switched to another SSRI or buproprion was added. The mean duration of therapy before switching was 5.5±4.9 weeks.

Conclusions: Patients receiving AD in the CF are commonly prescribed other psychiatric medications and have a high rate of chronic medical conditions or drugs associated with depression. Treatment with SSRI medications demonstrates efficacy and response times compatible with the literature

PP – 6

Secondary Prevention of Coronary Artery Disease: Antiplatelet Utilization

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Background: Antiplatelets have an established role in the secondary prevention of coronary artery disease. Little data exists on a national basis in Canada regarding the utilization of antiplatelets. An analysis of federal drug reimbursement databases of Aboriginal clients and retired members of the Canadian Forces using nitrate therapy as a marker for ischemic heart disease (IHD), provides a unique opportunity to determine the rate of antiplatelet use in these populations, as well as factors predicting the probability of antiplatelet prescribing.

Methods: Longitudinal retrospective data of client-specific prescription records over the period January to June 2000 of federal drug reimbursement programs was analyzed: Veterans Affairs Canada (VAC) representing retired military members and Non-Insured Health Benefits (NIHB) representing status Aboriginal peoples. Clients who were dispensed at least 1 prescription for any nitrate product comprised the study population. The pharmacist billing information (drug, duration of treatment, dispensing date) and beneficiary data (unique encrypted patient identifier, age, gender and region of residence) were available for each patient. Nitrate therapy was categorized as acute (tablets or sprays) or chronic (transdermal, ointment, sustained release or isosorbide di- or mono-nitrate). A client was defined as an antiplatelet user if they were dispensed a prescription for at least 1 of ASA, clopidrogel, ticlopidine or dipyridamole. Logit regression was used to estimate the independent effects of factors associated with the probability of antiplatelet use; age, gender, region of residence, type of nitrate therapy, length of therapy on nitrate products and indicator variables on the concurrent use of other drugs

Results: The number of clients who were dispensed at least 1 prescription for a nitrate product were 12,084 for VAC clients and 6,366 for NIHB clients during the study period. The proportion of clients who were dispensed at least 1 prescription for an antiplatelet agent was 56.9% for VAC and 59.0% for NIHB respectively. When clients utilizing warfarin were excluded the rate of antiplatelet prescribing increased to 64.9% for VAC and 61.8% for NIHB clients. Among both VAC and NIHB clients, the probability of antiplatelet utilization was higher for males, those using preventative therapy or treatment for CAD and carvedilol. The probability for antiplatelet use decreased with age in the older VAC population but increased with age in the younger NIHB population. Probabilities were significantly lower for those using warfarin. The use of insulin, renal failure drugs, H2 antagonists, proton pump inhibitors or multiple chronic nitrates were not predictive of antiplatelet use. Logit regression also demonstrated probabilites of antiplatelet use for both

populations were lowest in the Pacific region (BC and Yukon) when compared to all other regions of Canada and was highest in Québec.
Conclusions: Utilization of antiplatelets in Aboriginal peoples and the elderly utilizing nitrate therapy remains low. Regional variations in prescribing rates continues to be unexplained.

PP – 7

STRUCTURAL ELEMENTS ASSOCIATED WITH THE PROVISION OF PHARMACEUTICAL CARE IN COMMUNITY PHARMACY PRACTICE IN CANADA

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PURPOSE: Pharmaceutical care is a philosophy of practice and has been presented as an effective process for monitoring drug therapy to meet needs of patients and the health care system. As the pharmacy profession becomes more patient-focused using pharmaceutical care standards, it is important that pharmacists be able to assess the quality of that care and recognize the structural barriers that impede the provision of that care. Structure represents a necessary measure of quality and its assessment is crucial when structure can be associated with process and/or outcomes. The objective of this study was to address the structure and process components of pharmaceutical care and characterize the structural elements that support its provision in community pharmacy practice in Canada.
METHODS: A data collection instrument was developed - the Community Pharmacy Structural Elements Questionnaire, which gathered information regarding structural changes made in community pharmacies. The Behavioral Pharmaceutical Care Scale (BPCS) was also utilized which gathered information regarding pharmacists' efforts towards the provision of pharmaceutical care. The data collection instruments were administered to community pharmacists across Canada who were known to be affiliated with one of the pharmaceutical care models/programs in existence during the period of the study (1998-2000) and were likely to have implemented pharmaceutical care practices. The instruments were also administered to a reference group of community pharmacists who were not affiliated to any pharmaceutical care model/program.
RESULTS: The results revealed the presence of progressive community pharmacy practices in Canada that were actively making structural changes and providing pharmaceutical care. The structural changes that were consistently reported in these community pharmacy practices were re-organization of pharmacists' and pharmacy technicians' duties, formal training program for pharmacists, on-the-job training for pharmacy technicians, incorporation of a private or semi-private counselling room, and incorporation of audio-visual educational equipment. Statistically significant differences ($p < 0.01$) were reported in the frequency of these structural changes made by pharmacies in the highest quartile of the BPCS score distribution compared to those in the lowest quartile.
CONCLUSIONS: These structural element changes in Canadian pharmacies may be a useful resource to assist community pharmacists with the implementation of pharmaceutical care practices.

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PP – 8

Influence of the menstrual cycle on the timing of acute coronary events in young with coronary artery disease

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BACKGROUND: Cardiovascular risk increases in women after menopause at a time when blood 17 -estradiol levels fall. Therefore, we hypothesised that fluctuations of oestrogen during the menstrual cycle could modulate cardiovascular risk such that premenopausal women may sustain an acute coronary event preferentially during the early follicular phase of the ovarian cycle, i.e., during and immediately after menses.

SUBJECTS AND METHODS: This was a prospective study of premenopausal women presenting with acute myocardial infarction or unstable angina. Data on disease history, symptoms, medications, risk factor profiles and menstrual cycle were collected using a detailed questionnaire and medical records. Women who suffered an acute coronary event prior to day 5 of the menstrual cycle (group 1) were compared to those who suffered the event at day ≥ 6 (group 2).

RESULTS: A total of 28 premenopausal women (43.2 ± 4.2 yrs, range 33 - 51 yrs) were included into the study. Significantly more women had an acute coronary event within 5 days of the beginning of their menstrual cycle (group 1, n = 20) rather than later during the menstrual cycle (group 2; n = 8) ($P < 0.012$). All women had at least one cardiovascular risk factor including family history of cardiovascular disease (72% and 75% in groups 1 and 2, respectively), current (79% and 63%) or past (11% and 13%) smoking, hypercholesterolemia (20% and 38%), high blood pressure (15% and 13%) and diabetes (10% and 0%). Measured 17 -estradiol levels were lower in group 1 compared to group 2 (13.04 ± 4.05 pg/ml vs 60.09 ± 45.05 pg/ml, respectively, $P = 0.04$).

CONCLUSIONS: These findings suggest that there is increased vulnerability to acute coronary events in women during and soon after menses. In the presence of risk factors the abrupt decrease of 17β-estradiol during the menstrual cycle may trigger acute coronary events.

PP – 9

PHYSICIAN'S BELIEFS AND PERCEPTIONS OF THE ALBERTA TRIAL PRESCRIPTION PROGRAM

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PURPOSE: The Alberta Trial Prescription Program, which provides eligible seniors with a 7-14 day supply of a new medication, has been operational for 18 months. Physician focus groups were held to explore physician awareness, understanding, and buy-in associated with the program.

METHODS: A total of 24 physicians participated in three focus groups. Selection criteria included urban, general/family practitioners or geriatric specialists that worked at least part-time and at least 20% of their patients were seniors. Physicians with views ranging from negative and unaware of the program to positive and knowledgeable were recruited to examine the diversity of opinion and common responses. Areas of inquiry included: degree of support, awareness and knowledge, and barriers to participation.

RESULTS: Two diverse groups of physicians resulted. One group tended to have little interaction with pharmacists and in general were not supportive of the program. They had a lack of trust and confidence in the pharmacist's ability and skills and preferred to manage trial prescriptions themselves. The second group tended to have current relationships with pharmacists and were more positive towards pharmacists and their value in the health care team. Overall, both groups had a lack of awareness and understanding of the program since the frequency of phone calls from pharmacists and therefore their involvement with the program was low.

CONCLUSIONS: Future program promotion will need to recognise these two diverse physician groups. In addition, there is a need for broad relationship building between pharmacists and physicians that extends beyond the scope of this project.

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PP – 10

COMMUNITY PHARMACY PRACTICE RESEARCH IN CANADA DURING THE LAST DECADE: A CRITICAL ANALYSIS OF THE LITERATURE [3]

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Objectives: To critically review research published on Canadian community pharmacy practice, to provide revised baselines for future research relevant into the local context.

Methods: International Pharmaceutical Abstracts, Embase and Medline/Pubmed databases were searched from 1990 onwards. All publications were retrieved, categorized to separate the research articles then processed into two stages: 1.Descriptive analysis to identify areas studied, themes addressed, research questions and methods applied. 2.Critical appraisal of research designs used and overall findings. The results below illustrate findings of the first stage.

Results: The number of publications has increased notably during recent decades; 437 articles were found, including 81, 144 and 212 articles during the 70s, 80s and 90s onwards, respectively. Out of the 212 articles from the 90s, 59 were research articles. Seven different areas were identified: pharmacists' perceptions/attitudes (n = 22), program implementation/evaluation (n = 15), type/extent of pharmacists' interventions (n = 6), factors affecting healthcare or client interactions (n = 6), extent of pharmacy services (n = 5), clients' perceptions of pharmacy services or staff interaction (n = 4) and opinions about the pharmacist's role (n = 1). A total of 49 data collection procedures appeared in the 44 studies above, involving six different techniques: self-completed questionnaires (n = 32), interviews (n = 5), observation (n = 4), records (n = 4), secret shopper (n = 2) and focus groups (n = 2).

Conclusions: The growing number of publications through the decades reflects the expansion of this field in Canada. The predominant use of self-completed questionnaires warrants researchers' attention to benefit from the strength and credibility of other techniques. Illustration of the areas studied would allow researchers to identify opportunities and suggest agenda for future research.

PP – 11

DRUG USE EVALUATION OF RESPIRATORY TRACT MEDICATIONS AMONG MEMBERS OF THE CANADIAN FORCES

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BACKGROUND: Recent modifications have been made to the Canadian Consensus Guidelines on Asthma. However, reports from the general literature indicate that many patients with reactive airways disease do not adhere to expert recommendations, and as a result their illness remains poorly controlled. To date, there is no comprehensive data on the severity, incidence, and management of asthma within the Canadian Forces (CF). Availability of such data would allow for development of targeted intervention strategies for enhancing management of asthma and other reactive airways disease.
METHODS: Patients receiving inhaled respiratory tract agents or oral leukotriene antagonists will be identified from the pharmacy records at selected CF bases. The medication records of all such patients will undergo retrospective review to analyze patterns of respiratory drug use. All patients identified as receiving respiratory drugs will also be eligible to undergo medical chart review and telephone interview, providing consent is provided. However, telephone interviews will not be completed for patients who are receiving respiratory drugs for management of chronic obstructive pulmonary disease (COPD) alone.
ANTICIPATED RESULTS: Results from the analyses of pharmacy medication records will provide information on the frequency, intensity and types of inhaled respiratory agents employed. Data from the medical chart review may, when coupled with pharmacy records, allow identification of the subtypes of reactive airways disease seen and differences (if any) among their treatment strategies. Data collected via telephone surveys should allow us to assess the level of compliance with various recommendations in the Canadian asthma guidelines.

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PP – 12

EVALUATING THE EFFECTS OF CFC-FREE INHALER SUBSTITUTION AMONG CANADIAN FORCES MEMBERS: A CONTINUOUS QUALITY INITIATIVE

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Background Due to concerns about the harmful effects of chlorofluorcarbons (CFCs) on the ozone layer, legislation is being implemented which will ban CFCs from all metered-dose inhalers (MDIs) in accordance with the Montréal protocol. In anticipation of these changes to legislation, the Canadian Forces Health Services developed a policy in July 2001 which would allow members receiving conventional MDIs to be switched to CFC-free formulations.

Purpose: 1- To assess pharmacy compliance with the CFC-free policy among Canadian Forces members.
2- To determine patient knowledge of the rationale behind the substitution policy regarding CFC-free inhalers, 3- To document patient satisfaction with information provided by military pharmacists about CFC-free inhalers. 4- To document patient satisfaction/dissatisfaction with the new CFC-free inhalers.

Methods: All patients who received an inhaled respiratory tract agent from at least one of seven selected Canadian Forces bases will be eligible for inclusion in this study. This study will involve two interventions: 1) an analysis of the pharmacy medication records between Jan 1, 2001 and Dec 31, 2001, to determine medication usage patterns, and 2) a telephone survey, to assess patient awareness about and acceptance of the new CFC-free inhalers.

Results: Pharmacy records from three bases surveyed to date indicate that the CFC-free salbutamol therapy is being initiated in almost all patients receiving bronchodilators. However, CFC-free corticosteroid formulation are not been employed as extensively. Results from the telephone survey should indicate whether difference in the formulations have impacted significantly on patient satisfaction.

Conclusions: Complete analysis of the pharmacy records and data from the telephone survey will indicate whether the Canadian Forces CFC-free substitution policy has impacted upon patient care.

PP – 13

EVALUATION OF PRESCRIBING COMPETENCE AMONG PHYSICIAN ASSISTANTS IN THE CANADIAN FORCES

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BACKGROUND: The Canadian Forces currently grants limited prescribing privileges to physician assistants (PA). To ensure that PA are prescribing in a competent manner, a written examination was developed as part of their overall certification process. Our department was tasked to co-ordinate the development, administration and analysis of this examination.

DEVELOPMENT OF THE EXAM: A detailed review of PA practice patterns was undertaken to construct an exam blueprint. A team of prescribers drafted questions based on their clinical experience, and a modified Angoff procedure was performed to establish a tentative pass-fail mark.

ADMINISTRATION OF THE EXAM: The exam was translated into French, and administered to both PA and Medical Assistants (MedA). The latter "lesser-qualified" candidates served as a control group to assess the validity of the exam.

ANALYSIS OF EXAM RESULTS: A total of 192 candidates wrote the exam, of which 111 were PA. Exam reliability exceeded the minimum recommended in the literature (>0.8 both overall and within groups). PA candidates performed significantly better on the exam than MedA candidates (mean scores 63.09% vs 55.61% respectively, $p<0.0001$). Although the exam was both reliable and valid, the pass-fail standard was adjusted as the Angoff method appeared to underestimate the difficulty of the examination. Upon application of the adjusted marking scheme, 2/3 of the PA candidates met the standard. Of the PA candidates who did not meet the standard, roughly 12% will undergo further practice review while the remaining 21% will receive recommendations for further training before being assigned prescribing duties.

IMPACT: The credibility and rigor of our examination process, and the positive feedback received thus far, have helped to enhance the profile of the pharmacy profession within our institution. A new proposal has since been made to evaluate other health care workers' competence to provide non-prescription medications, and will allow our department another opportunity to help establish a uniform standard of clinical practice in this regard.

PP – 14

PHARMACIST-BASED LIPID CLINICS - DEVELOPMENT AND IMPLEMENTATION IN THE CANADIAN FORCES

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Rationale: *Two previous studies performed in our facility demonstrated gaps in the management of dyslipidemias, particularly for patients at high and very- high risk of cardiovascular disease complications . Since lipid clinics have been shown to improve the attainment of target lipid goals and adherence to lipid-lowering therapies, pharmacist-based lipid clinics were incorporated in ambulatory care clinics in the Canadian Forces.*

Methods: A pharmacist-managed, physician-directed, lipid clinic protocol was developed based on the current literature and received approval by the Canadian Forces pharmacy and therapeutics committee in January 2000. Pharmacists employed in Canadian Forces medical clinics were authorized to titrate dosages of lipid-lowering therapies, substitute drugs within a class of agents, order laboratory tests, provide lifestyle counseling, and refer patients to other health care providers in order to attain or improve lipid control. Initiation of a new medication, switch to a different drug class, or the addition of an another lipid-lowering agent required physician consultation and approval. Clinic appointments were made based on referrals from physicians, ambulatory care pharmacists or by self-referral by the patient themselves. The lipid clinic protocol was applied uniquely at three designated Canadian Forces medical clinics located in Halifax, Ottawa, and Victoria. At the Ottawa site, the pharmacist was employed at the family practice offices one afternoon per week, while the Halifax and Victoria pharmacists operated their lipid clinics from the pharmacies on a full time basis.

Results: A total of 144 patients were seen and assessed by pharmacists employed at three lipid clinic sites. Twenty-seven of 144 patients (18.8%) were lost to follow-up. Of the 117 remaining patients, only 48 patients (41.0%) met their target LDL-cholesterol goal at the baseline visit, while 40 patients (34.2%) met all target lipid levels in accordance with the Canadian guidelines. After pharmacist assessment and interventions, 94 of 117 patients (80.3%) had achieved their LDL cholesterol goal at follow-up and 71 of 177 patients (60.7 %) had met all of their target lipid goals. Twenty-four of the 93 pharmacist recommendations (25.8 %) were directly related to drug therapy, while the remainder were non-pharmacological recommendations. All pharmacist recommendations were accepted by ambulatory-care physicians at clinic sites.

Conclusions: Pharmacist-based lipid clinics resulted in improved management of patients with dyslipidemia.

Key Words : dyslipidemia, ambulatory-care clinics, pharmaceutical care

PP – 15

PROVISION OF NON-PRESCRIPTION MEDICATIONS TO CANADIAN FORCES MEMBERS THROUGH CIVILIAN PHARMACIES : A PILOT PROJECT

Major Régis Vaillancourt, B. Pharm Pharm D; Alan Gervais, BSP, Michel Trottier, B.Sc.Phm. Directorate of Medical Policy, Pharmacy Policy and Standards, Canadian Forces Health Services, Ottawa, ONBACKGROUND: Regarded as the most accessible drug expert, the pharmacist is in an ideal position to assist patients with the selection and monitor their use of OTC medications. Patients treating self-limiting ailments with OTCs as an alternative to prescription drugs is cost-effective.In April 2000, the Canadian Forces (CF) introduced a new drug management program. Under this program, selected OTC medications with proven therapeutic value are provided at Crown expense to serving CF members. During the implementation of this national program, it has been noted that there is a discrepancy in the provision of OTC drugs between CF members with access to a Base Pharmacy and those who obtain pharmaceuticals through civilian pharmacies.

The objective of this project are:

1) to test the feasibility of implementing a process to allow CF members to obtain selected OTC drugs from a civilian pharmacy directly on-line;

2) to assess the cost-effectiveness of the program; and

3) to assess the impact of such an initiative upon patient care and satisfaction.

This pilot project was initiated in locations where CF members do not have access to a Base Pharmacy: Longuepointe, PQ; London, ON; and Moncton, NB. Approximately 1000 CF members will participate in this pilot project. METHOD: A pilot project aiming to facilitate the provision of selected OTC drugs by civilian pharmacists will be implemented. As part of the pilot project, civilian pharmacists is capable of submitting claims for benefit OTC drugs directly on-line through the Atlantic Blue Cross computer (ABCC) electronic network, once they have assessed the member's need for such product.

CF members participating in the pilot project are issued a wallet card identifying them as eligible to receive selected OTC medications from a community pharmacist, as well as which OTC medications qualify as a benefit. This wallet card provides instructions to the civilian pharmacists, for the procedure required to process the provision of OTC medications through the ABCC network . To avoid overuse of such medications, limited quantities of each OTC medication, reflecting normal usage patterns for a single CF person, would be built into the ABCC system. Data will be collected and analysed for a 6 month period starting at the end of January 2002. The number of hits on the ABCC system of pharmacists providing OTC benefits to CF members will be tabulated. All CF Members accessing this service during the pilot period will be asked to participate in a quality assurance survey. This survey will determine their satisfaction with the process, the type of pharmacist intervention, and the clinical outcome of the pharmacist

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ACKNOWLEDGEMENTS OF FINANCIAL SUPPORT

AFPC is very fortunate to have the pharmaceutical industry and national pharmacy organizations provide significant support to the programs, awards and conferences of our association. The listing below identifies those companies/organizations who have committed to support AFPC for the 2002 year. This list is as of April 29, 2002.

Please take a moment to review this list and the next time you meet with a representative of that contributor, please express our sincere appreciation for their support to Canadian pharmacy education at the national level.

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PART 2.0

MINUTES OF AFPC MEETINGS

2002

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
2002 MID-YEAR COUNCIL MEETING
CARTIER PLACE SUITE HOTEL, OTTAWA
BRITANY # 1

Meeting RE: Compendium of Pharmacy Practice/Pharmacy Education Student Research Projects, Saturday, February 23.

President Rémillard called the meeting to order at 4 PM, Saturday, February 23, 2002

Present: President Fred Rémillard; President Elect Lavern Vercaigne; David Fielding, Past President; Wayne Hindmarsh; Pierre Bélanger; Jim Mann, Executive Director, CSHP; Mike Namaka; Zubin Austin; John Bachynsky; Susan Mansour; Sylvie Marleau; Simon Albon; David Hill; Jim Blackburn.

1. Overview of Project – President Fred presented an overview of the project proposal that was forwarded to Merck Frosst and also indicated that notification of support had only been recently received.

2. Discussion of CSHP Involvement and the Issue of Pharmacia involvement in residency project publication – CSHP Executive Director Jim Mann indicated that CSHP was interested in participating in the project with particular interest in a wider distribution of the results of the residency projects. Originally Upjohn worked with the provincial branches of CSHP to publish all residency projects and then distribute them at the branch meetings. Pharmacia has taken over this responsibility and they indicated that they wish to continue in this activity. Therefore, the inclusion of residency projects in this program would have to be worked out in co-ordination with Pharmacia and CSHP.

3. Jim Blackburn and Jim Mann will consider approaches to both Merck Frosst and Pharmacia to determine if a co-ordinated publication may be developed. There may be an opportunity to have them participate in this project. If at all possible, we should have all the projects under one program to achieve the greatest value. CSHP has indicated that Pharmacia would be interested. The other possibility is to have the distribution through the provincial organizations.

4. Review of Proposed Budget – It was agreed that the current budget was appropriate at this stage.

5. Consideration of Publication Issues:
   The following issues were identified and briefly discussed. It was determined that the executive, along with Jim Mann and Simon Albon will pursue the resolution of these issues within the next few months.
   - Possibility of providing a supplement to both CPhA and CSHP journals.

- Dealing with projects that have been submitted for publication and the authors would not want it to be published in our document until it has been published in the specific journal.
- Quality – it was recommended that we add to the form a space where the supervisor must sign off (also indicates that abstract is being submitted for publication).
- Is it to be actually published or just distributed? If the format is more informal, it would be easier for other journals to accept the manuscript for publication. If it was more formal, other journals may consider the material as all ready being published. We will look at some type of insert to be included in journals.
- Joint Proposal with CSHP – we need to work with CSHP, Pharmacia and Merck Frosst in regard to where we go from here.

6. Review of Submissions Received – The submissions that had been received to date were distributed to those in attendance for their information. It was agreed that Fred, Simon and the Executive Director will review the submissions for the current year.

REGULAR AFPC EXECUTIVE/COUNCIL MIDYEAR 2002
BUSINESS MEETING
Sunday, February 24, 2002

1.0 Opening Remarks - President Fred Rémillard welcomed the executive and council members to the meeting. He extended a special welcome to Mike Namaka, the new Manitoba Council Member. He also indicated that new Alberta Councillor, Sheila Kelcher was not able to be present for the meeting and former Council member, John Bachynsky will represent her at this meeting. Yvonne Shevchuk send regrets due to the death in the family. David Hill has been invited to the meeting as the Chair of the Task Force on Experiential Education and Co-Chair of the Submission to the Romanow Commission.

The opportunity to meet with the Association of Deans of Pharmacy during our two-day schedule necessitates that we cover our agenda more rapidly than usual.

2.0 Roll Call/Minutes/Additional Agenda Items

2.1 Roll Call - Executive and Council : Fred Rémillard, President; Lavern Vercaigne, President Elect; David Fielding, Past President; Wayne Hindmarsh, ADPC; Simon Albon, UBC; John Bachynsky, Alberta; Mike Namaka, Manitoba; Zubin Austin, Toronto; Sylvie Marleau, Montréal; Pierre Bélanger, Laval; Susan Mansour, Dalhousie; Lili Wang, Memorial; Jim Blackburn, Executive Director.

2.2 Consideration of Minutes of Executive/Council Meeting, June 14, 2001
The Minutes of the June 14, 2001 meeting were approved on a motion by Wayne Hindmarsh and Simon Albon.

2.3 Consideration of Minutes of Executive/Council Meeting, June 17, 2001
The Minutes of the June 17, 2001 meeting were approved on a motion by Mike Namaka and Lili Wang.

2.4 Additions to Agenda and Approval of Agenda
There were no additions to the agenda and the motion to approve the agenda was passed (Lavern Vercaigne and Susan Mansour).

3.0 Business Arising From Minutes that will not be covered in Committee Reports

3.1 AFPC Proceedings 2001 – The AFPC Proceedings 2001 were distributed (for each faculty – three copies to the Councillor, the Dean's office and the Pharmacy Library).
An electronic copy will also be placed on the AFPC web site and some copies are available at the AFPC office.

3.2 Faculty Involvement in Hospital Pharmacy Residency Programs
There definitely is a variation in the amount of faculty involvement in hospital pharmacy residency programs across Canada. It was suggested that this topic be put forward during our meeting with Jim Mann from CSHP.

4.0 Committee Reports

4.1 Executive Committee - Fred Rémillard

An Executive Tele-conference was held on November 14, 2001and the minutes were distributed to all Council and Executive members. The topics were the development of the Task Force on Experiential Education, the submission to the Romanow Commission and consideration of the CCAPP replacement for Don Perrier.

4.2 Awards Committee Report - Sylvie Marleau

Chair Sylvie Marleau presented her written report. She expressed appreciation to the reviewers. A sponsor has not been finalized for the Graduate Student Award, but it was proposed that the ADPC and AFPC would jointly sponsor the award for 2002.

The following were proposed for Honorary Membership at the 2002 Annual meeting – John Bachynsky, Alberta; John Templeton, Manitoba; John Sinclair and Don Lyster from British Columbia. It was agreed that a sub committee (D. Fielding, S. Marleau, F. Rémillard) was formed to review the terms of reference for AFPC Honorary Membership.

Award of Recognition – Councillors were requested to consider nominations for the Award of Recognition and the Rx and D Visitation 2002. Dr. Marleau is setting up the review Committee for the AACP Burroughs Wellcome New Investigator Program and a note will go to the Deans to remind them of this program

The motion to approve the report was accepted (Sylvie Marleau, Pierre Bélanger).

4.3 By-Laws Committee - David Fielding noted that the government has approved our by-laws that were passed at the June 2001 Annual Meeting. The motion to approve the report was accepted (David Fielding and Susan Mansour).

4.4 Communications Committee - Simon Albon, John Bachynsky, Rebecca Law

Rebecca Law has initiated the standardized format for submissions to AFPC Communications. Simon expressed appreciation to Rebecca for all her efforts in editing the newsletter. The new AFPC web site will be **afpc.info** rather than afpc-on line. Planet Fish has been contracted to design the new web site and the councillors have been surveyed to determine what they wish to have included on the web site.

It was agreed that we go ahead with the next developmental phase, which is the visual design. It was recommended that we budget an additional $11,000 for web site development for 2002 and Simon indicated that we will require an additional web site development charges of $ 6,000 for each of the next two years.

Simon suggested that we consider updating our current AFPC logo.

Simon also recommended that another individual work with him on this project.

The motion to accept the report was approved (Simon Albon, Sylvie Marleau).

4.5 Education Committee - David Fielding – The Education Committee report will be discussed this afternoon during the meeting with ADPC. David Fielding is also representing AFPC at the NAPRA Core Steering Committee on Continuing Competence.

4.6 Nominations Committee - David Fielding – David encouraged Councillors to consider the President Elect position. Wayne Hindmarsh and John Bachynsky will serve on the Nominating Committee with David Fielding as Chair.

4.7 Research Committee - Pierre Bélanger reported a very poor response to last year's survey and he requested feedback on the possibility of developing the survey for distribution to all members. It was suggested that we not develop the survey until the information from the Romanow Survey is completed. The results of the Romanow Commission Survey will be forwarded to Pierre as soon as it is compiled. Should we re-evaluate the terms of reference of the committee? What can we give the faculty members to be of value from an AFPC viewpoint? Can we do more for the graduate student? The terms of reference of reference will be reviewed. Mike Namaka volunteered to serve on the committee.
The motion to accept the report was approved (Pierre Bélanger and Wayne Hindmarsh)

4.8 Conference Planning Committees
- Conference 2002 - Lavern Vercaigne presented an overview of the 2002 conference. Nancy Coll from CPhA has been very helpful in co-ordinating the arrangements for meeting rooms, food and general organization. Accommodation at the Sheraton Hotel (1-½ blocks) has been contracted for AFPC members. The Université de Montréal group will be presenting the Experiential Learning Teachers Conference along with David Hill who will prepare an update on the Experiential Education Task Force. It was recommended that printed introductions of the award winners be prepared in order to reduce the time for introductions during the award session. All speakers are being requested to provide their material for distribution by April 27 so it can be included in the Conference Program.

- Conference 2003 - Sylvie Marleau provided an update on plans for the 2003 Conference. It will be held at the Delta Centre-Ville Montréal on May 29 – June 1, 2003. It will be an AFPC/CCCP joint program and the initial program planning will be very similar to the Ottawa conference. CSPS may also meet at the same time and location. Susan Mansour, Zubin Austin and Simon Albon have volunteered to work with Sylvie and Claude Mailhot in planning the Teachers Conference for the meeting.

The Conference 2003 Host Committee includes; Guylaine Bertrand, (Planning, liaison with CCCP), Claude Mailhot (Planning, Teachers Conference); Sylvie Marleau, (Planning, Awards Presentation); Pierre Moreau, (Planning, Poster session); Jacques Turgeon, (Chair, Host Committee)

- Honoraria for conference speakers – The executive director will check with CCCP regarding their plans for honoraria for their speakers for this program.

4.9 AFPC/CCPF History Book - Jim Blackburn reported that we distributed 271 soft cover and 29 hard cover copies of the history book. We currently have 45 soft cover and 7 hard cover copies remaining. The total expenses for the project, including recovering the copies due to spelling errors, was $ 11,993.54. The Canadian Academy for the History of Pharmacy purchased 80 copies (at cost) which resulted in an income of $ 1,440. AFPC once again wished to express sincere gratitude to Bernie Riedel, Ernie Stieb, the authors and Hoffmann-La Roche Ltd for their efforts in making this a very successful project.

4.10 Task Force on Experiential Education - David Hill – This item was moved to the AFPC/ADPC session.

4.11 Submission to Romanow Commission - David Hill & Monique Richer
- will be considered at AFPC/ADPC Session

5.0 AFPC Representatives to External Groups –

5.1 ADPC Representative - Wayne Hindmarsh reported that the ADPC meeting last September featured web-based learning. He indicated that the current meeting is an excellent opportunity for collaboration between the two groups. Rita Caldwell will be the ADPC representative to AFPC for the 2002 – 2005 term. Wayne expressed his appreciation to the executive and council for their efforts in advancing pharmacy education in Canada. The motion to accept the report was approved (David Fielding, Wayne Hindmarsh).

5.2 CPhA Academic Board Member - Keith Simons prepared a written report which outlined current activities (finances, human resources project, Romanow Commission, pharmacy awareness week plans and the new web site (www.pharmacists.ca). We will be meeting with CPhA at tomorrow's session. The motion to accept the report was approved (Wayne Hindmarsh, Zubin Austin).

5.3 CCAPP - Sylvie Marleau & Jake Thiessen
- to be considered at AFPC/ADPC session

5.4 PEBC - Monique Richer and Linda Suveges - The PEBC report provided an update of the very successful implementation of the 2001 OSCE component of the PEBC examination. The annual meeting of PEBC is being held this weekend in Toronto. The report was accepted on a motion by David Fielding and Wayne Hindmarsh. Approved.

5.5 CCCEP - Marc Desgagné – Nancy McBean, the CCCEP Executive Director had forwarded the CCCEP Annual report to all Council members earlier in this year.

5.6 Representative to CPhA Human Resources Project Steering Committee - David Hill will attend the first meeting of the Steering Committee in early March as it enters the second phase of the project. Dennis Gorecki is representing the Deans on the committee. David will circulate a report on the plans for the project following the meeting.

5.7 Representative to National Continuing Competence Program Core Steering Committee - David Fielding – The first meeting of this group is scheduled for March in Ottawa and David will circulate a report to Council following the meeting.

5.8 CAPSI – CAPSI held a very successful PDW in St. John's last month. There were no specific items relating to CAPSI at this time.

6.0 Executive Director's Report – Jim Blackburn provided an overview of the activities at the AFPC office during the past 7-½ months. We now have 248 active AFPC members. The motion to accept the report was approved (Wayne Hindmarsh/Sylvie Marleau).

7.0 Planning and Finance Committee - Executive

7.1 First Draft Financial Statements 2001 – The preliminary financial statements for 2001 indicated an excess of income over expenditures of approximately $ 26,650. Jim Blackburn outlined the explanations for the differences from the budget. It was recommended that AFPC consider investing in longer term GIC's as the previous tradition of one year term has resulted in very low interest rates. Simon Albon and John Bachynsky volunteered to serve as a Financial Advisory Subcommittee to look at the policy for AFPC investments. The motion to accept the report was approved on a motion by Zubin Austin and Susan Mansour.

7.2 Draft Budget 2002 – The draft budget forecasting a $ 399 excess of income over expenditures was presented. As a result of the increased allocation of $ 11,000 to web site development (from $ 6,000 to $17,000), the resulting budget with a $ 10,601 deficit was approved on a motion by David Fielding and Simon Albon.

8.0 In Camera Session

9.0 Other Business

9.1 Consideration of Discussion with External Groups
- to be considered at AFPC/ADPC Session

9.2 Follow-up from AACP Meeting - re: joint initiatives It was recommended that we invite Dick Penna's replacement to our conference in Winnipeg.

9.3 Pharmacy Technician Training – The Ontario College of Pharmacists letter to Fred invited our comments on their document. The University of Toronto is going through the document in detail but if we have specific comments we can forward to the President by March 31. Subsequent to the meeting, Wayne Hindmarsh will represent AFPC at a pharmacy technician meeting that has been arranged by CPhA.

9.4 Program Evaluation Workshop – David Fielding provided an overview of the workshop plan. David stressed that evaluation is simply a process to make decisions and he requested feedback on the need to provide pre-conference information to registrants.

10.0 AFPC/ADPC Joint Session (1:00 PM)

Jacques Turgeon and Fred Rémillard co-chaired the meeting. Fred welcomed everyone to the joint meeting and all those in attendance introduced themselves.

10.1 Task Force on Experiential Education - David Hill

Fred Rémillard provided a brief overview of the development of the task force. David commented on the need for the task force and he agreed to serve as chair on the understanding that there is a need by all faculties to investigate this issue. He indicated that he was seeking comments from the Deans on makeup of task force and comments on what outcomes are being sought by the Deans.

The Deans stated that they wished a small group of two Deans and two AFPC representatives to initiate discussions before the actual establishment of the Task Force. The individual representatives from each group were identified at the end of the meeting (Deans – Rita Caldwell and David Collins; AFPC – Fred Rémillard and David Hill).

10.2 Submission to Romanow Commission - David Hill & Monique Richer

David provided an overview of our involvement in the Commission deliberations including the CPhA submission. The interim report was reviewed extensively by both David and Monique. It was determined that the process now asks the community to respond to some of the specific issues. The AFPC/ADPC abstract that was submitted was intended to deal with some of the issues raised in the interim report. Concern was expressed that the public and potentially Commission staff do not understand the actual responsibilities of a pharmacist. Our report should emphasize the curricular aspects and human resource planning to provide them with a "tool box" of information. The faculty survey results will be useful in the preparation of the document.

10.3 Program Evaluation - David Fielding

David Fielding presented his proposal for the workshop as outlined in his report. He emphasized that Colleges are not single programs and each program has to be evaluated separately. The workshop will focus on the undergraduate program but the results could be applied to the other programs. The intent is to involve the audience throughout the day through small group assignments. There is a vice-Deans meeting at Winnipeg during the conference and presence of this group would be of great benefit to the workshop.

10.4 CCAPP - Bruce Schnell & David Hill -
CCAPP is celebrating its 10 anniversary and it has been a very successful program over this brief history. The accreditation program has facilitated many of the recent developments in pharmacy education. There has been very significant turnover on the CCAPP board this year with five new members. This is an excellent time for an assessment and to strategize the direction for CCAPP. A strategic planning session will be held at the May meeting of the Board. David Hill has been appointed as an Associate Executive Director and will be responsible for the actual accreditation process.

It is important to maintain the linkage between NAPRA competencies, AFPC educational outcomes and CCAPP standards for accreditation. The length of the accreditation award is generally based on meeting the standards and the faculty's strategic plan.

CCAPP is following the direct entry Pharm.D. developments in Canada and would definitely become involved if a faculty was to initiate this program. The current post baccalaureate Pharm.D. standards are basically the American standards.

Accreditation of Pharmacy Technician Programs – CCAPP is investigating this possibility. It would have to be a self financed program. Dr. Schnell also requested comments on pharmacy specialities accreditation. Should all accreditation by done by one organization?

ACPE/CCAPP Mutual Recognition – This is an ongoing process and Bruce is going to Chicago next week for further discussions on this subject. Basically our educational programs (USA – Pharm.D) vs (Canada – baccalaureate).are very similar with the length of clerkships (16 weeks vs. one academic year) and program length (5 years vs. 6 years) being the major differences.

Finances – CCAPP is as financially solid as can be expected for a voluntary organization. Bruce stressed the importance of keeping all participants involved and he encourages AFPC and ADPC to be strong supporters of CCAPP.

President Rémillard expressed our appreciation for the success of CCAPP through Dr. Schnell's leadership and asked everyone to consult their faculty colleagues and provide comments directly to him regarding the items discussed.

10.5 Data Collection & AACP - Fred Rémillard
AACP has suggested that they may be able to gather informational data for the Canadian Pharmacy faculties similar to what they do with the U.S. schools. Our main concern will be the costs associated with the data collection, however, we are interested in seeking more details in regard to this proposal.

10.6 Preparatory Discussion of Meeting with External Groups on Monday, Feb. 25
ADPC and AFPC members reviewed the suggested items for discussion with each of the external groups who will be meeting with us on Monday, February 25.

AFPC/ADPC MEETING WITH EXTERNAL GROUPS

MONDAY, February 25, 2002

1.0 8:15 AM - NAPRA - Barbara Wells, Executive Director

1.1 National continuing competence program core steering committee - David Fielding is our representative on the committee and the first meeting is scheduled for March 23. A working group is drafting the standards of practice as an initial document. NAPRA will circulate the document to all pharmacy organizations and request feedback. The emphasis is on pharmacists participating in the program (not emphasis on weeding competence out but rather work with the pharmacist) and the first step is to develop the self-assessment tool. Some parts of the competencies will be scaled up from the entering level competency.

1.2 Process for re-evaluation of competency & educational outcome documents – There is a commitment from NAPRA that this will be done and it is recognized that all groups must co-ordinate their activities since most of the other documents are based on NAPRA competencies.

1.3 Specialty Certification – Another discussion paper will be distributed in the fall. They are primarily addressing community-based specialties. They are most concerned about dealing with specific claims of qualifications. It was suggested that perhaps CCAPP may be a possible source of accreditation of these programs and this could be considered during future discussions.

1.4 Scope of Practice – A draft document was prepared for their January meeting and it is currently being revised. There is a wide discrepancy regarding the types of drugs that are in schedule 2 and revision of this schedule may lead to the process for "pharmacist prescribing".

1.5 Sale of Schedule F Drugs to the United States – NAPRA is currently working with Health Canada to develop more control over this problem.

1.6 Ontario withdrawing from NAPRA – There are a number of issues that resulted in the decision by Ontario. It is hoped that these issues can be resolved in such a manner that the split will not affect the MRA and other national programs regarding regulatory affairs for pharmacy operations.

1.7 Update on AFPC Activities – President Rémillard outlined information on our Romanow Commission submission and the Task Force on Experiential Education;

2.0 9:30 AM - CSHP - Jim Mann, Executive Director

2.1 Experiential Education Task Force – President Rémillard outlined the background of task force. Jim Mann indicated that experiential education is a very important issue from CSHP's viewpoint. Hospital pharmacists represent 20 % of the practitioners but they carry a very significant responsibility for experiential education. They see their contributions as very important and they have real concerns about how do we manage the proposed expansion, both in number of hours as well as increased number of students. Can the two organizations collaborate to develop a minimum model of experiential education in institutional practice? Perhaps we could also seek support from the Canadian Health Care Association. Funding support for educational programs within these institutions is a major obstacle. How can we more effectively get our message out regarding funding support from education/health departments in government? Dean Gorecki provided an example of the approach used in Saskatchewan.

2.2 Faculty role in residency programs - A request was received from Christine Hughes on the Canadian Hospital Pharmacy Residency Board regarding faculty involvement. Fred requested that CSHP Residency Board give some consideration to what they would want from faculties at the national level.

2.3 Career development is a big issue – how do we better inform undergraduate students early in their programs about careers in hospital pharmacy? Examples include job shadowing programs and introducing the student into specialty practices environments.

2.4 Current Issues Facing CSHP – The role of pharmacy technicians and pharmacist prescribing within the institutional environment are two major issues where discussion papers have been prepared. A discussion paper on the entry level Doctor of Pharmacy is expected to be released within the next few months. Seamless Care is an issue that everyone supports and CPhA and CSHP produced a joint document. However, much more needs to be done to put seamless care into every day practice.

2.5 Miscellaneous Items – Could we develop specific guidelines for cross appointment roles? How can we better publicize our awards programs where there is a definite overlap within the two groups?

3.0 **11:00 AM - Rx & D - Robert Dugal, Vice President**

3.1 Faculty industrial visitation program – It seems to be working well; and there were no specific recommendations for changes.

3.2 Summer student industrial program – There were four issues that the Deans recommended change: 1. Can the selection process be moved to earlier in the year? 2. Could there be an increase in the number of students that each Dean can nominate (if one student drops out before the selection process, then that school may not have an opportunity for that position) 3. Would Rx and D notify the Deans of the students selected when the final decisions are made? 4. Would Rx and D consider increasing the student stipend?

3.3 The Health Research Foundation Graduate Student Awards– The curriculum vitae that is required is similar to CIHR and is required for companies to get tax credits.
Research investments in Canada – Rx and D companies invested close to $ 1 billion and about 25 % is basic research with the rest being clinical. About ¼ of these funds go to universities and pharmacy does not seem to obtain as large an amount as it could. Rx and D does not have any influence on determining how individual companies allocate their funds.
Dr. Dugal suggests that research funding may taper off under the current business climate Patent protection in Canada is still not as good as in other parts of the world. It was suggested that we work harder to get pharmacy more involved in phase I studies. Concern was expressed with CIHR on the way they have developed the institutes as there is a real concern that general drug development may be ignored within disease oriented groups.

3.4 There is increasing concern that pharmaceutical firms are no longer having pharmacy relations officers at senior levels within the companies and therefore, there is no specific individual within the firms that deal directly with the pharmacy profession on national issues.

3.5 Update on AFPC Issues -Fred outlined some of the current areas of AFPC involvement as noted under the meetings with the previous groups.

3.6 Opportunities for new joint programs – Rx and D has not identified any at this time but they are open to suggestions.

4.0 **1:00 PM - CPhA - Jeff Poston & Janet Cooper, Russell Milon, Director of Gov't Affairs**

4.1 CPhA & AFPC Conferences – Nancy Coll is the liaison between the two organizations and everything seems to be working well for the Winnipeg Conference. We are currently making arrangements for AFPC registrants to attend Roy Romanow's presentation to the CPhA delegates. CPhA conferences will be held in St. John, NB in 2004; Quebec City in 2005; Edmonton in 2006. We need to let CPhA know if we wish to participate in any of these conferences as soon as possible. If we adhere to our current policy, we would meet with CPhA in 2004 (St. John, NB) and in 2006 (Edmonton, AB).

With the two programs being held concurrently, it is always difficult to attend each others meetings, but this will be examined for future meetings. CPhA wishes to introduce more science/research in their meetings. Perhaps they could consider some arrangements for their members to attend our more science oriented sessions or work together on a joint science session.

4.2 Romanow Commission submissions – CPhA was one of the invited members to participate in an early meeting with the Commission and then were asked to present the report. Each week the CPAC channel features a discussion on health issues relating to the Commission. Jeff Poston has been invited to be one of the panelists on next week's program. There was considerable discussion on the process during the Commission's across the country meetings. The final report will be out in November. Senator Kirby's report will also be coming out this spring. David Hill provided an overview of AFPC preparation for the commission. AFPC wants to provide re-assurance to Romanow that our education does prepare graduates to meet those practice needs described in the CPhA submission. AFPC will also address issues relating to faculty resources and graduate programs to produce the faculty, the clinical education component and the related costs of these programs.

4.3 Public Relations - CPhA will feature another major supplement in the National Post during national Drug Awareness Week and they have developed a 30-minute television program, which will be marketed to TV stations (3 TV stations to date have agreed). It features a series of stories on what the pharmacist does.

4.4 Human Resources HRDC Project – The situational analysis was completed over a year ago and after extensive delay, the first meeting of the second phase will be next week (David Hill and Dennis Gorecki represent academic pharmacy). The goal is to gather reliable data that may be used to determine the future for our profession. The funding for the project is based on a 50/50 split between the profession and the government. Up to 80% of the profession's contributions may be "in kind". Kevin Hall from Winnipeg Health Sciences is Chair of the group.

4.5 Task Force on Experiential Education – David Hill provided an overview of the task force. CPhA representatives suggest that there may be some sources of funding from the Health Transition Fund # 2.

4.6 Pharmacy Practice Research - Kirsten Woodend is the new Director of Research and she is trying to breathe some life into the practice research network. She is establishing pharmacy practice research information on the CPhA web site.

4.7 Changes to the Centennial Scholar name and criteria for award (Award is now the CPhA Centennial Award and CPhA membership required) – The Deans expressed continuing concern over the CPhA Board decision that was made in the fall of 2000 regarding the requirement that student applicants for this award must be CPhA members. The Deans requested that Jeff take the concerns back to the CPhA Board.

4.8 Immigration – International pharmacy students who may wish to serve a clerkship/training in Canada are now required to have a working visa (is not possible under the current situation). The professions are lobbying against the new bill (#11). There are also concerns over the ability of foreign-trained graduates to obtain clerkship sites.

4.9 Compendium of Pharmaceutical Specialties – The current policy provides complimentary copies go to CPhA members and physician practitioners in Canada. The Deans requested that CPhA provide two complimentary copies to each faculty.

4.10 The Canadian Pharmaceutical Journal is now to be prepared in house by CPhA. Blair Jarvis, who was formerly with the Australasian Drug Information Service (ADIS) in New Zealand has been appointed editor (a Canadian pharmacist).

4.11 Launching new web site – four components, CPhA members site, pharmacists site, health professional site and the public site (www.pharmacists.ca)

5.0 3:15 PM - CDMA - David Windross, Alan Kyte

5.1 Update on CDMA activities – The main emphasis of the Association is directed towards speeding up the drug approval process for generic drugs and obtaining provincial drug plan formulary approval. The market now represents 303 million prescriptions (40 % generic). There has not been a large increase in the number of prescriptions, but the volume of drug per prescription has increased (from 30 days to 90 days supply).

CIBC World Reports had an issue featuring the pharmaceutical marketplace in Canada - Generic drug manufacturers and their impact on the drugstore industry. It was requested that the Executive Director obtain copies of this report for the Deans and Council.

There was considerable discussion over the current marketing practices with retail pharmacies that involve rebates from the manufacturer. Policy issues can not be addressed by CDMA as an organization. The code of marketing practices does not apply to this issue.

5.2 David Hill gave a brief overview of our Romanow Commission submission. The CDMA submission to the Romanow commission deals primarily with the generic issues. Self-sufficiency for Canada is one of the issues that CDMA will address.

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6.0 **Wrap-up Discussion with Deans** – There was a general consensus that the joint meeting was very productive experience. The Sunday session was very good but there was also a feeling that the external meetings were not very productive. The external meeting approach needs to be re-assessed.

7:00 Adjournment – adjournment 3:50 PM

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA/
ASSOCIATION DES FACULTÉS DE PHARMACIE DU CANADA
COUNCIL MEETING *MINUTES*
8 AM
FRIDAY, MAY 11, 2002
WINNIPEG CONVENTION CENTRE

1.0 Opening Remarks - President Fred Rémillard welcomed Executive and Council members to the conference and the Council Meetings in Winnipeg. He had a special welcome for the new council member from Alberta, Sheila Kelcher as well as Rita Caldwell who will be the ADPC representative to the executive and council for the 2002 – 2005 period.

2.0 Roll Call/Minutes/Additional Agenda Items

2.1 Roll Call - Executive and Council – The following were present: Fred Rémillard, President; David Fielding, Past President; Lavern Vercaigne, President Elect; Wayne Hindmarsh, ADPC representative; Simon Albon, UBC; Zubin Austin, Toronto; Sheila Kelcher, Alberta; Mike Namaka, Manitoba; Sylvie Marleau, Montréal; Susan Mansour, Dalhousie; Yvonne Shevchuk, Saskatchewan; Jim Blackburn Executive Director. Lili Wang from Memorial University was present for a part of the afternoon Council meeting. Absent from the meeting due to illness – Pierre Bélanger, Laval. Also present were Rita Caldwell, ADPC representative 2002 – 2005 and David Hill (chair of Task Force on Experiential Education and Romanow Commission submission).

2.2 Consideration of Minutes of Executive/Council Meeting, February 23 - 25, 2002. The minutes of that meeting were approved on a motion by Wayne Hindmarsh and David Fielding.

2.3 Additions to Agenda and Approval of Agenda
Wayne Hindmarsh reported that he represented AFPC at the CPhA sponsored meeting to discuss Pharmacy Technicians in Canada
The motion to accept the agenda was approved (Lavern Vercaigne and Yvonne Shevchuk).

3.0 Business Arising From Minutes that will not be covered in Committee Reports

3.1 Compendium of Pharmacy Student Projects – Fifty abstracts have been received (30 hospital pharmacy resident projects and 20 pharmacy student abstracts). Twenty-five have been received from Laval and 15 from UBC. It was agreed that we would send a note in the next AFPC Update to encourage more submissions from the other faculties. Fred Rémillard and Jim Blackburn will follow up with Jim Mann from CSHP, Ginette Bernier from Merck Frosst and Rick Jones from

Pharmacia to determine the most appropriate way to publish the abstracts. It was agreed that preference would be given to publishing the abstracts as a supplement to the Canadian Journal of Hospital Pharmacy.

3.2 Faculty Role in Residency Projects – Christine Hughes indicated that the Residency Board was still interested in pursuing this item and they will be contacting AFPC again in the near future. AFPC would be interested in having a question included in their survey regarding what role or potential role residents currently have at the Faculties of Pharmacy.

4.0 Committee Reports

4.1 Executive Committee - Fred Rémillard – President Rémillard noted that the President's Report has been circulated to Council and most of the items will be discussed under the agenda items. The Executive had not met since the mid-year meeting.

4.2 Awards Committee Report - Sylvie Marleau expressed her appreciation for the efforts of the grant review members for this year's awards. There has been one change in the Julien Braun Merck Frosst Fellowship. Christine Hamel from Université de Montréal has accepted another scholarship, so Michelle Sevigny from Laval has been selected to receive this award. Sylvie noted that the AACP NIP Program for Canadian new investigators has been cancelled due to the Burroughs Wellcome Foundation discontinuance of program support.

Four Honorary AFPC members will be awarded at the AFPC Banquet as approved at the mid-year meeting (John Bachynsky, University of Alberta; Don Lyster and John Sinclair, University of British Columbia and John Templeton, University of Manitoba). The terms of reference for Honorary Membership will be reviewed.

The AFPC Special Service Award of Recognition will be given to Wayne Hindmarsh for his continuous leadership to AFPC over a thirty year period.

The Rx and D Faculty Visitation Awards for 2002 will be awarded to:

- Jana Bajcar, University of Toronto
- Xiaochen Gu, University of Manitoba

The motion to approve these recipients was approved (Sylvie Marleau and Wayne Hindmarsh)

It was also recommended that supervisors or research collaborators would not be eligible to provide the letters of support for applicants of the Janssen-Ortho Pharmaceutical Research Award.

It was recommended that we continue to pursue a sponsor for the Graduate Student Award for 2003.

The Awards Committee Report was approved on a motion by Zubin Austin and Simon Albon.

4.3 By-Laws Committee - David Fielding indicated that Corporations Canada has approved the AFPC Bylaw amendments from June 2001.

4.4 Education Committee - David Fielding – The major focus of the Education Committee has been the preparation of the Teachers Conference on Program Evaluation for this conference. NAPRA has distributed a discussion paper on competency based standards and they have requested feed back. David Fielding requested comments on his response by a deadline of June 1, 2002.

It was moved by Zubin Austin, seconded by Yvonne Shevchuk, that David Fielding should prepare the response (including comments on some of the examples) and AFPC should commend NAPRA for the preparation of the draft document. The motion was accepted.

The motion to accept the report was approved (David Fielding, Sheila Kelcher).

4.5 Nominations Committee - David Fielding reported that Lavern Vercaigne has been nominated for President for the 2002 – 2003 term and Susan Mansour has been nominated for the position of President Elect. This report will be presented to the Annual General Meeting on May 12.

The motion to accept the report was approved (Wayne Hindmarsh, Sylvie Marleau)

4.6 Research Committee - Pierre Bélanger – no report

4.7 Conference Planning Committee

4.7.1 Conference 2002 - Lavern Vercaigne provided an overview of the conference program. To date, we have 97 registrants in total; (18 students; 74 full registrants; 5 Saturday registrations). It is estimated that there will be 112 people at the banquet. The Council expressed their appreciation to Lavern and the Conference Committee for their efforts in the organization of this conference.

4.7.2 Conference 2003 - Sylvie Marleau reported that the 2003 AFPC/CCCP Conference will be held May 29 – June 1 at the Delta Montréal in Montréal. Simon Albon, Zubin Austin, Susan Mansour and Lavern Vercaigne will meet tomorrow morning with the members of the Conference 2003 Planning Committee to discuss the conference program,

including the Teachers Conferences. To date, CCCP has not identified an individual to work on the conference planning committee, so the Executive Director will contact CCCP again as soon as possible.

4.8 History Book - Jim Blackburn indicated that the History Book Report is similar to the mid-year report, but it is presented here in order to be included in the AFPC Proceedings 2002.

4.9 Communications Committee - Simon Albon presented an overview of his written report. AFPC is very fortunate to have Rebecca Law continue to provide her services as AFPC *Communications* editor. Planet Fish has developed the web site and Council members were very pleased with the draft web site. Simon requested the help of Council Members to write up information for inclusion in the web site. The AFPC web site will be bilingual and Sylvie Marleau will attempt to recruit students who may be able to provide translation for all documents on the main web site. The web site has an excellent search feature for html documents. We will be able to develop and collate roster information by specialty, as well as automating registration and abstract submission.

The motion to accept the report was approved (Simon Albon and Sylvie Marleau).

Planet Fish has submitted a proposal to develop a new logo (quotation – $ 880). A motion to allot an expenditure of up to $ 900 toward the development of a new AFPC logo was approved (Simon Albon and Sheila Kelcher).

The motion to accept the Communications Committee Report was approved (Simon Albon and Susan Mansour).

4.10 Report of Representative to the CPhA Pharmacy Human Resources Project Planning Team - David Hill forwarded a report of the first meeting to all Council members. The group is currently drafting the terms of reference for the human resource study that will be submitted to HRDC. It is necessary that a legal entity be established that would be composed of representatives of the major pharmacy organizations. This legal entity will be responsible for conducting the project. The pharmacy organizations will be responsible for providing 50 % of the cost of the study with HRDC providing the other 50 %. Ten percent of the total cost must be provided in cash while the remainder may be provided “in kind”. It is expected that CPhA and CACDS may be in a position to provide major support whereas CSHP, AFPC/ADPC, NAPRA, PEBC and related organizations may be a second line of support. It is necessary for academic pharmacy (AFPC and ADPC) to indicate their general commitment to this project.

The Council was supportive of the project but no specific commitment was made and there will be further discussion with ADPC regarding the amount of

commitment as well as who will represent academic pharmacy in the project. The next meeting of the project planning team will be held on June 22 – 23.

4.11 Report on the Task Force on Experiential Education - David Hill
As a follow-up to the mid-year meeting, representatives from AFPC (David Hill, Fred Rémillard and Lavern Vercaigne) and ADPC (David Collins and Rita Caldwell) met in Winnipeg in April to confirm to the terms of reference, committee structure and membership.

David Hill will provide an overview of the task force responsibilities and composition at the conference session on this topic on the Sunday program. The Task Force will also take this opportunity to seek audience comments. The first official task force meeting will occur on Monday morning. Representatives from each faculty will provide a brief overview of their experiential program and they will also comment on their expectations for the task force. ADPC will cover the financing for the first task force meeting and other funding sources will continue to be pursued.

It was moved by Mike Namaka, seconded by Zubin Austin, that the terms of reference for the Task Force on Experiential Education be approved. The motion carried. (see appendix to the minutes)

4.12 Report on the Romanow Commission Submission - Monique Richer & David Hill. David Hill indicated that data on student, faculty and financial resources were collected from each faculty. AFPC/ADPC attempted to present to the commission in four different locations, but the requests were denied. An abstract has been submitted to the Commission and a brief report will be prepared which will attempt to bring an educational-need focus to the pharmacy submissions of CPhA, CSHP, CACDS and the pharmaceutical industry.

4.13 Report of the AFPC Representative to the NAPRA National Continuing Competence Program Core Steering Committee - David Fielding presented an overview of the first meeting of the Steering Committee in Ottawa. A workshop was led by Nancy Winslade to explore ways to assess continuing competence. A model was developed which NAPRA will distribute to pharmacy stakeholders for comments. Practitioner acceptance may be a hurdle to the project. The Council agreed that AFPC should continue to participate on the committee.

5.0 Representative to External Groups

5.1 ADPC Representative - Wayne Hindmarsh reported that the Deans have not met since the mid-year meeting. They are pleased to work with AFPC on initiatives to achieve common goals. Wayne expressed his appreciation to AFPC Council for the opportunity to work with Council members during his term as ADPC

representative. He indicated that Rita Caldwell is the new ADPC representative to the Executive and Council.

5.2 CPhA Academic Board Member - Keith Simons provided an overview of his written report. Linda Suveges is the new Academic Member of the CPhA Board. The joint AFPC/CPhA officers meeting will take place this afternoon. President Rémillard expressed the appreciation of AFPC for the excellent representation that Keith has provided to academic pharmacy during his term on the CPhA Board of Directors.

5.3 CCAPP - Sylvie Marleau & Jake Thiessen. Sylvie reported that she will be attending her first meeting of the CCAPP Council this afternoon. There are a number of new CCAPP members and a planning session will be held today with the annual meeting of the CCAPP scheduled for tomorrow.

5.4 PEBC - Monique Richer and Linda Suveges
There was no report.

5.5 CCCEP - Marc Desgagné will provide his report to the AFPC Annual General Meeting on Sunday.

6.0 Executive Director

6.1 Executive Director's Report – Jim Blackburn presented an overview of his written report. He expressed his appreciation for the opportunity to work with the AFPC Executive, Council and members during the past 3½ years.

6.2 Executive Director Search Committee

The Search Committee will be composed of Fred Rémillard, Lavern Vercaigne, Susan Mansour and Rita Caldwell. The previous advertisement and job descriptions have been circulated to Council for their comments. The specific role of the Executive Director regarding support for ADPC activities is also being considered by ADPC.

7.0 Finance

7.1 Audited Financial Statements 2001- As a result of the resignation of the Executive Director, the Executive agreed that a more formal audit of AFPC should be done this year. The Council approved the retention of Myers, Norris Penny to perform the 2001 audit of AFPC accounts. The audit has not been completed but Myers Norris Penny have provided a draft financial statement for this meeting. The draft financial statement indicates a 2001 surplus of $ 30,000 for the year.

7.2 Financial Update 2002 – The AFPC 2002 budget forecasts a $10,600 deficit which was approved at the mid-year meeting. It appears that budget predictions are fairly close to the actual expenditures to date.

The Executive/Finance Committee will review the current faculty fees to update enrolment numbers. Any proposed change in the faculty fee will be discussed with ADPC with the goal to implement the revised fee structure for the 2004 membership year.

It was noted that there appears to be decreased funding support from the pharmaceutical industry for pharmacy education. This is partially attributable to the amalgamation of companies. However, there also seems to be decreasing emphasis on professional pharmacy relations within the structure of many pharmaceutical firms. AFPC must make the case to industry that our product (pharmacists) are vital to pharmaceutical firms in educating the public as well as physicians about their products. Clinical faculty provide a major role in the latter responsibility. It was recommended that we consider establishing a pharmaceutical industry advisory committee to seek to develop a new approach to the industry. It was suggested that the Executive consider identifying an ad hoc Industry Liaison group from our Affiliate members to initiate the dialogue.

Compendium of Pharmacy Student Projects – A motion was approved to designate $ 4,000 from the compendium project budget to support the mid-year meeting expenses. (Wayne Hindmarsh and Zubin Austin).

8.0 In Camera Session

9.0 New Business

9.1 Arrangements for Meetings with External Groups

- Dick Penna, AACP - 4 PM, May 10 (Dr. Penna will join us this afternoon and attend our dinner on Friday night. Will be leaving early on Sunday morning so will not be attending AGM. It was agreed that he will bring greetings from AACP at the AFPC Banquet. A brief overview of the meeting with Dr. Penna is included under item 9.2.

- CPhA - 5 PM, May 10 – Campaign B Room; Delta; it was agreed that the Romanow Commission, Task Force on Experiential Education and the HRDC Human Resources project would be the main discussion items. In regard to the latter item, it was generally agreed that if only one of ADPC or AFPC were permitted to represent academic

pharmacy, then ADPC would probably be the best group because of their direct involvement in enrolment issues and finances.

- CAPSI - 3 PM, May 13 – CAPSI has indicated that they will give an update on student professionalism and also discuss student participation in OSCE type examinations during their programs.

- CSHP - 3:45 PM, May 13 – one of the main issues will be discussion of the CSHP Discussion Paper on the Entry-Level Pharm.D. programs.

9.2 Meeting with Dr. Penna, Executive Vice President, AACP

- AACP has experienced initial difficulties in implementing a centralized student application service which is very useful when there are many applications for few spaces. Students will forward one application and designate the schools where they wish to apply. This data provides great demographic information. Dr. Penna suggested that if AFPC is interested in pursuing collaboration with AACP, they would be willing to discuss this. Liaison International will be the new vendor of this system (also provide this service to Dentistry, Osteopathy and Veterinary Medicine). The system will be available next spring to apply for enrollment in the fall of 2004. The cost for students is $100 for first application (sent to one college) and then $ 40 per additional school. Centralized service evaluates the student's application and examples will be provided at the AACP meeting in Kansas City.

- Institutional research capability - outcomes assessment is a major focus of AACP to develop a common assessment instrument.

- Looking to create a new PCAT assessment instrument with more focus on ability to think critically; this may also be of interest to AFPC schools.
- One more College will join AACP this fall and four more are being considered. AACP is planning a special conference next fall which is aimed at universities considering establishing a Pharmacy College. It will be make these universities aware of the expectations and requirements that must be met for pharmacy education in the USA.
- Annual Meeting in Kansas City – Dr. Penna invited AFPC members to attend the 2002 conference.

10.0 Adjournment – the meeting adjourned at 4:30 PM.

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

2002 – 2003 NEW COUNCIL MINUTES
MONDAY, MAY 13, 2002
WINNIPEG CONVENTION CENTRE

1. Opening Remarks - President Lavern Vercaigne welcomed the new AFPC Executive and Council and indicated that he is looking forward to a very productive and interesting year.

2. Roll Call and Approval of Agenda
2.1 The following 2002 – 2003 Executive and Council members were present: Lavern Vercaigne (President); Fred Rémillard (Past President); Rita Caldwell (ADPC representative); Simon Albon (British Columbia); Sheila Kelcher (Alberta); Mike Namaka (Manitoba); Zubin Austin (Toronto); Sylvie Marleau (Montréal); Lili Wong (Memorial) and Jim Blackburn (Executive Director). Susan Mansour (President Elect) and Yvonne Shevchuk (Saskatchewan) had to leave the conference prior to the meeting and new Council members will be named shortly for Dalhousie University (replace Susan Mansour) and Laval (replace Pierre Bélanger).

   2.2 The motion to accept the agenda as distributed was approved (Zubin Austin and Sheila Kelcher).

3. Appointment and Charge to Committees

   3.1 Awards Committee – Sylvie Marleau, Chair
   Dr. Marleau agreed to continue as Chair in addition to her responsibilities with the 2003 AFPC/CCCP Conference Planning Committee.
   The executive director will contact France Migneault from Janssen-Ortho to pursue changes in the expense allocation for the recipients of the Janssen-Ortho Award. It was also reiterated that collaborators will not be permitted to provide letters of support for the Janssen-Ortho Pharmaceutical Research Award.

   The Executive Director will contact each award sponsor over the next two months to determine if they will continue to sponsor the award. Fred Rémillard and the executive director will also continue to pursue sponsorship for the Graduate Student Research Award (Novartis and GlaxoSmithKline initially). Mike Namaka also suggested that Serono may be interested and he will follow up with that company, once he receives the terms of reference for the award.

   3.2 Bylaws Committee – Fred Rémillard

   3.3 Communications Committee – Simon Albon (chair), Sheila Kelcher, Rebecca Law The next AFPC Update will promote the new web site (www.afpc.info)

and PlanetFish will begin work on the new logo. The Executive Director will express the appreciation of AFPC to Rebecca Law, Communications Editor.

3.4 Conference 2003 Planning Committee –
Host Committee – Dr. Jacques Turgeon, Chair; Guylaine Bertrand (Planning, Liaison with CCCP); Marie-Claude Binette (Planning, Teachers Conference); Claude Mailhot (Planning Teachers Conference); Sylvie Marleau (Planning, Award Presentations, Teachers Conference); Pierre Moreau (Planning Poster Session); Ginette Bernier (Merck Frosst).

Council members Lavern Vercaigne, Simon Albon, Zubin Austin, Susan Mansour and Jim Blackburn met with the Host Committee on May 12 to finalize arrangements for Teachers Conferences. The two featured topics will be "Student Professionalism: Raising Awareness" and "New Technology in Teaching: Where are we? Where are we going?"

Lavern Vercaigne will forward information to Sylvie Marleau regarding the planning for the 2002 conference

The Conference will be held May 29 – June 1 at the Delta Centre-Ville Montréal. Conference Theme – Student Professionalism: Bridging the Gap Between Knowledge and Ethics". The Council Meeting will be held on May 29 with the official opening of the conference on that evening.

It was noted that the dates of the conference will conflict with the CPhA Conference which is being held in Vancouver, beginning the weekend of May 31.

3.5 Education Committee – Zubin Austin, Simon Albon, Susan Mansour will further develop the template from the program evaluation workshop. Once a first draft has been prepared, it will be forwarded to CCAPP for their comments. David Fielding will be asked if he would be willing to continue to serve on this committee. It was suggested that we consider having each faculty curriculum chair become a member of the Education Committee. The executive director will forward information on the financial aspects of the Educational Outcomes project to Zubin Austin. It was also suggested that we may wish to work with AACP on some aspects of this project.

There was great interest in the future use of laptops for recording information in small group sessions as developed by David Fielding.

3.6 Executive Committee – Lavern Vercaigne, President; Fred Rémillard, Past President; Susan Mansour, President Elect; Rita Caldwell, ADPC representative

3.7 Planning and Finance Committee – Susan Mansour and Rita Caldwell
It was agreed that the Executive Director will prepare a list of the AFPC contact people in the pharmaceutical industry as well as those companies where we do not have current contact or support. This list will be distributed to Council Members for their additional suggestions for contacts.

This Committee will also review the current process and procedure for AFPC investments. It was noted that AFPC is a charitable organization and as such does not pay GST.

3.8 Executive Director Search Committee – Susan Mansour, Rita Caldwell, Fred Rémillard, Lavern Vercaigne. ADPC has suggested that they could contract/utilize up to 10% of the Executive Director's time. Lavern Vercaigne and Fred Rémillard will coordinate the advertising for the position.

3.9 Research Committee – Mike Namaka, Chair, Lili Wang - The following issues were recommended for consideration by the Research Committee during the 2002 – 2003 year:

- determine and develop new terms of reference for the research committee.
- reflect the new terms of reference back to the AFPC Mission Statement
- consider mechanisms to encourage better attendance at the Awards Presentations during the annual meeting
- encourage clinical research submissions for the Awards program

3.10 Other – Concern was expressed about the turn out at the Pharmacy Practice Research Symposium as it conflicted with the set up of the poster presentations and the Task Force on Experiential Education.

- Compendium of Pharmacy Practice Research Projects – further discussions concerning this project were identified in the May 10 Council meeting.

4. Confirmation of AFPC Representatives, Delegates and Council Member Assignments

4.1 ADPC Representative – Rita Caldwell

4.2 Canadian Council for Accreditation of Pharmacy Programs
- Sylvie Marleau
- Jake Thiessen

4.3 Task Force on Experiential Education – David Hill, Fred Rémillard, Rita Caldwell

4.4 CPhA Human Resources Project Planning Committee – David Hill

4.5 Canadian Council for Continuing Education in Pharmacy – Marc Desgagné

4.6 Communications Editor – Rebecca Law

4.7 Pharmacy Examining Board of Canada – Linda Suveges, Monique Richer

4.8 Representative to United States Pharmacopoeia 2000 - 2005 – Colin Briggs

4.9 NAPRA Continuing Competence Program Steering Committee – David Fielding

4.10 Academic Representative to CPhA Board – Linda Suveges (not a AFPC appointment)

5.0 Business from May 10 Council Meeting – No additional agenda items were suggested.

6.0 New Business

6.1 Date and Time for Mid-year Meeting – to be set by Executive.

6.2 Meeting with CAPSI Council (3:00 PM)

The respective Councils introduced themselves prior to the discussion. **Student Professionalism** - Lesley Swikert provided an update on the CAPSI approach in preparing the paper on this topic. They wish to involve a student representative from each faculty so it is truly national in scope. The paper will focus on defining student professionalism and what can be done to foster student professionalism. It will be prepared in a positive approach and it is directed to both students and pharmacists who will help students in the process. The initial writing is now underway and CSHP has offered to review the initial draft. AFPC also indicated that it is willing to review the paper if desired. It was noted that the 2003 AFPC/CCCP Conference theme is professionalism, so this would be an excellent opportunity for student participation.

OSCE – CAPSI wishes to encourage all faculties to utilize the OSCE process throughout the curriculum to provide adequate preparation to the students who will be taking the PEBC examination. CAPSI is interested in developing a data file on case studies that would be available. They also wish to develop information on how to prepare students for the OSCE process. CAPSI will develop a template and get back to AFPC with more details concerning their specific needs.

PDW 2003 in Halifax - it continues to be very difficult for senior year students to attend the PDW due to clerkship assignments. It was agreed that there is not

much that can be done to alleviate this problem and the focus will be towards attracting the participation of the first to third year students.

The executive director will forward the list of the AFPC Executive and Council to Sandy Lu (asejk@yahoo.com) at CAPSI.

6.3 Meeting with CSHP - Jim Mann & Linda Poloway (3:45 PM)

Pharm.D. entry level degree - CSHP developed a position paper on the entry-level Pharm.D. program and it will be available on their web site. CSHP established a task force to review this topic in 1999 and it included various stakeholder groups. They looked at educational curricula, both in Canada and the U.S. as well as an extensive pharmacy literature review looking at all aspects of the perceived outcomes of the entry level Pharm D. The conclusion of the Task Force report "CSHP recognizes that Canadian schools of pharmacy need to adapt to change; to actively support life long learning, better patient care but CSHP does not support the entry-level Pharm.D. degree at this time" It is their view that practice change does not necessarily relate to educational programs and baccalaureate level pharmacists can provide pharmaceutical care. They recognize that there is a need for undergraduates to have more experiential training. Once the paper is formally approved, copies will be forwarded to AFPC.

Fred Rémillard commended CSHP for their position paper and he indicated that it may be an appropriate time for AFPC to update the discussion paper that was prepared by David Hill two years ago. It was agreed that we should seek collaboration approaches to issues of specific interest to both organizations.

7.0 Adjournment – The meeting adjourned at 4:15 PM

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
/ASSOCIATION DES FACULTÉS DE PHARMACIE DU CANADA

59th ANNUAL GENERAL MEETING MINUTES
SUNDAY, MAY 12, WINNIPEG, MB

1.0 Opening Remarks - President Fred Rémillard welcomed all the AFPC members to the 59th Annual General Meeting. He introduced the Executive and Council Members. The list of attendees are attached as an appendix to these minutes.

2.0 Approval of Agenda – The agenda was accepted as distributed on a motion by Zubin Austin and Susan Mansour.

3.0 Acceptance of 2001 Annual General Meeting Minutes - Saturday, June 16, 2001. The minutes were approved as distributed on a motion by Sheila Kelcher and Lili Wang. It was noted that the decision was made to change the auditor since it was believed that a formal audit should be done due to the upcoming change in the Executive Director position. The auditor for 2001 will be Myers Norris Penny. The confirmation motion to approve this change was accepted. (David Fielding and Jacques Turgeon)

4.0 Conference 2002 Committee Announcements – Conference Chair Lavern Vercaigne indicated that there were no new announcements concerning the conference program.

5.0 Greetings

5.1 Dr. Richard Penna, Executive Vice President, American Association of Colleges of Pharmacy presented his greetings at the AFPC Banquet the previous evening, since he was returning to Washington this morning.

6.0 Memorial to Deceased Members – President Fred read the memorial statement in tribute to Dr. Norman Hughes and this was followed by a one minute silence.

7.0 President Address - Fred Rémillard
President Rémillard outlined the numerous accomplishments of the Association over the past year which included:

- preparation of the Romanow Commission submission,
- establishment of the Task Force on Experiential Education,
- development of the new web site,
- establishment of closer co-operation between the AFPC and the Association of Deans of Pharmacy of Canada through a joint semi-annual meeting well as the continuing successes of our Awards Program and educational conferences.

8.0 AFPC Committee Reports

8.1 Awards Committee Report – Sylvie Marleau presented the names of the award recipients and she also expressed the appreciation of the AFPC to the award reviewers for their efforts in the success of the awards program.

The motion to approve the report was moved by Sylvie Marleau and Zubin Austin. The motion was accepted.

8.2 Nominations Committee Report - David Fielding presented Lavern Vercaigne for President for 2002 – 2003. A motion by Sheila Kelcher and Keith Simons to approve the nomination was accepted.

David Fielding presented the name of Susan Mansour for President Elect for the term 2002 – 2003. The motion to approve the nomination accepted (Wayne Hindmarsh and Neil Mackinnon).

8.3 Bylaws Committee Report - David Fielding indicated that the Corporations Department had approved the revised AFPC bylaws of June 2001. The report was accepted on a motion by David Fielding and Andrea Cameron.

8.4 Education Committee Report - David Fielding outlined the work of the committee during the year. The main emphasis was the preparation of the workshop on program evaluation and the continuing development of competency base standards. The motion to accept the report was approved (David Fielding and Lesley Lavack).

8.5 Research Committee Report - Pierre Bélanger was unable to attend the meeting and there was no report from the Research Committee.

8.6 Communications Committee Report - Simon Albon, Chair; committee members - John Bachynsky and Rebecca Law
Simon reported that Rebecca has streamlined the reporting form for AFPC Communications. PlanetFish has been contracted to develop the new web site www.afpc.info. Simon demonstrated the web site and indicated additional improvements that were in process. A new AFPC logo is also being developed by PlanetFish.

The motion to accept the report was approved. (Simon Albon and Zubin Austin)

9.0 Reports from Special Committees and Delegates

9.1 Appointee of the Association of Deans of Pharmacy of Canada - Wayne Hindmarsh indicated that ADPC was pleased to be working with AFPC to further the common goals. He stated that this was his last meeting as ADPC representative and he

expressed appreciation to council and executive members for their efforts to consistently improving pharmacy education in Canada. The motion to accept the report was approved. (Wayne Hindmarsh, Frank Abbott).

9.2 Academic Board Member of the Canadian Pharmacists Association - Keith Simons highlighted the written report. The CPhA election for president and vice-presidents will be held on May 13. He expressed appreciation to AFPC for support that he received during his terms as the academic board member of CPhA. Linda Suveges is the new CPhA Academic Board Member.
The report was accepted on a motion by Keith Simons and Susan Mansour.

9.3 Appointees to the Canadian Council for the Accreditation of Pharmacy Programs - Sylvie Marleau & Jake Thiessen
Sylvie Marleau noted that she and Jake Thiessen are attending their first CCAPP meeting and they will provide an update following that session.

9.4 Appointee to the Canadian Council on Continuing Education in Pharmacy - Marc Desgagné provided an overview of his written report. CCCEP has been informed that they must pay GST on receipts received since 1997. This may lead to a payment of up to $ 15,000 which severely affects the financial status of the organization. The current meeting included a facilitated planning session with the development of a revised mission statement and business plan. CCCEP and NAPRA held their second annual forum recently and they are in the process of planning the third program. CCCEP has a new web site (www.cccep.org). Representatives of CCCEP have been invited to attend an international continuing education conference in South Africa.

The motion to accept the report was approved (Marc Desgagné and Zubin Austin).

9.5 Task Force on Experiential Education - David Hill reviewed the terms of reference and action plan for the Task Force. The Association of Deans of Pharmacy have agreed to financially support the first meeting in Winnipeg on May 13. Other funding sources are continuing to be sought. The report was accepted on a motion by David Fielding and Linda Hensman. The results of theTask Force deliberations will be presented at the AFPC AGM 2003 in Montreal.

9.6 Report of the Representative to CPhA Pharmacy Human Resources Planning Team

The group is currently drafting the terms of reference for the human resource study which will be submitted to HRDC. It is necessary that a legal entity be established that would be composed of representatives of the major pharmacy organizations. This legal entity will be responsible for conducting the project. The pharmacy organizations will be responsible for providing 50 % of the cost of the study with HRDC providing the other 50 %. Ten percent of the commitment must be provided in cash while the

remainder may be provided "in kind". It is expected that CPhA and CACDS may be in a position to provide major support whereas CSHP, AFPC/ADPC, NAPRA, PEBC and related organizations may be a second line of support. It is necessary for academic pharmacy (AFPC and ADPC) to indicate their general commitment to this project. Kevin Hall from Winnipeg and Fred Martin from Prince Edward Island are the co-chairs of the project.

The motion to accept the report by David Hill and Dennis Gorecki was approved.

9.7 Romanow Commission Submission - Monique Richer and David Hill
AFPC/ADPC are currently drafting a submission to Romanow Commission. We were not successful in being granted a hearing but the report will be based on the other pharmacy reports to the Commission. The main theme will be built around curriculum and curricular change to prepare pharmacists for the new type of practice. The motion to accept the report was approved (David Hill and David Fielding)

9.8 PEBC Report – Linda Suveges and Monique Richer. A brief verbal report was given and it was indicated that a written report will be forthcoming.

10. Report of Executive Director -
Jim Blackburn presented an overview of his written report. He expressed his appreciation for the opportunity to work with the AFPC Executive, Council and members during the past 3 ½ years.

The motion to accept the report was approved (Keith Simons and Frank Abbott)

11. Audited 2001 Financial Statements and Budget for 2002
As a result of the resignation of the Executive Director, the Executive agreed that a more formal audit of AFPC should be done this year. The Council approved the retention of Myers, Norris Penny to perform the 2001 audit of AFPC accounts (see item 3.0). The audit has not been completed but Myers Norris Penny have provided a draft financial statement for this meeting which was distributed. The draft financial statement indicates a 2001 surplus of $ 30,000 for the year
The draft AFPC Financial Statement was accepted for information on a motion by Susan Mansour and Fred Rémillard.

12. AFPC Budget for 2002
The AFPC 2002 budget forcasts a $10,600 deficit which was approved by Council at the their mid-year meeting. The excess expenditures were designated to establish a new web site for AFPC. It appears that budget predictions are fairly close to the actual expenditures to date.

The budget for 2002 was approved on a motion by Susan Mansour and Fred Rémillard.

13.0 Appointment of Auditor – It was moved by Lavern Vercaigne, seconded by Susan Mansour, that Myers Norris Penny be appointed auditors for the 2002 – 2003 year. The motion was approved.

14.0 New Business

14.1 AFPC/CCCP Conference 2003 - Jacques Turgeon, Conference Committee Chair reported on the planned program for next year's conference, May 29 – June 1 at the Delta Montréal Centre-Ville.

15.0 Transfer of Presidency – Fred Rémillard, President 2001 - 2002 presented the President's Gavel to Lavern Vercaigne, President 2002 – 2003.

16.0 Confirmation of Signing Authority – It was moved by Frank Abbott, seconded by Jacques Turgeon, that President Lavern Vercaigne and Executive Director, Jim Blackburn have signing authority until the new executive director is appointed. The motion was approved.

17.0 Adjournment – Keith Simons moved, seconded by Claude Mailhot that the 2002 AFPC Annual General Meeting be adjourned. The motion was approved.

SEE ATTENDANCE LIST ON NEXT PAGE

LIST OF THOSE IN ATTENDANCE AT ANNUAL GENERAL MEETING

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

May 12, 2002

Frank Abbott
Simon Albon
Zubin Austin
John Bachynski
Jana Bajcar
Jim Blackburn
Céline Brunelle
Rita Caldwell
Marc Desgagné
Thérèse DiPaolo Chenevert
Rehana Durocher
Abeer Elzainy
David Fielding
Dennis Gorecki
Xiaochen Gu
Linda Hensman
Wayne Hindmarsh
Philip Hui
Sheila Kelcher
John Krishnarajan
Lesley Lavack
Gilles Leclerc
Neil Mackinnon
Claude Mailhot
Susan Mansour
Sylvie Marleau
Claire Moffett
Mutasem Rawas Qalaji
Fred Rémillard
Keith Simons
Hilja Toom
Jacques Turgeon
Lavern Vercaigne
Carmen Vezina
Guqi Wang
Lili Wang
Kishor Wasan
Nadine Wentzell
Anne Marie Whelan
Marguerite Yee
Pollen Yeung

PART 3.0

REPORTS OF AFPC STANDING COMMITTEES, REPRESENTATIVES AND DELEGATES

AFPC PRESIDENT'S REPORT – FRED RÉMILLARD
AFPC AWARDS COMMITTEE REPORT – SYLVIE MARLEAU
AFPC COMMUNICATIONS COMMITTEE REPORT – SIMON ALBON
TASK FORCE ON EXPERIENTIAL EDUCATION – DAVID HILL
AFPC REPRESENTATIVE TO NAPRA CONTINUING COMPETENCE CORE STEERING COMMITTEE – DAVID FIELDING
HRDC PHARMACY SECTOR STUDY STEERING COMMITTEE - DAVID HILL
ADPC REPORT – WAYNE HINDMARSH
CCEPP REPORT – MARC DESGAGNÉ
REPORT OF THE EXECUTIVE DIRECTOR – JIM BLACKBURN
FINANCIAL REPORT – JIM BLACKBURN

Association of Faculties of Pharmacy of Canada
President=s Report 2001-02

It is hard to avoid the usual cliche=s about being surprised that it has been already one year since I assumed the position of President of AFPC for the year 2001-02....but I am ! Borrowing (and editing) words from my favourite Beatle, George Harrison AAll *good* things must pass@. It has been an honour for me to serve as your President. I am very pleased with the many accomplishments AFPC has achieved in such a short period of time. The Executive and Councillors certainly deserve to be recognized for their contribution to our great organization while at the same time having to keep up with their busy faculty responsibilities at their respective Colleges.

AFPC continues to deal with a number of pressing issues and activities. Although these will be reported in detail at our Annual General Meeting, I would like to make mention of a few current items. David Hill, Monique Richer and Jim Blackburn worked extensively collecting data and finalizing the report to be sent to the (Romanow) Commission on the Future of Health Care in Canada. The report is to complement the CPhA submission and emphasize the needs of pharmacy education. Unfortunately our application to make a presentation at the public hearings so far has been denied, but the reason has been more political than lack of effort.

Coming out of last year=s council meetings with external groups and perhaps the most urgent endeavour, was to set up a Structured Practice Education Program Task Force. With representatives from all the stakeholders, including regional representation, we will address issues and barriers regarding community and hospital experiential training of our undergraduate students and hopefully arrive at a strategy for addressing these issues with the resources available. This 14-member committee, Chaired by Dr. David Hill, has recently been appointed and will be introduced at our Teacher=s Conference. There will also be an opportunity for AFPC members to provide input into the Task Force.

I wish to thank Dr. Sylvie Marleau who Chairs the Awards Committee which works very hard to recognize excellence in Canadian pharmaceutical education and research. Unfortunately last year we lost the sponsorship of the Graduate Student Research Award. AFPC and ADPC agreed to fund the award for this year as we continue to seek a sponsor. Simon Albon has worked diligently on our new AFPC website re-design project. A launch of our new website occurred in late April. I wish to congratulate Simon on the success of this vital project.

The AFPC Executive and Members of Council held its midyear meeting last February in Ottawa. This year we had a joint meeting with the Pharmacy Deans (ADPC). Although this was a first, I am sure there will be many more such meetings in the future. Both groups also met with representatives from the following external organizations: Rx and D, CDMA, CPhA, CSHP and NAPRA and CCAPP

Our Chair, Dr. Lavern Vercaigne, has everything in place for another successful conference.

The teachers= conference will be on program evaluation and experiential learning while the practice research symposium will focus on health outcomes research . Other program events include our Award Recipients Presentations, the poster sessions and finally our all important annual meeting. Our 2003 conference will be chaired by Dr. Sylvie Marleau. This will again be a joint conference with CCCP in Montreal from May 29th to June 1st. We hope it will coincide with the CSPS Annual Conference.

We are grateful that Merck Frosst Canada & Co. has agreed to sponsor a ACompendium of Pharmacy Practice/Pharmacy Education Student Research Projects.@ All completed and acceptable student project abstracts will be distributed to pharmacy practitioners, researchers and students as a supplement to a pharmacy journal and circulated electronically to AFPC members and on the AFPC website.

In July, Dr. Jim Blackburn and I attended the AACP Meeting in Toronto. Members of AACP warmly welcomed us to their educational and social events. Along with Wayne Hindmarsh and Zubin Austin, we met with the AACP Board and discussed current issues of importance to both organizations. They were very impressed by our graduates requiring OSCEs as well as by the competency assessment programs being developed for current practitioners. At a separate meeting with Dr. Dick Penna, Executive Vice-President and Susan Meyer, Senior Vice-President, I, along with Dr. Blackburn and Dean Frank Abbott, met to discuss potential partnership activities. These included the sharing of their collection of college of pharmacy statistics, leadership training programs and student admission statistics and application procedures.

AFPC ended year 2001 with a budget surplus. We are predicting a slight negative budget for the year 2002 as will be explained by our Executive Director.

And lastly, the year was not without some disappointments. Dr. Jim Blackburn, our Executive Director, has submitted his resignation. I am sure I speak for all the AFPC Members in expressing my sincere appreciation to Dr. Blackburn for all his hard work, dedication and commitment to AFPC . We were certainly fortunate to have him as our Executive Director for those short few years and wish him the best of luck in his future endeavors. A search committee has been selected and we will begin the process of recruiting a new Executive Director shortly.

So in conclusion we had another productive year. I wish our President elect, Dr Lavern Vercaigne the best for the coming year and would like to thank all the councillors for their tremendous support.

Respectfully submitted,

Fred J. Rémillard, Pharm.D., BCPP
AFPC President, 2001-02

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AFPC AWARDS COMMITTEE ANNUAL REPORT
MAY 2002

AWARD RECIPIENTS 2002

AstraZeneca New Investigator Research Award

The AFPC Award Committee reviewed 5 applications to the 2002 AstraZeneca Award competition. The recipient is:

Kishor Wasan, Faculty of Pharmaceutical Sciences, University of British Columbia, Vancouver, BC, V6T 1Z3

Bristol-Myers Squibb National Award for Excellence in Education

The AFPC Award Committee reviewed 3 applications to the 2002 BMS Award competition. The recipient is:

Claude Mailhot, Faculty of Pharmacy, Université de Montréal, 2900 Édouard-Montpetit, Montréal, Qc, H3T 1J4,

Janssen-Ortho Pharmaceutical Research Award

The AFPC Award Committee reviewed 3 applications to the 2002 Janssen-Ortho Award competition. The recipient is:

Thérèse Dipaolo-Chênevert, Faculty of Pharmacy, Université Laval, Sainte-Foy, Qc, G1K 7P4

AFPC/ADPC Graduate Student Research Award

The AFPC Award Committee reviewed ***15*** applications to the 2001 AFPC/ADPC Award competition. The recipient is:

Erica Rosemond, Leslie Dan Faculty of Pharmacy,University of Toronto, Toronto, ON, M5S 2S2

Merck Frosst Postgraduate Pharmacy Fellowships

The AFPC Award Committee reviewed 6 applications to the 2002 Merck Frosst competition. The recipients are:

Julien Braun Award

Christine Hamel, Faculté de Pharmacie, Université de Montréal Montréal, Qc, H3C 3J7 (**declined** acceptance, May 1 2002)

(**MICHELLE SÉVIGNY**, Faculté de Pharmacie, Université Laval accepted the award)

James E. Frosst Awards

Nigel Dagenais, Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta, Edmonton, AB, T6G 2N8 (accepted)

Tony Kiang, Faculty of Pharmaceutical Sciences, University of British Columbia, Vancouver, BC, V6T 1Z3 (**declined** award)

(**HO-LUN WONG**, Faculty of pharmacy University of Toronto accepted the award)

CANADIAN FOUNDATION FOR PHARMACY STUDENT RESEARCH POSTER AWARDS 2002

Dalhousie University

Natalie Crown

The Impact of a Clinical Pharmacist on Patient and Economic Outcomes on the Child and Adolescent Mental Health Unit at the IWK Health Centre

Memorial University of Newfoundland

Anas El-Aneed

A New Peptide-Liposomes/Protamine/DNA (LPD) Complex for Hepatocyte-Selective Targeting

Université de Montréal

Mrs. Marie-Christine Jones

Synthesis and Characterisation of Novel pH-Sensitive Unimolecular Polymeric Micelles as Potential Carriers for the Oral Delivery of Hydrophobic Drugs.

University of Toronto

Julia Kennedy

Antisense Evidence for NF-KB-Mediated Signal Transduction in the Mechanism of Phenytoin Embryopathies.

University of British Columbia

Evan Kwong

*Pharmacogenetics of Codeine Bioactivation in Pediatric Dental Patients: Development of a Real-Time, Rapid-Cycle Method for CYP2D6*10 Genotyping*

University of Alberta

Ms. Eunna Lee

Ultrasensitive Immunoassay for the Detection of the Walkerton Pathogen Escherichia Coli 0157

Université Laval

Julie Méthot

Influence of the Menstrual Cycle on the Timing of Acute Coronary Events in Young with Coronary Artery Disease

University of Saskatchewan

Danette Nicolay

Expression Analysis of HOXA2 Gene during Oligodendrogenesis

University of Manitoba

Ganesh Rajaraman

Effect of Modulation of Liver Fatty Acid Binding Protein Levels on Hepatocyte Mitotic Activity

APOTEX P.A.C.E UNDERGRADUATE PHARMACY PRACTICE SUMMER RESEARCH AWARD 2002

Université Laval

Louis Bergeron

"A descriptive study of the use of personal computers by hospital pharmacists in the area of Québec city"

Supervisors: Anne Dione (faculty), Jean-Pierre Bernier (practitioner)

University of Saskatchewan

Andria Dyck

"Analysis of Talking Styles of Pharmacists

Supervisors: Jeff Taylor (faculty)

University of Alberta

Tina Kang

"Treatment and control of hypertension in the institutionalized elderly"

Supervisors: Ross Tsuyuki (faculty/practitioner), Dr. McAlister, General Internal Medicine; Dr. Aligakirshnan, Geriatrics

University of British Columbia

Ms. Rita Lung

"Physician Dispensing of Non-Prescribed Emergency Contraceptive Pills in Women in British Columbia"

Supervisors: Judith Soon (faculty/clinician)

Université de Montréal

Judith Marin

"Soins pharmaceutiques et programme ambulatoire de MPOC"

Supervisors: Marie-France Beauchesne,(faculty/practitioner) Lucie Blais (faculty)

University of Manitoba

Ms. Meghan McKechnie

"Herb/drug interactions in the Elderly: Closing the Knowledge Transfer Gap"

Supervisors: Drs. Ruby Grymonpre & Colin Briggs (faculty) and pharmacy practitioners (Tracy Lelong-Young; Nancy Remillard; Trevor Shewfelt, Nancy Metcalfe, Camella Crook, Sigfried Pfahl, Morna Cook, Mark Scott, Guy Doan, Jay Rich

Dalhousie University

Ryan Murphy

"*The evaluation of the blister pack system on medication errors".*

Supervisors: Rita Caldwell (faculty) Adil Virani (practitioner)

University of Toronto

Mr. Vinay Phokeo

"Attitudes of Community Pharmacists towards Patients using Mental Health Associated Medications"

Supervisors: Dr. Lalitha Raman-Wilms (faculty); Dr. Beth Sproule (practitioner)

2002 AFPC AWARD COMMITTEE MEMBERSHIP

Chair: - Sylvie Marleau

Reviewers:

Zubin Austin, University of Toronto
Pierre-M. Bélanger, Université Laval
Jean-Guy Besner, Université de Montréal
Jean-Louis Brazier, Université de Montréal
Frank Burczynski, University of Manitoba
Ted Hawes, University of Saskatchewan
David Jakeman, Dalhousie University
Hu Liu, Memorial University
Susan Mansour, Dalhousie University
Pierre Moreau, Université de Montréal
Fred Remillard, University of Saskatchewan
Yvonne Shevchuk, University of Saskatchewan
Linda Suveges, University of Saskatchewan
Lili Wang, Memorial University
Shirley Wu, University of Toronto
Pollen K.F. Yeung, Dalhousie

I wish to express my gratefulness to all reviewers

Respectfully submitted,
April 27, 2002

Sylvie Marleau

Association of Faculties of Pharmacy of Canada

Communications Committee Report

Membership: Simon Albon (University of British Columbia)
John Bachynsky (University of Alberta)
Rebecca Law (Memorial University of Newfoundland)

Committee Activities:

1) AFPC Newsletter:

The AFPC Communication Newsletter continues to be published three times per year (January, April, September). AFPC councilors in each Faculty provide newsletter submissions to Rebecca Law, the newsletter editor, for publication. On a rotating basis each Faculty is asked to provide a "Spotlight" for the newsletter highlighting specific activities within the Faculty. The newsletter is circulated to the membership by the Executive Director through e-mail and posted on the AFPC website. Over the past year Rebecca has suggested a new format for newsletter submissions that has streamlined the editing process. These changes include:

1) Submission Formatting:
   - submissions should be brief (no limit was set but councilors were asked to keep submissions to a reasonable length). Currently, Rebecca is able to fit most Faculty submissions into ½ to 1 pages in length.
   - submissions to be submitted in Word 95 or 97 using New Times Roman 11pt font.
   - submissions should not be double- or 1.5-spaced and there should not be a space between any tiles and subsequent text. In particular, Format Paragraph Spacing should be set to "0pt" spacing before and after each paragraph. The Hard Return should be used to add a space between paragraphs. In addition, hanging indents should not be used.
2) Category Formatting:
   - New grants and grant renewals should be submitted as separate categories.
   - Titles of grants should be in quotes and italics.
   - No bolding of investigators names.
   - No listing of amounts received.
   - No listing of the duration of the grant.
3) Additional Categories:
   - Academic appointments, promotions, resignations or retirements.
   - General faculty news (major programmatic, research, facility or other undertakings by the faculties)
   - Individual faculty news [major awards and presentations only (not attendance at conferences and titles of paper/poster presentations), elections to offices in professional associations/societies, research accomplishments and other timely achievements].
   - Opportunities (upcoming meetings, conferences, workshops etc.)
   - Major visitors
   - Education corner (teaching innovations)
   - Research corner (new research developments)

NOTE: The Communications Committee would like to thank all submitters to the AFPC Newsletter for their efforts in adhering to the submission format and deadlines. This has allowed for timely turn-around times for the Newsletter to reach our membership. **The Communications Committee would like to thank Rebecca for the outstanding job she continues to do as editor of the AFPC Newsletter.**

2) AFPC Website Re-design Project

The AFPC Website re-design project is on-going with the following activities to report:

- a new website domain name was selected for the AFPC website (www.afpc.info) to replace the previous name (www.afpcon-line). The new name has been secured for two years at a cost of $110.54.
- the University of Alberta (U of A) was contacted to determine if they would/could host the AFPC domain on their server system. Following discussions with their technical people it was determined that this was possible but that concerns were raised as to the robustness of the U of A server. The University of British Columbia (UBC) Faculty of Pharmaceutical Sciences was also contacted to determine if the AFPC domain could be hosted through the Faculty website/webhost. This was possible as well but only as a sub-domain of the Faculty website (i.e. www.ubcpharmacy.org/afpc.info) similar to the current AFPC website on the U of A server (www.pharmacy.ualberta.ca/afpc). The costs for domain hosting was determined and presented at the AFPC Mid-Year meeting in Ottawa. The council decided to contract a webhosting company to host the www.afpc.info domain and website (pricing information attached).
- Planetfish New Media (Ms. Felicia Lo) was contracted for the website re-design project.
- A survey was generated and circulated to council for feedback on the re-design process (see attached survey synopsis). The results from the survey were used to generate a Creative Brief, Project Plan/Schedule and initial sitemap (see attached PDF files). These documents were presented for discussion at the Mid-Year meeting.
- The AFPC website "first look" was completed for review by council members by April 25, 2002 and will be officially launched at the AGM in Winnipeg.
- The Communication Committee anticipates the website re-design project will be on-going for the next two years and welcomes feedback and suggestions on the site from the AFPC membership.

Respectfully submitted
Simon P. Albon

Association of Faculties of Pharmacy of Canada

Report on the Task Force on Experiential Education Project
to AFPC Council, 10 May 2002
Winnipeg, Manitoba

At its 2001 annual meeting, AFPC council approved the formation of a task force to identify and clarify issues facing the structured practice education training programs (SPEP) offered by pharmacy schools in Canada. Council's action was prompted by advice from a variety of organizations and segments of the profession (including the schools) that raised questions about the curriculum, preceptor instructional support, clinical site availability, student concerns, and other issues relating to the design and delivery of practice education programs by the schools. The schools also have identified features of the planning and management of effective clinical training programs for undergraduates that are problematic and need attention from a broader cross section of academia and the practice community. Task Force participants have been selected to represent the views of school SPEP directors, hospital and community pharmacy managers and preceptors, the school deans, students and AFPC. In the period since my last report to Council the following progress has be made to get this project underway:

1. Fred Remillard, Lavern Vercaigne, David Hill, Rita Caldwell and David Collins met in Winnipeg to review the structure of the task force, prepare a list of suggested members, and to define funding options to allow the first meeting to take place in Winnipeg.
2. The terms of reference have been finalized (attached) and are presented to AFPC council for ratification (**ACTION REQUIRED**)
3. The members of the task force have been selected through initial contact with Jim Blackburn who provided each member with an appointment letter and a copy of the terms of reference for the project (list of members attached).
4. An agenda for the first meeting of the task force on May13 has been developed and distributed to each member (attached)
5. While the task force is composed of a representative sampling of the SPEP directors across Canada, each school has been invited to attend the first meeting to present an overview of its program.
6. Continuing funds for the remaining work of the SPEP project remain to be secured through a planned fund raising campaign. The initial meeting is to be funded internally through a levy on each of the schools ($1500). David Collins indicated that he would consult with Jacques Turgeon and the other deans to determine the most suitable source for future meetings and work of the task force. **(ACTION REQUIRED)**

Respectfully submitted:

David Hill
10 May 2002
28 April 2002

Dear :

This letter is to confirm your appointment to the AFPC Task Force on Experiential Education. Thank you for interest in accepting this appointment. At its 2001 annual meeting, AFPC council approved the formation of a task force to identify and clarify issues facing the structured practice education training programs (SPEP) offered by pharmacy schools in Canada. Council's action was prompted by advice from a variety of organizations and segments of the profession (including the schools themselves) that has raised questions about the curriculum, preceptor instructional support, clinical site availability, student concerns, and other issues relating to the design and delivery of practice education programs by the schools. Draft terms of reference and the members of the task force are attached to this letter.

The task force will be composed of 14 individuals selected from among the SPEP directors in the schools of pharmacy, clerkship preceptors, and hospital and community pharmacy leaders. The practice members of the task force have been appointed because of their familiarity with the preceptor role and the expectations held by recruiters assessing pharmacy graduates for work with small and large employers or readiness and aptitude for residency programs. The Canadian Association of Pharmacy Students and Interns (CAPSI) has also been asked to name a member to bring the perspective of students to the deliberations of the task force. A member of AFPC will round out the task force membership.

Dr. David Hill, Associate Dean in the Faculty of Pharmaceutical Sciences at the University of British Columbia has been appointed by council to chair the task force. David is a former president of AFPC and has had considerable experience in academic management, curriculum planning and voluntary service to many pharmacy organizations in Canada.

AFPC is currently soliciting funding support to help cover the costs of this task force project. Our hope is to obtain sufficient funding to cover the cost for travel and accommodation expenses to permit at least two meetings of the full task force. At this time we have received a start-up grant from ADPC (Associations of Deans of Pharmacy of Canada) to cover the travel expenses for our first meeting in Winnipeg for those who are not funded to attend the Winnipeg meeting. We will cover your airfare which must include a Saturday night stay-over, and 2 or 3 nights accommodations (Saturday, Sunday and, if necessary, Monday).

We will be scheduling two meetings at our Annual AFPC Conference in Winnipeg. The first is on Sunday, May 12, from 10:30- 11:30 am (Room 2, Winnipeg Convention Centre). The Sunday meeting is part of the conference. Chair Dr. David Hill will introduce the Task Force Members, review the terms of reference of the committee and field questions/comments from the audience. The second meeting is scheduled for Monday, May 13 from 9:00-12:00 noon (Solarium Room, Winnipeg Sheraton Hotel). The Monday session will actually be a working meeting with all the Task Force members. The Chair and I will put together a program of activities very shortly

AFPC believes that the provision of high quality experiential education is one of the most critical issues facing pharmacy education in Canada and we greatly appreciate your willingness to serve on this important task force project.

Yours sincerely,

Association of Faculties of Pharmacy of Canada

Task Force on Experiential Education

Draft Terms of Reference

Background

At its 2001 annual meeting, AFPC council approved the formation of a task force to identify and clarify issues facing the structured practice education training programs (SPEP) offered by pharmacy schools in Canada. Council's action was prompted by advice from a variety of organizations and segments of the profession that has raised questions about the curriculum, preceptor instructional support, clinical site availability, student concerns, and other issues relating to the design and delivery of practice education programs by the schools. The schools also have identified features of the planning and management of effective clinical training programs for undergraduates that are problematic and need attention from a broader cross section of academia and the practice community.

Objectives of the Task Force Project

3. To identify and clarify the issues facing experiential learning for pharmacy programs in Canada.
4. To develop a strategy for addressing these issues with the resources that are available to the task force.

3. To formulate options or strategies for recognition of the costs of experiential education to schools of pharmacy resulting from the placement of students in hospital and community pharmacies and other agencies for clinical learning.

4….

Composition and Process

The task force will be composed of 12 members appointed by AFPC council. Council will make reasonable effort to obtain participation from all geographic regions of the country. The following distribution will apply:

- 4 SPEP Directors from Canadian schools of pharmacy
- 2 Preceptor/pharmacists (community)
- 2 Preceptor/pharmacists (hospital)
- 1 Student (CAPSI)
- 1 AFPC Council appointee
- 1 Secretary (AFPC executive director)
- 1 Chair (appointed by AFPC council)

1. At least two meetings (May 2002 and February 2003) will be convened to bring the task force together at an early point to deliberate on assignment, gather evidence and opinions, develop tentative solutions, formulate strategies for consideration, and outline a final report.
2. If further data or information is required that can not be provided by task force members, the task force may recommend obtaining additional data through limited surveying.
3. Outside of the meetings, members of the task force are encouraged to maintain contact through email and telephone communications.
4. The chair and secretary will periodically assign tasks to individuals or groups within the task force in order to generate findings and facilitate the achievement of the task force objectives.
5. A subcommittee of the task force (based at UBC), will initiate some preliminary information gathering to circulate to the full task force prior to its first meeting.
6. A final report of the findings and recommendations from the task force will be drafted by the chair and secretary with advice, input and review from the other task force members.
7. The recommendations and strategies proposed by the task force will be constructive and supportive of the valuable roles played by many sectors of the academic and pharmacy practice environments, and are intended to guide all contributors in a direction that ultimately continues to improve the quality of Canadian pharmacy school graduates.

Expenses

1. AFPC policies and procedures for the reimbursement of travel and accommodation expenses on AFPC business will apply to task force members.
2. No honoraria or income replacement payments can be made.

Task Force Timeline

- January 2002 -Task Force members appointed
  Subcommittee begins initial work
- February 2002 -Funding obtained for task force project
- April 2002 -Agenda and May meeting format finalized (UBC subcommittee, secretary and AFPC council)
  -Background materials and subcommittee information sent to other task force members
- May 2002 -Full task force meeting at AFPC/CPhA annual conference in Winnipeg
- June-January 2003 -Completion of individual and group assignments
- February 2003 -Full task force meeting with AFPC midterm council meeting (Ottawa?)
- March-April 2003 -Report prepared
- May 2003 -Task force findings and recommendations submitted to AFPC council with presentation at 2003 conference

AFPC TASK FORCE ON EXPERIENTIAL EDUCATION

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email: amy.seaden@utoronto.ca

(contact address – up to June 1/2002)
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After June 1/2002
Amy Seaden
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Report of the AFPC Representative to the
NAPRA National Continuing Competence Program Core Steering Committee (NCCPCS)
Meeting,
March 23rd and 24th, 2002, Ottawa, Ontario.

The mandate for this working group is to develop a model program for continuing competence assessment compatible with the foundations outlined in the document, ***A National Model Continuing Competence Program for Canadian Pharmacists***, which had been previously approved by NAPRA in April 2002. This committee is to design a framework for NAPRA to proceed in the area of continuing competence NOT to design the program itself.

Dr. Nancy Winslade is facilitating the work of the committee. The deadline for completion of its task is the end of 2003. The committee has representation from all provincial regulatory authorities with the exception of Quebec. In addition, there were representatives from CCCEP and AFPC at this first meeting of the working group.

The work of this committee began with each member being asked to complete an extensive self-assessment document prepared by Dr. Winslade and designed to enable individuals to identify specific information required in order to fulfill the committee's mandate. As well, Dr. Winslade had prepared an extensive reference list related to various aspects of continuing competency assessment and copies of the majority of items on this list were available for use by the committee members.

Early in its deliberations the committee had agreed that any model developed for continuing competence assessment should be evidence-based, transparent and defensible. It was also agreed that both the needs of continuing professional development and public protection should be addressed. As a result, there was considerable discussion centered on developing a self-assessment instrument as well as a screen for "general" competence. Depending upon the results of the general screen, there may be a need for further diagnostic assessment to determine what remediation might be needed.

This first committee meeting ended with a review of the general agreements reached and a discussion of the way forward. The facilitator is preparing an overview of our discussions and agreements and a suggested action plan. When approved, I will distribute it for all members of council.

Respectfully submitted,

David W. Fielding.

Association of Faculties of Pharmacy of Canada
Association of Deans of Pharmacy of Canada

Report of the HRDC Pharmacy Sector Study Steering Committee Project to AFPC Council, 10 May 2002 Winnipeg, Manitoba

The first meeting of the steering committee was held on 4 March 2002 in Ottawa. The Canadian schools of pharmacy were represented by Dr. David Hill (AFPC) and Dean Dennis Gorecki (ADPC). Representatives from the following organizations were invited: CPhA, CACDS, CSHP, CAPT, NAPRA, OPQ, ABCPQ, PEBC, AFPC, ADPC, and CAPSI. Attendees also included those understanding the interests of public sector unions (HSA-Alberta), hospital employers (Ron McKerrow), hospital pharmacy technicians, industrial pharmacy (Judy Hackett), community pharmacy owners (Fred Martin) and hospital pharmacy management (Kevin Hall). Kevin Hall and Fred Martin were appointed co-chairs of the steering committee.

The purpose of this initial meeting was to give attendees an outline of how occupational sector studies are designed and organized and the role of HRDC in creating these partnerships. The general features of a sector study include the formation of a steering committee and an administrative committee, appointment of subcommittees, the drafting of terms of reference for the study, the hiring of a project coordinator/manager, and the appointment of a contractor to collect the specified data and conduct any analyses.

Each HRDC sector study is funded via a partnership agreement between HRDC and a legal entity (i.e the "signatories") formed to represent the interests of the occupational group. The projects are 50:50 funded between HRDC and the occupational group. The profession's portion must be comprised of at least a 10% cash contribution with the remaining provided through "in kind" contributions. After receipt of the 2001 Pharmacy Situational Analysis report some preliminary projections indicated that a full pharmacy sector study might cost in the range of $500,000. AFPC and ADPC should know that recent HRDC sector studies for nursing and physicians have been budgeted at $3 million and $4.8 million. Therefore, a meaningful and thorough analysis for pharmacy may cost more than the original estimate.

While it was evident that CPhA had taken a major role in this initiative to date and undoubtedly would continue with a high level of responsibility, CPhA did not want to bear the burden of representing all of pharmacy as the sole agent in the partnership with HRDC. The steering committee therefore decided that a new legal entity would be incorporated from a consortium of pharmacy organizations. CPhA agreed to take responsibility to explore legal options for the formation of corporation to represent pharmacy. The legal advice provided to CPhA concerning the structure of this entity will determine eligibility for membership, representation on its board of directors, an executive committee, share structure, voting privileges, and bylaws. It is quite probable that the governing structure of this legal entity will be comprised of those pharmacy organizations/representative groups able and prepared to make cash contributions in support of the project. The sector study administrative committee might therefore also be the board of directors of the company or might also serve as its executive committee.

The following milestones were tentatively set for the next steps:

- *June 2002*--Drafting of terms of reference for the pharmacy sector study using the existing "Home Care Sector in Canada" as a template [drafting team to include Cooper, Saltmarche, McKerrow, Hill, Hackett, Poston, and Fernet].
- *June 2002*—General letter from all steering committee organizations or representatives re willingness to continue to participate in the sector study and potential level of contribution that the organization is able and prepared to make to the funding of the project (i.e. cash or in kind). NB—the clock for contributions by any organization starts after the project has received final approval by HRDC.
- *June-July 2002*—Project budget development [budget development responsibility assigned to CPhA and CACDS].
- *June-July 2002*—Drafting and signing of an incorporation agreement.
- *Sept 2002*—Project and funding approval by HRDC.
- *Sept 2002*—Next steering committee meeting.

The steering committee also expressed the view that regular, ongoing communications regarding the progress of the project will be important to all participants (i.e. a website and monthly email updates). HRDC staff indicated that the administrative committee members should be prepared to meet by teleconference at least once a month.

Action Options for AFPC and ADPC

1. The organizations representing the schools of pharmacy in Canada (AFPC or ADPC) should prepare a letter to the attention of the co-chairs of the steering committee (Hall and Martin) regarding academic pharmacy's willingness/interest in continuing to participate on the sector study steering committee. If the universities intend to continue involvement in the project, the letter should probably indicate who is to be appointed to represent academic pharmacy.

2. The letter should also indicate the potential level of contribution that academic pharmacy may be able to make to the funding of the project.

    - It is anticipated that organizations making "cash" contributions will be invited to become a shareholder of the pharmacy corporation formed for the project.
    - The level of cash contribution allocation among the pharmacy groups should likely be dependent on some "ability to pay" calculation.
    - A basic level of cash contribution could be the coverage of travel and accommodation expenses for its "representative" to attend steering committee meetings (i.e. 5-6 over the course of a multiyear study) or administrative committee meetings (usually by teleconference, with perhaps some face to face meetings during the start-up phase of the project).
    - The universities may be able to offer some in kind contribution as well via research advice and expertise offered by Canadian faculty to the study. In kind contributions can also include the equivalent of an appropriate professional or consulting fee for anyone participating in any of the project committees.

Submitted By:

David S. Hill
Dennis Gorecki

Report of ADPC Representative to AFPC
May, 2002

The Deans held their annual meeting, and two subsequent informal meetings since I last reported to the AFPC Council.

The educational session, during our meeting in September, dealt with Web-Based Learning. We heard presentations by Terry Anderson. a Canadian Research Chair from Athabasca University. He discussed technology based teaching - learning innovation and opportunity, faculty issues, and implementation challenges. Simon Albon (UBC) presented an excellent review of applying this technology at the program level. Debra Sibbald (U of Toronto) also provided a good summary of her Web-Based program for her OTC courses. It is obvious the potential is great and the challenge is to ensure we have the resources to utilize this resource for the enrichment of our educational programs.

Aventis continues to sponsor our Education Day, for which we are most grateful. We are always pleased to have an update on the research endeavors of the Company. Aventis would like to be number 5 in Canada and the United States.

During our sessions with outside organizations we met with PEBC (John Pugsley), CIHR (David Brenner) and CAPSI (Kevin Duplisea and Trevor Kidney - President and President-Elect respectively).

We spent a fair amount of time going over the highlights of each Faculty. This was an informative and most useful session. We were able to share our goals, concerns, expansion plans etc.

The Deans of Pharmacy are pleased to be working with AFPC on initiatives that will furhter our common goals. The shortage of placements for our students in their experiential programs is one such initiative.

On a lighter note, the annual golf tournament was won by the West. They beat the Eastern Deans by only one stroke (not sure if we should really believe their score - there was not an impartial scorekeeper).

This will be my last meeting as the ADPC representative to AFPC. I thank each of the Council members and Jim Blackburn, our Executive Director, for your dedication and determination in ensuring Canadian Pharmacy Schools are the best in the world. AFPC is an important organization. As Dean Norman F. Hughes and Ernst Stieb say in the HISTORY BOOK - "the catalytic effect on the profession has been profound and far reaching, and most importantly, the Association has consistently moved the standards of education forward, providing greater scope for the practice of pharmacy".

On behalf of the Deans, I wish to thank Jim for his leadership and wish him all the best in the next chapter of his life. To Fred Remillard, thank you for your leadership this past year. It has been challenging, but hopefully rewarding.

K. Wayne Hindmarsh

REPORT OF EXECUTIVE DIRECTOR TO 2002 AGM & COUNCIL MEETING, Winnipeg, MB, MAY 10 & 12, 2002

This has been a very busy year for AFPC and it is my pleasure to provide an overview of the activities at the AFPC office during the past year

1. *A History of the Association of Faculties of Pharmacy of Canada: The First Fifty Years 1944-1994.* A great deal of time has been devoted to this project and the separate report details the completion of this project. It has been a very important project for AFPC and once again we are most indebted to Drs. Bernie Riedel and Ernst Stieb for their fantastic efforts in bringing this project to reality.

2. AFPC Proceedings 2001. The 2001 Proceedings have been distributed to Deans and Council members. This document has been posted on the AFPC web site for viewing and if anyone wishes a printed copy, please contact the AFPC office. The Canadian Foundation for Pharmacy has discontinued their support for printing this document but we no longer print copies for each member, so our printing and mailing costs have been greatly reduced.

3. Awards Program – Sylvia Marleau and her committee have once again put a tremendous amount of time and effort in maintaining the Awards Program for 2002. The award recipients are most deserving of their recognition as there were excellent nominations in all categories of awards. We are still in the process of seeking a sponsor for the Graduate Student Research Award. As a result of discussions with Dean Jacques Turgeon, it was agreed to jointly sponsor the award by AFPC and ADPC for this year only.

4. AFPC/Merck Frosst Compendium of Pharmacy Practice/Pharmacy Education Student Research Projects. We owe a great debt to Ginette Bernier for efforts in obtaining the funding for this project. Fifty submissions have been received (30 hospital resident projects and 20 pharmacy student projects. There is a very "uneven" distribution in the submissions received:

- Université Laval	25 submissions
- University of British Columbia	15 submissions
- Université de Montréal	3 submissions
- University of Saskatchewan	3 submissions
- University of Toronto	2 submissions
- Dalhousie University	1 submission
- University of Manitoba	1 submission

Is it worthwhile to consider another notification for the 2001 projects?

5. Communications with Members and External Groups We have continued to distribute AFPC updates on a monthly basis to members, honorary members, Affiliate/Associate members and related organizations as well as three issues of Communications per year. Our distribution list includes: 248 active members, 26 honorary members, 20 affiliate/associate members and 12 related organizations. I would appreciate your feedback regarding our communication efforts, so

we can meet the needs of members. As you have heard, Simon Albon and his committee are completely renovating our web site and this will definitely enhance our communication abilities.

6. Task Force on Experiential Education & Romanow Commission Submission. David Hill has provided outstanding leadership in these two projects and the office has attempted to provide support for these developments.

7. Pan American Conference on Pharmaceutical Education, May 4 – 8, 2002 in Miami Florida. I have been asked to participate in a panel discussion on "Cross College Collaboration" and provide an overview of AFPC organization in a discussion of the possibility of considering a Pan American Organization of Pharmacy Educators. Marc Desgagné and the new UBC Dean Robert Sandelar were also present to represent Canada at this meeting. Marc represented us at the Pan American Commission meetings that were held as I had to return prior to the end of the meeting. It is difficult for Canada in particular, to devote full participation due to our lack of Spanish speaking faculty members. The Caribbean pharmacists are in a somewhat similar situation.

9. Conference Planning – It has been a great pleasure to work with Lavern Vercaigne and his committee in the planning of Conference 2002. I am also pleased to announce that Sylvie Marleau and 2003 conference planning committee are also working very hard on planning for that joint meeting with CCCP. CSPS is currently making arrangements to hold their meeting at the same time and location, so it will provide a great opportunity for our three organizations to get back together for the conference.

10. The Financial Picture – Our faculty fee structure was established in 1999 and it is appropriate to update the fee assessment to according to the enrollment quotas at each faculty. The assessment structure is attached to this report.

Since I am stepping down from my responsibilities, it seemed appropriate to have a recognized accounting firm perform the AFPC audit at this transition stage. The Executive approved the appointment of Meyers Norris Penny, Saskatoon office to perform this function. The audit is not complete, so the "audited" financial statement is in draft form for this meeting.

It has been a great pleasure to work with such an excellent group of Executive and Council members over the past 3 1/2 years. I have certainly gained immensely from the opportunity to serve in this position. I know that AFPC will play a major role in providing the direction and organization for Canadian pharmacy education in the future.
I look forward to working with the new Executive Director in the transition of responsibilities.

A special thanks goes to Presidents Fred, David Fielding, David Hill and Ingrid Sketris for their outstanding leadership to AFPC during my terms as Executive Director.

Respectfully submitted

Jim Blackburn
Executive Director

AFPC FACULTY FEES - BASIS FOR DETERMINATION

5. The present arrangement for Faculty Fees was initiated in January 2000 on a calendar year basis. It was based on a two-part faculty fee, including a $ 3,000 basic fee plus a $ 34.25 per student assessment for the admission enrollment in that faculty. On this basis the annual fee was determined as follows:

Faculty	**Class Size**	**Prorated Dollars**	**Total Fee**
UBC	140	$ 4,794	**$ 7,794**
Alberta	110	$ 3,767	**$ 6,767**
Saskatchewan	80	$ 2,740	**$ 5,740**
Manitoba	50	$ 1,712	**$ 4,712**
Toronto	120	$ 4,109	**$ 7,109**
Montréal	120	$ 4,109	**$ 7,109**
Laval	115	$ 3,939	**$ 6,939**
Dalhousie	66	$ 2,260	**$ 5,260**
Memorial	40	$ 1,370	**$ 4,370**
Total	**841**	**$ 28,800**	**$ 55,800**

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

FINANCIAL REPORT
May 3, 2002

1. AFPC Financial Statement 2001

Copies of the AFPC Draft Financial Statement for 2001 (received from auditor) will be distributed to each Council member at the meeting and more will be available at the AGM. It was a very good financial year for AFPC with an excess of income over expenditures of approximately $30,607. It should be noted that we budgeted for a $ 1,784 excess of income over expenditures, so here are some points that resulted in the difference:

Differences in Income:

- faculty fees for 2000 as well as 2001 were included in 2001 year for one faculty
- we had a financially successful annual conference, which resulted in an increase of $7,500
- under miscellaneous- in 2000, AFPC paid a $ 5,000 deposit on the Ottawa Convention Centre for the Conference 2001 banquet and this amount was reimbursed to AFPC from the conference account in this calendar year.

Differences in Expenditures

- our "meeting expenses" were $ 8,000 less than budget. In particular, our Council meeting expenses were reduced which is to some extent due to having Council members as Conference speakers or award recipients; thereby their expenses are covered by those sources.
- I should note that computer expenses were well over budget due to the necessity for AFPC to purchase a new laptop to replace my personal laptop that "died" in early September.
- $ 3,000 was budgeted for the Human Resources Project and no meetings were held in 2001.

Investments

- All our current investments are in one-year GIC's and it was agreed at the midyear council meeting to consider longer GIC terms for some of our investments to obtain a realistic interest rates.

2. Budget for 2002

The budget for 2002 is presented for the Annual Meetings consideration.. It proposes a $ 10,601 deficit, but it is based on "one time" expenditures for updating our web site, which is definitely required. The addition of the grant from Merck Frosst Canada Inc. for the Compendium of Pharmacy Practice/Pharmacy Education Student Research

Projects is the reason for the increase in other income and other expenses. Additional expenses include the Compendium project, the negotiated increase in the Executive Director's stipend and additional funds for the Task Force and the Certification Committee.

This report is respectfully submitted

Jim Blackburn
Executive Director

PART 4.0

AFPC FINANCIAL STATEMENTS

AFPC AUDITED STATEMENT OF INCOME AND EXPENSES FOR THE PERIOD JANUARY 1, 2001 TO DECEMBER 31, 2001

AFPC BUDGET FOR PERIOD OF JANUARY 1 TO DECEMBER 31, 2002

Association of Faculties of Pharmacy of Canada

Financial Statements

December 31, 2001

(This is a reproduction of the Audited Financial Statement prepared by Myers, Norris Penny)

(Actual Statement is included in printed proceedings and also available from AFPC Office)

MEYERS NORRIS PENNY LLP
CHARTERED ACCOUNTANTS & BUSINESS ADVISORS
306 – 3RD AVENUE SOUTH
SASKATOON, SK S7K 1M5

Association of Faculties of Pharmacy of Canada
Contents
For the year ended December 31, 2001

Auditor's Report

To the Board members of Association of Faculties of Pharmacy of Canada:

We have audited the balance sheet of Association of Faculties of Pharmacy of Canada as at December 31, 2001 and the statements of earnings, retained earnings, including supporting schedules, and cash flows for the year then ended. These financial statements are the responsibility of the organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these finacial statements present fairly, ina ll material respects, the financial position of the organization as at December 31, 2001 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

The figures for the year ended December 31, 2000, presented for comparative pruposes, have not been audited by a chartered accountant or firm of chartered accountants.

Saskatoon, Saskatchewan

May 2. 2002

MEYERS, NORRIS PENNY LLP
Chartered Accountants

Association of Faculties of Pharmacy of Canada
Balance Sheet
As at December 31, 2001

	2001	*2000*
		(Unaudited)
Assets		
Current		
Cash	**43,718**	17,268
Investments (*Note 3)*	**129,643**	125,486
	173,361	142,754
Net Assets		
Net Assets	**173,361**	142,754
	173,361	142,754

Approved on behalf of the board

Lavern Vercaigne ***Fred Rémillard***

Association of Faculties of Pharmacy of Canada
Statement of Earnings and Net Assets
For the year ended December 31, 2001

	2001	*2000*
		(unaudited)
Revenue *(Schedule 1)*	**176,187**	156,706
Expenditures *(Schedule 2)*	**145,580**	154,145
Excess of revenue over expenditures	**30,607**	2,561
Net Assets, beginning of year	**142,754**	140,193
Net assets, end of year	**173,361**	142,754

Association of Faculties of Pharmacy of Canada
Statement of Cash Flows
For the year ended December 31, 2001

	2001	*2000*
		(Unaudited)
Cash provided by (used for) the following activities		
Operating		
Excess revenue over expenditures	**30,607**	2,561
Investing		
Purchase of investments	**(4,157)**	-
Increase in cash resources	**26,450**	2,561
Cash resources, beginning of year	**17,268**	14,707
Cash resources, end of year	**43,718**	17,268

Association of Faculties of Pharmacy of Canada
Notes to the Financial Statements
For the year ended December 31, 2001

1. Intended purpose of the entity

The Association of Faculties of Pharmacy of Canada is an association of faculties of pharmacy whose members are committed to the promotion and recognition of excellence in pharmacy education and scholarly activities.

2. Accounting policies

These financial statements have been prepared in accordance with Canadian generally accepted accounting principles, and include the following significant accounting policies:

Investments

The Association's Investments are recorded at cost plus accrued interest to the date of the balance sheet.

Capital asets expensed during the current year

During the current year the entity expensed capital assets totalling $ 2,166.

Measurement of uncertainty

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amojnts of assets and liabilities and disclosure of contingent assets and liabilities at the date of financial statements and the reported amounts of revnues and expenses during the reporting period. These estimates are reviewed periodically and, as adjustments become necessary, they are reported in earnings in the periods in which theyt become known.

3. Investments

	2001	***2000***
CIBC Flexible GIC – maturing Jan 03, 2002 4%	**27,894**	25,833
CIBC GIC – Maturing Jan 02, 2002 4.4%	**14,038**	12,885
CIBC Flexible GIC – Maturing Jun 27, 2002, 3.25%	**5,591**	5,258
CIBC Flexible GIC – Maturing Oct 16, 2002, 1.5 %	**6,696**	6,357
CIBC GIC – Maturing Oct 17, 2002, 1.75%	**75,424**	75,153
	129,643	125,486

Association of Faculties of Pharmacy of Canada
Schedule of Revenue
For the year ended December 31, 2001

	2001	*2000 (Unaudited)*
Membership		
Faculty	**60,511**	51,087
Affiliate	**15,000**	16,000
Associate	**450**	900
Other Income		
Annual Conference	**15,693**	12,532
History Book Grant	**5,000**	-
Interest Income	**8,329**	3,591
C.F.P. Grant	**-**	1,000
Rx & D Grant	**4,000**	4,000
Awards Income		
Apotex	**40,000**	45,000
AstraZeneca	**3,000**	3,000
Bristol-Myers Squibb	**1,166**	2,115
C.F.P. Student Grant	**10,000**	10,000
C.F.P. Best Poster	**1,000**	1,000
Janssen Ortho	**1,154**	1,790
Roche	**1,472**	2,000
Merck Frosst Travel Grant	**3,185**	-
Miscellaneous Income	**6,227**	2,691
	176,187	156,706

Association of Faculties of Pharmacy of Canada
Schedule of Expenditures
For the year ended December 31, 2001

	2001	*2000 (Unaudited)*
Meeting Expenses		
AGM Council	**13,623**	16,858
Mid-Year Council	**9,621**	12,664
AACP AGM	**2,227**	2,104
AACP Mid-year	**-**	1,617
CCCEP	**1,000**	1,453
ADPC & Rx & D	**-**	2,091
CPhA	**1,187**	726
Current Chairs	**196**	-
Operating Expenses		
Audit Services	**200**	125
Bank Charges	**139**	128
Computer Expenses	**2,564**	358
Executive director honorarium	**25,000**	22,917
Exec. Director travel grant	**3,000**	3,000
Office supplies	**379**	471
Photocopies	**224**	129
Printing	**771**	267
Postage	**248**	320
Courier	**86**	56
Telephone/fax	**1,862**	2,435
Web site maintenance	**1,280**	960
Revenue Canada	**30**	1,911
Miscellaneous expense	**1,000**	7,277
Other Expenses		
CCAPP expense	**5,885**	5,350
Rx & D grant expense	**4,000**	6,000
CPhA Forum expense	**130**	73
History Book Expense	**10,400**	-
Awards Expenses		
Apotex Scholarships	**40,000**	45,000
AstraZeneca	**2,281**	2,627
Bristol-Myers Squibb	**1,199**	2,115
CFP Travel Grants	**9,990**	10,494
CFP Poster Award	**1,000**	1,000
Janssen-Ortho	**1,223**	1,790
Roche Grad. Award	**1,365**	1,129
Merck Frosst Travel advance	**3,185**	700
Award recognition	**285**	-
	145,580	154,145

AFPC

BUDGET

2002

AFPC BUDGET 2002 WITH 2001 FINANCIAL STATEMENT

INCOME	2001 BUDGET	2001 ACTUAL	2002 BUDGET
Memberships			
FACULTY	$55,799.00	$60,511.00	$55,799.00
AFFILIATE	$20,000.00	$15,000.00	$20,000.00
ASSOCIATE	$1,000.00	$450.00	$1,000.00
TOTAL	**$76,799.00**	**$75,961.00**	**$76,799.00**
OTHER INCOME			
ANNUAL CONF	$8,000.00	$15,693.18	$12,000.00
Hist. Bk. grant	$5,000.00	$5,000.00	
His. Bk. Sales			$1,400.00
INTEREST	$4,000.00	$8,329.00	$2,000.00
C.F.P. Grant	$1,000.00		
Rx & D Grant	$4,000.00	$4,000.00	$4,000.00
Merck Grant			$22,000.00
	$22,000.00	**$33,022.18**	**$41,400.00**
AWARDS			
Apotex	$45,000.00	$40,000.00	$45,000.00
AstraZeneca	$3,000.00	$3,000.00	$3,000.00
Brist-Myers Sq.	$2,500.00	$1,166.19	$1,200.00
CFP Stud. Trav.	$10,000.00	$10,000.00	$10,000.00
CFP Poster	$1,000.00	$1,000.00	$1,000.00
Janssen-Ortho	$2,000.00	$1,154.00	$1,200.00
Roche	$2,000.00	$1,471.84	
MerckFrosst Tr.		$3,185.00	$4,000.00
	$65,500.00	**$60,977.03**	**$65,400.00**
Miscellaneous	**$1,500.00**	**$6,227.38**	**$1,500.00**
TOTAL INCOME	**$165,799.00**	**$176,187.59**	**$185,099.00**

EXPENSES	2001 budget	2001 actual	2002 Budget
Meeting Expenses			
AGM Council	$17,000.00	$13,622.74	$15,000.00
Mid-year Coun.	$13,000.00	$9,621.00	$9,000.00
AACP AGM	$4,000.00	$2,227.33	$4,000.00
AACP mid-year			
CCCEP	$1,000.00	$1,000.00	$1,000.00
ADPC	$1,000.00		$1,000.00
CPhA		$1,186.70	
Curr.Chairs		$195.65	
Cert.comm.			$1,500.00
Total	**$36,000.00**	**$27,853.42**	**$31,500.00**
Operating Expenses			
Audit services	$200.00	$200.00	$200.00
Bank charges	$150.00	$139.12	$150.00
Computer expenses	$500.00	$2,563.57	$500.00
Exec. Dir. Honor.	$25,000.00	$24,999.96	$30,000.00
E.D. travel grant	$3,000.00	$3,000.00	$3,000.00
Office Supplies	$500.00	$379.43	$500.00
Photocopies	$250.00	$223.98	$250.00
Printing	$2,000.00	$771.40	$1,200.00
Postage	$500.00	$248.38	$300.00
Courier	$300.00	$86.18	$100.00
Telephone/fax	$2,900.00	$1,861.65	$2,500.00
Web site maint.	$2,000.00	$1,279.80	$17,000.00
Revenue Canada	$30.00	$30.00	$30.00
Miscellaneous	$2,000.00	$1,000.00	$1,500.00
Total - operating	**$39,330.00**	**$36,783.47**	**$57,230.00**

Other Expenses			
CCAPP	$5,885.00	$5,885.00	$6,420.00
Rx&D grant	$4,000.00	$4,000.00	$4,000.00
CPhA forum	$300.00	$129.73	$300.00
Hist. Book	$10,000.00	$10,400.37	$1,600.00
Human Res. Proj.	$3,000.00		$3,000.00
Task Force			$3,000.00
SPEP Comp. Project			$22,000.00
Awards			
Apotex	$45,000.00	$40,000.00	$45,000.00
AstraZeneca	$3,000.00	$2,280.56	$3,000.00
Bristol-Myers Sq.	$2,500.00	$1,198.59	$1,200.00
CFP travel grants	$10,000.00	$9,990.00	$10,000.00
CFP best poster	$1,000.00	$1,000.00	$1,000.00
Janssen-Ortho	$2,000.00	$1,223.28	$1,200.00
Roche	$2,000.00	$1,365.00	
Grad Student			$1,250.00
Merck Frosst		$3,185.00	$4,000.00
Award-Recognition		$284.93	
Tot. other expen.	**$88,685.00**	**$80,942.46**	**$106,970.00**
TOTAL EXPENSES	**$164,015.00**	**$145,580.00**	**$195,700.00**
Excess Income over Expenditures			
	$1,784.00	$30,607.00	**$-10,601.00**