

**PROCEEDINGS**

**COMPTE RENDUS**

**ASSOCIATION OF  
FACULTIES OF  
PHARMACY OF  
CANADA**

**ASSOCIATION DES  
FACULTÉS DE  
PHARMACIE DU  
CANADA**

**2001**

**INCLUDING THE**

**FIFTY- EIGHTH ANNUAL MEETING**

**JUNE 14 - 17, 2001**

**OTTAWA, ONTARIO**

# TABLE OF CONTENTS

<b>Table of Contents .....</b>	<b>2</b>
<b>The Constituent Faculties of AFPC .....</b>	<b>6</b>
<b>AFPC Officers 2000 - 2001 .....</b>	<b>6</b>
<b>AFPC Representatives to Affiliate Organizations .....</b>	<b>7</b>
<b>AFPC Committee Chairs and Other Positions .....</b>	<b>7</b>
<b>Recipients of Major AFPC Awards .....</b>	<b>8</b>
Janssen-Ortho (formerly McNeil) Award for Excellence in Research .....	8
AFPC Bristol-Myers Squibb National Award for Excellence in Education .....	8
AstraZeneca (formerly Upjohn, Astra Pharma) New Investigator Award .....	9
Roche Graduate Student Research Award .....	9
AFPC Award of Recognition for Outstanding Support of AFPC ..	10
AFPC Special Service Award .....	10
<b>AFPC Honored Life Members .....</b>	<b>11</b>
<b>AFPC Annual Meetings and Officers .....</b>	<b>13</b>
<b>Part 1.0 AFPC ANNUAL CONFERENCE (Joint Meeting with CCCP) ..</b>	<b>16</b>
Words of Welcome David Fielding, President, AFPC.....	17
Nese Yuksel, President, CCCP .....	17
Conference Program - overview .....	18
AFPC Award Recipients 2001 .....	20
Acknowledgement of Financial Support .....	22
Pharmacy Practice Research Symposium Abstracts .....	23
AFPC Award Presentation Abstracts .....	25
Poster Abstracts .....	27
Alphabetical listing (first author)	28
Pharmaceutical Science Posters	31
Pharmacy Education/Pharmacy Practice Posters	38
<b>Part 2.0 MINUTES OF AFPC MEETINGS .....</b>	<b>48</b>
<b>2.1 AFPC Mid-year Executive &amp; Council Meeting, January 27 - 28, 2001</b>	<b>49</b>
<b>2.1.1 Business Meeting, Jan. 27 .....</b>	<b>49</b>
2.1.1.2 Roll Call/Minutes/Additional Agenda Items	
2.1.1.3 Business Arising from Minutes	
2.1.1.4 Executive Director's Report	
2.1.1.5 Committee Reports	
2.1.1.6 AFPC Representatives to External Groups	
2.1.1.7 Planning and Finance Committee - Executive	
2.1.1.8 In Camera	
2.1.1.9 Other Business	

2.1.2	<b>AFPC Planning Session, January 28, 2001</b>	.....	<b>57</b>
2.1.2.1	Mission Statement		
2.1.1.2	Conferences		
2.1.1.3	Relationship with ADPC		
2.1.2.4	Communications		
2.1.2.5	External Relations		
<b>2.2</b>	<b>Executive and Council Meeting, June 14, 2001</b>	.....	<b>62</b>
<b>2.2.1</b>	<b>Business Meeting</b>	.....	<b>62</b>
2.2.1.1	Opening Remarks		
2.2.1.2	Roll Call/Minutes/Agenda		
2.2.1.3	Business Arising from Minutes		
2.2.1.4	Committee Reports		
	Executive Committee		
	Awards Committee		
	By-Laws Committee		
	Education Committee		
	Nominations Committee		
	Research Committee		
	Conference Planning Committee		
	History Book		
	Communications		
	CPhA Human Resources Project		
2.2.1.5	AFPC Representatives to External Groups		
	ADPC Report		
	CPhA Academic Board Member		
	CCAPP Report		
	PEBC Report		
	CCCEP Report		
2.2.1.6	Executive Director's Report		
2.2.1.7	Finance		
	Audited Financial Statements 2000		
	Financial Update 2001		
2.2.1.8	In Camera Session		
2.2.1.9	New Business		
	Canadian Hospital Pharmacy Residencies		
	Merck Frosst Practice Research Proposal		
	Meeting with CSHP		
	Meeting with Can. Health Science Pharmacy Directors		
	Pan American Conference on Pharmacy Education		
	Privacy Legislation		
2.2.1.10	Meeting With External Groups		
	Canadian Association of Pharmacy Students and Interns		
	National Association of Pharmacy Regulatory Authorities		
	Canadian College of Clinical Pharmacy		

Canadian Society for Pharmaceutical Sciences  
Canadian Pharmacists Association

<b>2.2.2</b>	<b>AFPC MISSION STATEMENT .....</b>	<b>71</b>
<b>2.3</b>	<b>AFPC New Council Meeting, June 17, 2001 .....</b>	<b>73</b>
2.3.1	Opening Remarks	
2.3.2	Roll Call and Approval of Agenda	
2.3.3	Appointment and Charge to Committees	
2.3.4	Confirmation of AFPC Representatives, Delegates & Council Member Assignments	
2.3.5	Business from June 14 Council Meeting conference 2003	
2.3.6	New Business Meeting with Dick Penna, AACCP Meeting with ADPC	
2.3.7	Adjournment	
<b>2.4</b>	<b>AFPC Annual General Meeting, June 16, 2001 .....</b>	<b>78</b>
2.4.1	Opening Remarks	
2.4.2	Acceptance of 2000 Annual General Meeting Minutes	
2.4.3	Announcements	
2.4.4	Greetings	
2.4.5	Memorial to Deceased Members	
2.4.6	President's Address	
2.4.7	Nominations Committee Report	
2.4.8	By-Laws Committee Report	
2.4.9	Reports of Special Committees and Delegates	
2.4.9.1	ADPC Report	
2.4.9.2	Academic Member of CPhA Board of Directors	
2.4.9.3	CCAPP Representative	
2.4.9.4	CCCEP Representative	
2.4.9.5	PEBC Representatives	
2.4.9.6	Education Committee	
2.4.9.7	Research Committee	
2.4.9.8	Communications Committee	
2.4.9.9	History Book	
2.4.9.10	CPhA Human Resources Planning Team	
2.4.10	AFPC Awards	
2.4.11	Report of Executive Director	
2.4.12	Audited 2000 Financial Statements and Budget for 2001	
2.4.13	Appointment of Auditor	
2.4.14	New Business	
2.4.15	Transfer of Presidency	
2.4.16	Confirmation of Signing Authority	

	<b>List of meeting attendees .....</b>	<b>83</b>
<b>Part 3.0</b>	<b>Reports of AFPC Standing and Special Committees, Representatives and Delegates .....</b>	<b>84</b>
3.1	AFPC President’s Report – David Fielding .....	85
3.2	Awards Committee Report – Sylvie Marleau .....	87
3.3	Education Committee Report – David Fielding .....	91
3.4	AFPC Communications Report – Simon Albon, Rebecca Law ...	94
3.5	AFPC Research Committee Report – Pierre Bélanger	95
3.5	ADPC Report – Wayne Hindmarsh .....	97
3.6	Report from CPhA – Keith Simons, Academic Board Member ...	98
3.7	Report from PEBC – Monique Richer .....	104
3.8	Report from CCAPP – Don Perrier & Jean-Pierre Grégoire	106
3.9	Report from CCCEP – Marc Desgagné	108
3.10	Report from CAPSI – Kevin Duplisea	110
3.11	Report from the CPhA Pharmacy Human Resources Task Force	112
3.8	Report of Executive Director – Jim Blackburn .....	113
<b>Part 4.0</b>	<b>AFPC BY-LAWS – approved June 16, 2001 ...</b>	<b>115</b>
<b>Part 5.0</b>	<b>AFPC Financial Statements .....</b>	<b>133</b>
5.1	AFPC Audited Statement of Income and Expenses for the Period January 1, 2000 to December 31, 2000 .....	134
5.2	AFPC Statement of 2000 Income & Expenses with Budget for 2001 .....	138

## ***AFPC CONSTITUENT FACULTIES 2000 - 2001***

Memorial University of Newfoundland, School of Pharmacy, St. John's NF  
Chris W. Loomis/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,  
Franco Pasutto, Dean (780) 492-2125

University of British Columbia, Faculty of Pharmaceutical Sciences, Vancouver, BC  
Frank Abbott, Dean (604) 822-2343

## **AFPC OFFICERS 2000 - 2001**

### **Executive**

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

### **Council**

Simon Albon (British Columbia)	Zubin Austin (Toronto)
Pierre Bélanger (Laval)	John Bachynsky (Alberta)
Susan Mansour (Dalhousie)	Sylvie Marleau (Montréal)
Yvonne Shevchuk (Saskatchewan)	Lavern Vercaigne (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  
– Jean-Pierre Grégoire (Laval)/ Sylvie Marleau (Montréal), Don Perrier (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 Hill (British Columbia)  
Education Committee – David Fielding (British Columbia)  
Nominations Committee - David Hill (British Columbia)  
Pharmaceutical Research - Pierre Bélanger (Laval)  
Conference Planning Committee – Zubin Austin (Toronto)  
History Book Committee – Bernie Riedel/Ernie Stieb  
Communications Committee Chair – Simon Albon (UBC) & John Bachynsky (Alberta)  
Editor, AFPC Communications – Rebecca Law, (Memorial)  
Representative to CPhA Human Resources Task Force – 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 Belward, 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

### **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



## **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

## **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

**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

**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

## AFPC HONORED LIFE MEMBERS

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

K. James Halifax, Nova Scotia 1990

Dick Moskalyk Edmonton, AB, 2000

James Orr Vancouver, BC, 2000

Jacques Dumas Québec QC 2001

## **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

## ANNUAL MEETINGS AND OFFICERS

C.C.P.F (1944-1969)

A.F.P.C. (1970- 2001)

YEAR	PLACE	PAST CHAIRMAN	CHAIRMAN	VICE CHAIRMAN	SEC/TRES*	Assist.SEC
1944(1)	Toronto		E.L. Woods	R.O. Hurst	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		R.O. Hurst	D. McDougall	F.N. Hughes	
1948(5)	Windsor		R.O. Hurst	D. McDougall	F.N. Hughes	J.G. Jeffrey
1949(6)	Saskatoon		M.J. Huston	J.A. Marquis	F.N. Hughes	J.G. Jeffrey
1950(7)	Montreal		M.J. Huston	W.C. MacAulay	F.N. Hughes	J.G. Jeffrey
1951(8)	Calgary		J.A. Marquis	W.C. MacAulay	D.H. Murray	
1952(9)	Toronto		W.C. MacAulay	F.N. Hughes	D.H. Murray	
1953(10)	Toronto		W.C. MacAulay	F.N. Hughes	D.H. Murray	
1954(11)	Winnipeg		F.N. Hughes	D. McDougall	D.H. Murray	
1955(12)	Halifax		D. McDougall	A.F. Larose	G.C. Walker	
1956(13)	Vancouver		A.F. Larose	A.W. Matthews	G.C. Walker	
1957(14)	Ottawa		A.W. Matthews	J.E. Cooke	G.C. Walker	
1958(15)	Montreal		J.E. Cooke	R. Larose	R.M. Baxter	
1959(16)	Edmonton		R. Larose	G.C. Walker	R.M. Baxter	
1960(17)	Saint John		G.C. Walker	B.E. Riedel	R.M. Baxter	
1961(18)	Saskatoon		B.E. Riedel	J.G. Jeffrey	G.R. Paterson	
1962(19)	Hamilton		J.G. Jeffrey	F.A. Morrison	G.R. Paterson	
1963(20)	Vancouver		F.A. Morrison	J.R. Murray	G.R. Paterson	
1964(21)	Winnipeg		J.R. Murray	R.M. Baxter	A.J. Anderson	
1965 (22)	Halifax		R.M. Baxter	A. Archambault	A.J. Anderson	
1966(23)	Calgary		A. Archambault	J.G. Duff	A.J. Anderson	
1967(24)	Saint John		J.G. Duff	G.R. Paterson	W.R. Wensley	
1968(25)	Toronto		G.R. Paterson	J.E. Halliday	James/Goodeve**	Goodeve/Wood
1969(26)	Regina		J.E. Halliday	J.A. Wood	J.G. Naim	A.M. Goodeve
1970(27)***	St. John's		J.A. Wood	B.E. Riedel	J.G. Naim	A.M. Goodeve
1971(28)	Vancouver		B.E. Riedel	F.N. Hughes	J.G. Naim	A.M. Goodeve
1972(29)	Winnipeg		F.N. Hughes	J.G. Naim	P. Claveau	A.M. Goodeve
1973(30)	Edmonton		J.G. Naim	P. Claveau	A.M. Goodeve	O'Reilly/H.J. Segal
	Halifax		P. Claveau	A.M. Goodeve	E.W. Stieb	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/I.L. Wiebe
1975(32)	Montréal	E.W. Stieb	G.E. Hartnett <b>PRESIDENT</b>	J.W. Steele	K.W. Hindmarsh	R.M. Gentles/L. Goodeve
1976(33)	Saskatoon	G.E. Hartnett <b>PAST PRESIDENT</b>	J.W. Steele	W.E. Alexander	K.W. Hindmarsh	C.J. Briggs
1977(34)	Charlottetown	J.W. Steele	W.F. Alexander	K.W. Hindmarsh	F.W. Teare	C.J. Briggs
1978(35)	Victoria	W.E. Alexander	K.W. Hindmarsh	F.W. Teare	W.A. Parker	C.J. Briggs
					<b>EXEC. DIRECTOR</b>	
1979(36)	Samia	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)	Quebec	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	M. Greer
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.L. Glennie
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.A. Ready	C.J. Turner
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/I. 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	

\* 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, AFPCC, 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 1, 2000 to June 30, 2001**

# **PART 1.0**

## **AFPC ANNUAL CONFERENCE 2001**

### ***AFPC/CCCP CONFERENCE 2001***

## **OTTAWA, ONTARIO**

**JUNE 14 - 17, 2001**

### **TABLE OF CONTENTS**

<b>1.</b>	<b>Words of Welcome -David Fielding, President, AFPC Nese Yuksel, President, CCCP</b>	<b>page 17</b>
<b>2.</b>	<b>Conference Program - overview</b>	<b>page 18</b>
<b>3.</b>	<b>AFPC Award Recipients 2001</b>	<b>page 20</b>
<b>3.</b>	<b>Acknowledgement of Financial Support</b>	<b>page 22</b>
<b>4.</b>	<b>Pharmacy Practice Research Symposium Abstracts</b>	<b>page 23</b>
<b>5.</b>	<b>AFPC Award Presentation Abstracts</b>	<b>page 25</b>
<b>7.</b>	<b>Poster Abstracts</b>	<b>page 27</b>
	Alphabetical Listing (first author)	page 28
	Pharmaceutical Science Posters	page 31
	Pharmaceutical Education/Practice Posters	page 38



## **WELCOME/BIENVENU AFPC/CCCP Conference Registrants**

### **AFPC President David Fielding:**

"Welcome to Ottawa! This is a fabulous city and June is a wonderful time of the year to be here. We have a great conference planned for you during this, the second, joint meeting of the Association of Faculties of Pharmacy of Canada and the Canadian College of Clinical Pharmacy.

On behalf of the AFPC, I encourage you to take full advantage of this opportunity to interact with your academic and clinical colleagues. The conference has a good blend of educational, business and social activities that should provide you with opportunities to learn about innovations in teaching, clinical practice and research, to renew old friendships or to initiate new ones.

This meeting would not have been possible without the efforts of many individuals. In particular I would like to thank Dr. Nese Yuksel, President of CCCP, Simon Albon, Zubin Austin, the AFPC Conference Planning Committee and Jim Blackburn for their many hours of planning and management of this conference.

As well, I would like to thank the sponsors who have assisted with this conference. Without such support, meetings such as this one would be much more difficult to plan and conduct.

Enjoy the meeting. I hope to get an opportunity to talk to each one of you. I am particularly interested in your ideas for future joint conferences between our two organizations."

David W. Fielding, B.Sc. (Pharm.), M.Sc., Ed.D.  
President, Association of Faculties of Pharmacy of Canada

### **Nese Yuksel, President, CCCP**

"On behalf of the Canadian College of Clinical Pharmacy, I would like to welcome you to the Joint Conference of AFPC and CCCP in Ottawa! We are excited to be holding this joint meeting for the second time since 1999, as many issues are common to both groups.

The program committee for both CCCP and AFPC has done an outstanding job in planning the conference, which will integrate interests of both clinicians and the academic community. Leading into the program will be a debate on Thursday night, looking at the role of glycoprotein IIb/IIIa receptor antagonists. On Friday will be the joint session program AFPC/CCCP, with the morning focusing on learning and mentorship and providing ample opportunity for sharing of ideas during the roundtable discussions. The afternoon will follow with sessions highlighting pharmacy practice research in Canada. On Saturday, the CCCP sessions will concentrate on various therapeutic areas including aerosolized antibiotics in the ICU setting, IV PPI's for upper GI bleeds, use of glitazones and glitinides in Type 2 diabetes, and venous thromboembolism and female hormones. That evening the Banquet will be held at the beautiful National Arts Center. The conference will conclude with our annual Evidence Based Medicine Workshop which is always a popular event. There are also a number of satellite symposiums over the next four days, as well as social events to provide great opportunity for networking.

This year has been a busy one for us on the CCCP executive, from planning the annual conference to continuing with the goals and objectives set up from the strategic planning session last year. We hope to be able to share with you some of these activities, as well as, hear from you at the annual business meeting on Saturday.

I hope you enjoy the program and the opportunity to meet with your colleagues from across the country. I would like to thank the many people who organized and the sponsors who supported this conference. I look forward to meeting all of you.

Nese Yuksel, Pharm.D.  
President, Canadian College of Clinical Pharmacy

## AFPC/CCCP CONFERENCE PROGRAM (*Crowne Plaza Ottawa Hotel*)

### Thursday, June 14, 2001

8:00 - 1700	AFPC Executive and Council Meeting ( <i>Joliet Room</i> )
1700 - 1900	Conference Registration ( <i>Richelieu/Frontenac Room</i> )
1800 - 1900	Buffet Supper ( <i>Richelieu/Frontenac Room</i> )
1900 - 1905	Introduction/Opening Remarks - Nese Yuksel
1905 - 2035	Debate: All Patients with Acute Coronary Syndrome (ACS) should receive a glycoprotein IIb/IIIa receptor antagonist Protagonist: Heather Kertland Antagonist: Carmine Stumpo Chair: Bill Semchuk

### Friday, June 15 AFPC/CCCP JOINT SESSIONS

630 - 800	Breakfast Symposium ( <i>Pinnacle Room</i> ) New Antiplatelet Strategies for Optimal Management of Unstable Angina - <i>sponsored by Sanofi-Synthelabo and Bristol-Myers Squibb</i>
800 - 815	WELCOME TO THE AFPC/CCCP CONFERENCE ( <i>Grand Salon Room</i> ) Nese Yuksel, President CCCP David Fielding, President AFPC
815 - 830	CONFERENCE OVERVIEW Nese Yuksel, Conference Chair, CCCP Zubin Austin, Conference Chair, AFPC
830 - 1200	TEACHERS' CONFERENCE I " <i>LEARNING AND MENTORSHIP</i> "
830 - 845	Overview - Zubin Austin
845 - 1030	Learning Preferences Workshop - Jane Tipping
1045 - 1145	Roundtable Discussions " <i>How Can We Apply Learning Preferences to Improve Our Mentorship Activities?</i> "
1145 - 1200	Summary of Discussions - Lavern Vercaigne
1200 - 1400	BUFFET LUNCHEON & POSTER PRESENTATIONS ( <i>Chaudiere Room</i> ) (posters available for viewing from 1000 to 1600)
1400 - 1700	MERCK FROSST PHARMACY PRACTICE RESEARCH SYMPOSIUM " <i>Highlighting Canadian Pharmacy Practice Research</i> " ( <i>Grand Salon Room</i> ) <i>Fred Rémillard, Chair</i> Collaboration for Outcomes Research and Evaluation at the University of British Columbia (CORxE UBC) - David Fielding Community Pharmacists' Provision of Pharmaceutical Care to the Elderly Clients - Ruby Grymonpre Pharmacy Practice Research: A Report from the Golden Horseshoe (i.e. Lake Ontario) - Lisa Dolovich Creation of Indicators of Preventable Drug-Related Morbidity (PDRM) in Older Adults and Implications for Pharmacy Practice - Neil MacKinnon Panel Discussion and Open Forum
1900	Wine & Cheese Reception ( <i>Parliament Hill - Centre Block</i> )

### Saturday, June 16 - AFPC SESSION

700 - 745	CONTINENTAL BREAKFAST/REGISTRATION ( <i>Convention Level Foyer</i> )
745 - 830	CELEBRATING OUR HERITAGE ( <i>Joliet/Frontenac Room</i> ) <i>Official Release of the Text "A History of the Association of Faculties of Pharmacy of Canada: The First Fifty Years 1944 - 1994"</i> Co-Editors Bernard Riedel and Ernst Stieb

- 830 – 1200      **TEACHERS’ CONFERENCE II “*ALIGNING TEACHING, LEARNING & ASSESSMENT*”**
- 830 – 845      **Overview – Zubin Austin**
- 845 – 945      **Aligning Curricular Outcomes – Cleo Boyd**
- 945 –1100      **Roundtable Discussions**
- 1100 – 1200    **Group Reports and Discussions – Simon Albon**
- 1200 – 1400    **ANNUAL GENERAL MEETING & LUNCH (Chaudiere Room)**
- 1400 – 1700    **AFPC AWARD RECIPIENTS PRESENTATIONS (Joliet/Frontenac Room)**  
**Chair – Sylvie Marleau**  
**Janssen-Ortho Pharmaceutical Research Award**  
    - Jack Uetrecht, University of Toronto  
**Bristol-Myers Squibb National Award for Excellence in Education**  
    - Zubin Austin, University of Toronto  
**AstraZeneca New Investigator Research Award**  
    - David Wishart, University of Alberta  
**Roche Graduate Student Research Award**  
    - Amgad Habeeb, University of Alberta
- 1800            **AFPC/CCCP BANQUET – NATIONAL ARTS CENTRE**

**SUNDAY, JUNE 17**

- 645 – 850      **SATELLITE SYMPOSIUM & BREAKFAST (Ballroom C)**  
**Advances in Fibrinolytic Therapy: The Search for an Ideal Pharmacologic Regimen - Chair Cynthia Jackevicius**  
    *(Sponsored by Hoffmann La-Roche Ltd.)*  
**The Pharmacological Pursuit of an Ideal Fibrinolytic Agent – Glen Pearson**  
**Clinical Evidence with Novel Fibrinolytic Agents – Jennifer Pickering**  
**Future Perspectives in the Pharmacologic Management of Acute Myocardial Infarction – Chantal Pharand**  
**Question Period**
- 900 – 1230    **EVIDENCE-BASED CLINICAL PRACTICE WORKSHOP (Ballroom A)**  
**Welcome & Opening Remarks**  
**Roundtable Discussions**  
**Large Group Synopsis**  
**Debriefing Session**
- 1240            **CONCLUSION OF AFPC/CCCP CONFERENCE 2001**

## AFPC AWARD RECIPIENTS 2001

### **The Janssen-Ortho Pharmaceutical Research Award**

Dr. Jack Uetrecht, Faculty of Pharmacy, University of Toronto

### **The Bristol-Myers Squibb National Award for Excellence in Education**

Professor Zubin Austin, Faculty of Pharmacy, University of Toronto

### **The AstraZeneca New Investigator Research Award**

Dr. David Wishart, Faculty of Pharmacy & Pharm. Sciences, University of Alberta

### **The Roche Graduate Student Research Award**

Amgad Habeeb, Faculty of Pharmacy & Pharm. Sciences, University of Alberta

### **Rx & D Pharmacy Faculty Industrial Visitation Awards**

Dr. Julianna Juhász, Faculté de Pharmacie, Université Laval

Dr. Sheryl Zelenitsky, Faculty of Pharmacy, University of Manitoba

### **The Merck Frosst Canada & Co. Pharmacy Fellowship Awards**

#### *Julien Braun Award*

Dan Cooper, Faculté de pharmacie, Université Laval

#### *James E. Frosst Awards*

Spencer Ling, Faculty of Pharmacy & Pharmaceutical Sciences  
University of Alberta

Ho-Lun Wong, Faculty of Pharmacy, University of Toronto

### **The Canadian Foundation for Pharmacy Student Poster Awards**

Titus Wong	Faculty of Pharmaceutical Sciences University of British Columbia
Kassem Abouchehade	Faculty of Pharmacy & Pharm Sciences University of Alberta
George Katselis	College of Pharmacy & Nutrition University of Saskatchewan
Kareena Schnabl	Faculty of Pharmacy University of Manitoba
Gloria Lee	Faculty of Pharmacy University of Toronto
Christiane Ghakis Veronica Corbeil	Faculté de Pharmacie Université de Montréal
Frederic Calon (national winner)	Faculté de Pharmacie Université Laval
Stephanie Campbell	College of Pharmacy Dalhousie University
Olenkie Tebogo	School of Pharmacy

**THE APOTEX-P.A.C.E. UNDERGRADUATE PHARMACY PRACTICE RESEARCH AWARDS**

**College of Pharmacy, Dalhousie University**

*Student – Natalie Crown*

*Project Title – Implementation of a clinical pharmacist in children and adolescent mental health services at the IWK Health Centre*

*Faculty Supervisor – Rita Caldwell*

*Practitioner Supervisor – Adil Virani*

**Faculté de Pharmacie, Université Laval**

*Student – Julie Cormier*

*Project Title – Descriptive study of the efficacy and innocuousness of an anti-emetic treatment based on ondansetron-dexamethasone-prochlorperazine in breast cancer patients undergoing chemotherapy*

*Faculty Supervisor - Anne Dionne*

*Practitioner Supervisor – Véronique Prémont*

**Faculté de Pharmacie, Université de Montréal**

*Student - Hugo Chapdelaine*

*Project Title – Évaluation de l'utilisation de l'Azithromycine en centre hospitalier*

*Faculty Supervisor – Marie-France Beauchesne (practitioner/clinical faculty)*

*Practitioner Supervisor – Lucie Blais (epidemiologist)*

**Faculty of Pharmacy, University of Toronto**

*Student - Robert Scherz*

*Project Title – Examination of consumer demand and needs for pharmacist provision of nutrition and sports nutrition cognitive services*

*Faculty Supervisor – J.D. Jasper*

*Practitioner Supervisor – Arthur Mandel*

**Faculty of Pharmacy, University of Manitoba**

*Student - Connie Syganiec*

*Project Title – Management of methanol/ethylene glycol poisoning*

*Faculty Supervisor - Lavern Vercaigne*

*Practitioner Supervisor - Gordon Basaraba*

**College of Pharmacy & Nutrition, University of Saskatchewan**

*Student – Jennifer Dyck*

*Project Title – Medication beliefs and compliance among the elderly patrons of community-based pharmacy services*

*Faculty Supervisor – Roy Dobson*

*Practitioner Supervisor – Ron Mack*

**Faculty of Pharmacy & Pharm. Sciences, University of Alberta**

*Student – Ali Damani*

*Project Title – Cardiovascular risk reduction clinic study*

*Faculty Supervisor / Practitioner Supervisor – Ross Tsuyuki*

**Faculty of Pharmaceutical Sciences, University of British Columbia**

*Student – Maxwell Murray*

*Project Title – Informed shared decision making process: An exploratory descriptive study*

*Faculty Supervisor / Practitioner Supervisor – Rosemin Kassam*

## **ACKNOWLEDGEMENT OF FINANCIAL CONTRIBUTIONS**

The Association of Faculties of Pharmacy of Canada extends sincere appreciation to the following members of the pharmaceutical industry and pharmacy organizations for their generous contributions to AFPC in the year 2001.

### *Educational Grants for AFPC/CCCP Conference 2001*

**GOLD        MERCK FROSST CANADA & CO.  
              PFIZER CANADA INC.**

**SILVER      DUPONT PHARMA**

**BRONZE**

**APOTEX INC.  
GLAXOSMITHKLINE  
HOFFMANN-LAROCHE LTD.  
PHARMACEUTICAL PARTNERS  
SANOFI SYNTHELABO CANADA INC./BRISTOL-MYERS SQUIBB**

### **Sponsors of AFPC Awards Programme**

**APOTEX INC.  
ASTRAZENECA  
BRISTOL-MYERS SQUIBB PHARMACEUTICAL GROUP  
CANADA'S RESEARCH-BASED PHARMACEUTICAL COMPANIES  
CANADIAN FOUNDATION FOR PHARMACY  
HOFFMANN-LA ROCHE LTD.  
JANSSEN-ORTHO INC.  
MERCK FROSST CANADA & CO.**

### **Affiliate Members of AFPC**

**ABBOTT LABORATORIES LTD.  
APOTEX INC.  
ASTRAZENECA INC.  
AVENTIS PHARMA  
BRISTOL-MYERS SQUIBB PHARMACEUTICAL GROUP  
CANADIAN ASSOCIATION OF CHAIN DRUG STORES  
CANADIAN DRUG MANUFACTURERS ASSOCIATION  
GLAXOSMITHKLINE  
MERCK FROSST CANADA & CO.  
NOVOPHARM LTD.  
PFIZER CANADA  
PHARMACEUTICAL PARTNERS OF CANADA INC.**

**PHARMACIA  
WHITEHALL-ROBINS INC.**

**SPEAKER ABSTRACTS – AFPC/MERCK FROSST PHARMACY PRACTICE  
RESEARCH SYMPOSIUM, JUNE 15, 2001  
“Highlighting Canadian Pharmacy Practice Research”**

**COLLABORATION FOR OUTCOMES RESEARCH AND EVALUATION AT THE UNIVERSITY OF BRITISH COLUMBIA (CORx E UBC).**

**David W. Fielding, Bruce C. Carleton, Mary H.H. Ensom, Marc Levine, James P. McCormack, Elan C.M. Paluck, and Judith A. Soon, Faculty of Pharmaceutical Sciences, UBC, Vancouver BC.**

Eighty-five percent of healthcare interventions have no quantifiable outcome associated with them. Efficient and effective delivery of healthcare services cannot be developed or maintained without a better understanding of how these services impact the patients who receive them. CORx E UBC was initiated in August 2000 to assist in the search for evidence that will help patients, health care practitioners, educators and policy makers maximize the benefits (clinical, humanistic and economic) and minimize the risks of drug therapy. The work of CORx E UBC will be illustrated with an overview of one (Expanded Access to Emergency Contraception) of its three projects. British Columbia launched the expanded access to emergency contraceptive pills (ECPs) on December 1<sup>st</sup> 2000. Pharmacists, who have received special training, can provide ECPs to women without a prescription from their physicians. An evaluation of the effectiveness of this program has been initiated involving both retrospective and prospective analyses. For the retrospective study, data are being obtained from the BC PharmaNet database for physician-prescribed ECPs dispensed by pharmacists during the period October 1, 1995 to November 30, 2000. The Ministry of Health will assign a project case number to all ECP users to permit the extraction of specific data from the PharmaNet, Medical Services Plan, and Hospital Separations databases to provide baseline information for the retrospective analyses. To initiate the expanded access program, 80 pharmacists throughout the province were trained to provide three hours of standardized instruction for pharmacist ECP certification. Sixteen weeks after the launch of the program, there are about 1300 trained pharmacists and 400 pharmacies in BC with at least one trained pharmacist. Approximately 120 ECP prescriptions per week have been prescribed by pharmacists in some 250 pharmacies distributed in all 20 Regional Health Districts in the province. Data will be updated at the time of presentation.

**COMMUNITY PHARMACISTS’ PROVISION OF PHARMACEUTICAL CARE TO THE ELDERLY CLIENTS**     **Grymonpre RE, Vercaigne L, Metge C, Montgomery PR.**

**PURPOSE:** To determine whether pharmacists, providing pharmaceutical care (PC) to the elderly in the community pharmacy setting, could identify, resolve and prevent drug-related issues and favorably impact on medication use and adherence.

**METHODS:** Community pharmacists were accepted for participation if they met several criteria, including training and support, and signed a contract. Eligible clients ( $\geq 65$  years, non-institutionalized, taking  $\geq 1$  medications, willing to provide signed informed consent) were recruited based on perceived risk for drug-related issues (DRIs).

Intervention involved provision and documentation of PC (survey based data). Pharmacists were reimbursed for services. The prescription claims database will be accessed (not presented) to determine differences between intervention clients and matched controls in medication adherence, numbers, costs and types of medications, and drug interactions pre- and post- intervention.

**RESULTS:** Eleven community pharmacies were selected from 15 applications, involving 15 site pharmacists. Over 21 months 409 clients were evaluated and 208 (51%) were eligible. Mean age was  $77.1 \pm 6.5$  years and 65% of sample was female. Clients reported a mean of  $5.9 \pm 2.9$  prescribed drugs and  $5.8 \pm 2.4$  medical conditions. Pharmacists developed 717 action plans for 206 (99.5%) of 207 clients, characterized by 926 DRIs, requiring 983 recommendations. Physician and client acceptance rates were 86% and 93%, respectively. Positive endpoints were achieved for 75% of action plans. However, 4 pharmacies could not meet research requirements; 23% and 9% of

the recommendations involving the physician and patient, respectively, were not made or documented; 23% of physician and 16% of patient responses were unknown; and 38% of endpoints were unknown. Despite a mean remuneration of \$78.30 ± 23.30 per client, the target recruitment rate of 1 client per week could not be met.

**CONCLUSIONS:** Although pharmacists had some difficulties with the process, when successfully implemented and documented the impact was high.

## **PHARMACY PRACTICE RESEARCH : A REPORT FROM THE GOLDEN HORSESHOE (IE. LAKE ONTARIO)**

**Lisa Dolovich Pharm D, Centre for Evaluation of Medicines, McMaster University & Faculty of Pharmacy University of Toronto**

Pharmacy practice research projects addressing the following themes will be discussed: pharmacist continuing education, different models of pharmacy practice, and the interaction of pharmacists with patients and physicians. Short summaries of a variety of studies will be presented to allow the audience to be informed about what research results are available or what studies are underway. The studies presented will be the Asthma Community Pharmacist Training Trial (ACTT), the Seniors Medication Assessment Research Trial (SMART), Potential Pharmacist-Directed Strategies and Reimbursement Mechanisms, the Specialist Outreach Study (SOS), The Canada Drug Guide Study, and the 'Just Checking' Study. The goals of all projects are to improve patient health and to maximize the pharmacist roles within the healthcare system.

## **CREATION OF INDICATORS OF PREVENTABLE DRUG-RELATED MORBIDITY (PDRM) IN OLDER ADULTS AND IMPLICATIONS FOR PHARMACY PRACTICE**

**Neil J. MacKinnon, Ph.D., R.Ph., Assistant Professor and the Merck Frosst Chair of Patient Health Management; Heather Robertson, M.S., Dalhousie University College of Pharmacy, Halifax, NS.; Robert S. Tonks, Ph.D., Division of Geriatric Medicine, Dalhousie University and Centre for Health Care of the Elderly, Queen Elizabeth II Health Sciences Centre, Halifax, NS.**

**PURPOSE:** Pharmacists are well positioned to identify and help resolve drug-related morbidities (DRMs) in patients in the provision of pharmaceutical care. DRMs occur frequently in older adults. Fortunately, many are/should be preventable. This study had three primary purposes to address these problems: 1) to create indicators of *preventable* drug-related morbidity (PDRM) in older adults, 2) to identify risk factors for PDRM, and 3) to formulate strategies to reduce PDRM.

**METHODS:** The study was conducted in two phases. In the first phase, the Delphi technique was used with an expert panel of geriatricians and an expert panel of clinical pharmacologists to create indicators of PDRM in older adults in the winter of 2001. In the second phase, in spring 2001, twelve general practitioners (GPs) evaluated the PDRM indicators proposed by the two expert panels and identified risk factors for PDRM. Finally, through the use of a mail survey, all three groups suggested strategies to reduce PDRM. **RESULTS:** The two expert panels proposed 58 indicators of PDRM in older adults following two rounds of the Delphi technique. The GPs agreed with 89.7% of the PDRM indicators. Patient issues (such as compliance and socio-economic status), physician issues (such as lack of physician time and knowledge about drugs), and communication with the patient and health professionals were identified as being the most important risk factors for PDRM by the GPs.

**CONCLUSIONS:** This study has produced indicators of PDRM in older adults, hitherto unavailable in healthcare. Pharmacists could use these indicators to proactively identify patients at risk for PDRM. With the risk factors for PDRM and strategies to optimally reduce DRMs identified by our research, such information should help community pharmacists and physicians to improve the quality of care provided to older adults. Further research is



planned to validate these indicators through use of a panel of pharmacists and to identify patients that match these indicators in an integrated healthcare

### ***AFPC AWARD PRESENTATIONS, SATURDAY, JUNE 16***

#### **JANSSEN ORTHO PHARMACEUTICAL RESEARCH AWARD – DR. JACK UETRECHT, UNIVERSITY OF TORONTO**

##### **PREDICTING THE UNPREDICTABLE: IDIOSYNCRATIC DRUG REACTIONS**

**Jack P. Uetrecht Faculty of Pharmacy, University of Toronto**

Idiosyncratic drug reactions are a major source of morbidity and mortality. In addition, they greatly increase the cost of drug development. If progress is to be made in dealing with this problem, it is essential that we have a much better understanding of the mechanisms involved. There is a large amount of circumstantial evidence that reactive metabolites rather than the parent drug are responsible for most such reactions and the characteristics of these reactions suggest that they are mediated by the immune system. The concept that ties these concepts together is the hapten hypothesis formulated by Landsteiner who noticed that small molecules are not immunogenic except when bound to macromolecules. The nature of most reactive metabolites makes it likely that they will be formed in the target organ of toxicity. Although the liver is the major site of metabolism, we have found that many reactive metabolites can be formed by neutrophils and neutrophil precursors and many such drugs are associated with agranulocytosis. Yet many drugs that form reactive metabolites are not associated with a high incidence of idiosyncratic drug reactions. This suggests that the reactive metabolite must do something in addition to acting as a hapten. It has been suggested that the immune system does not differentiate “self” from “nonself” but only responds to agents that represent a “danger”. This concept is supported by the observation that many idiosyncratic reactions are higher in patients with infections or after surgery. The reactive metabolite may also cause cell stress and act as a “danger signal”. Yet most patients who take a drug associated with a high incidence of idiosyncratic drug reactions do not have an idiosyncratic reaction under any conditions and it appears as if the common response is immune tolerance. The only practical way to study the mechanisms of such reactions in detail is with animal models, yet idiosyncratic reactions are just as idiosyncratic in animals as they are in humans and so examples in which a drug causes a high incidence of idiosyncratic reactions in animals are rare; however, there are a few examples. We have used such models to explore factors that influence the risk of idiosyncratic reactions and this has implications for the mechanisms involved. (Supported by grants from CIHR)

#### **BRISTOL-MYERS SQUIBB NATIONAL AWARD FOR EXCELLENCE IN EDUCATION – ZUBIN AUSTIN, UNIVERSITY OF TORONTO**

**Curricular interventions to support teaching of patient care skills. Zubin Austin B.Sc.Pharm., M.B.A., M.I.S., M.Ed. Faculty of Pharmacy, University of Toronto**

**Objective:** To describe teaching and assessment methods used to facilitate learning of pharmacy practice skills.

**Method:** Four specific methods have been used and assessed:

- a) Simulated Patient Teachers – specially trained actors used to portray the physical and psycho-social complexities of wellness and illness
- b) Compressed Patient Care Cases – multi-part cases designed to portray the natural progression of an illness over a period of time
- c) Extended Family Tree Structure - provides a real-life context for embedding compressed patient care cases, to explore the impact of illness within a family and a community
- d) Global Assessment using a visual analogue scale – a tool for improving reliability and validity of assessment

**Results:** Enhanced learning has been demonstrated as student successfully move from a pre-structural level of pharmaceutical care to a relational level. Learning is enhanced through the integration of these teaching and

assessment methods. Successful transition has been defined as comprehensive management of a pharmacotherapeutically simple case in a psycho-socially complex situation, as described in the Association of Faculties of Pharmacy of Canada (AFPC) Educational Outcomes Document (Levels and Ranges).

**Implications:** Post-graduate feedback from students has shown a sustained benefit from pre-clerkship exposure to simulated patients in a controlled setting. Such exposure has the advantage of allowing students to rapidly develop clinical skills by recognizing the complexity and multi-dimensional nature of commonly occurring clinical situations.

#### **ASTRAZENECA NEW INVESTIGATOR AWARD – DR. DAVID WISHART, UNIVERSITY OF ALBERTA**

#### **ROCHE GRADUATE STUDENT RESEARCH AWARD – AMGAD HABEEB, UNIVERSITY OF ALBERTA**

Design and Syntheses of Diarylisoxazoles: Novel Inhibitors of Cyclooxygenase-2 (COX-2) With Analgesic-Anti-inflammatory Activity. Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta, Edmonton, Alberta, Canada

A group 4,5-diphenylisoxazoles (**11a-p**), 3,4-diphenyl-5-trifluoromethylisoxazoles (**15**, **21**), and 4,5-diphenyl-3-methylsulfonamidoisoxazole (**23**) possessing a variety of substituents (H, F, MeS, MeSO, MeSO<sub>2</sub>) at the *para*-position of one of the phenyl rings were synthesized for evaluation as analgesic, and selective COX-2 inhibitory anti-inflammatory (AI), agents. Although the 4,5-diphenylisoxazole group of compounds (**11a-p**) exhibited potent analgesic and AI activities, those compounds evaluated (**11a**, **11b**, **11m**) were more selective inhibitors of COX-1 than COX-2 with the exception of 4-(4-methylsulphonylphenyl)-5-phenylisoxazole (**11n**) that showed a modest COX-2 selectivity index (SI) of 2.1. In contrast, 3-(4-methylsulphonylphenyl)-4-phenyl-5-trifluoromethylisoxazole (**15**), which retained good analgesic and AI activities, was a highly potent and selective COX-2 inhibitor (COX-1 IC<sub>50</sub> > 500 mM; COX-2 IC<sub>50</sub> < 0.001 mM) with a COX-2 SI of > 500,000, relative to the reference drug celecoxib (COX-1 IC<sub>50</sub> = 22.9 mM; COX-2 IC<sub>50</sub> = 0.0567 mM) with a COX-2 SI of 404. The 3-phenyl-4-(4-methylsulphonylphenyl) regioisomer (**21**) was a less potent inhibitor (COX-1 IC<sub>50</sub> = 252 mM; COX-2 IC<sub>50</sub> = 0.2236 mM) with a COX-2 SI of 1122, relative to the regioisomer (**15**). The related compound 4,5-diphenyl-3-methylsulfonamidoisoxazole (**23**) exhibited similar (to **21**) potency and COX-2 selectivity (COX-1 IC<sub>50</sub> > 200 mM; COX-2 IC<sub>50</sub> = 0.226 mM) with a SI of 752. A molecular modeling (docking) study for the most potent, and selective, COX-2 inhibitor (**15**) in the active site of the human COX-2 enzyme showed the C-5 CF<sub>3</sub> substituent is positioned 3.37 Å from the phenolic OH of Tyr<sup>355</sup>, and 6.91 Å from the Ser<sup>530</sup> OH. The S-atom of the MeSO<sub>2</sub> substituent is positioned deep (7.40 Å from the entrance) inside the COX-2 secondary pocket (Val<sup>523</sup>). These studies indicate a C-5 CF<sub>3</sub> (**15**, **21**), or C-3 NHSO<sub>2</sub>Me (**23**), central isoxazole ring substituent is crucial to selective inhibition of COX-2 for this class of compounds.

**POSTER ABSTRACTS**

**AFPC/CCCP CONFERENCE**

**OTTAWA  
June 15, 2001**

**ALPHABETICAL LISTING OF AFPC POSTER PRESENTERS**  
(underlined name on poster)

**PS – IDENTIFIES PHARMACEUTICAL SCIENCE ABSTRACTS**

**E – IDENTIFIES PHARMACY EDUCATION/PHARMACY PRACTICE ABSTRACTS**

- PS – 1 ELEVATION OF PLASMA LEVELS OF 8-ISOPROSTANE BY VALPROIC ACID IN RATS: EFFECT OF INDUCTION AND INHIBITION OF CYTOCHROME P450 AND DEPLETION OF GLUTATHIONE**  
Frank S. Abbott, Vincent Tong, Kevin Farrell\*, Jie Chen, and Thomas K.H. Chang
- PS – 2 ANTI-TNF TREATMENT NORMALIZES INFLAMMATION AND UPREGULATES THE RESPONSE TO ATENOLOL**  
Kassem D. Abouchehade<sup>1</sup>, Anthony S. Russell<sup>2</sup>, and Fakhredin Jamali<sup>1</sup>.
- E – 1 DEVELOPMENT AND UTILIZATION OF THE WEB-BASED LEARNING CENTRE (WBLC) IN THE FACULTY OF PHARMACEUTICAL SCIENCES**  
Simon P. Albon, Nelson P. Kuhlen, Howard Sham, Philip Hui and Kishor M. Wasan
- E – 2 FRAMEWORK FOR DEFINING LEVELS OF DESIRED STUDENT COMPETENCE.**  
Jana M. Bajcar<sup>1,3</sup>, Cleo L. Boyd<sup>1,2</sup>.
- PS – 3 ASSESSING THE CELLULAR TRANSMEMBRANE ELECTRICAL POTENTIAL DIFFERENCE ON THE HEPATIC UPTAKE OF PALMITATE**  
F.J. Burczynski<sup>1,2</sup>, B.Elmadhoun<sup>1</sup>, G.Q. Wang<sup>1</sup>, A. Lewis<sup>3</sup>, P. Chang<sup>4</sup>, D. Hung<sup>4</sup>, M.S. Roberts<sup>4</sup>.
- PS – 4 Increase of preproenkephalin MRNA expression in the putamen of Parkinson's disease patients with levodopa-induced dyskinesias**  
Frédéric Calon<sup>1</sup>, Sam Birdi<sup>2</sup>, Ali H. Rajput<sup>2</sup>, Paul J. Bédard<sup>4</sup> and Thérèse Di Paolo<sup>1\*</sup>
- E – 3 THE INTERNET: TOOLS FOR FINDING DRUG INFORMATION**  
Stephanie M Campbell<sup>1</sup>, Elizabeth Foy<sup>1</sup>, Mary E. MacCara<sup>1</sup>, Iain D. Smith<sup>2</sup>
- PS – 5 ELEVATED CIRCULATING LEVELS OF NATRIURETIC PEPTIDES (ANP/BNP) IN CARDIOMYOPATHIC HAMSTERS OF THE UM-X7.1 LINE: EFFECT OF GROWTH HORMONE TREATMENT ON THE SERUM LEVEL OF THE PEPTIDES**  
Catia Céméus<sup>1</sup>, Louis Dumont<sup>2</sup>, Marek Jankowski<sup>3</sup>, Jolanta Gutkowska<sup>3</sup>, Patrick Du Souich<sup>2</sup>, Sylvie Marleau<sup>1</sup>, Huy Ong<sup>1</sup>
- E – 4 ÉVALUATION DE L'IMPACT DE LA PRISE SYSTÉMATIQUE DE L'HISTOIRE MÉDICAMENTEUSE PAR LE PHARMACIEN À L'URGENCE**  
Véronique Corbeil et Christiane Ghakis, Hôpital du Sacré-Cœur de Montréal
- E – 5 INCORPORATION OF THE JUST CHECKING© PROGRAM INTO AN EARLY EXPERIENTIAL PROGRAM**  
Cheryl Cox<sup>a</sup>, Betsy Koshy<sup>a</sup>, Nancy Rae<sup>a</sup>, Dale Wright<sup>a</sup>, Janet Cooper<sup>b</sup>
- PS – 6 STUDY OF *IN VITRO* AND *IN VIVO* CIPROFLOXACIN DELIVERY FROM CONTRAMID<sup>®</sup> IMPLANTS**  
Cyril Désévaux<sup>1</sup>, Vincent Lenaerts<sup>2</sup>, Pascal Dubreuil<sup>3</sup>

- E – 6 A CURRICULUM FRAMEWORK FOR SKILLS LABORATORY DEVELOPMENT: CREATING AN ACTIVE-LEARNING CULTURE**  
Rehana Durocher
- E – 7 INFORMED SHARED DECISION MAKING (ISDM): AN INTERDISCIPLINARY MODEL FOR ENHANCING PHARMACEUTICAL CARE AND STUDENT LEARNING IN PHARMACY CURRICULA.**  
Rosemin Kassam, Simon P. Albon
- E – 8 DESIGNING A WEB-BASED LEARNING CENTER (WBLC) TO FACILITATE COMMUNICATION AND LEARNING FOR STUDENTS ON THEIR PHARMACEUTICAL CARE CLERKSHIPS.**  
Rosemin Kassam, Stephanie Lee
- PS – 7 ISOLATION AND PARTIAL STRUCTURAL CHARACTERIZATION OF SAPONINS FROM *Polygala senega* L. ROOT**  
George S. Katselis<sup>1</sup>, Leonid S. Akhov<sup>2</sup>, Alberto Estrada<sup>3</sup>, Dennis K. J. Gorecki<sup>1</sup> and Branka Barl<sup>2</sup>
- E – 9 THE DESIGN OF AN EDUCATION STRATEGY FOR DEVELOPMENT OF PHARMACEUTICAL CARE DOCUMENTATION SKILLS.**  
Natalie R. Kennie<sup>1,2</sup>, Jana M. Bajcar<sup>1,2</sup>, Cleo L. Boyd<sup>1,3</sup>.
- PS – 8 NOVEL CELLULAR LOCALIZATION AND FUNCTIONAL EXPRESSION OF P-GLYCOPROTEIN (P-GP) IN THE CENTRAL NERVOUS SYSTEM.**  
Gloria Lee<sup>1</sup>, Moïse Bendayan<sup>2</sup>, Lyanne Schlichter<sup>3</sup>, Reina Bendayan<sup>1</sup>
- E – 10 DO CANADA’S HOSPITAL PHARMACY MANAGERS HAVE THE SKILLS THEY NEED? THE RESULTS OF A NATIONAL SURVEY**  
Neil J. MacKinnon, Sheri D. Axworthy
- E – 11 CLINICAL PHARMACY HOME CARE PRACTICE IN CANADA**  
L. MacKeigan,<sup>1</sup> J. Marshman,<sup>1</sup> T. Einarson,<sup>1</sup> D. Kruk-Romanus,<sup>1</sup> D. Milovanovic,<sup>4</sup> C. Jackevicius,<sup>1,2,5</sup> G. Naglie,<sup>2,5</sup> C. McCulloch<sup>3,6</sup>
- E – 12 AN APPROACH TO CURRICULUM ASSESSMENT.**  
Allan Mills<sup>1,2</sup> and Jana M. Bajcar<sup>1,3</sup>
- E – 13 EVOLUTION OF A DOCTOR OF PHARMACY SEMINAR COURSE:**  
Christine L Papoushek, PharmD<sup>1,2</sup>Jana Bajcar, MScPhm<sup>1,3</sup>, Cleo Boyd<sup>1,4</sup>
- E – 14 USING A PORTFOLIO ASSIGNMENT TO ASSESS FOR LEARNING IN A PHARMACY PRACTICE LABORATORY**  
Marion L. Pearson, Gregory H. W. Fong, Kevin G. Moody, David W. Fielding
- PS – 9 AN EPIFLUORESCENT MICROSCOPIC METHOD WITH MITOCHONDRIAL POTENTIAL SENSOR JC-1 FOR MEASURING DOXORUBICIN-INDUCED CARDIOMYOCYTE DAMAGE AND DEXRAZOXANE (ICRF-187) CARDIOPROTECTION**  
Kareena L. Schnabl and Brian B. Hasinoff
- PS – 10 RATE AND EXTENT OF EPINEPHRINE ABSORPTION AFTER INTRAMUSCULAR AND SUBCUTANEOUS INJECTION IN ADULTS**  
Keith J. Simons<sup>1, 2</sup>, Xiaochen Gu<sup>1</sup>, Lana M. Johnston<sup>2</sup>, Cathy A. Gillespie<sup>2</sup>, F. Estelle R. Simons<sup>2</sup>

- PS – 11 SEPARATION AND CHARACTERIZATION OF SAPONINS FROM AN EXTRACT OF *QUILLAJA SAPONARIA* MOLINA : NEW IMMUNO-ADJUVANTS .**  
M. O. Tebogo<sup>1</sup>, V. Richardson<sup>2</sup> and J. Banoub<sup>3</sup>
- E – 15 DEVELOPMENT OF AN ALGORITHM TO GUIDE STUDENT PERFORMANCE-RELATED PROBLEM IDENTIFICATION, ANALYSIS AND RESOLUTION DURING A STRUCTURED PRACTICAL EXPERIENCE PROGRAM.**  
 Andrea J. Cameron, Lesley A. Lavack, Hilja M. Toom
- PS – 12 RECOMBINANT TISSUE PLASMINOGEN ACTIVATOR (rtPA) COMPARED TO UROKINASE FOR OCCLUDED HEMODIALYSIS CATHETERS**  
Lavern M. Vercaigne Pharm. D.<sup>1,2</sup>, Christine Weatherston B.Sc.(Pharm)<sup>3</sup>, Candace Spewak B.Sc.(Pharm)<sup>2,3</sup>, James M. Zacharias MD, FRCPC.<sup>2,4</sup>
- PS – 13 AN EVALUATION OF THE ANTIBIOTIC / HEPARIN-LOCK TO STERILIZE CENTRAL VENOUS CATHETERS**  
Lavern M. Vercaigne, Pharm.D.<sup>1,2</sup>, Sheryl A. Zelenitsky, Pharm.D.<sup>1,3</sup>, Ian Findlay, BSc.(Pharm), MSc.(Pharm)<sup>1</sup>, Kevin Bernstein, MD, FRCPC.<sup>2</sup>, S. Brian Penned, MD, FRCPC.<sup>2</sup>
- E – 16 THE UTILIZATION OF SMOKING CESSATION MEDICATIONS IN CARDIAC PATIENTS DISCHARGED FROM HOSPITALS IN NOVA SCOTIA**  
Anne Marie Whelan<sup>1,2</sup>, Charmin A. Cooke<sup>1</sup>, Ingrid S. Sketris<sup>1,3</sup>
- E – 17 MULTIPLE CHOICE PROGRESS EXAMINATION: COMPARISON OF LECTURE-BASED AND PBL-BASED CURRICULA: INTERIM RESULTS.**  
Anne M Whelan, Patrick S Farmer, Susan A Monsieur
- PS – 14 THE ROLE OF SERUM LIPID LEVELS ON AMPHOTERICIN B INDUCED NEPHROTOXICITY IN PEDIATRIC ONCOLOGY PATIENTS: COMPARING 4 DAY AND 7 DAY THERAPY**  
 Titus Wong<sup>1</sup>, Eunice Wong<sup>1</sup>, Lorilynne Holtorf<sup>1</sup>, Traci Corr<sup>2</sup>, Sheila Pritchard<sup>2</sup>, Kishor M. Wasan<sup>1</sup>.
- E – 18 APPLICATION OF SITUATED LEARNING DESIGN TO AN INTERNET CONTINUING EDUCATION COURSE**  
Dale E. Wright, BSP, MSc, MDE, Terri Schindel, BSP, MCE, Andrew Uminski, MSc
- E – 19 DEVELOPMENT OF HEALTH INFORMATION PAMPHLETS TO THE LOCAL VIETNAMESE COMMUNITY.**  
Marguerite M.Yee and Lap Nguyen,

## POSTER PRESENTATIONS – PHARMACEUTICAL SCIENCES

### PS -1

#### ELEVATION OF PLASMA LEVELS OF 8-ISOPROSTANE BY VALPROIC ACID IN RATS: EFFECT OF INDUCTION AND INHIBITION OF CYTOCHROME P450 AND DEPLETION OF GLUTATHIONE

Frank S. Abbott, Vincent Tong, Kevin Farrell\*, Jie Chen, and Thomas K.H. Chang  
Faculty of Pharmaceutical Sciences and \*Faculty of Medicine, University of British Columbia, and  
\*Department of Pediatrics, Children's and Women's Health Center of British Columbia, Vancouver, BC, CANADA.

**PURPOSE:** To determine the effect of VPA administration on plasma concentrations of 8-isoprostane as an *in vivo* marker for oxidative stress in rats and 2) to examine the effect of induction and inhibition of cytochrome P450 and depletion of glutathione levels on plasma 8-isoprostane levels in VPA-treated rats. **METHODS:** Adult male Sprague-Dawley rats (250-300 g) were treated with VPA (100, 250, or 500 mg/kg, i.p.) and sacrificed 0.5 hours later. Modulation experiments to induce VPA metabolism, inhibit metabolism, and deplete glutathione levels were performed with phenobarbital (PB), SKF-525A, and buthionine sulfoxime (BSO), respectively. Plasma 8-isoprostane concentrations were measured by an EIA assay. **RESULTS:** Plasma levels of 8-isoprostane increased significantly after 250 and 500 mg/kg doses of VPA with a  $t_{max}$  of 0.5 hr (500 mg/kg). Plasma levels of 8-isoprostane were elevated with PB pretreatment (approximately 2 fold) in VPA treated rats. In contrast, no effects were observed following inhibition of cytochrome P-450 by SKF-525A or depletion of glutathione levels by BSO. **CONCLUSION:** This finding suggests *in vivo* production of reactive oxygen species following VPA administration. This effect can be enhanced by PB pretreatment, but not attenuated by SKF-525A suggesting a PB-inducible P450 independent production of reactive oxygen species.

(Abstract was previously presented March 25, 2001 at the Pharmacology Vancouver 2001 Conference in Vancouver, B.C., Canada.)

### PS - 2

#### ANTI-TNF TREATMENT NORMALIZES INFLAMMATION AND UPREGULATES THE RESPONSE TO ATENOLOL

Kassem D. Abouchehad<sup>1</sup>, Anthony S. Russell<sup>2</sup>, and Fakhredin Jamali<sup>1</sup>.

<sup>1</sup>Faculty of Pharmacy & Pharmaceutical Sciences and <sup>2</sup>Department of Rheumatology, Faculty of Medicine, University of Alberta, Edmonton, AB, CANADA T6G 2N8

**PURPOSE.** Inflammation downregulates  $\alpha_1$ -adrenergic receptors. We determined the effect of inflammation on response to the  $\alpha_1$ -adrenergic antagonist, atenolol in the presence and absence of reduced tumor necrosis factor- $\alpha$  (TNF $\alpha$ ). Influximab is an anti-TNF drug. **METHODS.** ECG was reported for PR interval and heart rate measurements in adult Sprague-Dawley rats. Rats were divided into four groups (n=6/group): Control, Inflamed (Interferon- $\gamma$ 2a, IFN $\gamma$ 2a, sc 12 h and 3 h pre-atenolol), IFN+Influximab (IFN $\gamma$ 2a + influximab 3 mg/kg *iv* 12 h pre-atenolol) and Influximab (3 mg/kg *iv* after induction of inflammation) 18 h pre-atenolol dosing. Prior to and 0-6 h following 5 mg/kg, *i.v.* atenolol, ECG was recorded and blood samples collected. Plasma samples were assayed for nitrite (nitric oxide metabolite), TNF $\alpha$  and atenolol plasma levels. **RESULTS.** Plasma nitrite and TNF $\alpha$  levels were elevated 3-fold and 4-fold in inflamed rats respectively (p<0.01), an indication of nitric oxide and TNF $\alpha$  over-production. Atenolol caused significant prolongation of PR interval in all rats peaking after 4 h. However, inflammation caused 50% reduction in the PR interval prolongation to atenolol (p<0.05) confirming receptor downregulation by inflammation. Influximab reversed inflammation and normalized the response to atenolol (21±2% influximab vs. 9±4% inflamed, p<0.001). Inflammation had no effects on atenolol pharmacokinetics. There was no significant difference among the groups with respect to the heart rate post-atenolol doses. **CONCLUSIONS.** Inflammation caused reduced response to atenolol without alterations in drug pharmacokinetics. Anti-TNF treatment prevented the induction of inflammation, preserved healthy conditions, and restored normal response to atenolol. This effect of inflammation may be related to increased expression of the inflammatory mediators nitric oxide and TNF $\alpha$ . (Supported by MRC 983587).

### PS - 3

#### **ASSESSING THE CELLULAR TRANSMEMBRANE ELECTRICAL POTENTIAL DIFFERENCE ON THE HEPATIC UPTAKE OF PALMITATE**

**F.J. Burczynski<sup>1,2</sup>, B.Elmadhoun<sup>1</sup>, G.Q. Wang<sup>1</sup>, A. Lewis<sup>3</sup>, P. Chang<sup>4</sup>, D. Hung<sup>4</sup>, M.S. Roberts<sup>4</sup>.**

<sup>1</sup>Faculty of Pharmacy, <sup>2</sup>Department of Pharmacology and Therapeutics, Faculty of Medicine, University of Manitoba, Winnipeg, Manitoba, Canada, <sup>3</sup>Institute of Pharmaceutical Sciences, University of Nottingham, U.K., <sup>4</sup>Department of Medicine, Princess Alexandra Hospital, University of Queensland, Woolloongabba, Queensland, Australia 4102.

Understanding the driving forces for the hepatic uptake of endogenous and exogenous substrates is fundamental to the understanding of hepatic physiology/pharmacology. In the present study we investigated the role of the hepatocellular transmembrane electrical potential difference (PD) on [<sup>3</sup>H]-palmitate uptake by isolated hepatocytes and isolated perfused rat livers. Hepatocyte PD was altered by perfusate ion substitution. [<sup>3</sup>H]-Palmitate clearances were observed to be similar in isolated hepatocytes using the different uptake solutions. Studies performed with isolated perfused livers also showed that the PD did not affect the hepatic [<sup>3</sup>H]-palmitate extraction fraction. However, extraction was much lower ( $p < 0.05$ ) when gluconate was substituted for Cl<sup>-</sup> ion in the phosphate buffered saline perfusate solution. Multiple indicator dilution studies with vascular and extravascular references revealed that while vascular volume was not significantly different using the different buffers, the extravascular volume for livers perfused with the gluconate substituted buffer was significantly higher ( $p < 0.05$ ). We hypothesized that one explanation for the reduced extraction fraction in the isolated perfused rat liver may be a greater path length for the ligand to diffuse to the cell surface in the Disse space thus reducing the uptake rate as defined by the hepatic extraction fraction.

### PS - 4

#### **Increase of preproenkephalin mRNA expression in the putamen of Parkinson's disease patients with levodopa-induced dyskinesias**

**Frédéric Calon<sup>1</sup>, Sam Birdi<sup>2</sup>, Ali H. Rajput<sup>2</sup>, Paul J. Bédard<sup>4</sup> and Thérèse Di Paolo<sup>1\*</sup>**  
**Oncology and Molecular Endocrinology Res. Center, CHUL and Faculty of Pharmacy, Laval Univ., Québec, QC, Canada. <sup>2</sup>Division of Neurology, Royal University Hospital, Saskatoon, SK, Canada <sup>3</sup>Neuroscience Research Unit, CHUL, and Department of Medicine, Laval Univ., Québec, QC, Canada.**

**PURPOSE** The expression of preproenkephalin messenger RNA was studied in brains of Parkinson's disease patients in relation with the development of dyskinesias induced by levodopa chronic treatment.

**METHODS** Eleven normal controls and 14 Parkinson's disease patients were used, of which 4 developed dyskinesias, 3 developed wearing-off, 3 developed both dyskinesias and wearing-off and 4 developed no adverse effect following dopaminomimetic therapy. In situ hybridization, <sup>125</sup>I-RTI 121 autoradiography and HPLC with electrochemical detection were performed to measure preproenkephalin messenger RNA levels, dopamine transporter and catecholamine concentrations, respectively.

**RESULTS** <sup>125</sup>I-RTI 121 specific binding to dopamine transporter and dopamine concentrations were severely decreased in Parkinson's disease brain but were similar between dyskinetic and non dyskinetic patients. Preproenkephalin messenger RNA expression was increased in the lateral putamen of dyskinetic patients in comparison to controls (+210%;  $P < 0.01$ ) and in comparison to non dyskinetic patients (+112%;  $P < 0.05$ ). No change was observed in medial parts of the putamen and in the caudate nucleus.

**CONCLUSIONS** These findings suggest that increase synthesis of preproenkephalin in the medium spiny output neurons of the striatopallidal pathway play a role in the development of dyskinesias following long-term levodopa therapy in Parkinson's disease. Supported by the CIHR.



## PS – 5

### ELEVATED CIRCULATING LEVELS OF NATRIURETIC PEPTIDES (ANP/BNP) IN CARDIOMYOPATHIC HAMSTERS OF THE UM-X7.1 LINE: EFFECT OF GROWTH HORMONE TREATMENT ON THE SERUM LEVEL OF THE PEPTIDES

Catia Céméus<sup>1</sup>, Louis Dumont<sup>2</sup>, Marek Jankowski<sup>3</sup>, Jolanta Gutkowska<sup>3</sup>, Patrick Du Souich<sup>2</sup>, Sylvie Marleau<sup>1</sup>, Huy Ong<sup>1</sup>

Faculty of Pharmacy<sup>1</sup>, Department of pharmacology<sup>2</sup>, Faculty of medicine, Université de Montréal, C.P. 6128, succursale A, Montréal (Québec) H3C 3J7, Centre de recherche du CHUM, pavillon Hôtel-Dieu<sup>3</sup>

In man, idiopathic dilated cardiomyopathy (IDC) is a terminal disease characterized by a reduction in cardiac performance leading to severe heart failure (HF). HF is associated with important changes in the expression and secretion of natriuretic peptides. The cardiomyopathic hamster (CMH) is a genetic model that features human IDC. Disease progresses from multifocal necrosis to dilatation and severe HF (> 160 days). Recently, clinical studies showed that GH may improve cardiac performance but additional studies are needed to address the optimal dose and duration of GH treatment. To delineate the potentially beneficial role of GH in the course of the disease, CMH were treated with GH at a daily dose of 1mg/kg (SC) for 40 days (from 210 to 240 days old) or for 210 days (from 30 to 240 days old). One ml of blood was taken before sacrifice to measure serum concentrations of natriuretic peptides. In males, circulating levels of ANP were 309 and 246 pg/ml in vehicle- and GH-treated CMH (40 days), whereas BNP serum levels were 627 and 595 pg/ml, respectively. In CMH treated for 210 days, serum concentrations of ANP were 298 and 230 pg/ml in vehicle- and GH-treated CMH, whereas BNP serum levels were 535 and 538 pg/ml, respectively. The results show that a prolonged treatment with GH (210 days), did not prevent the increase in natriuretic peptides observed in HF (~8- and ~10-fold for ANP and BNP), neither did it modulate the circulating levels of the peptides when administered in the late course of the disease.

## PS – 6

### STUDY OF *IN VITRO* AND *IN VIVO* CIPROFLOXACIN DELIVERY FROM CONTRAMID<sup>®</sup> IMPLANTS

Cyril Désévaux<sup>1</sup>, Vincent Lenaerts<sup>2</sup>, Pascal Dubreuil<sup>3</sup>

<sup>1</sup>Faculty of Pharmacy, University of Montreal, Montreal, Quebec, Canada

<sup>2</sup>Labopharm inc., 1208 Bergar, Laval, Quebec, Canada

<sup>3</sup>Faculty of Veterinary Medicine, University of Montreal, St-Hyacinthe, Quebec, Canada

**PURPOSE.** The purpose of this study was to develop a cross-linked high amylose starch (Contramid<sup>®</sup>) matrix implant loaded with Cipro as a sustained antibiotic delivery system for localized treatment of osteomyelitis.

**METHODS.** Contramid<sup>®</sup> implants (200 mg) with 2.5, 5, 7.5, 15 and 20 % Cipro loadings were manufactured by compression. *In vitro* : Implants with 2.5, 5 and 7.5 % Cipro were immersed in 20 mL of isotonic PBS refreshed every 24 hours for Cipro assay. *In vivo* : Each formulation except 5 % Cipro was implanted between biceps femoris and femur of the right hind of rabbits (4 groups). Each animal was administered a total dose of 30-40 mg of Cipro (1 to 6 implants depending on implant loading). Blood samples were taken regularly for Cipro assay. Muscle and femur were collected on days 3, 7, 14, 21 and 28 after implantation for host response evaluation and Cipro assay.

**RESULTS.** Cipro was released *in vitro* over 21 days with a good reproducibility. Cipro percent release decreased with increasing loading factor. All implants were well tolerated *in vivo*. Serum Cipro concentration was always low regardless of implant loading. Consistent with *in vitro* data, increased drug loading resulted in a longer local release *in vivo*. Implants with 20 % Cipro provided local concentrations largely in excess of therapeutic levels for 28 days.

**CONCLUSIONS.** Contramid<sup>®</sup> implants with a high drug loading release Cipro over a period of time compatible with the projected use as a device for local antibiotic therapy of osteomyelitis.

## PS – 7

### ISOLATION AND PARTIAL STRUCTURAL CHARACTERIZATION OF SAPONINS FROM *Polygala senega* L. ROOT

George S. Katselis<sup>1</sup>, Leonid S. Akhrov<sup>2</sup>, Alberto Estrada<sup>3</sup>, Dennis K. J. Gorecki<sup>1</sup> and Branka Barl<sup>2</sup>

<sup>1</sup>College of Pharmacy and Nutrition, University of Saskatchewan, 110 Science Place, Saskatoon SK S7N 5C9, Canada; <sup>2</sup>Department of Plant Sciences, University of Saskatchewan, 51 Campus Drive, Saskatoon SK S7N 5A8, Canada; <sup>3</sup>Animal Biotechnology Group, Department of Animal and Poultry Science, University of Saskatchewan, 72 Campus Drive, Saskatoon SK S7N 5B5, Canada.

*Polygala senega* L., known as senega root, is an indigenous plant to the Canadian prairies traditionally used as an expectorant. Its pharmacological properties have been attributed to saponins, a mixture of naturally occurring triterpene glycosides that constitute up to 12 % of the root. In our previous studies, *P. senega* crude saponin extracts, designated CSE 1 and CSE 2, were evaluated for their *in vivo* immunological activities using a mouse model. Comparative studies of the adjuvant activities of CSE 1 and CSE 2, and of a commercially available saponin-adjuvant, Quil A, were conducted in mice immunized with a model protein, ovalbumin. The CSE 1 and CSE 2 extracts significantly increased specific antibody levels, IgG, IgG<sub>1</sub> and IgG<sub>2a</sub>, to the antigen. In this work, the isolation of pure saponin compounds from crude saponin extracts is reported. Using C18 reverse-phase low-pressure liquid chromatography and semi-preparative HPLC, seven saponin compounds present in CSE 1 and CSE 2 were isolated and their structure partially elucidated by LC-MS, FAB-MS and NMR. The HPLC profiles and spectroscopic data for the isolated saponin compounds, PSC B (m/z = 1848), PSC 1 (m/z = 1588), PSC 2 (m/z = 1456), PSC 3 (m/z = 1572), PSC 4 (m/z = 1558), PSC 5 (m/z = 1426) and PSC 6 (m/z = 1588), are presented. Studies are in progress to evaluate the immunological activity of isolated saponins and further examine the potential of *P. senega* saponins as natural source of vaccine adjuvants

## PS - 8

### NOVEL CELLULAR LOCALIZATION AND FUNCTIONAL EXPRESSION OF P-GLYCOPROTEIN (P-GP) IN THE CENTRAL NERVOUS SYSTEM.

Gloria Lee<sup>1</sup>, Moise Bendayan<sup>2</sup>, Lyanne Schlichter<sup>3</sup>, Reina Bendayan<sup>1</sup>

Faculty of Pharmacy, University of Toronto, Toronto, Ontario<sup>1</sup>, Department of Pathology and Cellular Biology, Faculty of Medicine, University of Montreal, Montreal, Quebec<sup>2</sup>, Division of Cellular and Molecular Biology, Toronto Western Research Institute, University Health Network, Toronto, Ontario, Canada<sup>3</sup>

In the central nervous system, the primary target of the Human Immunodeficiency Virus-1 (HIV-1) infection are microglia, the endogenous immune cells of the brain. P-gp, an ATP-dependent, membrane-associated, efflux transporter has been reported to limit the brain entry of numerous xenobiotics, including protease inhibitors. **PURPOSE.** To explore the cellular localization and functional expression of P-gp in microglia, using a continuous cell line (MLS-9). **METHODS.** Immunocytochemistry studies employed the protein A-gold labeling to specific P-gp monoclonal antibodies C219, MRK16 and MAB-448. Protein and mRNA expression were investigated by Western blot and RT-PCR respectively. The functional activity of P-gp in monolayers of MLS-9 cells was determined by measuring the accumulation of the established P-gp substrate, digoxin, in the presence of various P-gp inhibitors. **RESULTS.** Immunocytochemistry studies labeled P-gp along the plasma membrane and nuclear envelope of MLS-9. Western blot analysis showed a single band at 170-180kDa, a size previously reported for P-gp. RT-PCR analysis detected mRNA for only *mdr1b* in MLS-9 cells. Cellular accumulation of digoxin (0.1µM) was significantly enhanced in the presence of P-gp inhibitors (i.e., verapamil, quinidine, cyclosporin A, PSC 833), protease inhibitors (i.e., saquinavir, indinavir, ritonavir) and sodium azide, an ATPase inhibitor. **CONCLUSIONS.** These results provide the first evidence of the functional expression of P-gp in microglia and imply that drug permeability (i.e., protease inhibitors) into the brain may not only be prevented at the blood-brain barrier but also within brain parenchyma. Supported by CANFAR and Ontario HIV Treatment Network, Ontario Ministry of Health

## PS - 9

### AN EPIFLUORESCENT MICROSCOPIC METHOD WITH MITOCHONDRIAL POTENTIAL SENSOR JC-1 FOR MEASURING DOXORUBICIN-INDUCED CARDIOMYOCYTE DAMAGE AND DEXRAZOXANE (ICRF-187) CARDIOPROTECTION

Kareena L. Schnabl and Brian B. Hasinoff

*Faculty of Pharmacy, University of Manitoba, Winnipeg, Manitoba, Canada R3T 2N2*

Doxorubicin is an anticancer drug with a wide range of clinical uses. However, its use continues to be limited by a potentially fatal dose-limiting cardiotoxicity caused partially by its ability to generate reactive oxygen species. Dexrazoxane is a metal ion chelator that has shown great promise in clinical trials as a cardioprotective agent against doxorubicin-induced cardiotoxicity. Because oxidative stress has been demonstrated to disrupt the mitochondrial membrane potential ( $\Delta\psi_m$ ), we examined the effect of doxorubicin on the  $\Delta\psi_m$  of neonatal rat cardiomyocyte mitochondria in the presence and absence of dexrazoxane (ICRF-187). Using epifluorescence microscopy, the mitochondrial  $\Delta\psi_m$  was measured with the cationic, fluorescent dye JC-1, which is readily taken up and forms red fluorescing "J-aggregates" in mitochondria with an intact  $\Delta\psi_m$ . Damaged cardiomyocytes with a compromised  $\Delta\psi_m$  fluoresce green. In our study, the average red/green pixel intensity ratio decreased significantly ( $P < 0.001$ ) with increasing pharmacological concentrations of doxorubicin. At low sub-micromolar concentrations of doxorubicin, dexrazoxane protected against doxorubicin-induced mitochondrial damage. Thus, doxorubicin cardiotoxicity is associated with oxidative mitochondrial damage and dexrazoxane protects at the level of the mitochondria possibly through the ability of its hydrolysis product (ADR-925) to prevent iron-based oxygen free radical damage. *Support: CIHR, MHRC*

Abstract was presented in New Orleans at the American Association of Cancer Research Conference in March.

## PS - 10

### RATE AND EXTENT OF EPINEPHRINE ABSORPTION AFTER INTRAMUSCULAR AND SUBCUTANEOUS INJECTION IN ADULTS

Keith J. Simons<sup>1, 2</sup>, Xiaochen Gu<sup>1</sup>, Lana M. Johnston<sup>2</sup>, Cathy A. Gillespie<sup>2</sup>, F. Estelle R. Simons<sup>2</sup>

<sup>1</sup>Faculty of Pharmacy and <sup>2</sup>Department of Pediatrics, Faculty of Medicine, University of Manitoba, Winnipeg, MB R3T 2N2

**PURPOSE:** To compare the rate and extent of epinephrine absorption after intramuscular (IM) and subcutaneous (SC) injection in adults. **METHODS:** In a randomized, prospective, placebo-controlled, double-blind, six-way cross-over study, 13 men, 26±2 yr, 85±5 kg (range 62-114 kg), were injected with epinephrine 0.3 mg IM as EpiPen<sup>®</sup>, epinephrine USP 1:1000, 0.3 mg (0.3 mL) IM or SC, and 0.9% saline (0.3 mL) IM or SC. The EpiPen<sup>®</sup> was given in the vastus lateralis muscle (thigh); IM injections, other than EpiPen<sup>®</sup>, were given in the thigh (T) and the deltoid muscle (upper arm), while SC injections were given only in the deltoid (A) region. Plasma epinephrine concentrations, blood glucose, heart rate, blood pressure and adverse effects were monitored before, and up to 180 minutes after injection. Plasma epinephrine concentrations were measured by HPLC-EC (Simons FER et al, J Allergy Clin Immunol 1998;101:33-7). Pharmacokinetic and statistical analyses were performed using WinNonlin and PC-SAS. **RESULTS:** There was a wide range in individual peak plasma epinephrine concentrations ( $C_{max}$ ) values; consistent with the three-fold variation in body mass index of the subjects. The mean (±SEM)  $C_{max}$  values after EpiPen<sup>®</sup>, 12.2± 3.8 ng/mL, and epinephrine IM T, 9.7± 4.8 ng/mL, were significantly higher than after epinephrine IM A, 1.8± 0.4 ng/mL and SC A, 2.9± 0.6 ng/mL ( $p < 0.05$ ) and also higher than the endogenous epinephrine plasma concentrations after saline IM, 1.5± 0.4 ng/mL and SC, 1.5± 0.5 ng/mL. **CONCLUSIONS:** Highest epinephrine  $C_{max}$  values were achieved when epinephrine was injected IM in the thigh as EpiPen<sup>®</sup> or epinephrine USP.

## PS – 11

### SEPARATION AND CHARACTERIZATION OF SAPONINS FROM AN EXTRACT OF *QUILLAJA SAPONARIA* MOLINA :NEW IMMUNO-ADJUVANTS .

M. O. Tebogo<sup>1</sup>, V. Richardson<sup>2</sup> and J. Banoub<sup>3</sup>

1. School of Pharmacy; Memorial University of Newfoundland . 2. Department of Basic Medical Sciences, Memorial University of Newfoundland. 3. Department of Biochemistry, Memorial University of Newfoundland and Department of Fisheries and Oceans, Oceans and Environment Branch. St John's, Newfoundland.

The adjuvant active triterpenoid saponins derived from the bark of *Quillaja saponaria* Molina, a tree indigenous to the South American countries of Chile, Bolivia and Peru have attracted the interest of various groups of researchers over the past fifteen years. Active ingredients from *Quillaja saponaria* Molina have been shown to possess potent stimulating activity of both humoral and cell mediated immune responses and play an important role in the formulation of immune stimulating complexes (ISCOMS).

The separation of a commercially available bark extract of *Quillaja saponaria* Molina, Quil-A, was effected using C5 semi-preparative reverse phase high performance liquid chromatography. Over fifty peaks were resolved. Further purification of some peaks was achieved by re-injection of the fractions onto a C5 reverse phase analytical column and some of the components were analysed by negative ion Electrospray Ionisation (ESI) mass spectrometry, low energy Collision Activated Dissociation (CAD)-tandem mass spectrometric analysis and other analytical methods.

The presence of the characteristic triterpenoid structure, quillaic acid, unique to the *Quillaja* saponins was confirmed by mass spectral analysis of the basic and acid hydrolytic derivatives of the saponin using negative ion ESI-MS and by CAD MS/MS.

We have investigated a new fraction which had a molecular weight of 1560. The precise molecular structure of this compound was elucidated by CAD MS/MS analysis of the precursor [M-H]<sup>-</sup> deprotonated molecule and common structural elements of other *Quillaja* saponins that have already been fully characterised, that were also confirmed for this molecule.

Further studies are being undertaken to characterise the immunostimulating activity of some of the saponin fractions isolated, to determine their adjuvant capabilities.

## PS – 12

### RECOMBINANT TISSUE PLASMINOGEN ACTIVATOR (rtPA) COMPARED TO UROKINASE FOR OCCLUDED HEMODIALYSIS CATHETERS

Lavern M. Vercaigne Pharm. D.<sup>1,2</sup>, Christine Weatherston B.Sc.(Pharm)<sup>3</sup>, Candace Spewak B.Sc.(Pharm)<sup>2,3</sup>, James M. Zacharias MD, FRCPC.<sup>2,4</sup>

<sup>1</sup>Faculty of Pharmacy, University of Manitoba, <sup>2</sup>Manitoba Provincial Dialysis Program, <sup>3</sup>Department of Pharmaceutical Services, Health Sciences Centre, <sup>4</sup>Faculty of Medicine (Section of Nephrology), University of Manitoba, Winnipeg, Manitoba, Canada.

The use of central venous catheters as a source of vascular access in hemodialysis patients may be complicated by thrombosis. Frequently, thrombolytics are used in an attempt to re-establish blood flow through partially or completely occluded catheters.

We prospectively studied the effect of rtPA in re-establishing adequate blood flow through partially or completely occluded vascular catheters in 30 hemodialysis patients in 2 dialysis units at the Health Sciences Centre in Winnipeg, Manitoba, Canada. During the study period of February 15, 1999 to November 30, 1999, rtPA was administered a total of 164 times in 66 different catheters. Blood flow (Qb) pre- and post- rtPA administration was available for 116 events. In those catheters which were completely occluded (n=40), rtPA showed an efficacy rate of 87.5% in restoring catheter patency (Qb>200 ml/min).

In addition, we compared the efficacy of rtPA to urokinase in 14 patients who had also received urokinase prior to February 15, 1999. In these 14 patients, pre- and post- Qb data was available for 42 events in the urokinase group and for 58 events in the rtPA group. In those catheters which were completely occluded, rtPA had an efficacy rate of 88.2% and urokinase an efficacy rate of only 42.9% in restoring catheter patency, (p=0.0181). rtPA is an effective thrombolytic for restoring catheter patency. In our study sample, rtPA was more effective than urokinase in restoring blood flow in catheters, which were partially or completely occluded.

## PS – 13

### AN EVALUATION OF THE ANTIBIOTIC / HEPARIN-LOCK TO STERILIZE CENTRAL VENOUS CATHETERS

**Lavern M. Vercaigne, Pharm.D.<sup>1,2</sup>, Sheryl A. Zelenitsky, Pharm.D.<sup>1,3</sup>, Ian Findlay, BSc.(Pharm), MSc.(Pharm)<sup>1</sup>, Keevin Bernstein, MD, FRCPC.<sup>2</sup>, S. Brian Penner, MD, FRCPC.<sup>2</sup>**

<sup>1</sup>Faculty of Pharmacy, University of Manitoba, <sup>2</sup> Manitoba Provincial Dialysis Program, <sup>3</sup> St. Boniface General Hospital, Winnipeg, Manitoba, Canada.

Central venous access for hemodialysis is frequently complicated by bacteremia. Treatment of bacteremia without catheter removal would be optimal. This in vitro study investigated the ability of antibiotic/heparin-locks to sterilize central venous catheters (CVCs) inoculated with methicillin resistant *Staphylococcus epidermidis* (MRSE).

Isolates of MRSE were incubated in broth inside CVCs for 24 hours. The catheters were then drained and filled with either vancomycin 10 mg/ml, gentamicin 5 mg/ml, and heparin 5000 IU/ml (VGH lock), or cefazolin 10 mg/ml, gentamicin 5mg/ml and heparin 5000 IU/ml (CGH lock), or heparin 5000 IU/ml (control lock) for 48 hours. The catheters were drained, filled with fresh broth, and incubated for 24 hours. The final catheter solutions were sampled and the remaining volumes were passed through 0.45 um filters. The samples, filters, and catheter segments were plated and incubated for 24 hours.

For two isolates, both the VGH and CGH locks sterilized the catheters. Bacterial counts of the remaining two isolates were significantly reduced, but the catheters were not sterilized after instillation of a single antibiotic/heparin-lock. When compared to control, bacterial counts of these isolates were reduced by greater than 2.5 log colony forming units (CFU)/ml after VGH or CGH lock instillation. For both isolates, this represents a growth reduction of over 99% compared with controls after a single 48-hour instillation.

These results suggest that the antibiotic/heparin-locks sterilize or significantly reduce MRSE growth in CVCs in vitro.

## PS – 14

### THE ROLE OF SERUM LIPID LEVELS ON AMPHOTERICIN B INDUCED NEPHROTOXICITY IN PEDIATRIC ONCOLOGY PATIENTS: COMPARING 4 DAY AND 7 DAY THERAPY

Titus Wong<sup>1</sup>, Eunice Wong<sup>1</sup>, Lorilynne Holtorf<sup>1</sup>, Traci Corr<sup>2</sup>, Sheila Pritchard<sup>2</sup>, Kishor M.

Wasan<sup>1</sup>. <sup>1</sup>Faculty of Pharmaceutical Sciences, the University of British Columbia; <sup>2</sup> British Columbia Children's Hospital

**Purpose:** A previous study found several correlations between the pre-Amphotericin-B (AmpB) therapy lipid profile of subjects and AmpB-induced nephrotoxicity (as measured by Day 4 serum creatinine levels). The objective of this current study is to determine whether the relationships found during 4-day AmpB therapy also exist during 7-day therapy.

**Rationale:** Adult populations receiving AmpB usually exhibit AmpB-induced nephrotoxicity between days 7-10 of therapy. Since the previous study measured Day 4 serum creatinine levels, there was some concern that the values measured were not representative of normal AmpB therapy. **Methods:** The target population was all patients (age<17 years) at the British Columbia Children's Hospital receiving AmpB due to a suspected or confirmed fungal infection. Samples of patients' plasma were separated into the a (HDL) fraction by lipoprotein precipitation. Total plasma and fraction cholesterol [C] and Triglycerides [TG] levels were determined by enzymatic colorimetric assays. Plasma creatinine levels were obtained from the patients' charts.

**Results:** For 7 day therapy, a positive correlation between *Cumulative Dose and % increase in serum creatinine* was found in all subjects (n=10, r=0.919, p<0.001) was found. A negative correlation between *% increase in serum creatinine and Total TG* for all subjects (n=10, r=-0.804, p<0.01) was found. Other correlations previously found in 4-day therapy were not found in 7 day therapy.

**Conclusion:** Contrary to the hypothesis, LDL-C was not a predictor of AmpB-induced nephrotoxicity. However, it was found that increases in Total-TG correlated with lower AmpB-induced nephrotoxicity.

## PHARMACY EDUCATION/PHARMACY PRACTICE

### E – 1

#### DEVELOPMENT AND UTILIZATION OF THE WEB-BASED LEARNING CENTRE (WBLC) IN THE FACULTY OF PHARMACEUTICAL SCIENCES

Simon P. Albon, Nelson P. Kuhlen, Howard Sham, Philip Hui and Kishor M. Wasan

The University of British Columbia, Faculty of Pharmaceutical Sciences, 2146 East Mall, Vancouver, B.C. Canada V6T 1Z3

**INTRODUCTION:** The Faculty of Pharmaceutical Sciences at UBC offers a traditional teacher-centered curriculum for professional pharmacist training that imposes several limitations on the learner and the teacher. Over two years a WBLC utilizing computer and internet technologies at the course and program levels, has been developed to overcome these limitations.

**OBJECTIVES:** To investigate if the WBLC can overcome the program limitations, enhance student learning and improve teaching practice.

**METHODS:** Enhancing the initial WBLC prototype involved strategic planning, creative development and production phases. Strategic planning consisted of information gathering, consultations and concept mapping to re-design the prototype. Creative development involved transcribing the resource into storyboards and site maps. The production phase created the navigation system, homepages, course materials, examinations, multimedia, video and evaluation questionnaires using various software.

**RESULTS:** An upgraded WBLC integrating seven core pharmacy courses and Continuing Pharmacy Education (CPE) into a seamless resource was successfully created. Resource components include the WBLC homepage, seven WebCT courses and the CPE website. A user-centric navigation bar links the components. The WBLC homepage provides instructions, tutorials and recommendations for using the resource. WebCT courses utilize a common design including a homepage and Course Materials, Evaluation Tools, Communications Tools and Resource Centre elements. Strategic links and case-based problems provide integration of course materials. The WBLC was utilized beginning September 2000. Preliminary evaluation results have been positive.

**CONCLUSIONS:** An upgraded WBLC was successfully created with the potential to enhance teaching and learning in the Pharmaceutical Sciences.

**ACKNOWLEDGEMENTS:** The authors gratefully acknowledge the support of the UBC Teaching and Learning Enhancement Fund (SPA & KMW).

### E – 2

#### FRAMEWORK FOR DEFINING LEVELS OF DESIRED STUDENT COMPETENCE.

Jana M. Bajcar<sup>1,3</sup>, Cleo L. Boyd<sup>1,2</sup>.

University of Toronto Faculty of Pharmacy<sup>1</sup> and Academic Skills Center<sup>2</sup>, and St. Michael's Hospital<sup>2</sup>.

**Objectives:** Pharmacy education is developmental and requires that the learner progresses through increasingly complex levels of competence. A need exists for a developmental framework which defines levels of competence for education outcomes, especially in a competency/ability-based curriculum.

**Methods:** The specific purpose of the framework was defined and the literature reviewed for information that could inform the development. Based on the literature and the author's experience, a conceptual framework was developed and feedback was obtained from faculty and graduates to test its applicability.

**Results:** For a pre-set education outcome unit the framework provides a means of defining a desired level of competence. Level of competence is defined by "Level of Difficulty" of the task, and the student's "Proficiency" in performing the task. There are three "Levels of Difficulty" defined by the complexity of knowledge and the complexity inherent to the specific situation in which the application of the knowledge occurs. Four levels of "Proficiency" are defined in the framework (Initial, Developing, Intermediate and Advanced) that must be achieved at each "Level of Difficulty" before progressing to the next "Level of Difficulty". Thus 12 stages of increasing level of competence can be defined.

**Implications:** This model was used by the Association of Faculties of Pharmacy of Canada to set the Pharm.D. Education Outcomes and by the University of Toronto Pharm.D. Program to align the Pharm.D. curriculum.

## E – 3

### THE INTERNET: TOOLS FOR FINDING DRUG INFORMATION

**Stephanie M Campbell<sup>1</sup>, Elizabeth Foy<sup>1</sup>, Mary E. MacCara<sup>1</sup>, Iain D. Smith<sup>2</sup>**

<sup>1</sup>Dalhousie College of Pharmacy, Halifax, NS, <sup>2</sup> Queen Elizabeth Hospital, Charlottetown, PEI

**Objectives:** 1)To update the Dalhousie College of Pharmacy website “Drug Information Resources: A Guide for Pharmacists” (DIR).2)To create a web-based module to assist pharmacists in learning to use the Internet to answer drug information questions.

**Methods:** 1)DIR was examined for outdated material and sections that lacked online resources, then updated. Specialty area pharmacists were asked for suggestions of additional resources. 2)Drug/health topics and appropriate search methodologies were established. Scenarios for topics were written and incorporated in a webpage using a frames format to allow users to complete searches as instructed while following the scenarios. Pharmacists were recruited to test the scenarios for usefulness and ease of navigation.

**Results:** 1)Four new categories were added (veterinary medicine, basic sciences, free databases and drug safety/pharmacovigilance); changes were made based on the suggestions of 31 of 56 specialty area pharmacists. The updated version of DIR was uploaded to the Internet, August 25, 2000. 2)Seventeen scenarios and search strategies were created. Ten pharmacists provided comments which were incorporated into the website. The website was uploaded, August 24, 2000.

**Conclusions:** 1)The expanded and updated DIR provides pharmacists and students with additional current resources for answering drug information questions. 2)“Drug Information: You Can Find It on the Internet” is now available to assist pharmacists in learning how to use the Internet to answer drug information questions.

Funding for this project was made possible through a Pharmacy Endowment Fund Studentship granted to Stephanie Campbell.

Previously presented at the Dalhousie College of Pharmacy’s Second Annual Poster Session of Summer Studentship Projects, Halifax, NS, September 26, 2000.

## E – 4

### ÉVALUATION DE L’IMPACT DE LA PRISE SYSTÉMATIQUE DE L’HISTOIRE MÉDICAMENTEUSE PAR LE PHARMACIEN À L’URGENCE

Véronique Corbeil et Christiane Ghakis, Hôpital du Sacré-Cœur de Montréal

**OBJECTIF :** Évaluer l’impact de la prise systématique de l’histoire médicamenteuse par le pharmacien chez les patients admis à l’urgence.

**MÉTHODES :** Étude prospective de concordance comparant les informations recueillies via trois sources différentes de collecte de données: le rapport SIURGE (infirmière au triage), le dossier médical et le formulaire du pharmacien. Un total de 300 patients ont participé à cette étude effectuée à l’Hôpital du Sacré-Cœur de Montréal entre le 3 janvier et 21 avril 2000. L’évaluation comparative portait sur le nombre de médicaments prescrits, de posologies exactes et complètes en terme de dose et de fréquence, de produits non-prescrits et d’allergie et/ou d’intolérances. L’évaluation descriptive comprenait le temps d’entrevue, la proportion des patients pour lesquels il manquait au moins une information ainsi que le nombre d’interventions et le taux d’acceptation des recommandations effectuées par le pharmacien suite à la détection de problèmes reliés à la pharmacothérapie.

**RÉSULTATS :** Le formulaire du pharmacien, le rapport SIURGE et le dossier médical ont identifié respectivement une moyenne de 6,32, 4,70 et 5,34 médicaments prescrits par patient. Lorsque les moyennes de ces deux derniers étaient comparées à celle du pharmacien, la différence était significative ( $p < 0,0005$ ). Le formulaire du pharmacien a identifié significativement plus de posologies exactes et complètes, de produits non-prescrits et d’allergies et/ou d’intolérances que le rapport SIURGE et le dossier médical ( $p < 0,0005$ ). La durée moyenne d’entrevue était de 16,65 minutes. Par la suite, 606 interventions et 271 recommandations ont été effectuées avec un taux d’acceptation des recommandations de 86,7%.

**CONCLUSION :** Cette étude a permis de démontrer l’impact positif de la prise systématique de l’histoire médicamenteuse par un pharmacien à l’urgence. En effet, celui-ci recueille significativement plus d’informations comparativement aux autres professionnels de la santé.

**MOTS CLÉS :** Pharmacien

## E – 5

### **INCORPORATION OF THE JUST CHECKING© PROGRAM INTO AN EARLY EXPERIENTIAL PROGRAM**

Cheryl Cox<sup>a</sup>, Betsy Koshy<sup>a</sup>, Nancy Rae<sup>a</sup>, Dale Wright<sup>a</sup>, Janet Cooper<sup>b</sup>

<sup>a</sup>Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta, Edmonton, AB T6G 2N8

<sup>b</sup>Canadian Pharmacists Association, 1785 Alta Vista Dr., Ottawa ON, K1G 3Y6

**Purpose:** A pilot project was conducted in May of 2000 to determine the feasibility of an early experiential program, which had been designed to socialize the first year students into the pharmacist's patient care role.

**Methods:** Nine students spent 4 weeks in a community pharmacy at the end of their first year of study. Activities included client-focused care, drug information and health promotion. The Just Checking© Program was selected as the major activity, which would provide an opportunity for the students to directly interact with patients in the pharmacy. The CPhA's Just Checking Program was developed by pharmacists and seniors to identify common medication issues. The program is centered on a plain language, patient-screening tool which facilitates communication and involves the senior in the process of identifying and resolving their drug-related problems.

**Results:** Students and preceptors identified the client-focused care activities as the most valuable part of the rotation. The two activities rated the highest were the Just Checking© Program and counseling on dosage form administration as part of a pharmacist-led counseling session. Surveys and interviews of students and preceptors indicated that the first year students successfully interacted with seniors using the Just Checking© Program. The client-focused care activities increased the students' confidence in building rapport with patients and contributed to the development of the dimension of caring which is central to pharmacy practice. **Conclusion:** The early experiential program was successful in socializing first year students into the patient care role of the pharmacist. The program was recommended for adoption in the curriculum.

## E – 6

### **A CURRICULUM FRAMEWORK FOR SKILLS LABORATORY DEVELOPMENT: CREATING AN ACTIVE-LEARNING CULTURE**

Rehana Durocher

Faculty of Pharmacy, University of Manitoba, Winnipeg, MB, R3T 2N2

Pharmacy schools serve the dual role of developing and teaching discipline knowledge while helping students develop the core knowledge, practical skills and values required to be competent, confident, and reflective entry-level practitioners. Feedback suggests that the experiential programs currently employed to assist students in acquiring and integrating clinical skills are not as effective as they should be. The problem is exacerbated by the degree of variability found in experiential placements and, by extension, in student learning. Extensive changes in healthcare, with accompanying requirements for efficiency and limitations on preceptors' time for teaching, make it clear that schools cannot rely on clerkship experiences alone to provide basic skills training. This poster presents a curriculum development process for developing a skills laboratory program meant to address these problems. Congruent with the philosophical shift to life-long learning within the profession of pharmacy, the central philosophy of the proposed model is learner-centred. The model draws on adult learning theory, Kolb's Experiential Learning model, learner motivation, and a learner-centred approach to develop a skills laboratory that bridges classroom instruction and experiential placements. The approach is unique in that it recognizes the roles of both faculty development and instructional design in effective instruction. This systematic approach to curriculum development is designed to strengthen students' preparation for experiential learning and to insure a more consistent level of clinical skills development across the pharmacy curriculum.



## E - 7

### **INFORMED SHARED DECISION MAKING (ISDM): AN INTERDISCIPLINARY MODEL FOR ENHANCING PHARMACEUTICAL CARE AND STUDENT LEARNING IN PHARMACY CURRICULA.**

Rosemin Kassam, Simon P. Albon University of British Columbia.

**OBJECTIVE:** To develop an interdisciplinary ISDM teaching module for pharmacy. **METHODS:** Literature reviews gathered current evidence of ISDM in pharmacy, medicine, occupational and physical therapy. Following ethics approval, ISDM competencies developed for physicians, were provided to Agood practitioners@ from each discipline followed by structured interviews. Practitioner interviews were recorded and analyzed to determine the importance of ISDM in each discipline, to clarify the wording of the competencies and to identify potential barriers to implementing ISDM and typical situations in which ISDM might be practiced. Student researchers (SRs) from each discipline were recruited and trained to recognize ISDM competencies through a formalized workshop utilizing standardized patients and cases relevant to each discipline. Using a common field notebook, SRs observed preceptors and recorded evidence of ISDM while on clerkships. ISDM competencies practiced, the ease with which the competencies were carried out, potential barriers to ISDM and situations in which ISDM could be practiced were recorded. Data collection and analysis is on-going. **RESULTS:** Literature review revealed minimal evidence of ISDM in pharmacy. Pharmacy practitioners felt ISDM was important and the competencies, with some re-wording, were relevant. Data analysis of field notes will be used to refine the competencies and develop a teaching module for ISDM in pharmacy. **CONCLUSIONS:** ISDM has the potential to offer pharmacy students a strategy for effectively involving patients in pharmaceutical care.

## E – 8

### **DESIGNING A WEB-BASED LEARNING CENTER (WBLC) TO FACILITATE COMMUNICATION AND LEARNING FOR STUDENTS ON THEIR PHARMACEUTICAL CARE CLERKSHIPS.**

Rosemin Kassam, Stephanie Lee. University of British Columbia.

**OBJECTIVES.** To utilise the WBLC to facilitate communication and interaction between Faculty and students during clerkships. **METHODS.** A fishbone diagram, a program logic model, an activity timeline and site maps were developed as part of the planning phase. An information gathering step involved consultation with the Faculty WBLC development team and the University WEB CT support group to identify relevant tools and software. The production step consisted of designing course web pages, drop menus, templates, course materials, resource centres and graphics. The evaluation phase is on-going. **RESULTS.** The planning tools helped with the efficient implementation of the project. Three pharmacy practice courses were designed. Each course consisted of a homepage, course materials, evaluation tools, communication tools, and a resource centre. Course materials and pharmaceutical care resources were integrated through linking within each course (intralinks), between courses (interlinks), and to other Internet sites (URLinks). Evaluation tools including quizzes, self-assessment surveys, and clerkship evaluation forms were incorporated. WEB CT communication tools - Private E-mail, Bulletin Board and Real-time Chat were built in. The evaluation will help strategize the future direction of the WBLC. **CONCLUSIONS.** The WBLC has the potential to enhance learning and communication for Faculty and students on their clerkships.

## E – 9

### THE DESIGN OF AN EDUCATION STRATEGY FOR DEVELOPMENT OF PHARMACEUTICAL CARE DOCUMENTATION SKILLS.

Natalie R. Kennie<sup>1,2</sup>, Jana M. Bajcar<sup>1,2</sup>, Cleo L. Boyd<sup>1,3</sup>.

Doctor of Pharmacy Program, University of Toronto<sup>1</sup>, St. Michael's Hospital<sup>2</sup>, and Academic Skills Center, University of Toronto at Mississauga<sup>3</sup>.

**Objective:** To design a strategy for perfecting pharmaceutical care documentation skills.

**Methods:** In supervising Pharm.D. students in a Family Practice rotation, gaps in students' documentation skills were observed. Using Biggs and Collis's Structure of Observed Learning Outcomes model (SOLO taxonomy) and the teaching of documentation skills in the program curriculum, several contributing factors were identified. Four theoretical education models (Kolb's Experiential Learning, Adult Learning Principles, Transfer of Learning, and SOLO taxonomy) were selected and used to inform the development of the educational strategy.

**Results:** A strategy for perfecting documentation skills was designed using a four step developmental approach that consists of a specific documentation format, criterion-based collaborative assessment, and a consistent approach to feedback and coaching. Step 1 – review of fundamental documentation skills with application to paper cases. Step 2 - application of documentation skills to more complex paper cases. Step 3 - bridging to real patient practice through the use of a simulated patient scenario. Step 4 - observation of documentation skills in actual practice. This approach will be presented with a description of instruction and plans for assessment.

**Implications:** The expected level of documentation skills in a competency/ability-based curriculum can be met or perfected through a step-wise developmental approach incorporating criterion-based collaborative assessment.

## E – 10

### DO CANADA'S HOSPITAL PHARMACY MANAGERS HAVE THE SKILLS THEY NEED? THE RESULTS OF A NATIONAL SURVEY

Neil J. MacKinnon, Sheri D. Axworthy

Dalhousie University College of Pharmacy, Halifax, Nova Scotia

**PURPOSE:** Hospital pharmacy managers in Canada are facing many pressures in today's healthcare environment, and yet their training occurs primarily on-the-job. The objectives of this study were to identify: (1) pharmacy management skills deemed to be of high importance by Canadian hospital pharmacy managers; (2) pharmacy management skills lacking in Canadian hospital pharmacy managers, as determined by self-assessment; and (3) demographic characteristics associated with pharmacy managers lacking these essential skills.

**METHODS:** A survey, based on American Society of Health-System Pharmacists' Standards for hospital pharmacy management, was developed and pilot tested in November 1999. The revised survey was mailed to 514 Canadian hospital pharmacy managers during July 2000. Two follow-up reminders were sent to non-respondents.

**RESULTS:** The response rate was 52.7 percent. Out of the 61 specific managerial competencies considered, the respondents identified "demonstrating ethical conduct" as both the most important skill and their greatest strength. "Understand the operating principles of managed care" was the least important skill needed, while "participating in the implementation of a marketing program" was their greatest weakness. Respondents with a MBA degree, 16 or more years' experience, and who worked in an institution with 500 or more beds, had a statistically significant higher mean self-assessed skill level.

**CONCLUSIONS:** The findings have implications for Canada's Colleges of Pharmacy, and training programs and continuing education for Canada's hospital pharmacy managers.

## E – 11

### CLINICAL PHARMACY HOME CARE PRACTICE IN CANADA

L. MacKeigan,<sup>1</sup> J. Marshman,<sup>1</sup> T. Einarson,<sup>1</sup> D. Kruk-Romanus,<sup>1</sup> D. Milovanovic,<sup>4</sup>

C. Jackevicius,<sup>1,2,5</sup> G. Naglie,<sup>2,5</sup> C. McCulloch<sup>3,6</sup>

Faculty of Pharmacy,<sup>1</sup> Faculty of Medicine,<sup>2</sup> Faculty of Nursing,<sup>3</sup> University of Toronto; Dale's Pharmacy,<sup>4</sup> Scarborough, ON; University Health Network,<sup>5</sup> Toronto, ON; Scarborough Hospital<sup>6</sup>

Sponsored by the Novartis Gerontological Foundation

**Objectives:** To identify types of clinical home care services provided by Canadian pharmacists and methods used to overcome barriers to providing these services in the home.

**Methods:** Pharmacy practices that documented at least one home visit per week for clinical purposes were identified through key informants and snowball sampling. Practices were selected to represent a diversity of practice models and regions of Canada. Data were collected from a fax questionnaire, follow-up telephone interview, pharmacy documents and websites. A case description of each practice was composed and reviewed by the pharmacist respondent.

**Results:** Eighty-four of 96 suggested practices were contacted; 31 were eligible. Sixteen consented and provided useable data. Typically, the home visit was made to a frail elderly patient because of a problem with adherence to a complex, multiple medication regimen, most often at the request of the patient (family) or another health professional. Medications were reviewed, the regimen simplified, the patient or family member counseled, and a medication packaging system implemented. At least 2 home visits were provided, sometimes with telephone follow-up. Reimbursement was the most important perceived barrier to home care practice; no practice was routinely reimbursed for home services. Practice facilitators related to finances (high prescription volume, additional prescription fees, special program funding), human resources (competency, expertise, numbers), practice philosophy (patient-centredness), and relations with other health professionals.

**Conclusions:** There are few clinical pharmacy home care practices in Canada. The 16 practices studied targeted the provision of compliance support services to frail elderly home care clients. Barriers to reimbursement must be overcome if home care practice is to spread.

Abstract also submitted to the Annual Meeting of the Canadian Pharmacists Association

## E – 12

### AN APPROACH TO CURRICULUM ASSESSMENT.

Allan Mills<sup>1,2</sup> and Jana M. Bajcar<sup>1,3</sup>, on behalf of the Curriculum Committee of the Doctor of Pharmacy Program, University of Toronto.

Faculty of Pharmacy, University of Toronto<sup>1</sup>, Baycrest Hospital<sup>2</sup>, St. Michael's Hospital<sup>3</sup>.

**Objective:** To develop a systematic approach to evaluating the integration and alignment of a competency/ability-based Pharm.D. curriculum.

**Methods:** In 1999 the Canadian Council for Accreditation of Pharmacy Programs has defined competency-based Pharm.D. Education Outcomes. In preparation for accreditation, the curriculum committee developed and utilized a systematic approach to assess to what degree the education outcomes were adequately taught and assessed in the curriculum. Each course was evaluated to determine to what extent it contributed to the development of competencies required for each outcome. Course instructors specified the level of competence expected at the beginning of the course and at the end of the course. A Competency Development Path was created, using the previously collected data, to identify gaps. The areas of alignment and misalignment were identified and recommendations made for any modifications in course content, performance expectations, and/or assessment methods.

**Results/Implications:** The systematic approach developed by the Pharm.D. Curriculum Committee incorporated the use of initial and terminal outcome measures to evaluate the degree to which the curriculum, instructional methods and assessment tools performed to expectations. The process has identified areas of strengths and weaknesses and created a means for shared dialogue among the faculty about the curriculum. This resulted in opportunities to enhance the quality of the students' learning experience.

## E – 13

### EVOLUTION OF A DOCTOR OF PHARMACY SEMINAR COURSE:

Christine L Papoushek, PharmD<sup>1,2</sup>, Jana Bajcar, MScPhm<sup>1,3</sup>, Cleo Boyd<sup>1,4</sup>

<sup>1</sup>University of Toronto, <sup>2</sup> University Health Network, Toronto Western Hospital, <sup>3</sup> St. Michaels Hospital,

<sup>4</sup> Academic Skills Centre

**Objective:** Demonstrate the impact of collaborative critical reflection strategies on the evolution of a Doctor of Pharmacy Seminar Course

**Methodology:** The establishment of educational outcomes for our program necessitated the alignment of curricular and performance expectations in the Seminar Course. To accomplish this, various strategies have been employed over several years. Initial reflection based on increased emphasis for advanced competence in communication and focus on developing skills required to educate lifelong learners confirmed the need to adopt the use of rhetorical communication frameworks. Using these frameworks as our fundamental pedagogical paradigm we 1) revised the tasks to better reflect the practical needs of the profession, 2) developed criterion-based global assessment instruments to measure performance, and 3) trained faculty and students to use these instruments in the assessment. Further reflection strategies to facilitate the curricular change required to meet the outcomes included: 1) student & faculty de-briefing, 2) facilitated focus groups, and 3) observational methods.

**Results:** Using these various strategies have resulted in developing a more structured course that is outcomes and assessment driven.

**Implications:** Collaborative critical reflection driven modifications of course structure have been invaluable in ensuring that our program continually meets the needs of the student, faculty and profession. We intend to continue the process of collaborative critical reflection to maintain and confirm our commitment to meeting the educational outcomes set by the Canadian Council for Accreditation of Pharmacy Programs.

## E - 14

### USING A PORTFOLIO ASSIGNMENT TO ASSESS FOR LEARNING IN A PHARMACY PRACTICE LABORATORY

Marion L. Pearson, Gregory H. W. Fong, Kevin G. Moody, David W. Fielding

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

**OBJECTIVE:** To create an assignment that would encourage student self-assessment of learning in relation to the objectives for an introductory pharmacy practice laboratory.

**METHODS:** Development of the portfolio assignment involved modifying a pre-existing Student Portfolio Manual and Resource Guide, creating a final portfolio assignment that would require students to draw on the contents of their portfolios, developing grading criteria for the assignment, and developing an instrument to obtain student feedback about the assignment.

**RESULTS:** The portfolio assignment has been used and evaluated for three years. The assignment was modified to its current form after the first year. Aspects of the assignment that students frequently report liking are: the opportunity to be creative in the format used for the assignment and the chance to reflect on their own progress in the laboratory. The most common suggestion for improvement of the assignment is to make it more structured.

**CONCLUSIONS:** A portfolio assignment has been developed that is well received by students and that provides a means of assessing learning in relation to the stated objectives.

## E – 15

### **DEVELOPMENT OF AN ALGORITHM TO GUIDE STUDENT PERFORMANCE-RELATED PROBLEM IDENTIFICATION, ANALYSIS AND RESOLUTION DURING A STRUCTURED PRACTICAL EXPERIENCE PROGRAM.**

Andrea J. Cameron, Lesley A. Lavack, Hilja M. Toom

University of Toronto, Toronto

**OBJECTIVES:** Two objectives are: (1) to outline an algorithmic process which can be used for identifying and analyzing student performance-related problems that arise during final year undergraduate pharmacy experiential rotations, and (2) to categorize problems, using the algorithm, to facilitate actions to resolve them efficiently and effectively or minimize their recurrence.

**METHODS:** Based on faculty experience with the Structured Practical Experience Program (SPEP) in the past 4 years, an algorithm was developed to capture: the factors which influence problem situations, specific types of problems, suggested steps in problem resolution, and follow-up actions. Actual problems occurring during the past academic cycle will be analyzed using the algorithm to identify areas for program change as well as actions to minimize problem recurrence or improve efficiency and effectiveness of resolution.

**RESULTS:** The resulting algorithm serves as a model to guide decision-making related to rotation problems in the SPEP. Awareness of the type and quantity of problems will facilitate planning for the following academic year.

**CONCLUSIONS:** An algorithm can be a useful and consistent method for faculty to identify, analyze and resolve problems related to experiential rotations. Results of compilation of types of problems will assist in quality improvement of the program. Modifications to the algorithm would be made as necessary and relevant based on effectiveness of problem resolution and program changes.

## E – 16

### **THE UTILIZATION OF SMOKING CESSATION MEDICATIONS IN CARDIAC PATIENTS DISCHARGED FROM HOSPITALS IN NOVA SCOTIA**

Anne Marie Whelan<sup>1,2</sup>, Charmaine A. Cooke<sup>1</sup>, Ingrid S. Sketris<sup>1,3</sup> on behalf of the ICONS Investigators

<sup>1</sup>College of Pharmacy, Dalhousie University, Halifax, Nova Scotia, <sup>2</sup>Department of Family Medicine, Dalhousie University, <sup>3</sup>CHSRF/CIHR Chair in Health Services Research

**Purpose:** To examine the utilization of smoking cessation agents in smokers discharged from hospital with a diagnosis of ischemic heart disease (IHD), congestive heart failure (CHF) or atrial fibrillation.

**Methods:** Improving Cardiovascular Outcomes in Nova Scotians (ICONs) is a five year project which includes a registry of all hospitalized patients with an eventual diagnosis of IHD, CHF or atrial fibrillation. We examined records from between October 15, 1997 and December 31, 2000 to determine sex, age, discharge diagnosis and the utilization of smoking cessation agents.

**Results:** There were 21,344 unique patients registered in the database, with 5305 of these reported to be current smokers (24.85 smokers per 100 patients). During the study timeframe, 270 patients were on a smoking cessation agent. The mean age was 55.3 years  $\pm$  10.4 (range 24-85 years), with 68% males and 32% females. Only 1.75% of smokers were admitted on a smoking cessation agent, and 4.2% of smokers were discharged on one. Most patients on a smoking cessation agent (82%) were prescribed these agents on discharge; however, 53% of those admitted on an agent were not subsequently discharged on one.

**Conclusions:** Smokers are at high risk of cardiovascular disease. A very small number of smokers enrolled in the ICONs project were discharged on a smoking cessation agent. As well, some patients admitted on these agents were not discharged on them. Pharmacists involved in discharge planning for patients who smoke are in an excellent position to discuss options for assistance with smoking cessation.

## E – 17

### MULTIPLE CHOICE PROGRESS EXAMINATION: COMPARISON OF LECTURE-BASED AND PBL-BASED CURRICULA: INTERIM RESULTS.

Anne M Whelan, Patrick S Farmer, Susan A Mansour

College of Pharmacy, Dalhousie University, Halifax, Nova Scotia

**Objective:** 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 the knowledge learned by students in the two curricula is equivalent. **Methods:** A bank of multiple choice questions was developed including items from the biomedical and pharmaceutical sciences and all other pharmacy disciplines. This bank is enhanced each year. A single 100-item exam is administered simultaneously each spring to all students in the undergraduate program. Data collected from the class of 1998-2002 will include students from the lecture-based and PBL-based curricula. The results from each class will be compared using ANOVA. Performance on questions in each subject area will be assessed. The project received ethical approval in 1998. **Results:** Interim analysis will be completed following the spring exam in 2001. **Conclusions:** In addition to determining if knowledge acquisition is similar with the two curricula, data from the project will be useful to determine if students are acquiring the knowledge needed to achieve curricular outcomes and meet national accreditation standards. Students are able to track their progressive acquisition of knowledge as they proceed through the curriculum. Finally, subject areas of the curriculum that require changes may be identified. This abstract has been submitted for presentation at the 2001 AACP Annual Meeting Poster Presentation in July 2001, in Toronto, Ontario.

## E – 18

### APPLICATION OF SITUATED LEARNING DESIGN TO AN INTERNET CONTINUING EDUCATION COURSE

Dale E. Wright, BSP, MSc, MDE, Terri Schindel, BSP, MCE, Andrew Uminski, MSc, University of Alberta

**PURPOSE:** To create an Internet-based continuing education course using a situated learning instructional design framework.

**METHODS:** A instructional design model that identified 10 components of situated learning environments was used to guide the design of an Internet continuing education course, "Accessing Internet Drug Information". The initial version of the course was evaluated in a pilot project. A written survey and semi-structured interviews were used to identify which situated learning components of the program experienced and novice Internet users perceived to be important to their learning. Based on the pilot results, the course was redesigned into a modular format that retained all of the original situated learning components except the bulletin board. Ongoing course evaluation will help document the value of different course components to pharmacist learning during the course.

**RESULTS:** In the pilot, pharmacists valued course elements representing nine of the 10 key situated learning components. The Internet context of the course was particularly valuable to learners. Collaborative learning through a bulletin board was not. Results from surveys gathered during 5 months (January through May, 2001) of implementation of the new course will be used to assess the perceived value to pharmacist learners of situated learning components of the new course.

**IMPLICATIONS:** A situated learning framework is relevant to the design of distance-delivered, independent-study continuing pharmacy education programs. This is an important instructional design model for creating relevant, interesting continuing education programs that help pharmacists acquire immediately applicable knowledge and skills.

## E – 19

### DEVELOPMENT OF HEALTH INFORMATION PAMPHLETS TO THE LOCAL VIETNAMESE COMMUNITY.

Marguerite M.Yee and Lap Nguyen, University of British Columbia, Faculty of Pharmaceutical Sciences, 2146 East Mall, Vancouver BC V6T 1Z3

**Objective:** To design a template for directed studies projects to address the need for health and drug information in ethnic communities in a metropolitan area.

**Methods:** A survey was developed for Vietnamese patients, physicians and pharmacists to determine the need for written health and drug information in Vietnamese. Surveys were distributed to patients in physicians' offices, Vietnamese community groups and pharmacies with Vietnamese clients. Public health agencies, pharmacies and physicians were consulted to determine the availability of printed health information in Vietnamese. Topics determined to be a priority were delivery devices for administration of asthma medications and general information about rheumatoid and osteoarthritis and the most commonly used prescription therapies.

**Outcomes:** Five written pamphlets for various drug delivery devices for asthma medications were written in English, proofread by English-speaking health professionals, translated into Vietnamese, proofread by Vietnamese health professionals, distributed to selected Vietnamese patients for testing, revised and tested until all patients could follow the written instructions. Final versions in Vietnamese were designed to include illustrations. A similar process was followed for four additional pamphlets; one providing information about rheumatoid arthritis, another describing common prescription and nonprescription therapies, and similarly for osteoarthritis.

**Implications:** Senior pharmacy students can develop patient-friendly health information for ethnic communities. The distribution and assessment of the usefulness of the pamphlets is ongoing. The template can be used for other ethnic-speaking groups in the metropolitan area.

**PART 2.0**

**MINUTES OF AFPC MEETINGS**

**2001**

- 2.1 Mid-year Executive and Council Meeting, Jan. 27 - 28, 2001**
- 2.2 Executive and Council Meeting, June 14, 2001**
- 2.3 Executive and Council Meeting, June 17, 2001**
- 2.4 Annual General Meeting, June 16, 2001**



**ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA  
MID-YEAR COUNCIL MEETING MINUTES  
EXECUTIVE AIRPORT INN, VANCOUVER**

**BUSINESS MEETING - 8:30 AM SATURDAY, JANUARY 27, 2001**

**1.0 Opening Remarks** - President David Fielding welcomed the Executive and Council members to Vancouver and noted the good weather compared to most areas of Canada at this time of year.

**2.0 Roll Call/Minutes/Additional Agenda Items**

**2.1 Roll Call - Executive and Council** - The following Executive and Council members were present: David Fielding, President; David Hill, Past President; Fred Rémillard, President Elect; Wayne Hindmarsh, ADPC representative; Simon Albon, UBC; John Bachynsky, Alberta; Yvonne Shevchuk, Sask.; Lavern Vercaigne, Manitoba; Zubin Austin, Toronto; Sylvie Marleau, Montréal; Pierre Bélanger, Laval; Susan Mansour, Dalhousie; Lili Wang, Memorial and Jim Blackburn, Executive Director.

It was noted that the following members are completing their first term on Council: Simon Albon, UBC; John Bachynsky, Alberta and Lavern Vercaigne, Manitoba. The executive director will be contacting the respective deans to inform them of the need to appoint their representatives. All three outgoing councillors are eligible for re-appointment.

**2.2 Consideration of Minutes of Executive/Council Meeting, June 23, 2000**  
The minutes of the June 23 meeting were approved on a motion by Lili Wang and Pierre Bélanger.

**2.3 Consideration of Minutes of Executive/Council Meeting, June 26, 2000**  
The minutes of the June 26 meeting were approved on a motion by Wayne Hindmarsh and Lavern Vercaigne

**2.4 Additions to Agenda and Approval of Agenda**

- move Executive Director's Report to 4.0 and then move remaining agenda items down accordingly.

- add item 9.7 CAPSI - meeting at PDW

The revised agenda was approved on a motion by Zubin Austin, seconded by Lili Wang.

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

**3.1 AFPC Proceedings** - The Executive Director indicated that the *1999 AFPC Proceedings* were distributed to Council members in November, 2000. Each Councillor received a personal copy and copies for their dean and the pharmacy library. The AFPC update in December indicated that if any member required a personal copy, they were requested to contact the AFPC office.

The *2000 AFPC Proceedings* were distributed to Councillors at the meeting with sufficient copies for their deans and pharmacy libraries. *The 2000 AFPC Proceedings* will also be posted on the AFPC web site within the next month. Members wishing a copy will once again be asked to contact the AFPC office.

Copies of both Proceedings will also be forwarded to other pharmacy organizations.

### **3.2 The Pharm D Issue and Current Enrolment in Baccalaureate Programs**

Councillors indicated that there had been no changes regarding the development of direct-entry Pharm D programs. Several colleges are considering offering courses towards a non-traditional Pharm D for current pharmacy practitioners. A committee composed of David Hill, Fred Rémillard, Yvonne Shevchuk and Lavern Vercaigne will continue to monitor developments regarding Doctor of Pharmacy programs in Canada.

There has been several changes in enrolment quota for the Canadian baccalaureate programs:

Memorial - reduced first year enrolment by 10 % (from 42 to 36).

Dalhousie - increasing first year enrolment from 66 to 90.

Laval - increasing first year enrolment from 110 to 130.

Montreal - from 130 to 165 this year and up to 200 next year.

Toronto - increased first year enrolment from 120 to 140 two years ago; will gradually increase enrolment over next few years with goal of 240 students accepted when new building opens.

Manitoba - no changes proposed to date, but the President of the University has given the green light to begin fund raising for a new Pharmacy building at the medical centre campus, which could lead to future enrolment increases.

Saskatchewan - tried to decrease enrolment by 5 last year, but University did not approve the request and enrolment will stay at 80.

Alberta - enrolment quota remains at 110 students, but they are considering a possible increase.

British Columbia - planning to increase enrolment but no official approval.

The Council members expressed concerns over the ability of the faculties to attract increased faculty members to cope with the increasing student enrolment in our programs. This may be a particular problem due to impending retirement of a significant number of current faculty members within the next ten years. We are currently not

attracting sufficient numbers of our graduates to pursue postgraduate studies. We need to pursue mechanisms to attract students to consider academia as a career goal. It was suggested that we initiate discussions with the CAPSI and CSPS organizations to enlist their support and ideas.

There was also some concern regarding the current increased demand for pharmacy graduates - is it a real need for the Canadian population or is it a marketing need only? This topic will be discussed under item 10.5.1 in our Planning Session.

#### **4.0 Executive Director=s Report**

The Executive Director provided brief comments on the written report.

Proceedings - There was considerable discussion over the possibility of adding more data from individual colleges including graduation numbers, faculty staffing, etc.

This item will be considered during our Strategic Planning Session. (Item 10.5.4)

The executive director visited the offices of Rx & D and NAPRA in January. Robert Dugall and Murray Elston, (Rx & D) indicated that they are currently reviewing their Health Research Fellowship grants program. The Summer Studentship Program continues and I indicated that we continue to believe this is an excellent program for providing pharmacy students with the opportunity to be exposed to the pharmaceutical industry. AFPC express our support for the program and encourages Rx & D to make more spaces for students in the program. We continue to explore opportunities for joint projects with NAPRA.

Other items noted in report will be discussed under the specific agenda items.

The Executive Director=s Report was approved on a motion by Wayne Hindmarsh and Pierre Bélanger.

#### **5.0 Committee Reports**

**5.1 Executive Committee** - David Fielding reported on the Executive Teleconference of October 17, 2000 and the minutes of this meeting were previously distributed to Council members.

**5.2 Awards Committee Report** - Sylvie Marleau presented the proposed changes to terms of reference for Bristol-Myers Squibb National Award for Excellence in Education. The amendments were approved on a motion by Susan Mansour and Fred Rémillard.

It was moved by Sylvie Marleau, seconded by Zubin Austin, that we accept the revisions to the BMS award as proposed by Jean-Guy Cyr at BMS with the addition that the award recipients (names and photos) will be included on the AFPC web site. The motion was approved.

The Awards Committee has received the following applications for the 2001 program:

- BMS National Award for Excellence in Education - 3 applicants
- Janssen-Ortho Pharmaceutical Research Award - 3 applicants
- AstraZeneca New Investigator Award - 4 applicants
- Roche Graduate Student Award - 8 applicants
- Merck Frosst Graduate Student Research Fellowships - 6 applicants

The AFPC Council approved the nomination of the following individuals for special awards to be presented at the AFPC Conference 2001 in Ottawa on June 16 (motion by Wayne Hindmarsh and Lavern Vercaigne):

- Honorary Member - Jacques Dumas
- Special Service Award - Dr. Bernie Riedel and Dr. Ernie Stieb
- Award of Recognition - Dr. Dick Penna, American Association of Colleges of Pharmacy  
- Rx and D (postponed to later date)

It was agreed that the deadline for submission of applications for the Rx & D Pharmacy Faculty Industrial Visitation Program would be May 31, 2001.

The 2001 AACCP New Investigator Program will offer one award to a Canadian Faculty member. Details regarding the program are available on the AACCP web site and the Executive Director will provide information to AFPC members in the next AFPC update.

The Awards Committee report was accepted on a motion by Zubin Austin and David Hill

- 5.3 By-Laws Committee** - David Hill distributed the By-law Committee report that highlighted the proposed changes. The Council approved the proposed revisions subject to verification of federal regulations that apply to AFPC (motion by David Hill and Simon Albon).

The Bylaw revisions will be distributed to AFPC members with a notice of motion for amendments to be voted on at the AFPC AGM in June.

- 5.4 Communications Committee** - Simon Albon, John Bachynsky, Rebecca Law  
Simon Albon presented the written report. The issue of communications will be discussed during the Strategic Planning Session- see item 10.4.

**5.5 Education Committee - David Fielding**

David Fielding reported that he and the Executive Director had attended the ADPC Workshop on Program Evaluation/Student Assessment. David was instrumental in arranging the speakers and program for the one day session during

the ADPC Meeting in October. The Deans were receptive to having a follow-up program on program evaluation within the near future.

The speakers at the ADPC Meeting also provided a workshop for the Memorial University pharmacy faculty members.

David was also invited to attend the February 8 - 9th meeting on Curricular Chairs in Montreal. David will lead a discussion on how the individual faculties are using the educational outcomes level and ranges document within their program.

There was also discussion regarding the pharmacy faculty's role in the education of pharmacy technicians - should AFPC consider this issue within a sub-committee of the Education Committee?

The Council recommended that if the ADPC are holding workshops that would be of benefit to faculty members, they consider the possibility of making them available for their attendance.

- 5.6 Nominations Committee** - David Hill reported that Colleen Metge and Helen Burt had agreed to serve as committee members. The announcement of the Position of President Elect will be included in the next issue of the AFPC Update. Dr. Hill encouraged current council members to consider being nominated for the position.
- 5.7 Research Committee** - Pierre Bélanger, Lili Wang, Lavern Vercaigne  
The committee is developing the new draft terms of reference for presentation to the annual meeting in June. There was considerable discussion regarding the specific research priorities within faculties as well as the role of this committee to support pharmacy research within CIHR.
- 5.8 Conference Planning Committee** - Zubin Austin presented the draft program for the AFPC/CCCP Conference 2001 and received suggestions from Council members. The committee will make revisions and finalize the teaching conference program as soon as possible. David Fielding and Fred Rémillard are also in the process of finalizing the Pharmacy Practice Research Symposium Program.

The AFPC Council supports inviting registrants at the CSPA conference to attend our education sessions but they will be required to purchase tickets for the social/meal functions with a reciprocal arrangement for AFPC conference attendees at CSPA sessions..

The Executive Director was requested to investigate the feasibility of having a AHeritage Breakfast@ to launch to AFPC History Book.

It was agreed that AFPC would hold the 2002 conference May 11 - 14 in Winnipeg in association with the Canadian Pharmacists Association Annual Conference. Tentative arrangements would include the AFPC Council Meeting on Friday, May 10 with May 11 & 12 for the AFPC Conference program. Dr. Lavern Vercaigne has agreed to serve as the AFPC Conference 2002 Committee Chair.

- 5.10 AFPC/CCPF History Book** - David Hill and Jim Blackburn met with Dr. Bernie Riedel the previous day and final page proofs for the eight chapters are currently being examined by the editors. Council agreed to have the promotional release of the book at the annual conference in June with the possibility of holding a AHeritage Breakfast@. The executive director is currently negotiating with Hoffmann-La Roche regarding the financial support. It was suggested that 400 copies be printed.

John Bachynsky, under the auspices of the Canadian Academy for the History of Pharmacy, is heading a group to develop a History of Canadian Pharmacy book. They plan to publish a small text but also develop a data base that can be accessed electronically. John is also representing AFPC on this project.

## **6.0 AFPC Representatives to External Groups -**

- 6.1 ADPC Representative** - Wayne Hindmarsh provided a brief overview of his written report.
- 6.2 CPhA Academic Board Member** - Keith Simons. The CPhA Update was distributed to Council members. CPhA has requested suggestions for topics for the 2001 CPhA/CSHP National Pharmacy Forum and we will forward our suggestions.
- 6.3 CCAPP** - Don Perrier and Jean-Pierre Grégoire. Jean-Pierre has accepted a position in the pharmaceutical industry and will no longer be one of our representatives. A motion by Wayne Hindmarsh and Yvonne Shevchuk was approved recommending the appointment of Sylvie Marleau as our representative to CCAPP to replace Jean-Pierre Grégoire
- 6.4 PEBC** - Monique Richer and Linda Suveges. The report from Monique Richer was received.
- 6.5 CCCEP** - Marc Desgagné - no report received.

- 6.6 Representative to CPhA Human Resources Project - David Hill**  
The consultant for the first phase of the project is in the final stages of completing the report which is to be made available at the February CPhA Board meeting.
- 7.0 Planning and Finance Committee - Executive**
- 7.1 First Draft Financial Statements 2000** - The executive director presented the first draft of the financial statements for discussion. The organization completed the year with a small excess of income over expenditure.
- 7.2 Draft AFPC Budget for 2001** - Jim Blackburn presented the draft budget which was discussed by Council members. It was moved by John Bachynsky and Lili Wang that the revised budget be accepted. The motion was approved.
- 8.0 In Camera Session** - An in camera session was held.
- 9.0 Other Business**
- 9.1 Quantis Formulations** - Lili Wang reported that she had e-mail exchanges with Quantis Formulation executives and subsequently recommends that we do not follow up as there appears to be little value from a faculty perspective.
- 9.2 AFPC Response to CPhA Emergency Contraception Statement** - The written response to CPhA was previously distributed to Council and there was no further discussion at this time.
- 9.3 AFPC Response to NAPRA *AA Specialty Certification Program for Canadian Pharmacists@***. Copies of the AFPC response and the personal response of David Hill were previously circulated to Council members. Council members reaffirmed the view that this issue should be guided by an inter-organizational approach to effectively develop such a program in Canada.
- 9.4 Invitation From AACP for Joint Officers Meeting & Dinner, July 5 (Toronto)**  
The AFPC Executive and Council has received an invitation to meet with the AACP Board members on the afternoon of Thursday, July 5 to be followed by a joint dinner. It was recommended that the Executive members plus any councillors who will be in Toronto at that time accept the invitation. The expenses of the Executive members will be covered by AFPC.
- (Note - the date of that meeting was changed to Friday, July 6th)*
- 9.5 CIHR Workshop Report - *APersonal Health Information: Balancing Access and Privacy in Health Research@***. A committee of Pierre Bélanger, Yvonne

Shevchuk, Lavern Vercaigne and Fred Rémillard will review the report and prepare a response.

- 9.6 CACDS - *The 2000 National Pharmacy Student Exit Survey***@ A motion by Wayne Hindmarsh and Zubin Austin recommended that AFPC offer our assistance to CACDS in the preparation and conducting of future exit surveys of pharmacy graduates. The motion was approved. The Executive Director will contact CACDS to relay this offer.
- 9.7 CAPSI Meeting** - Dr. Fred Rémillard and Jim Blackburn will represent AFPC at the PDW Meeting in Saskatoon on February 1 - 4<sup>th</sup>. They will meet with the CAPSI Council on February 2. The following items were suggested: tuition fees, pre-conferences sessions, and the newly formed internship national group, based in Toronto.



## **AFPC PLANNING SESSION - Sunday, January 28, 2001**

### **1.1 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**

(a) *To foster excellence in pharmaceutical education.*

(For the purposes of this document, education is interpreted to include: curricular design, teaching methods, student assessment, and program evaluation, continuing education)

1. To stimulate and provide an opportunity for exchange of information, ideas and discussion among pharmaceutical educators.
2. To encourage quality education in pharmacy by assuming an advisory role for the development of policies and standards.
3. To recognize innovations in pharmaceutical education (curriculum, teaching methods, assessment, etc. in glossary,)

(b) *To foster excellence in scholarly activities*

(For the purpose of this document, 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)

1. To provide members with opportunities for the exchange of information, ideas and discussion on scholarly activities.

2. To recognize excellence in graduate studies.
3. To recognize innovation in scholarship
4. To recognize achievements in undergraduate research.

*(c) To establish and maintain liaison with external organizations for the development, support and improvement of pharmaceutical education and research.*

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

Upon finalization of this document, it will be distributed to the Standing Committees to have them determine how their responsibilities fit with the organization=s draft goals.

## **1.2 CONFERENCES**

*The following is an overview of the discussion and specific issues will be ratified at our Annual Council Meeting in June, 2001:*

The Realities of the AFPC Conference:

- we have to hold an annual meeting
- we have a teacher=s conference
- it is a source of revenue

There was agreement that we meet with CPhA on alternate years and then on the other years, meet with either CSPS or CCCP. **In 2002, we will go to Winnipeg with CPhA** and in 2003, we will explore the possibility of a joint meeting with CSPS with the possibility of Montreal as the location.

Do we need to develop a clear set of guidelines for determining how we make a decision regarding the location and time of annual meetings?

We have a template of the program, but we do not necessarily restrict ourselves to the specific format.

Mid-year Meetings - do we need to think about planning specific locations for our midyear meetings? Perhaps require a planning session with each council meeting.

- is there a way in which we can streamline the agenda for our mid-year meeting?

### **Meetings with External Groups in Ottawa at AGM**

**CPhA, NAPRA, Health Canada, Rx & D, CSHP (later request from Ingrid to meet with CIHR)**

The Council agreed that the format for the Thursday Council Meeting would be

8 AM - 2 PM - Council Meeting

2 PM - 4 PM - Joint meeting with other groups with specific identified agenda

4 PM - Wine & Cheese Reception for a variety of interested groups.

### **1.3 RELATIONSHIP WITH ADPC**

There was discussion about the possibility of arranging mid-year meetings of both groups at the same date and location. (Example - each group meet for two days with one day of joint meetings). It was suggested that a planning group of two representatives from each association may wish to pursue possibilities for joint meetings and other projects.

It was recommended that we consider the possibility of a meeting with the Deans during the AFPC/CCCP Conference at the time of our new council meeting on Sunday morning, June 17.

### **1.4 COMMUNICATIONS**

- AFPC Communications Bulletin should be shortened, perhaps visitors be omitted and also information on grad students. Design bulletin so that brief information on each item is presented and then for those wishing more detail, they could go directly to either our web site or a faculty web site to receive more information (hot link). Prepare web site to have each individual award individually identified on the web site. The awards announcement is then circulated, not the entire book. Also spruce up the Executive Director=s periodic updates with Headings, etc.

- Council communication seems to be good.

- Individual faculty members - we need to develop an information package for new faculty.

- The following other organizations are currently receiving our Newsletters, Updates and other information that is being circulated: CPhA, CSHP, NAPRA, CACDS, PEBC, Rx & D, CDMA and CFP.

*Councillors - Please provide suggestions for further additions to this list*

Web Site - well designed, easy to navigate but hidden. The Communications committee recommends that we obtain our own domain name such as [www.afpc.ca](http://www.afpc.ca). Can we find space on the U of A server to have our own domain (John Bachynsky will check into that). Questions for Council

*What are the objectives/goals of the AFPC web site?*

*How much traffic would be satisfactory?*

*What information should be included on the web site?*

*Would regular reminders to the AFPC membership regarding the web site be useful?*

Specific immediate action suggestions include:

- replace 1999 Award Book with the 2000 edition
- submit applications for posters on line.
- Membership list - hyperlink to individual faculty with their expertise,
- add all AFPC official documents

The Communications Committee will look at the site map and the committee will prioritize and circulate suggestions from council;

## **1.5 EXTERNAL RELATIONS**

### **Specific Issues**

**1.5.1. SHORTAGE OF PHARMACISTS** - Academic pharmacy has responded by several faculties increasing enrolment and the University of Toronto's program for foreign-educated pharmacists is another very positive step. We must develop programs to insure that foreign educated graduates can meet the NAPRA competencies in a manner comparable to Canadian graduates.

*How can we deal with the perception rather than the Areal shortage= - demand is there but to what extent is there a true shortage of pharmacists across Canada?*

Does the public need a pharmacy on most street corners or malls that is open up to 24 hours per day? We must address the societal needs for pharmaceutical services with focus on lack of compliance, ADR=s, inappropriate medications, medication errors, etc. How can we develop a pharmaceutical services system with that focus while also featuring health promotion, health maintenance and disease management? The Pharmacy Human Resource Study (spearheaded by CPhA with David Hill as our representative will address several of these issues).

Québec is the only government to recognize that there is a shortage of pharmacists.

*How can we recruit the number and type of faculty required to educate the increased number of students entering our programs?*

It is a general problem in all faculties but it is a special problem at Montréal and Laval because of the language requirement makes it very difficult to recruit candidates from outside Quebec.

**1.5.2 DISTANCE EDUCATION** - University of Toronto is planning to have one course available on the web (plus some on campus requirements).

**1.5.3 STRUCTURED PRACTICAL EXPERIENCE PROGRAMS** (documenting success of students and program evaluation)

- some of this activity is being addressed at the upcoming curricular chairs meeting in Montreal (February 2001); faculty representatives are being asked to address this information respecting how they are using the levels and ranges document to assess their students. David Fielding will provide a report on that meeting as a component of the Education Committees report to Council in June.

**1.5.4 WHAT DATA SHOULD AFPC COLLECT FROM FACULTIES TO SERVE AS AN INFORMATION REPOSITORY FOR CANADIAN ACADEMIC PHARMACY?**

- it is vital that we have the support of the respective Deans and their offices if we are to obtain data from the faculties. Do we confine it to data on student enrolments and faculty human resources if there is a positive response from the Deans?

- AFPC would require a definite commitment from someone at each faculty to collect the data under defined time-lines. The associate dean for undergraduate affairs is generally the individual who would be responsible. Dean Hindmarsh reported that to date, there does not appear to be much enthusiasm from the Deans for going in this direction.

The Planning session adjourned at 3:30

**ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA/  
ASSOCIATION DES FACULTÉS DE PHARMACIE DU CANADA  
COUNCIL MEETING *MINUTES*  
8 AM THURSDAY, JUNE 14, 2001  
CROWNE PLAZA HOTEL, OTTAWA**

**BUSINESS MEETING**

- 1.0 Opening Remarks** - President David Fielding welcomed the council members to Ottawa and the Council meeting. He briefly presented an overview of the meetings during the conference.
- 2.0 Roll Call/Minutes/Additional Agenda Items**
- 2.1 Roll Call** - Executive and Council - The following executive and council members were in attendance for the meeting: President David Fielding; Past President David Hill; President Elect Fred Rémillard; ADPC representative Wayne Hindmarsh; Simon Albon, University of British Columbia; John Bachynsky, University of Alberta; Yvonne Shevchuk, University of Saskatchewan; Lavern Vercaigne, University of Manitoba; Zubin Austin, University of Toronto; Sylvie Marleau, Université de Montréal; Pierre Bélanger, Université Laval; Susan Mansour, Dalhousie University; Lili Wang, Memorial University of Newfoundland; Jim Blackburn, Executive Director.
- 2.2 Consideration of Minutes of Executive/Council Meeting, January 27 - 28, 2001**  
The minutes were approved as distributed on a motion by Wayne Hindmarsh and Lavern Vercaigne
- 2.3 Additions to Agenda and Approval of Agenda**  
The following items were added to the agenda:
- 9.6 Volunteers for Conference Registration Desk
  - 9.7 PAHO Pan American Conference on Pharmacy Education
  - 9.8 Privacy Legislation
- The revised agenda was approved on a motion by Susan Mansour and Lili Wang.
- 3.0 Business Arising From Minutes that will not be covered in Committee Reports**
- 3.1 Proceedings 1999 & 2000** - The AFPC Proceedings for 1999 were distributed in December 2000 and the AFPC Proceedings 2000 were distributed in February, 2001 with the latter document placed on the AFPC web site. Each Dean, Council & member and pharmacy library received a printed copy (along with Executive

members) and the AFPC February Update invited members who wished a personal copy to contact the AFPC office.

### **3.2 AFPC Planning Session - January 28**

**3.2.1 Adoption of revised mission statement** - the revised AFPC Mission Statement (see attached) was adopted on a motion by Susan Mansour and seconded by Fred Rémillard.

**3.2.2 Conferences** - The 2002 AFPC Annual Conference will be held in Winnipeg, Manitoba in May in conjunction with the Canadian Pharmacists Association Annual Meeting (May 11 - 14). It is proposed that the 2003 Conference be held in conjunction with the Canadian College of Clinical Pharmacy and possibly, the Canadian Society for Pharmaceutical Sciences.

**3.2.3 Mid-year Executive and Council Meeting** - It was agreed that the 2002 mid year meeting be held in Ottawa in February. The Executive Director will circulate a list of proposed dates to council for their consideration.

**3.2.4 Data Collection** - This item will be discussed with the ADPC at our New Council meeting on Sunday, June 17. It was suggested that the web site could serve as a database.

**3.3 Executive Meeting with AACP Board, July 6 at AACP Conference** - Fred Rémillard distributed his *AFPC Report to AACP* to Council members. The discussion of agenda items for the joint meeting will occur at the new council meeting following the session with AACP Executive Vice President Dick Penna on Sunday, June 17.

## **4.0 Committee Reports**

**4.1 Executive Committee** - David Fielding provided a brief overview of the discussions from the Executive Tele-conference on May 1. The main agenda items related to finalizing plans for this current conference and the agendas for council meetings.

**4.2 Awards Committee Report** - Sylvie Marleau presented her committee report. She congratulated the recipients and thanked the award reviewers for their efforts in adjudicating the awards.

- Bristol-Myers Squibb National Award for Excellence in Education - the revised terms of reference were presented and there was general acceptance. President Fielding suggested that a group of previous award

winners review the draft terms of reference and present suggestions in a report to the 2002 mid year meeting.

Jacques Dumas (Université Laval) will be awarded AFPC Honorary Membership at this meeting and John Templeton (University of Manitoba) will receive his honorary membership at the 2002 meeting in Winnipeg. The Award of Recognition will be presented to Richard Penna, AACP Executive Vice President at the banquet on June 16. The Award of Recognition for Rx & D will be postponed until 2002. The Executive Committee will review the terms of reference for the Award of Recognition and the Special Service Award.

Three applications have been received for the Rx and D Pharmacy Faculty Industrial Visitation Program for 2001. A sub-committee of Simon Albon and Yvonne Shevchuk will review the applications and submit the names of two recipients to the New Council Meeting on June 17.

- Roche Pharmacy Graduate Student Award - Hoffmann-La Roche have indicated that they will cease to sponsor this award effective immediately. The Executive Director will seek another sponsor for this graduate student Abest scientific paper award for the coming year.

Awards in general - It is suggested that we communicate with the sponsors regarding the importance of these awards in the support for education. The Executive Director or Executive/Council members, where appropriate, will try to arrange meetings with the sponsors and potential sponsors to discuss our awards program.

The Awards Committee report was accepted on a motion by Wayne Hindmarsh, seconded by Lavern Vercaigne

- 4.3 By-Laws Committee** - David Hill presented the revised by-laws that will be voted on at the Annual General Meeting on June 16. John Bachynsky moved, seconded by Lili Wang, that the By-Laws committee report be received. The motion carried.
- 4.4 Education Committee** - David Fielding presented the Education Committee report. The motion to receive the report was accepted (motion by Yvonne Shevchuk, seconded by Zubin Austin).
- 4.5 Nominations Committee** - David Hill announced that Lavern Vercaigne from the University of Manitoba had been nominated for AFPC President Elect for the 2001 - 2002 year. The Nominations Committee report will be presented to the Annual General Meeting.



It was moved by Fred Rémillard, seconded by John Bachynsky, that the Nominations Committee report be received. The motion was accepted.

- 4.6 Research Committee** - Pierre Bélanger presented the Research Committee report and he indicated that three faculties had responded to the survey to date. The completed survey results will be compiled in the fall of 2001.

The Research Committee Report was accepted for information on a motion by Pierre Bélanger, seconded by Zubin Austin.

**4.7 Conference Planning Committee**

- Conference 2001 - Zubin Austin briefly reported on the conference and indicated that the Conference Proceedings document in the registration package contains a detailed description of the conference program.

- Conference 2002 - Lavern Vercaigne is the Conference Planning Committee Chair and he is working with the Canadian Pharmacists Association staff and conference planning committee on the organization of program.

The Conference Planning Committees reports were accepted for information on a motion by Zubin Austin, seconded by Lavern Vercaigne.

- 4.8 History Book** - David Hill reported that the book has been published and Co-editors Bernie Riedel and Ernie Stieb will be presenting an overview of the book's contents at the ACelebrating Our Heritage Session@ on June 16.

A motion by Wayne Hindmarsh, seconded by Zubin Austin, expressed the appreciation of AFPC to the Co-editors, authors and History Book Committee for bringing this project to completion. The motion was accepted.

- 4.9 Communications** - Simon Albon and John Bachynsky presented the report and brought the following items to Council for discussion:

- Communications Newsletter - Council expressed sincere appreciation to Rebecca Law as editor for Newsletter. It was suggested that we develop a common format for Newsletter contributions from faculties and that we seek to reduce the volume of information in each issue.

- Web Site - Several domain names were suggested and Council supported the domain name AAFPCon-line.ca@ as the preferable selection. Simon Albon will immediately contact the Canadian Internet Registration Authority to register our name.. The quotation to redesign our web site [received (\$5,725) from Planetfish Design] was discussed. A motion that AFPC spend approximately \$ 6000 to

update the web site was moved by John Bachynsky, seconded by Wayne Hindmarsh. The motion was approved.

Zubin Austin and Simon Albon moved a motion of acceptance of the Communications Committee report. (Approved).

**4.10 Report of Representative to the CPhA Pharmacy Human Resources Project Planning Team** - David Hill - The first phase of the project was completed in late 2000 and final report (now on CPhA web site) was considered by CPhA Council earlier this year. They are now planning the next step as a more thorough analysis which will require shared funding by representing organizations. David Hill provided the summary of current knowledge and gaps. The motion to accept the report (including the funding for our representative to the committee) was approved (David Hill and Pierre Bélanger).

## **5.0 AFPC Representatives to External Groups**

**5.1 ADPC Representative** - Wayne Hindmarsh. The AFPC Council will be meeting with Deans at 9:30 AM, June 17. Dean Hindmarsh summarized his report which indicated there is pressure on the Deans to increase enrolment and they are eagerly awaiting the results of the first PEBC OSCE examination. The motion to accept the report was approved (Wayne Hindmarsh and Lavern Vercaigne).

Council discussed the possibility of having joint mid-year meetings if the ADPC was interested.

**5.2 CPhA Academic Board Member** - Keith Simons reviewed his written report and he also distributed the CPhA Annual Report. Wayne Hindmarsh and David Hill represented AFPC at the stakeholder meeting that CPhA convened in Halifax to attempt to better co-ordinate activity among pharmacy organizations. Phil Newton has been appointed Senior Director of Marketing and Communications. There were also several questions on the certification discussions at the National Pharmacy Forum. The motion to receive the report was accepted (Wayne Hindmarsh and Lavern Vercaigne).

**5.3 CCAPP** - Don Perrier and Jean-Pierre Grégoire - The CCAPP report will be presented to the AGM on Saturday, July 16. Sylvie Marleau will be one of our representatives on the CCAPP Board for the 2001 - 2004 period in place of Jean-Pierre Grégoire who is now with the pharmaceutical industry.

**5.4 PEBC** - Monique Richer and Linda Suveges - The PEBC report will be presented at the AGM on Saturday, July 16. Monique Richer's term will be completed in

February, 2002, therefore, AFPC must name a replacement for her from either Université Laval or Université de Montréal. The first PEBC examination that included an OSCE was held in May and the PEBC Board was very pleased with the organization and conduction of the examination.

- 5.5 CCCEP** - Marc Desgagné summarized his written report. New guidelines have been developed for the accreditation of CE programs. CCCEP is planning to hold a second conference on Continuing Education.

Sylvie Marleau and Zubin Austin moved that the CCCEP Report be accepted.  
(Carried)

A motion to contribute an annual fee of \$ 1,000 to CCCEP in lieu of funding travel expenses to support the CCCEP representative to the their AGM was approved (David Hill and Zubin Austin).

- 6.0 Executive Director's Report** - Jim Blackburn provided an overview of the report. A motion to accept the report (Zubin Austin and Susan Mansour) was approved.

## **7.0 Finance**

- 7.1 Audited Financial Statements 2000** - Jim Blackburn presented the AFPC audited financial statement for the year 2000. The organization completed the year with a small surplus (\$ 2,562.51). AFPC had a total of \$ 142,755.79 in assets at the end of the year.

David Hill and Susan Mansour moved acceptance of the audited financial statement for presentation to the AGM on July 16. The motion was approved.

- 7.2 Financial Update 2001** - The budget for 2001 was reviewed. It currently proposes a small surplus of \$ 1,784.

## **8.0 In Camera Session**

### **9.0 New Business**

- 9.1 Canadian Hospital Pharmacy Residencies** - John Bachynsky  
An e-mail was received from Christine Hughes, a member of the Hospital Pharmacy Residency Board regarding faculty involvement in residency programs. There appears to be considerable variation in the faculty contribution to residency programs across Canada and David Hill provided an overview of that involvement. The Standards for Residency Programs actually has a statement of faculty involvement. It was recommended that the response to Christine should indicate that we are interested in working with the Board in further exploration of greater faculty involvement with residency programs.

David Fielding will respond with Christine Hughes regarding this situation.

- 9.2 Merck Frosst Proposal** re: Pharmacy Practice Research & AFPC midyear meetings. Fred Rémillard and Jim Blackburn met with Ginette Bernier at the CPhA conference in Halifax to discuss the proposal. It was agreed that the project proposal would provide a medium for the publication of all pharmacy practice/education research projects completed by pharmacy students with the possible inclusion of residency projects. Fred Rémillard and Simon Albon will follow up on this project. The CPhA Journal will be approached to determine their interest in the publication of a supplement containing a fairly detailed abstract of completed research projects.
- 9.3 Report on Meeting with CSHP at CPhA Conference** - Fred Rémillard, Wayne Hindmarsh, David Hill and Jim Blackburn met with Jim Mann, Linda Poloway and Donna Wheeler-Usher from CSHP. CSHP urged faculties to do more to promote hospital pharmacy careers to the students; particularly in the early years of the programs. There was considerable discussion of how this can be done with the decreasing ability of institutions to provide experiential teaching to our students. It was agreed that both our organizations will consider specific approaches to have students receive early exposure to hospital practice.
- 9.4 Report on Meeting with Canadian Health Science Directors of Pharmacy** - Jim Blackburn represented AFPC at this meeting, held just north of Toronto in early June. One of the primary themes of the meeting was human resource needs in hospital pharmacy. A recent survey of hospital pharmacy directors indicated that 53 % of departments had decreased their teaching responsibilities due to budget cut backs. This is an obvious detriment to faculties of pharmacy at a time when we are increasing our practical experiential programs including introducing these exposures in the early part of the programs. It was agreed that we need to work together to convince our provincial health and education departments to give consideration to recognizing institutional pharmacy's role in the education of students.
- 9.5 Arrangements for Meetings with External Groups**  
The following suggested topics of discussion for each group was proposed:
- CPhA - new staff; Pan Am Pharmacy Meeting; CPhA/CSHP National Forum
  - CAPSI - PDW, further collaboration between two groups
  - CSPS - future joint meetings; collaboration approaches to enhancing research funding for faculty members
  - CCCP - present conference and future meetings;
  - NAPRA - speciality certification, update of activities
- 9.6 Volunteers for Registration Desk** - a list was circulated requesting council members to volunteer to look after the registration desk.

- 9.7 PAHO - Pan American Conference on Pharmaceutical Education** - John Bachynsky provided some details concerning previous conferences. This topic will be discussed with Dick Penna, Executive Vice President of AACP.
- 9.8 Privacy Legislation** and the previously circulated document. Yvonne Shevchuk will review the document and provide comments. The provincial legislation being introduced in several provinces is also becoming potentially problematic for epidemiologic research.

## **10.0 Meeting with External Groups/Associations**

**1:30 PM - CAPSI** - Kevin Duplisea, President and Trevor Kennedy, President Elect were present to meet with the Council. CAPSI now has 2,500 members which represents a 24% increase in the past year. They have appointed a Vice President for Interdisciplinary Affairs. The CAPSI interview booklet is now on the web site ([www.capsi.ca](http://www.capsi.ca)). One of the primary aims this year is to identify and enhance student professionalism and they would be interested in working with AFPC on these and other issues. January 16 - 20, 2002 is the date for the PDW in St. John's NF. Project NEMA is another major project of CAPSI with four members directly participating in the project.

**2:00 PM - NAPRA** - Barbara Wells, Executive Director. Unfortunately Ms. Wells was not able to attend due to a last minute personal situation that required her attention at the time of the meeting.

**2:30 PM- CCCP** - (Nese Yuksel, President, Celine Corman, Shallen Letwin). CCCP members indicated that the joint conference program arrangements appeared to be very successful and they are interested in exploring the possibility of another joint conference in 2003.

There was considerable discussion regarding enhancing and increasing pharmacy students' experiential experiences, including approaches to better prepare students for the clerkship experience and enhancing resources for experiential sites. The possibility of a national task force or convening a national meeting were suggested approaches to dealing with these problems.

**3:00 PM - CSPS** - Mo Jamali indicated that he was pleased by the co-operative approach between AFPC and CSPS. Sandra Hutt has served AFPC as the individual servicing the web site, which seems to work well for both parties. Dr. Jamali indicated that he would be receptive to pursuing the possibility of another meeting including the three organizations (CSPS, AFPC and CCCP) in 2003 and he recommended a June date in Montréal.

**3:30 PM - CPhA** - Jeff Poston, Executive Director and Kirsten Woodend, recently appointed Director of Research. Jeff Poston indicated that the HRDC human resources Phase 1 study report is now posted on the CPhA web site. CPhA is currently meeting with HRDC officials to initiate the next phase which will require 50/50 funding with the profession, although 80% may be provided by in-kind support.

Privacy Legislation is being introduced both nationally and in most provinces and this legislation is of great concern to health services researchers. The federal legislation will apply to health professionals in January 2002. The new CEO of the Canadian Medical Association may not be as supportive of the federal legislation due to his better understanding of the its effects on health research.

- 11. Meeting Adjournment** - The meeting adjourned at 4:30 PM and a reception was held for the external visitors, the AFPC Council and CCCP executive.

## **ADDENDUM TO MINUTES**

### **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.
- © 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 the purpose of this document:

**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

**NEW COUNCIL MEETING MINUTES**  
**SUNDAY, JUNE 17, 2001**  
**OTTAWA CROWNE PLAZA HOTEL**

1. **Opening Remarks** - President Fred Rémillard called the meeting to order and welcomed the new council members for 2001 - 2002.

2. **Roll Call and Approval of Agenda**

**2.1 Roll Call** - The following members were present: Fred Rémillard, President; David Fielding, Past President; Lavern Vercaigne, President Elect; Wayne Hindmarsh, ADPC Representative; Lili Wang, Memorial University; Susan Mansour, Dalhousie University; Pierre Bélanger, Université Laval; Sylvie Marleau, Université de Montréal; Zubin Austin, University of Toronto; John Bachynsky, University of Alberta; Simon Albon, University of British Columbia. Unable to attend: Yvonne Shevchuk, University of Saskatchewan and the new Councilor from the University of Manitoba.

**2.2 Approval of Agenda** - A motion by Simon Albon and Lili Wang accepting the agenda as distributed was approved.

3. **Appointment and Charge to Committees**

**3.1 Awards Committee**- Sylvie Marleau agreed to continue to serve as chairperson of the Awards Committee. Each of the terms of reference and award application will be reviewed with the sponsors and revisions will be proposed where necessary. The past recipients of the Bristol-Myers Squibb award will review the revised terms of reference for that award before forwarding to BMS for their approval.

Simon Albon reported that the Rx and D review sub-committee recommends that the following be named recipients of the Rx and D Industrial Pharmacy Faculty Visitation Award for 2001 - 2002:

Shirley Wu, University of Toronto  
Raimar Loebenberg, University of Alberta

The format for the Award Recipient Presentation Session was reviewed. It was recommended that the Janssen-Ortho and Bristol-Myers Squibb recipients be permitted a total presentation time of 30 minutes (20 minutes for presentation, 10 minutes for question) and the AstraZeneca and Roche award recipients be permitted 20 minutes (15 minute presentation, 5 minute question period). It was suggested that the AACP NIP award recipient be included in the session, however they will not have initiated their project.

If the Awards Session is to continue to follow the Annual Meeting, it is recommended that the Awards Committee report be moved earlier on the agenda to permit the Awards Committee Chairperson to prepare for the Awards Session.

It was also recommended that the deadline for applications for the awards to be adjudicated (Janssen-Ortho, Bristol-Myers Squibb, AstraZeneca ) be moved to December 15 for the current year awards.

The Executive Director will contact each sponsor to express our continuing appreciation for their support of this program and indicate the great value to pharmacy educators and researchers.

**3.2 Bylaws Committee** - David Fielding will serve as Chairperson

**3.3 Communications Committee** - Simon Albon, John Bachynsky and Rebecca Law  
Once the transfer of the web site occurs, AFPC identification will be **Aafpcon-line.ca@**. Rebecca Law continues to provide excellent service as editor of *Communications*. Susan Mansour will circulate the Dalhousie format for reporting to all members of Council. It was suggested that we provide an html and pdf format for documents on the web site. A total of \$ 6,000 has been allocated for web site renovations and Simon Albon will coordinate web site activities and transition.

**3.4 Conference Planning Committee** - Lavern Vercaigne (chair), David Fielding, Simon Albon, Sylvie Marleau

Conference 2001 - It was recommended that we produce a summary of the conference presentations. The facilitators will be requested to prepare a summary of the small group discussions. Due to the breakdown of the hotel air conditioners, the Conference organizing committee is negotiating with the hotel for a discount.

Conference 2002 - Lavern Vercaigne is working with CPhA and local conference organizing committee. It was suggested that we may wish to feature Experiential Learning as a topic for the Teachers= Conference. Ingrid Sketris has suggested that the Research Conference may wish to consider featuring “health services research@ as the theme.

**3.5 Education Committee** - David Fielding, Chair; Zubin Austin, Susan Mansour  
The Education Committee will complete the following tasks:

1. Develop a structure and process for the formal evaluation of the undergraduate and other professional programs in pharmacy (e.g. Pharm.D.) that may be used by Canadian Schools to meet CCAPP standards or other school specific purposes. A major component of this task will be to hold a “Program Evaluation Teachers= Conference” at the 2002 AFPC Annual Meeting. As part of that process the

committee will continue to look at student assessment as well as program evaluation in keeping with the 1999 committee initiative.

2. Provide ongoing assessment of the current AFPC educational outcomes documents.
3. Any other tasks that may be assigned during the year.

The Task Force on Experiential Training will assume responsibility for objective # 3 of the 2000 committee. However, this committee will work with the task force in that process.

**3.6 Executive Committee** - Executive Members will also continue to serve as the Planning Committee and Finance Committee of AFPC.

**3.7 Nominating Committee** - David Fielding, Chair

**3.8 Planning and Finance Committee** - Executive Committee

**3.9 Research Committee** - Pierre Bélanger, Lili Wang

**TERMS OF REFERENCE**

1. To continue to investigate and make recommendations concerning the publishing of abstracts of research presented at the AFPC annual conference.
2. To complete the survey and develop a report outlining the research priorities being identified by each school for funding under CIHR, CFI, CRC or other major new national granting programs.
3. To recommend some collaborations or affiliations (if deemed appropriate) that could strengthen relationships with CSPA.
4. To update and revise as necessary the present terms of reference for the committee.

**3.10 Other - Task Force on Experiential Education** - There was considerable discussion on approaches to the formation of the task force. Representation from some/all of the following: CSHP, community practitioners (CPhA), experiential special interest group of AFPC; directors of pharmacy of health science centres; regional health authorities, etc. It was also suggested that the best way to begin the process may be to hold a one day invitational workshop to better define the issues, determine possible sources of financial support and develop a process for completion of the task.

Jim Mann, Executive Director of CSHP will be contacted by the executive director to determine his suggestions regarding this process. David Hill will be requested to chair the task force.

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

- 4.1 **ADPC Representative** - Wayne Hindmarsh
- 4.2 **Canadian Council for Accreditation of Pharmacy Programs** - Don Perrier, Sylvie Marleau
- 4.3 **CPhA Human Resources Project Planning Committee** - David Hill
- 4.4 **Canadian Council for Continuing Education in Pharmacy** - Marc Desgagné
- 4.5 **Communications Editor** - Rebecca Law
- 4.6 **Pharmacy Examining Board of Canada** - Linda Suveges, Monique Richer (until February, 2002)
- 4.7 **Representative to United States Pharmacopoeia** - Colin Briggs

## 5.0 Business from June 14 Council Meeting

5.1 **Conference 2003** - An e-mail will be forwarded to CSPS and CCCP to confirm if they wish to participate in a joint annual meeting in Montréal (suggested time between May 15 & June 15).

## 6.0 New Business

6.1 **Meeting with Dr. Dick Penna, AACP** - Dr. Penna expressed his appreciation for the AFPC recognition and he indicated that he would bring his successor to the AFPC annual meeting next year to become familiar with our association. The following items were discussed:

**a. AACP is looking at how to help schools assess their educational outcomes rather than having each school develop their own educational assessment instruments.** Nancy Winslade is one of the AACP consultants involved in the process. Potential components would include a student survey instrument just prior to graduation that would be administered on-line, a periodic alumni survey instrument, school NAPLEX comparisons and student performance assessment that would include progress testing (same instrument test throughout curriculum). AACP would welcome our collaboration on the project.

**b. Institutional Research Activity** - AACP continues to gather information on American pharmacy education including faculty demography, salaries, student demographics. They wish to enhance their database capabilities to improve user friendliness and allow greater

use of on-line registration for conferences, etc. AACP invites AFPC to consider having the Canadian schools participate in this program.

**c. Communications to Deans** - Dr. Penna will forward the e-mail updates for AACP Deans to the AFPC office to distribute to Canadian Deans if the material appears relevant.

**d. Can we work together on more in the future?** There was considerable discussion that the two organizations investigate approaches to working together. President Rémillard and the Executive Director will meet with the AACP Board at the AACP Conference in July to discuss specific ways in which we could enter collaborative ventures.

**e. Pan Am Conference on Pharmaceutical Education, Miami, May 4 - 8th, 2002. (Pan Am Health Assoc. and Pan Am Conf. On Pharm. Education).** Announcements on the program will be coming out very shortly. The goal is to discuss the process of an accreditation system for the entire Americas. The second issue is to consider further progress in developing a hemisphere wide organization.

## **6.2 Meeting with ADPC (Monique Richer, Linda Hensman, Frank Burczynski, Rita Caldwell, Wayne Hindmarsh, Dennis Gorecki, Frank Abbott )**

**a. Discussion of the possibility of more collaboration between the ADPC and the AFPC?** One model would be for both groups to meet at the time of the AFPC mid-year meeting (one day deans only, one day joint meeting, then AFPC would have their session). Advantage of meeting in Ottawa to have both meet together with government officials. Dennis Gorecki, Fred Rémillard and the Executive Director will meet to discuss this possibility for the 2002 mid-year meeting.

**b. Discussion of Clinical Practice Experience regarding students support.** Increasing demands being placed upon the teaching institutions to take pharmacy students. Clinical instructors also suggest that more preparation needed before the students come to the institution and they are also becoming frustrated with paper work. Health science directors of pharmacy have decreased their teaching involvement (52% of directors have reduced teaching duties). It was suggested that we investigate alternative methods of receiving clerkship experience and we provide a more concise evaluation tool. It was also recommended that the soon-to-be-created Task Force consider the study of costs involved in an SPEP clerkship.

**c. Issue - Program assessment evaluation?** David Fielding and the Education Committee are interested in working with the Deans in developing an instrument for program evaluation. Perhaps consider developing an assessment model that works at the graduate program, the undergraduate program, the Pharm D program, etc. It was suggested that we

have an initial meeting with the curricular chairs at the midyear meeting to kick it off and then have the workshop as part of the program for next year in Winnipeg.

**7.0 Adjournment moved by Sylvie Marleau, seconded by Lavern Vercaigne (11:25 AM)**

**ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA  
/ASSOCIATION DES FACULTÉS DE PHARMACIE DU CANADA  
MINUTES  
58th ANNUAL GENERAL MEETING  
SATURDAY, JUNE 16, OTTAWA, ON**

- 1.0 Opening Remarks-** President David Fielding welcomed all those in attendance to the 58th Annual Meeting of AFPC. A special welcome was extended to CAPSI president and vice president Kevin Duplisea and Trevor Kennedy; Jim Mann, Executive Director of CSHP

President Fielding introduced Executive and Council members as well as AFPC Communications editor, Rebecca Law.

- 2.0 Acceptance of 2000 Annual General Meeting Minutes -** The motion to accept the minutes of the 2000 AGM was approved (Frank Abbott and Don Perrier).

- 3.0 Conference Committee Announcements -** There was no announcements necessary.

- 4.0 Greetings**

**4.1 Dr. Richard Penna, Executive Vice President, American Association of Colleges of Pharmacy -** Dr. Penna brought greetings from AACP and extended an invitation for AFPC members to attend the AACP conference in Toronto meeting, July 7 - 11<sup>th</sup>, 2001. In response to the growing demand for pharmacy graduates, five new colleges of pharmacy are in the process of initiating programs and another five are seriously considering the establishment of pharmacy programs. AACP is currently pursuing funding sources from government to assist with the human resource issues. Two new non-traditional providers have developed programs and pharmacy education must rethink its role - are we in the business of pharmaceutical education or just colleges of pharmacy?

- 5.0 Memorial to Deceased Members -** President Fielding called for a minute silence in memory of Dr. Mervyn Huston

- 6.0 President's Address - David Fielding** President Elect Rémillard requested the President to present his report. He indicated that it was a very successful year for AFPC and identified seven areas of accomplishment: our joint annual conference with CCCP together with the CSPS conference being held at the same time in the same hotel; the publication of *The History of the Association of Faculties of Pharmacy of Canada: The First Fifty Years 1944 - 1994*; the continuing process of assisting faculties to develop their curricula and to strengthen their instructional and evaluation tools; a strong external relations program; the success of the new membership structure and the updated process for both internal and external communications (with special note of excellent work being done by AFPC Communications Editor, Rebecca Law); the excellent Awards Program



under the very capable direction of Sylvie Marleau and the financial picture with a slight budget surplus.

The motion to accept report the report was approved (Marion Pearson and Dennis Gorecki)

**7.0 Nominations Committee Report - David Hill** - Dr. Hill outlined the nomination process and noted that Lavern Vercaigne from the University of Manitoba has been nominated for the position of President Elect. Following a call for nominations from the floor, David Hill moved, seconded by Wayne Hindmarsh that Lavern Vercaigne be declared elected to the position of President Elect for the 2001 - 2002 term. The motion was passed unanimously.

**8.0 Bylaws Committee Report - David Hill** - Dr. Hill indicated that draft bylaw revisions were presented to the 2001 mid-year Council meeting in March. Following minor changes, notification was forwarded to all AFPC members that the revised bylaws were posted on the AFPC web site. The revisions pertain to member categories, harmonization of executive committee responsibilities and an updated list of standing committees.

It was moved by David Hill, seconded by Keith Simons, that the revised AFPC Bylaws be approved by the Annual Meeting. The motion carried.

## **9.0 Reports from Special Committees and Delegates**

**9.1 Appointee of the Association of Deans of Pharmacy of Canada - Wayne Hindmarsh** - Dr. Hindmarsh reported that the ADPC has now become an incorporated entity. The main activities this year have focussed on approaches to the growing demand for graduates and working with various pharmacy organizations in this effort (CACDS; CPhA, CSHP, etc.); discussing issues related to the PEBC-OSCE examinations; determining evaluation approaches to academic pharmacy programs and efforts to obtain a pharmaceutical sciences institute as a component of the CIHR programs. The ADPC Executive for 2001 - 2002: President - Chris Loomis; Treasurer - Frank Abbott; Secretary - Franco Pasutto.

The motion to accept the report was approved (Wayne Hindmarsh, Frank Abbott)

**9.2 Academic Board Member of the Canadian Pharmacists Association - Keith Simons** - Dr. Simons summarized his written report (see Reports). He indicated that Ron Elliott from Ottawa is the president and Donna Kowalishin from Alberta is President Elect. He also indicated that the CPhA web site contains updated information on the Association activities. He encouraged AFPC members to consider joining CPhA.

**9.3 Appointees to the Canadian Council for the Accreditation of Pharmacy Programs - Jean-Pierre Grégoire and Don Perrier**

Don Perrier reported that Dr. Grégoire has left academic pharmacy for a position in the pharmaceutical industry. Sylvie Marleau has been appointed by AFPC to assume his position. Their annual meeting was held on May 26 and David Hill is the new president of CCAPP. During the past year, three site visits were completed utilizing the revised guidelines.

**9.4 Appointee to the Canadian Council on Continuing Education in Pharmacy - Marc Desgagné - Dr. Desgagné indicated that the major undertaking this year was the finalization and implementation of the revised Guidelines and Criteria for CCCEP Accreditation.**

The motion to receive the report was approved (Marc Desgagné and Monique Richer)

**9.5 Appointee to PEBC - Monique Richer, Linda Suveges - Dr. Richer indicated that this was a very exciting year for PEBC. The first OSCE as a component of PEBC is being taken by candidates this month (approximately 700 candidates wrote the spring examination). PEBC moved to new facilities and they have received a request to use the OSCE for continuing competence assessment. Ron Eros is the current president of PEBC with Monique as the past president.**

The motion to receive the report was approved (Monique Richer and Marc Desgagné).

**9.6 Education Committee Report - David Fielding - Dr. Fielding highlighted his written report that included a very successful workshop with ADPC to approach the structure and process for formal evaluation of academic pharmacy programs. This session was followed up with a meeting of the Curriculum Chairs from all faculties. David reported that the AFPC Educational Outcomes document was being widely used. However, the Levels and Ranges appendix was not being utilized by most faculties. He encouraged faculty members to make greater use of this document. He also reported that the curriculum chairs supported some standardization of professional experiential programs but wanted sufficient flexibility so new innovations are permitted.**

The motion to accept the report was approved (David Fielding and Frank Abbott)

**9.7 Research Committee Report - Pierre Bélanger - Dr. Bélanger reported that a survey had recently been forwarded to each Dean regarding research activities in their faculty and the survey also sought information on how AFPC can help support academic pharmacy and pharmaceutical science research.**

The motion to accept the report was approved (Pierre Bélanger and Simon Albon)

- 9.8 Communications Committee Report - Simon Albon, Rebecca Law, John Bachynsky** - Simon reported that Rebecca Law has now produced a full year of issues of *AFPC Communications* in the electronic format. She is in the process of implementing common templates and is reviewing the length of the issues. Simon also indicated that AFPC is looking at redesigning our web site and we have obtained a new domain name ([www.afpc-online.ca](http://www.afpc-online.ca)) which will be developed in the coming year.

The motion to accept the report was approved (Simon Albon and Lesley Lavack)

- 9.9 History Book - Bernie Riedel and Ernst Stieb** - Dr. Riedel indicated that *The History of the Association of Faculties of Pharmacy of Canada: The First Fifty Years 1944 - 1994* is now published and many members attended the breakfast seminar on June 15 officially recognizing that event. He expressed appreciation to all the authors and Hoffmann-La Roche Ltd. for their sponsorship of the publication.

The motion to accept the report was approved (Bernie Riedel and Ernie Stieb)

- 9.10 Report of Representative to CPhA Pharmacy Human Resources Planning Team** - David Hill briefly reviewed his written report. He indicated that the first phase of the project has been completed and they were now in the process of preparing the project outline for the second phase.

The motion to receive the report was approved (David Hill and Wayne Hindmarsh)

**10.0 Awards Committee Report - Sylvie Marleau**

Dr. Marleau identified all the 2001 Award recipients (see Awards Report) and indicated that they will be formally recognized at the AFPC banquet on that evening. She also expressed her sincere appreciation to the reviewers for the awards.

A motion to accept the report was approved (Sylvie Marleau and Keith Simons)

**11.0 Report of Executive Director - Jim Blackburn**

The executive director provided an overview of his written report. He indicated his sincere appreciation to the history book editors, Bernie Riedel and Ernie Stieb for all their volunteer efforts in completing an excellent historical documentation of AFPC. He also

expressed his thanks to President Fielding, the Executive and Council members for their devoted duties to the association over the past year.

The motion to accept the report was approved (Frank Abbott and Monique Richer)

**12.0 Audited 2000 Financial Statements and Budget for 2001**

The executive director presented the AFPC audited financial statements for the year 2000. The association completed the year with a slight surplus of \$ 2,562.51. The current assets of the AFPC were \$ 142,755.79 at December 31, 2000. The Audited Financial Statement is attached as an appendix to these minutes. (Financial Section of Proceedings).

The motion to accept the audited financial statement for 2000 was approved (Fred Rémillard and Keith Simons)

The executive director also presented the AFPC budget for 2001 that proposed an operating surplus of \$ 1,784.

The motion to accept the budget statement for 2001 was approved (Fred Rémillard and Keith Simons).

**13.0 Appointment of Auditor**

It was moved by Lesley Lavack, seconded by Lavern Vercaigne, that Mr. Don Bodnar of Saskatoon be appointed as auditor for the 2001 year. The motion was approved.

**14.0 New Business**

There was no new business presented.

**15.0 Transfer of Presidency -**

President Fielding presented the gavel to Fred Rémillard and extended his best wishes to him for the coming year.

**16.0 Confirmation of Signing Authority**

It was moved by Keith Simons, seconded by Dennis Gorecki, that Fred Rémillard and Jim Blackburn be authorized to have signing authority for the Association of Faculties of Pharmacy of Canada for the 2001 - 2002 year. The motion was approved.

**17.0 Adjournment**

The meeting adjourned on a motion by Wayne Hindmarsh, seconded by Sheri Fandrey.

## ATTENDANCE LIST AGM 2001

**John Bachynsky, Univ. of Alberta**  
**Bernie Riedel, Honorary Member**  
**Frank Abbott, UBC**  
**David Hill, UBC**  
**Rebecca Law, Memorial University**  
**Lili Wang, Memorial University**  
**Chris Turner, Univ. of Colorado**  
**Keith Simons, Univ. of Manitoba**  
**Richard Penna, AACP**  
**Rehana Durocher, Univ. of Manitoba**  
**Marion Pearson, UBC**  
**Rosemin Kassam, UBC**  
**Don Perrier, Univ. of Toronto**  
**Jack Uetrecht, Univ. of Toronto**  
**Joan Marshman, Univ. of Toronto**  
**Ernie Stieb, Honorary Member**  
**Andrea Cameron, Univ. of Toronto**  
**Marian Kremers, Univ. of Manitoba**  
**Hilja Toom, Univ. of Toronto**  
**Zubin Austin, Univ. of Toronto**  
**Cheryl Wiens, Univ. of Alberta**  
**Ruby Grymonpre, Univ. of Manitoba**  
**Jana Bajcar, Univ. of Toronto**  
**Cheryl Cox, Univ. of Alberta**  
**Susan Mansour, Dalhousie University**  
**Monique Richer, Université Laval**  
**Dennis Gorecki, Univ. of Saskatchewan**  
**Rita Caldwell, Dalhousie University**  
**Kevin Duplisea, President, CAPSI**  
**Trevor Kidney, Pres. Elect, CAPSI**  
**Titus Wong, student, UBC**  
**Holun Wong, student, U of Toronto**  
**Olenkie Tebogo, student, Memorial**  
**Stephanie Campbell, student, Dalhousie**  
**Simon Albon, UBC**  
**Cleo Boyd, Univ. of Toronto**  
**Marguerite Yee, UBC**

**Linda Hensman, Memorial Univ.**  
**Sylvie Marleau, Univ. de Montréal**  
**Pierre Bélanger, Université Laval**  
**George Katselis, student, U. of Sask.**  
**Mary MacCara, Dalhousie University**  
**Nancy Rae, Univ. of Alberta**  
**Marc Desgagné, Université Laval**  
**Lalitha Raman-Wilms, Univ. of Toronto**  
**Sheila Kelcher, Univ. of Alberta**  
**Lavern Vercaigne, Univ. of Manitoba**  
**Frank Burczynski, Univ. of Manitoba**  
**Wayne Hindmarsh, Univ. of Toronto**  
**Michael Namaka, Univ. of Manitoba**  
**Sheri Fandrey, Univ. of Manitoba**  
**Lesley Lavack, Univ. of Toro**

## **PART 3.0**

# **REPORTS OF AFPC STANDING COMMITTEES, REPRESENTATIVES AND DELEGATES**

**AFPC PRESIDENT'S REPORT – DAVID FIELDING**

**AFPC AWARDS COMMITTEE REPORT – SYLVIE MARLEAU**

**AFPC EDUCATION COMMITTEE REPORT – DAVID FIELDING**

**AFPC COMMUNICATIONS COMMITTEE REPORT – S. ALBON & R. LAW**

**AFPC RESEARCH COMMITTEE REPORT – PIERRE BÉLANGER**

**ADPC REPORT – WAYNE HINDMARSH**

**CPHA BOARD MEMBER'S REPORT – KEITH SIMONS**

**REPORT OF THE PEBC REPRESENTATIVES – M. RICHER & L. SUVEGES**

**REPORT OF CCAPP REPRESENTATIVES – D. PERRIER & J.-P. GRÉGOIRE**

**REPORT OF CCCEP REPRESENTATIVE – MARC DESGAGNÉ**

**REPORT FROM CAPSI – KEVIN DUPLISEA**

**REPORT FROM CPHA HUMAN RESOURCES PROJECT – DAVID HILL**

**REPORT OF THE EXECUTIVE DIRECTOR – JIM BLACKBURN**

**Association of Faculties of Pharmacy of Canada  
President's Report 2000 - 01**

It is difficult to believe that an entire year has passed since I assumed the position of President of AFPC for the 2000/ 01 term. It seems like only yesterday we were having our Annual Meeting for the year 2000 in Saskatoon. Wow, time does fly when you are having fun! Well, perhaps it was not exactly “fun” but it has been very painless, with only a few minor bumps along the way.

There are many good news items to report. First and foremost, we are, for the second time in three years, holding a joint meeting with the Canadian College of Clinical Pharmacy. Our first joint meeting in 1999 in Quebec City was so successful that it seemed like a great idea to build upon that achievement. Because of the many common interests of the members of AFPC and CCCP there are likely to more of these meetings in the future. It appears to be a “natural” fit.

Second, the *History Book* to commemorate the 50<sup>th</sup> anniversary of AFPC is finished and copies are now available. This has been an ambitious project and it is great to see the final manuscript in print. Many individuals played a significant role in this project. I would like to thank especially Dr. Bernie Riedel, Dr. Ernie Stieb, Dr. David Hill and Dr. Jim Blackburn for all their hard work and their dedication to the completion of the book. Also, AFPC acknowledges the significant financial support from Hoffman-La Roche in covering the costs to prepare and publish the book.

Third, AFPC continued to assist Faculties and faculty members develop their curriculum and to strengthen their instructional and evaluation tools. For example, last year's Teacher's Conference focused upon developing and assessing selected AFPC ability-based outcomes. This year there will be two Teacher's Conferences. One will focus on learning styles and mentorship; the other will focus on aligning teaching, learning and assessment. This year's conference will also be highlighting once again pharmacy practice research. On behalf of all the members of AFPC, I would like to thank Zubin Austin and Nese Yuksel and their Conference Organizing Committees for planning another excellent conference. In addition to our conference emphasis on educational development, AFPC's Education Committee has been investigating the extent that individual faculties use our “Outcomes” and “Levels and Ranges” documents. The committee's objective is to ensure that these resources are fulfilling the needs they were designed to meet. Also, the Education Committee has started to investigate the desirability of some standardization in the structured practice education programs across the country. Finally, AFPC collaborated with the Association of Deans to develop a workshop on mechanisms to assess student learning and to evaluate program quality.

Fourth, AFPC continued to work hard at developing and maintaining effective external relations with a broad range of groups and organizations in order to strengthen pharmacy education and research. For example, AFPC Officers were consulted on such matters by the Association of Deans of Pharmacy of Canada, the Canadian Pharmacists Association, the Canadian Society of

Hospital Pharmacists, the Canadian Society of Pharmaceutical Scientists, the American Association of Colleges of Pharmacy, the International Pharmacy Federation, the Pharmacy Examining Board of Canada, the Canadian Council on the Accreditation of Pharmacy Programs, the National Association of Pharmacy Regulatory Associations and the Canadian Council on Continuing Education in Pharmacy. Furthermore, during this past year AFPC has continued its advocacy role for pharmacy education and research through its interactions with pharmaceutical manufacturers and government agencies.

Fifth, we have just completed our second year using our new membership fee structure for AFPC. All full-time or significant part-time faculty at any of our schools automatically have individual memberships in AFPC because of the new school member status and fee. All seems to be going well. As a result of this change, each member receives a copy of the *AFPC Communications* newsletter, access to our website, and frequent email updates. In addition, our Executive Director has continued to have success increasing the number of “Associate Members”.

Sixth, our program of awards to recognize excellence in Canadian pharmaceutical education and research continued to thrive and expand. I would like to thank Dr. Sylvie Marleau and the other members of the Awards Committee for the many hours they worked this year on our behalf.

Seventh, AFPC ended year 2000 with a slight budget surplus. Predictions for the 2001 are that we will come in approximately on budget.

So, as you can see, this has been an active and a productive year. Our successes are due to the hard work of the Councilors and other AFPC members who assisted on projects during this year. On behalf of all AFPC members, I would like to thank our Executive Director, Dr. Jim Blackburn, for his many contributions and his dedication over the past 12 months. We are fortunate in deed to have someone of his caliber to manage our organization. Finally, to Dr. Fred Rémillard, our President-elect, I wish all best for the coming year and hope that his year at the helm will be as bump-free as mine has been.

Respectfully submitted,

David W. Fielding, Ed.D.,  
President, 2000 – 2001.



## **AFPC AWARD RECIPIENTS 2001**

### **AstraZeneca New Investigator Research Award**

The AFPC Award Committee reviewed 4 applications to the 2001 AstraZeneca Award competition. The recipient is:

**David Wishart**, Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta.

### **Bristol-Myers Squibb National Award for Excellence in Education**

The AFPC Award Committee reviewed 3 applications to the 2001 BMS Award competition. The recipient is:

**Zubin Austin**, Faculty of Pharmacy, University of Toronto

### **Janssen-Ortho Pharmaceutical Research Award**

The AFPC Award Committee reviewed 3 applications to the 2001 Janssen-Ortho Award competition. The recipient is:

**Jack Utrecht**, Faculty of Pharmacy, University of Toronto

### **Roche Graduate Student Research Award**

The AFPC Award Committee reviewed 8 applications to the 2001 Roche Award competition. The recipient is:

**Amgad Habeeb**, Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta

### **Merck Frosst Postgraduate Pharmacy Fellowships**

The AFPC Award Committee reviewed 6 applications to the 2001 Merck Frosst competition. The recipient is:

#### **Julien Braun Award**

Dan Cooper, Faculté de Pharmacie, Université Laval

#### **James E. Frosst Awards**

Spencer Ling, Faculty of Pharm. & Pharm. Sciences  
University of Alberta

Ho-Lun Wong, Faculty of Pharmacy, University of Toronto

**Canada's Rx & D Pharmacy Faculty Industrial Visitation Programme**

Julianna Juhász, Faculté de Pharmacie, Université Laval

Sheryl Zelenitsky, Faculty of Pharmacy, University of Manitoba

**CANADIAN FOUNDATION FOR PHARMACY STUDENT RESEARCH  
POSTER AWARDS 2001**

**Memorial University of Newfoundland**

**Olenkie Tebogo**

*Separation and characterization of saponins from an extract of *Quillaja Saponaria*  
Molina: New Immuno-adjuvants*

**Dalhousie University**

**Stephanie Campbell**

*Navigating the Internet: tools for finding drug information*

**Université Laval**

**Frederic Calon**

*Increase of preproenkephalin mRNA expression in the putamen of Parkinson's disease  
patients with levodopa-induced dyskinesias*

**Université de Montreal**

**Christiane Ghakis and Veronique Corbeil**

*Évaluation de l'impact de la prise systématique de l'histoire médicamenteuse par le  
pharmacien à l'urgence*

**University of Toronto**

**Gloria Lee**

*Functional expression of P-glycoprotein in rat brain microglia*

**University of Manitoba**

**Kareena Schnabl**

*An epifluorescent microscopic method with mitochondrial potential sensor jc-1 for  
measuring doxorubicin-induced cardiomyocyte damage and dexrazoxane (icrf-187)  
cardioprotection*

**University of Saskatchewan**

**George Katselis**

*Isolation and partial structural characterization of saponins from *Polygala senega* L.  
root*

**University of Alberta**

**Kassem Abouchehade**

*Anti-tnf treatment normalizes inflammation and upregulates the response to atenolol*

**University of British Columbia**

**Titus Wong**

*The role of plasma lipoproteins in modifying the toxicity of amphotericin B in pediatric oncology patients: 4-day vs. 7-day therapy*

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

**Dalhousie University**

**Natalie Crown**

*Implementation of a clinical pharmacist in children and adolescent mental health services at the IWK Health Centre*

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

**Université Laval**

**Julie Cormier**

*Descriptive study of the efficacy and innocuousness of an anti-emetic treatment based on ondansetron-dexamethasone-prochlorperazine in breast cancer patients undergoing chemotherapy*

Supervisors: Anne Dione (faculty), Véronique Prémont (practitioner)

**Université de Montréal**

**Hugo Chapdelaine**

*Évaluation de l'utilisation de l'Azithromycine en centre hospitalier*

Supervisors: Marie-France Beauchesne;(practitioner/clinical faculty); Lucie Blais (epidemiologist)

**University of Toronto**

**Robert Scherz**

*Examination of consumer demand and needs for pharmacist provision of nutrition and sports nutrition cognitive services*

Supervisors: J.D. Jasper (faculty), Arthur Mandel (practitioner)

**University of Manitoba**

**Connie Syganiec**

*Management of methanol/ethylene glycol poisoning*

Supervisors: Lavern Vercaigne (faculty), Gord Basaraba (practitioner)

**University of Saskatchewan**

**Jennifer Dyck**

*Medication beliefs and compliance among the elderly patrons of community-based pharmacy services.*

Supervisors: Roy Dobson (faculty), Mr. Ron Mack (practitioner)

**University of Alberta**

**Ali Damani**

*Cardiovascular risk reduction clinic study*

Supervisors: Ross Tsuyuki (faculty & practitioner)

**University of British Columbia**

**Maxwell Murray**

*Informed shared decision making process: An exploratory descriptive study*

Supervisors: Rosemin Kassam (faculty/clinician)

**Memorial University of Newfoundland - will not be awarded this year**

## 2001 AFPC AWARD COMMITTEE

### Chair:

Sylvie Marleau

### Reviewers:

Dr. Pierre-M. Bélanger, Université Laval  
Dr. Frank Burczynski, University of Manitoba  
Dr. Robert Drobitch, Dalhousie University  
Dr. Marianna Foldvari, University of Saskatchewan  
Dr. Brian Hasinoff, University of Manitoba  
Dr. Ted Hawes, University of Saskatchewan  
Dr. Mohamedtaki Kara, Memorial University  
Dr. Rosemin Kassam, University of British Columbia  
Dr. Daniel Lamontagne, Université de Montréal  
Dr. Hu Liu, Memorial University  
Dr. Robert Macgregor, University of Toronto  
Dr. Alan McIntosh, University of Manitoba  
Dr. Nigel Rawson, Memorial University  
Dr. Fred Rémillard, University of Saskatchewan  
Dr. John F. Templeton, University of Manitoba  
Dr. Len Wiebe, University of Alberta  
Dr. Pollen K.F. Yeung, Dalhousie University

I wish to express my gratefulness to reviewers as well as to Dr. Cheryl Cox for her input in reviewing the terms of the BMS award for excellence in Education.

Respectfully submitted,  
June 5, 2001

Sylvie Marleau

Education Committee Report  
AFPC Annual Meeting  
June 2001  
Ottawa Ontario

The Education Committee was formed to foster growth and explore new areas of Pharmaceutical Education in Canada with respect to undergraduate, graduate, and post-graduate programs.

For 2000/ 01 the Education Committee was assigned the following objectives:

1. To continue to develop a structure and process for the formal evaluation of the undergraduate and other professional (e.g., Pharm. D.) programs in pharmacy that can be used by the Canadian schools to meet CCAPP standards or other school specific purposes.
2. To survey and report on the application, usefulness and further development of the AFPC “Educational Outcomes” and “Levels and Ranges” documents.
3. To investigate the development of national curricula for the standardized practice experience program component of the pharmacy program including recommended practice teaching activities, assessment processes, support tools, and preceptor training needs (for both introductory and advanced practice experiences).
4. To update and revise as necessary the present terms of reference for the committee.
5. To continue to investigate program evaluation and assessment to complete the initiative of the 1999 Committee.

The Committee wishes to report the following progress on these objectives over the past 12 months:

1. To continue to develop a structure and process for the formal evaluation of the undergraduate and other professional (e.g., Pharm. D.) programs in pharmacy that can be used by the Canadian schools to meet CCAPP standards or other school specific purposes.

On September 30 and October 1, the Executive Director and the Chair of the Education Committee participated in a meeting of the Association of Deans of Pharmacy of Canada. Along with the ADPC President, Dr. Denis Gorecki, AFPC helped organize a workshop for this meeting that addressed program evaluation. The resource people were Dr. Michael Maddux and Dr. Thomas Zlatic from the St. Louis College of Pharmacy. This subject matter was chosen because the issues of program evaluation and quality assurance had been discussed by both AFPC and ADPC during the past year. While the workshop content ended up focusing more on the assessment of student learning than program evaluation, it was still a valuable activity. Most felt they had gained a broader perspective on assessment by participating in this workshop. In addition to the program content, it provided an opportunity for the Executive Director and the Chair of the Education Committee to interact with all the Deans of Pharmacy of Canada as well

as Dr. Bruce Schnell, Executive Director of the Canadian Council for Accreditation of Pharmacy Programs, who was also in attendance.

The desirability of having a broad representation of faculty at such workshops was expressed at our mid-year meeting. In part, the second Teacher's Conference at this year's annual meeting (i.e., "Aligning teaching, learning and assessment") has been designed to address this issue.

2. To survey and report on the application, usefulness and further development of the AFPC "Educational Outcomes" and "Levels and Ranges" documents.

The Chair of the Education Committee was invited to participate in a meeting of Associate Deans and Heads of Curriculum Committees held February 8 and 9 in Montreal. At this meeting, time was set aside to survey the extent that the AFPC "Educational Outcomes" and "Levels and Ranges" documents were being used by the Canadian Faculties.

All schools were familiar with the "Educational Outcomes" document. Most schools have used the document to review and/ or revise their curriculum. It was also being used as a tool to help prepare for accreditation. As for the "Levels and Ranges" document, at present it is less well used. Some schools are unaware of the document. Some schools use it selectively. At least one school used it extensively as an evaluation tool during clerkships. Those that were familiar with the content of this document felt that some of the suggested levels were not realistic.

3. To investigate the development of national curricula for the standardized practice experience program component of the pharmacy program including recommended practice teaching activities, assessment processes, support tools, and preceptor training needs (for both introductory and advanced practice experiences).

At the February meeting of Associate Deans and Heads of Curriculum Committees, time was also set aside to investigate the desirability of development a national curricula for the standardized practice experience programs. The general consensus of those present was that limited standardization has merit. However, there must be some flexibility allowed for regional differences. There were suggestions that *those who are involved* in the schools' SPEP programs might develop a list of core activities. It was further suggested that AFPC should look at the model for SPEP programs being proposed by NAPRA.

4. To update and revise as necessary the present terms of reference for the committee.

Revised terms of reference are being developed at this year's annual meeting.

5. To continue to investigate program evaluation and assessment to complete the initiative of the 1999 Committee.

It is suggested that a second workshop be organized for a future ADPC meeting (perhaps in conjunction with CCAPP, and including representatives from the faculty at each university) that would focus on evaluation of program quality.

Respectfully submitted  
Zubin Austin  
David Fielding (Chair)  
Susan Mansour  
Fred Rémillard



## REPORT OF THE AFPC COMMUNICATIONS COMMITTEE - June 2001

### 1. AFPC Website

The AFPC Communications Committee looked primarily at the issues raised at the mid-year meeting regarding the AFPC website. The main issues raised include:

- **Questions for Council Regarding the Website:** What are the objectives/goals of the AFPC website? How do we increase traffic to the site? How much traffic would be satisfactory? What information should be included in the website? Should the site be re-designed to indicate the AFPC identity?
- **Website Space and Domain name:** Space for the AFPC website continues to be available on the University of Alberta server along with the necessary technical support for site maintenance and updating. Approval has been obtained to set-up the AFPC website on the University of Alberta server under its own domain name. There are several domain names available in the .ca domain library (found at [www.webnames.ca](http://www.webnames.ca)). Some suggestions for the AFPC domain name were provided to AFPC Executive for discussion (as listed below) including: [www.myafpc.ca](http://www.myafpc.ca); [www.ourafpc.ca](http://www.ourafpc.ca); [www.theafpc.ca](http://www.theafpc.ca); [www.AFPCan.ca](http://www.AFPCan.ca); [www.AFPCORG.ca](http://www.AFPCORG.ca); [www.pharmacyafpc.ca](http://www.pharmacyafpc.ca);

The Communications Committee suggests that we may want to pick our website name in the near future as the “good” names made available through the Canadian Internet Registration Authority will disappear quickly. The cost of a domain name is as follows: 1 year - \$ 53.50; 5 years - \$246.10; 10 years - \$ 460.10.

- **Website Re-design:** The Communication Committee had a quote developed for re-designing the website. An initial critique of the website identified three issues regarding the current site design: the site does not give AFPC an “identity”, the site navigation does not allow for easy access to site materials and the site does not “feature” or “highlight” AFPC activities and accomplishments (see quote for further details). The Communications Committee suggests that answers to the questions provided above are necessary before AFPC proceed with the site re-design.

**2. AFPC Communications Newsletter:** The Communications Committee would like to acknowledge the outstanding job that Rebecca Law is doing as editor of this publication. Three editions of the newsletter were published this year and the “price was right”.

Submitted by: S. Albon/J. Bachynsky/R. Law

**ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA  
RESEARCH COMMITTEE  
REPORT THE YEAR: 2000-2001**

The terms of reference of this year for the Research Committee were the followings:

1. To investigate and make recommendations concerning the publishing of abstracts of research presented at the AFPC annual conference.
2. To survey and develop a report outlining the research priorities being identified by each school for funding under CIHR, CFI, CRC or other major new national granting programs.
3. To recommend some collaborations or affiliations (if deemed appropriate) that could strengthen relationships with CSPA.
4. To update and revise as necessary the present terms of reference for the committee.

A questionnaire (cf. document annexed) has been sent to each Dean regarding the first three items. Three faculties (Alberta, Manitoba and Laval) responded before June 8. The following is a summary of their responses.

**1. PUBLICATION OF RESEARCH ABSTRACTS**

Publication of research abstracts is not seen as a mechanism to encourage the participation of faculty members to the annual AFPC meeting favoured. However, it was suggested that the abstract should be published in the Journal of Pharmacy and Pharmaceutical Sciences (Question 2b).

**2. FACULTY RESEARCH PRIORITIES**

The faculties which responded have all defined research priorities in specific areas of Pharmacy and the academic recruitment is related to these as well as the replacement of teaching area. Collaborative research is strongly encouraged and is conducted on a personal basis. Members of two faculties (Alberta and Laval) are involved in major funding application to the Canadian Foundation for Innovation and currently members of Centres of Excellence.

**3. RELATIONSHIP WITH THE CANADIAN SOCIETY FOR PHARMACEUTICAL SCIENCES (CSPA)**

A greater degree of association between AFPC and CSPA should be encouraged. The emphasis was made on joint meetings.

Pierre M. Bélanger, chairman  
Lavern Vercaigne  
Lili Wang

## **AFPC RESEARCH COMMITTEE TERMS OF REFERENCE**

1. To investigate and make recommendations concerning the publishing of abstracts of research presented at the AFPC annual conference.
2. To survey and develop a report outlining the research priorities being identified by each school for funding under CIHR, CFI, CRC or other major new national granting programs.
3. To recommend some collaborations or affiliations (if deemed appropriate) that could strengthen relationships with CSPS.
4. To update and revise as necessary the present terms of reference for the committee.

### **SURVEY**

I am including the following form of survey as a basis for further discussion. Any comments made would be considered in our report.

#### **1. FACULTY RESEARCH PRIORITIES**

- a) In your Faculty, are there any research priorities that have been identified and used for funding application to various national granting programs such as the Canadian Institutes of Health Research, the Canadian Research Chairs, the Networks of Centres of Excellence, the Canadian Foundation for Innovation, the Natural Sciences and Engineering Research Council of Canada, the Cancer Research Foundation, the Canadian Heart Foundation etc.?
- b) Do you encourage the Faculty members to collaborate in research activities with members of other faculties within your university or with members of other universities? (Ex.: participation in equipment on group grant, Network of Centres of Excellence). What is done to facilitate collaboration?
- c) Is your academic recruitment related to your research priorities or has it been “replacement” of current positions? (e.g. medicinal chemist replaces medicinal chemist)
- d) Are your research priorities related to specific areas of Pharmacy? (Ex.: Pharmaceuticals, Biotechnology, Genomics, Clinical Pharmacology, Pharmacy practice, etc.).
- e) Do you put emphasis on research partnership with the pharmaceutical industry? What mechanisms are in place to support interaction with industry?

#### **2. PUBLICATION OF RESEARCH ABSTRACTS**

- a) Do you think that publishing the research abstracts submitted to the AFPC Annual Meeting would encourage the participation of members of your Faculty to the annual AFPC meeting?
- b) Can you recommend a Canadian Journal where the abstracts should be published?

#### **3. RELATIONSHIP WITH THE CANADIAN SOCIETY FOR PHARMACEUTICAL SCIENCES (CSPS)**

- a) Will you recommend a greater degree of association between AFPC and the Canadian Society for Pharmaceutical Sciences?
- b) If so, what type of collaboration or affiliations should be strengthened with CSPS?

## **Report of ADPC Representative to AFPC**

The following outlines discussions of the last annual meeting of the Association of Deans of Canada.

The educational program, sponsored by Aventis Pharma was organized by your president, David Fielding. Drs Michael Maddux and Thomas Zlatic (St. Louis College of Pharmacy) provided a one day session on Assessment that Promotes Learning. They shared their four components of Abilities-Based Education. It was one of the more informative sessions we have had in the past few years. We wish to thank David for his organization of the speakers for the event.

Jim Blackburn brought the Deans up-to-date on AFPC initiatives.

John Pugsley and Carol O'Byrne discussed the upcoming OSCE component of the qualifying examination. There are reservations about the OSCE and the demands put on the Faculties. We are waiting anxiously for the first examination. A lot of emphasis is being placed on this examination, particularly in Ontario, to ensure that non-Canadian trained pharmacists meet the competencies approved by our individual Faculties.

CPhA discussions centred around tuition fees and the CPhA Awards program (ADPC does not support the proposed changes to CPhA Awards, i.e. that students must be members to be eligible). It appears we have lost this battle!

CIHR - Mark Bisby, Director of Programs summarized CIHR activities. CIHR is using a strategic approach, as determined by public health needs and scientific opportunities, to fulfill its mandate. There is emphasis on the translation of research into improved health care, and commercialization of products arising from publicly funded research. The structure of peer-review committees will be reviewed and input by faculty into this process is important.

TPP, Health Canada - Dr. Peterson suggested there are overlapping interests between Health Canada and ADPC. This is in relation to the DI/DE Initiative.

DI/DE Initiative - considering approaching CPhA as a partner on this project. Consider approaching faculty re interest in preparing a grant application. The Deans expressed their unanimous thanks to Dean Abbott for his continued efforts in developing and promoting this initiative.

BMS Teaching Award - Dennis Gorecki is to communicate ADPC's position

ADPC has become incorporated.

K. W. Hindmarsh

**ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA**  
Annual General Meeting  
June 14-17, 2001, Ottawa

**CPhA Board of Directors Report**

In this report I will provide an overview of the activities of the 2000/2001 CPhA Board of Directors and of the Canadian Pharmacists Association. Some of the information in this report has already been presented in my CPhA Reports in the AFPC Newsletter, and in *Communiqués* sent to the CPhA Academic members, to the AFPC President and Executive-Director and to the Deans of Faculties (Schools) of Pharmacy in Canada.

**CPhA Board of Directors 2000/2001:**

President: Garry King, (Hospital Pharmacy Practice)  
Past-President: Fred Martin (Prince Edward Island)  
President-Elect: Ron Elliott (Ontario)  
Murray Brown, Vice President and Industrial Pharmacy Practice  
Donna Kowalishin, Vice President and Alberta Board Member  
Bernd Staeben, Vice President and Newfoundland Board Member  
Jeff Poston, Executive Director  
Charles Bayliff, Hospital Pharmacy Practice  
Normand Cadieux, Québec  
Bill Heese, British Columbia  
Anne Marie Ford, New Brunswick  
Allan Greene, Prince Edward Island  
Mark Kearney, Pharmacy Students  
Garth McCutcheon, Saskatchewan  
Ian McKeigan, Nova Scotia  
Melanie Rantucci, Ontario  
Keith Simons, Academia  
Shelley Stepanuik, Manitoba

**Elections:**

**CPhA Board of Directors:**

Elections for seven constituencies were held by mail-in ballots due April 19, 2001. One nomination was received for the following constituencies and these members were elected by acclamation:

Prince Edward Island - Allan Greene  
Saskatchewan - Garth McCutcheon  
Hospital Pharmacy - Charlie Bayliff

Elections were held in four constituencies and the candidates were:

New Brunswick - Anne Marie Ford, George Murray  
British Columbia - William Creighton, Bill Heese  
Ontario (2 positions) - Douglas Landgraff, Melanie Rantucci, Brian Stowe  
Industrial Pharmacy - July Hackett, Geoff Squires

The successful candidates were:

New Brunswick - George Murray  
British Columbia - Bill Heese  
Ontario - Melanie Rantucci, Brian Stowe  
Industrial Pharmacy - Judy Hackett

#### CPhA Executive:

Elections for the position of President-Elect and for the three Vice Presidents were held on May 28, 2001 immediately after the CPhA Annual General Meeting. There were two nominations for President-Elect:

Bill Heese  
Donna Kowalishin

There were five nominations for the position of Vice President:

Murray Brown  
Anne Marie Ford  
Mark Kearney  
Bernd Staeben  
Shelly Stepaniuk

The successful candidates were:

President Elect - Donna Kowalishin  
Vice Presidents - Murray Brown  
Bernd Staeben  
Shelly Stepaniuk

Anne Marie Ford, New Brunswick retired from the Board. Murray Brown, Industrial Pharmacy retired from the Board as an elected representative, but will remain on the Board and Executive as a Vice President. Shelly Stepaniuk, Manitoba retired from the Board as she changed her residency to Ontario, but will remain on the Board and Executive as a Vice President. By-elections will be held shortly in Manitoba and Alberta to fill the Board positions vacated by Shelly Stepaniuk, and by Donna Kowalishin when she became President-Elect.

#### **New CPhA Management Appointments**

There were three major new appointments to the CPhA Management and the impact of these new personnel has already been experienced by the CPhA Board, Staff, members and associate pharmacy organizations. **Philip Norman** has been appointed to the position of Senior Director,

Marketing and Communications. **Janet Cooper** has been promoted to Senior Director, Professional Affairs. **Lucie Chatelain** has accepted the position of Director of Membership Development. There are other positions advertised or under negotiation to complete the roster of management and staff following the review and reorganization of the CPhA by Executive Director Dr. Jeff Poston.

Jim Mann resigned as Senior Director, Professional Affairs to become the Executive Director of CSHP. Noelle-Dominique Willems, who was CPhA Director of Government and Public Affairs for a number of years, is now Director, Federal Government Relations for Bristol-Myers Squibb.

**The CPhA Annual Conference "The Perfect Storm"** was held in Halifax, NS, May 27-29, 2001. The conference was well-attended with over 700 registrants. The first-time attendee welcome breakfast was followed by "Health Care – A Political View" presented by Globe and Mail National Affairs Columnist, Jeffrey Simpson.

The Infectious Disease Plenary Session provided an exposure to the "Walkerton Crisis", "Wise use of Antibiotics" and "Preparing for the Next Influenza Pandemic", followed by an Infectious Diseases Workshop Program. In the CPhA/CSHP National Pharmacy Forum, the topics addressed were "Specialties and Certification" and "Pharmacy Technicians – Scope of Practice". During the Opening Ceremonies and Awards, major contributors to CPhA for many years and Innovators in Pharmacy Practice areas received awards. The nine CPhA Centennial Scholars and nine CPhA/Apotex Pace Future Leaders were also recognized.

Following the Keynote Presentation "Health Care Reform – A Critical Perspective" by Michael Rachlis, M.D., FRCPC, University of Toronto, the Clinical Programs covered updates in various disease states such as Drug Interactions, Epilepsy, Diabetes and Rheumatoid Arthritis. In the Issues Management Forum, topics such as "Human Resources – HRDC Study", "Pharmacy Electronic Communication Standard (PECS)", "Third Party Plan Issues", "Privacy Protection and Health Information" and "Electronic Prescribing" were presented and discussed.

There was considerable opportunity to interact with the record number of Exhibitors, both professionally and socially. At the CPhA Booth, conference attendees were given the opportunity to review a sample of the revitalized CPhA Website with its interactive communications and commercial potentials. The Website is under construction by Infinet Communications, a strategic internet development company. Look for more details of the Conference in future issues of CPJ and *Impact* as well as special reports.

### **CPhA Conference 2002**

The next CPhA Annual Conference will be held in Winnipeg, Manitoba in conjunction with AFPC on May 11-14, 2002. Please note the date and plan to attend. Continue to monitor the CPhA Website, the CPJ, *Impact* and the AFPC Newsletter for updates on the Program.

**The CPhA Board of Directors** met for the final meeting of the year, May 25-26, 2001 before the CPhA Annual Conference in Halifax. The Strategic Plan was reviewed and priorities confirmed or adjusted to meet the changing demands of health care, government bills and the marketplace. The new committees were established and where necessary, committee structures and directives were defined and approved. The first meeting of the new Board will be October 20-21, 2001.

## **Strategic Plan**

The Key Result Areas were confirmed as:

- Membership and cohesion: to represent the interest of Canadian pharmacists and create cohesiveness within the profession on matters of practice, principle and policy
- Role of Pharmacist: to promote and facilitate the evolution of the pharmacy profession toward an expanded role in health care.
- Recognition of Drug Expert Role through advocacy initiatives:
- Information Technology: to effectively analyze and respond to the impact of advances in information technology on pharmacy practice
- Reimbursement for Professional Services: to secure appropriate reimbursement for pharmacists' professional services
- Resources and Capacity: to align resources to key result areas

Copies of the Strategic Plan are available upon request.

## **"Capitalizing on Opportunity" CPhA Activities and Achievements 2000/2001**

### Government Affairs

Dr. Jeff Poston, CPhA Executive Director made a detailed presentation to the Senate Standing Committee on Health Care, clearly describing CPhA's position in three important policy areas: expanding the role of the pharmacist; achieving optimal drug therapy and obtaining reimbursement for services. Six key recommendations for senators to consider in helping to formulate national health care policies were presented. The full Report may be obtained from CPhA upon request.

### Third-Party Payer Issues

It is recognized by the Board, CPhA and the Community Pharmacy Economics Committee that pharmacists are spending an excessive amount of time dealing with claims reimbursement with third-party payers. This is having a significant impact on working conditions, and administrative burdens are proving an impediment to patient care. CPhA, CACDS and OPA joined forces to sponsor a two-day workshop in December to address the issues. The full Report of the workshop is available from CPhA.

### Pharmacy Human Resources

Human Resources Development Canada (HRDC) in collaboration with CPhA has funded an initial phase of a major labour sector study on pharmacy manpower. The findings were that the current literature and data on the labour market for pharmacists provides an inconsistent and incomplete picture. In the report's executive summary is stated "Conventionalism, regulations imposed by governments, provincial licensing bodies and relevant professional associations, corporate practices, and inertia in fee system are serious barriers to the kind of changes needed to both relieve the current



excess demand for pharmacists and provide improved health care service at reduced costs for all Canadian consumers". The comprehensive 100-page report is available on CPhA's website. A stake holder steering committee is being formed to oversee the project of submitting a funding proposal to HRDC to conduct an occupational study of the pharmacy profession in Canada.

#### Privacy and Personal Health Information

In light of the passage of Bill C-6 (Personal Information Protection and Electronic Documents Act), CPhA has taken a leadership role on this issue and obtained a reprieve from the application of Bill C-6 for the health care sector for one year. As the secretariat to the national Privacy Working Group, an initiative of five national health organizations and the Consumers' Association of Canada, CPhA illustrated the many shortcomings of the legislation with respect to protecting the privacy of health information, and continues to seek effective remedies including presentations to the federal minister responsible.

#### "Role" of the Pharmacist

A number of position papers which have been prepared dealing with issues such as "Home Care Role of Pharmacists", "Seamless Care", "Prescriptive Authority", "Direct-to-Consumer Advertising" are in the process of distribution for consideration to stakeholders. Other programs including the "Fight Flu Toolkit", "Smoking Cessation", "Just Checking", Diabetes Education, Pharmacy Awareness Week (PAW) and the Emergency Contraceptive Pill (ECP) are in place or in progress and continue to demonstrate expanding roles of pharmacists.

#### **Finance - Brian Coburn, Senior Director**

Year-end financial statements showed revenues of \$10,402,354 and expenditures of \$9,970,081 resulting in an operating surplus of \$432,273.

#### **Publications - Leesa Bruce, Senior Director**

*Herbs: Everyday Reference for Health Professionals* is meeting solid sales projections and also reflects a strategic alliance with CMA to provide reliable information about herbs. The 3<sup>rd</sup> edition of *Therapeutic Choices* is now available and sales have already exceeded projections. Future options for this publication include electronic conversion to allow bundling with the CPS on CD-ROM and a hand-held device. *Patient Self-care: Therapeutic Reference for Health Professionals* (formerly Nonprescription Drug Reference) is expected to be ready for publication in 2002. *New Product Tables* on-line is meeting a goal to provide on-line information linked to full product monographs for new products. This is intended to bridge the lag time for new product information experienced between annual publications of the CPS. As well, the CPS and all other publications are being repositioned for use on e-media platforms. Pharmacy School libraries should have copies of all these publications.

For additional information about all of the above items, see the CPhA Annual Report 2000-2001 or request specific documents from the CPhA Office or via the CPhA Website. Please do not hesitate to contact me directly for issues that you would like to see addressed by the Board or for more details about any of the projects described in this report.

The focus of my report has been on CPhA activities and achievements that could have major impact on enrollment and the pharmacy curriculum in Canadian Faculties/Schools of Pharmacy. In order to keep up-to-date, I would encourage all pharmacists in *academia* to become CPhA members in the Academic constituency. Membership forms will be distributed shortly and can be readily paid by credit card. Payment can also be spread over the full year using the monthly debit payment method.

Thank you for the privilege to represent pharmacists in academia on the CPhA Board of Directors.

Respectfully submitted

Keith J. Simons, Ph.D.  
CPhA Board of Directors, *Academia*  
Phone: (204) 474-9630 FAX: (204) 474-7617 Email: [simons@ms.umanitoba.ca](mailto:simons@ms.umanitoba.ca)

**Report from the AFPC Representatives on the Pharmacy Examining Board of Canada**  
**June, 2001**

The Pharmacy Examining Board of Canada held its 2001 Annual Board Meeting on February 25, 2001 in Toronto. Standing committees met over the 3 days preceding this meeting. The following are highlights of recommendations made and issues addressed by the Board.

**2000 PEBC Statistics**

There were 1,165 names added to the PEBC Register by examination. A total of 1547 candidates wrote the Qualifying Examination, as compared to 928 in 1999. This increase was likely related to candidates choosing to challenge the exam before it changed to include the OSCE in 2001.

There was also a significant increase in candidates (551) for the Evaluating Exam, as compared to the 453 who wrote it in 1999. A total of 606 new applicants were also ruled acceptable for admission into the Evaluating Examination, through document evaluation.

**PEBC Office Relocation**

The PEBC office relocated from Edward Street to 415 Yonge Street in December 2000 as a result of needing increased space. Despite a very busy workload, the PEBC staff has adjusted well to the change.

**New PEBC Qualifying Exam Process**

***NAPRA -Request for Information***

In follow-up to a request from NAPRA, the Board has recommended that the PEBC Chair of Committee on Examinations confirm, with NAPRA's delegate, their specific requirements related to the provision of an examination manual and the institution of a process to allow NACL (National Advisory Committee on Licensure) to fulfill its ongoing mandate. A template as a tool for PEBC to provide information on the Qualifying Examination will be recommended to NAPRA .

***PEBC OSCE Implementation***

The PEBC Qualifying Examination - Part II (OSCE) is structured as a series of 'mini pharmacies' or 'stations', each involving simulations of professional tasks or problems that are critical in nature and/or are frequently performed by practitioners. Candidates are assessed as they perform these tasks by rotating through a series of stations and interacting with actors or 'standardized clients' who are trained to simulate patients with specific medical or drug-related problems or to simulate physicians and other health professionals. Their performance is assessed by trained pharmacist assessors, following standard scoring guidelines. Relevant drug products, devices, and standard references are provided as props in each station, for use by the candidate in addressing patients' problems.

As the profession has adopted the practice of pharmaceutical care, it is particularly important that PEBC be able to effectively assess communication, professional judgement, clinical problem solving and other skills essential in the provision of effective pharmaceutical care. PEBC believes that the addition of the OSCE will significantly enhance its certification process.

The PEBC Qualifying Exam - Part II (OSCE) was successfully implemented on May 27, 2001 across the country. A central training workshop for OSCE Examination Centre Staff was held on January 26-28, 2001 in Toronto. Results of the Qualifying Examination are expected to be made available to candidates by July 1, 2001. As previously reported, the total fee for the Qualifying Exam - Part I and II (OSCE) was set at \$1650 for 2001 and will remain unchanged for 2002.

### ***Publicity for Inaugural Administration of OSCE***

The Public Relations Committee recommended that PEBC develop methods to publicize the inaugural sitting of the PEBC Qualifying Exam - Part II (OSCE). This was coordinated with communications planned by the PRA's. The PEBC website ([www.pebc.ca](http://www.pebc.ca)) contains a section for pharmacists to learn about and apply to become an assessor for the OSCE. Prior to the administration of the OSCE, a PowerPoint presentation and video clips were made available for candidates to view, and for Board members to use in making presentations to groups of students.

### ***Finances***

As a result of the increasing workload at PEBC related to institution of the OSCE and the number of applications for both Evaluating and Qualifying Examinations, expense and revenue components of the budget have increased significantly. The Finance Committee continues to monitor details and the impact of these changes.

### ***Use of PEBC OSCE for Non-Certification Purposes***

The Board discussed requests from regulatory authorities from British Columbia and Alberta to offer the PEBC QE II (OSCE) for non-certification purposes. The Registrar-Treasurer and Executive Committee developed appropriate mechanisms for this to occur.

### ***Specialty Certification***

Since PEBC has had significant prior knowledge of Specialty Certification initiatives and issues, including the development in 1993 of a model program for Specialty Certification, as well as an interest in future directions, which may occur in Canada, the Board recommended that information and ongoing consultation be requested from NAPRA on their current proposal, related to this matter.

### ***Board Membership Changes***

Several changes to Board membership occurred at the close of the Annual Board Meeting, due to expiration of terms of office. New Board members are: Ayub Chishti (New Brunswick), André Gagnon (Québec),  
Kathy McInnes (BC).

### ***2001 Executive Committee***

Membership on the Executive Committee for 2001-02 was confirmed as:

**President** - Ron Eros

**Vice-President** - Andrea Cameron

**Past-President** - Monique Richer

**Executive Members**

B.E. (Bev) Allen

Scott McLeod

Respectfully submitted,

Linda Suveges  
Monique Richer

**Annual Report of the AFPC Representatives to  
The Canadian Council for Accreditation of Pharmacy Programs  
June 2001 - Jean-Pierre Gregoire and Don Perrier**

We are pleased to present our report as your representatives to The Board of The Canadian Council for the Accreditation of Pharmacy Programs (CCAPP). Jean-Pierre completed his term as President of CCAPP and resigned from the board as he has left Université Laval to assume a position in the pharmaceutical industry. Sylvie Marleau replaced Jean-Pierre as a Board member immediately following the Annual General Meeting on May 26, 2001. Don Perrier completed the first year of his three year appointment.

The following may be of interest to AFPC members:

Accreditation Procedures: In order to develop more specific guidelines to assist the Board in making equitable accreditation decisions, the CCAPP Standards and Guidelines Committee submitted a report with a number of recommendations concerning the composition of site-visit teams, increases in the duration of Full Accreditation when deficiencies are met, relative significance of the eight general standards, mid-cycle reports, requests for extensions of accreditation status, issues relating to Probationary Status, presentations to the board by Universities, and the scheduling of revisions to the Standards and Guidelines. Revisions to CCAPP procedures will be made taking the recommendations relating to these issues into consideration.

Accreditation Site Visits: Site visits in 2000 were conducted at the University of Alberta Faculty of Pharmaceutical Sciences [B.Sc.(Pharm.) program], Université Laval Faculté de Pharmacie [B.Sc.(Pharm.) program], and the University of Toronto Faculty of Pharmacy [B.Sc.Pharm. and Pharm.D. programs].

Accreditation Decisions:

- Dalhousie University College of Pharmacy: Based on a progress report on the implementation of its PBL curriculum, Full Accreditation was extended to five years.
- University of Toronto Faculty of Pharmacy: The Baccalaureate and Pharm.D. programs were awarded Full Accreditation for six years.
- Université Laval: Full Accreditation was awarded for four years with a possible extension to five years to be decided in 2002.
- University of Alberta: Full Accreditation was awarded for three years.
- University of British Columbia: Full Accreditation was awarded for four years for the B.Sc.(Pharm.) with the possibility of extension to five years to be decided based on success in implementing its new curriculum.

Budget and Fees: CCAPP continues to manage its budget in a responsible manner operating with a slight deficit at the end of the 2000 fiscal year. In 2001 a small surplus is anticipated. The increase in member fees and a five year grant of \$10,000 per year from the Canadian Foundation for Pharmacy has aided significantly. The ongoing support of AFPC as a member of CCAPP is gratefully acknowledged.

CCAPP Board (2001-2002) and Appointing Organizations: David Hill (president/PEBC), Debbie Boyle (president elect/CPhA), Frank Abbott (past-president/ADPC), Greg Eberhart (NAPRA), Sylvie Marleau (AFPC), Arlis McQuarrie (external appointee, physical therapy), Don Perrier (AFPC), Blair Seifert (CSHP), Bruce Schnell (Executive Director).

Respectfully submitted,

Don Perrier  
Jean-Pierre Gregoire

À: Jim Blackburn, Directeur exécutif  
Conseil exécutif de l'AFPC

De: Marc Desgagné

Date: 2001.06.14

Sujet: **Annual Report from CCCEP Delegate**

---

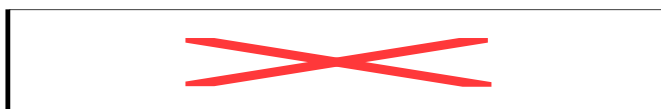
Under the Presidency of Erin Farrell-MacKenzie and the Vice-Presidency of Cathy McCann the Canadian Council of Continuing Education in Pharmacy (CCCEP) hold two bi-annual meetings (November 2000 and May 2001) in addition to two Executive meetings, teleconferences and on-line exchanges.

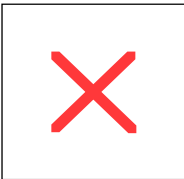
Items of particular interest to AFPC include :

- The assignment to the Council of Debby Kelly (Newfoundland), Jean-Guy Cyr (Canadian Foundation for Pharmacy) and Terri Schindel (Canadian Society of Hospital Pharmacists ) in replacement of Dianne Boone, Fares Attalla and Visal Uon.
- The **financial statements** reflect good position with an excess of revenue over expenses of \$36,239 (overall revenue of \$108,025). CCCEP has approached each provincial regulation agencies and National associations represented on the Council with a proposal to create a travel pool to equalize costs for delegates to attend the semi-annual meeting. So far every organization, except Québec and the Canadian Foundation for Pharmacy, has agreed to participate in this process.
- The major undertaking of the past year was the finalization and implementation of the **revised Guidelines and Criteria for CCCEP Accreditation**. The new guidelines were effective August 1<sup>st</sup> 2000 and are posted on the CCCEP webpage currently hosted by the Canadian Pharmacists Association. The revised guidelines reflect the increased role of pharmacists to assess their own learning needs and maintain their own learning portfolio. The requirement for assessment and evaluation are enhanced. The requirement for accreditation of live programs were also enhanced. An appeal process is now defined. The review process is relatively unchanged. CCCEP continued its arms-length relationship with Virtual Learning in an effort to ensure the availability of the Canadian Home Study program through the provincial continuing education offices.
- CCCEP has **participated to various events** including the National Forum on Continuing Education which took place in Ottawa in November 2000 and the 4<sup>th</sup> International Life Long Learning Conference in Northern Ireland. Those meetings confirm the evolution from the concept of continuing education to continuing professional development.
- The **issues to be considered over the next year** include : development of a business plan to facilitate the undertaking of CCCEP goals, the accreditation of Internet based programs and certification programs, link accreditation to competencies; revision of the Bylaws and development of a new Web presence. CCCEP will also take the leadership of organizing a 2<sup>nd</sup> National Forum on Continuing Education (November 2001).

Respectfully submitted.

Page 111





**Canadian Association of Pharmacy Students and Interns (CAPSI)**

---

**Association Canadienne Des Etudiants et des Internes en Pharmacie (ACEIP)**

June 14-17, 2001 (Ottawa, Canada)



## CASPI President Report to AFPC

Council has been very pressed in the past few months finishing school, writing the PEBCs and preparing for our Annual meetings during CPhA. Now that CPhA Halifax is behind us and another changeover has occurred, we can all reflect back on what CAPSI has accomplished this year and set our sights on the coming year.

CAPSI has accomplished much this year. Our now Past President, Roland Halil, has done an outstanding job directing council to actively promote CAPSI both internally to our members, and externally to other health care professions. **CAPSI is enjoying the greatest momentum and growth since our inauguration in 1967. Membership jumped by ~ 24% this past year!!**

During PDW Saskatoon, council made history with the introduction of a new national executive position, Vice President of Interdisciplinary Affairs (VP InterD). The focus of pharmacists within Canada is shifting towards a partnership with other health care professions for the provision of high quality patient care. CAPSI wishes to progress with these shifts in health care through expanding our relationships with other professional and student organizations with similar goals. The purpose of VPInterD will be to build and develop relations with other student health professional organizations and promote CAPSI, (and in so doing our profession), to outside organizations. In St. John's in 2002, we will elect our first VP InterD.

During the past year great efforts have gone into producing a high quality, bilingual website that will act as a home for all Canadian pharmacy students ([www.capsi.ca](http://www.capsi.ca) [www.aceip.ca](http://www.aceip.ca)). Creating a cyber presence is an on-going activity that will consume time and resources every year. However, we believe that the investment will benefit CAPSI and its members, as it provides Canadian pharmacy students with a central place for information and resources. At present, most of the initial content has been created and translated and will be uploaded within the next month. Thanks go to Memorial University of Newfoundland for hosting this site.

The CAPSI Handbook of Interview Questions was very well received. During CPhA Halifax, CAPSI was awarded the CPhA Award of Recognition for creating this Handbook. We are extremely proud of this recognition because it is evidence to all that pharmacy students are out there making a difference in our profession.

PDW Saskatoon was a great success of its own. Attendance surpassed our expectations. It is a fundamental goal of CAPSI and therefore of PDW to provide as many members as possible the opportunity to further their own development as professionals. CAPSI continues to be appreciative of AFPC's support of students attending PDW – Thank you! We hope to see as many of you as possible at PDW 2002 in St. John's NFLD (January 16-20, 2002). Dalhousie University has recently been awarded the bid for PDW 2003, so start planning now!

With over 2500 student members we are well on our way to 100% membership! CAPSI's focus for the coming year will be to promote active membership – ACTIVE being the key word! CAPSI will work to promote active membership by improving our existing competitions, and by re-modeling our national symposia to entice students to attend and participate. We will also continue to offer students service and tools to enhance their pharmacy education.

CAPSI will tackle the issue of student professionalism, and begin to outline the morals and standards we value as student pharmacists and future pharmacists. Raising the bar for student professionalism will have a ripple effect. As we graduate into the world of pharmacy, these high standards will serve to establish us better in the eyes of the public and other health professions.

Accomplishing these initiatives will be a big job! However, with a strong national and local CAPSI council focused always on the good of Canadian pharmacy students, I am confident we will be successful. CAPSI looks forward to working closely with AFPC over the coming months. Please do not hesitate to contact us if we can be of any help.

Sincerely,

Kevin Duplisea  
President CAPSI 2001-2002

**Association of Faculties of Pharmacy of Canada  
Council and Annual Meeting, June 14-16, 2001, Ottawa, ON**

**Report of the Representative to the CPhA Pharmacy Human Resources**

*Page 114*

## Project Planning Team

There have been no further meetings since the initial stakeholders meeting in February 2000. CPhA did receive funding from Human Resources Development Canada (HRDC) to permit the contracting of a consultant (Peartree Solutions Inc.) to do a situational analysis of the pharmacy sector workforce. This analysis was conducted in late 2000 and the report was submitted to CPhA council in early 2001.

The executive summary of the “Situational Analysis Pharmacists Final Draft” is posted on the CPhA web site at [www.cdnpharm.ca](http://www.cdnpharm.ca) together with PDF versions of the executive summary (145K) and the complete report (1915K) for those who would like to read the findings of the consultants. The report has been reviewed by CPhA council and decisions to proceed to the next step have been made. The report of the CPhA board member representing academia (Dr. Keith Simons) likely will have more details on the CPhA council disposition of this initiative.

In informal discussions with CPhA staff (Janet Cooper), it appears that this project will move to the next stage that will involve the formation of a permanent steering or advisory committee of stakeholders representing a broad range of Canadian pharmacy organizations. In the budgeting for the next stage of this project, HRDC typically is prepared to commit to a 50-50 cost sharing arrangement with the sector participants (i.e. through negotiated “contribution agreements”). The 50% budget responsibility to the sector participants can include “in-kind” as well as cash contributions.

It is expected that AFPC will be invited to place a representative on the steering committee. In anticipation of this future AFPC activity, AFPC should be prepared to budget sufficient funds for its representative to attend meetings of the steering committee and perhaps, contribute to some of the other administrative expenses to support this multiyear project as negotiated in the contribution agreements.

Respectfully submitted:        Dr. David Hill

June 14, 2001

**EXECUTIVE DIRECTOR’S ANNUAL REPORT  
JUNE 14, 2001**

It has been a busy year for AFPC since our 2000 AGM meeting in Saskatoon. I am pleased to provide a brief overview of the activities in the AFPC office during that period. It would be appropriate to initially address the two responsibilities that were in arrears.

### **Publication of AFPC Proceedings 1999 and 2000**

I am pleased to indicate that both editions of our Proceedings are finally completed. The 1999 Proceedings were distributed at the end of November and AFPC Proceedings 2000 were published in February.

Each faculty received three printed copies (one each for the Dean, the Councillor and the Pharmacy Library). Rather than distribute copies to each member, the AFPC Proceedings 2000 is posted on the web site and any member wishing to receive a printed copy may contact the AFPC office.

### **The CCPF/AFPC History Book**

As you are aware, *The History of the Association of Faculties of Pharmacy of Canada: The First Fifty Years, 1944 - 1994* will be officially released at the Celebrating Our Heritage Session on Saturday morning (7:45 AM, June 16). Co-editors Drs. Ernie Stieb, Bernie Riedel and the chapter authors are to be congratulated for the tremendous amount of time and effort that they have put into the writing and publication of this text. AFPC is delighted to formally recognize the immense contributions of Dr. Riedel and Dr. Stieb by the presentation of the Special Service Award at our conference banquet.

I wish to express the sincere appreciation of AFPC to Hoffmann-La Roche Ltd. for the significant financial grant to permit publication of this text recording our organization's history.

### **Conference 2001**

At the time of writing this report, we have received over 150 registrations and we also have 33 posters that will be presented. Zubin Austin and his committee, along with Nese Yuksel, Celine Corman and the CCCP organizing committee have put together an excellent professional and social program that I am sure will be well received by all those in attendance. I wish to express the sincere appreciation to all the conference sponsors for their support for our meeting. A special note of thanks must go to Ginette Bernier and Lynn McIntosh from Merck Frosst Canada & Co. for their efforts in production of the program, registrations packages and general program arrangements.

### **Pharmacy Human Resource Requirements, Our Curricula and AFPC**

Probably one of the most important issue facing academic pharmacy at the current time is how do we respond to the growing demand for our graduates, both immediately and in the future.

Dr. David Hill very ably represents AFPC on the CPhA Pharmacy Human Resources Project Planning Team and we look forward to having the results of this project provide a map for the future planning of human resource requirements for our profession. The Canadian faculties of pharmacy produced 800 graduates this year and several faculties have instigated or are in the process of initiating increases in the first year enrolment quotas for our programs. If these changes are to implemented, we can expect to admit around 1100 first year students to pharmacy within the next 3 - 4 years. In comparison, we admitted 888 students to our programs in the fall of 2000 which means a 24 % increase in pharmacy student population and eventual pharmacy graduates.

At the same time, we are also significantly increasing and enhancing our structured practical experience programs to provide students with practice learning opportunities earlier and throughout our curricula, which places extensive teaching/learning demands on our practice experience sites, both in the institutional and community practice learning environment.

These increasing demands are occurring when budgetary restrictions have forced 52% of hospital pharmacy departments to reduce the amount of time devoted to teaching (Lilly National Survey of Hospital Pharmacy Practice in Canada). Health care and advanced education financing is a provincial responsibility, but I believe AFPC should take a leadership role to encourage enhanced discussion between government departments of health and education with faculties of pharmacy to recognize the critical need to provide financial support for clinical teaching units for our programs.

## **External Relations**

During the past year, I attended the Academic Section and Board of Pharmaceutical Sciences of FIP in Vienna, the CSHP AGM in Winnipeg, the ADPC meeting in Montebello, Quebec (along with President David Fielding), the AstraZeneca/CFP Executive Workshop, the CPhA Conference and a meeting of Health Science Centres Pharmacy Directors. I also had the opportunity to visit the offices of Canada's Research-Based Pharmaceutical Industry, the National Association of Pharmacy Regulatory Authorities and the Canadian Association of Chain Drug Stores. Each of these meetings provided an opportunity to present AFPC viewpoints on issues relating to our mission and goals within the context of the profession of pharmacy

AFPC ended the 2000 year with 17 Affiliate members and we hope to increase this number to 25 in the current year. All updates and the AFPC Communications are being forwarded to Affiliate members as well as other national pharmacy organizations and we hope to enhance our communications with pharmacy and health professional organizations.

## **Member Communication**

I have attempted to maintain the monthly updates to members in addition to the distribution of AFPC Communications. Your feedback on the usefulness of this medium would be greatly appreciated as well as suggestions for material that would be of interest to members.

## **Financial Situation**

The Audited Financial Statement for 2000 resulted in \$2,562.51 excess of income over expenditures. The budget for 2001 is also aiming at a balanced budget which is appropriate for a non profit professional organization.

It continues to be a great pleasure to work with President David Fielding, the Executive, Council and membership of AFPC. The dedication and efforts of all members of our Executive and Council have been exemplary. We continue to strive to seek opportunities to have more involvement of our members in AFPC. Please do not hesitate to advance your suggestions on how the office can improve our effectiveness in providing the necessary services for AFPC to become a much more dynamic and meaningful organization.

This report is respectfully submitted

Jim Blackburn  
Executive Director

**PART 4.0**

**AFPC BY-LAWS**

**Approved**

**June 16, 2001**

**AFPC BY-LAWS**

## **1.0 NAME**

The name of this organization shall be: The Association of Faculties of Pharmacy of Canada/L'Association des Facultés de pharmacie du Canada.

## **2.0 MISSION and GOALS**

### **2.1 Mission**

To develop and implement policies and programs which will provide a forum for exchange of ideas, ensure a liaison with other organizations and foster and promote excellence in pharmaceutical education and research in Canada.

### **2.2 Goals**

- (a) To foster and promote progress in pharmaceutical education and research.
- (b) To stimulate and provide opportunity for exchange of ideas and discussion among pharmaceutical educators with a view to improving curricula and teaching methods.
- (c) To encourage high and uniform standards of education in pharmacy throughout Canada by assuming an advisory role for the development of policies and standards used for the accreditation of programs of pharmaceutical education.
- (d) To establish and maintain liaison with pharmacy and appropriate educational associations, other health professionals, government agencies and members of the pharmaceutical industry that may further the development, support, and improvement of pharmaceutical education, practice and research.
- (e) To represent, support and protect the interests of members and to give recognition for achievement.

## **3.0 DEFINITIONS AND INTERPRETATION**

### **3.1 Definitions**

- (a) "ACT" means the *Canada Corporations Act*.
- (b) "ASSOCIATION" or "AFPC" means The Association of Faculties of Pharmacy of Canada/L'Association des Facultés de pharmacie du Canada, a corporation without share capital incorporated under the Canada Corporations Act by letters patent.
- (c) "COUNCIL" means the governing body of the Association.

- (d) "FACULTY OF PHARMACY" means an incorporated college, faculty, school or department of pharmacy in a duly recognized university in Canada.
- (e) "CONSTITUENT FACULTY" means a Canadian faculty of pharmacy that meets the requirements for membership and which may at any time be admitted to membership.
- (f) "INSTRUCTIONAL STAFF" means all personnel who hold a full or part-time academic appointment with a faculty of pharmacy and who are engaged in the teaching, training or tutelage of pharmacy students.
- (f) "MEMBER" means a member in any category of the Association.

### **3.2 Interpretation**

In all by-laws, regulations and resolutions of the AFPC, unless the context otherwise requires:

- (a) The singular shall include the plural and the plural the singular;
- (b) Although the French version of the By-Laws shall be acknowledged, the English version shall be recognized as the official version.

## **4.0 MEMBERSHIP**

### **4.1 Application for Membership**

- (a) Application for membership in the AFPC shall be addressed in writing to the Executive Director, in such form as the Council may from time to time prescribe.
- (b) In the event that the Executive Director requests proof of eligibility, it is the responsibility of the applicant to provide such proof.
- (c) Applicants may appeal to the Council the refusal of membership, the decision of which shall be final and binding, and there shall be no further appeal therefrom.

### **4.2 Membership Categories**

The categories of membership in the AFPC shall be:

#### **4.2.1 Constituent Faculty**



A constituent faculty of the Association shall be any Canadian faculty of pharmacy that meets the requirements for membership.

#### 4.2.2 Individual Member

An individual member shall be any member of the instructional staff of any constituent faculty. All instructional staffing holding a 20% or greater appointment at a constituent faculty are granted individual member status while the appointment is held.

#### 4.2.3 Associate Member

An associate member shall be any person who does not fulfill all the criteria for individual membership.

#### 4.2.4 Affiliate Member

An affiliate member shall be any professional or educational association, institution or business corporation that supports the mission and goals of the Association.

#### 4.2.5 Student Member

A student member shall be any person enrolled in a program of undergraduate or graduate studies at a constituent faculty.

#### 4.2.6 Honored Life Member

An honored life member shall be any person whom the Association wishes to honor by election as an honored life member, in accordance with established criteria.

### **4.3 Rights, Privileges and Obligations**

All categories of members shall have equal rights, privileges and obligations, subject to the following exceptions:

- (a) Individual and honored life members shall have the right to be Council members, to hold elected office, to nominate candidates for elected office, to call a special general meeting, to have access to the books of the organization, to attend any meeting of the Council, as observers and, to participate in debate on all issues, and to exercise one vote on motions put forth at annual or special general meetings as provided for in By-law 14.6.
- (b) All other categories of membership shall be non-voting;
- (c) An individual member who ceases to hold an academic appointment in a constituent faculty may continue to hold individual membership to the end of the membership year for which dues have been paid;

- (d) Honored life members shall pay no dues;
- (e) By by-law, certain rights may be assigned or limited to certain categories of members;
- (f) In the event a member ceases to be a member of the Association, all rights, title and interests of such member in and to the property and assets of the Association shall revert to the Association.

#### **4.4 Resignation**

Any member may at any time resign from membership in the Association by serving written notice to that effect upon the Executive Director and upon discharging any lawful liability which is standing upon the books of the Association at the time of such notice.

### **5.0 DUES AND ASSESSMENTS**

#### **5.1 Amount of Dues**

The annual dues payable by constituent faculties and other members of the Association shall be those fixed from time to time by resolution of the Council. The dues assessment for each constituent faculty shall include provision for individual member status for all instructional personnel of that faculty subject to the qualification in By-law 4.2.2

#### **5.2 When Due**

The first dues of a constituent faculty or member shall be payable upon application and annually thereafter upon receipt of an invoice, except as set forth in By-law 4.3(c) and (d).

#### **5.3 Delinquency and Cancellation**

A constituent faculty or any other member who fails to pay annual invoiced dues within a period to be established by the Council shall cease to hold membership and shall be so notified by the Executive Director by ordinary mail.

### **6.0 HEAD OFFICE**

The head office of the AFPC shall be in the City of Saskatoon in the province of Saskatchewan, and at such place therein as the AFPC may determine by resolution from time to time.

## **7.0 SEAL AND CERTIFICATION OF DOCUMENTS**

### **7.1 Seal**

The seal of the AFPC shall be in such form as shall be prescribed by the Council and shall have the words "The Association of Faculties of Pharmacy of Canada/L'Association des Facultés de pharmacie du Canada" inscribed thereon. The custody of the seal shall be entrusted to the Executive Director or another officer whom the Council may designate. The seal shall be in the form impressed hereon.

### **7.2 Certification of Documents**

The Executive Director or another officer whom the Council may designate shall have the authority to certify specific documents.

## **8.0 ORGANIZATION**

### **8.1 Administrative Structure**

The Association shall consist of a General Assembly of individual members, a Council of representatives from each constituent faculty, and an Executive Committee composed of four (4) officers, these being the President, the President-Elect, the immediate Past President and the appointee of the Association of Deans of Pharmacy of Canada.

### **8.2 Professional Staff**

#### **(a) Establishment of Positions**

The establishment of professional staff positions, such as an Executive Director, shall be approved by a vote of the general membership.

#### **(b) Appointment to Positions**

Appointment to fill established professional staff positions shall be made by the Council, and the remuneration and terms of service shall be stated in contracts between the Association and those appointed.

#### **(c) Job Descriptions**

The duties of all professional staff employees shall be stated in specific job descriptions for each position. These job descriptions shall be approved by the Council and may be varied from time to time by mutual agreement between the Council and the staff concerned. These job descriptions may include some of the duties assigned elsewhere in these By-laws to one or more of the officers of the Association.

## **9.0 COUNCIL**

### **9.1 Duties and Responsibilities**

The affairs of the AFPC shall be governed by the Council which shall plan, supervise, control and direct all activities of the Association including its committees and publications, establish budgets, set member dues, disburse funds, and determine policies. The Council shall actively pursue the mission and goals of the AFPC and may adopt such rules and regulations for the conduct of its business as may be deemed advisable. The Council may delegate to any committee or officer any or all powers, duties and authority of the Council which may be lawfully granted. Council members shall serve in a representative capacity and as such are expected to express the general policies, and positions of their electoral or appointing group but shall act in accordance with personal best judgment and initiative after hearing and participating in debate on issues within the lawful authority of the Council.

### **9.2 Composition**

The Council shall be comprised of one individual member duly elected by each constituent faculty and the four executive committee officers described in 8.1. The Executive Director shall serve as an ex-officio member of Council, without vote.

### **9.3 Term of Office**

- (a) Council members representing AFPC constituent faculty members and the appointee from the Association of Deans of Pharmacy of Canada shall hold office for a term of three (3) years and may serve no more than two (2) consecutive terms. The President, President-Elect, Immediate Past President and Executive Director shall serve, without interruption, subject to the limitation on terms of office stated in By-law 11.3
- (b) The term of office of Council members shall commence immediately following the AFPC annual general meeting and shall conclude upon the induction of their successors.

#### **9.4 Council Vacancies**

Should a vacancy occur on the Council by virtue of the death, resignation, removal or ineligibility of a Council member elected by a constituent faculty or appointed by the Association of Deans of Pharmacy of Canada, that constituent faculty or the Association of Deans of Pharmacy of Canada may appoint another member to serve the balance of the term. A Council member so appointed shall be eligible for election to the Council for two (2) consecutive terms after having served the balance of the term. The procedure for vacancies originating from the loss of any other Executive Committee officers is stated in By-law 11.4.

#### **9.5 Standard of Care**

All members and officers of the Council shall exercise the powers and discharge the duties of their office honestly, in good faith and in the best interests of the Association, and in connection therewith shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.

#### **9.6 Meetings**

The Council shall meet at least once in each year at such time and place as the President may designate. The President may invite the chair of any standing or special committee or a representative of any duly constituted organization to attend a regular or special meeting of the Council as an observer or to report on any matter of interest to the Council.

#### **9.7 Special Meetings**

Special meetings of the Council may be called by the Executive Committee or at the request of at least seven (7) members of the Council in good standing. Notice of any special meeting shall contain sufficient information to permit the member to form a reasoned judgment on the decision to be taken. No other business shall be considered at such meetings.

#### **9.8 Notice of Meeting**

A written notice of any meeting of the Council shall be sent to each member at least 21 days (exclusive of the day on which notice is sent, but inclusive of the day for which notice is given) before the meeting is to take place. Notice of such meeting or any irregularity in the calling or conduct thereof, can only be waived by the unanimous consent of all members of the Council.

#### **9.9 Quorum**

At any meeting of the Council, a quorum shall consist of a majority of those entitled to be present and vote, unless otherwise specifically provided. Such quorum of Council members present shall be competent to do and perform all acts which are or shall be directed to be done at any such meeting. Provided a quorum is present at the beginning of a meeting, the meeting may continue or adjourn even though members leaving reduce the number to less than a quorum. The President as well as members who have declared a conflict of interest shall be counted in determining a quorum.

#### **9.10 Order of Business**

The current edition of Bourinot's Rules of Order, shall govern the Association in all procedural matters not contained in these By-laws.

#### **9.11 Voting Rights and Procedure**

Only Council members in attendance at any meeting of the Council may vote, except for the President and the Executive Director who may not vote. In the case of an equality of votes, the President may cast the deciding vote. Proxies are not accepted at meetings of the Council.

#### **9.12 Teleconferencing**

If all the members of the Council consent, any one or more members of the Council may participate in the meeting by means of such telephone, audio-video conferencing or other communication facilities as permit all persons participating to hear each other, and a member participating in such a meeting by such means shall be deemed to be present at that meeting. Meetings of the Executive, all standing or any special committees may also be conducted by electronic conferencing.

#### **9.13 Remuneration**

No Council member, officer or Executive Committee member shall receive any remuneration for duties performed on behalf of the Association, with the exception of the Executive Director whose remuneration shall be established as per By-law 8.2 (b). Council members, officers or Executive Committee members may be reimbursed for reasonable expenses incurred while performing such duties.

#### **9.14 Indemnification**

All Council members, officers and members of good standing or special committees of the Association and their heirs, executors and administrators, and their estates and effects respectively, shall at all times be indemnification and saved harmless out of the funds of the Association from and against:

- (a) All costs, charges and expenses whatsoever which Council members, officers or committee members sustain or incur in or about any action, suit or proceeding which is

brought, commenced or prosecuted against them, for or in respect of any act, deed, matter or thing howsoever made, done or permitted by them in or about the execution of the duties of their offices;

- (b) All other costs, charges and expenses that they may sustain or incur in or about or in relation to the affairs thereof, except such costs, charges or expenses as are occasioned by their own willful neglect or default.

## **9.15 Removal**

Members of Council may be removed before the expiration of their term for any reason or if they have been absent from two (2) consecutive meetings of the Council without reason deemed by the Council to be adequate. A two-thirds majority of the AFPC members of Constituent Faculties or of the Association of Deans of Pharmacy of Canada who elected/appointed them must approve the resolution for removal at a meeting at which the person concerned has been invited to make a statement.

## **10.0 NOMINATIONS AND ELECTIONS**

### **10.1 Appointment and Composition of Nominating Committee**

The Executive Committee shall appoint a Nominating Committee at their first meeting following the annual general meeting of the Association. The Nominating Committee shall be chaired by the Immediate Past President and shall include one other Past President and two additional voting members of the Association who are not standing for nomination. The duties of the Nominating Committee are:

- (a) Nomination of a full slate of candidates for election to the Executive Committee, namely for the President-Elect.
- (b) Recommendation to the Council naming candidates to fill vacancies on the Executive Committee pursuant to By-law 11.4.

### **10.2 Call for Nominations**

At least three (3) months before the annual general meeting the Nominating Committee shall:

- (a) Inform the membership of all vacant positions for officers;
- (b) Invite nominations for members to stand for election to these positions;
- (c) Announce that the closing date for the receipt of such nominations shall be two (2) months before the scheduled date of the annual general meeting.

### **10.3 Nominating Procedure**

The Nominating Committee shall check that those who have been nominated are willing to serve if elected to office, and shall ensure that at least one name is put forward for each vacant position. Nominations received by the Committee shall not be secret at any time, and any candidate shall be free to withdraw in favor of another.

#### **10.4 Ballot Prior to Annual General Meeting**

Except where the Act requires a meeting,

- (a) At least six (6) weeks before the annual general meeting, the Executive Director shall prepare and circulate to the voting members a ballot containing the names of all persons nominated and willing to serve as reported by the Nominating Committee. The return date of this ballot shall be no less than three (3) weeks prior to the annual general meeting;
- (b) The President shall, no fewer than 30 days prior to the annual general meeting, appoint three (3) scrutineers from amongst the voting members of the Association who shall be neither members of the Executive Committee nor candidates for election or appointment to the Executive Committee;
- (c) Each voting member of the Association shall have one (1) vote. Officers will be declared elected on the basis of a majority of votes cast by mail, as verified by the scrutineers;
- (d) At the annual general meeting, the President will announce the results of the election or acclamation of officers as well as the appointment of new Council members.

#### **11.0 OFFICERS**

##### **11.1 Number of Officers**

The officers of the Association shall be the President, President-Elect, Immediate Past President and the ADPC appointee.

##### **11.2 Duties of Officers**

The duties of President, President-Elect, and Immediate Past President shall be such as their titles by general usage would indicate or as may be required by law, or as specified or assigned to them from time to time by the Council.

- (a) The President shall:
  - (i) Be responsible for the overall supervision and administration of the Association;
  - (ii) Chair meetings of the General Assembly, of the Council and of the Executive Committee;



- (iii) In consultation with the Executive Director, prepare agendas for meetings of the General Assembly, and of the Council and Executive Committee;
  - (iv) Ensure that all policies and actions approved by the General Assembly and by the Council are properly implemented.
- (b) The President-Elect shall:
  - (i) Fulfill the duties of the President when that person is temporarily absent or otherwise unable to perform the duties of the office;
  - (ii) Perform all specific duties assigned by the President or requested by the Council or General Assembly.
- (c) The Immediate Past President shall:
  - (i) Chair the Nominating Committee;
  - (ii) Perform all specific duties assigned by the President or requested by the Council or General Assembly.
- (d) The Executive Director shall:
  - (i) Manage the Association in accordance with the policies and procedures established by the Council;
  - (ii) Serve as chief operating officer responsible for the office;
  - (iii) Devote full effort to the fulfillment of the goals of the Association;
  - (iv) Circulate notices, agendas and minutes of the General Assembly, the Council and of the Executive Committee;
  - (v) Ensure that minutes are prepared and that minute books are properly maintained for meetings of the General Assembly, the Council, and of the Executive Committee;
  - (vi) Inform the membership about Association activities and maintain internal communications within the Association.
- (e) The President and Executive Director shall be ex-officio members of all committees of the Council.

### **11.3 Term of Office**

The officers shall remain in office for one (1) year or until their successors are elected or appointed, with the exception of the Executive Director, whose term, by resolution of the Council, shall be subject to terms and conditions of employment and the ADPC appointee as provided for in 9.3(a). The President, President-Elect, and Immediate Past President shall, in no event, remain in the same office for more than one (1) term. In no event shall any officer remain in office if such officer ceases to be an individual member.

#### **11.4 Vacancies**

Should the office of the President become vacant, it shall be filled by the President-Elect. Vacancies in any other elected office shall be filled, on the recommendation of the Nominating Committee, by the Council for the balance of the term thereof.

#### **11.5 Removal of Officers and Executive Committee Members**

Officers and Executive Committee members may, by resolution of the Council, be removed before the expiration of their term for any reason or if they have been absent from two (2) consecutive meetings of the Executive Committee without reason deemed by the Executive Committee to be adequate. A two-thirds majority of Council must approve the resolution for removal at a meeting at which the officer or Executive Committee member concerned has been invited to make a statement.

### **12.0 EXECUTIVE COMMITTEE**

#### **12.1 Composition**

The Executive Committee shall be comprised of all duly elected officers as well as the appointee from the Association of Deans of Pharmacy of Canada. The term of office of the Executive Committee shall commence immediately following the annual general meeting. In addition, the Executive Director shall serve on the Executive Committee without vote.

#### **12.2 Duties and Responsibilities**

The Executive Committee shall supervise the management and planning of the Association, shall actively pursue its objectives, and shall oversee the financial affairs of the Association, subject to such directions as may from time to time be given or imposed by the Council. The Executive Committee shall exercise all the powers and authority of the Council, except those which must be exercised by the Council or when the latter is in session. Decisions of the Executive Committee are subject to ratification by the Council at its next regularly scheduled meeting.

#### **12.3 Meetings**

The Executive Committee shall meet at least twice annually at such times and places as the President may designate.

#### **12.4 Notice**

- (a) A written notice of any meeting of the Executive Committee shall be given to each member of the Executive Committee either
  - (i) By e-mail, facsimile transmission or courier delivery at least 7 days before the meeting is to take place, or
  - (ii) By mail. Such notice shall be sent at least 21 days prior to the meeting (exclusive of the day on which notice is sent, but inclusive of the day for which notice is given).
- (b) Notice of such meeting or any irregularity in the calling or conduct thereof, can only be waived by the unanimous consent of all members entitled to attend the meeting.

#### **12.5 Quorum**

At any meeting of the Executive Committee, a quorum shall consist of a majority of the members of the Executive Committee who shall be competent to do and perform all acts which are or shall be directed to be done at any such meeting. Provided a quorum is present at the beginning of the meeting, the meeting may continue or adjourn even though members leaving reduce the number to less than a quorum. Members who have declared a conflict of interest shall be counted in determining a quorum.

#### **12.6 Voting Rights and Procedures**

- (a) Only those members present at an Executive Committee meeting may vote.
- (b) Except as otherwise provided in these By-laws, a motion at any meeting of the Executive Committee shall be decided by a majority of votes. In the case of an equality of votes, the President may cast the deciding vote.

#### **12.7 Teleconferencing**

If all the members of the Executive Committee consent, any one or more members of the Executive Committee may participate in the meeting by means of such telephone, audio-video conferencing or other communication facilities as permit all persons participating to hear each other, and a member participating in such a meeting by such means shall be deemed to be present at that meeting.

#### **13.0 STANDING AND SPECIAL COMMITTEES**

### **13.1 Standing Committees**

- (a) Standing committees of the Association shall be established by the Council to conduct such business and perform such duties as may from time to time be determined and shall report annually to the Council.
- (b) Chairs of standing committees shall be appointed annually by the President from among the Council members and shall normally serve a two-year term, subject to ratification by the Council.
- (c) Other members of standing committees may be appointed by the Chair in consultation with the President, and may, but need not be, members of the Council.
- (d) Standing Committees shall serve until discharged or until their successors shall be appointed.
- (e) A member of any committee, whether standing or special, may be removed before the expiration of that person's term. A two-thirds majority of the Council must approve the resolution for removal.
- (f) The Standing Committees of the Council shall include but are not limited to
  - the By-Laws Committee
  - the Nominating Committee
  - the Education Committee
  - the Research Committee
  - the Awards Committee
  - the Conference Planning Committee
  - the Communications Committee

### **13.2 Special Committees**

- (a) The Council may establish special committees and their terms of reference as required from time to time. Any special committee so established shall serve for the duration of its deliberations and until submission of its report.
- (b) Chairs of special committees shall be appointed by the President from among the voting membership of the Association and may, but need not be, members of the Council.
- (c) Other members of special committees may be appointed by the Chair, in consultation with the President, and may, but need not be, members of the Council.

### **13.3 Remuneration**

No member of a standing or special committee shall receive remuneration for duties performed on behalf of the Association but may be reimbursed for reasonable expenses incurred while performing such duties with the approval of the Council.

#### **14.0 ANNUAL AND SPECIAL GENERAL MEETINGS**

##### **14.1 Annual General Meeting**

The annual general meeting of the Association shall be held each year at such time and place as may be designated by the Council or Executive Committee. The meeting shall be held in Canada unless otherwise resolved by the members.

##### **14.2 Special General Meetings**

Special general meetings of the Association may be held upon the call of the Council at such times and places as it may designate. The President shall call a special general meeting upon the written request of at least one-third of the voting members of the Association within 60 days after the filing of such request with the President. Notice of such special general meetings shall contain sufficient information to permit members to form a reasoned judgment on the decision to be taken, and no other business may be considered at those meetings.

##### **14.3 Notice**

At least 30 days' notice of annual or special general meetings shall be given. The form of the notice may be by email, facsimile, courier, mail or via any other regular communication provided to the members of the Association.

##### **14.4 Quorum**

At any annual or special general meeting, ten per cent of voting members of the Association must be present, to constitute a quorum as verified by the Executive Director. Provided a quorum is present at the beginning of a meeting, the meeting may continue even though members leaving reduce the number to less than a quorum. Members who have a declared conflict of interest shall be counted in determining a quorum.

##### **14.5 Order of Business**

The usual order of business determined by parliamentary procedure shall govern the conduct of all meetings. In all matters not governed by By-laws, procedure shall be in accordance with Bourinot's Rule of Order.

##### **14.6 Voting**

Only those voting members of the Association in attendance at annual or special general meetings may vote. In the event of an equality of votes, the President may cast the deciding vote. Such voting privileges pertain to the approval or rejection of audited financial statements, receipt of committee reports, resolutions, amendment of By-laws and the appointment of auditors. Proxies are not accepted at annual or special general meetings.

## **15.0 FINANCES**

### **15.1 Signing Authority**

All cheques, drafts, orders for payment of money, notes, acceptances and bills of exchange issued or endorsed on behalf of the Association shall be signed by such officers, employees or agents of the Council in such manner as shall be determined by resolution of the Council from time to time.

### **15.2 Banking**

- (a) Anyone of such officers, employees or agents so appointed may endorse cheques for deposit with the Association's bankers for the credit of the Association or the same may be endorsed "for deposit only" with the bankers of the Association.
- (b) Anyone of such officers, employees or agents so appointed may arrange, settle, balance and certify all books and accounts between the Association's bankers and the Association and may receive all paid cheques and vouchers and sign all the Bank's forms of settlement of balances and releases or verification slips.
- (c) All funds paid to the Association shall be deposited from time to time to the credit of the Association in such manner as the Council may approve.

### **15.3 Surplus Funds of the Association**

The Council may set aside a reserve for contingencies from the surplus of the Association or may invest the surplus funds of the Association in a manner as may be determined from time to time by resolution.

## **16.0 AUDITORS**

An auditor shall be appointed each year at the annual general meeting of the members of the Association. The auditor shall have access at all reasonable times to the books and accounts of the Association and all receipts, documents and vouchers relating thereto, and shall conduct an audit thereof and make an annual report to the membership of the Association at the annual general meeting of such.

## **17.0 FINANCIAL YEAR**

The financial year of the Association shall commence on the first day of January in each year.

## **18.0 AFFILIATIONS AND REPRESENTATIVE APPOINTMENTS**

The Association may affiliate itself with, pay fees to, or become a member of any other organization with similar aims and objectives as may be determined by resolution of the Council. Upon invitation from other academic or professional organizations, the Council may nominate individuals to serve as representatives or appointees on the governing council, board or committees of the requesting organization. AFPC has official appointees on the governing structures of the:

- Canadian Council for the Accreditation of Pharmacy Programs (CCAPP)
- Canadian Council on Continuing Education in Pharmacy (CCCEP)
- Pharmacy Examining Board of Canada (PEBC)

## **19.0 DISSOLUTION**

In the event that the Association is dissolved, and after payment of all indebtedness of the Association, the remaining funds, investments, and other assets shall be distributed to one or more organizations in Canada carrying on similar activities.

## **20.0 AMENDMENTS**

- (a) The By-laws of the Association may be amended by a majority of votes cast at a meeting of the Council and sanctioned by an affirmative vote of at least two-thirds of the voting members of the Association present at an annual general meeting duly called for the purpose of considering the amendment of the By-laws. The amendment of the By-laws shall not be enforced or acted upon until the approval of the Minister Industry Canada has been obtained.
- (b) Notice in writing of any change in the By-laws of the Association to be proposed at any annual general meeting must be received by the President at least three (3) months prior to such meeting and must be made known to all voting members of the Association at least two (2) months prior to such meeting.

***These by-laws were approved at the Annual Meeting of the Association of Faculties of Pharmacy on June 16, 2001 in Ottawa, Ontario.***

## **PART 5.0**

# **AFPC FINANCIAL STATEMENTS**

**AFPC AUDITED STATEMENT OF INCOME AND EXPENSES  
FOR THE PERIOD JANUARY 1, 2000 TO DECEMBER 31, 2000**

**AFPC BUDGET FOR PERIOD OF  
JANUARY 1 TO DECEMBER 31, 2001**

**ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA FINANCIAL  
STATEMENT**



JANUARY 1 - DECEMBER 31, 2000

AUDITED JUNE 5,  
2001

<b>INCOME</b>	<b>BUDGET</b>	<b>ACTUAL</b>
<b>Memberships</b>		
AFFILIATE	\$15,000.00	\$16,000.00
FACULTY	\$ 55,799.00	\$ 51,087.00
ASSOCIATE	\$ 750.00	\$ 900.00
<b>Total Memberships</b>		
	<b>\$71,549.00</b>	<b>\$67,987.00</b>
<b>Other Income</b>		
ROCHE GRANT - HISTORY	\$ 5,000.00	
ANNUAL CONF.	\$ 8,000.00	\$ 12,531.58
C. F. P. GRANT	\$ 1,000.00	\$ 1,000.00
INTEREST	\$ 3,000.00	\$ 3,591.45
Rx & D GRANT	\$ 4,000.00	\$ 4,000.00
<b>Awards</b>		
ASTRAZENECA	\$ 3,000.00	\$ 3,000.00
CFP STUDENT TRAVEL	\$ 10,000.00	\$ 10,000.00
CFP BEST POSTER	\$ 1,000.00	\$ 1,000.00
ROCHE	\$ 2,000.00	\$ 2,000.00
APOTEX	\$ 45,000.00	\$ 45,000.00
JANSSEN-ORTHO		\$ 1,790.00
BRISTOL-MYERS SQUIBB		\$ 2,115.10
MISCELLANEOUS	\$ 1,000.00	\$ 2,691.28
<b>Total Other Income</b>	<b>\$83,000.00</b>	<b>\$88,719.41</b>
<b>Total Income</b>	<b>\$154,549.00</b>	<b>\$156,706.41</b>

**EXPENSES**

**Meeting Expenses**

AGM Council	\$ 15,000.00	\$ 16,857.53
MID-YEAR Council	\$ 12,000.00	\$ 12,664.00
AACP AGM	\$ 2,000.00	\$ 2,103.50
AACP mid-year	\$ 2,000.00	\$ 1,616.86
CCCEP		\$ 1,453.10
ADPC & Rx & D		\$ 2,090.94
CSHP AGM		\$ 429.34
Rx & D		\$ 296.56

**Total Meeting Expenses** **\$31,000.00** **\$37,511.83**

**Operating Expenses**

Audit Services	\$ 500.00	\$ 125.00
Bank Charges	\$ 100.00	\$ 128.14
Computer Expenses	\$ 500.00	\$ 358.22
Exec. Director Honorarium	\$ 25,000.00	\$ 22,916.63
Exec. Dir. Travel Grant	\$ 3,000.00	\$ 3,000.00
Office Supplies	\$ 500.00	\$ 471.02
Photocopies	\$ 250.00	\$ 129.10
Printing	\$ 2,000.00	\$ 267.00
Postage	\$ 500.00	\$ 320.29
Courier	\$ 300.00	\$ 55.98
Telephone/Fax	\$ 2,900.00	\$ 2,435.30
Revenue Canada	\$ 30.00	\$ 1,910.97
Web Site Maintenance	\$ 2,000.00	\$ 960.00
Miscellaneous	\$ 500.00	\$ 7,277.28 *

**\$38,080.00** **\$40,354.93**

**\* Breakdown of Miscellaneous**

CSAE Membership	\$374.50
Conf. 2000 speaker gifts	\$293.23
2001 midyear travel advances	\$1,360.00
Exec. Lunch – Toronto	\$ 22.55
NSF Cheque	\$ 227.00

**Total** **\$7,277.28**

**Other Expenses**

	CCAPP	\$ 5,350.00	\$ 5,350.00
	Rx & D Grant	\$ 6,000.00	\$ 6,000.00
	CPhA Forum	\$ 300.00	\$ 72.54
	History Book Project	\$ 10,000.00	
	Human Resources Project	\$ 3,000.00	
Awards			
	AstraZeneca	\$ 3,000.00	\$ 2,627.02
	CFP Travel Grants	\$ 10,000.00	\$ 10,493.50
	CFP Poster Awards	\$ 1,000.00	\$ 1,000.00
	Roche Grad. Award	\$ 2,000.00	\$ 1,128.98
	Apotex Scholarships	\$ 45,000.00	\$ 45,000.00
	Bristol-Myers Squibb		\$ 2,115.10
	Janssen-Ortho		\$ 1,790.00
	Merck Frosst Travel		\$ 700.00
	Advance		
		<b>\$85,650.00</b>	<b>\$76,277.14</b>
	<b>TOTAL EXPENSES</b>	<b>\$154,730.00</b>	<b>\$154,143.90</b>
	<b>TOTAL INCOME - TOTAL EXPENSES</b>	<b>-\$ 181.00</b>	<b>\$ 2,562.51</b>

**AFPC BALANCE SHEET AS OF DECEMBER 31, 2000**

<b>ASSETS</b>			
CURRENT ASSETS			
Chequing Account		\$	17,267.56
Investments		\$	125,488.23
<b>TOTAL CURRENT ASSETS</b>		<b>\$</b>	<b>142,755.79</b>
<b>LIABILITIES</b>			
<b>EQUITY</b>			
Retained Earnings		\$	140,193.28
Current Earnings		\$	2,562.51
<b>TOTAL LIABILITIES AND EQUITY</b>		<b>\$</b>	<b>142,755.79</b>
	\$ 12,885.73		4.35% maturing on January 2, 2001
	\$ 25,834.04		3.85% maturing on January 3, 2001
	\$ 5,257.93		4.6% maturing on June 27, 2001
	\$ 75,153.44		5.55% maturing on October 17, 2001
	\$ 6,357.09		5.0% maturing on October 16, 2001
	\$ 125,488.23	<b>Total Investments</b>	
<b>AUDITOR'S STATEMENT</b>			
I have audited the financial records of the Association of Faculties of Pharmacy of Canada and find them to be an accurate representation of the year ending December 31, 2000			
Dated	05-Jun-01		Don Bodnar, B.Comm. CMA

**AFPC FINANCIAL STATEMENT 2000 AND  
BUDGET 2001**

INCOME	2000	2000	2001
	BUDGET	ACTUAL	BUDGET
<b>Memberships</b>			
AFFILIATE	\$ 15,000.00	\$ 16,000.00	\$ 20,000.00
FACULTY	\$ 55,799.00	\$ 51,087.00	\$ 55,799.00
ASSOCIATE	\$ 750.00	\$ 900.00	\$ 1,000.00
<b>Total Memberships</b>	<b>\$ 71,549.00</b>	<b>\$ 67,987.00</b>	<b>\$ 76,799.00</b>
<b>Other Income</b>			
ROCHE GRANT - HISTORY	\$ 5,000.00		\$ 5,000.00
ANNUAL CONF.	\$ 8,000.00	\$ 12,531.58	\$ 8,000.00
C. F. P. GRANT	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
INTEREST	\$ 3,000.00	\$ 3,591.45	\$ 4,000.00
Rx & D GRANT	\$ 4,000.00	\$ 4,000.00	\$ 4,000.00
<b>Awards</b>			
ASTRAZENECA	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
CFP STUDENT TRAVEL	\$ 10,000.00	\$ 10,000.00	\$ 10,000.00
CFP BEST POSTER	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
ROCHE	\$ 2,000.00	\$ 2,000.00	\$ 2,000.00
APOTEX	\$ 45,000.00	\$ 45,000.00	\$ 45,000.00
JANSSEN-ORTHO		\$ 1,790.00	\$ 2,000.00
BRISTOL-MYERS SQUIBB		\$ 2,115.10	\$ 2,500.00
MISCELLANEOUS	\$ 1,000.00	\$ 2,691.28	\$ 1,500.00
<b>Total Other Income</b>	<b>\$ 83,000.00</b>	<b>\$ 88,719.41</b>	<b>\$ 89,000.00</b>
<b>Total Income</b>	<b>\$ 154,549.00</b>	<b>\$ 156,706.41</b>	<b>\$ 165,799.00</b>

<b>EXPENSES</b>	<b>Budget 2000</b>	<b>Actual 2000</b>	<b>BUDGET 2001</b>
<b>Meeting Expenses</b>			
AGM Council	\$ 15,000.00	\$ 16,857.53	\$ 17,000.00
MID-YEAR Council	\$ 12,000.00	\$ 12,664.00	\$ 13,000.00
AACP AGM	\$ 2,000.00	\$ 2,103.50	\$ 4,000.00
AACP mid-year	\$ 2,000.00	\$ 1,616.86	
CCCEP		\$ 1,453.10	\$ 1,000.00
ADPC & Rx & D		\$ 2,090.94	\$ 1,000.00
CSHP AGM		\$ 429.34	
Rx & D		\$ 296.56	
<b>Total Meeting Expenses</b>	<b>\$ 31,000.00</b>	<b>\$ 37,511.83</b>	<b>\$ 36,000.00</b>
<b>Operating Expenses</b>			
Audit Services	\$ 500.00	\$ 125.00	\$ 200.00
Bank Charges	\$ 100.00	\$ 128.14	\$ 150.00
Computer Expenses	\$ 500.00	\$ 358.22	\$ 500.00
Exec. Director Honor.	\$ 25,000.00	\$ 22,916.63	\$ 25,000.00
Exec. Dir. Travel	\$ 3,000.00	\$ 3,000.00	\$ 3,000.00
Grant			
Office Supplies	\$ 500.00	\$ 471.02	\$ 500.00
Photocopies	\$ 250.00	\$ 129.10	\$ 250.00
Printing	\$ 2,000.00	\$ 267.00	\$ 2,000.00
Postage	\$ 500.00	\$ 320.29	\$ 500.00
Courier	\$ 300.00	\$ 55.98	\$ 300.00
Telephone/Fax	\$ 2,900.00	\$ 2,435.30	\$ 2,900.00
Revenue Canada	\$ 30.00	\$ 1,910.97	\$ 30.00
Web Site Mainten.	\$ 2,000.00	\$ 960.00	\$ 2,000.00
Miscellaneous	\$ 500.00	\$ 7,277.28	\$ 2,000.00
	<b>\$ 38,080.00</b>	<b>\$ 40,354.93</b>	<b>\$ 39,330.00</b>
<b>Other Expenses</b>			
CCAPP	\$ 5,350.00	\$ 5,350.00	\$ 5,885.00
Rx & D Grant	\$ 6,000.00	\$ 6,000.00	\$ 4,000.00
CPhA Forum	\$ 300.00	\$ 72.54	\$ 300.00
History Book Project	\$ 10,000.00		\$ 10,000.00
Human Resour. Proj.	\$ 3,000.00		\$ 3,000.00

\*

Awards

AstraZeneca	\$ 3,000.00	\$ 2,627.02	\$ 3,000.00
CFP Travel Grants	\$ 10,000.00	\$ 10,493.50	\$ 10,000.00
CFP Poster Awards	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00
Roche Grad. Award	\$ 2,000.00	\$ 1,128.98	\$ 2,000.00
Apotex Scholarships	\$ 45,000.00	\$ 45,000.00	\$ 45,000.00
Bristol-Myers Squibb		\$ 2,115.10	\$ 2,500.00
Janssen-Ortho		\$ 1,790.00	\$ 2,000.00
Merck Frosst Travel Advance		\$ 700.00	
	<b>\$ 85,650.00</b>	<b>\$ 76,277.14</b>	<b>\$ 88,685.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 154,730.00</b>	<b>\$ 154,143.90</b>	<b>\$ 164,015.00</b>

**2001 BUDGETED EXCESS INCOME OVER EXPENDITURES - \$ 1,784.00**