



AFPC

Association of Faculties of Pharmacy of Canada
Association des Facultés de Pharmacie du Canada

PROCEEDINGS

OF THE

**ASSOCIATION OF
FACULTIES OF
PHARMACY OF
CANADA**

**ASSOCIATION DES
FACULTÉS DE
PHARMACIE DU
CANADA**

DURING 2008

INCLUDING THE

SIXTY-FIFTH ANNUAL MEETING

HELD JOINTLY WITH AACP

JULY 19 - 22, 2008

CHICAGO, ILLINOIS

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ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

MISSION STATEMENT

To advance the interests of academic pharmacy by supporting, promoting and recognizing innovation, excellence and leadership in pharmacy education, research and scholarly activity.

Goals and Objectives:

(a) Foster advancement of academic pharmacy in Canada

- To promote excellence in pharmacy education, research and scholarly activity.
- To support members, Deans and Faculties in advancing knowledge, skills and expertise critical to pharmacy education, research and scholarly activity.
- To encourage high standards by assuming an advisory role for the development of policies, guidelines and standards used for the accreditation of pharmaceutical education programs.

(b) Stimulate and provide opportunity for the development and exchange of ideas among pharmacy educators with a view to improving curricula, teaching and learning.

- To showcase and promote innovations in pharmacy teaching and research.
- To provide members and external organizations with the ability to easily identify and access AFPC members with expertise and skills in teaching and research.

(c) Establish and maintain liaison with pharmacy and relevant educational associations, other health professions, governmental agencies, and members of the pharmaceutical industry to further the development, support, and improvement of pharmacy education, practice, and research.

- To be recognized by external organizations as the leading representative on academic pharmacy affairs in Canada.
- To be seen as “the voice” of academic pharmacy in Canada.

(d) Support and advance the interests of AFPC members.

- To secure independence through consistent, long term funding for the ongoing operations of AFPC and for special projects.
- To be valued by faculty members so as to increase their involvement in AFPC.
- To be valued by the Deans so that they look to AFPC for assistance on relevant projects and support faculty member involvement in AFPC.

Glossary For Mission Statement

For the purpose of this Mission Statement:

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

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

AFPC CONSTITUENT FACULTIES 2007 - 2008

Memorial University of Newfoundland, School of Pharmacy, St. John's NF

Linda Hensman, Director (709) 777-6571

Dalhousie University, College of Pharmacy, Halifax, NS

Rita Caldwell, Director (902) 494-2457

Université Laval, Faculté de Pharmacie, Québec, QC

Jean-Pierre Gregoire, Doyen (418) 656-5639

Université de Montréal, Faculté de Pharmacie, Montréal, QC

Pierre Moreau, Doyen (514) 343-6440

University of Toronto, Leslie Dan Faculty of Pharmacy, Toronto, ON

Wayne Hindmarsh, Dean (416) 978-2880

University of Waterloo School of Pharmacy, Waterloo, ON

Jake Thiessen, Hallman Director, (519)-888-4567

University of Manitoba, Faculty of Pharmacy, Winnipeg, MB

David Collins, Dean (204) 474-8794

University of Saskatchewan, College of Pharmacy & Nutrition, Saskatoon, SK

Dennis Gorecki, Dean (306) 966-6328

University of Alberta, Faculty of Pharmacy & Pharmaceutical Sciences, Edmonton, AB

Franco Pasutto, Dean (780) 492-2125

University of British Columbia, Faculty of Pharmaceutical Sciences, Vancouver, BC

Robert Sindelar, Dean (604) 822-2343

AFPC OFFICERS 2007 - 2008

Executive

President	Simon Albon (British Columbia)
President Elect	Roy Dobson (Saskatchewan)
Past President	Anne Marie Whelan (Dalhousie)
ADPC Representative	Rita Caldwell (Dalhousie) for Linda Hensman (Memorial)
Executive Director	Frank Abbott

Council

Ingrid Price (British Columbia)	Lalitha Raman-Wilms (Toronto)
Nese Yuksel (Alberta)	Daniel Thirion (Montréal)
Bev Allen (Saskatchewan)	Jean Lefebvre (Laval)
Payal Patel (Manitoba)	Mary MacCara (Dalhousie)
Nancy Waite (Waterloo)	John Hawboldt (Memorial)

AFPC REPRESENTATIVES TO AFFILIATE ORGANIZATIONS

Association of Deans of Pharmacy of Canada – Rita Caldwell for Linda Hensman (Memorial)
Academic Board Member, Canadian Pharmacists Assoc. – Rita Caldwell (Dalhousie)
Canadian Council for the Accreditation of Pharmacy Programs
– Sylvie Marleau (Montréal), Susan Mansour (Dalhousie)
Canadian Council for Continuing Education in Pharmacy – Yvonne Shevchuk (Saskatchewan)
Pharmacy Examining Board of Canada - Louise Mallet (Montréal) & Lavern Vercaigne (Manitoba)
Representative to United States Pharmacopeia Convention – Raimar Löbenberg (Alberta)
Representative to CPhA Human Resources Task Force – Zubin Austin (Toronto)
Representative to the Blueprint for Pharmacy Task Force – Terri Schindel (Alberta)

Committee Chairs and Other Positions

Awards Committee – Mary MacCara (Dalhousie)
Bylaws Committee – Anne Marie Whelan (Dalhousie)
Education Committee – Nancy Waite (Waterloo)
Nominations Committee – Anne Marie Whelan (Dalhousie)
Research Committee – John Hawboldt (Memorial) and Payal Patel (Manitoba)
Conference Planning Committee – Lalitha Raman-Wilms (Toronto)
Communications Committee – Simon Albon (British Columbia)
Editor, AFPC Communications – Rebecca Law (Memorial)
Pharmacy Experiential Programs Canada (PEPC) – Representative: Nancy Waite (Waterloo)
Task Force on Educational Outcomes for Entry-Level Pharm D degree – Simon Albon (British Columbia)
Strategic Planning – Roy Dobson (Saskatchewan)
Finances - Roy Dobson (Saskatchewan)
Program Evaluation Task Force – Ingrid Price (British Columbia)
Canadian Pharmacy Practice Research Group – Payal Patel (Manitoba)

RECIPIENTS OF MAJOR AFPC AWARDS

RECIPIENTS OF THE AFPC AWARD FOR EXCELLENCE IN RESEARCH

McNEIL AWARD

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

JANSSEN-ORTHO AWARD

1997	Gail Bellward, University of British Columbia
1998	Len Wiebe, University of Alberta
1999	Jack Diamond, University of British Columbia
2000	Sid Katz, University of British Columbia
2001	Jack Uetrecht, University of Toronto
2002	Thérèse Di Paolo-Chenevert, Université Laval
2003	Ed Knaus, University of Alberta
2004	John McNeill, University of British Columbia

PFIZER RESEARCH CAREER AWARD

2005	Raymond Reilly, University of Toronto
2006	Helen Burt, University of British Columbia
2007	Thomas Einarson, University of Toronto
2008	Kishor Wasan, University of British Columbia

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

1995	Cheryl Cox, University of Alberta
1996	David Fielding, University of British Columbia
1997	Kristin Janke, Dalhousie University
1998	not awarded
1999	not awarded
2000	Pat Farmer, Susan Mansour, Anne Marie Whelan, Dalhousie
2001	Zubin Austin, University of Toronto
2002	Claude Mailhot, Université de Montréal
2003	Simon Albon, University of British Columbia
2004	Jean-Louis Brazier, Université de Montréal
2005	Andrea Cameron and Lesley Lavack, University of Toronto
2006	Steve McQuarrie and John Mercer, University of Alberta
2007	Louise Mallet, Université de Montréal
2008	Not Awarded

RECIPIENTS OF THE AFPC NEW INVESTIGATOR AWARD

UPJOHN-AFPC New Investigator Award

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

ASTRA PHARMA - AFPC New Investigator Award

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

ASTRAZENECA – AFPC New Investigator Award

2000	Hu Liu, Memorial University of Newfoundland
2001	David Wishart, University of Alberta
2002	Kishor Wasan, University of British Columbia
2003	Jean-Christophe Leroux, Université de Montréal
2004	Pierre Moreau, Université de Montréal
2005	Heather Boon, University of Toronto
2006	Christine Allen, University of Toronto
2007	Zubin Austin, University of Toronto

2008

Frédéric Calon (Université Laval)

ROCHE GRADUATE STUDENT RESEARCH AWARD

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

GLAXOSMITHKLINE GRADUATE STUDENT RESEARCH AWARD

2002	Erica Rosemond, University of Toronto
2003	Huy H. Dao, Université de Montréal
2004	Thomas Chacko Pulinilkunnil, University of British Columbia
2005	Shirley Teng, University of Toronto
2006	Lichuan Liu, University of Toronto
2007	Patrick Ronaldson, University of Toronto
2008	Marie Lordkipanidzé, Université de Montréal

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

1991	Fares Attalla
1992	Canadian Foundation for Pharmacy
1993	Jean-Guy Cyr
1994	Carl Trinca
1995	Yves Chicoine
1996	Pierre Bois
1997	Jeff Poston
1998	Gerald Duncan
1999	not awarded
2000	Ginette Bernier
2001	Richard Penna
2002	not awarded
2003	not awarded
2004	not awarded
2005	Walter Masanic
2006	Not awarded
2007	Not awarded
2008	Not awarded

RECIPIENTS OF THE AFPC SPECIAL SERVICE AWARD

1992	Keith McErlane
1993	Helen Burt
1994	UBC Host Committee, 1993 AFPC Biotechnology Conference
1995	Ernst Stieb
1996	Pauline Beaulac
1997	not awarded
1998	not awarded
1999	not awarded
2000	not awarded
2001	Bernard Riedel, Ernst Stieb
2002	Wayne Hindmarsh, Jim Blackburn
2003	David Hill
2004	not awarded
2005	not awarded
2006	not awarded
2007	not awarded
2008	not awarded

AFPC HONoured LIFE MEMBERS

*A.W. Matthews, Toronto, Ont., 1946-52, 1967	* G. Myers	Edmonton, AB 1989
*G.T. Cunningham Vancouver, B.C. 1947	*J. Ryan	Halifax, NS 1989
J.G. Richard Montréal, Quebec 1957	*F. Teare	Toronto, Ontario 1990
*J.R. Kennedy Toronto, Ontario 1959	K. James	Halifax, NS 1990
*A.F. Larose Montréal, Quebec 1960	G. Duff	Halifax, NS 1991
*J.I. MacKnight Halifax, NS 1964	*A. Noujaim	Edmonton, AB 1993
*J.E. Cooke Halifax, NS 1965	*M. Mezei	Halifax, NS 1994
*R. Larose Montréal, Quebec 1965	B. Schnell	Saskatoon, Sask. 1995
*R.C. Cary Toronto, Ontario 1966	G. Nairn	Toronto, Ontario 1995
*G.L. Webster Chicago, Illinois 1969	E. Stieb	Toronto, Ontario 1995
*J. Antonin Marquis Quebec, Quebec 1969	R. Coutts	Edmonton, AB 1996
*F.N. Hughes Toronto, Ontario 1973	A. Shysh	Edmonton, AB 1996
*Mrs. I. Stauffer Toronto, Ontario 1974	J. Steele	Winnipeg, MB 1996
*H.J. Fuller Toronto, Ontario 1974	I. Abraham	Halifax, NS 1998
*L.G. Elliott Montréal, Quebec 1974	P. Beaulac	Montréal, Quebec 1998
A. Archambault Montréal, Quebec 1975	F. Chandler	Halifax, NS 1998
*J.E. Halliday Vancouver, B.C. 1978	P. Farmer	Halifax, NS 1998
*G.C. Walker Toronto, Ontario 1979	R. Tawashi	Montréal, Quebec 1998
*M.J. Huston Edmonton, AB 1979	Gilles Barbeau	Québec City, QC, 2000
*A.J. Anderson Edmonton, AB 1980	Robert Goyer	Montréal, QC, 2000
*G.R. Paterson Toronto, Ontario 1980	Ted Hawes	Saskatoon, SK, 2000
*J.R. Murray Winnipeg, MB 1981	Gaston Labrecque	Québec City, QC, 2000
*J.J. O'Mara St. John's, NF 1981	Pierre-Paul LeBlanc	Québec City, QC, 2000
J.A. Wood Saskatoon, SK 1982	Dick Moskalyk	Edmonton, AB, 2000
L.G. Chatten Edmonton, AB 1983	James Orr	Vancouver, BC, 2000
F. Morrison Vancouver, B.C. 1983	Jacques Dumas	Québec QC 2001
*S.K. Sim Toronto, Ontario 1984	John Bachynsky,	Edmonton, AB, 2002
*J.G. Jeffrey Saskatoon, SK 1984	Don Lyster,	Vancouver, BC 2002
*D.J. Stewart Toronto, Ontario 1984	John Sinclair,	Vancouver, BC 2002
*R.M. Baxter Toronto, Ontario 1985	John Templeton,	Winnipeg MB 2002
B.E. Riedel Vancouver, B.C. 1985	Frank Abbott,	Vancouver, BC 2003
P. Claveau Laval, Quebec, QC 1986	Jacques Gagne	Montréal, QC 2004
*D. Zuck Saskatoon, SK 1986	John McNeill	Vancouver, BC 2004
G.E. Hartnett Saskatoon, SK 1986	Gail Bellward	Vancouver, BC 2004
*J.L. Summers Saskatoon, SK 1986	Peter O'Brien	Toronto, ON 2004
R. Bilous Winnipeg, MB 1987	Leonard Wiebe	Edmonton, AB 2005
L. Stephens-Newsham Edmonton, AB 1987	Colin Briggs	Winnipeg, MB 2005
T.H. Brown Vancouver, B.C. 1987	Joan Marshman	Toronto, ON 2005
*A.M. Goodeve Vancouver, B.C. 1987	Jim Blackburn	Saskatoon, SK 2006
*J.O. Runikis Vancouver, B.C. 1987	Keith McErlane	Vancouver, BC 2006
R. Plourde Montréal, Quebec 1987	Ed Knaus	Edmonton, AB 2008
*J.G. Moir Vancouver, B.C. 1988	Thomas Einarson	Toronto, ON 2008

* Deceased

ANNUAL MEETINGS AND OFFICERS

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

A.F.P.C. (1970- 2006)

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

YEAR	PLACE	PAST CHAIRMAN	CHAIRMAN	VICE CHAIRMAN	SEC/TRES*	RECORDING SEC.
1974(31)	Ottawa	A.M. Goodeve	E.W. Stieb	G.E. Hartnett	R.F. Chandler	H.J. Segal/IL.I. Wiebe
1975(32)	Montréal	E.W. Stieb	G.E. Hartnett	J.W. Steele	K.W. Hindmarsh	R.M. Gentles/L. Goodeve
1976(33)	Saskatoon	G.E. Hartnett PAST PRESIDENT	J.W. Steele PRESIDENT	W.E. Alexander PRESIDENT ELECT	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
EXECUTIVE DIRECTOR						
1979(36)	Sarnia	K.W. Hindmarsh	F.W. Teare	R.E. Moskalyk	J.A. Wood****	E.M. Hawes
1980(37)	Calgary	F.W. Teare	R.E. Moskalyk	C.J.Briggs	J.A. Wood	E.M. Hawes
1981(38)	Winnipeg	R.E. Moskalyk	C.J.Briggs	M. Mezei	J.A. Wood	E.M. Hawes
1982(39)	Ottawa	C.J. Briggs	M. Mezei	J.L. Summers	J.A. Wood	K.M. McErlane
1983(40)	Montréal	M. Mezei	J.L. Summers	R. Tawashi	A.M. Goodeve	K.M. McErlane
1984(41)	Vancouver	J.L. Summers	R. Tawashi	J. Gagné	A.M. Goodeve	K.M. McErlane
1985(42)	Halifax	R. Tawashi	J. Gagné	J.Bachynsky	A.M. Goodeve	K.M. McErlane
1986(43)	Québec	J. Gagné	J.Bachynsky	K. Simons	K.M. McErlane	H.M.Burt
1987(44)	Jasper	J.Bachynsky	K. Simons	F. Chandler	K.M. McErlane	H.M.Burt
1988(45)	Saint John	K. Simons	F. Chandler	S.M. Wallace	K.M. McErlane	H.M.Burt
1989(46)	Portland	F. Chandler	S.M. Wallace	P.Beaulac	K.M. McErlane	H.M.Burt
1990(47)	Regina	S.M. Wallace	P.Beaulac	H.M.Burt	K.M. McErlane	M. Greer
1991(48)	St. John's	P.Beaulac	H.M.Burt	M. Spino	K.M. McErlane	M. Greer
1992(49)	Winnipeg	P. Beaulac	H.M. Burt	M. Greer	K. Moody	J. Louvelle
1993(50)	Vancouver	H.M. Burt	M. Greer	R. Coutts	K. Moody	J. Louvelle
1994(51)	Charlottetown	H.M. Burt	M. Greer	R. Coutts	K. Moody	J.L. Glennie
1995(52)	Montréal	M. Greer	R. Coutts	J.L. Blackburn	K. Moody	J.L. Glennie
1996(53)	Calgary	M. Greer	R. Coutts	J.L. Blackburn	K.A. Ready	C.J. Turner
1997(54)	Vancouver	R. Coutts	J.L. Blackburn	D. Perrier	K.A. Ready	C.J. Turner/K.A. Ready
1998(55)	St. John's	J. L. Blackburn	D. Perrier	C.J. Turner/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	
2002 (59)	Winnipeg	D. Fielding	A.J. Rémillard	L. Vercaigne	J.L. Blackburn	
2003 (60)	Montréal	A. J. Rémillard	L. Vercaigne	S. Mansour	J.L. Blackburn	
2004 (61)	Vancouver	L. Vercaigne	S. Mansour	S. Marleau	F. Abbott	
2005 (62)	Saskatoon	S. Mansour	S. Marleau	Z. Austin	F. Abbott	
2006 (63)	Edmonton	S. Marleau	Z. Austin	A. M. Whelan	F. Abbott	
2007 (64)	Montreal	Z. Austin	A. M. Whelan	S. Albon	F. Abbott	
2008 (65)	Chicago	A. M. Whelan	S. Albon	R. Dobson	F. Abbott	

* This office ceased to exist after the 1978 meeting.

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

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

The following pages contain an overview of

The Activities of the

**Association of Faculties of Pharmacy of
Canada**

During the Period

July 1, 2007 to June 30, 2008

PART 1.0

65TH AFPC ANNUAL CONFERENCE

**HELD
JOINTLY WITH THE AMERICAN
ASSOCIATION OF COLLEGES OF
PHARMACY
(AACP)**

CHICAGO, ILLINOIS

July 19 - 22, 2008

PRESIDENTIAL WELCOME

Dear Colleagues,

Welcome to the 2008 joint meeting of the American Association of Colleges of Pharmacy (AACP) and the Association of Faculties of Pharmacy of Canada (AFPC)! Since our Associations last met in 1985, pharmacy education and practice has experienced tremendous change. Increasingly in North America and around the world, academic pharmacy is making a difference in the lives of students, patients and health care systems. Expected to shatter last year's attendance record of 1,400 participants, we are certain that this highly-anticipated meeting will make a significant difference in your life too, as the world's best educators convene in Chicago this week ready to embark into a "Bold New World."

This joint AACP/AFPC meeting, designed to highlight the unique synergies and partnerships between the U.S. and Canada, has afforded us the opportunity to share commonalities and differences, expand our global reach and internationalization missions, and provide us with a novel look into the future of pharmacy education. With exciting programs on Interprofessional education, faculty recruitment and retention, pharmacy education assessment, and accreditation and leadership, the time is now to begin exploring the impact we will have on the future of science, education, and pharmacy practice both at home and worldwide. We congratulate the tireless efforts of our joint conference organizing committee and we encourage you to take full advantage of this rare opportunity for exploration, sharing, collaboration and celebration.

We welcome keynote speaker Jonathan Peck, president of the Institute for Alternative Futures, who will kick off the meeting at the Opening General Session, *Preparing Pharmacy for 2029*, at 8:15 a.m. on Sunday, July 20. Mr. Peck will discuss the knowledge revolution; personalized risk assessment; wisdom ethics; re-thinking health and disease; and authentic leadership for pharmacy. These insightful topics will focus on teaching today's students to solve the pharmacy and health-related problems of tomorrow.

Also, you won't want to miss the annual Science Plenary where keynote speakers Drs. Angus Deaton and Scott G. Franzblau will discuss global economics and how to apply research on public health and drug development to the needs of the world's population. This exciting event titled *Global Health: Wellness, Illness and Infectious Disease* will take place on Tuesday, July 22 at 10:00 a.m.

At this year's joint Annual Meeting, you'll be able to take advantage of a multitude of opportunities that will enhance your research, teaching and service excellence. We are certain that you will leave the events more prepared than ever for the future of pharmacy practice and education, as well as energized and excited about the prospects of shaping that future for generations to come. Welcome to your Bold New World!



Sincerely,

Cynthia L. Raehl
AACP President



Simon P. Albon
AFPC President

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Andrea J. Cameron
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University of Toronto

Nancy Waite
School of Pharmacy
University of Waterloo

AFPC PROGRAM

AFPC 2008

Overall Theme:

Education Advancing Practice

Objectives:

1. To describe and showcase pharmacy practice-related academic innovations in Canada
2. To discuss barriers and facilitators to teaching, learning and assessment
3. To identify objectives and programs in Interprofessional education that will advance practice

Format:

Three 3-hour sessions are planned, focusing on different areas:

1. Performance-Based Teaching, Learning and Assessment
2. Interprofessional Education
3. Informing the Classroom through Research

Session I

Sunday, July 20, 2008

PERFORMANCE-BASED TEACHING, LEARNING AND ASSESSMENT

1:00 p.m.–4:30 p.m.

Michigan, Level 2

Chair: Lalitha Raman-Wilms

Increasingly, pharmacy education is moving towards performance-based assessment to ensure graduates are able to apply their knowledge and skills in providing patient care. This session will address challenges and opportunities in aligning performance-based assessments with effective teaching and learning strategies within the pharmacy curriculum. An introduction to development and use of objective structured clinical examinations (OSCEs) will conclude this session.

Introduction to Conference and Session I:

Lalitha Raman-Wilms, University of Toronto

1:00 p.m.–2:00 p.m.

Challenges and Opportunities in Effectively
Implementing Performance-based Assessment
Zubin H Austin, University of Toronto

2:00 p.m.–4:30 p.m.

Overview of OSCE
OSCEology 101: How to develop and implement
OSCEs in your school
Workshop
Zubin H. Austin, University of Toronto

2:30 p.m.–3:00 p.m.

Break

Session II

Monday, July 21, 2008

INTERPROFESSIONAL EDUCATION

8:00 a.m.–11:30 a.m.

Michigan, Level 2

Chair: Andrea Cameron

Interprofessional Education is a formal and increasingly important component of curricula in health professional programs across North America. What are the key issues to be recognized and addressed as we plan, implement and evaluate interprofessional learning opportunities for our students? This session's discussion of experiences with IPE across Canada will bring these issues to light and help to solidify evidence-based approaches to incorporating collaborative competencies into our programs.

Introduction:

Andrea Cameron, University of Toronto

8:10 a.m.–9:00 a.m.

Interprofessional Education—The Stage is Set Across
Canada

Ivy Oandasan, Director of the Office of Interprofessional Education, University of
Toronto

IPE in Action—Case Examples

9:00 a.m.–9:30 a.m.

A: See it—Do it—Learn it? Teaching Interprofessional Collaboration in a Clinical Context
Ruby E. Grymonpre, University of Manitoba (IEGC Project Team)

9:30 a.m.–10:00 a.m.

Break

10:00 a.m.–10:30 a.m.

B: Interprofessional Health Education at Dalhousie University, an Evolution

Susan A. Mansour, Dalhousie University (Tri-IPAAAC/Seamless
Care Project Team)

10:30 a.m.–11:00 a.m.

**C: Implementing Interprofessional Education throughout the University of Saskatchewan
Pharmacy Program**

Roy T. Dobson, University of Saskatchewan

11:00 a.m.–11:30 a.m.

IPE Panel Discussion

Session III

Monday, July 21, 2008

INFORMING THE CLASSROOM THROUGH RESEARCH

1:30 p.m.–5:00 p.m.

Michigan, Level 2

Chair: Nancy Waite, University of Waterloo

The concept of evidence-based decision-making applies as much to our teaching as it does to our clinical practice. This session will examine the evidence behind pharmacy practice changes, patient safety initiatives, and the level of pharmacist engagement in practice research. Ideas and examples of how to best design and deliver pharmacy curricula to support the evidence will be presented.

1:30 p.m.–2:30 p.m.

Linking Pharmacy Practice Research to Education

Linda M. Strand, University of Minnesota

2:30 p.m.–3:30 p.m.

Engaging Practitioners in Practice Research: It All Starts with the Curriculum

Ross T. Tsuyuki, University of Alberta

3:30 p.m.–3:45 p.m.

Break

3:45 p.m.–5:00 p.m.

Linking Canadian Patient Safety Initiatives and Experiential Education

Neil J. MacKinnon, Dalhousie University

Annie Lee, University of Toronto, on behalf of PEP-Canada

AFPC Sponsors Gold



Silver



Bronze



Award Sponsors



AFPC 2008 AWARD WINNERS

AFPC/GLAXOSMITHKLINE GRADUATE STUDENT RESEARCH AWARD

Marie Lordkipanidzé, PhD candidate, Faculté de pharmacie, Université de Montréal



Marie Lordkipanidzé has studied pharmacy at the Université de Montréal, in Montréal, Québec. After graduating in 2004, she chose to continue her studies in Pharmaceutical Sciences, under the supervision of Chantal Pharand, PharmD, and Jean G. Diodati, MD. Her work on variability in platelet responses to antiplatelet agents has led to several publications on the phenomenon of aspirin resistance. Her thesis on the subject was selected among the best 5 percentiles of Master's theses at the Université de Montréal in 2006. Marie Lordkipanidzé currently pursues her PhD training at the Université de Montréal and continues to investigate the efficacy of antiplatelet drugs in human diseases.

Abstract: A comparison of six major platelet function tests to determine the prevalence of aspirin resistance in patients with stable coronary artery disease (European Heart Journal, (2007) 28, 1702–1708)

Acetylsalicylic acid, or aspirin, is widely used in patients with cardiovascular disease to prevent acute ischemic events. However, platelet response to aspirin is variable, introducing the possibility of aspirin resistance. Several tests can be used to monitor the antiplatelet effect of aspirin. Their unstandardized use in the literature has yielded prevalences of aspirin resistance varying from 0.4 to 83.3%. This clinical study was designed to evaluate the prevalence of aspirin resistance, in patients with stable coronary artery disease from an established outpatient cardiology clinic, and to compare results obtained with widely available platelet function tests. Two hundred and one subjects suffering from stable coronary artery disease requiring daily aspirin therapy were enrolled in this study. Platelet aggregation was assessed using the 6 most commonly used platelet function assays in the literature. With the current gold standard in platelet function testing, aspirin resistance was rare, affecting 4% of patients. However, testing with other platelet function assays yielded highly discordant results, with up to 60% of patients identified as resistant to the antiplatelet effect of aspirin. Agreement between assays to select aspirin resistant patients was notably low.

Aspirin resistance remains a rare phenomenon, with a prevalence of 4% in stable coronary artery disease patients when measured with the current gold standard. Platelet function tests are not equally effective in measuring aspirin's antiplatelet effect and correlate poorly with the current gold standard, which may explain the discrepancies reported in the literature. Given the low agreement between various platelet function tests, their clinical usefulness to appropriately detect aspirin resistant patients remains uncertain. Further research is warranted to better understand the platelet activation pathways involved in platelet response to aspirin, in order to allow specific targeting with various platelet function assays and to determine the threshold to be used to best predict clinical outcomes.

AFPC-ASTRAZENECA NEW INVESTIGATOR RESEARCH AWARD

Frédéric Calon, BSc, BPharm, Ph.D

Associate Professor, Faculté de pharmacie, Université Laval, Québec



Dr Calon has been trained as a pharmacist at the Faculté de pharmacie de l'Université Laval where he graduated in 1998. Working as a part-time pharmacist, he pursued his graduate studies in the laboratory of Dr. Paul Bédard and Dr. Thérèse Di Paolo in Quebec City, with a studentship from the Canadian Institutes of Health Research and Novartis. His scientific contribution helped understand the neurochemical basis of levodopa-induced dyskinesia and was recognized by the Gold Medal from the Governor General of Canada for his PhD thesis that he defended in 2001. Supported by a prestigious Senior Research Fellowship from the Canadian Institutes of Health Research, he first went to the laboratory of Dr. Bill Pardridge at UCLA to learn the latest brain drug delivery techniques. Frédéric extended his expertise on Alzheimer's disease by joining the

research team of Dr. Greg Cole at UCLA, where they made high-impact discoveries on the role of omega-3 fatty acids in neurodegenerative diseases. Dr Calon was recruited at Université Laval in July 2003 and he was promoted to Associate Professor in 2007. He attracted a significant amount of external funding to lead research projects on Alzheimer's disease, Parkinson's disease, essential tremor and on the delivery of drugs through the blood-brain barrier. With his team of graduate student and research professionals, his ultimate goal is to develop new therapeutic approaches to alter the progression of these brain diseases. In collaboration with Dr Francesca Cicchetti, he recently published on the beneficial effects of omega-3 fatty acids in an animal model of Parkinson's disease.

Abstract: Improving the pharmaceutical care of neurodegenerative diseases through basic research – a few examples of a long-term endeavor

Part 1- Levodopa-induced dyskinesias (1994-2001): Levodopa-induced motor complications are considerably limiting the efficacy of pharmaceutical care of Parkinson's disease. Our research endeavors using a non-human primate model of Parkinsonism and using brain tissue from patients have helped identify important molecular correlates of levodopa-induced motor complications. In addition, the results of our pharmacodynamic/kinetic investigations brought strong arguments for the prescription of long-acting dopamine agonists to newly diagnosed Parkinson's disease patients, while delaying the introduction of levodopa. Part 2- The brain-blood barrier and CNS drug development (2001-2008): CNS diseases are the leading causes of disability in Canada: However, the development of new CNS drugs is critically impaired by the presence of the brain-blood barrier, which blocks the capacity of most drug molecules to reach their target sites in the brain. Our research team is currently working to develop innovative non-invasive methodologies to circumvent the brain-blood barrier and ferry drugs into the brain using endogenous transcytosis systems. Part 3- Omega-3 fatty acids in neurodegenerative diseases (2001-2008): In the last years, we have generated data showing that omega-3 polyunsaturated fatty acids exert neuroprotective actions in animal models of Parkinson's and Alzheimer's disease. Various mechanisms including reduction of oxidative damage and activation of cellular pathways were proposed. Together with epidemiological data, these results point out the necessity to undergo clinical trials with omega-3 polyunsaturated fatty acids in neurodegenerative diseases.

AFPC-Pfizer Research Career Award

Kishor M. Wasan, B.Sc. (Pharmacy), Ph.D.

Professor, Faculty of Pharmaceutical Sciences, University of British Columbia



Dr. Kishor M. Wasan is a Distinguished University Scholar Professor & Chair of Pharmaceutics at the University of British Columbia in Vancouver, BC, Canada. In the 13 years that Dr. Wasan has been an independent researcher at UBC, he has published over 160 peer-reviewed articles and 190 abstracts in the area of lipid-based drug delivery and lipoprotein-drug interactions. His work was recently highlighted in the January 2008 Issue of Nature Reviews, Drug Discovery. Dr. Wasan was one of the recipients of the 1993 American Association of Pharmaceutical Scientists (AAPS) Graduate Student Awards for Excellence in Graduate Research in Drug Delivery, the 2001 AAPS New Investigator Award/Grant in Pharmaceutics and Pharmaceutics Technologies, the 2002 Association of Faculties of Pharmacy of Canada New

Investigator Research Award and recently was named an AAPS fellow in 2006. In addition, Dr. Wasan was awarded a Canadian Institutes of Health Research University-Industry Research Chair in Pharmaceutical Development (2003-2008), was named a University Distinguished Scholar in April 2004 and received the 2007 AAPS Award for Outstanding Research in Lipid-Based Drug Delivery. Currently Dr. Wasan's research is supported by several grants from The Canadian Institutes of Health Research, several pharmaceutical companies and the National Cancer Institute of Canada-Clinical Trials Group.

Abstract: Development and Evaluation of a Novel Oral Amphotericin B Formulation for the Treatment of Systemic Fungal Infections and Drug-Resistant Visceral Leishmaniasis (VL)

Our laboratory has made significant strides toward the development of a lipid-based amphotericin B formulation for oral administration. Initial data from both cell lines and *in vivo* research indicate that it is highly efficacious and exhibits low toxicity within the dosage range required in treating diseases such as systemic fungal infections and leishmaniasis. Each year in the Indian subcontinent alone, over 500,000 individuals play host to *Leishmania donovani*, an insidious parasite that invades macrophages, rapidly infiltrates the vital organs and ultimately leads to severe infection of the visceral reticuloendothelial system. Visceral leishmaniasis, also known as Kala-azar, is most prevalent in the weak and the young within a population. Left untreated, almost all infected individuals will die. The therapeutic arsenal against *Leishmania* is limited to a small number of parenterally administered agents, with daily injections of pentavalent antimony compound for 28 days being the usual course of action. Due to increasing resistance, antimonial drugs can no longer be used in many areas, including northeastern India where the incidence of Kala-azar is highest. Amphotericin B is the current secondary treatment of choice against leishmaniasis and has a 97% cure rate with no reported resistance. However, therapy with the first-generation formulation (Fungizone®) involves IV administration over a period of 30 to 40 days and is associated with infusion and drug-related side-effects (infection of the indwelling catheter, patient chills and shaking due to RBC haemolysis, dose-dependent renal toxicity, fever, bone pain, thrombophlebitis). Although lipid-based second-generation formulations exist (Abelcet® and AmBisome®), which require a shorter course of therapy (3-5 days), are highly effective and exhibit lower toxicity when compared to Fungizone®, the cost of these formulations is a barrier to widespread use. Due to the difficult route of drug administration, toxicity issues and cost, amphotericin B is failing to reach the infected population and mortality rates continue to rise. The development of an inexpensive, safe and effective oral treatment is paramount in order to address both early and late stages of this deadly disease and drug-resistant forms of VL. This talk will highlight our current findings and future goals.

2008 Awards Banquet Program



**Association of Faculties of Pharmacy of Canada
Association des Facultés de Pharmacie du Canada**

Awards Banquet



Sheraton Chicago Hotel & Towers

Sunday July 20, 2008

4:30-6:30 pm Exhibit Hall Opening and Reception

6:45 pm Sheraton Ballroom I, Level 4 – Welcome Lalitha Raman-Wilms

7:00 pm Buffet Dinner with Wine

7:45 pm Master of Ceremonies: Awards Chair, Mary MacCara

Award Recipient Lectures and Presentation of Awards

9:15 pm: **AFPC National Pharmacy Student Research Poster Award Winners for 2008:** *Introductions by AFPC Awards Chair Mary MacCara – group photo – presentation of best poster awards*

9:30 pm **Wal-Mart Canada/AFPC Future Academic Leader Award Recipients for 2008:** *Introductions by AFPC Awards Chair Mary MacCara – group photo with Vijay Akileswaran, Pharmacy Services Manager, Wal-Mart Canada*

9:40 pm **Presentation of Honorary Membership Awards**

9:45 pm **Presentation of the AFPC Gavel to Incoming President, Roy Dobson and Incoming President's Remarks**

Bristol-Myers Squibb Past President's Award to Simon Albon *Presented by Executive Director Frank Abbott on behalf of Bristol-Myers Squibb Canada*

9:50 pm **AFPC Conference 2009 presentation:** *Anne Marie Whelan, Dalhousie University*

10:00 pm **Closing remarks by Conference Chair:** *Lalitha Raman-Wilms, University of Toronto*

Photos of the award winners taken during the banquet can be found at:

<http://afpc.info/photos.php?SectionID=6&GalleryID=16>

AWARD RECIPIENT LECTURES AND PRESENTATION OF AWARDS

AFPC/GlaxoSmithKline Graduate Student Research Award

Marie Lordkipanidzé, PhD candidate, Faculté de pharmacie, Université de Montréal: Award winning publication: **A comparison of six major platelet function tests to determine the prevalence of aspirin resistance in patients with stable coronary artery disease** (European Heart Journal, (2007) 28, 1702–1708)

Award to be presented by *Rav Kumar, Vice President, Pharmaceutical Development/Regulatory Affairs, GlaxoSmithKline Canada Inc.*

AFPC/AstraZeneca New Investigator Research Award

Frédéric Calon, BSc, BPharm, Ph.D., Associate Professor, Faculté de pharmacie, Université Laval, Québec. **Improving the pharmaceutical care of neurodegenerative diseases through basic research – a few examples of a long - term endeavor.**

Award to be presented by *Pierre Vézina, Regional Pharmacy Marketing Manager, AstraZeneca Canada Inc.*

AFPC/Pfizer Research Career Award

Kishor M. Wasan, B.Sc. (Pharmacy), Ph.D., Professor, Faculty of Pharmaceutical Sciences, University of British Columbia. **Development and Evaluation of a Novel Oral Amphotericin B Formulation for the Treatment of Systemic Fungal Infections and Drug - Resistant Visceral Leishmaniasis (VL)**

Award presented by *AFPC President Simon Albon on behalf of Pfizer*

**WAL - MART CANADA/AFPC FUTURE ACADEMIC LEADER AWARD
RECIPIENTS FOR 2008**



Jennifer Beales, MSc., University of Toronto

Jennifer is currently a PhD student in Social Administrative Pharmacy under the supervision of Zubin Austin at the University of Toronto. Her supervisor describes her research as exemplary and she has a passion for teaching.



Kelly Anne Grindrod, Pharm D, University of British Columbia

Kelly is engaged in a joint post doctoral fellow – MSc. degree program under the supervision of Drs. Carlo Marra and Larry Lynd at UBC. Her research deals with preferences by pharmacists for different aspects of potential remuneration systems and the provision of clinical pharmacy services in the community setting.



Stephanie Lucas, Undergraduate Student, Dalhousie University

Stephanie has worked as a research assistant in the laboratory of David Jakeman at Dalhousie University. She has won several awards for her research including the AFPC Pharmacy Student Research Poster Award from Dalhousie University and AFPC Best Overall Poster Award in 2007. It is this experience that has led her to take an interest in academic pharmacy.



Cynthia Lui, Undergraduate Student, University of Manitoba

Cynthia, now in fourth year, has been an extremely active and professionally engaged student and now wishes to examine if a career in academic pharmacy might be her career goal. Her mentor and current undergraduate research supervisor, Dr. Payal Patel describes Cynthia as an organized, independent and creative student.



Véronique Michaud, Université de Montréal

Véronique is a PhD student in the Faculté de pharmacie, Université de Montréal working under the supervision of professor Jacques Turgeon. She has a baccalaureate degree in pharmacy from Université Laval and is working in the research area of the pharmacogenetics of drug metabolism.

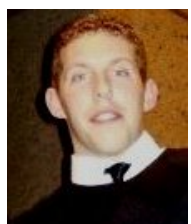
AFPC NATIONAL PHARMACY STUDENT RESEARCH POSTER AWARD RECIPIENTS FOR 2008



Mélanie Bousquet, Université Laval:

Supervisor: Frédéric Calon

“Beneficial effects of dietary omega - 3 polyunsaturated fatty acids in an animal model of Parkinson’s disease”



J R Colin Enman, Dalhousie University:

Supervisor: Harriet K.A. Davies

“Designing web - based interactive modules to instruct pharmacy adjunct faculty how to use Dalhousie Libraries’ electronic resources”



Danny L. Costantini, University of Toronto:

Supervisor: Raymond Reilly

“Trastuzumab resistant breast cancer cells remain sensitive to the Auger electron - emitting radiotherapeutic agent ^{111}In - NLS - trastuzumab and are radiosensitized by methotrexate”



Daryl Fediuk, University of Manitoba:

Supervisor: Xiaochen Gu

“Tissue Deposition of Repellent DEET and Sunscreen Oxybenzone in Rats”



Sherif Hanafy Mahmoud, University of Alberta:

Supervisor: Fakhreddin Jamali

“Drug - disease Interaction: Reduced Verapamil Response in Isoproterenol - induced Myocardial Infarction Rat Model”



Vincent Nichols, Université de Montréal:

Supervisor: Jean - François Bussières

“Project ORANGE: a qualitative study to understand physicians’ and pharmacists’ lack of participation in pharmacovigilance”



Manhar Powar, University of British Columbia:
Supervisor: Adil Virani
“Pattern of Use of Meropenem in Acute Care Setting”



Mohamed A. Shaker, Memorial University of Newfoundland:
Supervisor: Husam M. Younes
“Synthesis and Characterization of Poly (diol - tricarballlylate) Photocrosslinked Biodegradable Elastomers”



Tara M. Smith, University of Saskatchewan:
Supervisor: Adil Nazarali
“Loss of Hoxa2 Gene Expression Results in Cleft Palate in Mice via Altered Downstream Signaling Pathways”

**MERCK FROSST CANADA POSTGRADUATE PHARMACY FELLOWSHIP AWARD FOR
2008**



Antonia Tsallas, MSc Student, University of British Columbia

Graduate Supervisor, Helen Burt.

AFPC FACULTIES TEACHERS OF THE YEAR – 2008

Zubin Austin, University of Toronto
Lisa Bishop, Memorial University of Newfoundland
Jean - Francois Bussieres, University of Montreal
Kerry D Mansell, University of Saskatchewan
Paul Poirier, Laval University
Wayne Riggs, University of British Columbia
Scot Simpson, University of Alberta
Lavern Vercaigne, University of Manitoba
Peter Zed, Dalhousie University

**AFPC 2008 SPEAKER
PROFILES AND
ABSTRACTS**

PERFORMANCE BASED TEACHING, LEARNING AND ASSESSMENT

Zubin Austin, BScPhm, MBA, MSc, PhD



Zubin Austin is Associate Professor and OCP Professor in Pharmacy at the Leslie Dan Faculty of Pharmacy, University of Toronto. His research interests include education and professional development in the health professions. He has published over 50 peer reviewed papers, and has received the Association of Faculties of Pharmacy of Canada Astra Zeneca Young Researcher Award, and the American Association of Colleges of Pharmacy Lyman Award for outstanding article published in the American Journal of Pharmaceutical Education. Current research interests include assessment of performance based teaching methods. He is also an award winning lecturer, having received the Government of Ontario's Leadership in Faculty Teaching Award, the University of Toronto's President's Teaching Award, the Association of Faculties of Pharmacy of Canada's

Excellence in Pharmacy Education Award, and being named Professor of the Year on eight separate occasions by students.

Abstract: OSCEology 101: How to develop and implement OSCEs in your school.

Objective Structured Clinical Examinations (OSCEs) are a performance-based method of clinical skills evaluations. Used extensively in medicine and other professions, OSCEs are becoming more commonly used in pharmacy education, entry-to-practice certification, and maintenance of competency assessment. Upon completion of this workshop participants will be able to:

- a) describe the advantages and disadvantages of OSCEs and performance based assessment of clinical skills in pharmacy
- b) describe a systematic approach to development of OSCE stations
- c) develop a blueprint to guide station development within an OSCE
- d) identify appropriate applications of OSCEs and performance based assessments within pharmacy education

INTERPROFESSIONAL EDUCATION – THE STAGE IS SET ACROSS CANADA

Ivy Felicidad Oandasan, MD MHSc CCFP, FCFP, Department of Family and Community Medicine, University of Toronto



Ivy Oandasan is an Associate Professor and Research Scholar with the Department of Family and Community Medicine at the University of Toronto. She was the project lead for the Literature Review and Environmental Scan for Health Canada's Interprofessional Education for Collaborative Patient Centred Practice Initiative in 2004 and a literature review on Effective Teamwork for the Canadian Health Sciences Research Foundation in 2005. She has conducted a number of educational research projects related to the development of Interprofessional Education curricula and faculty development. Currently Dr. Oandasan is a Principal Investigator on the Health Canada 'Structuring Communication Relationships for Inter-Professional Teamwork to Achieve Inter-Professional Education for Collaborative Patient Centred Practice' (S.C.R.I.P.T.) Programme at the University of Toronto.

In January of 2006 she was named Director of the Office of Interprofessional Education at the University of Toronto, the first of its kind at the University. In the last year she was instrumental in garnering over \$ 4 million of funding to build a foundation for Interprofessional Education at the University of Toronto and the Toronto Academic Health Sciences Network.

In October 2007 she was named the provincial co-lead for the HealthForceOntario Strategy's Interprofessional Care Project - advancing a Blueprint for Action for Interprofessional Care.

Dr. Oandasan speaks widely on Interprofessional Education and Collaborative Patient Centred Practice across Canada. She grounds her knowledge and practice of this area through her work as a clinician, educator, researcher and administrator.

INTERPROFESSIONAL EDUCATION IN ACTION – CASE EXAMPLES

Ruby Grymonpre, Pharm D, Faculty of Pharmacy, University of Manitoba.



Dr. Ruby Grymonpre is a professor at the Faculty of Pharmacy who also holds cross-appointments with the Sections of Geriatric Medicine and Clinical Pharmacology, Faculty of Medicine, University of Manitoba. She is a Research Affiliate with the Centre on Aging, University of Manitoba and the Riverview Health Centre.

Dr. Grymonpre's area of expertise is 'Geriatric Pharmacy'. She served as a primary panelist for the Canadian Cardiovascular Society Consensus Conference on Heart Disease and the Elderly. She continues to author a chapter entitled: *Urinary Incontinence in Adults* for the text, *Therapeutic Choices*, (4th & 5th

editions) and a chapter entitled: *Primary Prevention of Cardiovascular Events in Older Individuals* for the text, *Geriatric Issues for Cardiologists*. For over 10 years she has been a member of the Editorial Advisory Panel for the CPS and co-authored a monograph in the 'lilac pages' of the CPS entitled "Drugs and Older Individuals".

Ruby has an active program of research. Most recently she received a \$1.1 million grant from Health Canada entitled: "Interprofessional Education in Geriatric Care". She is a co-investigator to a CIHR funded New Emerging Team grant entitled "Rural Health and Aging" and a second CIHR grant looking at medication adherence in older adults.

Ruby has received numerous awards and distinctions. Most recently she was recognized by her peers as the Manitoba Pharmacists' Association: 2007 Pharmacist of the Year; in 2005 she was appointed to the Board of Fellows of the Canadian Society of Hospital Pharmacists; and in 2001 she received the Manitoba Pharmacists' Association: Centennial Award.

Abstract: See it – Do it – Learn it? Teaching Interprofessional Collaboration in a Clinical Context

The Interprofessional Education in Geriatric Care program (IEGC) created an IPE learning opportunity for advanced level students which occurred in three geriatric day hospital settings where collaborative patient centred care was the standard of practice. The IEGC was grounded in experiential learning and behaviour modeling designs; students from five disciplines (medicine, pharmacy, occupational therapy, nursing, physical therapy) participated in 15 hours of educational activities specific to competencies of interprofessional teaming (disciplinary articulation, communication, conflict management, flexibility, leadership, team dynamics, goal setting).

In addition to traditional observation of clinical preceptors by students, the IEGC incorporated nontraditional interactive learning activities. Clinicians participated in facilitating the collaborative learning environment, role modeling and providing feedback to students. Student learners actively engaged in the day hospital, conducting assessments and creating "student team" care plans for clients. An iterative approach to designing the educational strategies and materials allowed researchers to refine the program meeting the stated needs of student learners and clinical contexts. A mixed method design captured the experiences and perspectives of participants (students, faculty, preceptors, administrators and clients) regarding IEGC educational content, process and experience, including process evaluations, measuring changes in knowledge, skills and attitudes of participants. Study data, including researcher learnings regarding implementation will be presented.

INTERPROFESSIONAL EDUCATION IN ACTION – CASE EXAMPLES

Susan Mansour, . BSc (Pharm), MBA, College of Pharmacy, Dalhousie University



Susan Mansour is an Assistant Professor and Associate Director of Undergraduate Education at the College of Pharmacy, Dalhousie University, Halifax, Nova Scotia, Canada. She holds a Bachelor of Science in Pharmacy and a Masters in Business Administration. Prior to joining the College of Pharmacy in 1992, she practiced as a community pharmacist and pharmacy manager, and then served as Pharmacy Coordinator for a division of Loblaw's. Professor Mansour became involved in interprofessional learning at Dalhousie in the mid-90s by including her class in an interprofessional learning workshop with nursing and nutrition students. Since 1999 Professor Mansour served as a member, executive member and chair of the Dalhousie Tri-faculty Interprofessional Academic Advisory Committee of the Faculties of Dentistry, Health Professions and Medicine (Tri-IPAAC). She has facilitated many interprofessional learning workshops and participated in workshop development. Professor Mansour was a co-investigator on the Health Canada funded research project "Seamless Care: An Interprofessional Education Project for Innovative Team-based Transition Care". Professor Mansour is currently serving as Co-chair of the interprofessional Collaborating Across Borders II conference to be held in Halifax from May 20th to 22nd, 2009. Professor Mansour teaches in the area of pharmacotherapeutics, primarily in the area of dermatology and ophthalmic conditions. She has been the recipient of several teaching excellence and curricular design awards at the College, Faculty, University and national level. In addition to her position at the College of Pharmacy, Professor Mansour practices part-time in a community pharmacy. Her work in the community reinforces her belief in the importance of interprofessional activity in today's health care environment.

Abstract: Interprofessional Health Education at Dalhousie University, an evolution.

Dalhousie University began interprofessional health education as early as the 1970s. Since 1997 students in 22 health professions programs in 3 faculties have participated in 5 mandatory small group learning interprofessional modules over the duration of their respective academic programs. Goals included increased knowledge of the roles of various health professionals, and learning to work together to solve problems. Program evaluation focused on student and facilitator feedback and led to annual changes in the modules. Interprofessional learning was expanded in the 2005/2006 and 2006/2007 academic years when an interprofessional elective was piloted in the final year practice setting for students from dentistry, dental hygiene, medicine, nursing and pharmacy. This "Seamless Care" project focused on assisting patients transitioning from an acute care setting to a home or extended care setting. Students worked together with integrative and discipline specific preceptors. The project was patient centred and used a novel tool to assist patients in identifying their needs and to evaluate the impact of the student intervention. Preliminary findings show positive changes in student attitude and self-efficacy for interprofessional teamwork. Qualitative findings highlight the importance of experiential learning with actual patients. In 2007 and 2008 additional interprofessional learning activities have evolved.

INTERPROFESSIONAL EDUCATION IN ACTION – CASE EXAMPLES

Roy T Dobson, B.Sc.Pharm., M.B.A., Ph.D.(Sask.)



Roy Dobson is an Associate Professor of Pharmacy Administration in the College of Pharmacy and Nutrition, University of Saskatchewan. Dr. Dobson holds a Bachelor of Science in Pharmacy from Dalhousie University (1982), and a Master of Business Administration (1997) and a Doctor of Philosophy in Interdisciplinary Studies (2002) from the University of Saskatchewan. Dr. Dobson's teaching responsibilities include an introduction to the Canadian health care system, health promotion, pharmacy management, pharmacoeconomics, pharmacoepidemiology, and pharmaceutical policy. Dr. Dobson's research interests include health human resources management and development, interprofessional education, drug utilization, quality improvement, and international health. Current research projects include quality management and

improvement in the Saskatoon Health Region (CIHR funded), interprofessional education (Health Canada), and the evolution of the role of pharmacy in emerging developed countries. In addition to his teaching and scholarly activities, Dr. Dobson is the Managing Director of the MERCURi Group, an interdisciplinary health services research group centred at the University of Saskatchewan. Dr. Dobson serves as a member of the Formulary Committee of Saskatchewan Health and is a Member of the Board of Saskatchewan Blue Cross. Dr. Dobson is the President-elect of the Association of Faculties of Pharmacy of Canada.

Abstract: Implementing Interprofessional Education throughout the University of Saskatchewan Pharmacy Program

Prior to 2003, there were no formal interprofessional education opportunities for pharmacy students at the University of Saskatchewan. Today, our students work with and learn from the students and faculty of various health professions in each year of the pharmacy program.

First-year pharmacy students working with community-based organizations as part of their service learning partner with first year medical students. The program is evaluated using mixed qualitative methods. Pharmacy students also participate in problem-based learning (PBL) in second year (Aboriginal Health), third year (Palliative Care) and fourth year (HIV/AIDS) with as many as six other professions (medicine, nursing, physical therapy, nutrition, social work and clinical psychology). Each module includes six hours of direct contact with the other professions. Evaluation includes student satisfaction, self-assessment of learning, and a written pre/post test of learning.

Third year students participate in a cardiac assessment lab with nutrition students, and in a quality improvement (QI) project with nursing, nutrition and physical therapy students. Evaluation of the QI project includes a pre/post survey of attitudes toward teams and interprofessional practice, as well as student assessment of the experience. Fourth-year pharmacy students work in teams with nutrition and physical therapy students in an Osteoporotic Fractures lab. The teams also meet in a follow-up tutorial to evaluate their patient care plan as well as the plan of another team.

Support for IPE is strong among students and faculty, and new content continues to be developed. Scheduling and faculty resources are major challenges as we work toward sustainability for these initiatives.

Co-authors: Jane Cassidy and BE (Bev) Allen, College of Pharmacy and Nutrition, University of Saskatchewan

INFORMING THE CLASSROOM THROUGH RESEARCH

Linda M. Strand, Pharm D., PhD, Professor, Department of Pharmaceutical Care & Health Systems, College of Pharmacy, University of Minnesota



Dr. Strand is a pharmacist and an educator. She received her Bachelor of Science Degree, Doctor of Pharmacy Degree, and Doctor of Philosophy Degree in Pharmacy Administration from the University of Minnesota. In 2001, Dr. Strand was presented an honorary Doctor of Science Degree from Robert Gordon University in Aberdeen, Scotland. Dr. Strand held faculty positions in the colleges of pharmacy at the University of Utah, the University of Florida and the University of Minnesota. Throughout her career she practiced in community, hospital, and clinical pharmacy settings. Dr. Strand began working with the ideas that eventually became the practice of pharmaceutical care in 1978. She has worked extensively with Dr. Bob Cipolle and Dr. Peter Morley for the past 30 years. In 1990 her work was integrated with the work of Dr. Charles D. Hepler in the

landmark paper entitled “Opportunities and Responsibilities in Pharmaceutical Care.” Dr. Strand received the Remington Medal in 1997 from the American Pharmacists Association. This medal is the highest recognition given to an individual working in the profession of pharmacy. Dr. Strand presently holds the position of Distinguished Professor in the College of Pharmacy at the University of Minnesota in Minneapolis, Minnesota. She teaches at the professional and graduate levels. Her recent research involves understanding the patient’s medication experience.

Abstract: Linking Pharmacy Practice Research to Education

Data from practice will be used to demonstrate the need for change in pharmacy education. The content and methods of teaching will be critiqued in the context of these data. In addition, the criteria necessary to appropriately position pharmacy education for future change will be highlighted. The need to focus on realities in the marketplace will be the theme that links pharmacy education to pharmacy practice research in this presentation and in the future.

This presentation will establish the need for change in pharmacy education in order to accommodate the change that is occurring in pharmacy practice. The parameters of the necessary change will be presented to establish an argument for new and different pharmacy practice research. The relationships between pharmacy education and pharmacy practice research will also be critically examined in order to define the most relevant data from practice to inform the changes in pharmacy education.

This presentation will focus on the pragmatic issues involved in preparing patient care practitioners, identifying drug therapy problems, contributing uniquely to the care of the patient, providing a cost effective practice, and existing long enough as a profession to demonstrate all of this.

INFORMING THE CLASSROOM THROUGH RESEARCH

Ross T. Tsuyuki, BSc(Pharm), PharmD, MSc, FCSHP, FACC

Professor of Medicine (Cardiology) and Director, EPICORE Centre/COMPRIS, Faculty of Medicine and Dentistry, Professor and Merck Frosst Chair in Patient Health Management, Faculty of Pharmacy and Pharmaceutical Sciences, University of Alberta



Dr. Ross Tsuyuki was born and raised in Vancouver, B.C. His training includes a B.Sc.(Pharm.) from the University of British Columbia, a residency at St. Paul's Hospital in Vancouver, a Doctor of Pharmacy (Pharm D) from the State University of New York at Buffalo, a postdoctoral fellowship in the Division of Cardiology at McMaster University, Hamilton, Ontario, and a MSc in Health Research Methods from McMaster University. Past positions include being a staff pharmacist at St. Paul's Hospital, Assistant Professor, Faculty of Pharmaceutical Sciences, University of British Columbia and clinical pharmacist in the Coronary Care Unit at the Royal Columbian Hospital, New Westminster, B.C.

Dr. Tsuyuki is currently Professor of Medicine (Cardiology) and the Director of the Epidemiology Coordinating and Research (EPICORE) Centre, a health research coordinating centre (www.epicore.ualberta.ca) and the Centre for Community Pharmacy Research and Interdisciplinary Strategies (COMPRIS). He is also a Professor and Merck Frosst Chair in Patient Health Management in the Faculty of Pharmacy and Pharmaceutical Sciences and an Adjunct Professor in the School of Public Health, all at the University of Alberta. Dr. Tsuyuki has received several awards for teaching, as well as appointment as a Fellow of the Canadian Society of Hospital Pharmacists and the American College of Cardiology. In 2005 he was recognized as the Canadian Pharmacist of the Year by the Canadian Pharmacists Association. His interests include: improving the care of patients with heart failure, prevention of cardiovascular disease, pharmacy practice research, provision of support for other researchers and training the next generation of health researchers.

Abstract: Engaging Practitioners in Practice Research: It all starts with the Curriculum.

Practice research is important because it helps generate the evidence for patient-centred care by pharmacists. But fully engaging practitioners with this new paradigm of care has been slow and incomplete. This is likely due to many factors, however how we prepare our students has an important influence. In this presentation, I will discuss a number of ways we can help prepare our students to embrace practice change.

In addition, recognizing the potential power of students to drive practice change in a hot job market, we have developed a student interview handbook and guide which assists students in negotiating support from potential employers for patient-centred care (see www.epicore.ualberta.ca/compris/PharmacyGuide.html).

INFORMING THE CLASSROOM THROUGH RESEARCH

Neil J. MacKinnon, BSc (Pharm), MSc (Pharm), PhD, FCSHP



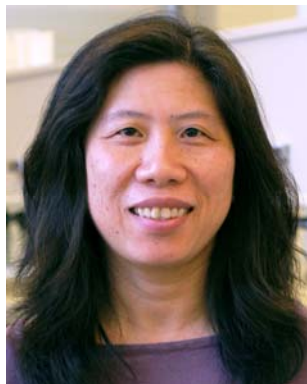
Dr. Neil MacKinnon is Associate Professor and Associate Director for Research at the Dalhousie University College of Pharmacy in Halifax, Nova Scotia, Canada. Neil is also cross-appointed to the Department of Community Health and Epidemiology, Faculty of Medicine, and to the School of Health Services Administration, Faculty of Health Professions. Neil received his B.Sc. Pharmacy degree from Dalhousie. He then completed a M.Sc. in Hospital Pharmacy degree and an Advanced Administrative Residency at the University of Wisconsin Hospital. Following that, he completed a Ph.D. in Pharmacy Health Care Administration at the University of Florida and a Research Fellowship with "the father of pharmaceutical care", Dr. Charles D. Hepler. In 2007, Neil was named one of 13 individuals worldwide as a recipient of the Commonwealth Fund's mid-career Harkness fellowship in international health policy. Neil has authored over 70 papers in the pharmacy and medical literature and he has given over 130 presentations to pharmacists, other health professions, and researchers. Neil has an active research program that focuses on improving the safety and quality of the medication-use system. In 2006, Neil was named a Fellow of the Canadian Society of Hospital Pharmacists. Neil has edited two books published by the Canadian Pharmacists Association, "Seamless Care" and "Safe and Effective" and he is currently writing a new book with a family physician for patients.

Abstract: Linking Canadian Patient Safety Initiatives and Experiential Education

The key drivers for making patient safety a priority within the pharmacy undergraduate curriculum will be reviewed. These drivers include mounting evidence on the lack of safety in the medication-use system, changing hospital accreditation standards, and national and international patient safety campaigns. In Canada, the other initiative influencing the education of all health professionals is the new document, Educational Competencies for Patient Safety by the Canadian Patient Safety Institute/Royal College of Physicians and Surgeons. The presenters will discuss, in very practical terms, how these drivers have influenced how the concepts of patient safety are taught to pharmacy students. Examples of how patient safety is incorporated into experiential education across Canadian schools of pharmacy will be highlighted.

INFORMING THE CLASSROOM THROUGH RESEARCH

Annie Lee, B.Sc.Pharm., M.Sc.(T), Lecturer, Leslie Dan Faculty of Pharmacy, University of Toronto, Canada



Annie Lee received her B.Sc.Pharm. from the University of Toronto and a Master of Science in Teaching degree from McMaster University. She completed a hospital residency at St. Joseph's hospital, Hamilton, followed by clinical, research and management positions at various hospitals. In 2004, Annie joined the Leslie Dan Faculty of Pharmacy as a lecturer. She is a coordinator for the Structured Practical Experience Program and the coordinator of the third year professional practice lab course. She is actively involved with the delivery and development of preceptor training programs, student experiential learning and assessment methodologies for the new curriculum. Annie has won the Alan Blizzard award in 2005 for excellence in collaborative university teaching and learning. Annie is past co-chair of the PEP Canada committee that consists of experiential program coordinators from across Canada.

Abstract: Linking Canadian Patient Safety Initiatives and Experiential Education

The key drivers for making patient safety a priority within the pharmacy undergraduate curriculum will be reviewed. These drivers include mounting evidence on the lack of safety in the medication-use system, changing hospital accreditation standards, and national and international patient safety campaigns. In Canada, the other initiative influencing the education of all health professionals is the new document, Educational Competencies for Patient Safety by the Canadian Patient Safety Institute/Royal College of Physicians and Surgeons. The presenters will discuss, in very practical terms, how these drivers have influenced how the concepts of patient safety are taught to pharmacy students. Examples of how patient safety is incorporated into experiential education across Canadian schools of pharmacy will be highlighted.

2008 CONFERENCE PRESENTATIONS:

Speaker presentations can be found at the following address:

<http://afpc.info/content.php?SectionID=4&ContentID=82&Language=en>



**2008 POSTER ABSTRACTS FROM
THE 109TH ANNUAL MEETING OF
AACCP AND THE 65TH ANNUAL
MEETING OF AFPC ARE PUBLISHED
IN THE *AMERICAN JOURNAL OF
PHARMACEUTICAL EDUCATION*,
*2008; 72 (3) ARTICLE 72***

Online access to the poster abstracts is available at:

<http://www.ajpe.org/view.asp?art=aj720372&pdf=yes>

The order in which the poster abstracts appear is as follows:

RESEARCH/EDUCATION POSTERS

SCHOOL POSTERS

INNOVATIONS IN TEACHING

NEW INVESTIGATORS PROGRAM

AFPC STUDENT POSTERS

PART 2.0

MINUTES OF AFPC MEETINGS

2007 - 2008

**AFPC**

Association of Faculties of Pharmacy of Canada
Association des Facultés de Pharmacie du Canada

3919 West 13th Ave, Vancouver, BC V6R 2T1

MID-YEAR COUNCIL MEETING MINUTES

**February 2-3, 2008
Faculty Council Room – 1210
Leslie Dan Faculty of Pharmacy
144 College Street
Toronto, ON**

Saturday, February 2, 2008:

12:00 (Noon) Lunch in the Faculty Council Room (1210).

12:30 PM 5:00 PM

Business Meeting

- 1. Welcome and opening remarks:** President Simon Albon welcomed everyone and thanked them for coming given the severe weather on Friday. A special welcome was given to Bev Allen and Nese Yuksel since it was their first meeting of Council. Rita Caldwell was also welcomed to council although because of flight cancellations she was unable to attend. Simon acknowledged the hard work that council members have undertaken and said that he was looking forward to a productive year ahead.
- 2. Roll Call:** President Simon called for the roll: Present and accounted for were Ingrid Price (UBC), Nese Yuksel (Alberta), Bev Allen (Saskatchewan), Payal Patel (Manitoba), Nancy Waite (Waterloo), Lalitha Raman-Wilms (Toronto), Dan Thirion (Montreal), John Hawboldt (MUN), Simon Albon (President) and Frank Abbott (Executive Director).
Not in attendance because of severe weather: Roy Dobson (President Elect): delayed until later in the day, Jean Lefebvre (Laval), Mary MacCara (Dalhousie), Anne Marie Whelan (Past President) and Rita Caldwell (ADPC Rep for Linda Hensman).
- 3. Motion to change Agenda:** Roy Dobson would not be available until Sunday, February 3, and because he was to lead the strategic planning session, Simon moved that we hold the business meeting today and do the planning session on Sunday. Lalitha seconded the motion. Carried.
- 4. Approval of Council Meeting Minutes**
Annual Council Meeting, Wednesday, May 30, 2007
New Council Meeting, Saturday, June 2, 2007
Proceedings 2007

The minutes were not dealt with until Roy Dobson had arrived for the Sunday Morning Session prior to the strategic planning. Frank also ran off copies for those who had not had an opportunity to see the minutes. Roy made a motion that the minutes be approved and it was seconded by Nancy. Carried.

5. Business Arising from the Minutes:

5.1 Educational Outcomes for Entry Level Pharm D - Establishing a review process and levels and ranges: Simon gave the history regarding AFPC approaching Nancy Winslade (Montreal) through Zubin Austin with respect to potentially contracting her to develop the levels and ranges for the entry level Pharm D. Nancy Winslade felt that this task should be done in concert with the review of the BSc educational outcomes. The task should also take into consideration the recently developed professional competencies to practice created by NAPRA. Nancy Waite questioned whether we needed to separately update the BSc levels and ranges and perhaps create a combined document with the entry level Pharm D and show where the levels and ranges differ for the two degrees. Bev mentioned that the BSc educational outcomes are now 10 years old and competencies expected by NAPRA and by PEBC have changed. Professional collaboration and teamwork are expectations that would not have been included in the old outcomes. It was agreed to have the educational outcomes for the bachelor's degree updated and then have someone contracted to do the levels and ranges for both degrees. Some integration should also be attempted with the goal to allow differentiation of the two degrees. Simon was to look for individuals to chair and to serve on a focus committee to review the educational outcomes. Simon, Lalitha, Ingrid and Susan Mansour (chaired the committee to develop the ELPD outcomes) were potential candidates for the committee. Frank and Simon were to approach Nancy Winslade to see if she was still interested in this project and what our costs might be if she were to take on this task. It was suggested that she work with an advisory group of representatives from across Canada to ensure that the result of the project is in alignment with the direction that schools are going. A link to the program evaluation task force was also a consideration because levels and ranges need to be evaluated.

5.2 PEP Canada progress: Nancy Waite, chair of the Education Committee and a member of PEP Canada, presented the report. Nancy said that PEP Canada was a very progressive group. Communication is excellent with a Web CT site now being hosted by the University of Alberta to provide members with ready access to PEP resources. There have been several teleconferences and much email contact. The group gave extended feedback to CCAPP on the new standards for the BSc and entry level Pharm D degrees. A copy has been sent to Frank. The group is preparing a presentation for the joint AFPC conference with AACP and is collaborating with their colleagues in the USA to make a joint presentation at the conference. Frank reported that PEPC had asked him to approach the Deans during their annual meeting about having PEPC funded through AFPC. The Deans were agreeable to being billed for PEPC as part of the annual fee statement from AFPC. The cost is shared equally across the Faculties and individual PEPC members do not have to negotiate with their Dean to send them to the conference. The Deans agreed to this PEP funding arrangement for 2008 and will consider it in future on a year to year basis. Payal said that Kelly Brink (co-chair of PEPC) spoke at the recent CSHP PPC meeting in Toronto about preparing objectives for hospital pharmacy preceptors. The general feeling was that PEPC communicate with other stakeholder organizations about areas where PEPC could be supportive. A PEPC poster at conferences was suggested as one means of

accomplishing increased communication of their activities. Council would like to congratulate PEP Canada for the great job they are doing.

5.3 Program Evaluation Task Force: Ingrid presented her report on behalf of the working group members and summarized the activities since June of 2007. A key item was approval of the template for the guide that was approved by the working group in the summer and by the Deans at their annual meeting in October. The working group met on November 17-18 in Toronto to identify areas of focus and to assign specific areas of the guide to develop. A web site for the working group was created in January of 2008. In the discussion that followed, Lalitha suggested that the working groups have shorter timelines to create their goals. John suggested that each group create a check list of things to do. There was a need to continually communicate with the Deans about the progress of this task force committee. They need to know that the process is about building capacity and what is needed for program evaluation is based on the commitment that Faculties make – hiring personnel, using available resources on campus etc. Ingrid suggested having Web CT access for the Deans and to educate them on what they might be doing now. Ingrid would discuss this with Tom Sork at UBC and send out any information that would be helpful to the Deans to begin the process of program evaluation within their Faculties. It was suggested that another 2-day meeting of the working group be scheduled in either April or May. The main objective is to have a working document by the time of the AFPC conference in July of this year.

5.4 Conference on Improving Pharmaceutical Care in N.A.: Anne Marie Whelan was originally scheduled to make a presentation on pharmacy education in Canada as a representative of AFPC. Because of family reasons, Anne Marie was unable to attend and Lalitha stepped in to make the presentation on her behalf. The conference took place in Pachuca, Hidalgo, Mexico on October 4-5, 2007. The conference was an outcome of a tri-lateral agreement two years ago between the USA, Canada and Mexico to enhance pharmaceutical care in NA particularly as it relates to pharmacy education in Mexico. Lalitha indicated that her presentation went very well and there was a great deal of interest from Mexico regarding our current programs. Proceedings from the conference will be sent to AFPC. AFPC may also be contacted for further help. The hospital residency program in the Toronto area may serve as a resource for the further development of hospital pharmacy education and training in Mexico.

5.5 CSHP, Canadian Hospital Pharmacy Residency Board Accreditation Standards 2010: Because Anne Marie was not in attendance this item was deferred until Roy was available the next day. Roy did not report any items to be amiss. Nancy stated there was some language changes that would make the document more inclusive and not restricted just to hospitals.

5.6 Insurance for Council and Executive: This item generated a great deal of discussion although it did not result in a decision on insurance. Simon stated that he and Frank had looked into the costs of liability insurance for a small association such as AFPC. If you are a member of Volunteer Canada, five million in liability insurance to cover council members would be about three thousand dollars per year. There was still much concern for the need of this insurance and a question was raised as to whether the University might cover such liability since faculty members are serving on AFPC Council. Frank was to look

into this further and check with organizations such as PEBC and provincial pharmacy associations and colleges.

6. New Business: There was no new business.

7. Committee Reports:

7.1 Awards Committee: Frank presented the report on behalf of Mary MacCara. This is the first year that applications have been sent electronically and it seems to be working out reasonably well. Interest has been high for most of the awards including the new Wal-Mart Canada – AFPC Future Academic Leader Award. Mary's report indicated the considerations used for selecting potential reviewers for the Awards Committee. Frank had some concern that there were only 2 applications for the Bristol-Myers Squibb National Award for Excellence in Education. The Rx & D Industrial Visitation Award is also not popular, with only one recipient in the last 4 years. In the discussion that followed, the amount of documentation required and the criteria for the BMS award may deter individuals from being nominated. It was suggested that the criteria for this award be reviewed with the intent of making changes or even recommending a whole new innovation in teaching award. Councillors were urged to connect with the administration in their own Faculties to go over the awards and to identify individuals who qualify as candidates. A review of the first year of submitting awards electronically should be made. Frank is to review the Industrial Visitation Award with Rx & D.

7.2 Bylaws Committee: Frank gave the report on behalf of Anne Marie. AFPC is now awaiting comments on the Bylaws revisions from Corporations Canada.

7.3 Communications Committee: Simon presented the report and reviewed the newsletter format with Council. Rebecca was acknowledged for her outstanding contribution as editor. The AFPC web site is now the main focus of the committee. The research directory went live as of July 2007 and it is hoped to soon have data on the frequency of use of this directory. The development of the teaching database (directory) is now underway. Rx & D was approached for funding and agreed to provide \$8,000 for this activity. Simon indicated that the structure of the teaching database as well as the information to be included needs significant input from Council. He distributed an outline of the data collected for the research database as a potential template to be used for the teaching database. The PEP Canada web pages were added to the AFPC web site in the fall of 2007 and appear to be working well for this group. The French mirror site needs immediate attention regarding updating and developing a strategy in the long term for on-going maintenance of the site. Planettfish design, the host and manager of the AFPC web site, appears to be phasing out responsibilities as a web site provider. A potential new service provider that currently hosts the Faculty of Pharmaceutical Sciences web site at UBC is being approached for information.

In the discussion that followed, attention was given to the purpose and potential design of the teaching database. It was also suggested that the research and teaching databases be linked. The research database needs further enhancement. Dan offered to look at the French version of the web site. Simon is to continue to investigate a new service provider.

7.4 Conference committee AACP/AFPC Joint meeting 2008: Lalitha presented the AFPC program that has been sent off to AACP for the meeting of the program committee on February 13 in Chicago. Zubin and Frank are responsible for the fund raising activities

and Frank commented that sponsorship so far is down. A question was raised about the use of cultural in the title of Ross Tsyuki's presentation. Frank will post the AFPC part of the program on the web site once final editing is complete. AACP will not have their full program until special sessions have been evaluated. Lalitha discussed the call for School Posters recently sent out from AACP. The deadline for the school poster abstract is March 15, 2008. The theme of the AACP School posters is curricular and co-curricular efforts in the area of public health, wellness and prevention. This did not strike an accord with the council representatives and Frank and Lalitha were to discuss with AACP at the program meeting if the Canadian Faculties were necessarily bound by this topic. In any case, it was agreed that council members would work with an appropriate faculty member within their Faculty to submit a poster abstract by the March 15 deadline.

AFPC Conference 2009: Frank reported that Rita Caldwell had secured the Lord Nelson Hotel in Halifax to host the 2009 Conference on the dates of June 3-6, 2009. This date is immediately following the CPhA conference in Halifax.

AFPC Conference 2010: Frank stated that he had met by teleconference with Rav Kumar, the current president of CSPS regarding a joint meeting of AFPC and CSPS in 2010 in Vancouver. CSPS is much in favour of this proposed joint meeting following the success of a similar arrangement in Montreal in 2007. Council was in agreement that Ingrid and Frank should approach Dean Bob Sindelar to see if UBC would agree to be the host Faculty for the AFPC Conference in 2010.

The Council adjourned to attend the AFPC Council Dinner at ORO's Restaurant.

Sunday, February 3, 2008:

President Simon called for the roll: Present and accounted for were Ingrid Price (UBC), Nese Yuksel (Alberta), Bev Allen (Saskatchewan), Payal Patel (Manitoba), Nancy Waite (Waterloo), Lalitha Raman-Wilms (Toronto), Dan Thirion (Montreal), John Hawboldt (MUN), Simon Albon (President), Roy Dobson (President Elect) and Frank Abbott (Executive Director).

Future Midyear Meetings of AFPC: On Sunday morning, February 3, the Council business meeting continued with Frank suggesting that we might need a break from holding midyear meetings in Toronto. Dan suggested that we meet next year in Montreal.

7.5 Education Committee: Nancy presented her report that summarized discussions from an earlier teleconference with Simon, Anne Marie, Dan and Frank. New terms of reference need to be developed for this committee. Several responsibilities for this committee were identified with the main responsibility being a re-evaluation of the annual conference to encourage broader participation and new delivery models. The education committee could work with the conference committee to develop themes for future conferences, recommend changes for conference format and consider renaming the conference to give a clearer identity with respect to pharmacy education and research. The education committee would respond to educational initiatives from stakeholder organizations like CCAPP, review educational outcomes for professional degrees in pharmacy and identify educational experts that AFPC and the Faculties could draw upon for their expertise. Roy endorsed changing the conference name and encouraged AFPC to find ways to enhance or broaden the membership. Ingrid seconded Roy's support of

renaming the conference and suggested that we develop special interest group meeting opportunities much like AACP. Simon reiterated that terms of reference for this committee were a priority. Roy said that he could take on this task by revising the AFPC reference manual and working with the chair. Ingrid commented that looking for educational research funding sources was a previous charge of this committee. Nancy felt that the strategic planning session would help flesh out the goals and objectives of this committee.

7.6 Nominating Committee: Frank presented Anne Marie's nominating committee report. Bev Allen has been appointed the Council Representative for the University of Saskatchewan to replace Roy Dobson who has been moved up to President Elect. The nominations for President Elect are still open although Mike Namaka has indicated that he would stand for the position. The terms of council members from Toronto, Laval and Memorial are complete as of the Annual Meeting in 2008. Lalitha (Toronto) and John (MUN) are eligible for a second three year term. Jean Lefebvre (Laval) will complete his second term on council

7.7 Planning and Finance Committee: Roy presented the draft AFPC financial statement for 2007 and the draft AFPC budget for 2008. Frank had prepared notes to supplement the statement and budget data. The surplus for 2007 was largely due to the Montreal Conference and Roy stated that this illustrated the importance of a successful conference to allow AFPC to take on innovative tasks. Roy suggested that we establish a contingency fund as part of our budget to deal with deficits and surpluses. In a bad year we would have the contingency fund to fall back on to balance the budget. It was decided that the terms of reference for this committee also needed to be reviewed for editing. Simon asked for council's advice on the idea of a fund-raising trip to re-establish connections with companies that have or continue to provide funding for AFPC. Simon, Frank and Dean Wayne Hindmarsh would go on this trip. This idea received general support. Nancy and Roy said that the message that AFPC would present was vitally important. Bev suggested that in addition to pharmaceutical companies, AFPC approach third party payers like Blue Cross to support pharmacy education as a means to decrease insurance costs. In the long term, a sizable endowment that would provide APFC with an office, a full time executive director and support staff would be the ideal future for this organization.

7.8 Research Committee: This committee is co-chaired by John Hawboldt and Payal Patel. Payal summarized the report that set the task of upgrading and maintaining the research database on the web site. The committee is also committed to promoting practice based research and a possible link to the CPPRG was being investigated. Data on conference abstracts was also a committee responsibility. Nancy spoke about the need for a clinical graduate training guide to support recruiting and the ability to obtain funds for clinical graduate research. Payal suggested having a small research grant award and a mini –sabbatical to partner up with a major researcher. The industrial visitation award from Rx & D may fit this notion.

8. Report of Representatives to External Groups

8.1 ADPC Representative: In the absence of Rita Caldwell who is filling in for Linda Hensman during her administrative leave, Frank briefly covered the main outcomes of the ADPC annual meeting and recent teleconference. Ingrid and Tom Sork of UBC gave an excellent presentation on program evaluation at the annual meeting in Kelowna such that

the Deans now have a better appreciation of the scope of the project and the process taking place within the working groups. As a result of this meeting, Frank billed the Faculties for the full second year of the program evaluation project. Frank was pleased that the Deans agreed to the new funding arrangements for PEP Canada. Dean support for the annual meeting in Chicago is very good and we can expect that many of the Deans will attend. A teleconference was held recently to discuss the new draft standards for professional degrees from CCAPP. There was quite a bit of concern among the Deans about the document and a meeting with CCAPP director David Hill in Vancouver is being planned. The 2008 annual meeting of ADPC is to be in Basel Switzerland during the FIP meeting held there at the end of August, early September.

8.2 CPhA Human Resources Project: Frank stated that Zubin Austin (Toronto) had arranged for an update from the Moving Forward Project to be sent out for the midyear meeting. Recent activities of the Moving Forward initiative include an online survey of practicing pharmacists, a cross country student survey, a survey followed by a focus group meeting with the Deans of Pharmacy and discussion forums with pharmacy employers. A national forum that will include a broad cross section of pharmacy stakeholders will be held in Toronto on March 26, 27 and final recommendations of the project plus the full research reports should be available at the end of June 2008.

8.3 CCAPP: Sylvie Marleau (Montreal) sent her report that summarized CCAPP activities during the past six months. The report covered the new draft accreditation standards for the entry level Pharm D degree, the preparation for accrediting pharmacy technician programs and recent international activities of the organization.

8.4 CPhA Academic Board Member: In the absence of Rita Caldwell, there was no report for Council.

8.5 PEBC: Lavern Vercaigne will provide a report for the annual meeting in July.

8.6 CCCEP: Yvonne Shevchuk did not have a formal report but asked council to consider a proposal from CCCEP that the Faculties become accredited providers of CE courses. This caused quite a stir among council members and after much discussion the answer to Yvonne was no.

8.7 USP: We can expect a report for the annual meeting in July from Raimar Löbenberg.

8.8 Canadian Pharmacy Practice Research Group: Anne Marie was absent because of the weather in Halifax. Payal stated that she would send out the CPPRG updates and newsletter to Frank for distribution to the Faculties.

8.9 Blueprint for Pharmacy Task Force: Frank gave the report from Terri Schindel (Alberta). The blueprint task force is revising the document following feedback from stakeholder groups and endorsement of the final version is expected soon. CPhA has secured funding from Health Canada to hold interprofessional consultations with health professionals and government representatives in six cities across Canada. The blueprint working groups have been established with co-chairs and membership selected from 236 individuals for 50 positions. The intent of the working groups is to set action plans to fulfill the objectives of the blueprint document.

9. Executive Director's Report: Frank did not present an executive director's report but asked for feedback on the format and content of previous reports. There was general satisfaction with the form of the document and this will be continued for the annual meeting in July. Following this brief discussion, Council held an "In camera session" and provided feedback to Frank regarding the operations of the organization.

10. Other business: Frank stated that AFPC had been invited to send a representative to a meeting in Ottawa near the end of March 2008. The conference is related to the Educating Future Physicians in Palliative and End-of-Life Care project which is drawing to a close and now requires input from an interprofessional perspective. Frank asked council if we would be prepared to send a delegate. Andrea Cameron of the University of Toronto has expertise in IPE and it was recommended that Frank contact her to see if she might represent AFPC at that meeting.

11. The business meeting concluded near 11:00 am to allow for strategic planning.

Recorder, Frank Abbott - with thanks to Ingrid Price and Bev Allen for providing notes.



AFPC

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
ASSOCIATION DES FACULTES DE PHARMACIE DU CANADA

3919 West 13th Ave, Vancouver, BC V6R 2T1

**MID-YEAR COUNCIL MEETING
Notes from Strategic Planning**

**February 3, 2008
Faculty Council Room – 1210
Leslie Dan Faculty of Pharmacy
144 College Street
Toronto, ON**

Sunday, February 3, 2008:

Lunch in the Faculty Council Room (1210) following the business meeting.

11:30 PM 2:00 PM

Planning session: In attendance: Simon, Ingrid, Nese, Bev, Roy, Payal, Nancy, Lalitha, Dan, John and Frank.

From the agenda:

- See AFPC Goals and Objectives recently approved at the 2007 AGM
- Revising/developing actions, setting responsibilities and timelines to achieve objectives. Business plan development.
- Focus items: Web site review, educational expertise (Simon), Education Committee – new steps, Research Committee – new steps, new standards from CCAPP, Program Evaluation Guidebook Development (Ingrid Price), Curriculum Coordinator (Simon)

Roy led the session

Process:

1. Review current strategic plan (distributed earlier) – make sure everything that needs to be is included
2. Individually identify 3 things that we think we should be doing
3. Get into groups of 3-4 – share your priority items with your group and come to consensus
4. Each group write down their top 3 choices and as an entire group, choose the top 3 activities

The three top priorities identified for action and volunteers from council to work in these areas:

1. **Program evaluation** –(Ingrid Price, chair); Nancy, John, Lalitha, Roy, Anne Marie

Objective 1.2: To support members, Deans and Faculties in advancing knowledge, skills and expertise critical to pharmacy education, research and scholarly activity (Develop means for program evaluation).

2. **Funding** – (Bev Allen, chair), Simon, Frank, Dan and Roy

Objective 4.1: To secure independence through consistent, long term funding for the ongoing operations of AFPC that will allow for special projects (Identify and pursue additional funding sources).

3. **Conference Planning relevant to mission:** – (Payal Patel chair): Mary, Nese (Ingrid, John, Lalitha, Nancy, Anne-Marie)

Objective 1.1a: To promote excellence in pharmacy education, research and scholarly activity by showcasing and promoting innovations in pharmacy teaching and research..

Two additional priorities were identified as areas that need action:

Web Site Development:

Objective 2.1: To provide members and external organizations with the ability to easily identify and access AFPC members with skills in specific areas (Identify faculty member expertise and provide a listing of faculty and their expertise on the AFPC web site)

Objective 1.2: To support members Deans and Faculties in advancing knowledge, skills and expertise critical to pharmacy education, research and scholarly activity (Develop a repository of innovations and activities in Canada)

Educational Outcomes:

Objective 1.1: To promote excellence in pharmacy education, research and scholarly activity (Develop and continually update educational outcomes)

Notes from a funding discussion:

- If we are trying to sell this organization to a major funding organization, why would they support AFPC?
- What's in it for me? I am going to give you money if it is going to make me look better, feel better. What do they want in return for giving us money? What is the return?
- What do our potential donors care about
 - o Gain an association with a reputable group that elevates their image – giving is seen as a good thing
- Industry is putting a lot of money into CE for their people (drug development, educating drug reps, funding patient care initiatives) – combine it with our annual conference – run a session for them at the conference, run symposium
- Bigger than industry – direction of pharmacy, direct patient care, blueprint. We are responsible for the future product – it starts with us.
 - o General impression is that “they” don’t care (CACDS, insurance industry) – they want something concrete for their money
- We are growing, our responsibility to health care is increasing – we need to have some permanence in Ottawa, etc.

- We are visionaries for practice change – the education component changes practice – how you want to change practice is through AFPC
- How we promote ourselves depends on who we are approaching – philanthropists, industry, chain drug stores all have different interests
 - o How we vision ourselves only works for certain groups
- Need to ask donors/sponsors “how can we partner?”
 - o Need to do a profile of each group prior to connecting with them
- Some companies are looking for high-tech employees (biotech)

Action items

- 1) Different sectors – need contacts in each one of those
- 2) Profiling may or may not be helpful – contacts and who you know is more important
- 3) Write up regarding who we are, what we are, what we are trying to do
- 4) Identify a focus for funds (big hit, ongoing)

Adjournment by 2:00 PM

Frank Abbott, prepared from notes provided by Ingrid and Bev.

**AFPC****Association of Faculties of Pharmacy of Canada
Association des Facultés de Pharmacie du Canada**

**MINUTES
AFPC ANNUAL COUNCIL MEETING
SHERATON CHICAGO HOTEL and TOWERS
ROOM: HURON, LEVEL 2
SATURDAY, JULY 19, 2008**

8:30 AM

- 1. Opening Remarks:** President Simon Albon welcomed everyone to the meeting and thanked the group for the attention and hard work that was placed on AFPC activities during the year.
- 2. Roll Call and Approval of Agenda:** Present and accounted for were Simon Albon (President), Anne Marie Whelan (Past President), Roy Dobson (President Elect), Rita Caldwell (ADPC – for Linda Hensman), Ingrid Price (UBC), Nese Yuksel (Alberta), Payal Patel (Manitoba), Nancy Waite (Waterloo), Lalitha Raman-Wilms (Toronto), Dan Thirion (Montreal), Jean Lefebvre (Laval), Mary MacCara (Dalhousie), John Hawboldt (MUN) and Frank Abbott (Executive Director). Regrets: Bev Allen (Saskatchewan). Simon stated that emails from council members expressing best wishes to Bev as he undergoes his current therapy would be a nice gesture.
- 3. Council Meeting Minutes:**
 - 3.1 Midyear Council Meeting, Toronto, February 2-3, 2008:** A typo in Anne Marie's name was detected in 5.4. Moved/seconded by Roy/Lalitha that the amended minutes be approved. Carried.
 - 3.2 Notes from Strategic Planning Session Midyear Council Meeting, Toronto February 3, 2008 – for information**
- 4. Business Arising from the Minutes**
 - 4.1 Educational Outcomes for Entry-level Pharm D – Establishing a Review Process and Levels and Ranges: Update and proposal from Nancy Winslade:** Simon spoke to Nancy Winslade's proposal based on the summary that he had prepared and sent to council prior to this meeting. Simon reiterated that the amount of work required for the ELPD levels and ranges was beyond volunteer work and required the assistance of a consultant. Anne Marie had concerns that we would not have our needs met by the end of the first year. A question was raised by Nancy for the need to have the levels and

ranges for the ELPD but others felt they were necessary and Ingrid stated that levels and ranges for the B.Sc. educational outcomes were valuable to program evaluation. After it was determined that the proposal needed to be reduced in scope, discussion then ensued on what the priorities should be. After substantial dialogue, the following recommendations emerged. The proposal should focus on updating the current B.Sc. educational outcomes and align these with the recently approved educational outcomes for the ELPD program. The latter would be revised, if necessary. Levels and ranges would then be created for the ELPD as well as updating the levels and ranges for the B.Sc. program. One document will be created with educational outcomes to be essentially the same for both degree programs but levels and ranges to differentiate between the B.Sc. and the ELPD. Dan strongly supported the latter. Based on the new level of practice expected of pharmacists, the experience of faculty at the University of Montreal is that there is a notable jump from the B.Sc. to the ELPD.

Council approved the formation of a task force to help guide Nancy in her work. It was decided that the time frame for the revised scope of work should not exceed 18 months and costs of the consultant to be capped at \$30,000. AFPC would absorb the lesser costs associated with task force meetings. Simon to approach the Deans with this revised proposal at their meeting tomorrow, July 20, in Chicago. The new council meeting is to take action on forming the task force for this project once approval for funding has been obtained from the Deans.

- 4.2 **PEP Canada Report:** Nancy Waite presented the PEP Canada report to AFPC. She stated that PEP Canada had been a very active group during this past year with the group taking on national projects as well as initiatives of interest to PEP. The PEP web site is heavily used. A considerable amount of effort and time has been placed on PEP having a presence at the AACP-AFPC meeting. The joint conference offers a great opportunity for members to network with their American colleagues and interactions with the PEP-SIG group in the USA have already taken place. Two posters are being presented by PEP in addition to the presentation on patient safety as part of the AFPC program. Ingrid had a question regarding program evaluation because experiential education is such an important piece of the curriculum. She was to follow up with PEP Canada regarding evaluation of experiential programs. Simon spoke of the level of enthusiasm demonstrated by the PEP group but wondered if some guidance for future PEP work was

in order. If national guidelines for experiential education are their goal, how will the value of this work be determined. Publications of the outcomes would provide tangible evidence of the importance of setting national guidelines but would also provide visible recognition for PEP activities. Nancy said she would emphasize with PEP Canada the need to evaluate their work and to widely disseminate the information. Communication is paramount for their success and it was felt that the Deans needed to be kept abreast of their projects and the progress being made. Rita said that the PEP report will be presented to the Deans at their next meeting. Roy cautioned not to be too assertive in providing PEP Canada with advice. Autonomy of PEP to choose their activities was important although the group does appear to be quite receptive to AFPC input. Moved/seconded by Nancy/Anne Marie that the report be accepted. Carried.

- 4.3 **Program Evaluation Task Force Report:** Ingrid presented her report and spoke first on the guiding principles of having a national collaboration that would provide capacity in each of the faculties of pharmacy. The guide to program evaluation is to be adaptable to current contexts and needs. If program evaluation is to be sustainable, this requires strategizing the work and integrating the process into the daily functions of the faculty. Ingrid digressed from the report to remind everyone of the presentation that she would be making on program evaluation on Tuesday morning as part of the conference. She would then be meeting with members of the task force following that presentation. Returning to the report, Ingrid indicated that guidelines for 3 of the 6 priority areas are now ready and it was her intent to provide tools on an “as needed” basis for those choosing to begin program evaluation in these areas. This was deemed to be a better approach than creating tools that, for a variety of reasons, might never be used. Guidelines for the 3 remaining areas will soon be available and all guidelines would then be accessible through the web site. Concrete examples would be provided. Ingrid spoke of the appendices that are intended to supplement the guidelines. Jean asked about the web site and Ingrid stated that the guidelines were currently available through WebCT. John spoke highly of using one of the available tools for evaluating student satisfaction. Nancy stressed the importance of budget considerations for program evaluation. Rita said if budget were tight, Deans might have to set priorities on the areas of the program to be evaluated. Faculty representatives who have been part of this planning process are to serve as the resource for program evaluation within their own faculty. John asked that the

representatives should not be expected to be the person who actually conducts the work.
Moved/seconded by Ingrid/Nese that the report be accepted. Carried.

- 4.4 **Conference on Improving Pharmaceutical Care in North America:** Anne Marie Whelan provided her report that summarized the background leading up to the conference and the potential outcomes arising from the conference itself. Anne Marie thanked Lalitha for filling in for her by making the conference presentation “Education and training of pharmacists in Canada”. Lalitha was to follow up regarding the conference proceedings and any other information that would assist the contribution from Canada towards pharmacy education and training in Mexico. Moved/seconded by Anne Marie/Dan for acceptance of the report. Carried.
- 4.5 **Insurance for Council and Executive:** Simon reported on the progress that he had made on the insurance issue since the midyear. Simon met with the treasurer of UBC and shared some of his notes from that meeting. Because AFPC is a legal entity, insurance of the university should cover AFPC delegates while on AFPC business. Simon felt there was a need to clarify this with the rest of the Faculties of Pharmacy in Canada. Perhaps we may require letters from the Deans stating that their AFPC representatives are covered for liability by their home institutions. Because the Executive Director is a paid position, it was recommended that AFPC have some sort of insurance coverage for that person. Coverage for liability and legal costs were recommended for both the ED and the Executive. Lalitha suggested that we should check with a similar association like the Association of Faculties of Medicine about insurance coverage. Actions: Simon is to send out an Email to council members that would guide them in collecting the necessary insurance coverage information at their institution. More research is required regarding insurance for the executive director.
- 4.6 **Canadian Hospital Pharmacy Residency Board Accreditation Standards 2010:** Roy presented a report that summarized AFPC input to the standards review and called on Anne Marie for any further action on this item. It was decided that AFPC input into the CHPRB accreditation standards is now complete.

5. **New Business**

- 5.1 **Meeting with CAPSI in Victoria:** Rita spoke to the report on the meeting that she and Frank had attended on June 2, 2008. Items discussed were professional development week, mock OSCE development, student interview guide, and representation on the blueprint for pharmacy and moving forward initiatives. In the brief discussion that followed, there was continuing concern that PDW is still perceived as a social gathering in spite of attempts by the executive of CAPSI to increase professionalism at PDW. Since the president of CAPSI was to attend the upcoming new council meeting, further discussion was reserved until that time.
- 5.2 **Executive Director Search:** Past president Anne Marie Whelan, chair of the search committee presented the report outlining the mandate, responsibilities, and planned activities of the committee for the next year. She made special reference to the executive director statement of responsibilities and asked council to look through these in order to fine-tune for content. Dan enquired about the job description. A person with an academic pharmacy background would be preferred and being bilingual in French/English would be a major asset. Frank thought that the office would be better served if it were located within a Faculty of Pharmacy where part time administrative assistance could be available. Simon is taking over the chair of this committee when he becomes past president. The Deans are also to be consulted for their input. There was general acceptance of the report.
- 5.3 **Interprofessional Education and Practice in Palliative and End of Life Care – Andrea Cameron of the U of T has been our representative:** Frank asked for approval to approach Andrea to continue in this capacity. The exercise appears to have a greater IPE focus than palliative care.
- 5.4 **Mentorship Manual – VCU School of Medicine:** Simon asked council to read and provide feedback. No further action was planned.
6. **Committee Reports:**
- 6.1 **Awards Committee:** Mary MacCara presented the report of the awards committee, citing the award winners and making special reference to the inaugural winners of the Wal Mart Canada-AFPC Future Academic Leader Awards. Payal asked about mentoring

for the academic leader award winners and it was agreed that this will be on the agenda for next year. Nancy thought that an information session on AFPC might also be a useful tactic for future years. Lalitha stated that all of the Faculties need to nominate individuals for this award and suggested that council members need to promote the academic leader award on an annual basis. Mary spoke of the disappointment of not having a winner for the Bristol-Myers Squibb National Award for Teaching Excellence in 2008. A review of the award criteria has been recommended for this upcoming year. Lalitha suggested we might consider a separate innovation in teaching award. Simon noted that a fundamental question is why are we not getting applications? We have many good teachers from across the country. Dan, on the other hand, stated that at the University of Montreal they are running out of good candidates because they have had several winners in recent years. Nese felt that it was important to determine if the criteria for the award was hindering the number of applications. A point was made that team teaching may dilute the number of individuals from applying. Council members were urged to assist their Faculties in putting forward nominations for good candidates. Mary stated that all of the comments noted from this meeting would be considered when the award was reviewed. Mary also spoke of the GlaxoSmithKline Graduate Student Research Award and the pleasant surprise at the number of pharmacy practice based applications that were received. A recommendation has been made to establish a separate award for best publication in the area of pharmacy practice research. Mary made the point that electronic submission of reviews is a process that requires further attention. Mary noted that reviewers were gratefully acknowledged in the report. Moved/seconded by Mary/Rita for acceptance of the report. Carried.

- 6.2 **Bylaws Committee:** Anne Marie presented her report and noted recent acceptance of AFPC Bylaw changes by Corporations Canada. Several individuals who have been part of the bylaws review over the past few years were recognized in the report.

Moved/seconded by Anne Marie/John for acceptance of the report. Carried.

- 6.3 **Communications Committee:** Simon spoke to the communications committee report. The Communications Newsletter is going well and we owe Rebecca Law a great deal of gratitude for continuing on as editor. Simon said that he would acknowledge Rebecca for her contributions at the AGM and also suggested that she would make a good candidate for an AFPC service award. Under web site items in the report, Lalitha asked about updating the research database. We need to establish a system whereby the information

in the database is kept current and it was suggested that an assistant to the executive director might take on this activity. Simon was of the opinion that this was not a one person job and suggested that a web site editor could take on some of the responsibilities of keeping the web site up to date. Mary stated that she found the database quite valuable when she was seeking reviewers for the award applications. There was concern that creation of the teaching database has yet to begin. It was suggested that this project should start with the bare essentials of information; information that does not change that much and the teaching and research databases should eventually be combined. Obtaining a new manager for the web site is now a priority. Moved/seconded by Simon/Lalitha for acceptance of the report. Carried.

- 6.4 **Conference Planning Committee 2008:** Lalitha stated we are well underway with the conference and complemented the staff at AACP for being so accommodating to our needs and generally making us feel welcome. The final number of AFPC registrants is not available but it looks like it will be one of our better attended meetings, if not the best. Frank complemented Lalitha for her role as chair of the planning committee and for her attention to the details that make for a successful conference.
- 6.5 **Conference 2009:** Anne Marie spoke briefly to the report and outlined the planning that is taking place for the 2009 program. She asked for feedback from council. A question raised was whether we might consider a national forum to deal with the Blueprint for Pharmacy recommendations on education. For the proposed pharmacy education research session it was suggested that innovation be the theme. Ingrid suggested a theme of preparing students to be agents for change. Practical sessions were suggested on how to incorporate change i.e. newer technology such as hand held devices into the curriculum. Transfer of learning from educational program to practice was also an item brought forward. Rita spoke briefly about Pier 21 for the concluding banquet.
- 6.6 **Conference 2010:** Ingrid confirmed that AFPC would be meeting jointly with CSPS in Vancouver in 2010. Simon would be the AFPC co-chair for the conference. Dean Sindelar at UBC has been approached about the conference and has given full support from the Faculty. The planning process would start in September.
- 6.7 **Education Committee:** Nancy presented the report of the education committee and briefly summarized the preliminary work that had transpired to determine potential committee activities. Strategic planning discussions at the AFPC midyear meeting in 2008 had provided further guidance to the committee. Ingrid questioned whether the

duties of the committee were clear. Lalitha felt that drafting the terms of reference for the education committee would help focus the activities. Roy stressed the importance of the committee in giving more direction to the themes for the annual Teacher's Conference and Nese added her support for this priority. Moved/seconded by Nancy/Lalitha for acceptance of the report. Carried.

6.8 **Nominating Committee:** Anne Marie presented her report and welcomed back John Hawboldt (MUN) and Lalitha Raman-Wilms (Toronto) to second terms as Councilors. Frédéric Calon (Laval) is to replace Jean Lefebvre who is completing his second and final term as a council member. Jean noted that his time on council had been both an informative and enjoyable experience and thanked council members for their support. He gave his good bye to council and pledged his future assistance to Frédéric. Anne Marie stated that she was pleased to announce that former Council Member, Mike Namaka from the University of Manitoba has accepted the nomination as President Elect for 2008-2009. Simon also noted that Payal would be leaving as council member for Manitoba and wished Payal every success in the future. Moved/seconded by Anne Marie/John for acceptance of the report. Carried.

6.9 **Planning and Finance Committee:** Roy presented the 2007 Audited Financial Statements and the Budget for 2008. Frank had prepared notes to both the financial statements and the budget to facilitate the discussion. Questions were raised about the costs for program evaluation and the nature of PEP funding. Frank had expressed concerns about the associated costs of the 2008 conference. Roy spoke to the target reserve as well as the potential to create a reserve designed for special projects. Further discussion was to take place at the New Council Meeting. Moved/seconded by Roy/Dan for acceptance of the report. Carried.

6.10 **Research Committee:** John Hawboldt and Payal Patel both spoke to the report. A priority of the committee was to promote and recognize pharmacy practice research. Creation of a pharmacy practice research award would be a step towards achieving that end. Payal noted that the Canadian Pharmacy Practice Research Group newsletter would now be sent to Frank for distribution. Payal had also recommended to CPPRG that an AFPC member representative sit on their board. The research committee was also committed to working and assisting with the research and teaching databases. Simon felt that the terms of reference for the research committee should be revisited. Moved/seconded by John/Nese for acceptance of the report. Carried.

6.11 **Strategic Planning Committee:** The report was presented by Roy. He summarized the planning activities that took place at the 2008 midyear meeting and stated that we have made considerable progress on our priorities. Rita complemented the council for their strategic planning activities and suggested that details of recent accomplishments should be profiled and then to send the strategic planning report to the Deans. Moved/seconded by Roy/Mary for acceptance of the report. Carried.

7. Report of Representatives to External Groups

7.1 **ADPC Representative:** Rita presented the ADPC report by highlighting the activities of the annual meeting in Kelowna, giving details of the new executive for 2007-2008 and noting the meeting held with David Hill in Vancouver on the draft accreditation standards. Moved/seconded by Rita/Nancy for acceptance of the report. Carried.

7.2 **Blueprint for Pharmacy Task Force:** Frank presented the report on behalf of representative Terri Schindel (Alberta). Having sent out the Blueprint document overview to the membership for information, Frank asked Council to endorse the following motion for approval of the blueprint document and a commitment to action for the Annual General Meeting on July 20, 2008. AFPC Council would then make the blueprint document and pertinent recommendations from the working groups part of their strategic planning process. Moved/seconded by Nancy/Rita for acceptance of the report. Carried.

Whereas AFPC has contributed to the Blueprint for Pharmacy initiative since late 2005, in collaboration with pharmacy stakeholders; and

Whereas the Task Force on a Blueprint for Pharmacy, established by CPhA in January 2007, has finalized the document, *Blueprint for Pharmacy – the Vision for Pharmacy*, following extensive consultation; and

Whereas five expert working groups have been established to develop the implementation plan for the proposed actions in five key areas; and

Whereas the Blueprint Task Force has invited AFPC to support the Vision for Pharmacy described in the Blueprint and asked that AFPC commit to work collaboratively with the Task Force and working groups as they develop the implementation plan.

Be it moved that AFPC approves the document, *Blueprint for Pharmacy – the Vision for Pharmacy*, and supports the Vision and strategic directions put forth.

- 7.3 **CCAPP:** Frank presented the report on behalf of representatives Susan Mansour (Dalhousie) and Sylvie Marleau (Montreal). The report provided an overview of CCAPP activities over the past 6 months. Frank noted that Sylvie Marleau has now completed her term on the CCAPP Board. AFPC has traditionally had a bilingual representative on the CCAPP Board and Carmen Vézina (Laval) has offered to serve in that capacity. Frank asked Council to approve her appointment. Moved by Rita/Jean for acceptance of the report and to approve Carmen Vézina as the newest AFPC representative to the CCAPP Board. Carried.
- 7.4 **CCCEP:** Yvonne Shevchuk (Saskatchewan) is on sabbatical leave.
- 7.5 **CPhA Academic Board Member:** Rita presented her report that provided an overview of the significant activities of CPhA during the past year. As of September 2008, Canadian pharmacy student membership in CPhA will be free and graduating students will receive one year's free CPhA membership. Rita continues to advocate for free licenses of e-Therapeutics and e-CPS for Faculties of Pharmacy in Canada. In discussion that followed it was mentioned that bulk buying of discounted texts has been a problem for some Faculties. Rita was to take this issue back to CPhA. Moved/seconded by Rita/Mary for acceptance of the report. Carried.
- 7.6 **Health Canada Expert Advisory Committee on the Vigilance of Health Products:** In 2007, Colleen Metge (Manitoba) was nominated by AFPC to serve on this EAC and was subsequently appointed. Colleen has provided this report to describe the makeup of this committee, their terms of reference, and recent activities of the committee. Moved/seconded by Anne Marie/Simon for acceptance. Carried.
- 7.7 **PEBC:** Frank presented the report on behalf of representative Lavern Vercaigne (Manitoba). Attached to the report is the April 2008 Update from PEBC. Lavern had made special attention to the development of an entry-to-practice examination for pharmacy technicians. During discussion of the report it was suggested that AFPC should ask PEBC to collaborate on projects that would have mutual significance to our two organizations. Further discussion was reserved for the New Council Meeting. Moved/seconded by Simon/Nancy for acceptance of the report. Carried.
- 7.8 **Pharmacy Human Resources Project – Moving Forward:** Frank presented the report on behalf of Zubin Austin (Toronto). The chief thrust of the report is that the work of the Moving Forward task force is soon drawing to a close. Many of the Moving Forward recommendations that are appended to the report deal with education and in-service

training of pharmacists, pharmacy technicians and international pharmacy graduates. It is expected that ADPC/AFPC will review the recommendations pertaining to academic/training, determine priorities for action, and develop an implementation plan in concert with the work of the Blueprint for Pharmacy working groups. Moved/seconded by John/Dan for acceptance of the report. Carried.

- 7.9 **Canadian Pharmacy Practice Research Group:** Payal presented the report for information. Payal was recognized for her efforts to foster closer connections between AFPC and the CPPRG. Moved/seconded by Payal/Lalitha for acceptance of the report. Carried.

- 7.10 **USP:** Frank noted that Raimar Loebenberg had committed to providing a USP report for the proceedings.

8. **Executive Director's Report:** Frank briefly summarized the report and hoped that he had accurately portrayed the past year's activities of AFPC and adequately acknowledged all those who have worked hard to make our organization a success. Moved by Frank/Nese for acceptance of the report. Carried.

In Camera Session

9. **Other Business**

There was no other business raised at the meeting.

10. **Adjournment**

Adjournment occurred at approximately 5:00 PM.

Respectively recorded with acknowledgement to Ingrid Price for her meeting notes.

Frank S. Abbott, Executive Director

**AFPC****Association of Faculties of Pharmacy of Canada
Association des Facultés de Pharmacie du Canada**

Joint AACCP/AFPC Conference and Meetings

Minutes

**AFPC Annual General Meeting
Sheraton Chicago Hotel & Towers
Chicago Illinois
Sunday, July 20, 2008
Room: Michigan, Level 2
10:00 – 11:30 AM**

- 1. Opening Remarks and Introduction of Council:** President Simon Albon welcomed everyone to the 65th AFPC Annual General Meeting. Simon introduced the Executive and Council for 2007-2008. President, Simon Albon (University of British Columbia), Past President, Anne Marie Whelan (Dalhousie University), President Elect Roy Dobson (University of Saskatchewan), ADPC Representative, Rita Caldwell (Dalhousie University) for Linda Hensman (Memorial University of Newfoundland), John Hawboldt (Memorial University of Newfoundland), Mary MacCara (Dalhousie University), Jean Lefebvre (Université Laval), Dan Thirion (Université de Montréal), Lalitha Raman-Wilms (University of Toronto), Nancy Waite (University of Waterloo), Payal Patel (University of Manitoba), Nese Yuksel (University of Alberta), Ingrid Price (University of British Columbia) and Frank Abbott, Executive Director. Regrets: Bev Allen (University of Saskatchewan).
- 2. Approval of Agenda:** The agenda was approved with the addition of Jonathan Mailman, President of CAPSI, to bring greetings under 4.1 on a motion from Nancy Waite and seconded by Roy Dobson.
- 3. Acceptance of 2007 Annual General Meeting Minutes, Thursday, May 31, 2007 in Montréal, Québec.** Moved/seconded by Simon Albon/Roy Dobson that the minutes be approved. Carried.
- 4. Memorial to Deceased Members** – Allan M. Goodeve (UBC and former AFPC Ex. Director), John J. Ryan (Honorary AFPC Member, Dalhousie). President Simon called for a moment of silence to honor recently deceased AFPC members.
4.1 Greetings from CAPSI: President Jonathan Mailman thanked AFPC for giving him the

opportunity to bring greetings from CAPSI Council Jonathan stated that he had had a successful meeting with the Deans during the early morning and was looking forward to meeting the AFPC New Council on Tuesday. Because of time constraints he limited his presentation to an invitation to the upcoming PDW that will occur in St. John's Newfoundland and Labrador on January 14-17, 2009. He wished AFPC every success for the joint AACP/AFPC Conference in Chicago.

- 5. President's Address:** Simon Albon presented the president's report and spoke of the great dedication of council members and other volunteers who make AFPC so special. He summarized some of the significant activities during the past year, mentioning the inauguration of the Wal-Mart Canada Future Academic Leader Award, and how he was looking forward to presenting the awards at the upcoming Awards Banquet. PEP Canada was congratulated for their leap of progress during the 2007-08 year and he was pleased that PEP Canada would be presenting at the Chicago Conference. He spoke of the challenges of the website that have grown with the addition of the French Mirror Site and the inclusion of a directory of researchers. A new website management company was now being sought to assist with a revamp of the web site and for continuing maintenance. Simon complemented the conference planning committee chaired by Lalitha Raman-Wilms of the University of Toronto for organizing an exciting program. He spoke of how the joint conference has been a consuming activity of AFPC in recent months but noted that AACP staff had been generous in their interactions with AFPC and by tending to our needs. Ingrid Price, chair of the program evaluation task force and her committee members were singled out for praise and recognition of the outstanding progress to date. Development of the guidebook and tools for program evaluation is a project of national scope and importance that will build program evaluation expertise within each of the ten Faculties. Simon ended his comments by thanking council for their support and for making his presidency so rewarding. Moved/seconded by Simon/Zubin Austin to accept the president's report. Carried.

6. AFPC Committee Reports

- 6.1 Awards Committee Report:** Committee chair Mary MacCara presented her report that summarized the award winners and the number of applications for each of the competitive major awards. Electronic handling of the awards for the first time in 2007-2008 appeared to go reasonably well and this mechanism will be retained for future years. There was some disappointment in that none of the applications for the Bristol-Myers Squibb National Award for Teaching Excellence met the criteria for the award,

resulting in no recipient in 2008. As a result, the criteria for the teaching award will be reviewed. Applications for the GlaxoSmithKline Graduate Student Research Award have been growing and this year there were 15 applications. About one-half of these were practice based publications and AFPC will be looking to establish a separate best publication award for pharmacy practice research. The Wal-Mart Canada/AFPC Future Academic Leader Award was given out for the first time to 5 recipients. Mary acknowledged the many reviewers who make the awards competition possible. Moved/seconded by Mary/Nancy Waite that the report be approved. Carried.

6.2 Bylaws Committee Report: Anne Marie Whelan gave a brief history of the Bylaws changes and reported the recent acceptance of these changes by Corporations Canada. She noted those who had been active in making the Bylaws changes possible. Moved/seconded by Anne Marie/Nese Yuksel that the report be approved. Carried.

6.3 Communications Committee Report: Simon Albon presented the report. The AFPC newsletter activities were summarized and Simon gave special recognition to Rebecca Law of Memorial University of Newfoundland, for her contributions as editor of the newsletter and asked all present to thank her for being such a good volunteer. Rebecca has agreed to continue in this capacity. The report summarized the main web site changes with respect to PEP Canada and the researcher database. Several challenges remain such as maintaining the French site and looking for a new web site manager. Dean Wayne Hindmarsh (Toronto) noted that more effort should be made to keep the Deans informed of AFPC activities and a short discussion ensued on how that might best be achieved. Moved/seconded by Simon/Leslie Lavack that the communications report be approved. Carried.

6.4 Conference Planning Committee 2008: Conference chair Lalitha Raman-Wilms (Toronto) gave a verbal report, thanking those who attended and to AACP for the extensive help afforded to the AFPC planning committee in making the joint meeting possible. Lalitha noted the excellent quality of the program and hoped all present would enjoy the sessions that were planned. She ended by thanking her program planning committee for their valuable input and the speakers who had agreed to contribute to the conference.

6.5 Education Committee Report: Nancy Waite, chair of the education committee presented the report. The report summarized the activities of the committee including a preliminary meeting to determine potential committee activities that was followed by a

strategic planning session at the midyear meeting. Identified priorities for the committee were conference planning input relative to the mission of AFPC and revision of the educational outcomes for professional degrees. Clear terms of reference for the committee are required. Moved/seconded by Nancy/Claude Mailhot that the report be approved. Carried.

6.6 Nominations Committee Report: Past president Anne Marie Whelan gave her report which noted the Councilors for the 2008-2011 term and the president elect for 2008-09. John Hawboldt (Memorial) and Lalitha Raman-Wilms (Toronto) are returning for a second term. Frédéric Calon (Laval) was introduced as the new council member from Université Laval. Jean Lefebvre, the outgoing council member for Laval rose to thank the council for their support during his two terms and gave best wishes to Frédéric as his successor. Mike Namaka (Manitoba) is a former member of council and AFPC is delighted that he has agreed to be President Elect. Moved/seconded by Anne Marie/Roy Dobson that the report be approved. Carried.

6.7 PEP Canada Report: Nancy Waite (Waterloo) who is a member of Pharmacy Experiential Programs Canada presented the report on behalf of Cheryl Cox and Kelly Brink, the current co-chairs of PEP Canada. Nancy spoke highly of the PEP Canada group, speaking about their enthusiasm and dedication to the organization and of the rapid progress that had been made in setting strategic actions and achieving set goals. The report summarized recent activities and current projects of PEP such as incorporating a patient safety curriculum into experiential programs. PEP Canada took the opportunity at the Chicago Conference to strengthen ties with their American colleagues in the experiential education section of AACP. John Pugsley of PEBC asked if PEP Canada had considered the international pharmacy graduate as part of their future plans. Integration of the IPG could be a new task and perhaps solicit funding from the Federal Government for this activity. Nancy replied that the IPG had not been an immediate priority but would be happy to bring the suggestion forward to the group. Moved/seconded by Nancy/Nese Yuksel that the report of PEP Canada be approved. Carried.

6.8 Program Evaluation Task Force Report: Committee chair, Ingrid Price, presented the report by first recognizing the task force members: Anne Marie Whelan (AFPC representative), Linda Hensman (ADPC representative), David Hill (CCAPP), John Hawboldt (MUN), Mary MacCara (Dalhousie), Céline Brunelle (Laval), Claude Mailhot

(Montreal), Lalitha Raman-Wilms (Toronto), Nancy Waite (Waterloo), Silvia Alessi-Severini and Colleen Metge (Manitoba), Roy Dobson (Saskatchewan), Sheila Kelcher (Alberta), and David Fielding (UBC). Ingrid stated that the work of the task force committee during the past year had provided excellent progress towards completing a significant portion of the guidebook and tools for program evaluation. Additional evaluation tools were now being developed and will be provided to Faculties on an as needed basis. The guidebook and tools will eventually be posted on the AFPC web site once a new maintenance manager is in place. Ingrid stated that she had met with the Deans earlier this morning and they seemed pleased with the progress she had reported. Ingrid urged everyone to attend her conference presentation on Tuesday at 8:00 AM on the development of program evaluation in Canada. Moved/seconded by Ingrid/Lalitha Raman-Wilms that the program evaluation task force report be approved. Carried.

6.9 Research Committee Report: John Hawboldt/Payal Patel, co-chairs of the committee presented their report. The two areas of primary focus have been the promotion and recognition of pharmacy practice research by AFPC. The developing of new awards from AFPC to accomplish this goal are highly encouraged. A stronger connection of AFPC with the Canadian Pharmacy Practice Research Group (CPPRG) has been obtained with Payal Patel who sits on the CPPRG board. The second priority of the committee was to assist AFPC membership with the updating of the research database.

Moved/seconded by John&Payal/Roy Dobson that the report be approved. Carried.

6.10 Strategic Plan: Roy Dobson, chair of strategic planning, reported that the midyear meeting held in Toronto in February of 2008 had been one of the better AFPC sessions for strategic planning. The three top priorities were program evaluation, funding, and conference planning relative to mission. Two additional areas for action were the web site improvements and updating educational outcomes. Dean Hindmarsh reiterated the importance of keeping the Deans informed of strategic actions by AFPC. Moved and seconded by Roy/Nancy Waite that the report of the strategic planning committee be approved. Carried.

7. Reports from Special Committees and Delegates

7.1 Academic Board Member of CPhA: Rita Caldwell presented her report and commented on the main items in the report. The blueprint for pharmacy and the human resources in pharmacy Moving Forward projects have made for a very busy year for

CPhA. Student membership in CPhA is changing with free membership being provided while students are in university plus an additional year free once they graduate. CPhA campus tours are to disappear. Rita has been working on obtaining free e-Therapeutics and e-CPS for the Faculties. Moved/seconded by Rita/Zubin Austin for approval of the report. Carried.

7.2 Appointee to CCAPP: Susan Mansour (Dalhousie) presented the report and gave special note to Sylvie Marleau (Montreal) who is now completing her term on the CCAPP board as a representative of AFPC. Sylvie had made special contributions to CCAPP as President and through her work on the accreditation standards committee. The report listed the new executive for CCAPP for 2008-09 and summarized the most recent accreditation reviews of degree programs, activities associated with the review of pharmacy technician programs, and international activities. Feedback has been received on the draft accreditation standards for professional degree programs and CCAPP will continue to work on the standards over the next year. CCAPP is participating in an initiative to examine accreditation standards that would apply to inter-professional health programs and collaborations. Moved/seconded by Susan/Leslie Lavack to approve the CCAPP report. Carried.

7.3 Appointee to CCCEP: Yvonne Shevchuk is on sabbatical and a report will not be available. Dean Hindmarsh (Toronto) noted that their Faculty had an issue with CCCEP over the approval of Faculty continuing education programs.

7.4 Blueprint for Pharmacy Task Force: AFPC representative Terri Schindel (Alberta) first recognized Dr. David Hill who was present at the meeting and who is the Chair of the Blueprint for Pharmacy Task Force Committee. Terri presented her report noting that the attached blueprint document was approved at the CPhA annual meeting in Victoria on June 1, 2008. She has been active in helping set up the five working groups that will act on implementing the recommendations. In order to seek stakeholder endorsement of the blueprint document Terri worked with the AFPC executive director to craft the following motion for approval:

Whereas AFPC has contributed to the Blueprint for Pharmacy initiative since late 2005, in collaboration with pharmacy stakeholders; and

Whereas the Task Force on a Blueprint for Pharmacy, established by CPhA in January 2007, has finalized the document, *Blueprint for Pharmacy – the Vision for Pharmacy*, following extensive consultation; and

Whereas five expert working groups have been established to develop the implementation plan for the proposed actions in five key areas; and

Whereas the Blueprint Task Force has invited AFPC to support the Vision for Pharmacy described in the Blueprint and asked that AFPC commit to work collaboratively with the Task Force and working groups as they develop the implementation plan.

Be it moved that AFPC approves the document, *Blueprint for Pharmacy – the Vision for Pharmacy*, and supports the Vision and strategic directions put forth.

The motion was seconded by Nese Yuksel. The motion carried unanimously. Frank Abbott was to officially inform CPhA of the Blueprint for Pharmacy endorsement.

7.5 Conference on Improving Pharmaceutical Care in North America: Anne Marie

Whelan (Dalhousie), AFPC representative to the steering committee for this conference, gave her report. The conference was designed to assist the development of clinical pharmacy services in Mexico by providing a forum for “lessons learned” from Canada and the USA that would help clarify the role of pharmacists in hospital practice. The conference was held in Pachuca, Mexico on October 4-5, 2007. Lalitha Raman-Wilms presented an overview of “Education and Training of Pharmacists in Canada” on behalf of Anne Marie. The presentation was warmly received and further follow-up from the conference is expected. Moved/seconded by Anne Marie/John Hawboldt that the report be approved. Carried.

7.6 Health Canada Expert Advisory Committee on the Vigilance of Health Products:

Colleen Metge (Manitoba) was nominated by AFPC in 2007 to serve on this committee and having been selected, Colleen was kind enough to present a report. She spoke briefly of the make-up of the committee, the mandate of the EAC-VHP, and some of the recent committee activities. The report is submitted for information.

7.7 PEBC Representative: Lavern Vercaigne (Manitoba) submitted his report along with the PEBC Update of April, 2008 that summarizes recent PEBC activities. In the report, Lavern highlighted the pilot entry-to-practice examination for pharmacy technicians that is being developed based on recent competencies to practice for pharmacy technicians. John Pugsley, PEBC Registrar-Treasurer presented the report on behalf of Lavern. Moved/seconded by John Pugsley/Louise Mallet that the report be approved. Carried.

7.8 Pharmacy Human Resources Project – Moving Forward: Zubin Austin presented his report to which was appended the Synopsis of Final Recommendations for Pharmacy Human Resources approved May 5, 2008. The report provided a brief background to Moving Forward and noted that AFPC and ADPC were part of a consortium of 8 pharmacy organizations involved in the project. Federal funding for the project provided

a number of studies that culminated in over 30 recommendations that are contained in the attached synopsis of recommendations. Because many of the recommendations deal with education and training, both AFPC and ADPC are expected to review the appropriate recommendations, set priorities, and develop an implementation plan that is consistent with the Blueprint for Pharmacy document. Zubin thanked AFPC for the opportunity to represent educational initiatives and interests on this forward looking committee.

Moved/seconded by Zubin/Claude Mailhot to approve the report. Carried.

7.9 Pharmacy Practice Research Group: Payal Patel (Manitoba) who is on the executive board of the Canadian Pharmacy Practice Research Group (CPPRG) provided this report for information. The report gives a brief background and history of CPPRG with the most recent meeting of CPPRG being in Victoria in June of 2008. The AFPC research sub-committee has been working to foster closer connections with the CPPRG. As a result, AFPC now distributes the CPPRG newsletter, called “The Translator”, to AFPC faculty members. Contributions to the newsletter are welcome.

7.10 USP Representative: Raimar Loebenberg (Alberta) has promised a report to include in the 2008 Proceedings.

8. Report of Executive Director: Frank spoke briefly to the report by indicating that he had summarized the key activities of AFPC throughout the past year. In so doing, he hoped that council members and other dedicated faculty had been adequately recognized for the outstanding work that they do for pharmacy education and research in Canada. In the report, Frank took the opportunity to acknowledge the opening of the new School of Pharmacy at the University of Waterloo in January of 2008. This is the first new school of pharmacy in Canada in more than 20 years and Hallman Director Jake Thiessen and his staff and faculty are to be congratulated for the successful opening.

AFPC finances are always of interest and the report addressed several issues around finance. AFPC income has been on the increase because of Waterloo coming on stream and the gradual increase in enrollments taking place within the Faculties. The annual conference has become a reliable source of income and the 2007 conference in Montreal was especially so because of generous sponsorship, primarily from pharmaceutical companies. On the other hand, expenses for the joint AACP/AFPC meeting in Chicago in 2008 are anticipated to be substantially higher and sponsorship for this conference has been extremely poor. As a result

the finances for the organization grow rather slowly and funds for special projects like educational outcomes and web site development are not always readily available. Strategic planning around these financial issues continues to be a priority. The report summarized the 64th AFPC conference in Montreal and described the planning needed for the 65th AFPC conference held jointly with AACP in Chicago. Especial praise was given to AACP Executive Vice President Lucinda Maine and her staff for the generous assistance and good will provided to the planning committee and for fully including AFPC in the conference program.

The report touched on awards and the delightful situation of having a healthy competition for most of the major awards of AFPC. Opportunities for a new award related to pharmacy practice research were also noted. The updated AFPC Bylaws have finally been accepted by Corporations Canada. The AFPC web site has had some significant changes but there is still much to be done in maintaining the site in the best possible form. The teaching database is still to be initiated. Other AFPC projects ongoing include developing the levels and ranges for the educational outcomes for the entry level Pharm D degree and updating the educational outcomes for the BSc degree in Pharmacy. PEP Canada is progressing very nicely and the report touches on many of their activities. The program evaluation project has been a major undertaking for AFPC over the past two years and that is now coming to a successful fruition. AFPC has been actively involved in two projects spearheaded by CPhA, the Blueprint for Pharmacy and the Moving Forward initiatives. The recommendations emanating from these two projects should provide plenty of fodder for future activities of both AFPC and ADPC. The report concluded with a summary of the meetings and activities of ADPC and the work by the Deans with CCAPP to refine the draft accreditation standards. Frank thanked both AFPC and ADPC for the opportunity to serve as executive director during the past year and gave special thanks to Simon Albon, President of AFPC and Bob Sindelar, President of ADPC for their leadership and generous support. Particular praise went to Council members who so willingly volunteer their time and effort to make AFPC work as it should. Moved and seconded by Frank/Roy Dobson for approval. Carried.

9. **Audited 2007 Financial Statements and Budget for 2008:** Committee chair Roy Dobson presented the 2007 audited financial statements and noted that AFPC was in good financial shape. Moved/seconded by Roy/Susan Mansour that the report of the auditor be approved. Carried.

Roy proceeded to present the budget for 2008 and noted the anticipated small deficit. He also spoke of the need for a discretionary fund in the budget that would allow AFPC to undertake special projects. Moved/seconded by Roy/John Hawboldt that the budget for 2008 be approved. Carried.

10. Appointment of Auditor, Wolrige Mahon LLP, Chartered Accountants, Vancouver:

Moved by Simon Albon and seconded by Susan Mansour for the appointment of Wolrige Mahon as auditor. Carried

11. New Business: There was no new business.

12. Transfer of Presidency: Outgoing president Simon Albon (University of British Columbia) invited Roy Dobson (University of Saskatchewan) to the chair to accept the gavel of office. Simon pledged his service to the new president for the upcoming year. Roy, a member of council for 5 years, was gracious in accepting the chair and pledged to continue with the progress that was made under Simon's leadership. He thanked Simon for his dedication and direction as president and for keeping everyone on track throughout the year. Roy finished by stating that it was an honor to serve as AFPC President.

13. Confirmation of Signing Authority: Moved/seconded by Simon/Ingrid Price that Roy Dobson and Frank Abbott should have signing authority for the coming year. Carried.

14. Adjournment: The meeting adjourned at approximately 11:30 AM.

Recorder,
Frank Abbott.

**AFPC**

Association of Faculties of Pharmacy of Canada
Association des Facultés de Pharmacie du Canada

MINUTES

**AFPC NEW COUNCIL MEETING
CHICAGO SHERATON HOTEL & TOWERS
ROOM: MICHIGAN, LEVEL 2
TUESDAY, JULY 22, 2008
NOON – 3:00 PM**

Noon: Working Lunch:

1. **Opening Remarks:** President Roy Dobson called the meeting to order and welcomed new council member Frédéric Calon (Laval), welcomed back Mike Namaka (Manitoba) as President Elect, Lalitha Raman-Wilms (Toronto) and John Hawboldt (Memorial) for second terms, and to all other members of council. Roy congratulated the conference chairs for an excellent program and a valuable contribution by AFPC to the joint meeting in Chicago. The greater than expected response from our American colleagues at AFPC sessions was very gratifying.
2. **Roll Call:** Present and accounted for were Roy Dobson (President), Simon Albon (Past President), Mike Namaka (President Elect), Rita Caldwell (ADPC representative for Linda Hensman), John Hawboldt (MUN), Mary MacCara (Dalhousie), Frédéric Calon (Laval), Dan Thirion (Montreal), Lalitha Raman-Wilms (Toronto), Nancy Waite (Waterloo), Payal Patel (Manitoba), Nese Yuksel (Alberta), Ingrid Price (British Columbia) and Frank Abbott (Executive Director). Regrets: Bev Allen (Saskatchewan).

Approval of the Agenda: The agenda was approved with the addition of CAPSI President Jonathan Mailman who, because of travel plans, was added to the earliest possible time in the agenda.

Jonathan Mailman, CAPSI President: Jonathan thanked the Council for the opportunity to speak. He first of all stated that being at the meeting in Chicago had given him the opportunity to meet with his USA counterparts and that had been a very valuable interaction. In reporting on CAPSI activities he stated first that PDW would be held in St. John's NL, January 14-17, 2009. One of the symposium topics is pharmacist technician regulation and

what this means to pharmacy practice. The CAPSI assisted student survey done for the Moving Forward initiative has been published and Jonathan will provide a copy or a summary to Frank for distribution. The Deans have already been given copies of the survey results. CAPSI is expanding into the University of Waterloo: two CAPSI co-reps have been selected and seats have been allocated for PDW in St. John's. CAPSI is continuing to work with ratiopharm on the "Operation Wash Up" for kids and will soon be adding "Operation Allergy" for the schools. A new project is developing a community outreach program directed at high school students. CAPSI will carry on with the Apotex backpack program. They will also continue to participate in the student exchange program with 17 students being sent abroad next year. Other program initiatives include the CPhA workshop on government relations and the CAPSI-COMPRIS interview guide that identifies goals for self as a professional. The guide is to be translated into French. Frank asked about use of an interview guide within the USA and Jonathan said he would find out if USA students use something similar. Nancy Waite stated that there was a perception that drinking at PDW was still a concern. Jonathan replied that CAPSI has created a policy that in order for delegates to be reimbursed for expenses, they must attend a minimum number of educational events at PDW to justify that funding. As a result of this policy, responsibility is increased. Nancy stated that this was a very good initiative but drinking is still perceived to be a problem and is not to be encouraged particularly by CAPSI Executive or PDW planners. Jonathan was very surprised by this and reiterated that CAPSI does not encourage heavy drinking. John Hawboldt speaking for Memorial University of Newfoundland, the next School to host PDW, said it was alright to have fun if one stays within the realm of professionalism. Students should exercise some common sense and be responsible. Jonathan concluded his session by informing council that CAPSI has a desire to create a history of the organization and are interested in collecting information from past CAPSI members. Any assistance that council could provide would be greatly appreciated.

3. **Presentation from David Hill, Executive Director of CCAPP:** *a) Accreditation standards for the BSc and entry level Pharm D (ELPD) professional degrees in pharmacy.* David said that because of the decision by the University of Montreal to move towards the ELPD as the first professional degree in pharmacy, the standards committee of CCAPP has been very active in creating new accreditation standards. The committee originally took a creative approach and felt that there should not be distinct standards for the two degrees. However,

feedback from the Faculties, ADPC and others on the draft standards made it clear that CCAPP should not be doing this at this time. As a result, the CCAPP Board decided at its recent meeting to stay with the old standards (2006) of the BSc degree for now but continue to draft a new version of the standards for both degrees in the future, possibly early 2009. Feedback on the ELPD standards by 3 of the Faculties indicated that the ELPD standards were close to being acceptable. David stated that the standards committee is now being chaired by Susan Mansour of Dalhousie University. David spoke to the strong relationship of CCAPP with ACPE, the corresponding body for pharmacy education accreditation in the USA. In the past, CCAPP had worked to ensure that the BSc standards were similar to those of the first professional Pharm D degree in the USA. With changes to the ACPE standards having occurred in the USA and Canadian Faculties of Pharmacy still using the old BSc standards, Canadian pharmacy students and graduates will no longer have ease of mobility to pharmacy degree and advanced degree programs in the United States. ***b) Accreditation of Pharmacy Technician Programs:*** David reported that this initiative had recently occupied CCAPP full time. Pharmacy technicians in Ontario will need to write a PEBC exam and to have graduated from an accredited pharmacy technician program. Some 22 programs were evaluated during March through May; 8 have been accredited and 4-5 have qualifying status. David estimated that once finished, 35-45 pharmacy technician programs in Canada will eventually be accredited. ***c) Accreditation of interprofessional health education activities (a multi-accreditation bodies project) :*** David reported that a 2-year Health Canada grant had been awarded to fund this project. CCAPP is a member. Each profession will have their own accreditation standards for IPE with some consistency of language and definitions across the professions. David Hill and Nancy Waite serve on one of the action committees of this group. Funding is to end in 2009 and a forum to provide opportunity to respond to the work of this project is being contemplated. ***d) Canadian Patient Safety Institute simulation initiative:*** CCAPP has been invited to several meetings of CPSI regarding the development of patient simulation as part of clinical training. Robots are now pretty elaborate and can simulate surgery, for example. Our pharmacy practice laboratories and standardized patients provide simulation opportunities for our Faculties. CCAPP is looking into the accreditation of patient simulation in pharmacy education and training.

4. Appointments and Charges to Committees

4.1 Awards Committee: Mary MacCara will continue as chair of this committee but requested assistance from other council members. Frédéric and Lalitha volunteered. The Bristol-Myers Squibb teaching award will continue as in the past but is to be reviewed this year by the awards committee. Two areas are to be considered – lifetime achievement and teaching innovation. The question might be do we change the criteria or leave these the same and add an award for innovation. It was suggested to look at the AACP teaching award guidelines for a potential teaching innovation award. The committee will report back to Council. Simon suggested that we might nominate one individual per Faculty for this award but was not sure how effective that procedure would be and the process for nomination would need to be streamlined. John said this approach to choosing an award recipient for the BMS National Award for Teaching Excellence would be a problem for the smaller faculties.

The other award to consider is the Meritorious Service Award. Nancy suggested that we should consider candidates on an annual basis. The midyear meeting was thought to be the most appropriate time where Council would vote on a recipient to receive the award at the following AGM. Mary asked everyone to advertise the Wal-Mart Canada Future Academic Leader Award to maintain a healthy competition. Frank said that we would be sending in the 2008 winners responses regarding the award experience to the Wal-Mart Canada representative.

4.2 Bylaws Committee: Simon Albon will be chair of the committee but no activities were planned for this year.

4.3 Communications Committee: Dan Thirion has agreed to take over the chair of this committee from Simon. Continuing members include Simon and John with the addition of Frédéric. Mike also agreed to sit in on the review of the research database.

Simon stated that Rebecca Law has agreed to be the editor for the coming year and newsletter spotlights will be UBC, Montreal, MUN and Laval.. The main charge of this committee will be to find a new company and move the web site to a new host. A review of the English site has been undertaken and some of the text needs revising to reflect what Council is actually doing based on our newly approved objectives and goals. The French site is currently under review. The research database badly needs a mechanism to keep it up to date and to collect statistics on its use. Frank proposed that he contact the Faculties on a yearly basis regarding changes to their research faculty personnel. Changes to the data for individuals may be much more difficult to do. It was pointed out that the University of

Waterloo pharmacy faculty needed to be included in the data base. The teaching data base is a major project that should get underway as soon as possible.

Simon stated that AFPC would need to respond to Dean Hindmarsh's comment at the AGM that communication of AFPC activities needed to be improved. Rita said that we are all individuals and the interactions vary. Individual council members will need to figure out the best mechanism to communicate with their Dean. Having AFPC as a standing agenda item for faculty meetings might be a useful tactic to employ.

4.4 Conference Planning Committee 2009; 2010: (Halifax 2009 – Susan Mansour; Vancouver 2010 – Ingrid Price). Based on the Blueprint for Pharmacy document and the 3 education groups that are part of it (international pharmacy graduates, pharmacy technicians, domestic graduates) the question is do we want to provide opportunities for these groups to come together in a joint conference. It was thought that AFPC might have changed the title of the conference by then. Simon and Ingrid are to work on this for the upcoming midyear. The education committee is to help conference programming with a five year recommendation of program themes and types of presentations that might increase conference attendance.

4.5 Education Committee: Nancy is to continue as chair of this committee with Nese added as a new member and Ingrid to replace Anne Marie. Charges to the committee include detailing the terms of reference of the committee to be agreed on by council, recommending a name change for the conference, and developing opportunities for other groups to participate in the conference.

4.6 Executive Committee: The executive committee made up of Roy, Mike, Simon, Linda and Frank will function as in other years but will have the added responsibility of preparing for the new Executive Director search following the meeting next year in Halifax.

4.7 Fund Raising Committee: With the midyear meeting in Montreal, Roy and Frank should prepare to connect with Montreal pharmaceutical companies. Mike offered to be on this committee as well.

4.8 Nominating Committee: Simon is to chair the nominating committee. The main charge will be to identify a new President Elect and ask Manitoba for a replacement for Payal. Frank will notify Dalhousie, Montreal and Saskatchewan regarding representatives to Council for a three year term (2009 – 2012). Roy is to consult with Bev whether he is prepared to continue as the Saskatchewan representative.

4.9 PEP Canada Special Interest Group: Nancy Waite is the current representative from Waterloo on PEP Canada and represents this group at AFPC Council. Nancy stated that she is to be replaced on PEP Canada by another representative from the University of Waterloo. Nancy will remain as the AFPC representative of PEP Canada for now. Bev Allen was mentioned as a possible new AFPC representative to this group. Nancy spoke to the request of PEP Canada to have a seat on Council. This was confirmed by an earlier meeting of the PEP Canada co-chairs with the AFPC Executive. The intent of the proposal is to have closer communications between PEP Canada and AFPC Council. The rationale is based on the fact that experiential education is soon to become a major part of the curriculum. If a seat on Council is not feasible, PEP Canada would like to maintain regular reporting to Council and perhaps have a representative sit in on Council meetings as an observer. In the discussion that followed it was apparent that PEP Canada was not likely to gain a seat on Council. It was suggested that the President invite the local PEP person to sit in on meetings as an observer. Alternatively, the AFPC president or the executive director could sit in on meetings of PEP Canada when held during the annual AFPC Conference. PEP Canada also requested an opportunity to hold a forum either during the midyear or annual meeting and invite stakeholders to attend. A one day session on preceptor development and/or international pharmacy graduates was suggested as a theme for the forum. Discussion in Council indicated that we would need a written proposal from PEP Canada outlining the purpose and benefits of the forum, a budget and how funding would be obtained. The President and Executive Director should follow up with PEP Canada.

4.10 Planning and Finance Committee: Roy is to continue to chair this committee with assistance from Frank. Roy spoke about reserve funds - how much should be in the reserve and could we use reserve funds for special projects.

4.11 Program Evaluation Task Force: Ingrid inquired whether the program evaluation committee could become a standing committee of Council. This may still be a bit premature but the subject is to be raised again at the midyear meeting. Ingrid is to finish up the guide and create a web site that is convenient for faculty to access the guide. Ingrid will ask faculty representatives, who are intending to carry out evaluations within their respective Faculties this year, to request tools appropriate to the evaluations being undertaken. Ingrid, together with a consultant who she has hired, will then respond with a selection of tools for the evaluation task at hand.

4.12 **Research Committee:** John and Payal are to continue as co-chairs and charges include setting up a task force, in conjunction with the communications committee, to work on the data base information for faculty. Nese and Mike offered to help with the research and teaching data bases. The committee is to look at pharmacy practice research with a view to increasing the profile of PPR through conference presentation planning.

4.13 **Strategic Planning Committee:** Roy will continue to chair this committee, the main action for this exercise occurring at the midyear meeting. Discussion indicated that we needed to celebrate what has been accomplished and then set new actions items with people responsible along with appropriate timelines. The Blueprint and Moving Forward documents will need to be part of the strategic planning exercise.

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

5.1 **ADPC Representative:** Linda Hensman will resume this duty once her administrative leave is over at the end of this year. A big thank you to Rita Caldwell for filling in for Linda.

5.2 **Blueprint for Pharmacy Task Force:** Roy and Frank are to report formally to CPhA that AFPC officially approved the document at the AGM and are committed to action. Terri Schindel (Alberta) will represent AFPC for at least one more meeting of the Blueprint task force. It was suggested that the Blueprint and Moving Forward documents be sent out to Council prior to the midyear meeting for purposes of the strategic planning exercise.

5.3 **Canadian Council for Accreditation of Pharmacy Programs (CCAPP):** Frank reported that Carmen Vezina (Laval) is the newest AFPC representative to CCAPP. She joins Susan Mansour (Dalhousie) who was recently appointed to the CCAPP Board.

5.4 **Canadian Council for Continuing Education in Pharmacy (CCCEP):** Roy is to confirm whether Yvonne Shevchuk will continue as the AFPC representative.

5.5 **Canadian Pharmacy Practice Research Group (CPPRG):** It was decided that Nese would be our reporting person but she is not yet eligible for the CPPRG Board.

5.6 **Communications Editor:** Rebecca Law (MUN) has confirmed that she will continue as editor of the newsletter.

5.7 **Moving Forward – Pharmacy Human Resources Project:** Zubin Austin (Toronto) will continue to be our representative until this task force activity is completed.

- 5.8 **Pharmacy Examining Board of Canada:** Lavern Vercaigne (Manitoba) has recently joined PEBC but the term of Louise Mallet (Montreal) is drawing to a close. Dan Thirion (Montreal) has offered to serve as the AFPC representative to replace Louise.
- 5.9 **United States Pharmacopoeia representative:** Raimar Loebenberg (Alberta) will continue as the AFPC representative.
- 5.10 **Other Appointments:** IPE and Practice in Palliative and End of Life Care: Frank is to approach Andrea Cameron (Toronto) to be our representative.
- 5.11 **New position paper:** Ingrid and Roy are to work on a program evaluation position paper for publication.
6. **Business arising from the July 19, 2008 Council Meeting and July 20, 2008 AGM**
- 6.1 **Insurance for Council and Executive:** Simon stated that council members were to ask their individual universities if they are covered for liability when acting as an AFPC council member. It was decided that Simon should send out an email detailing the questions that Council members should ask their university administration. The information is to be collected in an excel document for discussion at the midyear meeting.
- 6.2 **Search for new Executive Director:** Roy and Simon reported that Frank had agreed to continue to 2010 as long as funds were made available to support administrative help. Roy asked Frank to consult the Executive once the details of this administrative support are known.
7. **New Business:**
- 7.1 **Confirmation of Date and Time for Mid-year Meeting:** The meeting will be held in Montreal during the month of January 2009. Frank is to send out possible dates for approval.
- 7.2 **Confirmation of Date and Time for 2009 Conference:** The conference will be held at the Lord Nelson Hotel in Halifax, June 3-5, 2009.
- 7.3 **Confirmation of Date and Time for 2010 Conference:** Frank reported that he was working with CSPA on the choice of a hotel for Vancouver in 2010.
8. **Other Business:**
- 8.1 **Format of Meetings:** Nancy questioned the need for both the Annual and New Council Meetings and asked if they might be combined. This was not likely given that the AGM

defines that a new council meeting should be convened thereafter. Mike commented that reports from the Annual Council and AGM should suggest future direction or action plans for the New Council meeting. New members to Council should be invited to sit in at the Annual Council Meeting as observers. Simon stated that the President and Executive Director should look into the process of AFPC annual meetings.

9. **Adjournment:** Following adjournment council engaged in a lively discussion of pharmaceutical care and changing practice and how AFPC might best support this.

Recorder: Frank Abbott with assistance from Ingrid Price.

PART 3

REPORTS OF AFPC STANDING COMMITTEES, REPRESENTATIVES AND DELEGATES

2008

Association of Faculties of Pharmacy of Canada
Annual General Meeting
July 20, 2008
Chicago, Illinois

President's Report

I find it hard to believe that my term as AFPC President is coming to a close. Wasn't it just yesterday that I was handed the AFPC gavel in Montreal? Although my term as President has gone by far too quickly, it has been an honour and pleasure to serve the Association for this short time. This past year has provided me with a unique opportunity to experience just how important and necessary the work of AFPC is, as well as to appreciate the level of energy and commitment required to run a volunteer organization like AFPC with limited resources. In my view it speaks volumes about the tremendous level of talent, dedication and creativity of the AFPC Executive, the Council and the broader membership and why, year after year, we are able to make significant contributions to issues of national importance for academic pharmacy, the profession, and the Canadian health care system. It has been a pleasure representing AFPC over the past year and I have truly enjoyed working with the Executive and Council as well as with the many other AFPC members that I have had the privilege of working with. On a personal note, the synergies and fun that the Executive and Council share is rare and in my view is one of the real strengths of AFPC. I will always have plenty of time for AFPC and a great respect for the people that are involved in AFPC activities and contribute to its on-going work.

Guided by AFPC's strategic plan, I would like to report on some of the significant accomplishments of the Association during the 2007-08 academic year. You will hear complete details of these and all the work of AFPC through the committee reports that follow shortly.

1) **Wal-Mart Canada/AFPC Future Academic Leader Award:** Through the generous support of Wal-Mart Canada, AFPC will be offering the Wal-Mart Canada/AFPC Future Academic Leader Award for the first time at this year's annual meeting. Although the adjudication process was difficult, five very deserving candidates have been chosen as the first recipients of this new AFPC award. The award winners will be announced at the AFPC Award Banquet on July 20 as well as at the closing conference banquet on July 22.

2) **PEP Canada:** This past year has seen PEP Canada continue to emerge as an autonomous and very active group representing all Canadian pharmacy schools. Under the enthusiastic leadership of Cheryl Cox (University of Alberta) and Kelly Brink (University of Manitoba) PEP Canada has established a PEPC website accessible from the AFPC website as well as created a PEPC WebCT site for their on-going business activities. Through the generous support of ADPC, PEP Canada has also established an annual face-to-face meeting as part of the AFPC annual meeting and will meet here in Chicago on July 20. In addition, PEP Canada is once again an integral component of the AFPC conference program, presenting on July 21. We look forward to their continued growth and future contributions to dealing with the challenges facing experiential training in Canada.

3) **AFPC Website:** The AFPC website has had some successes and faced some challenges over the past year. In terms of successes, the AFPC Researcher's Directory was launched in July 2007, Rx&D has provided a generous financial contribution for the development of an AFPC Teacher's Directory, and a review of the English site was completed with a review of the French site underway. In terms of challenges, the development of the AFPC Teacher's Directory and an updating of AFPC's English and French sites represent "bigger than expected" projects for Council. In addition, finding a new website management company, a priority for council, has

been hampered by the copyright negotiations needed between AFPC and Planetfish Design, AFPC's website management company since 2002. With the AFPC website copyright issues resolved, it is anticipated that the AFPC website will be a focal point of the Association's activities over the next year.

4) **The Joint AFPC/AACP Conference:** Organization of the joint AFPC/AACP conference this year has been a major focus of AFPC activities over the past year. Liaising with the AACP organizing committee in addition to the usual conference organizing activities and responsibilities has provided some distinct challenges. I would like to thank the chair of the organizing committee Lalitha Raman-Wilms and her University of Toronto organizing committee members, Zubin Austin, and Andrea Cameron, as well as Nancy Waite from the University of Waterloo for the outstanding job they have done in putting this year's conference together. An exciting program has been created and we look forward to a successful meeting.

5) **Program Evaluation Task Force:** The Task Force, chaired by Ingrid Price and generously supported by ADPC, has made significant progress on the development of the AFPC Guide for Program Evaluation for Canadian Faculties of Pharmacy. While the intent of the Guide is to provide all Faculties with the means to evaluate and improve their curricula in meaningful, efficient and effective ways, the importance of the national scope of this project and its focus on building evaluation expertise within Faculties is equally important. On behalf of AFPC I would like to thank Ingrid and her national committee for their outstanding work on this important AFPC initiative.

In closing, I would like to thank the AFPC Executive and Council for your hard work, encouragement, and support over the past year. You have made this experience a rewarding one for me and a successful one for AFPC. I also look forward to working with my successor, Roy Dobson, who will be your President for the 2008-09 academic year. Roy brings a wealth of experience to the role of AFPC President; the Association will be in very good hands next year. And finally, I must give a special thanks to our Executive Director, Frank Abbott. Over the past year I have experienced first-hand the level of dedication and commitment Frank brings to AFPC. We are truly fortunate to have someone as experienced and knowledgeable about academic pharmacy and the profession to keep the Association functioning as it does.

To the membership, I hope you enjoy this year's joint meeting with AACP and I look forward to seeing you next year in Halifax.

Respectfully submitted,

Simon Albon, M.Sc.
AFPC President (2007-08)
July 12, 2008

**Awards Committee Report
AFPC Annual General Meeting
Sheraton Chicago Hotel & Towers
Sunday, July 20, 2008**

1. Awards for 2008:

Award	Number of Nominations	Award Recipients
Merck Frosst Canada Inc. Postgraduate Pharmacy Fellowship Award	4	Antonia Tsallas, University of British Columbia
AFPC-AstraZeneca New Investigator Research Award	5	Frédéric Calon, Université Laval
AFPC Bristol-Myers Squibb National Award For Excellence In Education	2	Not awarded this year
The AFPC-Pfizer Research Career Award	3	Kishor Wasan, University of British Columbia
GLAXOSMITHKLINE / AFPC Graduate Student Research Award	15	Marie Lordkipanidzé, Université de Montréal
Wal-Mart Canada/AFPC Future Academic Leader Award	8	Jennifer Beales, University of Toronto Kelly Anne Grindrod, UBC Stephanie Lucas, Dalhousie University Cynthia Lui, University of Manitoba Véronique Michaud, Université de Montréal
AFPC-Pharmacy Student Research Poster Awardees Best Poster Awards (2)	9	See list that follows: To be awarded, July 20, 2008.
Whit Matthews Graduate Student Poster Award	7	To be awarded, July 20, 2008.

AFPC-PHARMACY RESEARCH POSTER AWARDS 2008 / 2008 PRIX DE LA AFPC POUR LA
RECHERCHE EN PHARMACIE
(AFPC PHARMACY STUDENT NATIONAL POSTER AWARDS)

Dalhousie University:

J R Colin Enman

Supervisor: Harriet K.A. Davies

“Designing web-based interactive modules to instruct pharmacy adjunct faculty how to use Dalhousie Libraries’ electronic resources”

Memorial University of Newfoundland:

Mohamed A. Shaker

Supervisor: Husam M. Younes

“Synthesis and Characterization of Poly (diol-tricarballlylate) Photocrosslinked Biodegradable Elastomers”

University of Alberta:

Sherif Hanafy Mahmoud

Supervisor: Fakhreddin Jamali

“Drug-disease Interaction: Reduced Verapamil Response in Isoproterenol-induced Myocardial Infarction Rat Model”

University of British Columbia:

Manhar Powar

Supervisor: Adil Virani

"Pattern of Use of Meropenem in Acute Care Setting"

Université Laval:

Mélanie Bousquet

Supervisor: Frédéric Calon

“Beneficial effects of dietary omega-3 polyunsaturated fatty acids in an animal model of Parkinson’s disease ”

University of Manitoba:

Daryl Fediuk

Supervisor: Xiaochen Gu

“Tissue Deposition of Repellent DEET and Sunscreen Oxybenzone in Rats”

Université de Montréal:

Vincent Nichols

Supervisor: Jean-François Bussières

“Project ORANGE: a qualitative study to understand physicians’ and pharmacists’ lack of participation in pharmacovigilance”

University of Saskatchewan:

Tara M. Smith

Supervisor: Adil Nazarali

“Loss of Hoxa2 Gene Expression Results in Cleft Palate in Mice via Altered Downstream Signaling Pathways”

University of Toronto:

Danny L. Costantini

Supervisor: Raymond Reilly

“Trastuzumab resistant breast cancer cells remain sensitive to the Auger electron-emitting radiotherapeutic agent ¹¹¹In-NLS-trastuzumab and are radiosensitized by methotrexate”

2. Electronic handling of award nomination packages

This year all nomination packages (except for one) were submitted electronically in PDF to the Executive Director. The Executive Director then forwarded the files to the Chair of the Awards Committee, who in turn forwarded them to the reviewers. This was a major change for all involved, but it appears to have been a welcome change. Reviewers were positive about receiving award files electronically, although several commented that they printed the submissions upon receipt, so a reduction in paper used may not have occurred and we may have only transferred the location of printing. Some of the nomination files were very large and this lead to some difficulty in their transfer. It is possible that we can give nominators further

direction for submitting files, which will lead to smaller file size, or that a management system, such as the Online Journal Systems (<http://pkp.sfu.ca/?q=ojs>) could be used.

3. Potential Changes to Awards

AFPC - BMS Teaching Award – A committee of three reviewers was unable to select a recipient from two worthy nominations. They suggested that new criteria be determined, that are agreeable to the donor. Question: Are we looking to recognize excellence in teaching (i.e., specific occasion/methodology) or “life-time” excellence in teaching (i.e., continuing contributions)?

Merck Frosst Canada Postgraduate Research Fellowship Award – Two modifications suggested: 1. Request statement by nominator of student’s citizenship status as an addition to nomination package. 2. In addition to the basis for selection listed: academic performance, publication activity, and fields of research in need of support, suggest addition of “other indicators of potential for a successful research career”.

AFPC - Pfizer Research Career Award – Nominators must gather the opinions of three reviewers, one who must be from outside Canada. Modification suggested: That reviewers be from outside nominee’s own Faculty or that no more than one reviewer should be from within candidate’s own Faculty.

GSK – AFPC Graduate Student Research Award – There is considerable interest in this Award with 15 nominations received. These nominations were split approximately 50:50 science-base and practice-base. Suggestions: 1) Investigate the possibility of increasing funding or seeking another funding source so that two awards can be made. 2) To assist with determining reviewers for these papers, nominators should be asked to indicate whether paper is practice-based or science-based.

4. Acknowledgement of Reviewers

Thirty AFPC members (list of names attached) participated as reviewers of awards this year. This shows tremendous support of our Awards program by the membership and their hard work is very much appreciated. As well, the help and advice of Executive Director Frank Abbott and former Awards Committee Chairs, Roy Dobson and Sylvie Marleau is also very much appreciated.

5. Reviewer “Database”

An Excel file has been created to help keep track of faculty members who have served as award reviewers (e.g., the awards they have reviewed and year of review) and their particular talents (i.e., ability to read both French and English; have been past recipient of specific award). This

should be a helpful resource for future Award committees, but we must be mindful of the need to recruit new reviewers and to not fatigue faithful reviewers.

Respectfully submitted,
Mary MacCara
Chair AFPC Awards Committee

The Awards Committee acknowledges and thanks the hard work and dedication of the following
Award Reviewers for 2008:

Remi Agu	Dalhousie University
Jane Alcorn	University of Saskatchewan
Silvia Alessi-Severini	University of Manitoba
Stelvio Bandiera	University of British Columbia
David Blackburn	University of Saskatchewan
Frank Burczynski	University of Manitoba
Jean-François Bussi�res	Universit� de Montr�al
Fr�d�ric Calon	Universit� Laval
Kerry Goralski	Dalhousie University
Yeuwan Gong	University of Manitoba
Ayman El-Kadi	University of Alberta
Mo Jamali	University of Alberta
Jamie Joseph	University of Waterloo
Ed Krol	University of Saskatchewan
Rebecca Law	Memorial University
Jean Lefebvre	Universit� Laval
Mary MacCara	Dalhousie University
Louise Mallet	Universit� de Montr�al
Susan Mansour	Dalhousie University
Alan McIntosh	University of Manitoba
Colleen Metge	University of Manitoba
Adil Nazarali	University of Saskatchewan
Fred Remillard	University of Saskatchewan
Jeff Taylor	University of Saskatchewan
Lili Wang	Memorial University
Shawn Wettig	University of Waterloo
Pol Yeung	Dalhousie University

As well, the support and advice given by Executive Director Frank Abbott and former Chairs of the Awards Committee, Roy Dobson and Sylvie Marleau, is very much appreciated.

AFPC BY-LAWS COMMITTEE REPORT
AFPC AGM, Chicago, Illinois
July 20, 2008

By-Laws Committee Members

Simon Albon (President)

Dr. Frank Abbott (Executive Director)

Dr. Anne Marie Whelan (Past President, Chair)

AGM 2007: Amendments to the by-laws were approved

January 2008: Dr. Abbott forwarded changes to Corporations Canada for review

April 2008: I am very pleased to report that the changes have been approved by Corporations Canada and have now been posted on the AFPC website.

This set of changes to the By-laws was started several years ago and required continued communication as the members of the Committee changed. On behalf of the Committee, I would like to thank Dr. Frank Abbott for providing the direction and continuity required to accomplish this task. We would also like to thank Zubin Austin, Susan Mansour, Sylvie Marleau and Lavern Vercaigne for their work and dedication to seeing these changes approved.

Respectfully submitted,



Anne Marie Whelan, Chair
AFPC Past President

**Association of Faculties of Pharmacy of Canada
Annual General Meeting
July 20, 2008
Sheraton Chicago Hotel and Towers
Room: Huron, Level 2
Chicago, Illinois**

Communications Committee Report

Membership: Simon Albon, Chair as of June 2007 (UBC)
John Hawboldt (Memorial University of Newfoundland)
Rebecca Law (Memorial University of Newfoundland)
Jean Lefebvre (Laval University)

Committee Activities:

1) AFPC Newsletter:

The newsletter continues to be published three times per year (January/February, April/May, September/October). AFPC councilors in each Faculty provide newsletter submissions to Rebecca Law, the newsletter editor, for publication. On a rotating basis (approximately once every three years) each Faculty is asked to provide a “Spotlight” for the newsletter highlighting specific activities within the Faculty. Spotlights for 2008 included University of Waterloo, University of Toronto and later this year, the University of British Columbia. Submission deadlines for Spotlight are the same as the AFPC Newsletter submission deadlines (the last Wednesday of January, April and September). Final submission deadlines are typically sent out in early December each year; Spotlights for 2009 are anticipated to be University of Montreal, Memorial University of Newfoundland and Laval University. The newsletter format (including content headers and bolding) is provided for reference below to help streamline the editing process for Rebecca:

1) Academic Appointments, Promotions, Resignations, Retirements

2) General Faculty News: any issues of a broad faculty-wide nature

- 3) Individual Faculty News:** - presentations, publications, honours and awards, other noteworthy contributions etc.
- **Grants** (or as New Patents, New Grants, Grant Renewals etc.)
- **Student News** (eg. Degrees Granted, major student awards or achievements, etc.)

4) Major Visitors:

5) Other things: (eg. Opportunities, Education Corner, In Memoriam, etc.)

6) AFPC COMMUNICATION NEWSLETTER FORMATTING ISSUES

For consistency of submissions in the newsletter, please use the following guidelines in your submissions:

- Please **DO NOT** indent paragraphs, or use hanging indents.
- Please **DO NOT** format with additional spacing before or after each paragraph (as is done here with this paragraph). To separate paragraphs, please <return> twice to give an extra blank line between paragraphs.
- Please **DO NOT** double-space your entire submission. Use single spacing except between paragraphs.
- Please **DO** use Times New Roman, Normal, 11 font. (This is the usual font type in the newsletter).
- Please submit the document in Microsoft Word, if possible. (Rebecca can convert from Word Perfect if necessary).
- Photographs to be included with Newsletter submissions should be sent to the newsletter editor in a separate email as a GIF or JPEG file (300 dpi). Please **DO NOT** include photographs embedded as part of the newsletter submission.

NOTE: The Communications Committee would like to thank Rebecca Law for the outstanding job she continues to do as editor of the AFPC Newsletter.

2) AFPC Website

- AFPC Research Expertise Database:** research database went live in July 2007. Data on extent of use is not available at this time. A process for updating the research database is currently under development.
- PEP Canada Presence on AFPC Website:** a link to the PEPC website was added to the AFPC website last fall (2007). A recent review of the PEPC site was completed; the changes to the PEPC site have not been completed at this time.
- AFPC Website Maintenance:** website maintenance continues to be performed by Planetfish Design; this involves simple changes to the website along with posting of new documents. Planetfish is willing to continue working with AFPC in this minimal capacity until a new web management company has been identified.
- Website Content and Search Stats Review:** the review of both the English and French sites was initiated. An initial review of the English site has been completed and changes to the content and navigation system have been identified (primarily for consistency throughout the site including the ADPC and PEPC sites). With recent changes in AFPC Bylaws much of the AFPC website content will need to be rewritten and updated. Updating the navigation system has been identified as task to be completed as funds become available. Re-establishment of a search protocol for the website (to generate website use stats) has not been completed.
- AFPC Teaching Expertise Database:** Rx&D has provided funding to establish the AFPC Teaching Database (\$8,000.00). The project is in the planning stages at this time and represents a “bigger than expected” project for council. Council has suggested that a separate teaching database be created to include both those members currently found in the research database as well as those that are teaching in Canadian pharmacy programs

but are not currently engaged in research. The teaching database is anticipated to be much larger than the research database and provide significantly different information. The structure of the database, the information to be included, and the database search criteria requires further clarification. Some teaching information has been collected.

- f) Identifying a New Website Management Company:** While Planetfish continues to maintain the AFPC website, the company is “phasing-out” their website production/management business. Although no precise termination date has been set, Planetfish will no longer provide website services for AFPC. Negotiations with Planetfish regarding copyright issues have been delicate but have proceeded amicably. AFPC retains full copyright over the site except for some of the unique coding underpinning the site architecture (Planetfish has agreed to provide the copyrighted coding; in return AFPC has been asked to work with our new website management company to respect the copyright wishes of Planetfish). One company has been interviewed as a possible replacement for Planetfish but no decisions have been made at this time; finding a new website management company is a top priority for council. Replacement of Planetfish will require finding a new website hosting company as well. These issues have contributed to slow progress on many website projects.

NOTE: The Communications Committee would like to thank Felicia Lo and Planetfish for their outstanding contributions to AFPC over the years (for the AFPC logo project and Website development).

Respectfully submitted,

Simon P. Albon

AFPC Education Committee Report
AFPC Annual General Meeting
Sheraton Chicago Hotel & Towers
Chicago Illinois
Sunday, July 20, 2008

Members: Nancy Waite (Chair), Anne Marie Whelan, Daniel Thirion

The focus for this committee was to determine the Education Committee Charge for the next several years.

Activities:

1. Preliminary work to determine potential Committee activities

In the Fall 2007/Spring 2008 several phone calls occurred with Committee members, Simon Albon and Frank Abbott to discuss potential activities for the Education Committee.

The following options were brought forward at the AFPC Midyear meeting:

- I. A re-evaluation of the AFPC conference to encourage broader participation and new delivery models:
 - a. Horizon gazing (ADPC, approach key leaders, Blueprint etc) to identify issues where educational programs would be beneficial (e.g. changes in practice, assessment, non-traditional programs, bridging programs etc). This would then be fed back to the Conference Committee as themes for upcoming AFPC conferences or for separate educational sessions.
 - b. Recommend changes in the conference format such as Institutes/workshops that would better support teaching and research excellence in pharmacy education
 - c. Consider renaming AFPC Conference. Consider a name that would:
 - give a clearer identity to the conference (e.g. Pharmacy Education Conference or Promoting Teaching and Research Excellence in Canada)
 - attract a broader range of pharmacy educators (e.g. lab coordinators)
 - touch on a wide variety of teaching including traditional pharmacy curricular issues, residency programs, pharmacy technicians
- II. Respond to national inquiries regarding educational initiatives (e.g. CCAPP revision)
- III. Provide direction to AFPC as to when and how BScPhm and PharmD Outcomes should be updated.
- IV. Support an initiative to identify educational experts in Canada that Faculties and AFPC could draw on.
- V. Revise the AFPC Mission Statement for Pharmacy Education

2. Feedback from the AFPC Midyear Executive meeting

The above options were presented to the AFPC Executive. As several of these were larger undertakings it was identified that the Strategic planning afternoon session would provide guidance regarding whether these areas were an AFPC priority.

Other comments included: Item III was best discussed and managed at the Executive Committee level. Item IV was going to be discussed/managed by the Communications Committee.

The afternoon Strategic Planning session identified 3 priority items. One of these was:

Conference Planning relevant to mission:

To promote excellence in pharmacy education, research and scholarly activity by showcasing and promoting innovations in pharmacy teaching and research.

It was felt that many of the items under option II above would fit into this priority item. Individuals were identified to lead these strategic planning areas with an attempt to spread the workload across the Executive Committee members. For the Conference Planning item Payal Patel (chair), Mary, Nese would be involved, with additional support provided as needed by Ingrid, John, Lalitha, Nancy, Anne-Marie.

One of the additional areas that was identified as requiring attention was:

Educational Outcomes:

To promote excellence in pharmacy education, research and scholarly activity (Develop and continually update educational outcomes). Simon and Frank will follow up with Nancy Winslade to revisit her availability, interest and consulting proposal to update the educational outcomes.

At this time no further action items were identified as a priority for the Education Committee.

Respectfully submitted:

Nancy Waite
Chair, Education Committee

AFPC NOMINATING COMMITTEE REPORT
AFPC AGM, Chicago, Illinois
July 20, 2008

Nominating Committee Members:

Professor Rita Caldwell (ADPC)

Simon Albon (President)

Dr. Frank Abbott (Executive Director)

Dr. Anne Marie Whelan (Past-President, Chair)

NOMINATION OF COUNCILLORS FOR 2008-2011 TERM

Memorial University of Newfoundland: John Hawboldt (second term)

Laval University: Frédéric Calon

University of Toronto: Lalitha Raman-Wilms (second term)

PRESIDENT ELECT

I am very pleased to announce that Dr. Mike Namaka, from the University of Manitoba, has accepted the nomination as President-Elect.

As many of you know, Mike completed a six year term as a Councillor with AFPC. During his tenure he served as Chair of the Research Committee. Under his guidance, the committee started to annually collect and compare statistics on posters presented at the AGM, facilitated the collection of information on pharmacy researchers in Canada for the website, and advanced the profile of research within the organization and Faculties across Canada.

Respectfully submitted,



Chair, Nominating Committee

**PEP Canada Report to AFPC
Annual General Meeting
Sheraton Chicago Hotel & Towers
July 20, 2008**

1. CCAPP Standards

PEP Canada has provided CCAPP with feedback on the new draft of standards. Five of the 10 schools responded through PEP Canada with the remaining members responding through their individual faculties. Common themes were identified for several of the guidelines. (copy attached)

2. Communication Strategies

A Web CT site has been created for the PEP Canada group hosted by the University of Alberta. It is a password protected site and will enable members to pose questions/discussion topics, store reference materials, documents, presentations, meeting minutes, and links to pertinent websites.

3. Proposal for Meetings and Presentation at AFPC/AACP Meeting in Chicago:

PEP Canada is a network of experiential faculty members from across the country and this network provides opportunities for sharing course materials and resources and for collaborating on common issues in the country. It is felt that attending this meeting is a critical step in the enhancement of experiential education within pharmacy across the country.

The following goals have been identified for our ongoing participation in the annual meeting of AFPC:

- a. Disseminate the work of PEP Canada and its members at a national level
- b. Increase awareness of the complexity and necessity of experiential education in developing professional competencies within the pharmacy curriculum
- c. Collaborate on scholarly activities to enhance experiential education in Canada
- d. Champion the pursuit of additional resources for experiential education within Universities to be able to:
 - i. enhance the provision of academic support for pharmacists as they develop their practice as competent and skilled preceptors.
 - ii. be able to meet the learning needs of their students and the expectations of the curriculum within their workplace.
 - iii. learn how to best coach students as they engage in a personal learning journey and take on the professional identity of a pharmacist.
 - iv. Better understand the complexity of the transition from learning to practice and ways to support students in the provision of collaborative patient centred care.

Participation in the AFPC/AACP Meeting 2008

I. AFPC Presentation

- a. Patient safety and recommendations for inclusion within the pharmacy curriculum
- b. Current status within experiential programs across Canada

Actions to date:

- Annie Lee as a PEP Canada member and U of T partner, participated in meeting of expert working group formed to develop curricular material for the University of Waterloo
- The curriculum materials produced by this expert working group were reviewed by PEP Canada.
- PEP Canada will develop recommendations for a national curriculum which will assist faculties with the incorporation of patient safety within experiential programs across the country.
- Would like to acknowledge the contributions of the University of Waterloo

Proposed Outcomes of the Project:

- A process for linking the didactic course materials with the experiential program or off-campus courses
- Greater understanding of the advantages and challenges of building continuity between the on-campus and off-campus courses
- Experience in collaborating on a national level to develop curriculum materials for experiential programs

II. PEP Canada collaboration with the Experiential Education Section of AACP

The PEP Canada co-chairs were invited to become members of the 2008 AACP-AFPC Annual Meeting Experiential Education Programming Committee. PEP Canada co-chairs participated in multiple teleconferences and program planning. It became obvious that issues and concerns with respect to experiential education are common to both countries. Our American colleagues are very interested in what is happening in Canada.

The chair of the programming committee is Philip M. Hritcko, who is the Director, Experiential Education at the University of Connecticut.

FYI – The PEP SIG of AACP has recently been approved as the Experiential Education Section within AACP.

As a section, Experiential Education has two 90 minute program opportunities within the AACP Annual Meeting. The theme of the first session is Early Experiential Education Programs. PEP Canada member Harriet Davies of Dalhousie will be one of the panel members during this session and will present a description of the Canadian programs and tips

for successful implementation of early experiential programs. The second session will address the Regionalization of Programs to Enhance Quality.

III. Posters at AFPC/AACP Chicago conference

PEP Canada had two posters accepted for the conference.

- A. Innovations in experiential education in Canada
- B. Formation of PEP Canada

4. National Guideline for Site selection

Wanda Spurrell from MUN has collected criteria used by each program when selecting community pharmacy sites for the experiential programs. The next step for PEP Canada is to formulate a national guideline for site selection.

5. Teleconferences

Teleconferences were held Sept 27, 2007, February 4, 2008 and April 29, 2008. Financial support from AFPC is greatly appreciated.

6. Co-Chairs for 2008-2009 are Kelly Brink (Manitoba) & Wanda Spurrell (Memorial) – The group recommended that the position of Co-chair be a two year term, alternating to enhance consistency.

7. Publication: A summary of the 2007 PEP Canada presentation was published in the AFPC newsletter (September 2007). PEP Canada approved publishing a summary of their presentation on an annual basis.

8. Agenda Items for Annual PEP Canada Meeting

- a. Selection criteria for Community sites
- b. Alternatives to traditional community and institutional sites
- c. Pyramidal learning as a way to enhance capacity
- d. Roles of experiential education coordinators
- e. Opportunities to work with stakeholders (e.g. CSHP)

Respectfully submitted:

Cheryl Cox & Kelly Brink (Co-chairs 2007-2008)

**AFPC Annual General Meeting
Sheraton Chicago Hotel & Towers
Chicago Illinois
Sunday, July 20, 2008**

Program Evaluation Task Force Progress Report

Task Force Members: Ingrid Price (Chair), Anne Marie Whelan (AFPC representative), Linda Hensman (ADPC representative), David Hill (CCAPP), John Hawboldt (MUN), Mary MacCara (Dalhousie), Céline Brunelle (Laval), Claude Mailhot (Montreal), Lalitha Raman-Wilms (Toronto), Nancy Waite (Waterloo), Silvia Alessi-Severini and Colleen Metge (Manitoba), Roy Dobson (Saskatchewan), Sheila Kelcher (Alberta), David Fielding (UBC).

Charge: To develop "An AFPC Guide for Program Evaluation for Canadian Faculties of Pharmacy"

Details: This guide should provide a program evaluation planning model with tools that schools can use.

PROCESS FOR DEVELOPMENT:

Guiding principles:

- Participatory process through national collaboration
- Build capacity in each school in Canada
- Guide is adaptable to different contexts & needs
- Program evaluation is sustainable
- Program evaluation is integrated into day-to-day functioning of school

Progress to date:

1. Met with accrediting body director to identify specific requirements for program evaluation
2. Committee with representatives from all pharmacy schools in Canada created.
3. Framework for program evaluation planning section of guide created:
 1. Program described
 2. Key stakeholders (students, faculty, employers, profession, etc.) identified
 3. Priority evaluation areas identified:
 1. Learning assessment methods
 2. Strategic plan
 3. Entry-to-practice competency
 4. Student satisfaction
 5. Competency of teaching faculty
 6. Admissions
4. Task Force broke into smaller working groups to develop and submit:
 - Clear evaluation questions for each priority area
 - Identified standards, indicators, sources of data and type of evaluation tool(s)
5. Submissions collated to identify gaps and make suggestions for improvement.
6. Submissions edited and fed back to working groups for further deliberation.
7. Three evaluation areas developed from questions to tools for presentation to committee at AGM in Chicago.

Next steps:

1. Draft of overall guide completed and provided to committee for feedback (*Aug/08*)
2. Committee members identify areas they wish to use in their school's program evaluation (*Sept/08*)
3. Additional tools developed on an as-needed basis - *ongoing*
4. Schools carry out evaluation and provide feedback to committee re: tool validity and process efficacy and resource intensity - *ongoing*

SECTIONS OF GUIDE:**Program Evaluation Plan:**

- 1) Describe the program (pharmacy specific examples in Appendix A)
- 2) Determine responsibility (who will conduct the evaluation)
- 3) Identify stakeholders
- 4) Identify goals of the evaluation
- 5) Prioritize evaluation efforts (selected program areas to evaluate)
- 6) Develop evaluation questions (pharmacy specific examples in Appendix B)
- 7) Identify criteria for evaluation (standards for success) (pharmacy specific examples in Appendix B)
- 8) Identify indicators (evidence) (pharmacy specific examples in Appendix B)
- 9) Identify sources of data (pharmacy specific examples in Appendix B)
- 10) Select/design evaluation tools to answer each question (pharmacy specific examples in Appendix C)
- 11) Create an implementation plan
- 12) Conduct the evaluation
- 13) Analyze results
- 14) Apply results to enhance program

Appendices:

- Appendix A: Generic Descriptions of Undergraduate Canadian Programs of Pharmacy
- Appendix B: Key questions to evaluate Undergraduate Canadian Programs of Pharmacy
- Appendix C: Sample tools to evaluate key questions
- Appendix D: Program evaluation budget information
- Appendix E: Additional evaluation resources

Respectfully submitted by:

Ingrid Price (Chair of AFPC Program Evaluation Task Force).

AFPC Annual General Meeting
Research Committee Annual Report
Payal Patel and John Hawboldt (Co-Chairs)
July 20, 2008

This year has been a productive year with the research committee. As the co-chairs we identified two areas that we explored in this year. First it was felt that pharmacy practice research should be highlighted and pursued by AFPC. This is an on-going process that has begun in conjunction with the Canadian Pharmacy Practice Research Group (CPPRG). A second priority within the committee was to assist in the modification of the AFPC Research and Teaching database. This will be completed in conjunction with the other AFPC councilors.

Respectfully submitted,

Payal Patel

John Hawboldt

STRATEGIC PLANNING COMMITTEE REPORT (Roy Dobson)

The Strategic Planning Committee met on Sunday, February 3, 2008 during the AFPC Midyear meeting in Toronto and included all council members present. The strategic planning process consisted on four steps: 1) a review of the current strategic plan (distributed earlier) to confirm the completeness of the plan and that it still reflected the goals of AFPC; 2) each council member individually identified the 3 most important things AFPC should be doing to achieve the goals of the organization; 3) in groups of 3-4, members shared their priority items with their group and as a group came to consensus; 4) each group presented their top 3 choices and as an entire committee, choose the top 3 priorities.

The three top priorities identified for action:

1. Program evaluation

Objective 1.2: To support members, Deans and Faculties in advancing knowledge, skills and expertise critical to pharmacy education, research and scholarly activity (Develop means for program evaluation).

2. Funding

Objective 4.1: To secure independence through consistent, long term funding for the ongoing operations of AFPC that will allow for special projects (Identify and pursue additional funding sources).

3. Conference Planning relevant to mission

Objective 1.1a: To promote excellence in pharmacy education, research and scholarly activity by showcasing and promoting innovations in pharmacy teaching and research.

Two additional priorities were identified as areas that need action:

Web Site Development:

Objective 2.1: To provide members and external organizations with the ability to easily identify and access AFPC members with skills in specific areas (Identify faculty member expertise and provide a listing of faculty and their expertise on the AFPC web site)

Objective 1.2: To support members Deans and Faculties in advancing knowledge, skills and expertise critical to pharmacy education, research and scholarly activity (Develop a repository of innovations and activities in Canada)

Educational Outcomes:

Objective 1.1: To promote excellence in pharmacy education, research and scholarly activity (Develop and continually update educational outcomes).

ASSOCIATION OF DEANS OF PHARMACY OF CANADA
Annual Meeting Report to
The Association of Faculties of Pharmacy of Canada (AFPC)

The Annual Meeting of ADPC was held in Kelowna, British Columbia, October 14-15, 2007, with all members in attendance.

In addition to the annual business meeting, ADPC participated in a group discussion with Dr. Neil MacKinnon on the common themes from the "Moving Forward" Human Resources Study and heard a presentation from Steve Long from CSHP on the Impact of Hospital Pharmacist Shortage. Discussions were also held with Dr. David Hill from CCAPP on future directions and initiatives of CCAPP. The Deans also explored areas of potential collaboration with the Board of the Canadian Foundation for Pharmacy.

Dr. Ingrid Price, Chair of the ADPC Program Evaluation Task Force in conjunction with Tom Sork, also of UBC, led a very successful Program Evaluation Workshop.

The new Executive for 2007/2008 was elected:

Dr. Franco Pasutto – President
Dr. Robert Sindelar – Past President
Dr. Dennis Gorecki – Treasurer

Professor Rita Caldwell will serve as the ADPC Representative to AFPC while Dr. Linda Hensman is on sabbatical.

In January, the Deans held one other meeting in Vancouver with Dr. David Hill, CCAPP, to discuss the draft accreditation standards.

On behalf of ADPC I would like to thank Dr. Frank Abbott for his outstanding dedication to ADPC and AFPC.

Rita K. Caldwell, BSc(Pharm), MHSA
ADPC Representative to AFPC



CANADIAN
PHARMACISTS
ASSOCIATION

ASSOCIATION DES
PHARMACIENS
DU CANADA

Report From the Academic Board Member on the Canadian Pharmacists Association Board July 10, 2008

As a CPhA Board member it has been a busy year, with three Board meetings, conference calls and our annual CPhA conference held in Victoria, British Columbia in May. There are several initiatives going on across Canada which are setting the stage for the future of our profession: provinces are legislating an expanded role for Pharmacy, the Blueprint for Pharmacy was launched and the recommendations from the Moving Forward task force were also released. It is an exciting time to be involved as the academic Board member for CPhA.

This year Linda Suveges from the University of Saskatchewan and myself served on a task force to examine student membership in CPhA. Starting in September student membership will be available free to all pharmacy students in Canada. All graduating students will also receive a free one year membership. The campus tour will be discontinued and CPhA will be interacting with the students more frequently on a formal and informal basis through various special programs and attendance at our campus-based activities.

Another initiative I am continuing to advocate for is the introduction of free licenses to e-Therapeutics and e-CPS available to each school of pharmacy in Canada. I think there may actually be some movement on this front.

The following is an overview some of the activities over the past year :

The Blueprint for Pharmacy

The Blueprint will bring together pharmacists' groups from across Canada to define a vision and clear action plan for the future of pharmacy. The Taskforce has developed a common vision – optimal drug therapy outcomes for Canadians through patient-centered care – that will set the stage for the future of the profession and practice change. The Blueprint identifies priority action steps within five key elements: pharmacy human resources; education and continuing professional development; information and communication technology; financial viability and sustainability; and legislation, regulation and liability. Expert working groups are now developing national implementation plans within each of these areas.

The Task Force is asking pharmacy organizations and individual pharmacists across the country for their formal support of the Blueprint Vision for Pharmacy and a commitment to work collaboratively with the Task Force and working groups as they develop implementation plans. By signing a Commitment to Act, pharmacy organizations agree to consider the Blueprint when developing strategic plans and agree to take the lead or partner by implementing relevant actions that align with their specific mandates and priorities. (www.pharmacists.ca/blueprint)

Moving Forward, Pharmacy Human Resources for the Future

Released in June 2008, Moving Forward is an in-depth examination of the factors contributing to pharmacy human resources challenges in Canada. Research projects looked at pharmacy technicians, IPGs, innovative pharmacy practices, and HR challenges and requirements. The final report contains 36 recommendations, the ultimate goal being a pharmacy workforce that is prepared to meet the future health care needs of Canadians. (www.pharmacyhr.ca)

e-Health

CPhA has established a National e-Pharmacy Task Force, with CACDS, which is examining e-health issues such as e-prescribing, e-dispensing, e-transacting and e-health records. The goal is to ensure integration into pharmacy practice and commitment to national standards, enabling cost effective systems.

Practice Development

To support pharmacists in delivering services to improve health outcomes, CPhA has developed a number of programs and practice tools including:

- **Continuing Education** lessons are available through CPhA's Online Learning Centre.
- ***QUIT: Quit Using and Inhaling Tobacco*** is a comprehensive smoking cessation training program for pharmacists.
- **PharmaCheck** is a practice tool developed with older adults in mind to quickly identify and resolve common issues in those taking multiple medications.
- **Kids and Medicine** helps pharmacists teach Canadian school children about the safe use of medicine and the role of the pharmacist.
- **Pandemic Resources** is a pandemic communications guide for pharmacists developed with a grant from the Public Health Agency.

Pharmacy Practice Research

CPhA is a strong advocate for pharmacy research. Coordinated by CPhA, the Canadian Pharmacy Practice Research Group (CPPRG) began in 1999 and has approximately 150 members. In 2007, CPhA launched *The Translator*, a new initiative to support knowledge translation between pharmacy practice research and health policy.

Working with Stakeholders

External Relations

CPhA continues to meet with a wide range of stakeholders and government officials to discuss various aspects of pharmaceutical policy. These include more effective use of pharmacists, drug safety and effectiveness, pharmacist prescribing, the National Pharmaceutical Strategy, and the future of the health care system. A Student Government Relations Workshop has been developed with the help of CAPSI and is being delivered on campuses across the country.

In October 2007, CPhA co-hosted a successful conference entitled *National and International Pharmaceutical Strategies – Models for Patient Access*. Participants learned about systems used in other countries and discussed ways to ensure optimal patient access to medicines.

CPhA represented Canadian pharmacists at meetings of the Council of FIP, the Council of the Commonwealth Pharmaceutical Association and PharmIntercom. .

Public Affairs

In 2007, the focus was on setting up a ‘community of practice’ called the *Consumer and Public Advisory Network*. Its mandate is to provide independent advice and guidance from a consumer/patient perspective on products or programs that are targeted to the public. CPhA also continued to promote good health and the role of pharmacists via articles and ‘tips’ brochures provided to health and consumer publications

Drug & Therapeutic Resources

e-Products

e-CPS, the electronic version of CPhA’s *Compendium of Pharmaceutical Specialties*, is updated regularly and provides instant web access to the most current and comprehensive information on drugs in Canada. *e-Therapeutics* is an integrated web portal that provides point-of-care access to current, evidence-based Canadian drug and therapeutic information for pharmacists and other health care practitioners.

New Publications

Therapeutic Choices, Fifth Edition was launched in fall 2007 with over 50 new Canadian drug products and new chapters on Primary Prevention of Vascular Disease, Restless Legs Syndrome and Bipolar Disorder. CPhA partnered with Dr. Neil MacKinnon (of Dalhousie University) on *Safe and Effective? – Eight essential elements of an optimal medication use system*. The book addresses both safety and quality, providing insight into how we can strive towards a stronger medication use system.

Canadian Pharmacists Journal

In addition to six regular issues, *CPJ* is publishing two supplements this year – on GERD and dyslipidemia. A fully searchable online version of *CPJ* was launched in May 2008. Founded in 1868, *CPJ* is Canada’s oldest continuously published periodical.



Rita K. Caldwell
Academic Board member on CPhA
July 10, 2008

**2008 AFPC ANNUAL GENERAL MEETING
July 20, 2008 Chicago Sheraton Hotel & Towers**

CCAPP report to AFPC

Please find enclosed a brief overview of the main CCAPP activities over the last 6 months:

- **Executive of CCAPP (2008-2009):**

President - Ms Erin Farrell-Mackenzie, CPhA Appointee

President Elect – Dr. Barbara Downe-Wamboldt, Non pharmacy academic member

Past President - Dr. Ray Joubert, NAPRA

Executive Director - Dr. David Hill

- **Accreditation activities**

- **Degree programs.** CCAPP conducted one site visit evaluation during the past year at the Faculté de pharmacie at the Université de Montréal on Nov. 4-7, 2007 for continuing accreditation of its baccalaureate program and provisional accreditation status of its new first professional degree in pharmacy program awarded as the Doctor of Pharmacy credential.
 - **Pharmacy Technician Programs** – CCAPP finalized the drafting of standards for college pharmacy technician programs; gave board approval to the standards and opened the service for applications; conducted information workshops; scheduled and conducted one-day site visits at 20 pharmacy technician programs in Ontario, 1 in Saskatchewan and 1 in Alberta; held a meeting of the new pharmacy technician program accreditation standing committee to make recommendations on the accreditation awards for the 22 programs reviewed; and set in place the application dates for the next cycle of site visits to be conducted in fall 2008.
 - **International programs.** CCAPP completed its benchmarking study for the pharmacy programs at the Higher Colleges of Technology (HCT) in the United Arab Emirates in 2007. CCAPP has also received an inquiry from the pharmacy program at the Qatar University in Doha about the feasibility of that university applying for CCAPP accreditation. The new Qatar baccalaureate program has been designed around AFPC educational outcomes and NAPRA competencies. In December 2007, Dr. Hill was invited to Tripoli, Libya to give a presentation on quality assurance of pharmacy education in Canada at the 11th scientific congress of the Association of Colleges of Pharmacy in the Arab World.
- **Accreditation Standards—Degree Programs**
 - The standards committee completed its drafting of proposed revisions to the accreditation standards for the first professional degree in pharmacy programs in September 2007. The standards committee has received all comments from stakeholders and will be reviewing this feedback over the next year as it

continues to work with the standards for the Doctor of Pharmacy credential as the first professional degree in pharmacy. The 2006 standards will continue to be used for Baccalaureate programs.

- **Interprofessional Health Programs and Collaborations**

- CCAPP is a participant in a Health Canada-funded project that is developing common principals for interprofessional health education activities that can be used in the development of standards for accrediting agencies in Canada. The project is being coordinated by the Association of Faculties of Medicine of Canada and includes six professions: medicine (i.e., undergraduate program, Royal College residency programs, and the family medicine residency program), nursing, pharmacy, occupational therapy, physiotherapy, and social work. The project has produced an environmental scan of the current state of interprofessional activities in the academic programs for these professions as well as the nature of any accreditation requirements concerning interprofessional activities covering these programs. A national invitational forum will be held in February 2009 to gather more information from stakeholders and present some preliminary findings and deliverables for the project.

Respectfully submitted,

Susan Mansour, MBA, AFPC delegate to CCAPP

Sylvie Marleau, Ph.D, AFPC delegate to CCAPP

AFPC Annual General Meeting

Chicago
July 20, 2008

Report on the Blueprint for Pharmacy Task Force

Terri Schindel, University of Alberta

Please accept this report on the Blueprint for Pharmacy Task Force.

I am pleased to report that the Blueprint document was approved by the CPhA Board in Victoria and presented to conference delegates at the CPhA Annual Conference, June 1, 2008.

The Blueprint Task Force (BTF) has met twice in 2008. The first meeting was to launch the five working groups in Toronto, February 19-20, 2008. This was followed by a series of interprofessional consultations in late March in Halifax, Montréal, Ottawa, Thunder Bay, Edmonton, and Vancouver. I attended the session in Edmonton. The Blueprint document was finalized at the meeting in Ottawa, May 15-16, 2008. I have attached an overview document detailing progress to date.

The next steps are to obtain endorsement by stakeholder organizations in Canada and to obtain support for the working groups. I have worked with Dr. Abbott to outline a process for AFPC endorsement and dissemination of the Blueprint to AFPC members. Opportunities for further support for the BPT by AFPC require discussion.

If you have any questions, please contact me at any time. Thank you again for the opportunity to contribute to this Task Force.

Respectfully submitted,

Terri Schindel
tschindel@pharmacy.ualberta.ca
780-492-6134
June 13, 2008



THE VISION FOR PHARMACY

*Optimal drug therapy outcomes for
Canadians through patient-centred care*

June 2008

BLUEPRINT FOR PHARMACY — DEVELOPED IN PARTNERSHIP

Task Force on a Blueprint for Pharmacy

The Blueprint Task Force was established in January 2007 to define a vision and clear action plan for the future of pharmacy. The Task Force includes broad representation from pharmacy stakeholders across Canada. The Canadian Pharmacists Association is the Secretariat and provides project management support. The Task Force has established five expert working groups to further develop the implementation plans to realize the Vision for Pharmacy.

Blueprint for Pharmacy Consultation

In June 2007, the Task Force launched its consultation process on the draft Blueprint. Feedback was provided by over 30 national/provincial pharmacy organizations and corporate pharmacy head offices. Over 700 individual pharmacists, pharmacy technicians and students in all practice settings — community, hospital, academia, industry — provided comments. In March 2008, six interprofessional focus groups, funded by Health Canada, were held across Canada. A total of 158 pharmacists, physicians, nurses, dentists, other health care providers and government representatives engaged in discussions on the Vision of Pharmacy. (Consultation reports available at: www.pharmacists.ca/blueprint).

TASK FORCE ON A BLUEPRINT FOR PHARMACY

CHAIR
David Hill

Canadian Association of Pharmacy
Technicians
Mary Bozoian

The Pharmacy Examining Board of Canada
Gary Cavanagh

Canadian Pharmacy Practice Research Group
Lisa Dolovich

National Association of Pharmacy Regulatory
Authorities
(Alberta College of Pharmacists)
Greg Eberhart

Ontario Pharmacists' Association
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Canadian Association of Pharmacy Students
and Interns
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Canadian Association of Chain Drug Stores
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Association of Deans of Pharmacy of Canada
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Canadian Association of Chain Drug Stores
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OUR VISION

Convenient and timely access to care, patient safety and health outcomes, financial sustainability, and scopes of practice of health professionals are the major issues challenging governments and health care leaders. Pharmacists, as medication experts, have an important role to play in the debate and resolution of these issues. Changes are required to strengthen the profession's alignment with the health care needs of Canadians and to respond to stresses on the health care system. Thus, a plan of action — the Blueprint for Pharmacy — is necessary to coordinate and implement these changes.

VISION FOR PHARMACY

Optimal drug therapy outcomes for Canadians through patient-centred care

In our Vision for Pharmacy

Pharmacists and pharmacy technicians

- practice to the full extent of their knowledge and skills, and are integral to emerging health care models.
- protect the safety, security and integrity of the drug distribution system through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.
- lead the development of and participate in medication safety and quality improvement initiatives.

Pharmacists

- manage drug therapy in collaboration with patients, caregivers and other health care providers.
- identify medication use issues, take responsibility for drug therapy decisions and monitor outcomes.

- initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority), and order tests.
- access and document relevant patient care information in health records, including test results and treatment indications (e.g., in electronic health records).
- empower patients in decision-making about their health, and play a prominent role in health promotion, disease prevention and chronic disease management.
- conduct practice research and contribute to evidence-based health care policy and best practices in patient care.

Pharmacists' services

- are compensated in a manner that relates to expertise and complexity of care.

To realize the Vision, strategic action is needed in five key areas:





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BACKGROUND

INTRODUCTION

The Blueprint for Pharmacy is a collaborative initiative to develop a strategic action plan for the pharmacy profession in Canada. Its intent is to strengthen pharmacy's alignment with the health care needs of Canadians and to respond to the stresses on the health care system. Convenient and timely access to care, patient safety and health outcomes, financial sustainability and optimal scopes of practice of health professionals are the major issues challenging governments and health care leaders.

Patient needs and expectations are changing, as is the delivery of health care. These changes have a number of drivers, including the rising costs of health care and the emphasis on self-care. The evolution of technology is helping patients to become better informed and is leading to shared electronic health records, an increase in the number of pharmaceuticals available, and the development of biomonitoring and genomic forecasting. Population demographics are also shifting: the population as a whole is aging, and the socioeconomic diversity is increasing. Societal changes, such as the advent of the "24/7 society," are also coming into play.

In recognition of these changes, Canada's health care system is moving towards a preferred future where health promotion, disease prevention, and chronic disease management will be the cornerstones of health care, which will be delivered collaboratively by interprofessional teams. Patients will take on increased responsibility for their own care. Primary care providers will have ongoing relationships

with patients and will make extensive use of information and communications technologies to deliver timelier and higher quality care. Health care professionals and patients will have access to unbiased, evidence-based information about treatment choices and the appropriateness of those options for the individual patient. Electronic health records will be standardized, secure, and widely used. The role of pharmacists, physicians, nurses, and other providers will

evolve to employ their skills and knowledge most effectively. Pharmacy technicians will be a regulated profession, and technicians' scope of practice will be expanded and more standardized across the country.

The pharmacy profession must respond to this future with a strong vision for pharmacy — a greater emphasis on patient-centred, outcomes-focused care. The challenge

is to move forward with a strategic action plan for the future — the Blueprint for Pharmacy.

This document, developed by the Task Force on a Blueprint for Pharmacy through consultation, reviews medication use challenges and the current and future role of pharmacists and pharmacy technicians in the health care system. It also outlines the key elements and proposed actions required to achieve the Vision and meet the future health care needs of the population. The actions are grouped under five areas: pharmacy human resources; education and continuing professional development; information and communication technology; financial viability and sustainability; and legislation, regulation and liability.

The demands on the health care system and the changes in the delivery of health care require pharmacists to focus more attention on patient-centred, outcomes-focused care to optimize the safe and effective use of medications.

MEDICATION USE CHALLENGES

The number and complexity of medications are increasing. Drug therapy has been proven to prolong life and increase its quality, and is often more cost effective and less invasive than surgery and other medical procedures. However, it has also contributed to the rising costs of health care and adverse events. As such, there is an increased need for professionals with the unique skills in drug therapy that pharmacists offer.

Adverse events (AEs) are not uncommon. Examples abound of the high direct and indirect costs of pharmaceuticals in Canada:

- Pharmaceuticals represent the second-largest, and fastest-growing, health care expenditure, with spending on both prescription and nonprescription drugs forecasted to reach \$26.9 billion in 2007 or 16.8% of total expenditures.¹
- Community pharmacies dispense over 414 million prescriptions each year, which represents 84% of total drug costs.²
- A major Canadian study showed an adverse event rate of 7.5% for acute care hospital admissions, and estimated that of the almost 2.5 million annual hospital admissions in Canada, about 185,000 were associated with AEs; close to 70,000 of these were potentially preventable.³ The second most common type of AEs were medication-related.
- Studies have estimated that 5% to 10% of all hospitalizations are medication-related, as are a large

proportion (4% to 28%) of all emergency department visits.⁴ In a recent Canadian study, 24% of patients were admitted to a hospital's internal medicine service for medication-related causes, and over 70% of these admissions were deemed preventable.⁵ Similarly, another study found that one of every nine emergency department visits was due to a medication-related cause, and over two-thirds were preventable.⁶

- Adverse events after hospital discharge are also of concern, with 23% of patients experiencing an AE within 30 days; 50% of these AEs were deemed preventable and 72% were due to medications.⁷
- The estimated cost of misuse, underuse, and overuse of medications ranges from \$2 billion to \$9 billion per year.⁸

The evidence underscores the fact that medications must be used more safely and rationally. As stated by the World Health Organization (WHO), "This requires that patients receive medications appropriate to their clinical needs, in doses that meet their own individual requirements for an adequate period of time, and at the lowest cost to them and their community."⁹ If drugs are not used more appropriately the Canadian health care system will continue to expose patients and taxpayers to concerns related to quality of care, safety, and value for money.

THE ROLE OF PHARMACISTS

Pharmacists, as medication experts, have an important role to play. As visible and vital members of the health care team, pharmacists can enhance the public's access to many aspects of primary care, improve the safety of the medication-use system, and increase the rational use of medicines. The report from the Romanow Commission on the future of health care in Canada recognized the need to review scopes of practice and develop the roles of pharmacists and other health care providers: "... pharmacists can play an increasingly important role as part of the primary health care team, working with patients to ensure they are using medications appropriately and providing information to both physicians and patients about the effectiveness and appropriateness of certain drugs for certain conditions."¹⁰

International and Canadian studies provide evidence that demonstrate the contributions pharmacists make to patient care and the benefits to the health care system. Some

Canadian examples include:

- screening, educating and physician referral of patients at risk for cardiovascular events¹¹
- providing pharmacist-led anticoagulation services^{12,13}
- improving symptoms and clinical, holistic and economic outcomes in patients with asthma^{14,15}
- providing individual patient assessments, monitoring, follow-up, and education of patients and providers, as members of interprofessional primary health care teams^{16,17,18}
- improving safety through medication reconciliation and seamless care¹⁹
- assisting patients with selection of over-the-counter medications.²⁰

Canada's pharmacists practice in many patient-care settings: community pharmacies, hospitals and related health care institutions, family health clinics, home care, etc. Pharmacists collaborate with patients, their families and health care providers to benefit the health of Canadians by:

- Ensuring convenient access to medications and drug therapy expertise.
- Verifying a prescriber's order, checking for drug interactions and confirming dosages.
- Managing drug distribution systems to ensure safety, accuracy, quality and integrity of pharmaceuticals.
- Providing information about the optimal use of medications and promoting the cost-effectiveness of medications through evidence-based decision-making.
- Reducing harm by decreasing unnecessary, unsafe or inappropriate use of medications.
- Optimizing health outcomes by identifying, resolving, and preventing actual and potential medication-related problems; initiating or modifying drug therapy; and monitoring and evaluating response to drug therapy, in a collaborative framework with physicians and other health care providers.
- Supporting patient self-care by assessing symptoms, providing advice on the management of minor symptoms and the use of medications, and referring patients to other health care providers, where appropriate.
- Promoting immunization and other public health services.
- Providing education and interventions to prevent disease and disability, thereby promoting healthy lifestyles.

PHARMACY RESPONDS — A CALL TO ACTION

Efficiencies are being sought throughout the health care system to take full advantage of the contributions of all health care professionals. Canadian pharmacists have a responsibility to align professional services to better meet the population's health care needs. In addition to responding to the shifting health care context, they must respond to the stereotype of pharmacists as compounders and dispensers of medications. While pharmacies will always provide dispensing and compounding services, the pharmacists in these practice settings are medication experts committed to preventing adverse drug events and optimizing drug therapy outcomes. Pharmacists are increasingly accountable and responsible for the safe and effective use of medications.

The status quo is not an option. Pharmacy must shift from a product-centred to a patient-centred culture of care. Achieving a greater emphasis on patient-centred, outcomes-focused care will require true commitment by all pharmacists and stakeholders. The profession will need to institute a series of integrated strategies to ensure that it can respond and adapt to both internal and external demands. Pharmacists need to be the agents of change. They need an action plan to align their efforts to a common vision. The Blueprint for Pharmacy is such a plan for Canadian pharmacy.

Public health interventions, pharmaceutical care, rational medicine use and effective medicines supply management are key components of an accessible, sustainable, affordable and equitable health care system which ensures the efficacy, safety and quality of medicines. It is clear that pharmacy has an important role to play in the health sector reform process. To do so, however, the role of pharmacists needs to be redefined and reoriented.

— World Health Organization⁹

THE BLUEPRINT FOR ACTION

VISION FOR PHARMACY

Optimal drug therapy outcomes for Canadians through patient-centred care

In our Vision for Pharmacy

Pharmacists and pharmacy technicians

- practice to the full extent of their knowledge and skills, and are integral to emerging health care models.
- protect the safety, security and integrity of the drug distribution system through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.
- lead the development of and participate in medication safety and quality improvement initiatives.

Pharmacists

- manage drug therapy in collaboration with patients, caregivers and other health care providers.
- identify medication use issues, take responsibility for drug therapy decisions and monitor outcomes.

- initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority) and order tests.
- access and document relevant patient care information in health records, including test results and treatment indications (e.g., in electronic health records).
- empower patients in decision-making about their health, and play a prominent role in health promotion, disease prevention and chronic disease management.
- conduct practice research and contribute to evidence-based health care policy and best practices in patient care.

Pharmacists' services

- are compensated in a manner that relates to expertise and complexity of care.

REALIZING OUR VISION

To improve the health of Canadians and to address the challenges facing the health care system, all available resources, including pharmacists and pharmacy technicians, must be utilized more effectively. Pharmacy must recognize the need for change and embrace the vision of future pharmacy practice embodied in the Blueprint for Pharmacy. A shift toward a truly patient-centred, outcomes-focused approach requires the agreement, commitment and engagement of all pharmacy stakeholders — national and provincial associations, regulatory bodies, pharmacy schools and pharmacy owners.

Such change will not come easily — it requires resources, organization, agreement on process and collaboration with other stakeholders. The process of implementing the

Blueprint will be inclusive, involving the broadest range of pharmacy stakeholders, and the engagement of patients, governments, other health care providers, policy makers and private payers.

More specifically, to achieve the Vision for Pharmacy in Canada, strategic action in five key areas is needed: pharmacy human resources; education and continuing professional development; information and communication technology; financial viability and sustainability; and legislation, regulation and liability. There is considerable activity across Canada in each of these areas.

The proposed actions described below are intended to achieve a coordinated, pan-Canadian approach to accelerate the process. It is recognized that delivery of health care

services is a provincial mandate, and as such, the priorities of pharmacy, governments, and other stakeholders in each jurisdiction will influence their approach to particular Blueprint key actions.

An implementation plan for the key actions in all five areas will be developed by expert working groups (established by the Task Force on a Blueprint for Pharmacy). The plan will provide more detail regarding the implementation process related to each action, including objectives, deliverables, milestones, costs, lead organization(s) and partners. Successful implementation requires an effective communication strategy to engage the

public, pharmacy, leaders in health care and governments. Moreover, it will need significant investment by these stakeholders.

The pharmacy organizations listed in Appendix I support this Vision for Pharmacy and are committed to work collaboratively with the Blueprint Task Force and working groups as they develop the implementation plan. To move the profession forward, pharmacy organizations need to refer to the Blueprint when developing their own strategic plans. As well, they are encouraged to lead or partner in implementing relevant actions that align with their organizational or jurisdictional mandates and priorities.

KEY STRATEGIC ACTIONS

To realize the Vision, strategic action is needed in five key areas:



The following actions were developed by the Blueprint Task Force and were revised by each of the working groups (see Appendix II). The Task Force and working groups consider these proposed actions to be key to the implementation plan that will realize the Vision for Pharmacy.

Pharmacy Human Resources

Strategic Direction: Guide pharmacy human resource initiatives to ensure that Canadians have access to high quality pharmacy services.

Canada's 31,000 licensed pharmacists make up the third-largest segment of health care professionals in Canada. Pharmacists are the only health care providers whose education focuses on medications and their use. Approximately 70% of licensed pharmacists work in community pharmacies, 15% work in health care institutions, and 15% work in academia, industry, government and other areas. Current reports estimate that there are between 1.0 and 1.3 pharmacy technician full time equivalents (FTEs) for every pharmacist FTE, depending on the setting.²¹

A coordinated approach is required to ensure that the pharmacy workforce meets the future needs of Canadians

and the health care system. A number of pharmacy human resource initiatives are undertaking many of these key actions. For example, two of these initiatives are funded by the federal government: the Moving Forward — Pharmacy Human Resources for the Future project and a pharmacist database, developed by the Canadian Institute for Health Information (CIHI), which will be updated annually.

Proposed key actions

- Describe evolving roles and innovative practice models, and identify enabling characteristics and their impact on pharmacy human resources.

- Achieve consensus on enhanced skills and knowledge for pharmacists within the key sectors of pharmacy practice.
- Lead and collaborate in research initiatives to evaluate the effect of pharmacy practice on patient health, population health, and health care services and the effect of changes in the utilization of pharmacy human resources.
- Promote a greater understanding of the factors determining pharmacist and pharmacy technician/assistant satisfaction in the workplace.
- Address recruitment and retention issues associated with traditional and emerging practices.
- Promote and evaluate best practices and innovative approaches in drug distribution and workflow to optimize pharmacy human resources and enhance safety.
- Define and achieve consensus on the roles, responsibilities and competency requirements of regulated pharmacy technicians.
- Promote the availability of an appropriate number of regulated pharmacy technicians with higher qualifications, expanded responsibilities and accountability as the role of pharmacists evolves.
- Address the challenges faced by international pharmacy graduates to support them in attaining licensure and integrating into pharmacy practice in Canada
- Encourage pharmacists to pursue and secure significant positions of leadership in government, educational institutions and stakeholder organizations.
- Apply the CIHI national database of pharmacists for population needs-based health human resources planning.
- Ensure that pan-Canadian health human resource planning is an ongoing process that includes pharmacists and recognizes the complexity of the profession.

Education and Continuing Professional Development

Strategic Direction: Ensure high quality education and continuing professional development programs to support patient-centred, outcomes-focused care.

In 1997, the WHO developed the concept of the “seven-star pharmacist,” detailing the skills and attitudes required of pharmacists to be effective members of the health care team.²² In 2000, the International Pharmaceutical Federation (FIP), of which Canada is a member, adopted this concept in its policy on pharmacy education.²³ The roles of the pharmacist are caregiver, decision-maker, communicator, manager, life-long learner, teacher and leader. The WHO and FIP added the function of researcher in their 2006 handbook entitled *Developing Pharmacy Practice: A Focus on Patient Care*.⁹ Future education needs to emphasize foundational skills (such as communications, clinical decision-making, physical assessment, informatics, confidence building and research) and incorporate management, leadership, advocacy and change management skills.

Proposed key actions

- Ensure that core pharmacy curricula address the knowledge, skills and values required for future pharmacy practice
- Promote and increase interprofessional and intraprofessional approaches to education and training
- Address challenges that affect the education, recruitment and retention of pharmacy educators and learning facilitators.
- Ensure all pharmacy professionals, including students, value and develop life-long learning and personal performance assessment skills.
- Increase the accessibility, quality, quantity and variety of experiential learning opportunities.
- Deliver programs to identify and meet the needs of internationally educated pharmacy professionals.
- Implement accessible programs to upgrade knowledge, skills and values to support current practice, the implementation of new services, specialty practices or new practice models.
- Support the availability of appropriate work environments, information and the application of decision-making and practice tools to ensure the efficient and effective innovation in pharmacy care.
- Create partnerships to develop learning programs.
- Ensure that all pharmacy technician programs meet the nationally defined competencies and are accredited.
- Develop bridging programs to assist non-regulated pharmacy personnel to achieve the competencies required for pharmacy technician regulation.
- Conduct and utilize research to develop, evaluate and improve education and continuing professional development programs.
- Define core competencies required by other pharmacy support personnel.
- Change culture to support new practice models.

Information and Communication Technology

Strategic Direction: Advance the development and implementation of information and communication technology to ensure the safe and effective use of medication.

Pharmacists need appropriate information to effectively manage drug therapy and to function as team members responsible for health outcomes related to medication therapies. Furthermore, all care providers require access to relevant patient information to make the best therapeutic decisions. e-Health applications and automation represent key vehicles for communicating information and enhancing the safety of the drug distribution system. Across the country, in partnership with Canada Health Infoway, provincial governments are developing electronic health care applications. This includes Pharmacy Information Networks/Drug Information Systems (PINs/DIS), which will include a complete drug profile and e-prescribing applications. The National e-Pharmacy Task Force is addressing policy, privacy, business and patient care issues as they relate to information technology.

Proposed key actions

- Ensure that pharmacy is engaged in the development and implementation of information and communication technology (ICT) and automation initiatives.
- Research and utilize a Canadian pharmacy business case(s) to inform and promote adequate funding for implementation and maintenance of ICT.
- Ensure that pan-Canadian e-health standards are implemented by jurisdictions in a coordinated, phased

approach and that pan-Canadian messages are sustained on a national level, to support integration and data access across health care domains.

- Ensure that pharmacists and pharmacy technicians, within their scope of practice, will have the ability to read, write to and modify relevant sections of a patient's electronic health record.
- Identify the needs and define the functionality of pharmacy management software to support the evolving roles of pharmacists and pharmacy technicians to maximize the usefulness of ICT.
- Address policy issues identified through the work of Canada Health Infoway, provincial governments, and other organizations on electronic health records.
- Develop, influence, implement policies and practices relevant to electronic transfer of prescriptions and electronic prescribing.
- Ensure that the development and implementation of secure ICT in hospital, community, primary care, and long-term care settings facilitates continuity of care and improves safety with respect to patients' drug therapy.
- Advocate for consistent ICT communication strategies amongst stakeholders.
- Evaluate how the use of ICT by pharmacy affects health care services and outcomes.

Financial Viability and Sustainability

Strategic Direction: Provide pharmacy services that are financially viable and sustainable to optimize medication use, promote wellness and disease prevention.

The health care system needs pharmacists to provide patient-centred care and accept responsibilities as drug therapy experts. Additional practice, reimbursement and business models are needed to support the Vision.

Proposed key actions

- Identify, define, pilot, and evaluate new professional services and expanded pharmacy practice models to determine their feasibility and cost-effectiveness and impact on quality of care.
- Develop a framework for pharmacy services.

- Describe and gain acceptance, from stakeholders, to implement reimbursement models that are consistent with the framework for pharmacy services and recognize the complexity, skill, demonstrated value and time required for pharmacists with the goal of financial sustainability.
- Engage with governments, third party insurers and other payors to determine services to be reimbursed that meet the health care needs of their populations.
- Support the adoption of national standardized electronic billing procedures for professional services.

- Develop transition strategies that address the resources and requirements to operationalize new pharmacy practice models.
- Conduct research to evaluate the impact of health care policies on pharmacy practice and to contribute to the development of future pharmacy-related policy. This research will examine policy impacts on financial viability and sustainability of pharmacies, patient outcomes and system outcomes.
- Develop a national marketing strategy for pharmacy services.

Legislation, Regulation and Liability

Strategic Direction: Address legislation, regulation and liability issues such that pharmacists and pharmacy technicians practice to the full extent of their knowledge and skills to provide quality health care.

Change cannot occur without support from the federal, provincial and territorial pharmacy regulatory authorities and governments, and their commitment to review and amend policies, regulation or legislation to address and encourage necessary initiatives, such as interdisciplinary team-based care. As with other health care professionals in Canada, regulation is important for protecting the public.

Proposed key actions

- Enact an enabling regulatory framework, authorizing pharmacists to deliver expanded services in new practice models, including but not limited to: initiating, modifying, continuing and monitoring drug therapy; ordering and accessing laboratory results; and administering drugs and vaccines by injection, in both collaborative and independent practice models.
- Enact a regulatory framework that grants more authority, responsibility and accountability to pharmacy technicians.
- Establish definitions that are accepted nationally for prescribing, compounding, dispensing and administering drugs.
- Protect the public through ongoing reconciliation of professional practice, professional competencies and competency performance assessment, which is done in parallel to broadening scopes of practice.
- Establish an understanding about how responsibility and accountability is shared and transferred between practitioners working in collaborative practice relationships.
- Develop a national Code of Ethics for pharmacists and pharmacy technicians.
- Monitor and effect legislation and its impact on patient care, pharmacy practice and the integrity of the drug distribution system (e.g., drug product licensing, roles and scopes of practice of health professionals).
- Develop national consensus on what constitutes a pharmacist:patient relationship.
- Develop a regulatory framework that accommodates the interprovincial movement of pharmacists, drugs and pharmacist services.
- Monitor and effect privacy legislation to ensure access to, use of and disclosure of personal health information for clinical and quality assurance purposes, while protecting the confidentiality and security of patient's information.

CONCLUSION

The demands on the health care system require pharmacists to focus more attention on patient-centred, outcomes-focused care to optimize the safe and effective use of medications. The Blueprint for Pharmacy is a collaborative initiative to strategically align pharmacy with the health care needs of Canadians. To achieve the Vision for Pharmacy, pharmacists, pharmacy technicians, pharmacy owners and organizations are working together to implement a pan-Canadian action plan for the future.

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APPENDIX I

COMMITMENT TO ACT

We, the undersigned organizations, support the Vision for Pharmacy described in the Blueprint for Pharmacy: The Vision for Pharmacy, and are committed to work collaboratively with the Blueprint Task Force and working groups as they develop the implementation plan. To move the profession forward, we will refer to the Blueprint when developing our own strategic plans. We will take the lead or partner by implementing relevant actions that align with our organizational or jurisdictional mandates and priorities.

NOTE: The following is a list of pharmacy organizations to be invited to support the Vision for Pharmacy. These organizations have not yet indicated their support. A follow-up document will be published by Fall 2008 listing all organizations that have signed the Commitment to Act.

National Pharmacy Organizations

Association of Deans of Pharmacy of Canada
Association of Faculties of Pharmacy of Canada
Canadian Academy of the History of Pharmacy
Canadian Association of Chain Drug Stores
Canadian Association of Pharmacy Students and Interns
Canadian Association of Pharmacy Technicians
Canadian College of Clinical Pharmacy
Canadian Council for Accreditation of Pharmacy Programs
Canadian Council on Continuing Education in Pharmacy
Canadian Foundation for Pharmacy
Canadian Pharmacists Association
Canadian Society of Consultant Pharmacists
Canadian Society of Hospital Pharmacists
National Association of Pharmacy Regulatory Authorities
The Pharmacy Examining Board of Canada

Canadian Faculties and Schools of Pharmacy

Dalhousie University
Memorial University of Newfoundland
Université de Montréal
Université Laval
University of Alberta

University of British Columbia
University of Manitoba
University of Saskatchewan
University of Toronto
University of Waterloo

Provincial Pharmacy Regulatory Organizations

Alberta College of Pharmacists
College of Pharmacists of British Columbia
Manitoba Pharmaceutical Association
New Brunswick Pharmaceutical Society
Newfoundland and Labrador Pharmacy Board
Northwest Territories Regulatory Authority
Nova Scotia College of Pharmacists
Ontario College of Pharmacists
Ordre des pharmaciens du Québec
Prince Edward Island Pharmacy Board
Saskatchewan College of Pharmacists
Yukon Regulatory Authority

Provincial Pharmacy Voluntary Organizations

Alberta Pharmacists' Association
Association des pharmaciens des établissements de santé du Québec
Association québécoise des pharmaciens propriétaires
British Columbia Pharmacy Association
Manitoba Society of Pharmacists
New Brunswick Pharmacists' Association

Ontario Pharmacists' Association
Pharmacists' Association of Newfoundland and Labrador
Pharmacy Association of Nova Scotia
Pharmacy Society of the Yukon
Prince Edward Island Pharmacists Association
Pharmacists' Association of Saskatchewan

Community pharmacy chains/banners

A&P Canada Inc.
Canada Safeway Limited
Costco Wholesale Canada
Le Groupe Jean Coutu (PJC) Inc.
Famiprix Inc.
Hbc Pharmacies
Katz Group Canada Ltd.
Loblaw Companies Limited
London Drug Limited
Lovell Drugs Limited
Medical Pharmacies Group Inc.
Medicine Centre
Overwaitea Food Group
PharmaChoice
Pharmasave Drugs (National) Ltd.
Prince Theodore Group
Remedy Drug Store Company
Shoppers Drug Mart/Pharmaprix
Sobeys Pharmacy Group
Super Drug Mart
Uniprix Inc.
Wal-Mart Canada Corp.

APPENDIX II

BLUEPRINT FOR PHARMACY WORKING GROUP MEMBERS

Pharmacy Human Resources

Janet Cooper*, Co-Chair
Shallen Letwin, Co-Chair
Cheryl Cox
Della Croteau
Kevin Hall
Derek Lee
Colleen Norris
Darren Ratz
Myrella Roy*
Debi Snow
Tena Taylor
Jane Wong

Information and Communication Technology

Denis Villeneuve*, Co-Chair
Justin Bates, Co-Chair
Jeff Barnett
Jim Beaumariage
George Edwards
Chantal Ferland
Margaret Jin
Sherry Peister
Ken Potvin
Margot Priddle
Kimberley Sentes
Margaret Ustupski*

Legislation, Regulation and Liability

Greg Eberhart*, Co-Chair
Sue Paish, Co-Chair
Melvin Baxter
Yves Gariépy
Ronald Guse
Jean Yves Julien
David Malian
Lisa McCarthy
Dean Miller
Jamil Ramji
Bill Veniot
Deanna Williams*

Education and Continuing Professional Development

Art Whetstone*, Co-Chair
Robert Sindelar, Co-Chair
Karen Agro
Tim Fleming
Dennis Gorecki*
Stacy Johnson
Susan Lessard-Friesen
Louise Mallet
Nathalie Plante
John Clayton Rankin
Suzanne Taylor
Nancy Waite
Donna Woloschuk
Margaret Woodruff

Financial Viability and Sustainability

Allan Rajesky*, Co-Chair
Keith Stewart, Co-Chair
Wayne Caverly
Russell Cohen
Jane Gillis
Irene Klatz
Linda MacKeigan
Allan Malek
Jeffrey May
Charles Millard
Kamran Nisar*
Brian Stowe

*Members of the Task Force on a Blueprint for Pharmacy

CONFERENCE ON IMPROVING PHARMACEUTICAL CARE IN NORTH AMERICA

AFPC AGM, Chicago, Illinois
July 20, 2008

Background: In December of 2004 the Canadian Society of Hospital Pharmacists, Mexican Association of Hospital Pharmacists and the American Society of Health-System Pharmacists signed a *North American Compact on the Advancement of Hospital Pharmacy*. The compact recognized that each country has a different history in the development of hospital pharmacy practice with Mexico just initiating clinical pharmacy services. In order to facilitate the development of clinical pharmacy services in Mexico it was agreed that a conference that would provide a forum for “lessons learned” from Canada and the US would help Mexico to clarify the role of pharmacists in hospital practice.

Conference on Improving Pharmaceutical Care in North America

- AFPC was invited to participate on the Steering Committee of this Conference; Dr. Anne Marie Whelan represented AFPC in this capacity
- The Conference was held in Pachuca, Mexico October 4th and 5th, 2007.
- Dr. Lalitha Raman-Wilms represented AFPC at the Conference and presented an overview of “Education and training of pharmacists in Canada”.
- Follow-up from Conference:
 - o Proceedings to be collated and a copy sent to AFPC
 - o As a follow-up to the discussions in Mexico, Dr. Raman-Wilms has provided information to the Hospital Pharmacy Residency Forum of Ontario (HPRFO) with information regarding a potential residency rotation in Mexico.
 - o Information on AFPC website and our annual conference was also sent to Dr. Fela Viso-Gurovich, a faculty member instrumental in organizing the trilateral forum.
 - o AFPC will provide any additional information about Canadian pharmacy education as requested by Mexico

Respectfully submitted,



Anne Marie Whelan
AFPC Representative to Steering Committee

AFPC Annual General Meeting
Chicago Sheraton Hotel & Towers
July 20, 2008

Report of AFPC's appointee to the Expert Advisory Committee on the Vigilance of Health Products
(EAC-VHP)

In July 2007, AFPC was asked to nominate a candidate for the Expert Advisory Committee on the Vigilance of Health Products. Forms were filled in and sent, security clearance was given at "reliability status", a confidentiality agreement was signed, an Affiliations and Interests Declaration Form was signed and as a result, Colleen Metge (University of Manitoba), was appointed to a seat at the EAC-VHP Committee table. At the table are three other pharmacists. Diane Brideau-Laughlin from NB chairs the committee, Al Eros is from Manitoba and Sylvia Hyland (ISMP) serves as the Committee's co-chair. The committee also includes a representative of First Nations health issues; an HIV/AIDs activist; a consultant in women's health issues; the director of regulatory affairs and safety at a pharmaceutical company; an electrophysiologist cardiologist; a senior scientist in bioethics; a haematologist; a naturopath; a MD representative of CMA; the head of regulatory affairs for device manufacturers; a patient advocate and a patient self-management expert. All of the names and descriptions of the EAC-VHP membership can be found at: <http://www.hc-sc.gc.ca/dhp-mps/medeff/eacvhp-ccvrps/memb-comp-eng.php#2>

What does the EAC-VHP Committee do?

The mandate of the EAC-VHP is to provide Health Products and Food Branch (HPFB) with on-going external expert broad strategic policy advice on the safety and therapeutic effectiveness of marketed health products for human use. It provides a mechanism to involve the public providing them with a forum to have their views heard by experts who can discuss their input and incorporate it into the advice provided. Incorporating the views of citizens and stakeholders is critical for effective regulation in the public interest.

The committee constitutes an integral part of the HPFB's post market surveillance strategy and it has started to carry out its mandate by advising Health Canada on broad strategic policy issues including, but not limited to:

- how to improve the relevance and impacts of the marketed health products safety and therapeutic effectiveness policies and programs;
- educational programs; risk communication processes;
- regulatory advertising oversight issues, and,
- ways it can strengthen HPFB's management and business practices.

As well, the EAC-VHP provides guidance on policies related to capacity for discussion of specific marketed health product issues. The committee provides its advice to the Assistant Deputy Minister (ADM), HPFB in the form of a report which includes a summary of the public input.

Where are we now?

We have had three meetings since our first one in November 2007; our most recent meeting was held in Halifax in mid-June. AFPC-member Ingrid Sketris from Dalhousie attended some of the sessions as an observer. In many respects we are still "getting our feet wet" which means that we usually have a series of slide decks from Health Canada on topics such as *Canada Vigilance* (the new name for the Canadian Adverse Drug Reaction Monitoring Program), the standard operating procedures behind signal detection and causality detection, Bill C-51 (revisions to the Food and Drugs Act incorporating the progressive licensing framework and enhanced powers for post-

marketing pharmacovigilance and surveillance) and the ***adverse reaction reporting education program*** (probably of most interest to AFPC members) and then an opportunity to elicit our feedback. At our last meeting we discussed how to run a public consultation on the process/substance for ***risk communication***.

Thank you for this opportunity to report.

Respectfully submitted,
Colleen J. Metge, BSc(Pharm), PhD
Associate Professor, University of Manitoba

AFPC Conference, 2008
Annual General Meeting
July 19-23, 2008
Chicago, IL

PEBC Liaison Report

Please find attached, a concise summary of recent PEBC activities and summary statistics for 2007.

Of special interest, PEBC is currently developing a Pilot Entry-to-Practice Examination for Pharmacy Technicians. Thus, as pharmacists have had the opportunity to write a national certification exam, pharmacy technicians will also have a similar opportunity. Details are provided in the attached PEBC Update. A draft background knowledge and skills document to facilitate candidate preparation for the Pharmacy Technician Qualifying Examination, based on entry to practice competencies, is currently under review.

The attached summary also highlights other important initiatives underway. Thank you to Dr. John Pugsley for preparing the PEBC Update.

Respectfully submitted,

Lavern M. Vercaigne, Pharm.D.
Liaison to PEBC

2008 Annual Board Meeting Summary



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The Pharmacy Examining Board of Canada held its 2008 Annual Board Meeting on March 2, 2008 in Toronto. Standing committees met over the 3 days preceding this meeting. The following are highlights of issues addressed and recommendations made by the Board. For further information, you may contact Board appointees, President, Dr Jean-François Guévin or Registrar-Treasurer, Dr. John Pugsley.

Board Appointments

New appointments to the Board taking effect at the close of the Annual Board Meeting are:

College of Pharmacists of British Columbia

Raymond Jang

Alberta College of Pharmacists

Jeff Whissell

2008 Executive Committee

President - Dr. Jean-François Guévin

Vice-President - Darcy McLurg

Past-President - Gary Cavanagh

Executive Members

Peter Gdyczynski
Tena Taylor

2007 PEBC Statistics

PEBC Register:

There were 1113 names added to the Register by examination in 2007 (1175 in 2006).

Qualifying Examination:

A total of 1682 candidates wrote the Qualifying Examination-Part I (MCQ) in 2007, as compared to 1687 in 2006. A total of 1645 candidates took the Qualifying Examination-Part II (OSCE) at thirteen sites across Canada in the Spring, and at seven sites in the Fall, compared to 1601 in 2006.

There were a total of 10 candidates who were assessed for non-certification purposes (2 for the Alberta College of Pharmacists, and 8 for the College of Pharmacists of British Columbia).

Evaluating Examination:

There was a decrease in the number of candidates writing this examination – 866 in 2007, compared to 953 in 2006.

Document Evaluation:

A total of 836 applicants in 2007 were ruled acceptable for admission into the Evaluating Examination, compared to 801 in 2006, 854 in 2005, and 952 in 2004.

Moving Forward - Pharmacy Human Resources for the Future

Dr. Linda Suveges serves as the PEBC representative on the Moving Forward Management Committee. She is also a member of the Research Advisory Panel for the Study. The Study is nearing completion.

Blueprint for Pharmacy - Designing the Future Together

Gary Cavanagh continues to serve as the PEBC representative on the Blueprint for Pharmacy Task Force. Blueprint working groups have been formed to articulate the implementation plan for the key actions in five strategic areas.

Pilot Entry-to-Practice Examination for Pharmacy Technicians

Dr. J. Pugsley provided an update on the Pilot Entry-to-Practice Examination for Pharmacy Technicians. In June, the Steering Committee for the Pilot Entry-to-Practice Examination for Pharmacy Technicians approved the research design for the Pilot and also approved the examination blueprinting process for the pilot examination. In October 2007, a blueprinting workshop was conducted with sixteen participants from across Canada that included pharmacy technicians, pharmacy technician educators and pharmacists. NAPRA's Professional Competencies for Canadian Pharmacy Technicians at Entry-to-Practice were used as the

basis for establishing the blueprint. Participants rated the frequency of an entry-to-practice regulated technician performing each competency element as well as how critical (degree of harm to a patient if the competency was not performed accurately). These ratings assisted in the determination of the importance of each competency element. Overall, the competencies 3, 4 and 5 pertaining to drug distribution received the highest weightings. The Steering Committee endorsed the overall weighting for the Pharmacy Technician Qualifying Examination Blueprint at a meeting held in February 2008 and recommended that PEBC adopt the blueprint weightings. The Steering Committee has also considered and made recommendations to PEBC regarding the admission criteria for entry into the PEBC Pharmacy Technician Evaluating Examination. A draft background knowledge and skills document to facilitate candidate preparation for the Qualifying Examination based on the entry-to-practice competencies has been developed, under the guidance of Dr. Linda Buschman, and is currently under review by the Steering Committee.

Qualifying Examination- Part II (OSCE)

In 2007, the Qualifying Examination-Part II (OSCE) was offered at 13 locations in May and 7 locations in November.

PEBC continues to conduct research and make presentations on the OSCE. In 2007, research was presented at the Association of Standardized Patient Educators Conference in Toronto and at the Life Long Learning in Pharmacy Conference,

London England. PEBC presented two research papers and a research poster at the 13th International Ottawa Conference on Clinical Competence, held in March 2008 in Melbourne.

Committee on Examinations

At the February 2008 meeting, the Committee on Examinations reviewed a report of the Pharmacy Technician Steering Committee regarding the Pharmacy Technician Qualifying Examination Blueprint. The Committee on Examinations approved the blueprint weightings. It also approved a recommendation from the Steering Committee regarding eligibility for admission into the Evaluating Examination.

Public Relations Committee

At the February 2008 meeting, the Public Relations Committee reviewed and revised the PEBC Communication Strategy Plan. The Committee viewed a newly developed Qualifying Examination orientation video which will soon become available on the PEBC website.

Board Meetings

The next Board meeting is tentatively set for October 25-26, 2008 (Mid-Year and Committee Meetings).

MOVING FORWARD
Report to Association of Faculties of Pharmacy of Canada
July 2008

Background:

Moving Forward was the profession of pharmacy's study examining health human resources and planning within the profession. This 3-year study funded by the government of Canada concluded in June 2008 with publication of a series of recommendations. AFPC (along with ADPC) was represented in the consortium of eight pharmacy organizations involved in the project.

Moving Forward consisted of a series of smaller studies, each examining a specific tranche of the human resources issues within pharmacy. Studies were undertaken in areas related to international pharmacy graduates, pharmacy technicians, innovative practitioners, students, etc. Based on the results of these smaller studies, more than 30 recommendations were made on how best to position pharmacy within the health care system, from a human resources perspective.

Role of Academic Pharmacy

Many of the recommendations in Moving Forward deal with education and in-service training of pharmacists, pharmacy technicians, and international pharmacy graduates. Moving Forward has recommended that these recommendations be forwarded to AFPC and ADPC to "champion" and enact within the profession. Simultaneously, all recommendations will be forwarded to the Blueprint for Pharmacy, to ensure follow-through and implementation.

The recommendation list is appended. While the recommendations are relatively general, it will be up to individual organizations charged with their championing and implementation to ensure they are enacted. Moving Forward has not recommended a specific plan for implementation; organizations such as AFPC/ADPC will work in tandem with the Blueprint to ensure they are enacted in a manner consistent with the profession's continuing evolution.

Similarly, Moving Forward has not recommended priorities among these recommendations. Once again, individual organizations and the Blueprint must develop these priorities. Moving Forward has, however, suggested that organizations attempt to identify "quick wins" among these recommendations and enact those as soon as possible, to provide momentum to this work. It will, however, be up to AFPC/ADPC to review the academic/training recommendations, determine priorities, and develop an implementation plan in concert with the work of the Blueprint. Organizations will also be required to determine resource requirements and potential sources for funding/support of activities associated with these recommendations, as Moving Forward officially ends in June 2008.

Comments:

The work of Moving Forward is clearly important, but there is some uncertainty as to what will happen now that this funded phase of the project is over. There is a wealth of information in the study reports, extensive consultation and deliberation within the recommendations provided, and a strong desire on the part of all participants to see the profession continue to evolve and grow. The interface between the Blueprint for Pharmacy and Moving Forward is only now being articulated, but clearly individual organizations such as AFPC will be required to step up to the plate to ensure the recommendations of Moving Forward can be enacted.

Thank you for the opportunity to represent AFPC on this important committee. Over the next few years, AFPC along with ADPC, CPhA and other partner organizations will need to continue to work collaboratively to ensure the work of Moving Forward results in positive outcomes for the profession and the patients we serve.

Respectfully submitted,

Zubin Austin

I Pharmacy Human Resources: the Issues and Challenges

One of the most urgent crises facing Canada's health care system today is the appropriate management of health human resources - that is, ensuring that the right health care providers with the right skills are available in the right place at the right time. Pharmacists have been identified as a high priority health human resource with key roles to play in delivering health care both now and in the future.

Many challenges surround the health care system's efforts to optimize the management of its available pharmacy human resources. Reports of difficulties in pharmacy workforce recruitment and retention are common. The role of the pharmacist and of the pharmacy technician, in the delivery of health care, is changing. International Pharmacy Graduates, a significant and growing workforce population, need to be better supported in their efforts to practice pharmacy in Canada. A failure to address these pharmacy human resources challenges may compromise the ability of the pharmacy workforce to provide quality patient care.

Moving Forward: Pharmacy Human Resources for the Future, a collaborative initiative involving eight national pharmacy organizations, supported by government and other stakeholders, is an in-depth examination of the factors contributing to the pharmacy human resources challenges in Canada. Funded by the Government of Canada's Foreign Credential Recognition Program, *Moving Forward* has completed a multi-pronged research program to gather qualitative and quantitative information related to the short and long-term human resource challenges facing the pharmacy sector. Based on our research, *Moving Forward* has developed a set of action-oriented recommendations to help ensure a strong pharmacy workforce prepared to meet the future health care needs of Canadians.

II The Underlying Human Resource Challenge - The Need for Expanded Pharmacy Practice

Moving Forward believes that if Canadians are to receive the optimal health care that pharmacists and pharmacy technicians can provide, the health care system must utilize its available pharmacy human resources in the most effective way possible. This will result in expanded and innovative roles for both pharmacists and pharmacy technicians that take full advantage of their knowledge and skills. These new roles will lead to a greater emphasis on the achievement of patient-centred, outcomes-focused pharmaceutical care.

However, fostering the environment that will truly enable pharmacists and pharmacy technicians to practise in expanded and innovative roles to the full extent of their skills requires a strategic plan for the pharmacy profession in Canada to strengthen its alignment with the health care needs of Canadians and to respond to the stresses on the health care system. While such a strategic plan is beyond the scope of the *Moving Forward* initiative, we have structured our recommendations with this goal in mind.

III Health Human Resources Planning - The Foundation for Pharmacy HR Planning Recommendations

Health Human Resources (HHR) planning has been recognized by governments and health care professions across the country as a critical priority in health care delivery.

"...without an appropriate health human resources strategy, all other health care renewal efforts would fail."

-Health Council Canada, Annual Report to Canadians, 2005

To varying degrees, all jurisdictions in Canada are dealing with health human resource challenges, and pharmacists have been specifically identified as a priority profession needing attention.

"Appropriate planning and management of health human resources is key to ensuring that Canadians have access to the health providers they need, now and in the future. Collaborative strategies are to be undertaken... to ensure the supply of needed health providers (including nurse practitioners, pharmacists and diagnostic technologists)."

- First Ministers' Accord on Health Care Renewal, 2003

Health care stakeholders are mobilizing efforts and resources to support better HHR planning, and *Moving Forward* is in the advantageous position of benefiting from the wealth of HHR research and recommendations already tabled by Federal/Provincial/ Territorial governments, other health professions, and health care organizations. This includes the March 2007 Framework for Collaborative Pan-Canadian HHR Planning led by the Advisory Committee on Health Delivery and Human Resources (ACHDHR), the manpower studies and subsequent HR strategy development of the physicians' sector (Task Force II) and the nursing sector (Building the Future), the Health Action Lobby Group (HEAL)'s Green Paper on HHR, and the Principles and Framework developed through the Enhancing Interdisciplinary Collaboration in Primary Health Care (EICP) Initiative.

Moving Forward believes that, like health care delivery, health human resources planning must be a collaborative, interdisciplinary activity. This underlying philosophy led *Moving Forward* to develop and adopt a set of **Guiding Principles** regarding HHR planning. These Guiding Principles were based on the HHR strategies, recommendations and principles already developed by other health sectors and professions, and represented the shared HHR values of *Moving Forward* stakeholders. These Guiding Principles served as a foundation for all the work of *Moving Forward*, and as a starting point for the development of our pharmacy specific human resources planning recommendations.

Moving Forward believes that:

1. A coordinated pan-Canadian health human resource (HHR) strategy should emphasize patient safety and quality care, and take a needs-based planning approach to HHR, that anticipates the current and emerging population health needs of Canadians and considers health system design.
2. Research and better data is needed to facilitate health human resource planning to ensure a strong workforce to meet the present and future health care needs of Canadians.
3. Health care professionals, governments and other stakeholders should be open and committed to interdisciplinary or inter-professional care.
4. Health care professionals should be afforded healthy and supportive working environments that address their professional and personal needs, and are designed to optimize the delivery of patient care.
5. Education and training of health care professionals should incorporate a pan-Canadian approach that supports inter-professional curricula and educational experiences.
6. Health care professionals should be supported with opportunities to foster life-long learning through access to the resources they need to keep abreast of advances in scientific knowledge and to the acquisition of new skills.
7. Health care service delivery models and licensure/regulatory policies should allow providers to work collaboratively, to the full extent of their competencies and scopes of practice.
8. Licensing and credential assessment requirements should facilitate mobility between provinces and territories for health care professionals.

9. Assessment of credentials and skills should be led by the professions. Professional standards protect the public and should not be compromised in an effort to integrate foreign-trained health care providers.
10. Qualified internationally educated health professionals require support to successfully meet licensing requirements and to effectively integrate into practice in Canada (e.g., access to resources on practising in Canada, bridging programs and practical experience placements).
11. In the longer term, Canada should work to become more self-sufficient in meeting its health care workforce needs. Immigration policies and recruitment strategies should also promote ethical recruitment from other countries.
12. Health care providers should be at the table to support needs-based HHR planning. Meaningful and ongoing engagement is needed to promote the exchange of information, best practices and capacity-building among governments, health professionals and other stakeholders on cross-cutting HHR and policy issues. Consideration should be given to establishing a permanent, national HHR body to further support an integrated and effective approach to meeting the health care needs of Canadians.

IV Proposed Recommendations for Pharmacy HR Planning

To ensure a strong pharmacy workforce prepared to meet the health care needs of Canadians, *Moving Forward: Pharmacy Human Resources for the Future* proposes the following key recommendations for action:

Communicating the Value Pharmacy Brings

- 1. ESTABLISH a vision for pharmacy based on patient and health system needs.**
- 2. INCREASE public and stakeholder awareness of, and support for, the vision for pharmacy.**
- 3. COMMUNICATE how the pharmacy profession can address the health care needs of the population.**
- 4. DEMONSTRATE, through evidence-based research, the impacts of pharmacy practice on patient outcomes and the effectiveness of the health system.**

Managing Pharmacy Human Resources

- 5. IDENTIFY and MONITOR, on an ongoing basis, pharmacy workforce supply and demand indicators.**
- 6. SUPPORT the adoption of technologies that enhance the efficiency and safety of drug distribution.**
- 7. SUPPORT the adoption and implementation of e-Health technologies that enhance the ability of pharmacists to provide outcomes-focused, interdisciplinary care.**
- 8. SECURE funding for the adoption and implementation of e-Health technologies.**
- 9. EVALUATE new and flexible funding models for patient care services that will be delivered by the pharmacy workforce of the future.**
- 10. UNDERTAKE further research to better understand pharmacy workforce satisfaction factors and their relationship to workforce recruitment and retention.**
- 11. INCORPORATE the expanded and innovative roles of the pharmacy workforce into recruitment and retention strategies.**
- 12. IDENTIFY and ADDRESS the risk management needs of the pharmacy workforce practicing in expanded and innovative roles.**
- 13. INCREASE the contribution of the pharmacy sector to pan-Canadian health human resources planning.**

Educating and Training the Pharmacy Workforce

14. REVIEW the knowledge base, abilities, values, inter-professional skills and clinical experience that will be required of pharmacists to practise in expanded and innovative roles, and DEVELOP university pharmacy curricula to ensure that future graduates will be competent to practise in these emerging roles.
15. ENSURE that pharmacy graduates of Canadian universities receive a credential that appropriately reflects the expected greater academic rigour of restructured curricula for the first professional degree in pharmacy.
16. SUPPORT and ENHANCE inter-professional collaboration in pharmacy education and practice.
17. INCREASE the number and variety of quality experiential training opportunities necessary to prepare pharmacists, pharmacy technicians and students to practise in expanded and innovative roles.
18. DEVELOP funding mechanisms to support experiential training opportunities necessary to prepare pharmacists, pharmacy technicians and students to practise in expanded and innovative roles.
19. DEVELOP and SUPPORT bridging programs for practicing pharmacists, pharmacy technicians and pharmacy assistants to upgrade their skills as necessary to practise in expanded and innovative roles.
20. SUPPORT continuing education and professional development requirements that reflect the new skills and knowledge that pharmacists and pharmacy technicians require to practise in expanded and innovative roles.
21. ENCOURAGE pharmacy educational programs to develop strategies to meet future demands for academic staff.
22. ESTABLISH standards and accreditation processes for education and training pathways for specialization in pharmacy practice.
23. ENCOURAGE and SUPPORT educational institutions offering pharmacy technician training programs to meet national accreditation standards.

Regulating the Pharmacy Workforce

24. IDENTIFY and ADDRESS the current regulatory opportunities and challenges in enabling the health system to incorporate expanded and innovative roles for pharmacists and pharmacy technicians in the delivery of health care.
25. ACHIEVE national consensus on the principles of a common regulatory framework for pharmacy technicians.
26. DETERMINE the scope of practice of regulated pharmacy technicians.
27. ADOPT a standardized entry-to-practice exam as evidence of a regulated pharmacy technician's competency to practise.
28. FACILITATE pharmacy workforce mobility within Canada.

Improving the integration of international pharmacy graduates into the pharmacy workforce

29. ESTABLISH and MAINTAIN a plain-language website that enables international pharmacy graduates to obtain comprehensive information about licensure and integration into pharmacy practice.
30. INCREASE the availability of, and IMPROVE access to, pharmacy bridging programs and training for international pharmacy graduates.
31. IDENTIFY and PROMOTE the adoption of common standards for teaching and assessment within pharmacy bridging programs for international pharmacy graduates.
32. DEVELOP pan-Canadian standards and model training programs to support preceptors and mentors of international pharmacy graduates
33. DEVELOP a diagnostic tool and support system to assist international pharmacy graduates in assessing and customizing their learning needs
34. PROMOTE the availability of an inter-professional orientation program on the Canadian health care system, suitable for international pharmacy graduates and other health professionals.
35. DEVELOP pan-Canadian standards for the level of communicative competency required for safe and effective pharmacy practice.
36. INCREASE the availability of, and IMPROVE access to, pharmacy-specific communications skills programs.

Report – Canadian Pharmacy Practice Research Group (CPPRG)
Submitted By: Payal Patel, PharmD. (Executive Committee Member)
Submitted To: AFPC Council

June 2008

The Canadian Pharmacy Practice Research Group was formed in 1999.

The aim of the CPPRG is to facilitate the generation, dissemination and application of practice-based research evidence to optimize the role of the pharmacist in medication management and improved patient outcomes.

The objectives of the CPPRG are:

- Encouraging participation of Canadian pharmacists in pharmacy practice research
- Increasing the understanding by Canadian pharmacists and pharmacy organizations of the value of pharmacy practice research
- Increasing the dissemination and uptake of pharmacy practice research findings by pharmacists, the public, the media, other health care providers and decision makers
- Increasing the funding opportunities for pharmacy practice research in Canada

The Annual General Meeting for the CPPRG is held at the Canadian Pharmacists Association annual meeting (Victoria, BC 2008). In addition to the AGM, we also had a research stream where members show-cased their practice-based initiatives.

The CPPRG publishes an electronic newsletter 3-4 times a year ("The Translator"). As of this year, the Translator is emailed to Frank Abbott, who then forwards it to the AFPC councilors to further circulate. If councilors or AFPC members know of research they would like to highlight, please email Payal (patelp@cc.umanitoba.ca).

The AFPC research sub-committee hopes to continue to foster this connection with the CPPRG. If anyone is interested in becoming a member, send your name, address, phone number, fax, e-mail and area of practice (academia, community, hospital, industry, other) to: research@pharmacists.ca.

**AFPC Annual General Meeting
Chicago Sheraton Hotel & Towers
July 20, 2008
Report of AFPC Representative to USP**

**Raimar Loebenberg, Faculty of Pharmacy and Pharmaceutical
Sciences, University of Alberta**

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**Summary
USP Working with FDA to Address Heparin Crisis
The MEDMARX Report
Compendial Notices Service
Summer Interns
Visiting Scientist Program
<797> Guidebook
Pharmacists' Pharmacopeia Second Edition**

Summary

The report highlights some important events and publication of USP, which might have impact on the pharmacy education in Canada. Important publications are the second edition of the Pharmacists' Pharmacopeia Second Edition and changes to chapter <797> "Sterile Compounding". Most parts were circulated throughout the year; however, if you want to have a particular report you can email me and I will send it to you:

Raimar@ualberta.ca

I want to encourage every member to get involved with USP. There are different ways to work with USP. One is through their scholarships and visiting programs; see announcement below. Another way is to respond on stimuli articles and draft standards like through the new Compendial Notices Service (see below). This is great way to work with international colleagues on important Health Issues and helps to define the best current standards.

USP Working with FDA to Address Heparin Crisis

As most members are aware from recent news coverage, over-sulfated chondroitin sulfate in heparin products is the suspected cause of severe allergic reactions in patients resulting in over 80 deaths.

USP has post information related to heparin activities on its web page:

<http://www.usp.org/hottopics/heparin.html?hlc>.

Compendial Notices Service

USP has launched a new service to keep its members and stakeholders informed about USP's work to establish quality public standards for medicines and food ingredients.

For more information or to sign up, visit

<http://www.usp.org/support/products/uspNewslettersRequest.html?promo=compendial>.

The MEDMARX Report

The MEDMARX report continued to stay in the news via a Joint Commission alert on preventing pediatric medication errors, which included MEDMARX information. Members may read more details in the latest USP Media Report under “Resources” on the Member page at

<http://www.usp.org/audiences/volunteers/members/private/>.

Summer Interns

USP is pleased to announce the selection of six health professions students for the 2008 USP Summer Intern Program. A list of our 2008 interns, their institutions, and a brief description of their projects can be found by clicking “News Releases” at <http://www.usp.org/aboutUSP/media/>.

Visiting Scientist Program

The USP Visiting Scientist Program is an international program designed to advance the development of scientists committed to pharmacopeial work through a training program at USP Headquarters in Rockville, Maryland. Participants are given the opportunity to enhance existing skills and develop new skills in modern analytical methods of chemical analysis of drugs and, in turn, utilize these enhanced skills to evaluate pharmaceutical products against modern industrial and legal standards.

For more information and application procedures, please contact USP’s Todd Cecil at tlc@usp.org.

<797> Guidebook

The new edition of the *USP <797> Guidebook to Pharmaceutical Compounding – Sterile Preparations Product Information* is now available for purchase online at

<http://www.usp.org/products/797Guidebook/>.

Pharmacists’ Pharmacopeia Second Edition

At the March American Pharmacists Association Annual Meeting, USP announced the release of the second edition of the *Pharmacists’ Pharmacopeia*. In addition to the newly revised General Chapter <797> *Pharmaceutical Compounding — Sterile Preparations*, this latest edition contains an entirely new section on veterinary compounding and food ingredients, flavorings and colorings. All compounding practitioners—including physicians and nurses— will find this expanded resource very useful. More information about this and associated publications and related educational offerings may be accessed at <http://www.usp.org/USPNF/pf/generalChapter797.html>.

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
Annual General Meeting, July 20, 2008
AACP/AFPC Joint Conference and Meetings
Sheraton Chicago Hotel & Towers, Chicago, Illinois

EXECUTIVE DIRECTOR'S REPORT:

On this historical occasion, as we meet jointly with our colleagues from AACP in Chicago, it brings me great pleasure to briefly summarize this year's activities for AFPC. It has, in many ways, been a busy year, primarily with respect to planning for the joint conference and the desire by AFPC to showcase what is happening within academic pharmacy in Canada. Good examples include the progress that AFPC has shown in creating a national strategy for program evaluation and the ever continuing development of our experiential coordinator activities through the pursuits of the AFPC special interest group, PEP Canada. Pharmacy education to support performance based assessment, the increasing use of inter-professional education in pharmacy curricula, the importance of research to shape pharmacy practice, and the greater emphasis on patient safety are all areas of academic and professional interest that AFPC can confidently bring to the joint conference.

In 2007-2008 AFPC provided key academic perspectives in several national initiatives the more prominent being the Blueprint for Pharmacy and the closely related pharmacy human resources study called Moving Forward. Final reports from these two projects contain clearly stated goals with respect to the future practice of pharmacy that have significant consequences to pharmacy education in Canada and will provide a focus for AFPC attention in the months and years to come. I will address this in more detail later.

While there have been noteworthy successes during this past year, there is still much to be achieved by AFPC. The need to do more is not uncommon given that we are still largely a volunteer organization dependent on time commitments and the incentives of faculty members to provide for the greater good of pharmacy education and research. Nevertheless, taken together, it has been another stimulating and eventful year for me. As I highlight the past year's progress, I shall do my best to recognize council members and other committed faculty who have helped AFPC advance the quality and scope of academic pharmacy in Canada. At the same time I intend to point out the work still to be done and the several challenges that will face AFPC in the near future.

University of Waterloo School of Pharmacy:

Before I discuss the details of AFPC business, we should recognize that January of 2008 was a landmark for academic pharmacy in Canada with the opening of the new University of Waterloo School of Pharmacy located in Kitchener Ontario. The previous new university program in pharmacy had been in Memorial University of Newfoundland that effectively started in 1986. The inaugural class of 92 pharmacy students at the University of Waterloo were welcomed into the profession with a white coat ceremony on January 9. Target class size in future years will be 120 students. A new health sciences building will house the School of Pharmacy and will be home to a regional school of medicine program from McMaster University and will have a teaching and service clinic for Waterloo's School of Optometry, thus providing an excellent environment for inter-professional education. The School of Pharmacy at the University of Waterloo will be the only pharmacy program in Canada that will offer their experiential training through co-op programs, a strength of many other professional programs at the University of Waterloo. Hallman Director Jake Thiessen and his faculty and staff are to be congratulated on the successful opening of the new school.

AFPC Finances:

Finances of the Association are secure and have remained reasonably stable in recent years. There has been a slow general increase in yearly income as the member Faculties have expanded their enrollments but we can anticipate that this source of revenue will soon level off. The University of Waterloo came on stream in January and will provide a bump up of membership income for 2008. Following that, it does not appear there will be other new pharmacy Faculty start ups within Canada in the near future. Affiliate member income has stabilized. The number of pharmaceutical industry members is decreased somewhat from a few years ago but our current industrial partners are renewing on an annual basis. Affiliate membership by individual chain drug store companies is still a work in progress.

Thanks largely to Dean Pierre Moreau, sponsorship funding of the Annual Conference held in Montreal was one of the best ever and as a result conference income was almost \$10,000 more than in 2006. The level of sponsorship achieved in Montreal may be difficult to maintain on a year to year basis. For example the sponsorship for the joint conference in Chicago was very disappointing despite follow-ups having been made to potential donors. Income for awards in 2007 was increased because a major award from Merck Frosst Canada Ltd is now paid to AFPC for distribution to the Faculty of the winning student. The first year of funding by the Faculties for AFPC to produce a guidebook and tools for program evaluation provided a substantial increase in income for 2007.

For a variety of reasons, meeting expenses in 2007 were substantially less than budgeted. This was an unusual occurrence with weather and other factors preventing several council members from attending both the midyear and annual meetings. Operating costs were slightly reduced because costs related to web page design did not materialize. Most other expenses were on target. As a result of the increased income accompanied by reduced expenses, AFPC had a tidy surplus in 2007 of \$15,790, well above the small deficit that had been budgeted for the year.

In the budget for 2008, income for the year is predicted to be \$30,000 over that of 2007 based on the new Wal-Mart grant and a onetime award from Rx & D Canada to fund the development of the pharmacy faculty teaching database. The Deans have also agreed in 2008 to fund their respective PEP Canada representatives to attend the annual conference based on an equalized per capita basis. To balance the increased income, AFPC expenses, particularly travel expenses, are anticipated to increase dramatically with fuel surcharges and other airfare increases making up the bulk of the increase. As a result, a small deficit is forecast for 2008.

As I have stated in previous reports, the finances of the Association are fine as long as a fairly conservative approach is taken to the yearly operation of the organization. In order for AFPC to take on significant new projects and tasks, separate sponsorship funding is essential. Otherwise we end up raiding our reserve. A good example of the need for special funding is the fact that we now have three pharmacy professional degree programs in Canada, the BSc., the entry level Pharm D and the post baccalaureate Pharm D. In order to effectively distinguish these degrees and to link expectations of the education in each program with an appropriate level of pharmacy practice, there is a distinct need to have updated educational outcomes along with levels and ranges for each of the three programs. The amount of work involved to complete this task will require the hiring of an educational consultant and will generate a considerable expense for AFPC. The alternative of asking a faculty volunteer to complete such a job is simply not realistic.

Two years ago, AFPC set about to raise sponsorship funds for special projects through the creation of a fund raising committee. In reality, the effectiveness of this fund raising committee has been subject to the time limitations of committee members and also to budget restrictions for travel. Thus, outside of Rx & D Canada's contribution to the teaching base project, the fund raising

committee as a whole has yet to prove its worth. AFPC may need to strategically look for other options to specialty fund raising.

Conference Activities:

The annual conferences have recently been quite a good source of revenue for AFPC, so it is appropriate to recognize the people who have made the latest conference such a success. We should also look briefly at upcoming conferences with the hope that these will attract new as well as our dedicated conference attendees and continue the tradition of AFPC conferences being positive fund raising events.

The 64th AFPC Conference was held jointly with the 10th Canadian Society for Pharmaceutical Sciences (CSPS) Annual Meeting and the 18th International Pharmaceutical & Biomedical Analysis Annual Meeting in the elegant Queen Elizabeth Hotel in Montreal, May 31 to June 2, 2007. This conference format proved to be highly successful with a full joint opening plenary session on the first day plus considerable cross interaction in the exhibits and plenty of activity during the posters sessions. Posters were held on two days with a total of 154 posters of which 55 posters were from AFPC participants, which is somewhat of a record for AFPC. There was an excellent turn out of posters from graduate students of the Université de Montréal and we thank them heartily for helping create this successful conference for AFPC.

The conference format of an opening dinner with award winner presentations as well as a wind up awards banquet continues to be a popular venue for the AFPC conference. Attendance from across the Country could have been better but the host Faculty made up this deficiency by being out in almost full force. The program included a half-day session on pharmacy practice research with a focus on legislative changes that were impacting pharmacy practice. The recent move to allow pharmacist prescribing in Alberta drew quite a bit of attention. A speaker from industry completed the session on the topic of preparing graduate and undergraduate students for the biopharmaceutical industry.

One full day was devoted to the Teacher's Conference with Mentoring and Leadership a popular workshop. A presentation on the fundamentals of evaluating cross curricular competencies was followed by a workshop for assessing cross curricular competencies. This session generated a great deal of fruitful discussion and ideas for delegates to take home. The formal session of the conference was completed with a presentation from Pharmacy Experiential Programs of Canada on developing a national pharmacy preceptor development strategy.

The local program committee made up of AFPC members Daniel Thirion (Conference Chair, member of council), Dean Pierre Moreau (Finances), Sylvie Marleau (poster presentations), and Line Labbé, did an outstanding job of the planning and implementation of the conference and we congratulate them for a job well done. Mo Jamali from the University of Alberta was the co-chair from CSPS and he provided strong support for the joint conference. Sharing the conference costs with CSPS provided a significant saving for our organization.

It seems like a very long time that we have been thinking about the **2008 AACP/AFPC joint conference in Chicago** but in reality the planning began in 2006 at the AACP meeting in San Diego. Planning continued in earnest when AACP Executive Vice President Lucinda Maine and President Marilyn Speedie attended our meetings in Montreal and a profile of a joint integrated meeting was outlined. Soon after at the AACP meeting in Orlando in July 2007, President Simon Albon, Conference Chair Lalitha Raman-Wilms (Toronto), Nancy Waite (planning member, Waterloo), Andrea Cameron (planning member, Toronto) and myself set about to look at the AACP programming in much more detail. The goal was to design AFPC sessions that would fit nicely into

established AACP sessions and still retain the elements of our usual AFPC programming. There was a desire to showcase some of the current initiatives occurring in Canadian pharmacy faculties but not seriously duplicate AACP programming.

I was most pleased that the AFPC program along with committed speakers was prepared well in advance and was available for an AACP conference program planning committee meeting held in February of 2008. Zubin Austin (Toronto), another member of the planning committee is a major contributor to the AFPC program. A call for special sessions also brought a healthy response from AFPC faculty members. There appear to be at least 40 poster abstracts from Canadian faculty so interest in this meeting has been high. AACP had requested that reviewers of abstracts be recruited from Canadian Faculties to assist in the abstract review and I am pleased to report a very positive response from the AFPC membership.

I would like to sincerely acknowledge Executive Vice President Lucinda Maine and her AACP staff for the invitation to participate in the 2008 conference and also for their generous guidance and help to make the 2008 conference a truly inclusive event for AFPC members. If I may speak on behalf of the AFPC planning committee it has been my experience that AACP has tried to make us feel at home and have especially gone out of their way to accommodate our many needs and peculiarities as the overall program was assembled. In turn we hope to provide above average attendance from our membership and to present quality programming that will make the 2008 joint meeting the most successful AACP annual meeting ever.

The AFPC 2009 Conference is to be held in early June in the delightful Atlantic Canada City of Halifax. This was to be the year when AFPC met jointly with CPhA but convention accommodations in Halifax will not apparently allow this to occur. As a result AFPC will meet separately but immediately following the CPhA conference. Anne Marie Whelan and Susan Mansour (Dalhousie) will be providing details of the 2009 Conference at the AFPC Council meeting and awards banquet in Chicago.

The AFPC 2010 Conference will be held in conjunction with the Canadian Society for Pharmaceutical Sciences (CSPS). The conference and meetings will take place in the Olympic City of Vancouver and the University of British Columbia will be the host Faculty. Ingrid Price (UBC) will be chair of the planning committee for AFPC and Kishor Wasan (UBC) will be the program planning chair for CSPS. I for one, am looking forward to an outstanding joint conference in 2010.

AFPC Awards:

The annual conference is our opportunity to celebrate AFPC award recipients and this will be done a bit differently this year. An awards banquet will be held on Sunday evening, July 20 where the major award winners will present on their winning research and in turn be presented with their awards by AFPC and the award sponsors. Student winners of the AFPC research poster award and Wal-Mart Canada awardees will also be recognized as well members given honorary membership. It will be a busy evening but hopefully one that all can enjoy.

Mary MacCara (Dalhousie) is the new Awards Committee Chair and I must complement her on the efficiency with which the reports were handled and the aplomb that she demonstrated when touchy issues arose. Award applications to AFPC were done electronically for the first time and the process seemed to work reasonably well. There was some trouble in sending rather large PDF files and a process for online evaluation of the applications should be established. Perhaps this is a priority for the communications committee to handle.

Competition for the awards in 2007-2008 was very healthy and as we add new faculty members to AFPC this trend can be expected to continue. Mary also indicated that reviewer support for the awards was very strong, thus confirming that faculty place high value in the AFPC awards. On the other hand, one evident problem is the relatively few applications received for the Bristol-Myers Squibb National Award for Teaching Excellence, a situation that has existed for a number of years. This problem was compounded in 2007-08 when none of the applicants was deemed eligible for the award. AFPC will review the criteria for the award and most likely seek input from faculty members from across the Country. It is a shame not to recognize our excellent teachers, and if the award application process is so onerous as to discourage faculty from applying, this problem should be dealt with during the review.

There was ample evidence this year that we probably need a separate best publication award for pharmacy practice based research. The GlaxoSmithKline Graduate Student Research Award had 15 quality applications of which almost half were related to pharmacy practice research. Because the Canadian Foundation for Pharmacy is now championing and funding pharmacy practice research projects, this organization may look favorably on sponsoring a new AFPC publication award in the PPR category.

This is the first year of the Wal-Mart Canada/AFPC Future Academic Leader Award that is designed to attract pharmacy students at all levels to seek an academic career in pharmacy. Of 8 applications received for this award, five students were selected to travel to the joint AACP/AFPC Conference in Chicago where they will be able to mingle with a broad cross section of pharmacy academics and to meet their peer Wal-Mart Award winners from the United States. I am looking forward to receiving feedback on their experiences at the meeting in Chicago.

Changing the Bylaws can be a painful process and that has certainly been the case over the past 3 years or more as AFPC has dealt with bylaws of the organization. At least six presidents or past presidents of the organization have dealt with the most recent version of the bylaws. I was pleased to learn that the 2007 version approved at the AGM in Montreal eventually received approval from Corporations Canada. Because we had changed our goals and objectives, approval of the Bylaws was contingent on AFPC publishing a new letters patent, an involved process in itself. Nevertheless, the new Bylaws are now posted on the AFPC web site http://afpc.info/downloads/1/Bylaws_2007_05.pdf

Communications and Web Site:

The AFPC research faculty data base was activated on the web site as of July 2007. As reported last year we thank both Sylvie Marleau (Montreal) and Simon Albon (Committee Chair) for seeing this project through to fruition. The major work now is to keep the data current and update the search categories to be more specific to individuals. Some of this work has fallen on the shoulders of the Research Committee being co-chaired by John Hawboldt (Memorial) and Payal Patel (Manitoba). I will also try to keep on top of errors, deletions and additions to the data base if the information is sent directly to me. A stats mechanism needs to be put in place to monitor the frequency and source of use of the research data base.

PEP Canada is now on the AFPC web site. PEP Canada originally developed their web pages off site at the University of Toronto but used the AFPC template for design. The PEP Canada web pages are now an integral part of the AFPC web site and the content has recently been reviewed for updating.

Preparation of the teaching data base is a current major task for AFPC. Although funding was recently made available through a grant from Rx & D Canada, little progress on the teaching data

base has occurred. The reason for this has been the uncertainty with respect to web site management for most of the past year. Committee chair Simon Albon (UBC) has now determined that we will be seeking new web site management and this should be complete before year end. Once the new management is chosen, it may be appropriate to review the entire web site design and by so doing update all of the information on the site. AACP has a new logo and we might consider that change as well.

Educational Outcomes for entry to practice professional degrees of Pharmacy in Canada: At the annual meeting in 2007 in Montreal, AFPC approved the final version of the educational outcomes for the entry level Pharm D degree program and these were subsequently posted on the AFPC web site. The approval of this document was contingent on developing the levels and ranges, a task yet to be fulfilled. On further considering this task at the 2008 midyear meeting held in Toronto, Council recommended that we also review the educational outcomes along with levels and ranges for the BSc degree. These outcomes are now 10 years old and do not reflect current developments in professional collaboration and teamwork. Once the BSc educational outcomes are updated the levels and ranges for both the entry to practice BSc and Pharm D degrees need to be prepared and integrated so as to allow for distinction between the two degrees. Competencies to enter practice as recently formulated by NAPRA would be fundamental to support this task. A budget to undertake this important initiative has recently been obtained from an educational consultant in Montreal and AFPC will be deciding on an appropriate action plan during the council meetings in Chicago.

PEP Canada:

Pharmacy Experiential Programs of Canada (PEP Canada) is now an integral part of AFPC. This special interest group will be meeting again in Chicago thanks to the Deans who have generously agreed for each to fund a Faculty representative to attend the annual AFPC Conference. Since the inception of PEP Canada in 2006, remarkable progress has been made with respect to creating a strategic plan, establishing web pages on the AFPC web site, and setting up a Web CT site hosted by the University of Alberta to provide communication and information sharing for the group. AFPC has encouraged PEP Canada to reach out to stakeholders with their collective expertise and recent interactions have occurred between PEP Canada and NAPRA, CSHP and CCAPP. PEP Canada made an informative conference presentation last year in Montreal and are scheduled to present on patient safety initiatives as part of the AFPC program planned for Chicago. Posters at the Chicago conference will further communicate the activities of PEP Canada. The joint conference will provide an excellent opportunity for this group to network and share information with their US counterparts. Nancy Waite (Waterloo) is the AFPC representative to PEP Canada and Cheryl Cox (Alberta) and Kelly Brink (Manitoba) are the current co-chairs. AFPC is delighted with the enthusiasm and commitment being shown by the PEP Canada group.

Program Evaluation Guide Task Force

Beginning in 2006, this was a two year project, funded by the Deans, that was to culminate in the preparation of “An AFPC Guide for Program Evaluation for Canadian Faculties of Pharmacy”. The project got off to a slow start largely because of uncertainty about how to best proceed with the task. The choices were either to hire a consultant to do most of the work and then leave the Faculties to interpret how best they might use the guide, or a more inclusive process where representatives from each Faculty would be actively involved in developing the guide and thus create capacity for program evaluation across the Country. The latter approach prevailed and representatives from each of the Faculties met in Toronto in November of 2007 to identify the areas of focus and to assign working groups to develop specific areas of the guide. To assist in this process, a web site for the working groups was created in January of 2008. Significant progress has been made on the program evaluation guide and a consultant has recently been hired to write the “how to” or tools to

perform the evaluations. Ingrid Price (Committee chair, UBC) will be meeting with the Deans in Chicago on July 20 to provide an update of progress and outline next steps. Ingrid is also presenting her work in a special session of the conference on July 22, 2008. Members of the program evaluation group include Ingrid Price (Chair), Anne Marie Whelan (AFPC representative), Linda Hensman (ADPC representative), David Hill (CCAPP), John Hawboldt (MUN), Mary MacCara (Dalhousie), Céline Brunelle (Laval), Claude Mailhot (Montreal), Lalitha Raman-Wilms (Toronto), Nancy Waite (Waterloo), Silvia Alessi-Severini and Colleen Metge (Manitoba), Roy Dobson (Saskatchewan), Sheila Kelcher (Alberta), and David Fielding (UBC).

AFPC representation on pharmacy stakeholder initiatives and other external organizations:

Blueprint for Pharmacy:

During the past year both AFPC (representative Terri Schindel, Alberta) and ADPC (representative Dean Dennis Gorecki, Saskatchewan) were active contributors to the Blueprint Task Force. When the draft blueprint document was distributed for consultation in June of 2007, AFPC, and individual Faculties responded by providing valuable feedback to the document. Five working groups of the blueprint were created to implement the key components of the blueprint and AFPC canvassed the Faculties for nominations of individuals to serve on one of the five groups. According to CPhA, the response of individuals to serve on the five groups far exceeded their expectations.

On June 2008 the final version of the Blueprint for Pharmacy – the Vision for Pharmacy was presented at the CPhA Conference in Victoria and given approval by the CPhA Board. AFPC and ADPC as stakeholder organizations are now being asked to endorse the Blueprint and to commit to work collaboratively with the Blueprint Task Force and the working groups. The obvious primary focus for AFPC and ADPC is to provide the required leadership that will ensure that pharmacy education and continuing professional development programs support patient-centered and outcomes-focused care, the vision for future pharmacy practice in Canada. A motion to endorse the Blueprint and commit to action will be presented at the Annual General Meeting of AFPC on July 20, 2008 in Chicago.

CPhA Proposed Position Statement on Pharmacist Prescribing:

On behalf of AFPC, President Simon Albon and I sent in a response to the call for comments on the position statement for pharmacist prescribing.

Conference on Improving Pharmaceutical Care in North America:

This conference was held in Pachuca, Hidalgo, Mexico on October 4-5, 2007. The conference was the outcome of a trilateral agreement of CSHP, ASHP and MAHP to work towards enhancing hospital pharmacy practice in Mexico. Anne Marie Whelan (Dalhousie) was the AFPC member to the Steering Committee for the planning of this conference and had made a commitment to present an overview of “Educating and training of pharmacists in Canada”. As it would turn out, family circumstances did not allow Anne Marie to participate in the conference and Lalitha Raman-Wilms (Toronto) made the presentation on Anne Marie’s behalf. Lalitha reported that the presentation was very well received and a great deal of interest in our current pharmacy programs was expressed. Our thanks to Anne Marie and Lalitha for making this valuable contribution to advancing pharmacy education related to hospital pharmacy practice in Mexico.

Moving Forward - Pharmacy Human Resources Project:

This initiative, led by CPhA is supported by 8 pharmacy organizations including AFPC and ADPC. Zubin Austin (Toronto) is the AFPC representative and Dean Dennis Gorecki (Saskatchewan) is the ADPC representative on the Moving Forward initiative. With the Federal funding of this project winding down, this was a very busy year for this committee and several key meetings were held. I

attended the Management and National Advisory Committee Meetings for Dean Gorecki on two occasions, November 5-6, 2007 in Ottawa and March 26-27, 2008 in Toronto. The prime focus of the March meeting was to consult with stakeholders on the draft pharmacy HR planning recommendations developed by the Moving Forward Management Committee. Attendees were provided with a research synthesis report and a draft of the recommendations. The intent of the meeting was to validate and prioritize the recommendations, identify any gaps, determine the target organizations for action, and set timelines for the action expected. The Deans of Pharmacy had been invited to the March 26-27 forum because a sizable portion of the new research information dealt with the education component of the pharmacy human resources task force. A major focus during the year had been to gather qualitative and quantitative data regarding the education and training of pharmacists.

Subsequent to that meeting, Moving Forward held an information session during the CPhA meeting in Victoria on May 31, 2008. During that session, Dean Dennis Gorecki of ADPC presented the ten recommendations of the task force that pertain to education and training of the pharmacy workforce. Activities of the Moving Forward management committee will continue over the summer and a final report is expected in the Fall. AFPC will be considering the recommendations contained within the draft report with a view to set a course of action that would fulfill our obligations as a participating organization. In my opinion, two key recommendations that will require a bit of our time are the following. 1) Review the knowledge base, abilities, values, inter-professional skills and clinical experience that will be required of pharmacists to practice in expanded and innovative roles, and develop university pharmacy curricula to ensure that future graduates will be competent to practice in these emerging roles, and 2) Ensure that pharmacy graduates of Canadian universities receive a credential that appropriately reflects the expected greater academic rigour of restructured curricula for the first professional degree in pharmacy.

Representation to Health Canada's Expert Advisory Committee on the Vigilance of Health Products:

Normally requests to nominate individuals for expert advisory committees of Health Canada are passed onto the Faculties for action. In the case of the EAC on the Vigilance of Health Products, AFPC made the nomination of Colleen Metge from the University of Manitoba. Colleen has a great deal of expertise in this area and was a logical choice for the nomination. Having been selected for the EAC on the Vigilance of Health Products, Colleen has agreed to provide an annual report to AFPC on her committee activities.

Association of Deans of Pharmacy of Canada:

The ADPC annual meeting was held in Kelowna, BC on October 13-15, 2007. At the business meeting, Franco Pasutto of the University of Alberta was confirmed as President of the Association for the next two years. Bob Sindelar of the University of British Columbia will be Past President, Dennis Gorecki of the University of Saskatchewan is Treasurer, and Rita Caldwell of Dalhousie University is the acting ADPC representative to AFPC. At the annual meeting, the Deans met with Steve Long, Director of Pharmacy Integration and Strategic Programs, Calgary Health Region who made a presentation on the shortages of hospital pharmacists and other advocacy issues on behalf of CSHP. The interactions with CSHP provide valuable input to the Deans with respect to opportunities and challenges unique to hospital pharmacy.

Neil MacKinnon from Dalhousie University met with the Deans in a focus follow up to the Moving Forward survey on curriculum and capacity issues that was sent out to the Deans in early October of 2007. The Deans were also asked to urge their students to participate in a national student survey on demographics and issues related to pharmacy education.

On October 15, the Deans participated in a workshop on program evaluation led by Ingrid Price and Tom Sork of the University of British Columbia. Ingrid is the AFPC chair of the Program Evaluation Guidebook Task Force that was commissioned by ADPC in 2006.

Dean Wayne Hindmarsh made a presentation to the Deans on behalf of Dayle Acorn, the recently appointed Executive Director of the Canadian Foundation for Pharmacy. Areas for collaboration with CFP were explored.

CCAPP executive director David Hill presented future directions and initiatives for CCAPP. Related to his visit, the Deans were in the process of reviewing proposed new CCAPP standards for the first professional degree that included revisions to the standards for the baccalaureate program and standards for the new Doctor of Pharmacy program. Following a teleconference of the Deans in late January of 2008, ADPC called a meeting in Vancouver on February 25 to discuss the new draft standards and to obtain feedback from David Hill on issues that were of concern. Following this meeting the Deans prepared a detailed formal response to the draft standards that were sent to CCAPP in time for their board meeting in June. ADPC President Franco Pasutto (Alberta) actively chaired the standards review process, on behalf of the Deans. ADPC will be meeting in Chicago at the joint conference and will again be meeting with CCAPP executive director, David Hill.

In this my fifth year as Executive Director of AFPC/ADPC, may I express my sincere thank you and appreciation to the Council and Executive of AFPC and the Executive of ADPC for their generous support and help during a particularly busy year. I say that because the business of the Association is increasing and while that takes more of my time, it is also very gratifying to learn that we are, in fact, making progress. It has been my pleasure to work closely with both President Simon Albon of AFPC and Bob Sindelar of ADPC. Both have provided excellent leadership and support. I am looking forward to working further with AFPC President Roy Dobson and ADPC president Franco Pasutto in the year ahead as we take on the challenges of the Vision for Pharmacy in Canada.

Respectfully submitted,
Frank S. Abbott, PhD
July 14, 2008

PART 4.0

AFPC FINANCIAL STATEMENTS 2007

AND

BUDGET 2008

**ASSOCIATION OF FACULTIES OF
PHARMACY OF CANADA**

Vancouver, B.C.

FINANCIAL STATEMENTS

December 31, 2007

WOLRIGE MAHON *LLP*



AUDITORS' REPORT

To the Members of the Association of Faculties of Pharmacy of Canada:

We have audited the balance sheet of the Association of Faculties of Pharmacy of Canada as at December 31, 2007 and the statement of revenue, expenditures and net assets for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit.

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

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Association as at December 31, 2007 and the results of its operations for the year then ended in accordance with Canadian generally accepted accounting principles.

"Wolrige Mahon LLP"

CHARTERED ACCOUNTANTS

Vancouver, B.C.
May 16, 2008

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

STATEMENT OF REVENUE, EXPENDITURES AND NET ASSETS

For the year ended December 31, 2007

	2007 \$	2006 \$
Revenue , Schedule 1	174,017	138,722
Expenditures , Schedule 2	158,480	142,976
Excess (deficiency) of revenues over expenditures	15,537	(4,254)
Net assets, beginning	192,250	196,504
Net assets, ending	207,787	192,250

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

BALANCE SHEET

December 31, 2007

	2007 \$	2006 \$
Assets		
Current		
Cash	61,559	41,582
Receivables	7,995	8,950
	<u>69,554</u>	<u>50,532</u>
Investments (Note 4)	147,358	141,718
	<u>216,912</u>	<u>192,250</u>
Liabilities		
Current		
Payables and accruals	3,625	-
Deferred contributions	5,500	-
	<u>9,125</u>	<u>-</u>
Net Assets	<u>207,787</u>	<u>192,250</u>
	<u>216,912</u>	<u>192,250</u>

Approved by Council:

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

NOTES

For the year ended December 31, 2007

Note 1 General

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

Note 2 Significant Accounting Policies

Use of Estimates

The preparation of financial statements in conformity with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Financial Assets and Financial Liabilities

Effective January 1, 2007, the Association adopted the new accounting standard, Section 3855 of the CICA Handbook, "Financial Instruments - Recognition and Measurement". This section requires all financial instruments to be classified into one of the following five categories: held-for-trading, held-to-maturity investments, loans and receivables, available-for-sale financial assets or other financial liabilities. All financial instruments are measured at fair value, except for loans and receivables, held-to-maturity investments and other financial liabilities, which are measured at amortized cost. It also specifies how financial instrument gains and losses are to be recognized depending on their classification. Depending on the financial instruments' classification, changes in subsequent measurements are recognized in net income or directly in net assets. The Association's designations are as follows:

Cash and equivalents are designated as held-for-trading and are measured at fair value.

Investments are classified as held-for-trading and are measured at fair value.

Receivables are classified as loans and receivables and are measured at amortized cost.

Payables and accruals are classified as other financial liabilities and are measured at amortized cost.

Revenue Recognition

The Association follows the deferral method of accounting for contributions. Restricted contributions are recognized as revenue in the year in which the related expenses are incurred. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

NOTES

For the year ended December 31, 2007

Note 3 Financial Instruments

The fair value of all items that meet the definition of a financial instrument approximate their carrying values. These items include cash, investments, receivables, and payables and accruals. Unless otherwise stated, it is management's opinion that the Association is not exposed to significant credit, currency or interest rate risk arising from these financial instruments.

Note 4 Investments

	2007 \$	2006 \$
CIBC GIC - Jan 2/08 4.3%	14,224	14,224
CIBC GIC - Jun 27/07 4.25%	-	20,229
CIBC GIC - Jan 11/07 2.4%	-	40,000
CIBC GIC - Oct 28/08 2.35%	21,855	21,855
CIBC GIC - Oct 30/08 3.1%	21,971	21,971
CIBC GIC - Jun 28/10 3.45%	23,439	23,439
CIBC GIC - Jun 27/12 3.7%	24,909	-
CIBC GIC - Jan 11/08 3.1%	40,960	-
	<hr/> 147,358	<hr/> 141,718

Note 5 Statement of Cash Flows

A statement of cash flows has not been prepared as it would not provide any additional information.

Note 6 Future Accounting Standards

The CICA has issued the following accounting standards that may be applicable to the Association:

CICA Section 3862 and 3863, Financial Instruments - Disclosure and Presentation

These sections revise the current standards on financial instrument disclosure and presentation and place an increased emphasis on disclosures regarding the risks associated with both recognized and unrecognized financial instruments and how these risks are managed. The Association will adopt these new standards for its fiscal year beginning January 1, 2008.

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA Schedule 1

SCHEDULE OF REVENUE

For the year ended December 31, 2007

	2007 \$	2006 \$
Memberships		
Faculty	84,526	83,568
Affiliate	15,600	19,200
Associate	525	600
Awards		
AstraZeneca	3,000	3,000
Bristol-Meyers Squibb	1,255	2,068
GlaxoSmithKline	1,998	2,330
Merck Frosst	15,000	-
Pfizer	2,422	2,553
Other		
Annual conference	19,805	10,707
Interest income	4,686	3,467
Web Site advertising	200	4,800
Saskatoon conference	-	1,429
LLLP conference	-	5,000
Program evaluation	25,000	-
	174,017	138,722

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA Schedule 2

SCHEDULE OF EXPENDITURES

For the year ended December 31, 2007

	2007 \$	2006 \$
Meetings		
AGM council	18,725	22,851
Mid-Year council	9,013	14,508
AACP AGM	1,601	2,299
Mid-Year AACP	-	2,129
CCCEP	1,325	1,338
CPhA	-	75
President Travel to CSHP	2,185	1,232
Blueprint for Pharmacy	3,712	805
ADPC travel, Executive director	2,391	3,779
HRSDC Project	408	1,579
NAPRA Workshop	1,710	-
PharmCare	1,052	894
Operating		
Audit services	2,226	2,194
Bank charges	105	181
Canada Revenue Agency	30	30
Computer expenses	56	95
Courier	78	-
Database	1,445	-
Executive director-honorarium	42,400	42,600
Executive director-travel grant	3,919	2,376
Internet services	675	1,143
Office supplies	483	445
Postage	328	267
Printing	661	557
Teleconferencing	1,085	514
Telephone and fax	585	608
Website maintenance	922	5,265
Miscellaneous	554	143
Other		
CCAPP	7,950	6,955
Program evaluation	17,010	-
Task force SPEP	762	7,617
Miscellaneous	486	10

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA **Schedule 2**

SCHEDULE OF EXPENDITURES

(continued)

For the year ended December 31, 2007

	2007	2006
	\$	\$
Awards		
AFPC Whit Matthews	600	500
AstraZeneca	2,615	2,289
Bristol-Meyer Squibb	1,000	2,136
CFP poster awards	1,000	1,000
CFP travel grants	9,963	9,929
GSK Grad student	1,998	2,080
Merck Frosst fellowship	15,000	-
Pfizer	2,422	2,553
	158,480	142,976

2007 AFPC Financial Statement with 2006 Actual: Annual General Meeting, Chicago, July 20, 2008

	2006 ACTUAL	2007 BUDGET	2007 ACTUAL
INCOME			
Memberships			
FACULTY	\$83,568.00	\$84,526.00	\$84,526.00
AFFILIATE	\$19,200.00	\$16,800.00	\$15,600.00
ASSOCIATE	\$600.00	\$600.00	\$525.00
TOTAL MEMBERSHIPS	\$103,368.00	\$101,926.00	\$100,651.00
OTHER INCOME			
ANNUAL CONF	\$10,706.89	\$12,000.00	\$20,057.02
INTEREST	\$3,465.18	\$4,200.00	\$4,684.85
Rx & D GRANT	\$0.00	\$4,000.00	\$0.00
Web Site Advertising	\$4,800.00	\$1,000.00	\$200.00
TOTAL OTHER INCOME	\$18,972.07	\$21,200.00	\$24,941.87
Awards			
AstraZeneca	\$3,000.00	\$3,000.00	\$3,000.00
Bristol-Myers Squibb	\$2,068.00	\$2,000.00	\$1,255.00
GlaxoSmithKline	\$2,330.00	\$2,500.00	\$1,998.36
Merck Frosst		\$15,000.00	\$15,000.00
Pfizer	\$2,553.01	\$2,500.00	\$2,421.54
TOTAL AWARDS	\$9,951.01	\$25,000.00	\$23,674.90
Miscellaneous			
Task Force SPEP (PEPCanada)	\$0.00	\$0.00	
Program Evaluation - year one		\$25,000.00	\$25,000.00
New Grants or awards	\$0.00	\$0.00	
Saskatoon Conference 2005	\$1,429.16	\$0.00	
Donation from LLLP Conference	\$5,000.00	\$0.00	
	\$6,429.16	\$25,000.00	\$25,000.00
TOTAL INCOME	\$138,720.24	\$173,126.00	\$174,267.77

* Income includes receivable conference income of \$252.

	2006 ACTUAL	2007 BUDGET	2007 ACTUAL
EXPENSES			
Meeting Expenses			
AGM Council	\$22,850.50	\$23,000.00	\$18,724.92
Mid-year Coun.	\$14,508.23	\$12,000.00	\$9,013.42
AAPC AGM	\$2,299.24	\$2,500.00	\$1,600.95
AAPC midyear-meeting planning	\$2,129.23	\$2,000.00	\$0.00

CCCEP	\$1,337.50	\$1,338.00	\$1,325.00
CFP/CACDS Global Innov			
CPhA National Forum	\$74.50	\$400.00	\$0.00
President travel to ADPC AM	\$0.00	\$1,000.00	\$0.00
President travel to CSHP	\$1,231.65	\$1,200.00	\$2,185.48
Blueprint for Pharmacy Mtg.	\$805.47	\$2,000.00	\$3,712.32
ADPC Travel, Ex Dir	\$3,779.47	\$4,000.00	\$2,391.24
HRSDC Project-meetings	\$1,578.51	\$2,000.00	\$407.62
Pharm Care in North Amer Conf	\$894.04	\$1,000.00	\$1,051.93
NAPRA Vision Workshop			\$1,709.57
Total Meeting Expenses	\$51,488.34	\$52,438.00	\$42,122.45

Operating Expenses

Audit services	\$2,193.50	\$2,250.00	\$2,226.00
Bank charges	\$181.39	\$160.00	\$104.85
Computer expenses	\$94.84	\$200.00	\$56.07
Exec. Dir. Honor.	\$42,600.00	\$42,400.00	\$42,400.00
E.D. travel grant	\$2,376.32	\$3,500.00	\$3,918.58
Office Supplies	\$444.70	\$500.00	\$482.91
Photocopies		\$50.00	\$0.00
Printing	\$556.55	\$600.00	\$660.64
Postage	\$267.43	\$300.00	\$328.28
Courier		\$100.00	\$78.10
Telephone/fax	\$608.12	\$600.00	\$584.72
Teleconferencing	\$514.26	\$550.00	\$1,084.64
Internet Services	\$1,142.64	\$720.00	\$674.87
Web site maint.& develop	\$5,264.91	\$5,000.00	\$922.20
Database and PEP Canada		\$2,000.00	\$1,445.00
Corporations Directorate	\$30.00	\$30.00	\$30.00
Secretarial and certificates	\$95.76	\$500.00	\$500.00
Receiver General-Gazette Costs		\$100.00	\$0.00
Misc Exp Ex Director	\$47.37	\$100.00	\$53.70
Total - operating	\$56,417.79	\$59,660.00	\$55,550.56

Other Expenses

CCAPP	\$6,955.00	\$7,950.00	\$7,950.00
Rx&D grant	\$0.00	\$4,000.00	\$0.00
Task Force SPEP	\$7,616.98	\$700.00	\$762.01
Conference Hotel Deposit			\$0.00
Parking CPSI	\$10.00		\$0.00
Program Evaluation Costs		\$15,000.00	\$17,009.62
Editing of ELPD Edu Outcomes		\$200.00	\$200.00
Translation Services			\$150.00
AACP Program Disk			\$135.78
Total Other Expenses	\$14,581.98	\$27,850.00	\$26,207.41

Awards

AstraZeneca	\$2,288.69	\$3,000.00	\$2,615.22
Bristol-Myers Sq.	\$2,136.42	\$2,400.00	\$1,000.00

AFPC student travel grants	\$9,929.00	\$10,000.00	\$9,962.94
AFPC Best Poster Awards	\$1,000.00	\$1,000.00	\$1,000.00
AFPC Whit Matthews	\$500.00	\$500.00	\$600.00
Merck Frosst Fellowship		\$15,000.00	\$15,000.00
Pfizer	\$2,553.01	\$2,500.00	\$2,421.54
GSK grad student	\$2,080.00	\$2,500.00	\$1,998.36
New Grants			
Total Awards Expenses	\$20,487.12	\$36,900.00	\$34,598.06
 TOTAL EXPENSES	 \$142,975.23	 \$176,848.00	 \$158,478.48
 Surplus(Deficit)	 (\$4,254.99)	 (\$3,722)	 \$15,789.29

AGM Chicago - AFPC Budget 2008 with 2007 Actual

	2007 BUDGET	2007 ACTUAL	2008 BUDGET
INCOME			
Memberships			
FACULTY	\$84,526.00	\$84,526.00	\$87,677.00
AFFILIATE	\$16,800.00	\$15,600.00	\$16,800.00
ASSOCIATE	\$600.00	\$525.00	\$525.00
TOTAL MEMBERSHIPS	\$101,926.00	\$100,651.00	\$105,002.00
OTHER INCOME			
ANNUAL CONF	\$12,000.00	\$20,057.02 *	\$10,000.00
INTEREST	\$4,200.00	\$4,684.85	\$4,300.00
Rx & D GRANT	\$4,000.00	\$0.00	\$4,000.00
Web Site Advertising	\$1,000.00	\$200.00	\$600.00
TOTAL OTHER INCOME	\$21,200.00	\$24,941.87	\$18,900.00
Awards			
AstraZeneca	\$3,000.00	\$3,000.00	\$3,000.00
Bristol-Myers Squibb	\$2,000.00	\$1,255.00	\$2,000.00
GlaxoSmithKline	\$2,500.00	\$1,998.36	\$2,500.00
Merck Frosst	\$15,000.00	\$15,000.00	\$15,000.00
Pfizer	\$2,500.00	\$2,421.54	\$2,500.00
Wal-Mart Canada			\$10,000.00
TOTAL AWARDS	\$25,000.00	\$23,674.90	\$35,000.00
Miscellaneous			
Task Force SPEP (PEPCanada)			\$12,000.00
Program Evaluation	\$25,000.00	\$25,000.00	\$25,000.00
Rx&D Sponsorship of Teaching Database			\$8,000.00
	\$25,000.00	\$25,000.00	\$45,000.00
TOTAL INCOME	\$173,126.00	\$174,267.77 *	\$203,902.00

* Income includes receivable conference income of \$252.

	2007 BUDGET	2007 ACTUAL	2008 BUDGET
EXPENSES			
Meeting Expenses			
AGM Council	\$23,000.00	\$18,724.92	\$24,000.00
Mid-year Coun.	\$12,000.00	\$9,013.42	\$11,000.00
AACP AGM	\$2,500.00	\$1,600.95	\$0.00
AACP meeting planning	\$2,000.00	\$0.00	\$1,500.00

CCCEP	\$1,338.00	\$1,325.00	\$1,325.00
CPhA National Forum	\$400.00	\$0.00	\$0.00
President travel to ADPC AM	\$1,000.00	\$0.00	\$0.00
President travel to CSHP	\$1,200.00	\$2,185.48	\$2,000.00
Blueprint for Pharmacy Mtg.	\$2,000.00	\$3,712.32	\$3,000.00
ADPC Travel, Ex Dir	\$4,000.00	\$2,391.24	\$4,000.00
HRSDC Project-meetings	\$2,000.00	\$407.62	\$1,000.00
Pharm Care in North Amer			
Conf	\$1,000.00	\$1,051.93	\$0.00
NAPRA Vision Workshop		\$1,709.57	\$0.00
PEP Canada Annual Mtg Expenses			\$12,000.00
Total Meeting Expenses	\$52,438.00	\$42,122.45	\$59,825.00

Operating Expenses

Audit services	\$2,250.00	\$2,226.00	\$2,310.00
Bank charges	\$160.00	\$104.85	\$160.00
Computer expenses	\$200.00	\$56.07	\$200.00
Exec. Dir. Honor.	\$42,400.00	\$42,400.00	\$42,000.00
E.D. travel grant	\$3,500.00	\$3,918.58	\$3,000.00
Office Supplies	\$500.00	\$482.91	\$500.00
Photocopies	\$50.00	\$0.00	\$50.00
Printing	\$600.00	\$660.64	\$600.00
Postage	\$300.00	\$328.28	\$300.00
Courier	\$100.00	\$78.10	\$100.00
Telephone/fax	\$600.00	\$584.72	\$600.00
Teleconferencing	\$550.00	\$1,084.64	\$1,000.00
Internet Services	\$720.00	\$674.87	\$700.00
Web site maint.& develop	\$5,000.00	\$922.20	\$2,000.00
			\$
Database	\$2,000.00	\$1,445.00	4,000.00
Corporations Directorate	\$30.00	\$30.00	\$30.00
Secretarial and certificates	\$500.00	\$500.00	\$500.00
Receiver General-Gazette			
Costs	\$100.00	\$0.00	\$100.00
Misc Exp Ex Director	\$100.00	\$53.70	\$100.00
Total - operating	\$59,660.00	\$55,550.56	\$58,250.00

Other Expenses

CCAPP	\$7,950.00	\$7,950.00	\$9,843.75
Task Force SPEP	\$700.00	\$762.01	\$0.00
Program Evaluation Costs	\$15,000.00	\$17,009.62	\$25,000.00
Editing of ELPD Edu			
Outcomes	\$200.00	\$200.00	\$0.00
Translation Services		\$150.00	\$200.00
AACP Program Disk		\$135.78	\$150.00
Total Other Expenses	\$23,850.00	\$26,207.41	\$35,193.75

Awards

AstraZeneca	\$3,000.00	\$2,615.22	\$2,500.00
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Bristol-Myers Sq.	\$2,400.00	\$1,000.00	\$2,400.00
AFPC student travel grants	\$10,000.00	\$9,962.94	\$11,000.00
AFPC Best Poster Awards	\$1,000.00	\$1,000.00	\$1,000.00
AFPC Whit Matthews	\$500.00	\$600.00	\$500.00
Merck Frosst Fellowship	\$15,000.00	\$15,000.00	\$15,000.00
Pfizer	\$2,500.00	\$2,421.54	\$2,500.00
GSK grad student	\$2,500.00	\$1,998.36	\$2,500.00
Wal-Mart Canada			\$10,000.00
Rx&D grant	\$4,000.00	\$0.00	\$4,000.00
Total Awards Expenses	\$40,900.00	\$34,598.06	\$51,400.00
TOTAL EXPENSES	\$176,848.00	\$158,478.48	\$204,668.75
Surplus(Deficit)	(\$3,722)	\$15,789.29 *	(\$766.75)