AFPC Association of Faculties of Pharmacy of Canada
Association des Facultes de Pharmacie du Canada

PROCEEDINGS

OF THE

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

ASSOCIATION DES FACULTÉS DE PHARMACIE DU CANADA

DURING 2012

INCLUDING THE

SIXTY- NINTH ANNUAL MEETING

JUNE 5 - 7, 2012

QUÉBEC CITY, QUÉBEC

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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 2011 - 2012

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 Lefebvre, Doyen (418) 656-2131
Université de Montréal, Faculté de Pharmacie, Montréal, QC
Pierre Moreau, Doyen (514) 343-6440
University of Toronto, Leslie Dan Faculty of Pharmacy, Toronto, ON
Henry Mann, Dean (416) 978-2880
University of Waterloo, School of Pharmacy, Waterloo, ON
David Edwards, Dean (519)-888-4408
University of Manitoba, Faculty of Pharmacy, Winnipeg, MB
Neal Davies, Dean (204) 474-8794
University of Saskatchewan, College of Pharmacy & Nutrition, Saskatoon, SK
David Hill, Dean (306) 966-6328
University of Alberta, Faculty of Pharmacy & Pharmaceutical Sciences, Edmonton, AB
James Kehrer, Dean (780) 492-0204
University of British Columbia, Faculty of Pharmaceutical Sciences, Vancouver, BC
Robert Sindelar, Dean (604) 822-0360

AFPC OFFICERS 2011 - 2012

Executive

President	Ingrid Price (British Columbia)
President Elect	Dan Thirion (Montréal)
Past President	Lalitha Raman-Wilms (Toronto)
ADPC Representative	Pierre Moreau (Montréal)
Executive Director	Harold Lopatka

Council

Tessa Nicholl (British Columbia)
Nése Yuksel (Alberta)
Kerry Mansell (Saskatchewan)
Silvia Alessi-Severini (Manitoba)
Nancy Waite (Waterloo)
Andrea Cameron (Toronto)
Frédéric Calon (Laval)
Mary MacCara (Dalhousie)
Carla Dillon (Memorial)

AFPC REPRESENTATIVES TO AFFILIATE ORGANIZATIONS

Association of Deans of Pharmacy of Canada – Pierre Moreau (Montreal)
Academic Board Member, Canadian Pharmacists Assoc. – Kerry Mansell (Saskatchewan)
Canadian Council for the Accreditation of Pharmacy Programs – Susan Mansour (Dalhousie) & Carmen Vézina (Laval)
Canadian Council for Continuing Education in Pharmacy – Maria Bystrin (Saskatchewan)
Canadian Patient Safety Institute – Henry Mann (Toronto)
Pharmacy Examining Board of Canada – Anne Marie Whelan (Dalhousie) & Lavern Vercaigne (Manitoba)
Representative to the Blueprint Steering Committee – Zubin Austin & Lalitha Raman-Wilms (Toronto)
Representative to Canadian Pharmacy Practice Research Group – vacant
Representative to United States Pharmacopeia Convention – Raimar Löbenberg (Alberta)

Committee Chairs and Other Positions

Awards Committee – Andrea Cameron (Toronto)
Bylaws Committee – Lalitha Raman-Wilms (Toronto)
Communications Committee – Daniel Thirion (Montreal) & Tessa Nicholl (UBC)
Conference Planning Committee – Frédéric Calon (Laval)
Editor, AFPC Communications – Rebecca Law (Memorial)
Education Committee – Nése Yuksel (Alberta)
Executive Committee – Ingrid Price (UBC)
Finances – Jason Perepelkin (Saskatchewan)
Nominations Committee – Lalitha Raman-Wilms (Toronto)
Pharmacy Experiential Programs Canada (PEPC) – Andrea Cameron (Toronto)
Project Steering Committee for Clinicians in Training – David Edwards (Waterloo)
Research Committee – Silvia Alessi-Severini (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
2009	Murray Krahn, University of Toronto
2010	Ingrid Sketris, Dalhousie University
2011	Peter Wells, University of Toronto
2012	Micheline Piquette-Miller, University of Toronto

RECIPIENTS OF THE AFPC NATIONAL AWARD FOR EXCELLENCE IN EDUCATION

BRISTOL-MYERS SQUIBB AWARD

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
2009	David Gardner, Dalhousie University
2010	Marie-Claude Vanier, Université de Montréal
2011	Nancy Waite, University of Waterloo

LEO PHARMA AWARD

2012	Lalitha Raman-Wilms, University of Toronto

RECIPIENTS OF THE AFPC NEW INVESTIGATOR AWARD

UPJOHN-AFPC New Investigator Award

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

ASTRA PHARMA - AFPC New Investigator Award

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

ASTRAZENECA – AFPC New Investigator Award

2000	Hu Liu, Memorial University of Newfoundland
2001	David Wishart, University of Alberta
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

SANOFI-AVENTIS – AFPC New Investigator Award

2009	Afsaneh Lavasanifar, University of Alberta
2010	Olivier Barbier, Université Laval
2011	Benoît Drolet, Université Laval

AFPC New Investigator Research Award

2012	Suzanne Cadarette, University of Toronto

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
2009	Carl Julien, Université Laval
2010	Melissa Cheung, University of Toronto
2011	Niladri Chattopadhyay, University of Toronto
2012	Sébastien Fortin, Université Laval

CANADIAN FOUNDATION FOR PHARMACY GRADUATE STUDENT AWARD FOR PHARMACY PRACTICE RESEARCH

2009 Marie Lordkipanidzé, Université de Montréal
2010 Ani Byrne, University of Toronto
2011 Not Awarded
2012 Mary Elias, University of Toronto

WAL MART CANADA FUTURE ACADEMIC LEADER AWARDS

2008 Jennifer Beales (Toronto), Kelly Anne Grindrod (British Columbia), Stephanie Lucas (Dalhousie), Cynthia Lui (Manitoba), Véronique Michaud (Montréal)

2009 Nina Boucher (Laval), Judith Fisher (Toronto), Diala Harb (Montréal), Jason Kielly (Memorial), Marie Lordkipanidzé (Montréal), Shanna Trenaman (Dalhousie)

AFPC NATIONAL PHARMACY STUDENT RESEARCH POSTER AWARDS

2008 Mélanie Bousquet (Laval), Danny Costantini (Toronto), JR Colin Enman (Dalhousie), Daryl Fediuk (Manitoba), Sherif Hanafy Mahmoud (Alberta), Vincent Nichols (Montréal), Manhar Powar (British Columbia), Mohamed A. Shaker (Memorial), Tara Smith (Saskatchewan)

2009 Abeer Ahmed (Memorial), Aws Alshamsan (Alberta), Charles Au (British Columbia), Étienne Audet-Walsh (Laval), Graham Brown (Saskatchewan), Mark Chambers (Dalhousie), Kelvin KW Hui (Toronto), Maud Pinier (Montréal), Ousama M Rachid (Manitoba)

2010 Ahmed S. Abdelmoneim (Manitoba), Marie-Ève Bédard-Dufresne (Montréal), Niladri Chattopadhyay (Toronto), Dalia Amr Hamdy El Sayed (Alberta), Melissa Hawkins (Dalhousie), Sandy YH Lu (British Columbia), Nicolas Morin (Laval), Nafiseh Nafissi (Waterloo), Ravi Shankar Prasad Singh (Saskatchewan), Meghan Wall (Memorial)

AFPC Rx and D PHARMACY STUDENT RESEARCH POSTER AWARDS

2011 Arash Falamarzian (Alberta), Ian Wong (British Columbia), Jovana Tomic (Saskatchewan), Lacey Corbett (Memorial), Mélanie Rouleau (Laval), Melanie Trinacty (Dalhousie), Payam Zahedi (Toronto), Tarek Mohamed (Waterloo), Valery Aoun (Montréal), Yining Li (Manitoba)

2012 Gina Cragg (British Columbia), Sai Kiran Sharma (Alberta), Randeep Kaur (Saskatchewan), Stephanie Moroz (Manitoba), Maryam Vasefi (Waterloo), Nilasha Banerjee (Toronto), Ariane Lessard (Montréal), Sophie Carter (Laval), Douglas MacQuarrie (Dalhousie), Sarah Way (Memorial)

MERCK FROSST CANADA LTD POSTGRADUATE PHARMACY FELLOWSHIP AWARD

2008 Antonia Tsallas (British Columbia)
2009 Antonia Tsallas (British Columbia)
2010 Erin Yakiwchuk, University of Saskatchewan
2011 Alexandre Melkoumov, Université de Montréal

MERCK CANADA LTD POSTGRADUATE PHARMACY FELLOWSHIP AWARD

2012 Shirin Rizzardo, University of British Columbia

JANSSEN INNOVATION IN EDUCATION AWARD

2011 Roderick Slavcev, University of Waterloo
2012 Jason Perepelkin, University of Saskatchewan

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
2009	Not awarded
2010	Not awarded
2011	Not awarded
2012	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
2009	not awarded
2010	Simon Albon, Susan Mansour, Sylvie Marleau

RECIPIENTS OF THE AFPC WOODS-HUGHES SPECIAL SERVICE AWARD

2011	Lavern Vercaigne, Anne Marie Whelan
2012	Frank Abbott, Rebecca Law

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

AFPC HONOURED LIFE MEMBERS - continued

Pierre Belanger	Quebec, QC, 2009	
Marguerite Yee	Vancouver, BC, 2010	

*** 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	J.W. Steele	W.E. Alexander	K.W. Hindmarsh	C.J.Briggs
		PAST PRESIDENT	**PRESIDENT**	**PRESIDENT ELECT**		
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/1. Sketris	K.A. Ready	K.A. Ready
1999 (56)	Québec City	D. Perrier	I. Sketris	D. Hill	K. Ready/J. Blackburn	
2000 (57)	Saskatoon	I. Sketris	D. Hill	D. Fielding	J.L. Blackburn	
2001 (58)	Ottawa	D. Hill	D. Fielding	A.J. Rémillard	J.L. Blackburn	
2002 (59)	Winnipeg	D. Fielding	A.J. Rémillard	L. Vercaigne	J.L. Blackburn	
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	
2009 (66)	Halifax	S. Albon	R. Dobson	M. Namaka	F. Abbott	
2010 (67)	Richmond	R. Dobson	M. Namaka	L. Raman-Wilms	F. Abbott	
2011 (68)	Winnipeg	M. Namaka	L. Raman-Wilms	I. Price	H. Lopatka	
2012 (69)	Québec City	L. Raman-Wilms	I. Price	D. Thirion	H. Lopatka	

* 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, 2011 to June 30, 2012

PART 1.0

69TH AFPC ANNUAL CONFERENCE

HELD

QUÉBEC CITY, QUÉBEC

June 5 - 7, 2012

3rd Annual Canadian Pharmacy Education and Research Conference
69th Annual General Meeting of the Association of Faculties of Pharmacy of Canada





Education and research in pharmacy

CHALLENGES AND SUCCESSES

June 5 to 7, 2012
Hôtel Château Laurier
Quebec City, QC

UNIVERSITÉ LAVAL
Faculté de pharmacie

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Introduction

Welcome from Frédéric Calon, Conference Chair, CPERC 2012 Planning Committee

Education and research in pharmacy: challenges and successes
Enseignement et recherche en pharmacie: defis et succès

À tous les participants du 3ème Congrès sur l'enseignement et la recherche en pharmacie au Canada, je vous souhaite la plus cordiale bienvenue dans la ville de Québec!

A recent poll conducted by Environics Research Group confirmed that patients in Canada are more likely to rely on pharmacists as a source of health information than in the UK or USA. Canada was also the only country where a majority of respondents had a positive view of their health system. This means that we must be doing a few things right in pharmacy education. This meeting will thus be a great place to highlight these successes.

We also have to face some challenges. Pharmacy is not practiced the same as it was 20 years ago and it will not be practiced the same 20 years from now. We have to continuously adapt our curriculums to provide key new competencies to our graduates. Within our faculties, we are also facing our own challenges. The recruitment of new faculty members able to perform as well in research and education in pharmacy is becoming very difficult. The growing competition for research funding is threatening the survival of many academic laboratories. The pharmaceutical industry is experiencing changing times as well, as blockbuster drugs are going off patent. Nevertheless, it is mostly a time of new opportunities and responsibilities for pharmacists and pharmacy educators. It is up to us all to live up to these exciting challenges!

For this year's program, we have worked hard to provide a conference that showcases some of these challenges and successes and we hope you will enjoy it. I would like to take the opportunity to thank all the members of the local organizing Committee and our AFPC Executive Director for their commitment, our speakers for their valued contributions, our AFPC President, Council and membership for their insightful input, and finally our Faculty and our sponsors for their support.

I hope that you find our conference program informative and stimulating and that you enjoy the Quebec "joie de vivre"!

Bon congrès!

2012 CPERC Chair
Frédéric Calon, B.Pharm., Ph.D.
Professeur titulaire
Faculté de Pharmacie
Université Laval

Welcome from Ingrid Price, AFPC President

Dear AFPC members, Conference Delegates and Visitors,

Welcome to Quebec City for the AFPC Third Annual Canadian Pharmacy Education and Research Conference (CPERC). This conference has always been an important event to me as a faculty member in Pharmacy as it provides an opportunity for me to connect with my Canadian colleagues to discuss issues and topics relevant to faculty members across the country. The theme for the 2012 conference, "Education and Research: Challenges and Successes" comes at a time when pharmacy practice, education and the nature of academia are changing rapidly. As the scope of practice is broadened, our role as academics is also changing. Sessions planned for this conference are in tune with the current climate in academic pharmacy. During the conference, we will have the opportunity to learn from our colleagues who have moved to an entry-level doctor of pharmacy program (ELPD). Other topics of interest include learning more about specialized residencies for pharmacists and some key research themes around adherence and personalized medicine. Finally, in a panel discussion academics from across the country will respond to the question: What will be the impact of the ELPD on pharmacist-researchers?

In addition to CPERC being a forum for dialogue across the country, the conference also celebrates excellence by showcasing top academics and students through our many awards. Please take the time to acknowledge their achievement by listening to our award presenters.

On behalf of the AFPC members, council and executive, I would like to thank Frédéric Calon and his team from the Faculté de Pharmacie, Université Laval for their work in creating an outstanding conference agenda and selecting a fabulous venue for CPERC 2012. This will truly be a conference to remember.

Enjoy the meeting and your visit to beautiful Quebec City!

Ingrid Price, PhD
President, AFPC

Invitation from the Dean, Jean Lefebvre

Dear Delegates,

It is my very great pleasure to welcome you all among us here in Quebec City. Quebec is not only a capital city but it is a great place to live; a place where history and modern life come together, commingling with elegance its European origins and North American influences. The charms of the city so captivated UNESCO that they very much wanted to include it in their list of World Heritage cities.

You will gain a better picture of the city during your stay at the Chateau Laurier hotel where most of the activities listed in the schedule of the Association of Faculties of Pharmacy of Canada (AFPC) conference, are to take place. The hotel's location near the historic fortifications and within walking distance of the St Lawrence River, mean that in the blink of an eye you can be taking in the parliament building where the members of the National Assembly sit, or strolling in the Battlefields Park with the walls of the Citadel spread out in front of you or enjoying the vibrant bustle of Grande-Allée.

The main theme of our conference *Pharmacy Education and Research: challenges and successes* seeks to update progress in the development of the Faculties of Pharmacy in Canada. The inaugural dinner, the General Assembly, the four main presentation sessions, and the poster presentations, along with the annual gala, will provide many opportunities for you to meet colleagues and share ideas.

We ourselves shall take this opportunity to introduce our completely new entry-level Doctor of Pharmacy program to the other Canadian Faculties of Pharmacy. We will focus upon the training of hospital pharmacists, unveil some major research themes and discuss training for the new generation of pharmacists. Finally the conference will culminate in a grand gala at one of the jewels of Quebec City, the chapel of the *Musée de l'Amérique française.*

Have a great conference!

Jean Lefebvre, Ph.D, Dean
Faculty of pharmacy
Université Laval

CPERC 2012 Planning Committee

Olivier Barbier

Frédéric Calon

Éric Couture

Benoît Drolet

Chantal Guillemette

Jean Lefebvre

Harold Lopatka

Claude Massicotte

Chantale Simard

Roxane Pouliot

Carmen Vézina

Looking Ahead to the 2013 CPERC in Niagara-on-the-Lake

Photos courtesy of: Vintage Hotels and Niagara-on-the-Lake Bed and Breakfast Association

"The 4th Annual Canadian Pharmacy, Education and Research Conference (CPERC) and 70th AFPC General Meeting will be held in beautiful Niagara-on-the-Lake, Ontario from June 11-13, 2013. The University of Waterloo Pharmacy Host Committee is hard at work planning another exciting CPERC meeting. The main conference hotel will be the Queen's Landing but attendees will have access to all three hotels affiliated with the Vintage Group (www.vintage-hotels.com), including the Pillar and Post and the Prince of Wales.

Niagara-on-the-Lake is located in the prettiest corner of one of Canada's top tourist destinations - the Niagara Region. The Region is steeped in history and folklore and offers excellent opportunities for shopping, theatre going and, of course, wine tasting. Its many walking paths along tree-shaded streets with beautiful old homes will provide the perfect opportunity for rest and relaxation in between the exciting conference activities.

Visit the Niagara-on-the-Lake Tourism website at www.tourismniagara.com to learn more about this wonderful area.

The University of Waterloo School of Pharmacy looks forward to seeing you next year in Niagara-on-the-Lake!"

AFPC Executive & Council

AFPC Executive

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Program

Opening Dinner

DIANE LAMARRE, President of the Ordre des pharmaciens du Québec

After obtaining bachelor's and master's degrees in Pharmacy, Diane Lamarre has led a professional career marked by various university teaching and research activities. Ms. Lamarre has also devoted herself to humanitarian aid. In addition to serving as the president of Pharmacists Without Borders - Canada since 2007, over the past 10 years she has completed more than 30 missions. An accomplished communicator, she has made it her priority to inform the public about health issues and has made roughly 700 appearances on programs broadcast by various networks. President of the Ordre des pharmaciens du Québec since 2009, Ms. Lamarre is also an owner-pharmacist in the Montérégie region and a clinical professor at the Université de Montréal's Faculté de pharmacie.

TUESDAY JUNE 5, 2012

9 h – 17 h **AFPC Council**
George V room

15 h – 18 h **Registration**
Main entrance (close to the front desk)

18 h – 19 h **Opening reception**
Grande-Allée room

19 h - 22 h **Opening dinner**
Abraham-Martin room
Guest speaker: Diane Lamarre, President, Ordre des pharmaciens du Québec

WEDNESDAY JUNE 6, 2012

8 h – 16 h **Registration**
Hall (near elevators)

7 h 30 – 8 h 30 **Breakfast**
De la Colline et George V rooms

8 h 30 **Host committee welcome**
Abraham-Martin room

Pharm.D.: the Canadian and US experiences
Abraham-Martin room
Chair: Carmen Vézina, Université Laval

8 h 40 > **Pharm.D. program presentation** – Université de Montréal
Chantal Pharand, Vice-dean, Academic

9 h 30 > **Pharm.D. program presentation** – Université Laval
Jean Lefebvre, Dean

10 h 35 **Break**

11 h > **Pharm.D. program presentation** – University of Toronto and United-States
Henry Mann, Dean, University of Toronto

12 h **AFPC Annual General Meeting & lunch**
Abraham-Martin room

12 h **Pharmacy Professor: A world of possibilities**
Olivier Barbier, Associate Professor, Université Laval
De la Colline room

Hospital pharmacy : the Quebec experience
Abraham-Martin room
Chair: Jean Lefebvre, Université Laval

14 h > **Training of hospital pharmacists in Quebec**
Chantale Simard, Director of The Hospital Pharmacy Program, Université Laval

14 h 35 > **Pharmacists specialization**
Marc Parent, Centre hospitalier universitaire de Québec

15 h 15 > **Specialized residencies**
Nancy Sheehan, Clinical Associate Professor Faculty of Pharmacy, Université de Montréal

16 h **Departure to the Ferdinand-Vandry building**

16 h 30 **Guided tour of Ferdinand-Vandry building and its laboratories for practical training**

17 h 30 **Cocktail**

18 h 30 **Return trip to the hotel**

THURSDAY JUNE 7 2012

7 h 45 – 9 h 30 **Registration**
Hall (near elevators)

7 h 30 – 8 h 30 **Breakfast**
De la Colline et George V rooms

7 h 30 – 10 h **Poster installation**

10 h – 18 h **Poster session**
Abraham-Martin room

Research themes in pharmacy
Grande Allée room
Chair: Roxane Pouliot, *Université Laval*

8 h 30 > **Treatment adherence**
Line Guénette, Assistant Professor, Université Laval

9 h 10 > **Personalized medicine: what does it mean to pharmacists?**
Simon de Denus, Assistant Professor
Université de Montréal
Holder of the Chair Beaulieu-Saucier – Université de Montréal in pharmacogenomics

10 h **Break**

10 h 15 **AFPC National Award Winners' Presentations**
Andrea Cameron, University of Toronto (Chair)

Suzanne Cadarette, University of Toronto
AFPC New Investigator Research Award

Mary Elias, University of Toronto
CFP Graduate Student Award for Pharmacy Practice Research

Sébastien Fortin, Université Laval
GSK Graduate Student Research Award

Micheline Piquette-Miller, University of Toronto
Pfizer Research Career Award

Lalitha Raman-Wilms, University of Toronto
Leo Pharma National Award for Excellence in Education

12 h **Lunch**
De la Colline et George V rooms

Poster viewing and evaluation
Abraham-Martin room

14 h **Discussion session:**
How to train the future generation of professors?
Grande Allée room
Facilitator: Benoît Drolet, Université Laval

– **The future of Faculties of pharmacy: are pharmacist-researchers an endangered species?**

– **What will be the impact of the Pharm.D. on the recruitment of new faculties involved in research?**

Panelists:
Pierre Moreau, Dean, Université de Montréal

Kishor M. Wasan, Vice-dean, Research and Graduate Studies, University of British Columbia

Zubin Austin, Associate Professor, University of Toronto

16 h **Break**

16 h 15 **Preparing students for an e-health world – An AFPC-CHI initiative**
Grande Allée room
Donna Pipa, Project Manager

17 h – 18 h **Poster viewing**
Abraham-Martin room

18 h 30 **Departure from hotel**

18 h 45 **AFPC Awards Banquet**
Chapel of the Musée de l'Amérique française

Conference Sessions
Wednesday, June 6, 2012

Chantal Pharand, BPharm, PharmD, Vice-Dean, Undergraduate Studies
Faculty of Pharmacy, Université de Montréal, Montréal, QC

Biography

Dr. Pharand is Professor and Vice-Dean, Undergraduate Studies at the Faculty of Pharmacy of the Université de Montréal, and a Pharmacotherapeutic Specialist at the Hôpital du Sacré-Coeur de Montréal where she has practiced in inpatient and outpatient cardiology for the past 18 years. For the past 9 years, Dr. Pharand has been actively involved in developing and implementing an Entry-Level PharmD Program at the Université de Montréal. First as member of the developing committee and than as Chair of the implementation committee, Dr. Pharand and her team have gone through the different phases of designing and implementing a competency-based Entry-Level PharmD program, which was to be characterized by an active and guided learning approach and use of integrated courses with some team-teaching. The first cohort of students graduated in 2011 with great results.

Summary of presentation

Designing, developing and implementing an Entry-Level PharmD Program is not an easy task. Many factors must be taken into consideration when designing such a program, such as the number of students admitted, the availability of practice sites and preceptors for clerkships etc. Then, what kind of teaching methods should be chosen? At the Faculty of Pharmacy of the Université de Montréal, we chose to develop a brand new program respecting the three following characteristics: a) competency-based; b) exploiting a self-learning approach; c) based on a physiological system content organization. Knowledge was carefully selected and integrated into multidisciplinary courses. The competency profile to be developed through the course of the program includes 6 generic and 3 vocational competencies. The development of generic competencies is continuously monitored and remedial activities are proposed to the students presenting deficiencies. The program is composed of 33 courses managed by multidisciplinary teams of professors, 6 skill laboratories, and 40 weeks of experiential learning. Our 164-credit program was first implemented for a 200-student cohort in 2007. It is computer-based to facilitate distance-learning. Focus groups held with students and clerkship supervisor after program completion by the first cohort indicated that students were able to better actualize most of the targeted competencies than what was observed with previous B.Pharm. cohorts of student.

Jean Lefebvre, B Pharm, M Sc (hosp), Ph D., Dean
Faculty of pharmacy, Université Laval, Québec, Canada

Jean Lefebvre received his bachelor degree in pharmacy at the Laval University Faculty of Pharmacy (Quebec, Canada) in 1987. After his master of science in hospital pharmacy, he joined the Hypertension Research Clinic of the Centre Hospitalier de l'Université Laval (CHUQ) where he conducted clinical research activities. Between 2000 and 2002, Dr. Lefebvre completed a fellowship in clinical pharmacology at Vanderbilt University, Nashville, Tennessee. Thereafter, he obtained his Ph.D. degree at the Laval University Faculty of Pharmacy. His research area focused mainly on the blood pressure response to antihypertensive drugs and the influence of pharmacogenetic factors in hypertension. Dr. Lefebvre has practiced both community and hospital pharmacy. He has been a member of the Quebec Board of Pharmacists since 1987.

Over the past 20 years, Dr. Lefebvre has actively collaborated on various research projects resulting in the publication of several articles and participations to national or international meetings. His scholarly activities focus on pharmaceutical care practice in cardiovascular patients. Dr. Lefebvre was awarded the Alfred-Emile Francoeur Prize for teaching excellence in 2005. In July 2011, he was appointed Dean of the Laval University Faculty of Pharmacy during an exciting but challenging time: the implementation of the Pharm D program.

Dean Henry J. Mann, Pharm D, PhD, was appointed as the Dean of the Leslie Dan Faculty of Pharmacy at the University of Toronto in July 2009. He received his BScPharm and PharmD degrees from the University of Kentucky where he completed a concurrent ASHP Residency Program. Dr. Mann served as a faculty member at the University of Minnesota for 29 years.

At Minnesota he developed clinical pharmacy services and conducted research in surgery and critical care. He also served as Associate Dean for Professional and External Relations and Associate Dean for Clinical Affairs. He is a fellow of the American College of Critical Care Medicine (FCCM), the American College of Clinical Pharmacy (FCCP), and the American Society of Health-Systems Pharmacists (FASHP). In 2002, he received the University of Minnesota Pharmacy Alumni Society Faculty Recognition Award and in 2004 he received the Weaver Medal for Outstanding Contributions to the College. In 2009 the University of Kentucky selected him to receive the Paul F. Parker Award which is given to recognize a resident of their program who has made outstanding contributions to pharmacy practice. Dr. Mann has published over 100 articles and abstracts and made more than 300 professional presentations.

The University of Toronto initiated an entry-to-practice PharmD program for all new students in the Fall of 2011. The curriculum provides graduates with the knowledge, skills and experience to fulfill patient care responsibilities with the ultimate goal of improving the efficacy of the health care system and improving the health of patients across the country. The Pharm.D curriculum is a major revision in both content and delivery from our previous BScPharm program last developed in 1994. Key changes include the following:

* Expansion and redesign of experiential programs to include more varied experiences, greater reinforcement of in-class teaching, and increased exposure to different pharmacy practice environments
* Increased emphasis in: pharmaceutical care and medication management services, geriatrics, mental health, addiction, professional ethics, patient safety, communication skills, interprofessional skills, diversity competence and professionalism
* Development and delivery of integrated pharmacotherapy modules that will combine content and application in a problem-solving context
* Introduction of interprofessional education components in each year of the program
* Redesign of all pharmacy practice courses with additional content areas
* Incorporation of a critical appraisal series (including evidence-based medicine)
* Opportunity for students to specialize in different areas of pharmacy through elective courses

Implementation of this program has resulted in the need to develop a combined BScPharm-PharmD program for our current students and to revise our postgraduate PharmD curriculum. We are also developing new training sites and strengthening relationships with our Toronto Academic Health Sciences Network (TAHSN) partners. These steps have led to hiring new clinician scientists and educators jointly with those health care institutions.

Chantale Simard, B.Pharm., Ph.D., Associate Professor (professeure agrégée) Faculté de pharmacie, Université Laval
Director (Directrice), programme de Maîtrise en pharmacie d'hôpital (Hospital Pharmacy Residency)
Research Scholar (Chercheur-boursier clinicien Junior 2), Le Fonds de recherche du Québec - Santé (FRQS)

FORMATION :
B.Pharm., 1993-97, Faculté de pharmacie, Université Laval
M.Sc. pharmacie d'hôpital, 1997-98, Faculté de pharmacie, Université Laval
Ph.D. Sciences pharmaceutiques, option pharmacologie, 1998-2002, Faculté de pharmacie, Université de Montréal
Postdoctoral Fellowship, 2001-0204, Vanderbilt University

TEACHING :
Pharmacokinetics (Pharmacocinétique)
Pharmacogenomics (Pharmacogénomique)
Drugs biotransformation (Biotransformation des médicaments)

RESEARCH INTERESTS :
Variability in drugs response (Variabilité dans la réponse aux médicaments)
Physiopatyhological factors influencing drug biotransformation (Facteurs pathophysiologiques influençant la biotrasnformation des médicaments)
Pharmacokinetics (Pharmacocinétique)
Cardiac pharmacology (Pharmacologie cardiovasculaire)
Pharmacogenomics (Pharmacogénomique)

In the province of Quebec, hospital-based pharmacists have been trained in a formal university program for more than thirty years. In Québec City, hospital-based pharmacy practice was born during the sixties at the Hôpital du St-Sacrement. In 1962, The 'Conseil de l'Université Laval' was authorizing the creation of a formal hospital pharmacy cursus leading to a certification. In 1980, this hospital pharmacy certification was officially recognized as a graduate program (2^{nd} cycle). In September 1989, The certification program was abandoned to become the hospital pharmacy 2^{nd} cycle Diploma. Finally, in April 1992, The Diploma became the hospital pharmacy master program, leading to a Master of Sciences (M.Sc.) degree. Since June 1996, the hospital pharmacy M.Sc. program is certified by the Canadian Hospital Pharmacy Residency Board of the Canadian Society of Hospital Pharmacists. This presentation will focus on the hospital pharmacy program of the Faculté de pharmacie de l'Université Laval. An historical perspective of this program will be presented. The content of the program will also be discussed. The 16-month professional progression of the students will be presented. From an academic perspective, the cursus of the program as well as the research projects driven by the students will be briefly discussed. From the pharmacy practice perspective, the different training and clinical rotations in which students are involved will be presented.

Marc Parent

B.Pharm (1983) University of Montreal
M. Sc. Hospital Pharmacy (1991) Laval University
Clinical Professor, Laval University
Hospital Pharmacist at the CHUQ – Pavillon St-François D'assise since 1988

He is practicing in hospital pharmacy since more than two decades during which he had always been implicated in the l'Association des pharmaciens des établissements de santé du Québec (A.P.E.S.), including as its president from 1995 to 1997. He is particularly involved at the cardiology department of the Hôpital St-François d'Assise (Centre hospitalier universitaire de Québec). He is also on the scientific board of the Conseil du médicament du Quebec. Marc's commitments are multiple, but always geared towards the improvement of pharmacy practice. In the recent years, he has been dedicated to achieve recognition of specializations in pharmacy.

Selected Awards :

- Pharmacien d'honneur APES 2011
- Roger-Leblanc de l'APES pour l'excellence de sa carrière en 2004.
- Prix Jacques-Dumas de l'Université Laval pour l'excellence de sa carrière, 2006.
- Prix du mérite du Conseil Interprofessionnel du Québec, 2008.
- Prix du pharmacien de Cœur et d'action – secteur établissement de santé, 2008.

Nancy Sheehan, B.Pharm, MSc, did her undergraduate program and MSc in hospital pharmacy at Université Laval (Québec), completed an HIV specialty pharmacy residency in Toronto and supplementary training in antiretroviral pharmacokinetics at UMC St Radboud (Nijmegen, the Netherlands). She is associate clinical professor at the Faculté de pharmacie, Université de Montréal and primarily teaches in infectious disesases (viral, fungal, parasitic, tropical medicine). She has a joint position with the McGill University Health Centre where she works for the Chronic Viral Illness Service and leads the Québec Antiretroviral Therapeutic Drug Monitoring Program. She also participates in research on drug-drug interactions and PK/PD determinants of virologic response to HIV and HCV antivirals. Since 2006, she co-directs the HIV pharmacy specialty residency with Dr. Alice Tseng (Toronto).

Conference abstract

Pharmacy specialty residency programs, also known as post-graduate year 2 programs (PGY2), are directed, structured, one year clinical programs that allow licensed pharmacists that have already completed a general residency program to develop an expertise in pharmaceutical care for a specific disease state or patient population (ex : oncology, intensive care, cardiology, infectious diseases, geriatrics, primary care). These programs aim to enhance residents' knowledge, skills and competencies in a specialized field. They also offer networking opportunities with specialized pharmacists and physicians, improve research skills and help build confident leaders in the specialty area that will go on to have advanced and innovative practices. In general, approximately 80% and 20% of the resident's time is devoted to pharmaceutical care and research, respectively.

The presentation will contrast specialty and general residency programs and describe benefits and motivations for completing a specialty residency. A handful of specialty residency programs are available in Canada and will be presented. The HIV pharmacy specialty residency program (University of Toronto / Toronto General Hospital / McGill University Health Centre) will be used as an example to illustrate the diversity of clinical settings that are offered to residents, the evaluation process, certification requirements and support that is offered to residents.

At the completion of the session, participants will also be knowledgeable about the requirements for the development of a specialty program and the challenges faced by program directors. Accreditation of specialty programs will be discussed as will the present and potential future involvement of faculties of pharmacy.

Conference Sessions
Thursday, June 7, 2012

Line Guénette received, from Laval University, a BPharm in 1996 and a PhD in pharmacoepidemiology in 2006. Since March 2011, she is an Assistant Professor at Laval University and a researcher with the Chair on adherence to treatments and with the Population Health Research Unit (URESP). Prior to this academic position, she was a scientific adviser for the *Conseil du médicament du Québec*, now the *Institut National d'excellence en santé et en services sociaux (INESSS)* and practiced several years as a community pharmacist. Her research interests revolve around drug utilization, factors associated with non-optimal use, and interventions and policies to improve their use. She is in charge of the diabetes and cardiovascular diseases' arm of the Chair.

Résumé

For a drug treatment to produce the desired results, it must be used appropriately. Optimal use depends on two key actors: the physician, who prescribes the treatment, and the patient, who has to take the medication as prescribed or, in other words, must adhere to the treatment. However, sub-optimal adherence to drug treatment is relatively frequent. The World Health Organization (WHO) considers that non-adherence to long-term therapy is a worldwide problem of striking magnitude. Some authors believe that increasing the effectiveness of adherence interventions may have a far greater impact on the health of the population than any improvement in specific medical treatments.

The presentation will draw a portrait of research on medication adherence in recent years and of the major advances that have occurred in this area. The most currently used terminology will be presented along with the definitions and related concepts. Examples of work done at the Chair on adherence to treatment of Laval University and by other researchers will illustrate the point. The main determinants of adherence to treatment will be presented to enable identification of possible solutions, which may be useful to those involved in the training of future pharmacists or in continuing education. To this end, a theoretical model for psychosocial determinants of adherence will be presented and intervention strategies that can be applied by pharmacists will be discussed. Finally, interventions to improve adherence to treatments that are currently being developed at the Chair will be discussed.

Simon de Denus, B.Pharm, MSc (Pharm), PhD

Mr. Simon de Denus completed his Bachelor of Pharmacy at the Université de Montréal in 1999 and completed his degree in hospital pharmacy practice at the Université de Montréal in 2000. He then completed a residency in cardiovascular pharmacotherapy at the Hôpital du Sacré-Coeur in Montreal, a first Fellowship University of the Sciences in Philadelphia and a second at the Montreal Heart Institute. He then obtained his PhD in pharmaceutical sciences at the Université de Montréal. He has been an assistant professor in the Faculty of Pharmacy, Université de Montréal since 2006 and a pharmacist and researcher at the Montreal Heart Institute. He holds the Université de Montréal Beaulieu-Saucier Chair in Pharmacogenomics.

The research interests of Mr. de Denus are mainly in the areas of cardiovascular pharmacotherapy and personalized medicine. Mr. de Denus has published over 40 articles and book chapters, and more than thirty abstracts.

Personalized medicine: What does it mean to pharmacists?

In the last decade, human genomics have moved forward at an unprecedented pace. One of the goals behind the exploration of the human genome is the individualization of drug treatments based on genetic information. Pharmacogenomic tests are currently recommended prior to the use of selected drugs. As the evidence of the clinical utility of pharmacogenomic tests continues to accumulate, their widespread integration into clinical practice appears imminent.

Given their clinical expertise in pharmacology and pharmacotherapy, as well as their central role in the proper use of drugs, pharmacists may well be asked to be at the forefront of the personalized medicine revolution. The objective of the presentation is to illustrate how personalized medicine will impact pharmacy practice and education, as well as to describe how pharmacists can participate to pharmacogenomic discoveries and the translation of this new field in clinical practice.

Pierre Moreau, PhD, Dean, has obtained a Baccalaureate in pharmacy from Université de Montréal in 1988. He then trained in cardiovascular pharmacology at Université de Montréal (Ph.D.), Bern University Hospital (post-doc) and Hôtel-Dieu de Montréal (post-doc). In 1997, he was appointed assistant professor at the Faculty of Pharmacy of Université de Montréal, where he initiated his independent research career. During this period, he was awarded several young investigator prizes in the field of hypertension research. He was promoted associate professor in 2002 and full professor in 2007. He has published more than 80 peer-reviewed articles in the best cardiovascular journals, with continuous funding from the Canadian Institutes for Health Research. In 2006, he served as Acting Dean and was nominated Dean in early 2007. Under his leadership, the Faculty of Pharmacy has seen a 40% growth in its student body and operating budget. He is currently pursuing a second mandate as Dean of the Faculty of Pharmacy.

Pharmacist professors – training a new breed and fostering team-teaching

The recruitment of talented professors is a crucial element of the development plan for an academic unit. Indeed, these individuals are very likely to spend a significant amount of years developing their research capacity, while contributing to the core functions of a Faculty. For a Faculty of pharmacy, professors with a pharmacist background is an advantage particularly for teaching purposes, as lectures can be put in context of pharmacy practice. However, pharmacists pursuing scientific careers represent an endangered species. We offer a “honor” program to prepare interested students for a scientific career early on. It is clear, however, that clinically oriented research has more appeal than basic sciences. Population health is also a sphere of interest for pharmacists. With that in mind, we have established a good pipeline of excellent young pharmacy graduates, currently pursuing research training that we follow closely. We have also developed a model of clinical professors that ensures appropriate teaching skills in all aspects of pharmacy education. Moreover, in our Pharm.D. program, our clinical professors work closely with science professors in teaching teams to take advantage of their complementarity in integrated courses. In conclusion, recruiting talented scientific pharmacists is a challenge for which there is not a single cure, but remedies and workarounds to fulfill the long-term needs of a Faculty of pharmacy in the Pharm.D. era.

Dr. Kishor M. Wasan is a Distinguished University Scholar Professor, Director and Co-Founder of the Neglected Global Diseases Initiative at the University of British Columbia in Vancouver, BC, Canada. In the 17 years that Dr. Wasan has been an independent researcher at UBC, he has published over 200 peer-reviewed articles and 240 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 did his undergraduate degree in Pharmacy at the University of Texas at Austin and his Ph.D. at the University of Texas Medical Center in Houston Texas at MD Anderson Cancer Center in Cellular and Molecular Pharmacology. After completing a postdoctoral fellowship in Cell Biology at the Cleveland Clinic, Dr. Wasan joined the Faculty of Pharmaceutical Sciences at UBC.

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 received the 2007 AAPS Award for Outstanding Research in Lipid-Based Drug Delivery and the 2008 AFPC-Pfizer Research Career Award. In April 2009 Dr. Wasan was named CIHR/iCo Therapeutics Research Chair in Drug Delivery for Neglected Global Diseases and on September 30, 2010 Dr. Wasan was named a Fellow of the Canadian Academy of Health Sciences. In May 2011, Dr. Wasan was awarded the Canadian Society of Pharmaceutical Sciences Leadership award for outstanding contributions to Pharmaceutical Sciences in Canada. Currently Dr. Wasan's research is supported by several grants from The Canadian Institutes of Health Research (CIHR), The Natural Sciences and Engineering Research Council of Canada (NSERC) and several Pharmaceutical companies.

Presentation Title

The future of Faculties of pharmacy: Are pharmacist-researchers an endangered species?

Abstract

Over the past 20 years there has been a serious decline in the number of pharmacy graduates that have gone on to graduate school and received their Ph.D. in Pharmaceutical Sciences. This decline has resulted in a lower number of pharmacist-researchers which has had serious impact on both our pharmacy graduate and undergraduate programs. This presentation will discuss the current state of affairs and the future of pharmacist-researchers.

Zubin Austin, BScPhm, MBA, MISc, PhD, is Associate Professor and inaugural holder of the Ontario College of Pharmacists Research Professorship in Pharmacy at the Leslie Dan Faculty of Pharmacy, University of Toronto. His research interests relate to the development and education of health care professionals. He has published over 75 peer reviewed manuscripts and is author of three textbooks. He has won awards for his research from the American Association of Colleges of Pharmacy, the Association of Faculties of Pharmacy of Canada, and the International Migration Society. He is also an award winning educator having received the Province of Ontario's Leadership in Faculty Teaching Award, the University of Toronto's President's Teaching Award, and he has been named undergraduate professor of the year on 11 separate occasions.

Donna Pipa, B.Sc.Pharm, FCSHP, is Project Manager for the AFPC - Canada Health Infoway initiative aimed at developing an on-line educational program for optimizing the use of pharmacy information and information technology. She is a licensed pharmacist in Alberta with considerable experience in informatics. Donna has been involved with Alberta's electronic health record (EHR) initiative for over 10 years, including direct involvement in assisting pharmacists, physicians and other health professionals with implementation of the EHR. She has been recognized for her expertise by being appointed to numerous provincial and national committees relating to informatics. Prior to her work in the area of informatics, she was the Director of Pharmacy at the Alberta Children's Hospital, then Pharmacy Operations Manager for Pediatrics within the Calgary region. Donna has also been professionally active with associations and colleges at the provincial and national levels.

Preparing pharmacy students for an e-health world!

As a professional group, pharmacists are much more familiar with using information technology in their practices than counterparts in other health disciplines. After all, computers have been an integral part of most pharmacy practices for more than 30 years! But are we doing all we can to prepare pharmacy students for practicing in today's *e-health* world?

The Association of Faculties of Pharmacy of Canada (AFPC) and Canada Health Infoway have partnered together to develop a national on-line educational program that will help undergraduate pharmacy students optimize the use of pharmacy and health information and information technology. The project is being undertaken in phases over a 2 year period, concluding in the fall of 2013 with release of the on-line program.

This presentation is intended to provide an update on this exciting initiative AND more importantly, gain YOUR input regarding desired competencies and priority domains for the on-line program!

Award winners

New Investigator Award

Suzanne M. Cadarette, PhD, is Assistant Professor of Pharmacy at the University of Toronto, an Adjunct Scientist of the Institute for Clinical Evaluative Sciences, and Investigator with the Toronto Health Economics and Technology Assessment collaborative. She completed her undergraduate training at the University of Waterloo (BSc), graduate training in epidemiology (MSc) and health services research (PhD) at the University of Toronto, and received post-doctoral training in pharmacoepidemiology at Harvard Medical School with the Division of Pharmacoepidemiology and Pharmacoeconomics, Brigham and Women's Hospital. Dr. Cadarette holds a CIHR New Investigator Award in Aging and Osteoporosis and an Ontario Ministry of Research and Innovation Early Researcher Award. She is a Mentor in the Drug Safety and Effectiveness Cross-disciplinary Training Program (www.safeandeffectiverx.com); and active Member of the American Society for Bone and Mineral Research (ASBMR), the Canadian Association of Population Therapeutics (CAPT), and the International Society for Pharmacoepidemiology (ISPE).

Statement about Research

I am committed to building a premier pharmacoepidemiologic and health services research program in Aging. Through my research, I aim to reduce the burden of illness due to adverse drug effects, suboptimal treatment, and failure to adhere to preventive pharmacotherapy. My efforts are focused in the area of osteoporosis and fracture prevention.
http://phm.utoronto.ca/~cadarette

My research program can be organized into three main areas:
drug safety and effectiveness – focus on comparative drug effects (e.g., osteoporosis drug safety and effectiveness and effects of non-osteoporosis drugs on fracture risk);
adherence to pharmacotherapy (e.g., measuring drug exposure and adherence, methods to study the impact of drug adherence on clinical outcomes); and
osteoporosis management (e.g., documenting the burden of osteoporosis, describing osteoporosis treatment patterns, examining interventions to improve osteoporosis management)

Research methodology and **knowledge translation** are central cross-cutting themes that are apparent in each of my main research areas. In addition to original research papers, I value instructional review papers because they facilitate learning in the classroom, and are useful as a resource to other research scholars. I am passionate about advancing research methods and translating pharmacoepidemiologic results and principles to all audiences.

CFP Graduate Student Award for Pharmacy Practice Research

Mary Elias

From an early age I had an interest in the sciences and thus having received an entrance scholarship from York University, I decided to complete a B.Sc. in Biomedical Sciences. During my final year of undergraduate study, I realized my keen interest and passion for research. I then decided to pursue graduate studies in the Clinical, Social and Administrative Pharmacy program at the University of Toronto, combining my interests in the health sciences, pharmacy and research. As a recent M.Sc. graduate from the University of Toronto, I believe that the knowledge and skills in health services research, epidemiology and pharmaceutical sciences I received during my M.Sc. training will enable me to pursue further research with the overall aim of improving health for Canadians. I am thrilled to be receiving the 2012 AFPC-CFP Graduate Student Award for Pharmacy Practice Research and I hope that my research examining pharmacists' interventions on osteoporosis management will lead the way for more studies addressing the impact of pharmacist interventions on osteoporosis treatment adherence and the feasibility of osteoporosis management in pharmacy practice settings across Canada.

Abstract About Research Career

Introduction: My research career began with investigating chronic diseases at a molecular level. My B.Sc. thesis research work involved examining the gene associated with Parkinson's disease in *Caenorhabditis elegans*. As I became familiar with more types of research, I quickly developed a keen interest for clinical research focused on chronic disease management. I then pursued a M.Sc. from the University of Toronto, with specialization in Clinical, Social and Administrative Pharmacy and a focus on osteoporosis management.

Research Experience: Thus far, my research career has provided me with experience in both qualitative and quantitative analyses, as well as knowledge and skills in epidemiology, the pharmaceutical sciences and health services research. I was fortunate to receive a Frederick Banting and Charles Best Canada Master's Award from the Canadian Institutes of Health Research (CIHR) to fund my M.Sc. work. As part of my graduate research, I focused on pharmacy practice research in the area of osteoporosis and successfully published a systematic review examining pharmacists' interventions in osteoporosis management. This work was selected for an oral presentation at the 2010 Annual National Conference of The Canadian Pharmacists Association, for which I received an Institute of Health Services and Policy Research Travel Award from CIHR. I am also currently receiving the 2012 AFPC-CFP Graduate Student Award for Pharmacy Practice Research for this work. During my time at the University of Toronto, I also taught a few lectures related to pharmacy practice in the Doctorate of Pharmacy and Bachelor of Pharmacy programs at the Leslie Dan Faculty of Pharmacy at the University of Toronto. The rest of my M.Sc. work focused on examining correlates of calcium supplement use in older community-dwelling women in Ontario. Outside of my M.Sc. education, I also pursued part-time work as a research assistant for work that examined the changes in scope of practice for pharmacists and optometrists, as well as the regulation of pharmacy technicians in Ontario.

Future Research Career Aspects: I believe that health is the most valued necessity for an adequate lifestyle, and I recognize that this is becoming even more important with our aging population. I hope to continue to pursue research related to the management of chronic diseases with a focus on improving and efficiently providing care to patients with such diseases.

GSK Graduate Student Research Award

Sébastien Fortin is a postdoctoral researcher in medicinal chemistry at the Université du Québec à Trois-Rivières under the supervison of Drs. Gervais Bérubé and Éric Asselin. He is also a lecturer at the Faculty of Pharmacy at Université Laval.

Dr. Fortin obtained his baccalaureate in chemistry in 2003 and his master's degree in 2005 in pharmacy from Université Laval. He has completed a Ph.D. cotutelle degree involving the Faculty of Pharmacy (Ph.D. in pharmacy) at Université Laval and the Ecole Doctorale des Sciences Fondamentales (Ph.D. in organic chemistry) at Université d'Auvergne 1 in Clermont-Ferrand, France under the supervision of Drs. Rene C.-Gaudreault and Jean-Claude Teulade. He also completed his first postdoctoral training in medicinal chemistry at Université Laval under the guidance of Dr. C.-Gaudreault. Dr. Fortin has a broad expertise in organic synthesis, medicinal chemistry, molecular modeling, cell biology, molecular pharmacology and mass spectrometry. Dr. Fortin's research program focuses on the developments of new drugs for the treatment of cancer. Dr. Fortin has published 15 scientific manuscripts in high-impact journals including *Journal of Medicinal Chemistry*, *European Journal of Medicinal Chemistry* and *Journal of Pharmacology and Experimental Therapeutics*. He is also the co inventor of 3 patents on new anticancer agents. He was awarded several prestigious academic distinctions scholarships notably Ph.D. and postdoctoral scholarships from FRSQ and CIHR and the FRONTENAC research Program.

Abstract

Sixty-one phenyl 4-(2-oxoimidazolidin-1-yl) benzenesulfonates (PIB-SOs) and thirteen of their tetrahydro-2-oxopyrimidin-1(2H)-yl analogues (PPB-SOs) were prepared and biologically evaluated. The antiproliferative activities of PIBSOs on 16 cancer cell lines are in the nanomolar range and unaffected in cancer cells resistant to colchicine, paclitaxel, and vinblastine or overexpressing the P-glycoprotein. None of the PPB-SOs exhibit significant antiproliferative activity. PIB-SOs block the cell cycle progression in the G2/M phase and bind to the colchicine-binding site on β-tubulin leading to cytoskeleton disruption and cell death. Chick chorioallantoic membrane tumor assays show that compounds **36**, **44**, and **45** exhibited potent antitumor and antiangiogenic activities on HT-1080 fibrosarcoma cells grafted onto chick chorioallantoic membrane similar to combretastatin A-4 (CA-4) without significant toxicity for the chick embryos, making this class of compounds a promising class of anticancer agents.

Janssen Innovation in Education Award

Jason Perepelkin is an Assistant Professor of Social and Administrative Pharmacy, in the College of Pharmacy and Nutrition, University of Saskatchewan (U of S).

In his official capacity with the U of S, Jason teaches in the areas of management, marketing, and policy. His research focuses on marketing and branding in pharmacy, particularly within the context of community pharmacy, but also centring on the profession. The complex interaction between the business and professional obligations and responsibilities within community pharmacy is also an area he researches. He also has a keen interest in curriculum development in social, administrative and managerial pharmacy, with emphasis on methods to increase student engagement in the material and the application to the 'real-world' setting.

Jason is engaged in many facets of the profession. He is currently a member of the Canadian Pharmacists Association/Blueprint for Pharmacy Public Education Steering Committee, Editorial Board Member for the journal Research in Social and Administrative Pharmacy, and Finance Committee Member with the Association of Faculties of Pharmacy of Canada. Jason was Chair of the 2012 Pharmacists' Association of Saskatchewan Conference Committee and Chair of the Saskatchewan College of Pharmacists Public Education Steering Committee.

As an academic, Jason takes it upon himself to actively engage student pharmacists so that they can inform and shape their future practice environment, and encourages them not to simply be passive and/or reactive to changes in the profession; to show that, as health care professionals, pharmacists have the obligation to advocate for their patients and for their profession.

Jason Perepelkin Abstract, 2012

I was nominated for this award by my colleague, Dr. Roy Dobson, for my redesign of the Management in Pharmacy course at the University of Saskatchewan; when he said he wanted to nominate me for this award I was honoured and humbled. When I was notified that I actually won the award, I was very grateful for winning it, and for the fact that AFPC and Janssen sponsor and make available an award for innovation in education. Over many years I have observed that most pharmacy students view management as a filler class, one that was required, but to most students they could not see the relevance to their future professional careers. I felt a need to redesign the course to make it more 'relevant' to students and to take a somewhat pragmatic approach. Prior to the redesign, the course consisted primarily of didactic lectures, with some interactive/applied tutorials; while assessment consisted of in-class and final examinations, as well as a small group project. Major changes in course redesign:

Business plan group project (with business plan competition as a capstone at end of course) in which students create a strategy to implement a new service into an existing practice setting;

Student group led class discussions on pharmacy practice and management journal articles;
Participation log kept by students throughout course to express thoughts and opinions on course subject matter, allowing each student to 'participate' even if they do not participate verbally in class;
Start lectures off by reviewing current events in pharmacy, and end lectures with highlighting the application of the lecture topic to the business plan.

All the changes required extensive research and planning; furthermore, delivering the redesigned course and staying current is much more labour intensive for the instructors, and for students. There is a lot more preparation and grading time required, and students demand more of ones time outside of class time for instructors. The students now meet regularly in groups, are required to do extensive primary and secondary research, engage in course delivery (lead article discussion) without being 'graded', and apply what one learns and simply not memorize and perform an information dump.
A short abstract cannot fully portray what the course redesign was truly about, but I will gladly discuss this redesign as well as implementing a marketing for pharmacists course.

Pfizer Research Career Award

Dr. Micheline Piquette-Miller completed a BSc (Pharmacy) and PhD in Pharmacokinetics at the University of Alberta and continued Postdoctoral training in molecular pharmacology at the University of California in San Francisco. Her research specializes in the area of drug transport and molecular pharmacokinetics. She is currently a Professor at the University of Toronto within the Faculties of Pharmacy and Medicine and an Associate Editor for Nature's *Clinical Pharmacology and Therapeutics*. Dr. Piquette-Miller has been the recipient of numerous prestigious national and international research awards and has held positions on the Board of Directors and Executive Councils of the *American Society of Clinical Pharmacology and Therapeutics,* the *Canadian Society of Clinical Pharmacology* and the *Canadian Society of Pharmaceutical Science*.

Drug Transporters: effect of disease and impact on drug response: Although drug disposition is often altered in patient populations, the impact of underlying disease states has been largely neglected as an important source of inter-subject variability. Inflammation, which is a component of many diseases such as infection, arthritis, atherosclerosis and cancer, has been frequently reported to impart changes in drug disposition and response. Transport proteins play a critical role in the absorption, distribution and clearance for numerous drugs, toxins and their metabolic products and thus may play a role in patient variation. Indeed, our studies in rodent models have demonstrated inflammation-mediated changes in the expression of several of the ABC drug efflux transporters in the liver, intestine and blood brain barrier with corresponding changes to the disposition and tissue accumulation of their substrates. More recent studies in pregnant animal models of highly prevalent inflammatory conditions have seen significant changes in the expression of many transporters in both maternal and fetal tissues. We have found that these changes are associated with alteration in the maternal disposition, placental transfer and fetal exposure of drugs frequently given to pregnant women. As drug transporters are involved in the distribution and elimination of a large number of chemically diverse and clinically important drugs as well as potentially toxic agents, our studies suggest that prevalent co-existing inflammatory conditions are an important source of inter-subject variability and could contribute to adverse outcomes or therapeutic failure. This information is important in the prediction of drug-disease interactions.

Leo Pharma National Award for Excellence in Education

Lalitha Raman-Wilms is an Associate Professor and the Associate Dean of Professional Programs at the Leslie Dan Faculty of Pharmacy, University of Toronto. Her primary responsibilities include the implementation of the new professional curriculum and providing leadership to the Office of Experiential Education. In addition, she coordinates and teaches two Pharmacotherapy courses. At the Faculty and the University levels, she has been involved in various capacities, including, Chair of Curriculum Committee, Co-Chair of the Interprofessional Pain Curriculum (IPC) Committee, Chair of the Evaluation committee for IPC and a member of the Health Sciences Education subcommittee. Her contributions to teaching, as well as curriculum development, have been recognized through Faculty teaching awards, and the University's Northrop Frye award. She is a strong proponent of patient education, and is the Editor-in-Chief of a consumer information book on medications: CPhA's Guide to Drugs in Canada (currently in its 3rd edition). Dr. Raman-Wilms has contributed to the profession through her work with AFPC, CSHP, CJHP, CHPRB, and PEBC. She served as the President of AFPC (2010-11) and has been actively involved in this organization for a number of years. She is a fellow of the Canadian Society of Hospital Pharmacists. Her research interests include Curriculum Development, Interprofessional Education, Osteoporosis, and Geriatrics.

Abstract - Educational career

Dr. Lalitha Raman-Wilms is an Associate Professor and the Associate Dean of Professional Programs, at the Leslie Dan Faculty of Pharmacy, University of Toronto. Her primary responsibilities include the implementation of the new professional curriculum and providing leadership to the Office of Experiential Education. In addition, she coordinates and teaches two Pharmacotherapy courses for undergraduate students.

Dr. Raman-Wilms' career in pharmacy education spans over 18 years and during that time she has served in various capacities at both the University and National levels. She has served as Chair of Curriculum Committee (2000-2) and has been an active member of the Curriculum Committee for many years. As Project Leader for Curriculum Renewal (2007-8), she led the Faculty in the development and approval of a new entry-level PharmD curriculum. She has served as Director of the Division of Pharmacy Practice for a number of years, bringing faculty from the undergraduate and the PharmD programs together, and leading the Division's strategic direction and growth in both teaching and research.

As a teacher, she has led in the development of early web-based support for therapeutics courses, integrated innovative strategies for teaching Therapeutics in a large group, problem-based format, and was a major contributor to the development and implementation of U of T's Interprofessional Pain Curriculum. The University of Toronto Centre for the Study of Pain, Interfaculty Pain Curriculum (UTCSP-IFPC), is an integrated 20-hour mandatory pain curriculum for students from the Faculties of Dentistry, Medicine, Nursing, Pharmacy, Physical Therapy and Occupational Therapy, and is taught to

over 900 students. She has been involved in a leadership capacity for the overall committee (as Co-Chair), and has served as the Chair of the Evaluation Sub-committee. In her latter role, she was also responsible for the development and testing of standardized measures for pain education. Dr. Raman-

Wilms is also a member of the Council of Health Sciences Education Subcommittee, where common educational issues for the 10 health science disciplines are reviewed and implemented.

Her teaching philosophy is collaborative, encouraging students to become more engaged in their own learning, by emphasizing self-directed inquiry and by facilitating a critical thinking process. She has been recognized by students for her teaching through many 'Teacher of the Year' awards (BScPhm program), and a 'Preceptor of the Year' award (PharmD program). Her contributions to innovative work have also been recognized by the University's Northrop-Frye Award, and through her many invited presentations and publications.

Lalitha is a strong advocate for the profession and has been involved at the National level with AFPC, CHPRB, PEBC and CSHP. She has served as the President of AFPC (2010-11) and has been actively involved in this organization for a number of years. She is a fellow of the Canadian Society of Hospital Pharmacists. Lalitha has participated in various task forces and advisory groups related to curriculum, development of competencies, and professional programs.

Dr. Raman-Wilms has continued to be involved in primary care practice, working with geriatric patients and with those with spinal cord injury. She has a strong interest in patient education and is a strong advocate for patients. She is the Editor-in-Chief of a consumer information book on medications: *CPhA's Guide to Drugs in Canada* (currently in its 3rd edition), a comprehensive guide for patients to better understand their medical conditions and how to optimize their drug therapy.

Her research interests include Curriculum Development, Interprofessional Education, Osteoporosis, and Geriatrics.

Merck Post Graduate Pharmacy Fellowship Award

Shirin Rizzardo. B.Sc.(Pharm). M.Sc. Student
University of British Columbia
M.Sc.Phm candidate (2011 to present)
B.Sc.Phm (2007)

Shirin completed her Bachelor of Science in Pharmacy at UBC in 2007. She has since worked as a community pharmacist manager and a clinical pharmacist at the BC Cancer Agency. Shirin is currently undertaking her Masters in Pharmaceutical Sciences at UBC under the supervision of Dr. Larry Lynd and is a trainee with the Collaboration for Outcomes Research and Evaluation (CORE). She has received fellowships from the Pharmaceutical Policy Research Committee (PPRC) and Merck Canada. Her primary areas of interest include health economics, health policy and health outcomes. Her research will focus specifically on expensive drugs for rare diseases.

The use of multi-criteria decision analysis in prioritizing patients for treatment with expensive drugs for rare diseases

Expensive drugs for rare diseases are often extremely expensive, costing over $500,000/patient/year, resulting in challenges for decision-makers due to the high opportunity cost and finite budget. Traditional health-technology assessment is not informative for these decisions as these drugs will not meet current cost-effectiveness thresholds. Instead, funding decisions appear to be entirely value-based. We aim to determine the values and factors used by the British Columbia EDRD committee for prioritizing patients eligible for treatment using multi-criteria decision analysis (MCDA). Once these criteria are determined, ranked and scored, we will have a transparent model which can be applied to upcoming patients for priority-setting and funding approvals. We will also undergo a parallel process with volunteers of the lay-public, whose values the committee aims to represent, in order to inform decision-makers of societal values for these high-cost medications.

Congratulations to our 10 Winners of the AFPC – Rx and D Pharmacy Student Research Poster Award!

SAI KIRAN SHARMA – University of Alberta

GINA CRAGG – University of British Columbia

RANDEEP KAUR – University of Saskatchewan

SARAH WAY – Memorial University

SOPHIE CARTER – Université Laval

DOUGLAS MACQUARRIE – Dalhousie University

NILASHA BANERJEE – University of Toronto

MARYAM VASEFI – University of Waterloo

ARIANE LESSARD – Université de Montréal

STEPHANIE MOROZ – University of Manitoba

Posters

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FAC-3	***The effect of Dexrazoxane on cancer cell lines treated with the anthracycline Doxorubicin*** *Gina E. Cragg[1]*, András Szeitz[1], Onkar S. Bains[1], Joanna M. Lubieniecka[1, 2], Thomas A. Grigliatti[2], Ronald E. Reid[3], K. Wayne Riggs[1]; [1] Division of Pharmaceutics and Biopharmaceutics, Faculty of Pharmaceutical Sciences, The University of British Columbia, Vancouver, British Columbia, Canada; [2] Life Sciences Institute, Department of Zoology, Faculty of Science, The University of British Columbia, Vancouver, British Columbia, Canada; [3] Division of Biomolecular and Pharmaceutical Chemistry, Faculty of Pharmaceutical Sciences, The University of British Columbia, Vancouver, British Columbia, Canada	47
FAC-4	***The future of nanomedicine: lysine-functionalized nanodiamonds as novel gene delivery agents*** *Randeep Kaur[1]*, Jackson M. Chitanda[2], Deborah Michel[1], Ronald E. Verrall[2], Ildiko Badea[1]; [1]College of Pharmacy and Nutrition, University of Saskatchewan, Saskatoon, Saskatchewan, Canada; [2]Department of Chemistry, University of Saskatchewan, Saskatoon, Saskatchewan, Canada	47
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FAC-9	***5-HT7 Receptor Neuroprotection against Excitotoxicity in Hippocampus*** *Maryam S. Vasefi*[1], Kai Yang[2], Michael A. Beazely[3]; The School of Pharmacy[3] and the Department of Biology[1], University of Waterloo, 200 University Ave. W. Waterloo, ON N2L 3G1; The Department of Physiology[2], University of Toronto, 1 King's College Circle, Toronto, ON M6J 2E6	50
FAC-10	***Home visits – Optimizing Medical Care in the Elderly (HOME Study): A pilot study on the effects of an inter-professional primary care program on emergency room visits and hospital admissions in the frail elderly: Phase 1*** *Sarah Way*[1], Carla Dillon[1], Katherine Stringer[2], Denise Cahill[2], John Knight[3]; [1]School of Pharmacy, Memorial University of Newfoundland; [2]Ross Family Medicine Clinic, St. John's NL; [3]NL Centre for Health Information, St. John's, NL	50

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BR-18	***A self-amplifying loop between thermogenesis and Alzheimer's disease neuropathology in 3xTg-AD mice*** *Vandal Milene*[12], White Philip[34], Tremblay Cyntia[1], Drouin-Ouellet Janelle[1], St-Amour Isabelle[12], Bousquet Melanie[12], Planel Emmanuel[1], Marette Andre[34], Calon Frederic[12]; [1]Centre de recherche du centre hospitalier de l'Université Laval (CHUQ), Axe Neuroscience, Québec, QC, Canada; [2]Faculté de Pharmacie, Université Laval, Québec, QC, Canada; [3]Département de Médicine, Axe de cardiologie, Faculté de Médicine de l'Université Laval; [4]Institut universitaire de pneumologie et de cardiologie de Québec	59

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Poster Abstracts

Faculty-Selected Student Award Winners Abstracts

FAC-1 Organic Anion Transporting Polypeptides (OATPs): A new molecular target for hormone dependent breast cancers

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The purpose of this study is to explore the potential of Organic Anion Transporting Polypeptides (OATPs), a family of membrane associated uptake transporters, as a novel molecular target for imaging and treatment of breast cancers. Estrone-3-sulphate (E3S), an OATP substrate, is the predominant source of tumor estrogen in post menopausal hormone dependent breast cancer patients. Several OATP isoforms are over expressed (up to 10 times) in breast cancer tissues as compared to surrounding normal tissues, suggesting their potential contribution towards the 2-3 times higher tumoral concentration of E3S. Gene and protein expression of seven OATPs (i.e. OATP1A2, OATP1B1, OATP1B3, OATP1C1, OATP2B1, OATP3A1 and OATP4A1) that recognize E3S as a substrate, were compared in normal breast epithelial cells (MCF10A), hormone dependent (MCF7) and hormone independent breast cancer cells (MDA/LCC6-435, MDA-MB-231, MDA-MB-468) by qPCR and immunoblotting. Expression of SLCO1A2, 1B1, 1B3, 2B1 and 3A1 was exclusive, similar or significantly higher in cancer cells compared to MCF10A. Protein expression of OATPs was observed to be either exclusive or higher in cancer cells compared to MCF10A. Specificity of OATP mediated E3S uptake was observed only in cancer cells, with highest total uptake in MCF7 cells. Estimation of the transport kinetics of E3S uptake demonstrated transport efficiency to be 10 times greater in the MCF7 cells, than in the hormone independent cells. Taken together, these data suggest that OATPs could be a potential molecular target, and E3S could serve as a novel ligand for active targeting of hormone dependent breast cancers in post menopausal patients.

FAC-2 Transcriptional control of adipogenesis by OcaB

Stéphanie Miard[1], *Sophie Carter[1]*,* Catherine Roy-Bellavance[1]*, Louise Boivin[1], Évelyne Rondeau[1], Martin Simard[2], David Marsolais[1], Frédéric Picard[1]; [1] Quebec Heart and Lung Research Center, Laval University, Québec, Québec City, Canada, [2] Laval University Cancer Research Center

Objectives: Using a differential screening by large scale genomics, our team recently discovered that Ocab levels are robustly reduced in WAT upon ageing and obesity. The objective of this study was to determine the role of Ocab in energy metabolism.
Methods: Using the Ocab knockout mouse model, visceral adipose tissue was quantified and glucose and insulin tolerance tests were performed. Circulating proinflammatory cytokines were quantified by milliplex assay. Mouse embryonic fibroblasts (MEFs) were isolated to compare their adipogenic potential, lipolysis was tested using primary adipocytes and adipogenesis was compared between 3T3L1 cells overexpressing Ocab and controls. Molecular mechanism was identified using, co-immunoprecipitation, luciferase assay and GST pull down.
Results: Analyses showed that compared to their wild type counterparts (WT) Ocab-/ - animals had more visceral adipose tissue, were more resistant to insulin and had higher levels of circulating proinflammatory cytokines. These findings are supported by ex vivo analyses, which demonstrated that Ocab -/ - MEFs were more easily differentiated into adipocytes and that isolated adipocytes have impaired response to insulin, whereas overexpression of Ocab in 3T3-L1 suppresses adipogenesis. Mechanistically, the binding of Ocab to its transcription factor Oct-1 results in the sequestration of RXRalpha. The latter is unable to bind with its partner PPARγ, which causes a reduction of adipogenic gene transcription.
Conclusion: This study reveals for the first time the role of OcaB in lipid metabolism. The results suggest that OcaB could be an interesting pharmacological target for treating fat accumulation observed during aging.

This work was previously presented at the 12th Pharmacy research day at Laval University on April 12th 2012. Study funded by CIHR

FAC-3 The effect of Dexrazoxane on cancer cell lines treated with the anthracycline Doxorubicin

Gina E. Cragg[1], András Szeitz[1], Onkar S. Bains[1], Joanna M. Lubieniecka[1, 2], Thomas A. Grigliatti[2], Ronald E. Reid[3], K. Wayne Riggs[1]; [1] Division of Pharmaceutics and Biopharmaceutics, Faculty of Pharmaceutical Sciences, The University of British Columbia, Vancouver, British Columbia, Canada; [2] Life Sciences Institute, Department of Zoology, Faculty of Science, The University of British Columbia, Vancouver, British Columbia, Canada; [3] Division of Biomolecular and Pharmaceutical Chemistry, Faculty of Pharmaceutical Sciences, The University of British Columbia, Vancouver, British Columbia, Canada

Although the anthracycline doxorubicin (DOX) is an effective chemotherapy agent in a variety of cancers, its use has been limited due to its cardiotoxicity. To reduce this effect, the drug Dexrazoxane (DEX) is co-administered with DOX in breast cancer patients but this combination has yet to be approved in other types of cancer. While DEX has a protective effect on the heart cells, there remains the concern that the drug may also have a similarly protect cancer cells and reducing the efficacy of DOX treatment. The mechanism by which DEX reduces cardiotoxicity remains unknown but the literature supports that DEX may achieve this through iron chelation, preventing the formation DOX induced reactive oxygen species. This study looks at the cancer derived cell lines PANC-1 (pancreas), H460 (lung), A498 (kidney) and MCF-7 (breast) as well as an immortalized rat heart cell line H9c2. Cell viability was measured by MTT (3-(4,5-Dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide) assay, ROS (reactive oxygen species) production was measured using Carboxy-H_2DCFDA and cell permeability to DOX was measured using LC-MS. We found that DEX decreased the oxidative state of all the cell lines treated with DOX and that DEX protected the H9c2 (heart) and PANC-1 but not the H460, A498 and MCF-7 cell lines. These findings suggest that DOX may be killing some cells through ROS production and others through a different mechanism such as topoisomerase inhibition. Also, although DEX shows promising results, the use of DEX in other cancers does need to be further evaluated to ensure the drug is not decreasing the efficacy of DOX treatment.

FAC-4 The future of nanomedicine: lysine-functionalized nanodiamonds as novel gene delivery agents

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Optimal drug delivery is a concept important to all pharmacists. One of the systems that have potential for delivering medicines of a genetic nature is based on solid core nanoparticles.

Objectives: Detonation nanodiamonds (NDs) are carbon-based nano-materials that are emerging as promising tools for delivering biochemical moieties into cells due to their nano-size (4-5 nm), unique structure and alterable surface chemistry. However, these particles are prone to assemble into micron-sized aggregates in a liquid formulation medium, restricting their biological applications. Therefore, we developed a mechano-chemical approach to achieve disaggregated nano-sized particles and evaluated the applicability of the resultant material as a carrier for DNA and RNA.

Methods: The NDs undergoing mechanical disaggregation were covalently functionalized with lysine and characterized by FTIR, zeta potential, size and atomic force microscopic analyses. The efficacy of lysine modified diamonds to bind and protect genetic materials was investigated by gel-electrophoresis retardation assay, and size and zeta potential measurements. Raman mapping and MTT assay was used to examine *in vitro* internalization ability and cytotoxicity of NDs, respectively.

Results: Our functionalization approach resulted in formation of highly stable hydrosols of NDs with a significant disaggregation of particles from 1280 nm to 20 nm. NDs showed high cellular internalization after 24 h of incubation and were found to be biocompatible in a mammalian cell line. The lysine-modified NDs were able to generate nano-sized complexes of ND-genetic material (diamoplexes) by binding plasmid DNA and small interfering RNA at a NDs/genetic material weight ratios of, 5/1 and 20/1, respectively.

Conclusions: The disaggregation of NDs could be achieved by using a simple mechano-chemical functionalization approach and the resultant lysine substituted NDs possess high potential to act as a

vector for delivering genetic material into the cellular systems.

FAC- 5 Anticholinergic load as a modifiable risk factor in sitter use in acute care hospitals

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Objectives: Prior research has provided evidence that psychotropic drugs are associated with a higher likelihood of sitter use in acute care hospitals. However, the mechanism explaining this association remains unknown. The aim of this study was to assess the association of three potentially modifiable pharmacological mechanisms with sitter use.

Methods: A retrospective case-control study was conducted. All medical patients ≥ 65 years who received a sitter (cases) were selected from a cohort of 43,212 patients admitted to an academic health center in Montreal in 2007-2008. For each case (n = 143), one control was randomly selected among patients who did not receive a sitter. For each case and control, we determined the:

1) number of psychotropic drugs not adjusted for renal function;

2) total anticholinergic load;

3) number of clinically significant drug-drug interactions.

Multivariate logistic regression was used to assess the association between sitter use and these three mechanisms.

Results: Compared with controls, patients who were assigned sitters had a higher anticholinergic load, a greater number of drugs not adjusted for renal function, and a larger number of drug-drug interactions, in the period prior to sitter use (i.e., the exposure period). In multivariate analysis, after having adjusted for the effect of patient demographic characteristics and comorbidities, we found that every additional drug with an anticholinergic load of 1 prescribed over the antecedent exposure period increased the likelihood of sitter use by 40% (OR = 1.4; 95%CI: 1.1 - 1.7). The number of drugs not adjusted for the patient's renal function and the number of drug-drug interactions identified over the antecedent exposure period were not significantly associated with sitter use.

Conclusion: The use of patient sitters represents an important financial burden to acute care hospitals. Our findings indicate that one strategy to potentially decrease the costs associated with sitter use is for physicians to prescribe, when possible, drugs that have a low anticholinergic load.

FAC-6 Reviewing, updating, and improving the content of the Drug Information Resources website

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Objectives: To update and maintain the current DIR website, and prepare for its migration to the CQ5® operating system.

Methods: Google Analytics® was used to collect website usage data based on number of visits and duration of visit in order to prioritize the order of reviewing categories. All existing external hyperlinks within DIR were verified for accuracy and functionality. New content was analyzed and evaluated; appropriate content was hyperlinked and referenced in the appropriate category. Collage® was used to effectively manage new and existing web content. The DIR website was organized in such a way to facilitate its migration to the CQ5® operating system, Dalhousie's new content management system.

Results: All 67 categories of DIR were reviewed which involved ensuring that all external hyperlinks were functional and accurate, as well as the addition and deletion of content. Higher priority categories were identified and placed in a "top 10" table on the main page for easy access. This table was updated daily based on statistics from Google Analytics®. The concept of Patient Decision Aids was investigated, resulting in their addition to DIR. A comprehensive website inventory was created as per the Dalhousie Web Masters' specifications to facilitate the website's migration to the new operating system.

Conclusion: DIR is a valuable, pharmacy oriented resource for healthcare professionals containing the most recent, up-to-date information with links to databases and the newest journal articles.

FAC-7 Use of methylphenidate formulations in an urban pediatric population

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Background: Attention Deficit Hyperactivity Disorder (ADHD), usually diagnosed in childhood, is commonly treated with stimulant medications, which include methylphenidate. Several formulations of methylphenidate are available on the Canadian market including immediate-release, sustained- and extended-release forms, and an osmotic-release oral system (OROS). The methylphenidate ER-C formulation is considered to be the generic equivalent of the OROS. Costs vary significantly among products. This study describes how methylphenidate is prescribed to a general urban pediatric population with the aim of determining preferential use of certain formulations.
Methods: Retrospective analysis of prescription data collected at a community pharmacy located in an urban area of Manitoba, Canada. All patients filling prescriptions for methylphenidate at the time of the study (2012) were included. Information on patients, prescribers and payers was retrieved. History of methylphenidate use with focus on formulation changes was also recorded. This study received ethics approval by the University of Manitoba Health Research Ethics Board and was conducted in full compliance with the PHIA legislation of the province of Manitoba.
Results: Seventy-nine percent (79%) of patients between the age of 0 to18 years on methylphenidate were male and half of them were taking the newest OROS formulation. In contrast to what observed for patients older than 18 years, no patients younger than 18 were taking the less expensive generic ER-C formulation. No significant switches from one formulation to another were noted. No treatment gaps and no significant changes in dose were observed. Most prescriptions (72%) were written by specialists (psychiatrist or pediatrician) and 29% of patients were concurrently prescribed other psychotropic medications (antidepressants or antipsychotics). Only 36% of patients appeared to be paying out-of-pocket for their prescriptions, but 80% of them were receiving the OROS formulation.
Conclusion: Male patients younger than 18 years of age were preferentially filling prescriptions for the OROS methylphenidate formulation and paying out-of-pocket for it. Further studies on larger populations are necessary to define predictors of preferential use in conjunction with therapeutic benefit.

FAC-8 Radiolabeling of anti-CA125 monoclonal antibody and single chain variable fragment for molecular imaging and targeting of ovarian cancer

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Objective: Ovarian cancer is characterized by over-expression of mucinous glycoprotein CA125 that serves as a tumor marker. The present work utilizes anti-CA125 monoclonal antibody (mAb) and single chain variable fragment (scFv) to develop targeted radionuclide-based molecular imaging tools to evaluate CA125 expression by positron emission tomography (PET).
Methods: Anti-CA125 mAb was purified from B43.13 hybridoma by protein G affinity chromatography. Anti-CA125 scFv was produced by recombinant expression in E.coli. NIH:OVCAR3 cells (CA125+ve) and SKOV3 cells (CA125-ve) were used for immunostaining and cell uptake studies. N-succinimidyl 4-[^{18}F]fluorobenzoate ([^{18}F]SFB) was used to radiolabel anti-CA125 mAb and scFv. ^{64}Cu was obtained in high specific activity from Washington University (St. Louis, MO). pSCN-Bn-NOTA was conjugated to the mAb and scFv as a macrocyclic chelator for ^{64}Cu labeling.
Results: Anti-CA125 mAb and scFv were purified in yields of 7 mg/L and 0.6 mg/L from cell cultures. Immunostaining with FITC-labeled anti-CA125 mAb and scFv showed specific binding to OVCAR3 cells and no binding to SKOV3 cells. Radiolabeling with ^{18}F provided anti-CA125 mAb and scFv in 20% and 35% radiochemical yields respectively. Conjugation of chelator yielded 1.4 NOTA molecules per mAb and 1.8 NOTA per scFv as determined by MALDI-TOF analysis. Radiolabeling with ^{64}Cu provided anti-CA125 mAb and scFv in 72% and 42% radiochemical yields respectively. Radiolabeled anti-CA125 mAb and scFv exhibited high and selective uptake in OVCAR3 cells and virtually no uptake in SKOV3 cells.

Conclusion: Radiolabeling of anti-CA125 mAb and scFv using [^{18}F]SFB and ^{64}Cu was accomplished successfully without altering immunoreactivity. This renders them as potential PET probes for targeted in vivo molecular imaging of ovarian cancer.

FAC-9 5-HT7 Receptor Neuroprotection against Excitotoxicity in Hippocampus

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Objectives: The targeting of 5-HT receptors to prevent mental health disease and improve existing treatments for a number of identified mental health diseases is a focal point of current drug development. 5-HT7 receptors are a potential drug target to treat psychosis. In fact, several currently used antipsychotics are antagonists at multiple 5-HT receptors, including the 5-HT7 receptor. The 5-HT7 receptor antagonists may also present a new direction in the development of antidepressants with faster therapeutic onset of action.
Methods: We are using three model systems: the SH-SY5Y neuroblastoma cell line, primary hippocampal cultures, and hippocampal slices. Cell death assays (MAP2, MTT) are used to measure the neuroprotective effects of 5-HT7 and PDGFβ receptor activation against glutamate- and NMDA-induced excitotoxicity.
Results: Our results demonstrate that 24-hour treatment with the selective agonist of the 5-HT7 receptor, LP12, increases not only the expression but also the activation of PDGFβ receptors via phosphorylation tyrosine 1021, a phospholipase-Cγ binding site. This effect is blocked by the 5-HT7 receptor antagonist, SB261940. Overnight treatment with 5-HT7 receptor agonists also changes the expression and phosphorylation of NMDA receptor subunits. Interestingly, acute activation of 5-HT7 receptors, 5 min, robustly enhances NMDA-evoked currents in isolated hippocampal neurons. In addition to long-term effects of 5-HT7 agonists, over the short-term these agents also appear to alter N-methyl-D-(NMDA) receptor signaling. The effects of 5-HT7 agonists on both PDGF and NMDA receptors led us to the hypothesis that these agonists may be neuroprotective and we have shown that this is indeed the case.
Conclusions: The 5-HT7 receptor has potential for both positive and negative regulation of NMDA signaling. This research is significant in the ongoing advances for the treatment of mental heath disorders, such as schizophrenia, and will improve the efficient use of drug therapy for patients to strengthen their overall health.

FAC-10 Home visits – Optimizing Medical Care in the Elderly (HOME Study): A pilot study on the effects of an inter-professional primary care program on emergency room visits and hospital admissions in the frail elderly: Phase 1

Sarah Way[1], Carla Dillon[1], Katherine Stringer[2], Denise Cahill[2], John Knight[3]; [1]School of Pharmacy, Memorial University of Newfoundland; [2]Ross Family Medicine Clinic, St. John's NL; [3]NL Centre for Health Information, St. John's, NL

Introduction: In response to an aging population with Introductioncomplex medical needs, an inter-professional, primary care, home visit program (HVP) was initiated. Housebound patients are seen regularly by a physician, nurse practitioner, pharmacist and/or corresponding learners.
Objective: To examine health utilization trends in frail elderly patients before and after the intervention of the HVP.
Methods: Medical records (electronic and paper) at the Ross Family Medicine Clinic were searched by a pharmacy student to identify patients 1) in the HVP during 2007 or 2008, 2) age $\geq$ 80 in 2008, 3) with $\geq$ 3 medical conditions and 4) in usual care at the Ross during 2005-2006. Using a data collection tool, the student recorded descriptive data for pre- and post-HVP including patients' medications, number of ER visits and hospital admissions. Ethics approval was obtained.
Results and discussion: Of the 206 charts screened 37 met the inclusion criteria. The majority of patients were female (68%) Caucasians (97%). When they started the HVP, the majority (63%) of patients were widowed, living alone (49%), had 10 ± 2.5 medical conditions, and were taking 17 ± 6.3 medications. The average number ER visits and hospital visits pre-HVP

were 1.8 ± 1.7 and 0.9 ± 1 respectively, and 1 ± 1.2 and 0.6 ± 1.1 after the start of the program.

Conclusions: HVP patients have high rates of chronic illnesses and medication use. Health care utilization trended downwards after start of the HVP despite patients aging and acquiring more medical conditions. In Phase II, we propose to compare this data to health care utilization of those at Ross but not in the HVP and those in other clinics in the St. John's area.

Basic Research

BR-1 Brain uptake of a fluorescent vector targeting the transferrin receptor: a novel application of *in situ* brain perfusion

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The blood-brain barrier (BBB) is a challenge in the treatment of neurodegenerative diseases. To meet this challenge various strategies were used, such as vectors targeting BBB transporters. *In situ* brain perfusion (ISBP) is one of the most quantitative and sensitive techniques used for measuring the passage of molecules across the BBB. In this study, we used ISBP to quantify the brain uptake of a fluorolabeled vector (Ri7) targeting the transferrin receptor (TfR). The vector Ri7 is a monoclonal antibody against the luminal part of TfR, and we have previously demonstrated its ability to bind the cerebral endothelial cells after the systematic administration. When perfusing 100 µg of Alexa Fluor 750-Ri7, its brain uptake clearance (Clup) was ~ 0.41 $\mu l g^{-1} s^{-1}$. We observed a linear relationship between apparent brain distribution volume and the duration of perfusion. Moreover, Alexa Fluor 750-Ri7 uptake was decreased to ~ 0.2 $\mu l g^{-1} s^{-1}$ with the addition of 400 µg of unlabeled Ri7, consistent with a saturable mechanism. Finally, we found a similar decrease of the brain uptake of Ri7 following the addition of 6.25 µM of transferrin. To our knowledge, this is the first use of the ISBP with a fluorescent vector, indicating that it is possible to avoid the use of radioactivity. Furthermore, this study confirms the significant accumulation of the vector Ri7 in the mouse brain through a saturable mechanism at the level of TfR in the mouse.

BR-2 Structural and functional abnormalities of cardiomyocytes in diabetic cardiomyopathy: effect of conjugated linoleic acid

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Objectives : Our laboratory has shown that conjugated linoleic acid (CLA; a naturally-occurring polyunsaturated fatty acid) prevents myocyte hypertrophy *in vitro* and *in vivo*. These cardioprotective effects were mediated through activation of peroxisome proliferator activated receptors (PPARs). Thus, the objectives of this study were to determine the effects of CLA on diabetic cardiomyopathy, and to assess the role of PPARs**.**

Methods : To model hyperglycemia, adult rat cardiac myocytes were treated with normal (5 mM) and high glucose (25 mM) concentrations. Subgroups of myocytes were also pretreated with vehicle or CLA (30 µM) in the presence and absence of a PPARγ antagonist (GW9662; 1 µM). The effects of CLA on hyperglycemia-induced myocyte hypertrophy were assessed by measuring augmentation of myocyte size, *de novo* protein synthesis, and fetal gene expression. Contractile properties of ventricular myocytes were assessed by measuring maximal velocity of shortening and relengthening using the Ionoptix HyperSwitch Myocyte System.

Results: Treating adult rat cardiomyocytes with high glucose increased cardiomyocyte size and protein synthesis compared to untreated cells. Hyperglycemia-induced cardiac myocyte hypertrophy was attenuated by pretreatment with CLA. The ability of CLA to prevent hyperglycemia-induced hypertrophy was abolished by GW9662. High glucose also impaired contractile function of adult rat myocytes as measured by maximal velocity of shortening and relengthening. Hyperglycemia-induced contractile dysfunction was prevented by pretreatment with CLA.

Conclusions : Collectively, these findings indicate that CLA prevents cardiac myocyte hypertrophy and impairment of contractile function. These

cardioprotective actions of CLA are likely mediated, at least in part, by activation of PPARγ.

BR-3 Prognostic Impact of Inherited Genetic Variations in SRD5A and Androgen Inactivating UGT2B Genes in Prostate Cancer After Prostatectomy

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Objective : The purpose of our study was investigate the relationship between genetic variations in androgen biosynthesis (SRD5A) and inactivating (UGT2B) genes and the risk of biochemical recurrence (BCR) after prostatectomy.

Methods : We studied a cohort of 526 men with organ-confined and locally advanced cancer. A total of 19 htSNPs distributed across *SRD5A1* and *SRD5A2* genes were studied, reflecting the Caucasian haplotype genetic diversity, as well as copy number variations in *UGT2B17* and *UGT2B28* genes. Each genetic variation found to be associated with BCR was further analyzed by Kaplan-Meier and Cox regression model.

Results : After adjusting for known risk factors, we found a strong association between the risk of BCR and 7 SNPs in SRD5A genes. The combination of 2 SNPs were favorable, reducing drastically the risk of BCR for carriers of 3-4 protective alleles (HR=0.34; 95% CI=0.18-0.64; P=9x10^{-4}). Other variations, mainly in the *SRD5A2* gene, were associated with an increased rate of BCR, as the coding SNP V^{89}L with a HR of 2.12 (95%CI, 1.21-3.75; P=0.009) and reaching a relative risk of 4.97 when combined with deleted copies of UGT2B genes (P=2x10^{-5}). BCR-free survival was reduced to 27% in patients with unfavorable genotypes compared to 75% for other patients (P=7x10^{-6}).

Conclusions : Inherited polymorphisms in the *SRD5A* and *UGT2B* genes are independent predictors of biochemical relapse after radical prostatectomy. These findings may ultimately help refine our ability to identify individuals at low or high risk of cancer relapse after surgery.

Supported by Canadian Institutes of Health Research.
**These authors contributed equally.*

BR-4 Compounds that target the GPER1 as an alternative strategy to 17β-estradiol for neuroprotection in a mouse model of Parkinson's disease

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There is no cure or treatment to delay progression of Parkinson's disease. Hormonal therapy has been associated with a decrease risk of Parkinson's disease in human. However, there are important limitations to the use of long-term estrogen therapy in patients, including increase risk of cancer, stroke, and thrombosis. Therefore, the search for a compound as potent as 17β-estradiol against brain damage but with minor effect in reproductive organs is of great interest. In this perspective, agonists that specifically target the newly discovered membrane estrogen receptor GPER1 could be promising compounds, as GPER1 has a minor role in reproductive organs. In this study, the neuroprotective effect of GPER1 specific agonist G1 was compared to those of 17β-estradiol in the 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) mice model of Parkinson's disease. Furthermore, by using the selective GPER1 antagonist G15, we have investigated the role of GPER1 in the neuroprotective effect of 17β-estradiol and raloxifene, a selective estrogen receptor modulator, in MPTP mice. Intact male mice were treated with 17β-estradiol (1 µg, B.I.D.), G1 (5 µg, B.I.D.), G15 (10 ou 50 µg, B.I.D.), raloxifene (2.5 mg/kg, B.I.D.) or the combination agonist-antagonist during 10 days and received 4 injections of MPTP (4.75 mg/kg) on day 5. Biogenic amine concentrations were measured by high performance liquid chromatography with electrochemical detection. Administration of MPTP decreased striatal dopamine, 3,4-dihydroxyphenylacetic acid (DOPAC) and homovanillic acid (HVA) concentrations. 17β-estradiol, G1 and raloxifene treatment decreased MPTP toxicity on dopamine, DOPAC and HVA concentrations. Administration of G15 antagonizes the beneficial effect of these compounds. This study shows that the GPER1 specific agonist G1 is as potent as 17β-estradiol in mediating a protecting

effect against MPTP toxicity and that GPER1 is implicated in the beneficial effect of 17β-estradiol and raloxifene.

BR-5 Absence of proteinopathy in the cerebellar cortex of essential tremor patients

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Introduction : Recent findings have led to the hypothesis that essential tremor (ET) is a syndrome resulting from a neurodegenerative process.
Objective: Since most neurodegenerative diseases are characterized by the presence of a proteinopathy, characterized by accumulation of misfolded-proteins, we investigated common types of proteic abnormalities in the cerebellar cortex of patients with ET.
Methodology : Tau proteins, TDP-43, α-synuclein and β amyloid precursor (APP-Aß) were quantified using Western immunoblotting in TBS-soluble (cytosolic proteins), detergent-soluble (membrane proteins) and insoluble (aggregated proteins) fractions from homogenates of cerebellar cortex of control subjects (n=16), patients with Parkinson's disease (PD) (n=10) or ET (n=9).
Results : However, we did not detect any significant change in the concentrations of total tau, phospho-tau, TDP-43, α-synuclein or APP/Aß between groups.
Discussion/Conclusion : In conclusion, our data suggest that the pathogenesis of ET is not associated with the presence of common forms of proteinopathies in the cerebellar cortex.

BR-6 The androgen ablation therapy stimulates androgen metabolism in prostate cancer cells

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Background: Androgen receptor (AR) activation is a crucial event for both prostate cancer (PCa) initiation and progression. An efficient way for androgen inactivation in prostate cells consists in their conjugation with the highly hydrophilic glucuronide moiety. This reaction, catalyzed by the UDP-glucuronosyltransferase (UGT) 2B15 and UGT2B17 enzymes, produces inactive and easily excretable glucuronide derivatives in the human prostate. AR was previously identified as a negative regulator of UGT2B15 and UGT2B17 genes expression.
Aim: Based on these observations, ex vivo and in vivo experiments were performed to test the possibility that the clinically used androgen ablation therapy (i.e. anti-androgens) may affect this AR-dependent down-regulation.
Methods and results: Using the PCa cell models LNCaP and LAPC-4, we showed that AR antagonist Casodex causes a time- and dose-dependent induction of UGT2B15 and UGT2B17 genes expression, as well as an improved androgen glucuronidation. The contribution of AR in these regulatory events was confirmed using LNCaP cells knock-downed for AR, in which Casodex fails to modulate UGTs expression and activity. In addition, tissue microarray experiments demonstrated that PCa samples from patients exposed to neoadjuvant hormonal therapy (i.e Zoladex® or Lupron ®) exhibited increased UGT2B15 protein levels. UGT2B17 levels were transiently increased in patients treated for up to 5 months.
Conclusion: Overall, these observations illustrate an unexpected anti-androgenic effect for the pharmacological blockade of the androgen signalling in prostate cancer cells.

BR-7 D1 but not D2 receptors are involved in the clinical effects of subthalamotomy in dyskinetic MPTP-monkeys

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Parkinson's disease (PD) is a progressive neurodegenerative condition characterized by the presence of motor and non-motor symptoms. Levodopa remains the best and the most efficient among the symptomatic pharmacological treatments available. However, within five years of treatment 50%

of patients will develop important side effects, including levodopa-induced dyskinesias (LID). Subthalamotomy is one of the surgical options for PD patients with LID. It leads to improvement of motor symptoms and allows a reduction of levodopa but its mechanisms remain largely unknown. In this study, four MPTP-treated female monkeys displaying LIDs underwent unilateral subthalamotomy by stereotactic injection of ibotenic acid. Additional brains of eight ovariectomized female monkeys (four controls and four MPTP-treated) were used for comparison. The concentration of dopamine was measured by high-performance liquid chromatography. DA transporter (DAT), D1- and D2-receptors specific bindings were evaluated with [^{125}I]-RTI-121, [^{3}H]-SCH-23390 and [^{3}H]-raclopride respectively. Subthalamotomy had beneficial effects on the motor symptoms in the four lesioned monkeys and allowed a 40% reduction of levodopa. A near complete depletion of striatal dopamine (>99%) was observed in all MPTP-treated monkeys compared to the controls. An increase of D1 receptors was measured in both segments of the striatum of the lesioned side compared to the intact brain side, mainly in the dorsolateral (motor) putamen. No differences were induced by subthalamotomy in DAT and D2 receptor specific bindings. The increase of D1 receptors induced by the lesion may account for the potentiation of the response to levodopa following surgery.

BR-8 Liquid Chromatography-Coupled Tandem Mass Spectrometry Based Assay to Evaluate Inosine-5'-monophosphate Dehydrogenase Activity in Peripheral Blood Mononuclear Cells from Stem Cell Transplant Recipients

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The use of combinations of immunosuppressant drugs is considered the therapeutic gold standard for post-allogeneic hematopoietic stem cell transplantation (HSCT) to prevent rejection and serious complications such as graft versus host disease. However, these drugs have a narrow therapeutic index and wide inter-individual pharmacokinetic fluctuations, resulting in unpredictable levels of drugs in the blood. The prodrug ester mycophenolate mofetil (MMF) is frequently used in solid-organ and stem cell transplantation settings. A growing body of evidence supports therapeutic monitoring of this immunosuppressant to optimize its efficacy and reduce toxicity. Thus, pharmacodynamic monitoring of MMF is a strategy that could potentially improve patient outcomes. Pharmacodynamic measurements require evaluation of inosine-50-monophosphate dehydrogenase (IMPDH) activity, the target enzyme of the active moiety mycophenolic acid. Various nonradioactive methods using chromatographic separations have been used to quantify xanthosine monophosphate, the catalytic product of the enzyme, to indirectly evaluate IMPDH activity. However, no methods have used mass spectrometry based detection, which provides more specificity and sensitivity. Here, we describe a new liquid chromatography-coupled tandem mass spectrometry (LC-MS/MS) method for the quantification of xanthosine monophosphate and adenosine monophosphate (for normalization) in lysates of peripheral blood mononuclear cells (PBMCs) from hematopoietic stem cell transplant (HSCT) recipients. Linearity, precision, and accuracy were validated over a large range of concentrations for each compound. The method could measure analytes with high sensitivity, accuracy (93-116%), and reproducibility (CV < 7.5%). Its clinical application was validated in PBMC lysates obtained from healthy individuals (n=43) and HSCT recipients (n=19). This reliable and validated LC-MS/MS method could be a useful tool for pharmacodynamic monitoring of patients treated with MMF.

This work has been presented at 12^{e} Journée recherche, Faculté de pharmacie-Université Laval (12 April, 2012).

BR-9 Transcriptional diversity at the UGT2B7 locus is dictated by extensive pre-mRNA splicing mechanisms

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Objective: UGT2B7 is a key member of the UDP-glucuronosyltransferase (UGT) family that participates in glucuronidation of endogenous compounds and

pharmaceuticals. Much evidence suggests a large interindividual variability of UGT2B7-mediated glucuronidation, which is still unexplained by polymorphisms. We hypothesized that alternative splicing may be responsible for the variability in the UGT2B7 function.

Methods: We carried out a comprehensive scan for additional exons at this locus and discovered multiple alternative splicing events. We then determined transcript expression profiles across a large variety of human tissues and assessed some of these variants for their glucuronidation activity in human cells.

Results: In-depth analysis of the UGT2B7 gene structure led to the discovery of six novel exons. Kidney and liver samples presented the greatest enrichment of tissue-specific splicing, with 21 new UGT2B7 transcripts isolated. Furthermore, transcription from the proximal promoter (exon 1), associated with the active UGT2B7 mRNA isoform 1 (UGT2B7_v1), is most commonly observed in the gastrointestinal tract, whereas a distal promoter (exon 1a) induces the exclusion of the canonical exon 1 and is active in hormone-related tissues. We also showed that novel transcripts with alternative 3' ends could be translated into proteins lacking glucuronosyltransferase activity in human cells but acting as negative regulators on transferase activity when coexpressed with the active UGT2B7 protein.

Conclusion: Our findings point toward a significant variability in structure, abundance, and tissue-specific UGT2B7 transcriptome, in addition to novel functions for UGT2B7-derived proteins, all of which may ensure the production of tissue-specific proteomes and functions.

BR-10 MPEP, an mGluR5 antagonist, reduces development of motor complications in de novo parkinsonian monkeys

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In the long term approximately 80% of levodopa treated patients, the most effective and commonly used treatment for Parkinson's disease (PD), will develop abnormal involuntary movements including levodopa-induced dyskinesias. Brain glutamate overactivity is well documented in PD and antiglutamatergic drugs have been proposed to relieve PD symptoms and decrease dyskinesias. Metabotropic glutamate receptors are topics of recent interest in PD.

Objectives : This study investigated development of levodopa-induced dyskinesias and its prevention with addition of the metabotropic glutamate receptors type 5 (mGluR5) antagonist MPEP in monkeys lesioned with 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) to model PD and previously drug-naïve (*de novo* treatment).

Methods : Four ovariectomized female *Macaca fascicularis* MPTP monkeys were treated once daily for one month with levodopa and five with levodopa and MPEP (10 mg/kg); the animals were euthanized 24 hours after the last levodopa administration. Motor behavior was measured for all the duration of the levodopa antiparkinsonian motor effect.

Results: The antiparkinsonian response of MPTP monkeys treated with levodopa+MPEP was maintained during the month as measured with locomotion and antiparkinsonian scores as compared to levodopa alone. Duration of the levodopa antiparkinsonian motor effect decreased only in the levodopa alone treated group modeling wearing-off. The mean dyskinesia score increased over a month in the levodopa alone treated group compared to overall 72% less in levodopa+MPEP treated MPTP monkeys. In addition, nine dopaminergic drug-naïve female ovariectomized monkeys, four monkeys used as normal controls and five MPTP monkeys, were used for biochemical analysis. [^{3}H]ABP688 specific binding to mGluR5 receptors increased significantly in the putamen of levodopa-treated MPTP monkeys compared to control monkeys, untreated MPTP monkeys and MPTP monkeys treated with levodopa and MPEP.

Conclusions : This study showed a beneficial chronic antidyskinetic effect of MPEP in *de novo* levodopa-treated MPTP monkeys supporting the therapeutic use of mGluR5 antagonism in PD to prevent dyskinesias.

BR-11 Endocytosis of a vector targeting the murine transferrin receptor by brain capillary endothelial cells

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Endothelial cells forming the BBB represent one of the most challenging obstacles for brain drug delivery limiting access to most synthetic drugs and biopharmaceutical compounds. However, due to their secretion potential and their close proximity to neurons and astrocytes they also provide unique opportunities in order to treat central nervous system diseases. Moreover, many studies have demonstrated the pathological implication of BCECs in neurodegenerative disorders or stroke. In this study, to demonstrate the therapeutic potential of BCECs, Ri7 a monoclonal antibody targeting the murine transferrin receptor (TfR) and a control IgG (IgG_{2A3}) were conjugated to quantum dot (Qdot) nanocrystals and were intravenously injected to Balb/c mice (n=3-4). Animals were sacrificed 30 min, 1 h, 4 h and 24 h following the injections. Fluorescent microscopic analysis highlighted the colocalisation of Ri7-Qdots complexes with the basal lamina marker collagen IV. Ultrastructural studies conducted by electron microscopy showed the internalization of Ri7 by BCECs. Ri7-Qdots were mostly found within multivesicular bodies (MVBs), small vesicles (~100 nm diameter) and tubular structures suggesting the endocytosis of the complex by endothelial cells. Moreover, quantification analysis demonstrated a significant variation of the number of Ri7-Qdots complexes within the subcellular distribution according to the time of sacrifice post injection. Endothelial distribution was not observed with control IgG. In conclusion, these results demonstrated the endocytosis of the Ri7-Qdots complex and strongly suggest potential application of Ri7 for BCECs drug targeting.

BR-12 Bile acid glucuronidation in human liver and kidney extracts

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Background: Glucuronidation, catalyzed by UDP-gucuronosyltransferase (UGT) enzymes plays an important role in bile acids (BA) detoxification, particularly when bile flow is interrupted such as during cholestasis. *In vitro* analyses have identified the human UGT1A3, 1A4, 2A3, 2B4 and 2B7 isoforms as key enzymes in this process, while *ex vivo* experiments demonstrated the role of nuclear receptors, such as FXR, VDR, PXR, LXR, CAR, PPARα and PPARγ, in the regulation of hepatic BA-G formation. Recent studies evidenced a large implication for kidneys in the generation of urinary glucuronide derivatives of endogenous substances.
Hypothesis: Kidney may participate in the formation of urinary BA-G, a process that can be up-regulated by nuclear receptor agonists.
Methods: Expression levels of BA-conjugating UGT enzymes in human liver and kidney were determined using real time RT-PCR. UGT proteins were quantified using Western-blot analyses of commercially available liver and kidney microsomal fractions. In vitro enzymatic assays were performed with microsomal fractions to compare the ability of the liver and the kidney to form BA-Gs. *Ex vivo* experiments using FXR, VDR, PXR, LXR, CAR, PPARα and PPARγ agonists and primary kidney proximal tubule cells (RPTEC) were achieved to investigate the regulation of BA-G formation.
Results: All hepatic BA-conjugating UGT isoforms were detected at the mRNA levels in human kidney. The presence of UGT2B4 and 2B7 proteins in this tissue was confirmed, while no UGT1A3 proteins were detected. Enzymatic assays revealed that both liver and kidney exhibit similar kinetic parameters for the formation of 10 major BA-G derivatives. The PPARγ agonist Rosiglitazone, stimulated the formation of BA-G in RPTEC.
Conclusions: This study illustrates the major role of kidneys for BA elimination during cholestasis, and suggests that renal glucuronidation could be considered as a potential pharmacological target for the reduction of BA toxicity in autoimmune diseases such as PBC and PSC.

BR-13 Endothelialized psoriatic skin substitute for anti-angiogenic drug research

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Introduction: Angiogenesis is a hallmark of chronic inflammation in psoriasis. The extension of the superficial microvascular structure and activated proangiogenic mediators in psoriasis seem to be important factors involved in the pathology. The aim of our research is to construct an *in vitro* vascularized psoriatic skin substitute for anti-angiogenic drug development research.

Materials and methods: Psoriatic fibroblasts and keratinocytes were isolated from psoriatic plaque biopsies while healthy fibroblasts and keratinocytes as well as microvascular endothelial cells were isolated from healthy skin biopsies of cosmetic breast surgery. Psoriatic and healthy skin substitutes with and without epidermis were produced using the self-assembly approach. Afterwards the substitutes were examined by histology, immunohistochemistry and three dimensional confocal microscopy.

Results: Masson trichrome staining results and positive immunofluorescence staining of specific markers for endothelial cells (von Willebrand, PECAM-1 and VE-cadherin) and basement membrane component (collagen IV) demonstrated that endothelial cells have the ability to form capillary-like tubes. Moreover, three dimensional (3D) branched structure of capillary like structures were observed by confocal microscopy.

Conclusion: These results suggest that it is possible to observe 3D capillary-like structures in the self-assembled psoriatic skin substitutes which could become a good *in vitro* testing model for anti-angiogenic drug research and to facilitate the study of new mechanisms that could be involved in the development and maintenance of psoriasis.

BR-14 Alternative Splicing in Posttranscriptional Regulation of Drug Metabolism

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UDP-glucuronosyltransferases (UGTs) are major mediators in conjugative metabolism of xenobiotics. Current data suggest that UGTs, which are anchored in the endoplasmic reticulum membrane, can oligomerize with each other and/or with other metabolic enzymes, a process that may influence their enzymatic activities. We previously demonstrated that the *UGT1A* locus encodes previously unknown isoforms (denoted 'i2'), by alternative usage of the terminal exon 5. Although i2 proteins lack transferase activity, we showed that knockdown of endogenous i2 levels enhanced cellular UGT1A-i1 activity. Here we explored the potential of multiple active UGT1A_i1 proteins (UGT1A1, UGT1A3, UGT1A4, UGT1A6, UGT1A7, UGT1A8, UGT1A9, UGT1A10) to interact with all spliced i2's by co-immunoprecipitation. We further studied the functional consequences of co-expressing various combinations of spliced i1's and i2's from highly similar UGTs, namely UGT1A7, UGT1A8 and UGT1A9, based on expression profiles observed in human tissues. The i1 isoform of each UGT1A co-immunoprecipitated its respective i2 homolog as well as all other i2's, indicating that they can form heteromeric complexes. Functional data further support that i2 splice species alter glucuronidation activity of i1's independently of the identity of the i2, although the degree of inhibition varied, suggesting that this phenomenon may occur in tissues expressing such combinations of spliced forms. These results provide biochemical evidence to support the inhibitory effect of i2's on multiple active UGT1As likely through formation of inactive heteromeric assemblies of i1's and inactive i2's. The relative abundance of active/inactive oligomeric complexes may thus determine transferase activity.This poster has been presented at the 11th European regional meeting of the ISSX in Lisbon, Portugal

BR-15 Brain uptake of intravenous immunoglobulins *in vivo*: implication for the treatment of Alzheimer disease.

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Intravenous immunoglobulin (IVIg), a preparation of >98% human IgG purified from the plasma of thousands of healthy donors, is currently evaluated in clinical trials for the treatment of Alzheimer disease (AD). To better understand the mechanisms of action of IVIg, we studied the passage of IVIg through the blood-brain barrier (BBB) in the triple transgenic mouse (3xTg-AD) model of AD. Human IVIg was administered intravenously for the quantification of IVIg in the brain, plasma, liver and spleen. *In situ* cerebral perfusion was used for the measurement of the brain transport coefficient (K_{in}) and the distribution volume (V_D). IVIg was quantified using ELISA and immunofluorescence analyses. After 3 consecutive intravenous injections of human IVIg in the caudal vein, ELISA quantification showed that concentrations of IVIg reached 19.6 $\pm$ 1.06 ng/mg in hippocampus of mice compared to 519 $\pm$ 103 ng/mg and 476 $\pm$ 80 ng/mg for the liver and spleen, respectively (mean $\pm$ SEM). Immunofluorescence analyses on mouse brain section showed that IVIg were mainly localized in microvessels but immunolabeling was also found in brain parenchyma cells. Moreover, *in situ* cerebral perfusion of three doses of IVIg revealed a dose-dependent decrease in the percentage of IVIg reaching the brain (0.0029% versus 0.0009% in 1 minute for 500 µg and 12 500 µg of IVIg respectively, One-Way ANOVA analysis, $p<0.02$) and brain transport coefficient (K_{in}) (0.0089 $\mu l*g^{-1}*s^{-1}$ versus 0.0024 $\mu l*g^{-1}*s^{-1}$ for 500 µg and 12 500 µg of IVIg respectively, One-Way ANOVA analysis, $p<0.01$) suggesting that IVIg are transported into the brain by a saturable mechanism. Altogether, these results indicate that a small but significant amount of IVIg can cross the BBB *in vivo*, suggesting the possibility of a direct action of IVIg in the central nervous system of AD patients.

BR-16 Levels of plasma bile acid glucuronide are drastically increased only in patients with severe cholestasis

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Background: Glucuronidation, catalyzed by UDP-glucuronosyltransferase (UGT) enzymes, is thought to play an important role in bile acid (BA) detoxification when bile flow is interrupted (i.e. cholestasis). However, how the different bile acid glucuronides (BA-G) are affected during cholestasis has only been poorly investigated.
Aim: This study aimed at comparing the circulating BA-G profiles in patients with moderate (primary biliary cirrhosis, PBC and primary sclerosing cholangitis, PSC) and severe (biliary stenosis) cholestasis.
Methods: Glucuronides of chenodeoxycholic acid (CDCA-3G and -24G), cholic acid (CA-24G), lithocholic acid (LCA-3G and -24G), deoxycholic acid (DCA-3G and -24G), hyocholic acid (HCA-6G and -24G) and hyodeoxycholic acid (HDCA-6G and HDCA-24G) were quantified using LC-MS/MS in sera from patients with PBC (n=12), PSC (n=6) and biliary stenosis (n=15), and from age- and sex-matched non-cholestatic volunteers (n=20).
Results: BA-G levels were respectively 1.8-, 1.7- and 4.2-fold increased in PBC, PSC and stenosed patients, when compared to non-cholestatic controls. The strong BA-G accumulation in patients with biliary stenosis reflected significant elevation of CDCA-3G (5.5-fold), CA-24G (89-fold), LCA-3G (10-fold), HDCA-6 (1.1-fold) and -24G (2.2-fold) and HCA-24G (2.4-fold). HDCA-24G was the unique significantly increased BA-G in sera from PBC patients (3.9-fold), while PSC samples exhibited higher concentrations of CDCA-3G (3.2-fold) and HDCA-24G (3.9-fold) than controls. Intriguingly, LCA-24G, DCA-3G and HDCA-6G levels were significantly reduced in these PSC samples.
Conclusion: This comparative study establishes for the first time a correlation between the severity of cholestatic diseases and circulating bile acid glucuronides. Furthermore, by determining the profile of 11 glucuronidated acid levels, the current

metabolomic approach reveals the differential manner in which each BA-G species is altered in PBC, PSC and biliary stenosis patients. These differences may be considered as potentially helpful biomarkers for the diagnosis of cholestatic diseases.

BR-17 Fenofibrate modulate bile acid metabolism in humans: clinical evidences.

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Background: Glucuronidation is an important detoxification mechanism for numerous xeno- and endobiotics, including toxic bile acids. This reaction increases the solubility of its substrates, thus favouring their elimination from the human body. Fenofibrate is a triglyceride-lowering agent acting as an activator of the peroxisome proliferator activated receptor alpha. This nuclear receptor was evidenced as a positive regulator of bile acid glucuronidation *in vitro*.
Aim: The present study aimed at evaluating whether fenofibrate interferes with bile acid glucuronidation in a clinical setting with non-cholestatic volunteers.
Methods: Participants (150 men and 150 women) from the Genetics of Lipid Lowering Drugs and Diet Network study completed a 3-week intervention with fenofibrate (160 mg daily). Eleven glucuronide (-G) conjugates of the bile acids, cholic (CA-24G), chenodeoxycholic (CDCA-3G and -24G), lithocholic (LCA-3G and -24G), deoxycholic (DCA-3G and -24G), hyocholic (HCA-6G and -24G) and hyodeoxycholic acids (HDCA-6G and -24G) were profiled using liquid chromatography coupled to tandem mass spectrometry in serum samples drawn before and after fenofibrate treatment.
Results: While the concentrations of CDCA, LCA and DCA glucuronide conjugates were not statistically affected, CA-24G (+17%), HDCA-6G (+77%) and -24G (+28%), and HCA-6G (+36%) and -24G (+50%) levels were significantly increased in post-fenofibrate sera when compared to pre-treatment samples. Consequently, the total glucuronide concentration (+32%) was also significantly increased by fenofibrate. At baseline, the total of glucuronide conjugated acids was significantly lower in women than in men; however, this difference was corrected after fenofibrate treatment.
Conclusion: This study demonstrates that fenofibrate increases circulating levels of bile acid glucuronides in humans, an effect which may participate to the beneficial properties of the drug in patients suffering from primary biliary cirrhosis and primary sclerosing cholangitis. These patients sustain strong hepatic accumulation of toxic bile acids, and our results suggest that, by stimulating bile acid glucuronidation, fenofibrate may limit this accumulation.

BR-18 A self-amplifying loop between thermogenesis and Alzheimer's disease neuropathology in 3xTg-AD mice.

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We tested the hypothesis that a defect in thermogenesis accelerates Alzheimer's Disease (AD) progression in the 3xTg-AD mouse model of AD. We first found a reduction of core body temperature that was aggravated by aging in 3xTg-AD mice compared to Non-Transgenic mice (NonTg)(↓ 0.7°C, 0.5°C, 1.0°C vs NonTg at 10, 14 et 18 months, respectively). This temperature reduction was associated with increased brown adipose tissue (BAT) activity (↑ 45% ARNm UCP1 and ↑ 25% norepinephrine (NE) vs NonTg) in 14-month-old mice. Cold exposure (4°C) for 24 hours increased BAT activity (↑ 55% vs 22°C) in 3xTg-AD and NonTg mice. However, core body temperature remained lower in 3xTg-AD mice (34.7°C vs 36.0°C NonTg). On the other hand, cold exposure doubled tau phosphorylation in the cerebral cortex at several sites (pSer202, pThr205, pThr181, pSer396, pSer404). Increased phosphorylation was associated with the activation of AKT, JNK, cdk5 kinases and a reduction of PP2B and PP2A phosphatases. Finally, we observed a reduction of synaptic proteins synaptophysin (↓ 47% vs 22°C) and SNAP-25 (↓ 58% vs 22°C) and an increase of the bax/bcl-2 ratio (↑ 85% 3xTg-AD vs 22°C) in cold-exposed

mice. Therefore, our data suggest that AD pathology can contribute to reduced body temperature in old age, which could in turn aggravate neuropathological hallmarks of AD such as tau pathology, synaptic pathology and, possibly, neuronal death.

Education and Teaching Research Abstract

ETR-1 Students' perception of a wiki in problem based learning pharmacotherapy courses

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Objectives: A wiki was implemented in the Doctor of Pharmacy Program to support development of skills required for problem based learning while allowing the acquisition and application of pharmacotherapy at an advanced level. Within a class of 40 students led by one facilitator, each week students were a provided a patient case and learning objectives. Students were divided into groups and self-assigned roles; author, reviewer or editor. Authors were responsible for populating the wiki, reviewers for revising content, and editors for summarizing in-class discussions. The objective was to evaluate students' perceptions of the wiki.

Methods: A focus group generated items for a questionnaire to evaluate students' experiences with the wiki. The questionnaire was distributed as part of a course evaluation. The questionnaire consisted of 43 items covering 5 domains: learning, participation, collaboration, skill development and group work. Responses were collected using a 5 point Likert scale.

Results: Thirty five students (88%) completed the questionnaire. With respect to learning, 70% agreed that the wiki facilitated self-directed learning, while 82% indicated the wiki contributed to their understanding of learning objectives. With respect to participation, 91% agreed the wiki provided a framework for class discussion, and 59% felt it provided opportunity to participate where they otherwise would not have. The majority of students (62%) felt the wiki encouraged students to work together, with 82% agreeing that group work was easier as they did not have to meet face to face. With respect to skill development, 65% agreed the wiki provided an opportunity to develop writing skills, and 94% agreed it provided a forum to critically evaluate literature. The majority (74%) agreed that use of roles facilitated group work, however 94% felt the role of author took the most time.

Conclusion: The students perceived that the wiki facilitated self directed learning and encouraged participation. Students perceived the wiki assisted in the development of writing and critical appraisal skills.

ETR-2 The Interprofessional Health Mentor's Program at the University of British Columbia – delivered to Pharmacy Students as an elective.

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Objectives: The interprofessional (IP) Health Mentors (HM) program brings students from different disciplines (Dentistry, Medicine, Nursing, Occupational Therapy, Pharmacy and Physical Therapy) together to learn with and from a mentor (patient) with a chronic condition or disability. The primary goal of the program is to help students learn about the experience of chronic disease from the patient's perspective and to explore their roles in supporting chronic disease self-management.

Methods: Upon receiving a grant, we set out to implement and evaluate a HM program similar to the concept developed by Jefferson University. Mentors (n=23) were recruited and students (n=72) enlisted in the 16-month program that began September 2012. IP student teams of four visit their mentor twice a semester, selecting a time that is suitable to all, with each visit focusing on specific IP curricular goals. Students write self-reflections after each visit, which are read by faculty supervisors. Students will take part in a Symposium in April where they share their lessons learned. Pharmacy is the only program that offers this rich experience as a 3-cr elective, with students also required to write a research paper that focuses on one of the curricular themes of the program. All otherprograms offer it as part of an existing course. The

HM program is evaluated through questionnaires, focus groups and individual interviews.
Results: The HM program (mentor/student orientation), handbook, symposium highlights and mid-point evaluation data will be presented.
Conclusions: The HM program is one option for IPE that is flexible; not only in timing but also in the way that academic credit is assigned. Our goal is to double the program in the Fall 2012, with the final phase leading to full implementation of the program for students in all participating programs in 2013.

ETR-3 Preparing Pharmacy Students for Collaborative Practice – an Online Pharmacy-Physician Collaboration Module

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Objectives: Experts recognize the importance of teamwork for optimal patient-centered outcomes, and interprofessional collaboration is becoming more prominent in the healthcare setting. Nevertheless, there are still many barriers hindering successful collaborative relationships between physicians and community pharmacists. This online module is intended to provide third and fourth year pharmacy students with the background required in order to successfully foster collaborative working relationships (CWR) with community-based physicians. Specifically, the goals of the Pharmacy-Physician Collaboration Module (PPCM) are to: Describe the importance of developing a collaborative relationship between pharmacists and physicians to optimize patient care; Identify three common barriers that can impede the collaborative relationship; Identify strategies to overcome these barriers; and Apply appropriate strategies to initiate collaborative working relationships in community practice.
Methods: This project was funded through the Faculty's Summer Student Research Program. Steps taken in its development included:
Conducting a literature scan on collaborative relationships between pharmacists and physicians;Establishing a set of questions to ask pharmacists and physicians who would be video recorded to speak to the importance of a CWR; Building the module (and exercises) that would focus on potential barriers to CWRs and the strategies that can be implemented to overcome; Developing learning activities for students to conduct while on their clerkships; and Importing the module into Blackboard The success of the module will be evaluated in September 2012 through a student questionnaire.
Results: The PPCM, implementation plan, and evaluation tools will be presented.
Conclusions: The tools introduced in this module will help to bridge the gap in initiating effective partnerships, while promoting the pharmacist's expertise and transforming the separate practices into a collaborative relationship that will benefit the pharmacist, physician, and ultimately the patient.

ETR-4 The development and implementation of a patient care process as a framework for classroom teaching and experiential learning

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Objectives: In the undergraduate pharmacy curriculum, a need was identified to guide teaching the process of patient care seamlessly in both classroom and experiential settings. The objective of this initiative is to describe the development and implementation of a comprehensive and standardized approach to teach the provision of patient care in pharmacy practice at our institution.
Methods: A patient care process working group was formed with representation from faculty members, hospital practice, ambulatory practice and community pharmacy. The group met over a period of 6 months with the goal of developing a practical framework of care that could be implemented throughout the curriculum. Related literature and frameworks were reviewed initially to generate discussion and ideas.
Results: A patient care process framework was created based on the principles of patient-centered care and

pharmaceutical care. Components of the process included:
1) Patient assessment including development of comprehensive medical and medication histories;
2) Assessment of drug therapy;
3) Care plan outline;
4) Documentation guidelines.
The framework document underwent internal review and was approved by the Curriculum Committee in April 2011. The process was disseminated to faculty members, provincial hospitals, the residency program, and ambulatory clinics and information sessions were provided. More recently a module has been created to train preceptors how to reinforce the patient care process during undergraduate experiential rotations.
Conclusions: A patient care process was developed and at least partially implemented into the undergraduate curriculum at our institution. In addition, other key partners such as hospitals, ambulatory and community sites were engaged in the development and have had exposure to this framework. An evaluation of the uptake, usefulness and impact of the framework document is currently underway.

ETR-5 Automatic vs manual grading for the assessment of interactive patient case scenarios in a 3rd year pharmacy course

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Objectives: The overarching goal of our research is to improve students' reasoning skills through increased opportunities for reflective practice. Assessment drives students' behaviour and learning in formal educational settings. Therefore, the development of interactive case scenarios involves designing meaningful assessment. In this study we explore the relationship of computer vs instructor generated grades and feedback on students problem-solving performance.
Method: A cohort of 32 third year students completed a series of 4 cases in a computer learning environment (BioWorld). Solving a patient case requires students to collect evidence while ordering laboratory tests, requesting vitals, as well as articulating the main patient problem and treatment plan. After each case, students received automatic grades and feedback from the computer and from the teacher on their performance. The automatic grades were generated based on a comparison to the answer written by the instructor. The manual grades were generated by the same instructor analysing the students' written summary justifying their answers. To verify the accuracy and relevance of the automatic grading and feedback we compared the grades and feedback provided by the system to the teacher.
Results: Group averages were similar for each case, however the individual automatic and teacher's grade showed no correlation (ranging from .01 to .2 r^2). Additionally, as the difficulty of the cases increased, students' performance on automatic grades went down while manual grades showed improvement. The nature of the teacher's feedback was oriented towards the reasoning process demonstrated by students' performance whereas the computer generated feedback identified missing components in their answers.
Implications: Although this study involves a small number of students solving a limited number cases, it raises questions regarding the effectiveness of automatic grading based on pre-defined answers. To improve the usefulness of practice done in computer learning environments we need to investigate ways to assess and provide feedback on components of the reasoning process.

ETR-6 An In-Depth Look at Professionalism at the Faculty of Pharmaceutical Sciences at UBC

Patricia Gerber; Faculty of Pharmaceutical Sciences, University of British Columbia

Background: Delegates from our Faculty attended the 2009 AACP Curricular Change Summit where they were reminded that although students' traits that relate to professionalism are intrinsic to them before admission, pharmacy education can and should include professionalism outcomes as essential components of the curriculum. In Canada, CCAPP Accreditation Standards recommend that educational programs promote a culture of professionalism and that pharmacy curricula provide activities and venues to address the topic. The expectation is also mandated by the AFPC's Educational Outcomes and The Blueprint for Pharmacy. Subsequent to a 2011 UBC College of Health Disciplines Interprofessional Workshop on professionalism, the subject was discussed at our Faculty and members agreed that, given our

commitment to revise the current Entry-to-Practice curriculum, an in-depth look at professionalism would be undertaken.

Methods: A literature review on professionalism in pharmacy education was conducted. Representatives from other faculties of Pharmacy in Canada and the US and from the UBC faculties of Medicine, Occupational Therapy, Physical Therapy, and Nursing were contacted to learn how professionalism is addressed in their curricula. An internal review of how professionalism is addressed in our curriculum was performed and each Faculty member was interviewed to ascertain their views on professionalism.

Results: The nature and extent of professionalism content within pharmacy curricula were similar across pharmacy schools in Canada. US schools generally devote more integrated time to professionalism and employ more unique activities throughout their curricula. Other health professions at UBC have established core threads of professionalism courses and activities across all years and devote time for reflection and dialogue about what students experience during rotations. The information gathered from the Faculty interviews and a series of recommendations were discussed at a recent series of Faculty meetings.

Conclusions: Our work to-date represents the beginning of a process that will further enhance how we foster and address professionalism. Next steps include prioritizing the recommendations made and developing an action plan for implementation, which will include involvement of stakeholder groups including students.

ETR-7 Using a Curriculum Map to Analyze a Pharmacy Curriculum in Achieving AFPC Educational Outcomes

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Objectives: As part of an overall program evaluation plan, the objective of this study was to analyze our curriculum to determine the weighting of course objectives to achieve AFPC Outcomes, and to describe the progression of student learning and performance throughout the program.

Methods: Each year, pharmacy professors develop course objectives and indicate which AFPC Outcome(s) they help to achieve. In addition, each course objective is assigned an expected learning level and performance level for students upon completing the course. All data was collated and summarized according to AFPC Outcome, learning level (i.e. Ideas, Connections, Extensions) and performance level (Novice, Functional, Competent) in a curriculum map. As an external comparison, the weighting of course objectives for each Outcome was compared to the weighting of competencies in the PEBC exam blueprint.

Results: The weighting of our pharmacy course objectives in achieving AFPC Outcomes was: Care Provider 35%, Communicator 10 %, Collaborator 8%, Manager 4%, Advocate 6%, Scholar 27%, Professional 11%. These weightings were closely matched to the PEBC blueprint. An analysis of learning level by year showed that objectives were written at an introductory level ("ideas") for 42% of our objectives in first year, with progression to an advanced level ("extensions") for 77% in fourth year. The expected level of performance for students was at an introductory level ("novice") for 98.5% of our objectives in first year, compared with an advanced level ("competent") for 68% in fourth year.

Conclusions: Our course objectives cover all AFPC Educational Outcomes. The weighting of objectives in our curriculum centers around "Care Provider" and "Scholar" highlighting our emphasis on pharmacy knowledge and its application to pharmacy practice. The weightings were also consistent with the PEBC exam blueprint. There was excellent longitudinal progression in the learning and performance levels in the program. Next steps include gathering additional data on specific areas of the curriculum where there may be gaps or redundancies.

ETR-8 Computer Assisted Testing (CAT) in Pharmacy (Projet Exact): A 360 degrees Satisfaction Survey

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Objectives: After implementing a pilot project of computer assisted testing (CAT), this study aimed to assess, for all users (students, faculties, proctors and managers), the reliability, acceptability and utility of the devices, methods and procedures.

Methods: For faculties, proctors and managers, data was collected through online surveys and day to day encounters. Focus group and online survey was used to gather student feedback. Descriptive data was put together by a project manager from the system database and project documentation.

Results: It was mandatory for all first-year pharmacy students to perform their twelve Fall 2011 semester exams by CAT. The ExamSoft Suite (SofTeach, SofTest and SoftScore) was used for all steps in exam management. Technical flaws during exams were benign and minimal (n=3). 74 of 199 students answered the online survey. Results indicate high satisfaction rate on exam administration issues (94,6%), security issues (95,9%) and reliability issues (94,5%). CAT exams were found as easy or easier to perform (87,5%) then paper and pencil exams (PPE). 75,7% of students preferred CAT exams. Security (80%), scoring (100%), reliability (75-100%) and acceptability (100%) results for faculties (5/8) are promising and supportive of further implementation. But compatibility issues while constructing exams were noticed by professors using Apple products. Proctors (9/9) related positive feedback on security (88,8-100%), efficiency (88,8-100%) and reliability (100%). All proctors (9/9) preferred CAT exams over PPE. For managers, observed efficiency improvement (100%) and reliable security measures (100%) fulfilled the high expectations for CAT.

Conclusions: CAT procedures appears for all user reliable, acceptable, usefull and user friendly. As compared to PPE, this approach shows promissing improvement by reducing delays and pitfalls for exam building, scoring and grade publishing. It also provides an environmental gain. However, it raises feasability concerns for construct response item format. Furthermore, issues remain on providing adequate infrastructures for exam administration and on long term resource investment for technical and administrative support.

ETR-9 IPad Tablets for Tutors and Online Reporting: Benefits and Limitations in Skill Lab Setting

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Objectives: To assess the supportive and pedagogical impact of iPad tablets and Online Reporting during skill lab sessions.

Methods: Data was collected by skill labs teachers/coordinators based on observations and discussions with tutors on day to day encounters during skill lab sessions.

Results: An online reporting system (eLABO) was design to capture students attendance in skill labs and to allow online assessment of the student's performances. Tutors were granted access on and off campus. eLabo enables deeper and thorough communication between tutors, from tutors to skill lab teachers/coordinators and with other online systems. eLabo user-friendly information retrieval procedures allows quick and complete student progress monitoring. eLABO screens show ergonomic and practical documentation features. Three benefits supportive of seamless tutoring. To allow even more flexibility and mobility, an iPad tablet was provided to each tutor during skill lab sessions (8 iPad tablets/8 tutors/skill lab session). The iPad tablet offers the tutor, a live and complete internet access in all situations and all contexts, enables clearer documentation procedures and, in response to environmental awareness, offers quick consultation of numeric files and documents directly on tablet. But managing an iPad tablet pool demands extensive IT involvement due to security and maintenance issues. Wifi connectivity problems on campus were overcomed. Due to the single user profil of iPad tablets, sharing tablets between tutors and skill labs demands attentivenes to avoid confidentiality breaches. Reluctant tutors are minimal and few of them raises confidence issues during live (synchronous) online assessment.

Conclusion: Despite minimal resistance attitude toward technology, the pilot projet appears to be a success. A specific session for iPad and eLABO is now part of the tutor's training program. As of next fall semester, more performance assessment rubrics will be made available online for tutors. Data analysis will be perform to monitor student competency development and tutors stringency/leniency profile. Quality improvement interventions will be planned.

ETR-10 One Hundred Years Ago: Pharmacy Education at the Nova Scotia College of Pharmacy

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Background: In 2011-2012 the College of Pharmacy, Dalhousie University marked its centennial. It began in September 1911, with the establishment of the Nova Scotia College of Pharmacy (NSCP) by the Nova Scotia Pharmaceutical Society. In 1917, it was renamed the Maritime College of Pharmacy when the New Brunswick Pharmaceutical Society joined in its operation. The Prince Edward Island Pharmaceutical Association became affiliated in 1950. In 1961, the Maritime College of Pharmacy was incorporated into Dalhousie University and became known as it is today, the College of Pharmacy, Faculty of Health Professions.
Objective: To determine what formal pharmacy education was like in the early years at the NSCP.
Methods: Calendars for NSCP and minutes of its Board of Management, located at the Dalhousie University Archives, were reviewed. Minutes of the Council of NSPS were searched for the time period of NSCP.
Results: NSCP was housed in the Dalhousie building which later was named the Forrest building. A Qualifying course was offered with a Bachelor of Pharmacy made available in 1912-13 and a clerks course begun in 1916. Pharmacy faculty consisted of five or six pharmacists who taught part time while working in drugstores. Their courses included materia medica, pharmacy, dispensing, prescriptions and economics. Dalhousie faculty conducted classes and laboratories including chemistry, botany and microscopy, physics, and physiology. Students had to meet apprenticeship, age and education requirements prior to being accepted and tuition, attendance and conduct requirements once enrolled. Class size averaged 10. Students in the qualifying course had classes and laboratories six or seven hours per day Monday thru Friday and classes on Saturday morning. Some classes were taken with medical students. An optional class in optometry was available. Faculty were male, with the first female students enrolling in the clerks course in 1916.
Conclusions: This research describes early formal pharmacy education in the Maritimes at the NSCP. It is hoped that it will encourage and inspire current pharmacy students and educators.

ETR-11 Digital lecture recordings: Uptake and opinions of faculty

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Marion L. Pearson, University of British Columbia, Faculty of Pharmaceutical Sciences

Objectives: This study examined faculty members' usage and opinions regarding digital lecture recordings. The research questions addressed were:
1) How are faculty members using the lecture recording capability?
2) What are faculty members' opinions of the lecture recordings?
Methods: The technology to make digital recordings has been available in specific classrooms where many pharmacy lectures are scheduled since late 2010. The recordings include an audio component, limited to the instructor's voice, sequenced with a visual component, normally limited to the image (e.g., from PowerPoint slides or a document camera) projected onto a presentation screen. Students have access to the recordings through a password-protected course management system. Faculty members may choose to have their lectures recorded or not and course coordinators must negotiate permission for recording with guest lecturers. An on-line questionnaire was administered to all faculty members with instructional responsibilities in the Entry-to-Practice program (n=47) to assess their awareness, usage, opinions, and preferences regarding the recordings.
Results: 34 of 47 faculty members (72%) responded to the survey. Most (71%) had participated in the lecture recording initiative. Of these, most (80%) were either very comfortable or comfortable with being recorded and all (100%) intended to continue being recorded. The majority agreed that asynchronous learning was important to their teaching (67%) and that the recordings enhanced students' learning by supporting different learning styles (78%) and providing opportunities to review important concepts (89%). Most felt that access to the recordings had made no difference to the quality of students' comments and questions (62%), participation in class (88%), or grades (82%). Most also felt that absenteeism, particularly during exam periods, had increased (69%). Some incorporated the recordings into their pedagogical approach (36%) and used the technology to pre-record content (31%).

Conclusions: Faculty members are making good use of and have a positive attitude towards the available lecture recording technology. They consider the recordings a valuable resource for students.

Key words: lecture recordings; educational technology

ETR-12 Development of an educational program for Pharmacy students for the Fetal Alcohol Syndrome Disorder (FASD) Awareness and Prevention Campaign: Engaging Alberta Pharmacists

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Objectives: FASD, 100% preventable, causes life-long disabilities. Pharmacists, highly accessible healthcare providers, were studied to join FASD prevention efforts. A survey conducted in Alberta, showed practicing Alberta pharmacists are interested in becoming involved in the fight against FASD, yet have minimal FASD training. The present study is a component of a knowledge mobilization strategy, with the purpose of developing an educational program designed to prepare pharmacy students to serve as educators for the public regarding FASD. This is the first project to educate pharmacists for a role in FASD awareness, prevention and counseling.
Methods: FASD literature was reviewed and educational template developed. A focus group of thirteen 3rd/4th year pharmacy students explored the baseline knowledge, skills, and attitudes toward playing an educational role in FASD through survey and discussion.
Results: The focus group showed 85% (11/13) were interested in playing a role in FASD as a pharmacist. All students (100%) felt they were not at all to somewhat knowledgeable regarding FASD and its treatment, (100%) felt they could benefit from more education, 92% in FASD epidemiology (12/13), 77% pathophysiology (10/13), 85% prevention (11/13), 100% treatment, 100% counseling and 100% patient education. Most, (85%), were only somewhat comfortable/not comfortable discussing FASD (11/13), no students (0%) were very comfortable discussing FASD, 85% felt FASD is an issue worth counseling (11/13).
Conclusions: Pharmacy students believe it is worth counseling patients about FASD and are interested in playing a role in educating the public. The greatest barriers are lack of communication skills and knowledge regarding FASD. These results support the major educational components of the educational template developed to enable pharmacists to perform their role. Based on these findings an interdisciplinary educational presentation was developed and presented to 3rd year pharmacy students. This program was well accepted by pharmacy students.
Acknowledgements: Supported by Alberta Health and Wellness

Presented 12/2011: Faculty of Pharmacy Research Day UofA

ETR-13 Utilizing Student health professionals for the UndeRstanding and Prevention of Fetal Alcohol Spectrum Disorder (FASD)(USURP FASD)

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Introduction:FASD is a condition resulting from maternal alcohol consumption during pregnancy resulting in brain damage and lifelong disabilities. Although FASD is 100% preventable, FASD affects over 23 000 people in Alberta, costing $400 million annually through costs to the medical, social and justice systems. There is a great potential for benefit from health professionals intervening to prevent FASD and support individuals with FASD.
Methods: A literature search using Medline, Pub-med, Cochrane and TRIP databases was performed to evaluate interventions performed by health professions to prevent FASD and support individuals with FASD. An FASD educational program was held for the multidisciplinary healthcare students volunteering at the SHINE clinic, a student-run youth clinic in the inner city in Edmonton, a setting serving a population at high risk for FASD. The program included presentations by a pediatrician, pharmacist, educational psychologist, physician/pharmacist, patient with FASD and her parents. Following the presentation, focus group discussions were held by profession including nursing, social workers, physicians, rehabilitation medicine, pharmacists, dieticians and counseling psychologists to

determine student perceptions of the role of their profession. Pharmacy students form the USURP FASD study recorded discussions of focus groups. All groups reconvened to present findings of each individual focus groups and determine how the professions could collaborate to most effectively prevent FASD and support individuals with FASD.

Results/Discussion: These students thought that they could play key roles in educating their patients (men and women) about FASD, screening patients for FASD and risk of drinking in pregnancy, contraceptive planning, nutritional support referral of patients at risk for drinking alcohol in pregnancy, referral of patients affected by FASD and advocacy for those affected by FASD An interdisciplinary clinic such as SHINE is an ideal place to practice such services due to the close contact and overlap of practice by the different health professionals who work there.

Acknowledgement : Funding by: Alberta Health and Wellness

ETR-14 Reflecting on stories of care: Evaluation of a narrative assignment

Marion L. Pearson; University of British Columbia, Faculty of Pharmaceutical Sciences

Objectives: Narrative pedagogy is one of a limited number of educational strategies commonly used in health professions education to enhance students' commitment to caring for patients. The goal of this action research study was to evaluate a narrative assignment developed for this purpose. The research questions were 1) What is the nature of students' responses to a narrative assignment about caring? And 2) What are students' attitudes towards this assignment?

Methods: A narrative assignment was developed for 1st year pharmacy students (n=152) that required them to write a personal reflection, responding to a series of guiding questions, for inclusion in a course portfolio. They could choose to reflect on a "heroic" case study provided from the nursing literature or to write and reflect on an autobiographical account of providing or receiving care. Students were invited to participate in the study by submitting an anonymized copy of their assignment and a questionnaire evaluating the assignment.

Results: Among respondents (n=29), 18 (62%) chose the case study and 11 (38%) chose an autobiographical account. For both options, students identified taking initiative, committing time, problem-solving, and being empathic as important elements of caring. Those selecting the case study also noted the importance of competence, observance, assertiveness, respect for patient autonomy, and collaboration with colleagues. Responses were not affected by sex, age, or work experience in a healthcare setting. All respondents enjoyed the assignment and appreciated its value in promoting commitment to care.

Conclusions: The response rate was low, so results should be interpreted with caution. Respondents identified appropriate dimensions of caring in their reflections, which were richer for the case study. This use of narrative pedagogy has potential for helping students develop attitudes needed to care for and about others. "Heroic" narratives involving pharmacists would be a valuable resource.

This work was previously presented at the University of British Columbia Centre for Health Education Scholarship "Celebration of Scholarship" on October 4, 2011.

Key words: narrative pedagogy; caring; reflection

ETR-15 Exploring the predictive validity of admission variables for performance in a Pharmacy program

Robert D. Renaud[1,2], Cheryl Kristjanson[2], Sheryl A. Zelenitsky[2], & Lavern Vercaigne[2]; [1]Faculty of Education, University of Manitoba; [2]Faculty of Pharmacy, University of Manitoba

Objectives: As part of an overall program evaluation plan, the objective of this study was to explore the predictive validity of admission variables currently in use (incoming GPA and essay score) and other background variables (e.g., number of voluntary withdrawals from previous courses) on subsequent GPA in a Pharmacy program.

Methods: Data from existing records were obtained for two samples. The first sample, to explore the relation between current admission variables and Pharmacy GPA, consisted of 200 students from 4 academic years. The second sample, to explore the relation between current admission and other background variables and

Pharmacy GPA, consisted of 41 students from one academic year.

Results: Looking at current admission variables (n=200), the mean correlation between incoming GPA and Pharmacy GPA, and essay scores and Pharmacy GPA were 0.43 and -0.13 respectively. Collectively, the mean multiple correlation between both predictors and Pharmacy GPA was 0.44. In the second sample (n=41), the most notable background variable was the number of years of university before entering the Pharmacy program (YEARS), which showed a -0.39 correlation with Pharmacy GPA. When YEARS was added to incoming GPA and essay scores, the multiple correlation with Pharmacy GPA increased from .38 to .46.

Conclusions: While Pharmacy GPA was moderately predicted by incoming GPA, the relation was weaker with YEARS and even more so with essay scores. Findings from the smaller sample should be interpreted with appropriate caution. Moreover, one possible reason for the weaker predictability of essay scores and other background variables may be in predicting a global outcome measure such as Pharmacy GPA. Thus, the next steps in this research are to acquire additional data to examine the predictability of other background variables, and to compare predictor variables with more specific academic outcomes such as communication and professionalism.

ETR-16 "Let's Get Physical": Lessons Learned from the First Two Years of Teaching Physical Assessment to Pharmacy Students

Katherine Seto, Colleen M. Brady, Tamiz J. Kanji, and Tony T. Seet; University of British Columbia, Faculty of Pharmaceutical Sciences, Vancouver, BC

Objective and introduction: The objective of this research study was to qualitatively evaluate the implementation of physical assessment into the curriculum of the 4-year entry-to-practice BSc(Pharm) program at the University of British Columbia. The Blueprint for Pharmacy has identified physical assessment as a fundamental skill enabling pharmacy students to properly assess patients and monitor drug therapy. Such skills were introduced into the curriculum during the 2010/2011 academic year by teaching a vital signs and pain assessment tutorial to students in years 1-3. Following the hiring of a Clinical Skills Pharmacist Instructor, "head to toe" patient assessment and pulmonary tutorials were introduced to students in years 2 and 3 during the 2011/2012 academic year.

Methods: Common themes were identified in the implementation of physical assessment into our curriculum by reviewing relevant course materials and assessment techniques, instructor reflections and informal feedback from students.

Results: Five main themes were identified: motivating students by making them aware of the relevance of these new skills, addressing and overcoming obstacles, assessing outcomes and competency, examining benefits to the student and patient-centered care, and identifying future opportunities.

Conclusions: Based on recommendations from the Blueprint for Pharmacy, physical assessment was implemented and vertically integrated into the curriculum. This process involved the collaboration of pharmacy practice instructors committed to providing students with the skills necessary to fully embrace the larger scope of today's pharmacy practice. Next steps will be to further expand the scope of physical assessment topics taught and to integrate these topics into each year's curriculum course work. The ultimate goal is to produce students who will be able to act as agents of change.

ETR-17 Development of an on-line module for precepting the patient care process

Ann E. Thompson[1], Linda K. Poole[1], Michelle M. Foisy[1,2], Christine A. Hughes[1], Adrienne J. Lindblad[1,2], Deon P. Druteika[2]; [1]Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta; [2]Alberta Health Services, Pharmacy Services

Objectives: In the undergraduate pharmacy curriculum, a comprehensive and standardized framework to teach the provision of direct patient care in pharmacy practice to students was developed and implemented. Our objectives for preceptors were: 1) To create awareness of this framework, and 2) To develop a module to assist in precepting the patient care process (PCP) with students on experiential rotations.

Methods: An educational consultant was hired to guide the design and delivery of the module. The experiential education team at the faculty developed learning objectives for the module. On-line delivery was used to facilitate preceptor access to the materials. Speakers with expertise in precepting patient care were invited to present on each section of the process to bring

diversity and exposure to different practice areas. Additionally, speakers shared how they precepted patient care in their respective practice settings.

Results: The module consisted of the 2011 PCP document as developed at the faculty, a Preceptor Practice Assessment Worksheet, six presentations focusing on the process and a feedback survey. Powerpoint presentations were audio recorded with a video introduction of each speaker. The presentations included an introduction to the module, developing a patient database, assessing drug therapy, developing a pharmacy care plan, documentation and conclusions. Each presentation had a similar format to promote consistency with a focus on the preceptor role and tips for providing student feedback and evaluation. The module was disseminated to preceptors through e-mail correspondence, live workshops and preceptor manuals. The module was made available on the Faculty of Pharmacy and Pharmaceutical Sciences website at: http://www.pharm.ualberta.ca/Experiential_Education/Preceptors/Training%20and%20Resources/Patient%20Care%20Process%20Module.aspx.

Conclusions: A PCP preceptor module was designed, developed and implemented. An evaluation of the module assessing its usefulness for precepting and delivery format is currently underway.

Pharmacy Practice Research Abstracts

PPR-1 Patient Assessment and Monitoring Program and Building Blocks for Medication Management: changing practice today

Lauren M.J. Hutton, Shannon M. Jardine, BBA, Heidi J. Deal, BSc, BSc(Pharm), MAHSR(c), Kim A. Sponagle, BSc(Pharm), *Jennifer E. Isenor, BSc(Pharm), PharmD*; College of Pharmacy, Dalhousie University, Halifax, Nova Scotia

Objectives: To explore the level of readiness, anticipated opportunities, and barriers identified by participant feedback of the Patient Assessment and Monitoring Program (PAMP), rebranded as the Building Blocks for Medication Management (BBMM) program in 2011.

Methods: A survey developed by Dalhousie Continuing Pharmacy Education (Dal CPE) was distributed to pharmacists who completed PAMP in 2010 and the January to May administration of BBMM in 2011. The survey contained multiple choice and short answer questions. It was created and distributed using Opinio survey software. Questions evaluated participant demographics, program feedback, and facilitators and barriers to practice change.

Results: The survey response rate was 37% (35/93). The majority of respondents were 35 to 54 years of age (65.72%) and primarily female (77%). Most respondents were licensed in Nova Scotia (60%) and 80% of respondents reported practicing in community pharmacy. Modules relating to critical appraisal of literature and documentation were reported to have the largest impact on practice change. Respondents reported increased confidence in performing those skills. Modules involving interpreting lab values and physical assessment were reported to be most difficult to implement. Respondents requested future continuing education programs on these topics. Respondents identified staff support and time as ongoing barriers in practice. After completing the program, relationships with patients and prescribers, previously identified as barriers, were viewed as opportunities to improve patient care.

Conclusions: It was reported that the majority of modules increased confidence in using the skills learned in PAMP and BBMM. Development of future programs will address areas reported as difficult to implement.

Poster was previously presented at the 13th Annual College of Pharmacy Research Day, Dalhousie University, Halifax, Nova Scotia, September 15, 2012, but has not been published.

PPR-2 Green tea for weight loss and weight maintenance in overweight or obese adults: lessons learned

Tannis Jurgens[1], *Anne Marie Whelan*[1,2], Lara Killian[1,3], Sara Kirk[4], Steve Doucette[5], Elizabeth Foy[1]; [1]College of Pharmacy; [2] Pharmacy Consultant, Department of Family Medicine; [3]NS Cochrane Centre; [4]School of Health and Human Performance, Dalhousie University, Halifax, NS, B3H 4R2; [5]Research Methods Unit, Dalhousie Department of Community Health and Epidemiology, Capital Health Research Services, Centre for Clinical Research, Halifax, NS, B3H IV7

Objectives: A Cochrane Review was undertaken to assess the efficacy and safety of green tea products for

weight loss/weight maintenance in overweight/ obese adults. Lessons learned will also be presented.

Methods : Eleven databases were searched to identify randomized controlled trials (RCTs), in any language, of at least 12 weeks duration, comparing green tea with placebo in overweight/obese adults. Three authors independently extracted data and assessed studies for quality and risk of bias, with differences resolved by discussion. Heterogeneity of studies was assessed and analyses conducted. Adverse effects were recorded.

Results: Fifteen weight loss and 3 weight maintenance RCTs met inclusion criteria. Meta-analysis of 14 weight loss studies showed a difference in mean weight loss of -0.95 kg [-1.75, -0.15] for green tea compared to control. Meta-analysis of 12 weight loss studies produced a difference in reduction in Body Mass Index of -0.47 kg/m^2 [-0.77, -0.17] in favor of green tea. Meta-analysis of 2 weight maintenance studies did not show statistically significant results for any measurement. Four studies reported mild to moderate adverse events. The number of non-English studies requiring translation, need for statistician time and diversity in product content were unpredicted factors that impacted the time needed for completion of the review.

Conclusions: Although green tea produced a statistically significant weight loss in overweight/obese adults, it is unlikely to be clinically significant. Adverse events were mostly mild to moderate. Authors planning a review on a natural product topic should consider the need for translation of studies and understanding product content.

Note: This abstract is accepted for presentation at 10th Annual Cochrane Canada Symposium May 9-10, 2012 Winnipeg, MB

PPR-3 "FIFO" The Control of Nearly Expired Drugs

Sroinam Ploysai;_Bumrungrad International Hospital, Bangkok, Thailand

Objectives: According to hospital as a tertiary care hospital.We provide World Class Medical Services at the dose up to a more specific situation of each patient is ever more relentless. The high price. Of bringing the value of past losses of 2010 in the pharmacy department. 2010 all short expires valued at 1,203,765.97 and hospitals have lost the cost of the drug. The value of the drug policy of the Hospital Management (HAP 5.01) is to 885,360.96 baht worth of drugs near the end we can be managed to ensure that drug expires only 318,404.95 Baht 26.45. % of the total dose is near the end of 2010. The target. 1. Incident of the expiration of the madications which is equal to 0% 2. Value of loss (Lost cost) caused by the break near the end of <6 months Must decrease from 2010 (1,232,830.13 baht) for at least 50% and ≤ 600,000 baht 3. Expire near the end of the value of <6 months who can manage to keep up before expiration (Save cost) must rise from 2010 (318,404.95 baht) at least 50% and ≥ 600,000 baht.

Methods: Our systems are color coded to indicate the expiration date to achieve clarity in the filling and dispensing process. We also have a separate sticker lot number 1, 2 and 3, respectively.

Results: For the year 2011% Cost of Nearly expired drugs was found that the cost of the Lost 25%, Save 75% value of the short-lived.So if we do nothing to lose hospital drug costs =1,198,799.78 baht on our activities to improve the quality of this hospital loss drug charges reduced to 89,649.99 baht.

Conclusions: The collection and use of the system to "First In-First Out" (FIFO) is the "old medicine before - a new drug application later," is how best to protect the drug expires

PPR-4 Utilisation de la minocycline en prophylaxie des éruptions cutanées lors d'un traitement à l'erlotinib (Tarceva) chez les patients atteints d'un cancer du poumon non à petites cellules (CPNPC)

Tessier Jean-François[1, 2], B.Pharm., Côté Jimmy[1], B. Pharm., M.Sc., Gagnon Pierre-Yves[1], B. Pharm., M.Sc., Drolet Benoit[1, 2], B. Pharm., M.Sc., Ph.D.; 1. Institut universitaire de cardiologie et de pneumologie de Québec, 2. Université Laval-Faculté de Pharmacie

Problématique : L'erlotinib est un inhibiteur de la tyrosine kinase associée à l'EGFR (epithelial growth factor receptor) utilisé pour traiter le CPNPC de stade avancé (IIIb-IV). Ce médicament est reconnu pour causer des éruptions cutanées d'intensité variable (grade 0 à 3) chez environ 75% des patients. Ces éruptions peuvent affecter la qualité de vie et mener à l'arrêt de l'erlotinib. Objectif: Évaluer l'hypothèse selon laquelle la minocycline réduit les éruptions cutannées associées à l'erlotinib, tout en étant bien tolérée.

Méthodologie : La minocycline à 100 mg deux fois par jour était débutée la journée précédent la 1ere dose d'erlotinib. Un journal de bord était fourni aux patients afin qu'ils notent leurs effets indésirables et ceux-ci étaient aussi notés lors de leurs visites à la clinique d'oncologie. La tolérance à la minocycline et à l'erlotinb a été répertoriée également.

Résultat : 52% des patients ont eu des éruptions cutanées légères. Aucun patient n'a développé de toxicité cutanée de grade 3, seulement 1 patient a eu une toxicité de grade 2 et 45% n'ont pas eu d'éruptions. 18% des patients ont cessé l'erlotinib pour effets indésirables mais ceux-ci n'étaient pas d'origine cutanée dans aucun des cas. 33% des patients ont cessé la minocycline pour effets indésirables. Seulement 15% des patients ont rempli correctement leur journal de bord.

Conclusion : La minocycline diminue l'incidence globale des éruptions cutanées de même que l'incidence des éruptions de haut grade causées par l'erlotinb. La minocycline a été relativement bien tolérée.

PPR-5 Bioidentical Hormone Therapy: Nova Scotia Pharmacists' Knowledge and Beliefs

Anne Marie Whelan[1,2], Jean-Pierre Thebeau[1], Tannis M Jurgens[1], Eileen Hurst[1]; [1]College of Pharmacy, Dalhousie University; [2] Department of Family Medicine, Dalhousie University

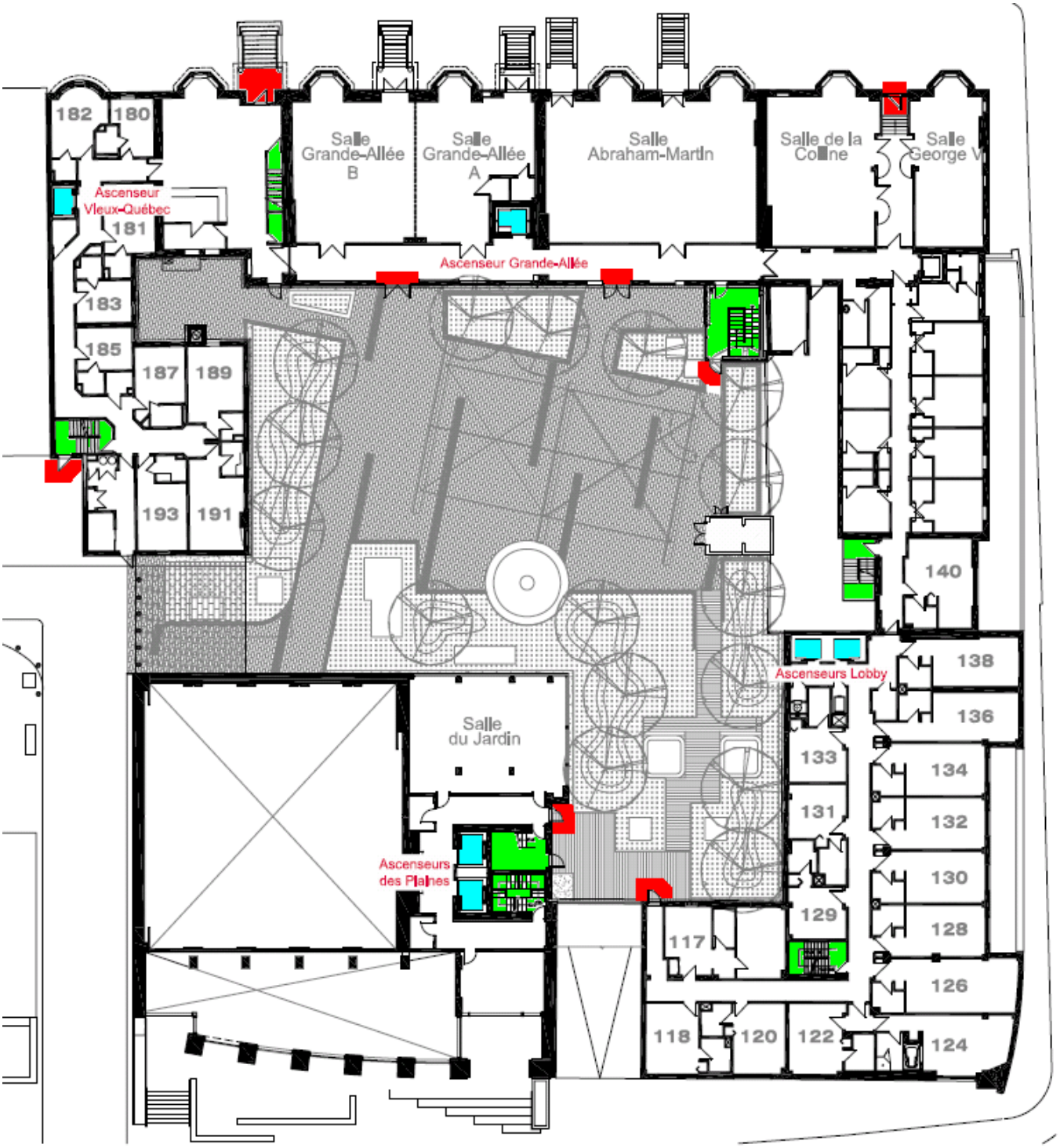
Objectives: To investigate Nova Scotia (NS) pharmacists' knowledge and beliefs regarding the use of bioidentical hormones (BHs) for the management of menopause related symptoms.

Methods: Using Dillman's internet tailored design methodology, an invitation, with reminders, to complete a web-based questionnaire was emailed to pharmacists in NS as part of the Dalhousie College of Pharmacy Continuing Pharmacy Education Department's (CPE) weekly email update. Data was analyzed using descriptive statistics.

Results: Of approximately 1300 emails sent, 113 pharmacists completed the questionnaire (response rate 8.7%). The majority of respondents (94%) knew that BHs were not free from adverse drug reactions, and more than half were aware that conjugated equine estrogens and medroxyprogesterone acetate are not examples of BHs. For seven of eleven knowledge questions, 33-45% indicated that they did not know the answer. When asked about their beliefs regarding BHs, many believed that BHs were similar in efficacy (49%) or more effective (21%) than conventional hormone therapy (CHT) for menopause related vasomotor symptoms. Most respondents also believed that BHs and CHT had similar safety profiles. Respondents indicated that more education would be helpful, especially with regard to the safety and efficacy of BHs as compared to CHT.

Conclusions: NS pharmacists knew BHs were not free of adverse effects, however knowledge was lacking in other areas. This may reflect the low level of coverage of this topic in undergraduate pharmacy curriculums and in current pharmacy literature. Results indicate a need for additional undergraduate and continuing education of NS pharmacists and pharmacy students with respect to BHs.

Map of the Château Laurier



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PART 2.0

MINUTES OF AFPC MEETINGS

2011 - 2012

AFPC ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
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AFPC Council Mid Year Pre-meeting Minutes

Thursday, January 26, 2012 Pre Mid Year Meeting
Teleconference 1400-1700 hrs EST

Present: Ingrid Price (President), Daniel Thirion (President-Elect), Lalitha Raman-Wilms (Past President), Pierre Moreau (ADPC Liaison), Tessa Nicholl, Nése Yuksel, Kerry Mansell, Silvia Alessi-Severini, Andrea Cameron, Nancy Waite, Frédéric Calon, Carla Dillon, Mary MacCara, Harold Lopatka (recorder)

1. **Call to order**

Ingrid called the meeting to order at 1415 hours EST.

2. **Roll call and introduction of new councilors**

President Ingrid Price called the roll. All councilors were present. Pierre Moreau was late. The meeting was the first for Kerry Mansell. Doreen Sproule AFPC administrative assistant, and Jim Bennett from Momentum conferencing were introduced.

3. **Approval of Pre Mid Year meeting agenda**

PEPC report was added as agenda item 4j. The agenda was approved with the addition.

4. **Committee Reports**
   a. **Awards committee**

A copy of the written version of the Awards Committee mid year report was circulated (email and dropbox) in advance. Andrea highlighted the following items; awards were underway with submissions under review for 5 awards, March deadlines were approaching for other awards, and that there was still a shortage of reviewers. Councilors were requested to identify additional reviewers within the next 2 weeks (by the February 10 in person mid year meeting). The report was received for information.

   b. **Bylaws committee**

A verbal report was presented by Lalitha and the following was highlighted. The bylaws will be revised as the next phase of transitioning to the new AFPC governance model. A legal specialist, Laird Hunter, has been engaged to assist in the process. Existing AFPC and ADPC bylaws were being reviewed and new bylaws will be developed (the bylaws will meet the requirements set out in the new federal non profit organization act and regulations). Mr. Hunter will make a presentation to ADPC on February 9 and AFPC on February 10 about the next steps and an initial draft of the bylaws. After the discussion, Laird and Harold will work with the Ad Hoc Committee on AFPC Governance and Strategic Planning to revise drafts of the bylaws. After the Ad Hoc Committee has

completed their review, the revised bylaws will come back to ADPC and AFPC council for final review. The new bylaws will be presented at the AGM and approved by those in attendance. The report was received for information.

c. Conference planning committees

i. 2012 Quebec

A copy of the written version of the 2012 Conference Planning Committee mid year report and initial draft of the program brochure was circulated (email and dropbox) in advance. Frédéric highlighted the following from the report; chairs and speakers were finalized, a draft program brochure developed, Laval staff expert - Eric Couture is working with Harold in the planning, and Jean is working with Harold in fundraising. The awards banquet will be held at an historic site, la chapelle du Musée de l"Amérique française. Frédéric requested that councilors advise about edits to the program brochure by Monday, January 30. Changes will be made and the brochure will be loaded onto the AFPC website. The deadline for abstracts submissions will be March 31, 2012. The report was received for information.

ii. 2013 Waterloo

Nancy presented a verbal report and the following was highlighted. A new hotel is being constructed and it will be available for the annual conference in 2013. Three potential time periods were proposed; May 21-23, June 11-13, and June 16-18. A poll of councilors was conducted and the preferred choice was June 11-13, 2013. The local committee will confirm that the hotel and other potential venues are available for the preferred time. Initial ideas for theme areas will be e-learning, experiential education, and pharmacy informatics. Follow-up discussion will occur on February 10. The report was received for information. Ingrid Price will forward a copy of the AFPC annual conferencing CD to Harold. A copy will be provided to Frédéric and Nancy. It will be updated after based on the planning activities for Quebec and Waterloo.

d. Communications committee

A copy of the written version of the 2012 Communication Plan and Discussion document about website redesign and management were circulated (email and dropbox) in advance. Daniel highlighted the major sections of the communications plan; objectives, audience, goals, tools, timelines and evaluation. In addition, Daniel and Tessa highlighted the key sections of the website discussion document; economics, risk management, visitor experience, usability, and synchronization with AFPC mission/goals. A budget has not been established to implement the full plan as there is a need to prioritize plans and requirements. In addition, communication responsibilities will be organized differently through the new governance model. The documents were received for review and will be discussed further February 10. Dan requested councilors send him email comments about the plan and requirements documents.

e. Education committee

A written copy of the Education Committee mid year report was circulated (email and dropbox) in advance. Nése highlighted the following items; Sheryl Zelenitsky became a new member of the committee, the committee assisted with planning CPERC 2012, and a needs assessment will be directed at curriculum chairs and Associate Deans on curriculum mapping. Ingrid will create the initial draft working with Sheryl, and the

education committee will review the final draft. The target for completion of the survey tool is the June annual meeting.

ADPC requested AFPC assess the need for educational outcomes for foundational sciences (e.g., pharmaceutical sciences). Examples of foundational (basic science) requirements have been utilized in the development of provincial pharmacist competency frameworks (e.g., Alberta College of Pharmacists). ACPE has an outline of these requirements in their standards and guideline document. Harold will circulate to council the ACPE document (see appendix B).

Also, it was noted that at the February 10 meeting there will be a presentation about a pilot project with the Canadian Patient Safety Institute about mapping safety and AFPC educational outcomes. Ingrid is working with Nancy Winslade (who is consulting with CPSI).

f. Finance committee

i. 2011 AFPC preliminary operating results

A written copy of the 2012 AFPC preliminary operating results and explanatory notes were circulated (email and dropbox) in advance. Total actual 2011 revenue was above 2010 actual revenue and below 2011 budgeted revenue. The revenue increased because of the 25% increase in faculty fees and was below projections because the net income from the 2011 conference was less than expected. Total 2011 expenditures were below 2010 expenditures and 2011 budget. The expenditures were below because of the lengthy vacancy in the administrative assistant position and unused allocations for website redesign. All variances over 1% are described in the notes. Harold will be reviewing the report with the AFPC finance committee member, Jason Perepelkin. The report will require approval February 10 as it will be forwarded to the auditor for preparation of the 2011 audited statements.

ii. 2012 AFPC operating budget

A written copy of the 2012 AFPC operating budget was circulated (email and dropbox) in advance. The document was approved by the Executive Committee in September (see September 28 Executive Committee minutes). Harold highlighted the assumptions (balanced budget), 2012 revenue ($209,432) and expense ($212,275) projections, and bottom line (shortfall -$2843).

Motion: To support Executive Committee's September 28 approval of AFPC 2012 operating budget. Moved by Lalitha, seconded by Ingrid, motion passed.

g. Nominations committee

Lalitha provided a Nominations Committee verbal report. A nomination for President-Elect has been deferred until the new governance model is approved. Councilor terms for Kerry, Daniel and Mary are completed in 2012 (subsequent to the meeting Kerry was confirmed by D. Hill as U of S councilor until 2015). Mary has completed 2 terms. Frédéric's term was completed in 2011, however, a confirmation was not received from Jean Lefebvre. Harold will follow-up with the respective Deans about new nominations (copy of email will be sent to Lalitha).

h. Research committee

Silvia presented a Research Committee verbal report. She will be organizing poster judging for Quebec and summarizing the results of the poster submissions. A list of judges will be developed. Frédéric and Mary will assist Silvia. The report was received for information.

i. Program evaluation committee

Ingrid presented a verbal report about program evaluation. The program evaluation guide was distributed to the deans and council after the 2011 mid year meeting. The guide has not been posted on the AFPC website as there is no secure portal. The report was received for information.

j. PEPC Committee

Andrea presented a verbal report about the PEPC plans and proposal for conducting a facilitated workshop about future experiential education models. The initial proposal for this initiative received only partial funding through the Blueprint office (note – there is a chance that some additional funding will be provided). The plan is to hold the workshop on June 4 at Laval in advance of the Quebec council meeting. Guest speakers will make presentations about successful new models for delivering experiential education programs. At present a literature review is underway. Also, a request for proposal has been sent to consultant facilitators. Andrea will circulate a copy of the PEPC workshop proposal for the February 10 meeting.

5. Reports of representatives to external groups (where available)

a. ADPC liaison

Pierre provided a report on the October annual meeting in Mont Tremblant. The following items were highlighted:

- ADPC is supportive of the transition to a new governance model;
- three external stakeholders made presentations (Canadian Generic Pharmaceutical Association, Canadian Pharmacists Association, and Canadian Medical Association):
- benchmarking data was collected from all faculties;
- development of a national graduating survey; and
- Need for outcomes about foundational sciences.

ADPC will discuss the extent that benchmarking data may be shared.

b. Blueprint for pharmacy

A written copy of the Blueprint for pharmacy representatives mid year report was circulated (email and dropbox) in advance. Lalitha reported that Blueprint funding was provided for a national public relations campaign, the AFPC translation of educational outcomes and AFPC experiential education initiative. Blueprint staff are traveling to faculties and making presentations. In addition, the Blueprint staff are monitoring the Canadian Pharmacy Services Framework. The report was received for information.

c. CCAPP – No report.
d. CCCEP – No report.
e. Canadian Patient Safety Institute – No report.

f. **CPhA Academic Member –** No report.
g. **Canadian Pharmacy Practice Research Group –** No report.
h. **PEBC –** See mid year PEBC report circulated in advance (email and dropbox).
i. **USP –** No report.

6. Adjournment

Ingrid adjourned the meeting at 1640 hours EST.

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2012 AFPC Council Mid Year Meeting Minutes

Friday, February 10, 2012 – 0830-1700 hours EST
Leslie Dan Faculty of Pharmacy, University of Toronto, Room 1210

Present: Ingrid Price (President), Daniel Thirion (President elect), Lalitha Raman-Wilms (Past President), Pierre Moreau (ADPC Liaison), Tessa Nicholl, Nése Yuksel, Kerry Mansell, Silvia Alessi-Severini, Andrea Cameron, Nancy Waite, Frédéric Calon, Carla Dillon, Mary MacCara, Harold Lopatka (recorder)

1. Call to order

Ingrid called the meeting to order at 0845 hours.

2. Approval of agenda Mid Year meeting

Under item 6a.v) Other items - a discussion will occur about the 2012 AFPC BMS National Award for Excellence in Education. The agenda was approved as circulated.

3. Review and approval of council minutes (Council Annual meetings June 5 and June 8, 2011)

Harold revised the original version of the minutes based on edits submitted by Lalitha and Mary. The revised minutes from the June 5 and 8 meetings were approved. Moved - Mary, seconded – Dan. The approved minutes will be included in the 2011 AFPC Proceedings.

4. Review of Executive Committee minutes (July 12, September 28 meetings)

The minutes from the July 12 and September 28 AFPC Executive Committee meetings were distributed to council for information and review.

5. External stakeholder consultation

a. Canadian Pharmacists Association – ADAPT program

Phil Emberley and Natalie Kennie joined the meeting at 1200 hours. A copy of the 2012 course prospectus, and selected research abstracts and posters were distributed. The presentation addressed the following topics: overview of ADAPT (basic facts, how does learning occur); key learning methods, ongoing quality improvement; evaluation; comments from participants; plans for 2012; and acknowledgements. A copy of the Power Point slide presentation was distributed after the meeting. Council and faculty members are encouraged to talk further with Phil or Natalie about the program and about using any of the tools (e.g., Global Rating Assessment) deployed through ADAPT in individual curricula.

b. Rx and D – new code of ethics

Shannon MacDonald was unable to attend the meeting. A copy of the 2012 new code of ethics was distributed to individual council members.

6. Business arising from minutes

a. Carry over items from AFPC Council January 26 phone meeting

i. Debrief on pre-meeting and format

The following comments were provided about the January 26 pre mid year meeting teleconference using Adobe Connect.

- councilors were positive about the on-line survey, facilitator, shorter stay in Toronto, and the Adobe technology
- councilors were not positive about the fast scrolling of reports on the screen, challenges with mute / un mute commands, meeting length without a break
- overall councilors felt the pre meeting provided ample time to go through reports, better prepare them for the February meeting and allowed for more time to focus on new and old business items.

Harold will check into conducting AFPC meetings through faculties (e.g., Waterloo, BC) who have contracts for Adobe Connect.

Based on the positive experience from the January / February AFPC Council mid year meetings, there was agreement on changing the format and scheduling for the June 2012 AFPC council annual meeting. There will be another pre meeting teleconference in May where the committee reports will be reviewed and approved (this will enable committee reports to be collated and made available in advance of the AGM). There will be an AGM agenda item where a brief overview of committee reports occurs and attendees will be able to ask questions about committee reports and activities. June 5 will be an all day council meeting with the morning being a continuation of the old council meeting and the afternoon being the new council meeting. This will allow time for councilors to leave earlier on June 8 or spend some time touring Quebec City.

ii. CPERC 2012 and 2013

Frédéric reported that the 2012 CPERC program was now finalized. Diane Lamarre, President, Ordre des pharmaciens du Québec was confirmed as the dinner speaker for June 5. Also, a special session entitled “Pharmacy Professor: a world of possibilities” would be held for students at the same time as the AGM. The poster submission deadline is currently set at March 30, 2012 (but may be extended). The online registration will occur through the Université Laval system.

Nancy confirmed that preliminary planning was underway for the 2013 CPERC conference in Waterloo (June 11-13). The hotel was available on the dates and other venues will be confirmed. The past conference planning CD or memory stick will be provided to Nancy by Ingrid. Waterloo will upgrade the planning information.

iii. Communications

The AFPC Communications Plan (December 20, 2011) and the AFPC Website Redesign and Management discussion document were circulated for the January 26 pre mid year meeting.

The following feedback was provided about the website document by Council.

- Website should have conference registration capability (without credit card information) and abstract submission feature
- Key words for AFPC to be located through external google search
- Should have capacity for internal or link to external learning management system
- Add a current news section (including faculty news).

The feedback will be incorporated into the document and used for developing an RFP for the website redesign.

The following feedback was provided about the plan.

- Current newsletter is still too long.
- Need an AFPC monthly update or newsletter
- Use more links to faculty websites
- Add links to individual faculty newsletters
- Use website for posting items that might appear in newsletter

- Consider a contract for a communications specialist (e.g., with one faculty).

iv. 2011 Financial Report

The 2011 financial report was circulated for the January 26 meeting. Harold reported that Jason Perepelkin from the AFPC finance committee had reviewed the report and was in agreement with the written report presented January 26. The report was approved. Motion – Nancy, Second – Kerry Mansell. The report will be provided to the auditor.

v. Other items

Harold reported that Bristol Myer Squibb had contacted him indicating they were no longer able to support the BMS National Award for Excellence in Education (because of economic downturn from loss of a patent). Andrea reported that the deadline for submissions for this award had passed and that the review was completed (a successful candidate was determined).

Motion – Proceed with the 2012 AFPC National Award for Excellence in Education regardless of a sponsor. The Executive Director will reallocate 2012 budget funds if required. Motion – Andrea, Second – Nése. Passed.

In preparing the 2013 AFPC operating budget, a $2500 award contingency will be budgeted to cover the possibility of a sponsor withdrawing support at the last minute.

b. AFPC / ADPC Governance Review (Lopatka, Laird Hunter)

Harold sent an email to Councilors and Deans on February 6 summarizing recent work conducted by the lawyer with a copy of the initial set of bylaws and bylaw clauses relating to the Board of Governors. In addition, a copy of the article from the CSAE journal "Governance and member rights under the new not-for-profit legislation" was circulated. Lalitha facilitated the discussions related to this agenda item in her capacity as AFPC Bylaw Committee chair. Laird Hunter joined the meeting via teleconference at 1530 hours.

The suggested go forward plan for by law revision was as follows.

a) Review the draft clauses on membership and directors.
b) Acceptance of principles and initial drafting of membership and directors provisions
c) Direction from ADPC and AFPC to ad hoc committee to develop a complete draft of the bylaws (for proposal to the AGM in June 2012).

The new federal not for profit legislation provides direction on mandatory and default bylaw provisions (a summary list of mandatory and default rules is available). Member rights have changed and the implications to governance are different (how members are treated).

The following principles relating to the bylaw clauses for the Board of Governors were agreed to.

- Board membership of 10 (5 from the Council of Faculties, 5 from the Council of Deans)
- Conditions of membership
    - New definition of voting and non voting members required.
    - Current restriction of >0.2FTE position to be changed (need to allow inclusion of other part timers, site educators, other types of faculty members)
    - Allow faculties the discretion to define membership
- Association membership
    - Voting members – 10 from Council of Faculties (one member from each faculty).
    - Non voting members - all other faculty and staff members would be considered as non voting members.

Council supported continuation of the bylaw revision process through the ad hoc committee. AFPC council members on the ad hoc committee are Dan, Ingrid, Lalitha, and Nancy. A summary of the results from this AFPC council discussion will be provided to the ad hoc committee. Assuming the bylaw revisions are completed, they will be submitted to AFPC Council for approval in May before the June AGM.

c. Student insurance

Harold reported that this item was included on the agenda as a reminder. It was noted previously that there is variation in the arrangements between faculties in requirements for professional and personal insurance for students while on experiential training. The professional insurance tends to be provided through the provincial regulatory bodies (through the preceptor's coverage or for the individual student). There is no change in the status of insurance requirements since the last discussion about this topic in June 2011.

d. AFPC / CHI CIT project update

A written report (titled AFPC – CHI Pharmacists-in-Training Project Status Report) was distributed in advance of the meeting. Highlights from the report include: the project steering committee has met once, joint collaboration with AFMC and CASN is occurring, there is high interest in the use of virtual patients, the background research phase will be commencing in March, and the second financial claim will be submitted to CHI.

e. Specialized pharmacy residencies

This item was included to keep the topic (specialized pharmacy residencies) on the AFPC council radar screen. There were no new developments since the June 2011 AFPC Annual meeting. Lalitha reported there is a need for a new faculty member representative for the CHPRB. AFPC will submit the name of interested council or faculty members. The agenda item prompted a discussion about a recent initiative to be considered by the Blueprint for Pharmacy steering committee.

Pierre and Harold reported on the February 9 ADPC discussion about a potential national pharmacy visioning project on pharmacy education. For the details about the project scope, timing and budget see below. At the ADPC meeting, some Deans were supportive. Funding for the project could occur through a combination of external grants and faculty contributions.

Through the Blueprint steering committee Chair, Dennis Gorecki, an attempt was made to prioritize the 13 action objectives from the Blueprint for Pharmacy education and continuing professional development. The majority of the outstanding work related to the action objectives would be completed through a visioning project titled as "Redesign Curriculum for the Future of Pharmacy Education in Canada".

The proposed project was scoped out for the Blueprint advisory committee as follows (excerpt from Blueprint draft document).

Goal

- *Describe the anticipated future professional requirements for pharmacists, and align pharmacy education curriculum to produce pharmacy graduates who can practice at this level.*

Description

- *"Future of Pharmacy Education in Canada" (FPEC) document, for use by pharmacy faculties across Canada, to articulate 1) what will be required for the profession in 20 years, and 2) how to redesign curriculum to produce the pharmacists to meet those requirements.*
- *Template response to provincial governments for use in negotiations surrounding curriculum redesign.*
- *Included AFPC educational outcomes and CCCAP standards.*

Method

- *Obtain letters of support from faculty deans, indicating proportional financial support for the project.*
- *Replicates processes undertaken to produce the Future of Medical Education in Canada (FMEC) suite of projects.*

Users

- *Deans and Faculties of Pharmacy in Canada*

Governance and Working Group

Assuming financial support from pharmacy departments across Canada, the project working group does not report to the Blueprint for Pharmacy Steering Committee, but will keep it informed and utilize its members' expertise. Responsibilities of the project lead will include project scoping, vendor selection, and monitoring integration.

Leads
- *AFPC / ADPC*
- *Faculty representatives*

Budget and Timeline
- *$200,000*
- *Potential source(s):*
    - *Pharmacy faculties*
- *Delivery: Mid-2013.*

The following AFPC council comments were provided about the potential project.
- Project is very large in scope and budget.
- May not be feasible to complete this project in 12-18 months.
- Not clear how the project aligns within the work carried out through the overall Blueprint vision. The visioning exercise would entail more than academic perspectives. For example, other perspectives would need to be examined such as long range manpower mix and numbers, and system resources (capital and capacity). In addition the need for greater external stakeholder perspective (e.g., societal view of needs of future pharmacist).
- Potential benefits from the project may be limited to faculties who have implemented new curricula. Faculties who have implemented new curricula may use for revisions.
- Overall AFPC council supported in principle the project concept provided that a satisfactory work plan could be developed and external funding obtained.

f. Exit survey

A draft copy of the 2012 New Pharmacy Graduate Employment Survey was circulated in advance of the meeting. The survey was developed from a review of current individual faculty student exit surveys. An advisory group made up of Linda Hensman (ADPC), Ken Potvin (Waterloo) and Jillian Grocholsky (CAPSI) reviewed drafts of the survey. In addition, the survey was reviewed by the ADPC at their February 9 meeting. Harold reported that edits suggested by the Deans were: remove dates so that the survey can be reused, edit the tense used for questions (e.g., keeping in mind students will be answering a brief time after completion of courses), allow for multiple answers tosome questions.

The following comments were provided by Council about the draft survey.
- Administer at a similar time period for each University (e.g., 4 weeks after the last class)
- Link the survey to the individual faculty exit surveys
- Add permission clause for use in future research
- Divide into 2 sections (e.g., part A - demographics, part B - employment situation)
- Add a choice for individuals to not answer a question.

Councilors should forward additional comments to Harold by February 17.

g. Criminal records check

Harold reported about information he collected at the July 2011 AACP meeting regarding the feasibility and need to initiate an AFPC sponsored criminal records check program. AACP issued an RFP for applicant screening services. The successful vendor in the US was Certiphi Screening Incorporated. AACP benefits financially from the contract. It was suggested that additional information should be collected about this process in Canada (e.g., what type of screens are done, when are they done, how often, what charge). Harold will collect information from councilors about local University policies.

7. New business

a. Curriculum mapping (Price, Yuksel)

i. AFPC / CPSI pilot project

Ingrid provided a brief overview about her liaison on behalf of AFPC with CPSI for a project to map AFPC educational outcomes with CPSI safety competencies. Ingrid provided Nancy with feedback on her mapping of the AFPC outcomes. Nancy Winslade joined the meeting via teleconference at 1330 hours. A copy of Nancy's Power Point slides were distributed after the meeting. Olavo Fernandes (U of Toronto) and Vicki Sills (Waterloo) joined the presentation.

The following were highlighted by Nancy: background to the mapping project; description of the CPSI mapping tool; mapping tool demo (including data entry and reports); and follow-up steps. Memorial, Alberta (initially interested withdrew later), Waterloo and Toronto expressed interest in mapping their curriculum using the CPSI mapping tool. Nancy Winslade will provide coaching to faculties to enter curriculum information into the CPSI software program (the participating faculty will require resources to do this mapping project). Harold will follow-up with Pierrette Leonard from CPSI and Nancy Winslade.

b. Mini interviews

Harold reported he was contacted by a representative of the company Profit HR about faculty interest in a training program to conduct mini interviews for students entering pharmacy. A discount was available to new faculties signing up if AFPC endorsed the program. The company has existing contracts in pharmacy faculties (British Columbia, Dalhousie, Toronto) and in medical faculties. Andrea reported on experiences with the program in Toronto (indicating it was not perfect, the company was good to work with, but considerable work was required to reword the interview cases). There was agreement that no further action would occur at this time through AFPC on this topic.

c. PEP C Experiential education initiation project

The document "PEPC Blueprint Project Charter: Experiential Models to Build Capacity for Experiential Education of Student Pharmacists in Canada" was circulated after the January 26 AFPC council conference call. Andrea highlighted the key sections of the document.

The following feedback and questions were provided by council members about the January 2012 project charter: the 3 models presented represented status quo and needed to consider more futuristic / alternative models (e.g., COOP, etc); need to be more explicit about purpose, goals / objectives, principles (increase capacity, increase experience in direct patient care), rationale, principles, expected outputs / outcomes for the models as well as for the workshop and follow-up actions; need for more discussion about how experiential education connects to the curriculum; and more of a macro level perspective is required (e.g., micro level). The suggestion was made to include 1 or 2 councilors in the PEPC workshop planning process. Also, it was recognized that this project could be linked to the visioning exercise for future pharmacy curriculum discussed previously. Andrea will discuss the feedback further with PEPC and Harold.

d. Global Alliance for Pharmacy Education (GAPE) update

Harold reported that he is continuing to participate in quarterly telephone meetings with this group. AACP continues to provide leadership and resources. A GAPE website will be created soon. There are representatives from Africa, Japan, and the US participating. Harold will continue to provide reports about GAPE.

8. Councilor reports

The following are summary notes (recorded in point form) of Councilor reports.

<u>UBC (Tessa Nicholl)</u>
- new building Sept 2011
- increased enrollment
- recruiting for new Dean
- accreditation is forthcoming

<u>UA (Nése Yuksel)</u>
- post Pharm D approved
- 2013 first intake, 2014 open to existing pharmacists
- Recruiting for Pharm D Director, hired new Director Assessment
- Officially moved to ECHA

<u>US (Kerry Mansell)</u>
- see written report (circulated)
- waiting for accreditation written report

<u>UMan (Silvia Alessi-Severini)</u>
- new Dean
- 2012 accreditation

- Sheryl Christensen hired as program evaluation specialist

UT (Andrea Cameron)
- 2012 accreditation
- New curriculum introduced

UW (Nancy Waite)
- graduated first class
- recent accreditation visit
- new Dean

UMon (Dan Thirion)
- see AFPC Newsletter
- 2012 accreditation
- Launched new program for foreign pharmacists

LAV (Frédéric Calon)
- started Pharm D in 2011
- accreditation completed
- new Dean

DAL (Mary MacCara)
- celebrations for 100th class
- 100 years of pharmacy education in NS
- Book completed: "Dispensing Knowledge – One Hundred Years of the College of Pharmacy 1911-2011"

MUN (Carla Dillon)
- no report

9. Executive Director's report

A copy of the January – February 2012 Newsletter update was provided as the Executive Director report. Harold highlighted his activities related to the continuation of the governance review process, providing leadership in the clinician in training project, preparation of the year end financial statements, and the fund raising activities for 2012.

10. Adjournment

On behalf of Ingrid, Lalitha adjourned the meeting at 1630 hours.

AFPC ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
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2012 AFPC Council Annual General Meeting Minutes
Pre Meeting Adobe Connect Web Conference Call
May 23, 2012 – 1500-1800 hours EDT

Present: Ingrid Price (President), Daniel Thirion (President Elect), Lalitha Raman-Wilms (Past President), Pierre Moreau (ADPC Liaison), Tessa Nicholl, Kerry Mansell, Silvia Alessi-Severini, Tannis Jurgens, Nancy Waite, Frédéric Calon, Carla Dillon, Mary MacCara, Doreen Sproule, Harold Lopatka (recorder)

Absent (with regrets): Andrea Cameron, Nése Yuksel

1. Call to order

Ingrid called the meeting to order at 3:05 pm EDT.

2. Roll call and introduction of new councilors

A roll call was conducted. Tannis Jurgens was introduced and welcomed as the new councilor from Dalhousie. Andrea Cameron and Nése Yuksel were absent with regrets.

3. Approval of web / teleconference meeting agenda

The agenda was approved with two additions, approval of minutes (item 6 a) from the mid-year council meeting (January 26, February 10) and (item 6 b) review of the June 6 AGM meeting agenda. Moved by Lalitha Raman-Wilms, second byTessa Nicholl.

4. AFPC Committee Reports / 2012 Committee Charges and Priorities / 2012 Committee Appointments

a. Awards committee

A copy of the written report was distributed in advance through Dropbox and via email. As Andrea was not present, Harold highlighted the committee's activities:
- Andrea is stepping down as chair (council discussed idea of having 2 co-chairs for the committee / communication would be needed for selecting and recruiting reviewers under 2 chair scenario). She will help in the transition to a new chair.
- industry funding instability was a problem in 2012 and expected to continue in 2013 (suggestion that this issue and potential strategies be referred to the Council of Deans)
- 7 recommendations contained in the report
- new PEBC award for excellence in research or innovation in assessment of competence.

The Awards committee report was approved (moved by Carla Dillon, second by Pierre Moreau).

b. Bylaws committee

A verbal report was given as a copy of a written report was not available. Lalitha reported as the Bylaw committee chair. New bylaws have been developed through the governance review process. The Ad hoc committee is completing a review of the draft bylaws and once finalized, the bylaws will be circulated to Council on or before the June 5 meeting. The revised bylaws will also be reviewed by ADPC on June 6 and presented at the AGM for approval. If the bylaws are

available, Councilors may be requested to distribute to faculty members. After internal approval, the bylaws and an application for continuance will be filed to Industry Canada and the Canada Revenue Agency.

Lalitha summarized the following as key points about the new bylaws (under the new governance model).

- One Association
- Board of Directors (Dean or faculty member from each Faculty – 10)
  - President
  - Vice-President
- Council of Deans
  - Dean from each Faculty (10)
  - Chair and Vice-Chair
- Council of Faculties
  - Faculty rep from each Faculty (10)
  - Chair and Vice-Chair

The main Board governance functions are strategic planning, financial review, and by-laws. In addition, the Board will conduct high level AFPC communications with external stakeholder organizations e.g., partnerships and collaborations. There will be some overlap in communications and planning functions with the Councils.

Harold reported that there may some challenges (historical) in maintaining AFPC's charitable status. Council members indicated it would be preferred if this charitable status could be retained.

c. Conference planning committees

i. 2012 Quebec

A verbal report was given as a copy of a written report was not available. Frédéric highlighted the following:

- a recent change in the Laval faculty event planner – Claude Massicotte for Eric Couture
- 112 registrants (including 28 students)
- 51 posters, 18 reviewers recruited
- awards program booklet prepared
- Faculty visit planning in progress.

ii. 2013 Waterloo

A verbal report was given as a copy of a written report was not available. Nancy reported the following highlights:

- new location – Niagara-on-the-Lake, Vintage Hotel
- potential themes – technology, citizenship, experiential education, and curriculum mapping
- emphasis on providing practical tools.

d. Communications committee

A verbal report was given as a copy of a written report was not available. Daniel and Tessa highlighted the following: educational outcomes were translated into French, a listing of website design requirements were reviewed, communications plan was developed, and work on education / research databases are on hold. The Communications committee report was approved (moved by Kerry Mansell, second by Frédéric Calon).

e. Education committee

A copy of the written report was distributed in advance through Dropbox and via email. As Nése was not available, Nancy presented the following highlights:
- CPERC 2012 planning completed, CPERC 2013 planning commenced.
- 2013 priorities – curriculum mapping, foundational educational outcomes, review of 2010 educational outcomes
- Nése will be stepping down as chair (need to nominate new chair). Also need to review other committee membership.
- results from CPSI pilot on mapping outcomes (benefits not clear)
- motion to be composed on extension of 2010 educational outcomes review / evaluation plan to 5 year period (to accommodate survey in 2013). Note – present motion on June 5.

Ingrid will be taking the lead in developing questions for the needs assessment survey about the status of educational outcomes and curriculum mapping. Harold will circulate a copy of the PEBC syllabus outline with a listing of basic/foundational education outcomes. The Education committee report was approved (Moved by Daniel Thirion, second by Lalitha Raman-Wilms).

f. Finance committee

i. 2011 Audited Statements

A copy of the 2011 auditor's report (draft financial statements) was distributed in advance through Dropbox and via email. In addition a copy of an email to the Executive Committee and Finance Committee representative was circulated. The email provides explanations about the statements: statement of revenue, expenditures, and changes in net assets; balance sheet; statement of cash flows; investment notes; schedule 1 of revenue; and schedule 2 of expenditures. The Executive Committee and Finance Committee approved the two proposed motions with respect to the draft 2011 auditor's financial statement.

Finance Committee Motion – The Association of Faculties of Pharmacy of Canada December 31, 2011 financial statements prepared by Wolrige Mahon and labeled "draft for discussion purposes only" were reviewed and are approved by the AFPC Finance Committee representative, Jason Perepelkin.

Executive Committee Motion – The Association of Faculties of Pharmacy of Canada December 31, 2011 financial statements prepared by Wolrige Mahon and labeled "draft for discussion purposes only" were reviewed and are approved by AFPC Council Executive Committee.

ii. Recommendation and Approval of 2012 Auditor

The accounting firm Wolrige Mahon LLB served as the AFPC auditor in 2011 and previously. There was agreement by Council members that the following motion would be provided for approval at the June 6 AGM.

Proposed motion – That Wolrige Mahon LLB be appointed as AFPC auditor for 2012.

g. Nominations committee

A verbal report was given as a copy of a written report was not available. Lalitha reported the following:
- no nominations solicited for President elect (under new governance model a Council of Faculties Chair and Vice Chair are required)
- Kerry Mansell and Tannis Jurgens were nominated as councilors for the period 2012-2015.
- Daniel Thirion becomes the President of AFPC under existing governance model. For 2012, Ingrid Price will serve in non-voting advisory role as Past President (note - new structure does

not allow for Past President position). The Nomination committee report was approved (moved by Tessa Nicholl, second by Kerry Mansell).

h. Research committee

A copy of the written report was distributed in advance through Dropbox and via email. Silvia highlighted that 51 abstracts were received for CPERC 2012 and conference poster judging was set up. Future activities increased facilitation of exchange of information regarding research activities of faculties. The Research committee report was approved (moved by Tessa Nicholl, second by Lalitha Raman-Wilms).

i. Pharmacy Experiential Programs of Canada

A copy of the written report was distributed in advance through Dropbox and via email. The following items were highlighted from the report:
- Craig Cox, AACP Experiential education lead will be presenting to PEPC on June 4. The potential for future partnering with AACP exists for experiential education.
- multi-stakeholder workshop on experiential education is tentatively planned for October 2012
- see report for current list of PEPC members
- see report for proposed June 4 agenda

An additional PEPC report will be forthcoming from the June 3-4 PEPC meeting. The PEPC report was approved (moved by Carla Dillon, second by Tessa Nicholl).

j. Pharmacists in training project steering committee

Based on the Executive Director's annual report, Harold provided a verbal report on the project. Highlights included; meetings of the project steering committee, near completion of the research phase, and initiation of the education phase (engaging of Marie Rocchi and Nancy Kleiman as faculty experts).

5. Reports of representatives on external groups / Charges and Priorities / 2012 Appointments

a. ADPC liaison

Pierre highlighted the following items from ADPC: continued support for new AFPC governance model, October Council of Deans meeting planned for Amsterdam in conjunction with FIP meeting, ½ the Deans will be present for CPERC meeting, and Deans have mixed views about proposed Blueprint initiative to assess vision for the future of pharmacy education.

b. Blueprint for pharmacy steering committee

A copy of the written report (from Lalitha Raman-Wilms and Zubin Austin) was distributed in advance through Dropbox and via email. Lalitha highlighted the following: ongoing fundraising; faculty visitations; new priorities document was developed (note – councilors should not circulate as the document is still a draft); and student award created.

c. Canadian Council for Accreditation of Pharmacy Programs

A copy of the written report (from Susan Mansour and Carmen Vezina) was distributed in advance through Dropbox and via email.

d. Canadian Council for Continuing Education in Pharmacy

A copy of the written report (from Maria Bystrin) was distributed in advance through Dropbox and via email.

e. Canadian Patient Safety Institute

No written report was available for review. If available, a copy of the written report will be distributed (via email, Dropbox or in the 2012 proceedings).

f. Canadian Pharmacists Association - Academic Member

No written report was available for review. If available, a copy of the written report will be distributed (via email, Dropbox or in the 2012 proceedings).

g. Canadian Pharmacy Practice Research Group

There is no report available as there is no formal AFPC representative.

h. Pharmacy Examining Board of Canada

A copy of the written report (from representatives Lavern Vercaigne / Anne Marie Whelan) was distributed in advance through Dropbox and via email. In addition the report from the Annual Board Meeting Summary was circulated. Harold reported that one of the AFPC Board appointments (Lavern Vercaigne) to PEBC will be vacant in 2013.

i. USP

No written report was available for review. If available, a copy of the written report will be distributed (via email, Dropbox or in the 2012 proceedings).

j. Others (e.g., CHPRB, DESN)

A NAPRA report was circulated for information. No other written reports were available for review. If available, copies of written reports will be distributed (via email, Dropbox or in the 2012 proceedings).

6. Other business

a. Approval of AFPC Council Mid Year Meeting Minutes (January 26, February 10)

Copies of the minutes were distributed through Dropbox and via email. The January 26 minutes were approved as circulated (moved by Lalitha Raman-Wilms, second by Daniel Thirion). The minutes from February 10 were approved with one revision (moved by Kerry Mansell, second by Carla Dillon). The revision was for agenda item 8 Councilor reports under Dalhousie. The name of the book authored by Mary MacCara should be changed to “Dispensing Knowledge – One Hundred Years of the College of Pharmacy 1911-2011”.

b. Review of June 6 AGM Agenda

The proposed AGM agenda was distributed through Dropbox. The agenda for the June 6 AGM was reviewed. Because of the need to review and approve the new AFPC bylaws agenda under item 7.1 all monthly reports except for the bylaws and finance committee would be highlighted by Harold. Electronic copies of written committee reports and the Executive Director report will be included on the memory stick distributed to all registrants. Under 8.1 all individual reports except for the ADPC liaison report will be available on the memory stick or in the 2012 AFPC proceedings. The Executive Director report summarizes all internal AFPC standing committee reports.

7. Adjournment

There was support to continue using the new meeting format with Adobe Connect. The numbering of handouts will be revised to align more closely with the agenda number. Ingrid adjourned the meeting at 1755 hours EDT.

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2012 AFPC Council Annual General Meeting
June 5, 2012 – 0830-1630 hours
Chateau Laurier Hotel, Quebec
George V Room

MINUTES

Present: Ingrid Price (President), Daniel Thirion (President-Elect), Lalitha Raman-Wilms (Past President), Pierre Moreau (ADPC Liaison), Tessa Nicholl, Nése Yuksel, Kerry Mansell, Silvia Alessi-Severini, Andrea Cameron, Nancy Waite, Frédéric Calon, Carla Dillon, Mary MacCara, Doreen Sproule (for part), Lucinda Maine (for part), Harold Lopatka (recorder)

Absent: Tannis Jurgens

1. Call to order (Thirion)

Dan Thirion called the meeting to order at 0900 hours.

2. Roll Call and Approval of agenda (Thirion)

All council members were present with the exception of the Dalhousie incoming councilor Tannis Jurgens who provided her regrets.

The agenda was approved with the addition of item 8e, PEPC meetings.

3. Review and approval of council mid-year meeting minutes (January 26, February 10, 2012)

The January and February meeting minutes were approved at the May 23 AFPC Council Annual General Meeting pre conference call meeting.

4. Review of Executive Committee minutes (if available)

There were no Executive Committee meetings (or minutes) since the AFPC Council mid-year meeting.

5. External stakeholder consultation (dependent on available time)

Lucinda Maine joined the meeting at approximately 1430 hours.

6. Unfinished business from May 23, 2012 web / teleconference meeting

a. Identification of priorities and charges for committees

For each AFPC committee the following was confirmed (about chair, members, and responsibilities).

Communications committee
- chair – Tessa Nicholl
- member(s) – Silvia Alessi-Severini
- priorities – AFPC website redesign (including RFP), clarify committee responsibilities in new governance model

Research committee
- chair – Silvia Alessi-Severini
- member(s) – Frederic Calon, Carla Dillon
- priorities – poster judging, activities related to website redesign (database, postings), survey of members

2013 Conference committee
- chair – Colleen Maxwell
- members – Nancy Waite, David Edwards, Susan Fowler
- priorities – develop title, content and format for 2013; link with education committee

Awards committee
- chair – Carla Dillon (appointed after meeting)
- members – Frederic Calon, Lisa Bishop, Praveen Rao Perampalli Nekkar, Andrea Cameron
- priorities – Frederic (GSK award), poster judging via research committee

Education committee
- chair – TBD (by end of July)
- members – Nese Yuksel, Nancy Waite, Ingrid Price
- priorities – survey curriculum mapping, educational outcomes, identify foundational sciences requirements

Note: In September 2012, Eric Schneider from Waterloo was confirmed as Education Committee chair.

CHPRB
Lalitha reviewed the need for an individual to represent academic pharmacy. It was recommended that Peter Loewen who is already on the Board function as an academic pharmacy representative. Harold will follow up in a letter to the CHPRB chair.

b. Councilor for awards committee chair or co-chair

See above discussion.

c. Nomination for AFPC delegate to PEBC

A copy of the May 10 letter from John Pugsley and the requirements for Board members were circulated in advance of the meeting. Lavern Vercaigne's term as AFPC representative on the PEBC Board will be completed March 2013. It was noted that one requirement of the Board member is that he/she had completed the PEBC exam. Harold will follow-up by contacting potential faculty members to serve as the AFPC representative to PEBC.

d. Review of auditor's final report / appointment of 2012 auditor

The Wolrige Mahon audited statements and letter were distributed in advance of the meeting. The statements were reviewed May 23 and the letter was briefly reviewed.

Motions –

1. *The 2011 Audited statements and letter from the auditor were accepted as circulated.*
2. *The accounting firm Wolrige Mahon LLB were recommended as AFPC auditor for 2012*.

Moved by Nése Yuksel, seconded by Nancy Waite. Motions were passed.

e. Motion re: 5 year evaluation of educational outcomes

The period for evaluating the implementation of the 2010 educational outcomes will need to be extended as the stage of implementation at a number of faculties is still early. The plan is still to conduct a survey.

Motion – The time frame for evaluation / review of 2010 AFPC educational outcomes be extended to a 5 year time frame (ending 2015-16).
Moved by Nése Yuksel, seconded by Tessa Nicholl, motion passed.

f. Nominations for councilors to be on new AFPC Board of Directors

Lalitha suggested that 5 councilors be nominated for the Board of Directors (2 eligible councilors from the Joint ADPC / AFPC Ad Hoc Governance Review Committee and 3 councilors with at least 1 year remaining in their current term). The following councilors were selected as Board of Directors representing the Council of Faculties for the new governance model. Dan Thirion (Montreal), Nancy Waite (Waterloo), Silvia Alessi-Severini (Manitoba), Carla Dillon (Memorial), and Kerry Mansell (Saskatchewan).

Motion: Council nominates Dan Thirion, Nancy Waite, Silvia Alessi-Severini, Carla Dillon and Kerry Mansell as AFPC Board of Directors from the AFPC Council of Faculties for a 1 year term commencing in June 2012 and ending in June 2013.

Moved by Lalitha Raman-Wilms, seconded by Andrea Cameron, motion passed.

g. Councilor attendance at October multi-stakeholder workshop on experiential education

The multi-stakeholder workshop on the future of experiential education in Canada is tentatively planned for Wednesday, October 17, 0900-1700 hours in Winnipeg. The 1 day session will be held at the Faculty of Pharmacy. Special rates will be obtained for individuals who require 1 night accommodation. Further details about content and format will be provided ASAP. As funding for this workshop is limited, Council of Faculties voting members (councilors) who are interested in attending will be required to obtain funding through their faculties. For planning purposes individuals should advise Harold of their intention to attend.

7. Business arising from minutes

a. Report from ADPC / AFPC Ad Hoc Governance Review Committee and approval of new bylaws

A copy of draft #12 of the bylaws, an application for continuance (under the new federal act) and an AFPC AGM resolution were distributed in advance.

Lalitha and Harold made a Powerpoint presentation about the new governance model and bylaws (a copy of the final presentation slides used for the June 7 AGM are attached to the minutes).

The first draft of the Powerpoint presentation was reviewed. Comments were received about various sections (both content and format). Based on the councilor comments the following presentation outline was finalized.

Presentation outline

- AFPC Governance review process
  - Background
  - Process
- Canada Not-for-Profit Corporations Act and Regulations
- Proposed AFPC Bylaws
- AFPC Board policies
- Application for AFPC continuance

Harold reviewed draft #12 of the bylaws (with highlights). Section 5.01 in the bylaws on Director Election and Term was revised. The following changes were made to the bylaws - in clause a) the following phrase was removed "at which time an election of Directors is required" and clause b) was removed. The following was the final wording for the listing under section 5.01 on page 11.

a) Members will elect the Directors at the first meeting of Members and at each succeeding annual meeting.
b) Nominations will be presented so that Dean Voting Members and Faculty Voting Members are elected to the Board so to provide representation from every eligible Faculty.
c) Directors may fill a vacancy in accordance with section 132 of the Act.

Motions –

1. *Accept draft #12 of the new AFPC bylaws with the revisions identified.*
2. *Accept the resolution (about continuance) as presented.*

Moved by Lalitha Raman-Wilms, Seconded by Dan Thirion, Motions passed.

b. Transitioning to the New Governance Model

Harold reported that the application for continuation under the new federal not-for-profit Act will be submitted in June/July. It is anticipated that an approval will be received by fall 2012 and that the first meeting of the Board of Directors would be held via telephone. There may be the need for additional Board of Directors telephone meetings during the first year of transition. At the February AFPC mid-year meeting, the Board would meet in person on the day in between the Council of Faculties and Council of Deans meetings (to save on travel costs for individuals who are both Directors and Faculty or Dean voting members).

c. Curriculum mapping project (including pilot project with CPSI)

Copies of progress reports prepared by Nancy Winslade (on behalf of CPSI) about the CPSI pilot project were distributed in advance of the meeting. Ingrid reported that CPSI had requested another presentation at this meeting; however, it was decided to postpone this presentation and discuss with councilors their impressions of the work being done.

Carla reported that representatives from CPSI met in person with Memorial staff. A pilot study utilizing the mapping tool will be completed at Memorial by November. The review of the mapping tool illustrated that it did not allow for mapping according to levels of performance (e.g., novice, proficient, expert, etc). The tool provides only basic information about safety competency alignment (e.g., yes / no). The CPSI tool is designed as a high level evaluative instrument, and appears to be limited in assessing more depth in terms of the level of performance being achieved. Carla will report back to Council in the Fall.

Nancy reported that Waterloo has an existing database and map of curriculum outcomes. The CPSI tool was used to assess the current curriculum. They found that the tool provided feedback in assessing the Waterloo curriculum in terms of inter professional and safety

competencies. It was difficult to make links (e.g., between CPSI / AFPC / Waterloo outcomes). It is not clear if the tool will provide any benefits to Waterloo (e.g., ongoing planning, continuous quality improvement).

CPSI pilot work at the University of Toronto (through Olavo Fernandes) has not started.

It was observed that the foci for the CPSI tool may be too broad to provide meaningful information for individual faculties. The utility of the CPSI tool to faculties may be a function of the level of implementation of curriculum mapping in faculties. There is considerable variation amongst faculties: Competency based program (Montreal, Laval); curriculum mapped or in progress (Waterloo, Manitoba, Toronto); planning stages (Memorial, Alberta, British Columbia, Saskatchewan, and Dalhousie).

8. New business

a. Results from 2012 Pharmacy Graduate Employment Survey

Harold provided a summary of the interim results from the 2012 survey of pharmacy graduates. At this point, graduating students from Laval and Waterloo have not been invited to participate in the survey but will be requested to do so in the next few weeks. The results from the survey will be analyzed in Fall 2012.

b. Confirmation of location, date and time for 2013 Mid-year meeting

The 2013 AFPC mid-year meetings (Council of Faculties, Board of Directors, Council of Deans) will be held after the CSHP PPC meeting in Toronto. The preliminary plan for meeting dates is Tuesday, February 5 (Council of Faculties); Wednesday, February 6 (Board of Directors); and Thursday, February 7 (Council of Deans).

c. Discussion re: location, date and time for 2014 Annual Conference (CPERC) – with CSPS in Montreal, or with CPhA in Regina

There was general agreement that AFPC examine a partnership with either CPhA or CSPS for the 2014 conference. The partnership should not jeopardize AFPC conference goals / objectives and should provide additional value through sharing of responsibilities, economies of scale and a broader education program. Kerry Mansell (newly elected academic representative to CPhA Board) reported that the CPhA is now revisiting the location for the 2014 conference and considering larger cities for 2014.

d. Discussion re: 2015 Annual Conference (CPERC) – with AACP in Washington

The last joint AFPC / AACP conference was held in Chicago in 2008. The conference was considered successful in terms of content; however, AFPC lost money on the conference (due to the number of complimentary registrations and loss of sponsorships). The 2015 AACP meeting is planned for 2015 in Washington, DC. There was agreement in principle that Harold should initiate discussions with AACP about another joint conference with the proviso that AFPC prevent and / or mitigate financial losses while collaborating on the joint AACP / AFPC educational program.

e. PEPC meetings

Andrea provided a brief report on the June 3-4 PEPC meetings. The following items were highlighted.

- Ann Thompson (University of Alberta) is the new chair for 2012/13. Angela Kim-Sing (University of British Columbia) is vice chair.
- PEPC terms of reference will be reviewed and revised to align with the new governance model.

- Multi-stakeholder workshop on experiential education - Date (October 17, 2012); time (0900-1700 hours), location (University of Manitoba, Faculty of Pharmacy, Winnipeg).
- Workshop theme will be on enhancing capacity and improving quality.
- June 4 session with Craig Cox was very useful (review of initiatives occurring at national, regional and local levels). Harold will circulate the Adobe Connect link for the June 4 Craig Cox presentation. Further collaboration may occur with AACP on experiential education.
- PEPC will be providing an update of current experiential activities occurring in individual Canadian faculties, schools and colleges.

Note: The web link for the Craig Cox presentation is as follows.

http://momentum.adobeconnect.com/p6xl16aog7n/

9. Councilor reports

There were no individual councilor reports.

10. Executive Director's report / In Camera Session

A copy of the Executive Director's annual report was distributed in advance of the May 23 and June 5 meetings.

Harold provided the following as major activities occurring in 2011/12 and continuing into 2012/13 from his annual report.
- Governance review process – Significant work occurred in creating new bylaws that aligned with the new governance model and that were in alignment with the new not-for-profit legislation. The next steps will be to obtain approval from Industry Canada and the Canada Revenue Agency and implement the new governance model.
- Pharmacists in training project – In 2011/12 the project team (Donna Pipa, Marie Rocchi and Nancy Kleiman) was assembled. The Executive Director is dedicating approximately 1 day per week to the project. The team will be completing the research phase and conducting the education programming phase in 2012/13. Completion of the project is currently projected for Fall 2013.
- Experiential education – The PEPC chair and vice chair completed a review of past activities to develop national strategies for experiential education and reviewed plans for the multi-stakeholder workshop with the PEPC group. The 2012/13 workshop will initiate a process to develop national strategies to enhance capacity and improve quality of programs in Canada.
- Other activities requiring significant oversight / involvement included the student employment survey and the Global Alliance for Pharmacy Education.

Ingrid Price chaired the in camera session and feedback session.

11. Adjournment (Thirion)

The meeting was adjourned at 1630 hours.

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

AFPC ANNUAL GENERAL MEETING MINUTES
CHATEAU LAURIER HOTEL
ABRAHAM MARTIN ROOM
QUEBEC, QC
WEDNESDAY, JUNE 6, 2012
1200 – 1400 hrs, EDT

Present: See attached list of AFPC members in attendance.

1. Opening Remarks and Introduction of Council

President Ingrid Price called the meeting to order at 1215 hrs. AFPC council members were introduced: Daniel Thirion (Incoming President / Montreal), Lalitha Raman-Wilms (Past President / Toronto), Tessa Nicholl (British Columbia), Nése Yuksel (Alberta), Kerry Mansell (Saskatchewan), Silvia Alessi-Severini (Manitoba), Nancy Waite (Waterloo), Andrea Cameron (Toronto), Frédéric Calon (Laval), Carla Dillon (Memorial), Mary MacCara (Dalhousie) and Harold Lopatka (Executive Director). Ingrid thanked Mary MacCara who completed her term as councilor and was retiring from Dalhousie. Tannis Jurgens is the new councilor from Dalhousie.

2. Approval of Agenda

Motion – Approval of the 2012 AGM agenda as distributed. Moved – Pierre Moreau, Second – Anne Marie Whelan, motion passed.

3. Acceptance of 2011Annual General Meeting Minutes, June 6, 2011 in Winnipeg.

The 2011 AGM meeting minutes were circulated in the 2011 AFPC proceedings and copies were distributed at the meeting.

Motion – Approval of 2011 AGM minutes. Moved – Nése Yuksel, Second – Nancy Waite, motion passed.

4. Greetings from American Association of Colleges of Pharmacy - Executive Vice President and CEO, Lucinda Maine.

Lucinda Maine, AACP Executive Vice President was introduced. Lucinda extended greetings from the AACP Board and members. She acknowledged the continued cooperation between AACP and AFPC and the high quality of work done through AFPC member organizations on inter professional education in Canada. AACP and AFPC are working together through the Global Alliance for Pharmacy Education (GAPE) and on strategies to improve experiential education (Craig Cox presentation to PEPC). The 2012 AACP conference will be held in Kissimmee Florida in July.

5. President's Address

Ingrid Price reported on the challenges and successes during her term as President. The major focus for 2012 was on the governance review and development of new bylaws. In addition, efficiencies were introduced for Council meetings (web conferencing, reduced length of face to face meetings). She thanked the councilors and Harold Lopatka for their support. Ingrid cherished the time spent and the relationships created while on the AFPC council.

6. Memorial to deceased members in 2011-2012

A minute of silence was observed for deceased AFPC members.

7. AFPC Committee Reports

7.1 Summary of Standing Committee Activities

Harold Lopatka reported that an electronic copy of committee annual reports was distributed to conference and meeting participants on a memory stick. The following reports were presented as electronic copies: awards committee, education committee, Pharmacy Experiential Programs, and Research committee. Written reports from other standing committees were summarized in the Executive Director's Annual report.

Harold highlighted the following from internal committees:
Awards – 25 nominations were received for 7 awards. Andrea Cameron is completing her term as chair. The awards committee recommended 8 criteria revisions. A new award will be created entitled AFPC PEBC Award for Excellence in Research or Innovation in Assessment of Competence.
Communications – Developed communications plan and website design and maintenance requirements. AFPC website redesign planned for 2012-13.
Conference – Waterloo is the host. 2013 conference planned for June 11-13, 2013 at Niagara-on-the-Lake.
Education – Focus has been on CPERC 2012 and 2013, educational outcomes review, curriculum mapping and CPSI mapping of safety outcomes. The time frame for the educational outcomes review has been extended.
Nominations – Dan Thirion to become President / Chairman. Kerry Mansell and Tannis Jurgens nominated to council for 3 year term (2012-2015). New governance model eliminates past president position and executive positions made up from active Board or Council members.
Research – Current focus on conference poster judging. Broaden scope to promote and encourage research activities.
PEPC – Ann Thompson will be 2012 chair. Focus on planning 2012 multi-stakeholder workshop on experiential education capacity and quality.
Pharmacists in Training – Key hires / faculty secondments were made in 2011-12. The Project steering committee was established.

7.2 Standing Committee Reports (requiring AGM review and / or approval)

a. Finance Committee – 2011 Audited AFPC Financial Statements

An electronic copy of the 2011 audited financial statement was distributed to conference and meeting participants on the memory stick and additional copies were distributed at the AGM. Dan Thirion reported the following in regards to the 2011 audited financial statements. Ending assets are greater in 2011 due to an excess of revenue over expenditures. Assets and liabilities are higher in 2011 due to the clinicians in training project. Higher cash levels because of the clinicians in training project and excess of revenue over expenditures. Investments are $129,808. 2011 revenues were higher because of an increase in faculty membership rate, new funding for awards and clinicians in training funding. 2011 expenditures were higher because of clinicians in training project.

Motion – Accept the 2011 audited AFPC financial statements. Moved – Daniel Thirion, Second – Frédéric Calon, motion passed.

b. Bylaws Committee – Proposed AFPC Bylaws

A copy of the new AFPC bylaws (draft 12) was distributed at the meeting (copy of the final version of bylaws will be distributed via proceedings). In addition a PowerPoint slide presentation was provided (copy attached to the minutes). A resolution about continuance was shown on the PowerPoint slides. Lalitha Raman-Wilms and Harold Lopatka provided an overview of the governance review and new bylaws.
The following presentation outline was followed.

- AFPC Governance review process
  - Background
  - Process
- Canada Not-for-Profit Corporations Act and Regulations
- Proposed AFPC Bylaws
- AFPC Board policies
- Application for AFPC continuance

Harold reviewed draft #12 of the bylaws (with highlights) including section 5.01 in the bylaws on Director Election and Term which was revised at the June 5 council meeting. The following was the final wording for the listing under section 5.01 on page 11.
a) Members will elect the Directors at the first meeting of Members and at each succeeding annual meeting.
b) Nominations will be presented so that Dean Voting Members and Faculty Voting Members are elected to the Board so to provide representation from every eligible Faculty.
c) Directors may fill a vacancy in accordance with section 132 of the Act.
The following comments, questions and answers were discussed.
1. Further minor edits to draft #12 of the bylaws (not changing the intent of a specific clause) should be forwarded to Harold Lopatka.
2. Are Associate and Assistant Deans eligible as a voting member in the Council of Deans? No they are eligible to be a voting member on the Council of Faculties.
3. What is the difference between the function of the Board and the Council and Deans? (see presentation slides 18 to 22).
4. How are board members selected? (see presentation slide 23).
5. How are faculty members (non-voting) selected? (see presentation slide 24).

Motions –
1. Accept draft #12 of the new AFPC bylaws with minor revisions identified.
2. Accept the resolution (about continuance) as presented.
- ***THEREFORE** be it resolved by the members of the Association:*
- *(1) The attached form 4031 Articles of Continuance is approved unamended;*
- *(2) The attached bylaws are approved unamended; and*
- *(3) The directors are authorized that two of their number or any single office those directors might*

designate take all steps necessary to file Form 4031 and any necessary and related documents with Industry Canada and the Charities Directorate of CRA Agency and in so doing the Directors are authorized to correct any typographical or similar errors later found in Form 4031 or the Bylaws and to make any other changes that might be necessary but not materially different from what is here approved to ensure compliance with requirements of industry Canada and the Charities Directorate.
Moved by Lalitha Raman-Wilms, Seconded – Pierre Moreau, Motions passed.

Board of Director nominations were made at the June 5 AFPC Council meeting (now Council of Faculties) and the June 6 ADPC Deans group meeting (now Council of Deans). The following Faculty voting members (Council of Faculties / councilors) were nominated to the Board of Directors: Dan Thirion (Montreal), Nancy Waite (Waterloo), Silvia Alessi-Severini (Manitoba), Carla Dillon (Memorial), and Kerry Mansell (Saskatchewan). The following Dean voting members (Council of Deans / councilors) were nominated to the Board of Directors; Jean Lefebvre (Laval), Henry Mann (Toronto), Rita Caldwell (Dalhousie), James Kehrer (Alberta), and Bob Sindelar / or his replacement (British Columbia).

8. Reports from Special Committees and Delegates

8.1 Summary of Special Committee and Delegate Activities

Harold Lopatka reported that an electronic copy of the annual reports received from delegates was distributed to conference and meeting participants on the memory stick. The following reports were presented as electronic copies: Blueprint for pharmacy, Canadian Council for Accreditation of Pharmacy Programs, Canadian Council on Continuing Education in Pharmacy, and Pharmacy Examining Board of Canada. The following AFPC delegates were in attendance to answer any questions about the various committees: Lalitha Raman-Wilms / Henry Mann (Blueprint); Carmen Vézina / Susan Mansour (CCAPP); and Anne Marie Whelan / Lavern Vercaigne (PEBC). Copies of reports (if available) from AFPC delegates on the following committees will be posted in the 2011-12 proceedings: Canadian Pharmacists Association Academic Board Member, Canadian Patient Safety Institute, Canadian Pharmacy Practice Research Group, and United States Pharmacopoeia.

8.2 Association of Deans of Pharmacy of Canada (ADPC)

Pierre Moreau provided a verbal report about ADPC. He reported that ADPC is in support of the new governance model and is looking forward to working together (Council of Faculties and Council of Deans). In addition, he

reported that the Council of Deans will be holding their annual meeting in advance of the FIP meetings in Amsterdam.

9. Report of Executive Director

An electronic copy of the 2012 Executive Director's report was distributed in the reports provided to conference and meeting participants (on the memory stick). Also, a copy of the report will be posted in the 2011-12 proceedings. Harold highlighted the significant activities conducted in 2011/12 on the new AFPC governance model (and bylaws), the progress made on the pharmacists in training project, and the planning for a multi-stakeholder workshop on experiential education quality and capacity. Other highlights were the hiring of a part time administrative assistant and administering a student employment survey (results available in fall 2012).

10. Appointment of Auditor

Motion – To approve the appointment of Wolrige Mahon LLP Chartered Accountants as auditors for 2012. Moved – Sharon Mitchell, Second – Daniel Thirion, motion passed.

11. New Business

There were no items of new business.

12. Transfer of Presidency

Incoming President / Chairman, Daniel Thirion highlighted the following as directions and priorities for 2012-13.

- Transition to new governance model
- Continuation of activities to support entry level Pharm D
- Research and planning to support the establishment of specialized pharmacy residencies

Daniel reported he looked forward to the upcoming term as President / Chairman and facing the challenges presented to academic pharmacy in Canada in the next year.

13. Confirmation of Signing Authority

Motion – Approval of signing authority for Daniel Thirion (as incoming President / Chairman). Moved – Andrea Cameron, Second – Nése Yuksel, motion passed.

14. Adjournment

Daniel adjourned the meeting at 1:50 pm EDT.

The Association of Faculties of Pharmacy of Canada / L'Association Des Facultes De Pharmacie Du Canada
Resolution of the Members of June 5, 2012

BACKGROUND

(A) The Association was incorporated some years ago under the Canada Corporations Act Part II (CCA) as a nonprofit corporation and is as at the date of this resolution in good standing with industry Canada which administers the CCA;

(B) After its incorporation the Association applied and was registered as a charitable organization under the Income Tax Act with Canada Revenue Agency (CRA) and as at the date of this resolution is in good standing with the CRA;

(C) The CCA has been replaced by new legislation, the Canada Not-for- Profit Corporations Act (CNPA) which requires that an organization incorporated under the CCA takes steps to continue under the CNPA within three years of November 2011;

(D) The Association of the Deans of Pharmacy incorporated under legislation other than the CCA and some years ago let its registration lapse and since then operated as an unincorporated community;

(E) The Association wishes to continue under the CNPA and in doing so wants to make provision for membership of the Deans of the Canadian faculties of pharmacy;

(F) The continuance requirements of the CNPA require the Association give notice under it current bylaws and then at that members's meeting and pass Articles of Continuance and within 12 months of continuance a set of bylaws to constitute the internal rules of the continued corporation;

(G) The Board of Directors of the Association having given notice to the members recommends the continuance of the Association under the CNPA on the terms contained in the attached Form 4031 – Articles of Continuance and Bylaws;

(H) As the Association is a registered charity it is necessary to continue on the same charitable objects as are currently registered with CRA and pursue the same range of charitable activities.

THEREFORE be it resolved by the members of the Association:

(1) The attached form 4031 Articles of Continuance is approved unamended;

(2) The attached bylaws are approved unamended; and

(3) The directors are authorized that two of their number or any single officer those

directors might designate take all steps necessary to file Form 4031 and any necessary and related documents with Industry Canada and the Charities Directorate of CRA Agency and in so doing the Directors are authorized to correct any typographical or similar errors later found in Form 4031 or the Bylaws and to make any other changes that might be necessary but not materially different from what is here approved to ensure compliance with requirements of industry Canada and the Charities Directorate.

AFPC ANNUAL GENERAL MEETING - JUNE 6, 2012 - QUEBEC CITY
LIST OF ATTENDEES

SURNAME	GIVEN NAME	TITLE	ORGANIZATION	POSITION
Abbott	Frank	Dr.	University of British Columbia	Faculty Emeritus
Alessi-Severini	Silvia	Dr.	University of Manitoba	Assistant Professor
Boivin	Marie-Claude	Ms.	Laval University	Responsable de formation pratique
Brink	Kelly	Ms.	University of Manitoba	SPEP Coordinator
Brunelle	Celine	Ms.	Laval University	PEP Coordinator
Calon	Frederic	Dr.	Laval University	Professor
Cameron	Andrea	Ms.	University of Toronto	Senior Lecturer
Conway	Jeannine	Dr.	University of Minnesota	Professor
Cox	Craig	Dr.	AACP	Associate Professor
Crown	Natalie	Dr.	University of Toronto	Clinician Educator/Assistant Professor
Curodeau	Francine	Ms.	Laval University	Chargee d'enseignement
Davies	Harriet	Ms.	Dalhousie University	Coordinator of Clinical Education
Davis	Christine	Dr.	University of Manitoba	Assistant Professor
Dillon	Carla	Dr.	Memorial University of Newfoundland	Assistant Professor
Dionne	Anne	Ms.	Laval University	Professor
Dorval	Michel	Dr.	Laval University	Professor
Drolet	Benoit	Dr.	Laval University	Professor
Edwards	David	Dr.	University of Waterloo	Dean/Director
Ferreira	Ema	Dr.	University of Montreal	Director, PharmD
Foisy	Michelle	Dr.	University of Alberta	Director, PharmD
Gauthier	Genevieve	Dr.	University of Alberta	Professor
Gerber	Patricia	Dr.	University of British Columbia	Associate Professor
Guenette	Line	Dr.	Laval University	Professor
Isenor	Jennifer	Dr.	Dalhousie University	Assistant Professor
Kellar	Jamie	Dr.	University of Toronto	Clinician Educator/Assistant Professor
Kleiman	Nancy	Ms.	University of Manitoba	Instructor
Law	Rebecca	Dr.	Memorial University of Newfoundland	Associate Professor
Lefebvre	Jean	Dr.	Laval University	Dean
Leung	Valerie	Ms.	Canada Health Infoway	Clinical Leader
Lopatka	Harold	Dr.	AFPC	Executive Director
MacCara	Mary	Dr.	Dalhousie University	Associate Professor
Malenfant	Esthel	Ms.	Laval University	Pharmacienne
Mann	Henry	Dr.	University of Toronto	Dean
Mansell	Kerry	Dr.	University of Saskatchewan	Assistant Professor
Mansour	Susan	Dr.	Dalhousie University	Associate Director, Undergraduate Education
Marchand	Jon-Paul	Mr.	University of British Columbia	Educational Technology Analyst
Martel	Josee	Ms.	Laval University	Clinical Professor
Methot	Julie	Dr.	Laval University	Professor
Mitchell	Sharon	Dr.	University of Alberta	Clinical Associate Professor
Moreau	Pierre	Dr.	University of Montreal	Dean
Nicholl	Tessa	Ms.	University of British Columbia	Instructor
Orr	Jim	Dr.	University of British Columbia	Faculty Emeritus
Parent	Marc	Mr.	Laval University	Clinical Professor
Pearson	Marion	Ms.	University of British Columbia	Instructor
Pharand	Chantal	Dr.	University of Montreal	Vice-Dean
Pipa	Donna	Ms.	AFPC	Project Manager
Pouliot	Roxane	Dr.	Laval University	Professor
Price	Ingrid	Dr.	University of British Columbia	Instructor
Pugsley	John	Dr.	PEBC	Registrar
Raman-Wilms	Lalitha	Dr.	University of Toronto	Associate Dean, Professional Programs
Renaud	Robert	Dr.	University of Manitoba	Associate Professor
Seet	Tony	Mr.	University of British Columbia	Instructor
Sheehan	Nancy	Ms.	University of Montreal	Associate Clinical Professor
Simard	Chantale	Dr.	Laval University	Professor
Sproule	Doreen	Ms.	AFPC	Administrative Assistant
Tang	Anson	Mr.	University of Waterloo	Assistant Director, Experiential Learning
Thirion	Daniel	Dr.	University of Montreal	Clinical Professor
Thompson	Anne	Dr.	University of Alberta	Assistant Professor
Veilleux	Nathalie	Ms.	Laval University	Pharmacienne
Vercaigne	Lavern	Dr.	University of Manitoba	Associate Dean, Academic
Vezina	Carmen	Ms.	Laval University	Director of B. Pharm
Waite	Nancy	Dr.	University of Waterloo	Associate Director
Whelan	Anne Marie	Dr.	Dalhousie University	Associate Professor
Yuksel	Nese	Dr.	University of Alberta	Associate Professor
Zed	Peter	Dr.	University of British Columbia	Associate Dean, Practice Innovation

PART 3.0

REPORTS OF AFPC

STANDING COMMITTEES,

REPRESENTATIVES AND

DELEGATES

2012

AFPC ANNUAL GENERAL MEETING
CHATEAU LAURIER HOTEL
QUEBEC CITY, QUEBEC
WEDNESDAY, JUNE 6, 2012

President's Address

As President of AFPC, I would like to welcome everyone to the 3rd annual CPERC conference and the 69th annual AFPC meeting. Thank you to Frédéric Calon, Dean Lefebvre and the organizing committee from Laval University for hosting this event in their beautiful city. I do hope you have some time to take in the sights and culture while you are here.

This event holds two purposes – a conference and a meeting of AFPC Council and membership. The conference provides us, as Canadian pharmacy educators and researchers, with an opportunity to connect and collaborate (and possibly commiserate) and to work together to discuss issues that affect all of us at this time in academic pharmacy. The agendas for our conferences are always created based on issues that we would all benefit from discussing based on the current landscape of Canadian schools of pharmacy. I encourage you to attend everything you can and talk to other delegates to learn more about their issues, concerns and successes – this conference always provides such a great opportunity to connect and network with like-minded individuals from across the country.

This event also serves as an opportunity for our Annual General Meeting and Council Meetings for AFPC – each school of pharmacy has a representative on Council. These individuals work throughout the year on issues of national importance in academic pharmacy. At this time, I would like to take this opportunity to introduce the 2011-12 AFPC Council, in order from East to West. As I call your name, please remain standing:

- MUN – Carla Dillon
- Dalhousie – Mary MacCara, to be succeeded by Tannis Jurgens
- Laval – Frédéric Calon
- Montreal – Daniel Thirion
- Toronto – Andrea Cameron, Lalitha Raman-Wilms
- Waterloo – Nancy Waite
- Manitoba – Silvia Alessi-Severini
- Saskatchewan – Kerry Mansell
- Alberta – Nése Yuksel
- British Columbia – Tessa Nicholl

These individuals volunteer their time to Council and work hard throughout the year to benefit all of us across the country. I think they deserve a round of applause.

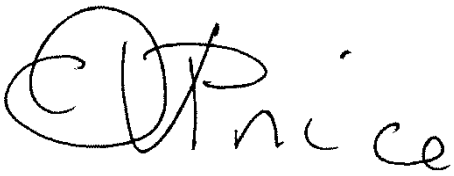
As I come to the end of my Presidency, I find myself reflecting on the 8 years I have served on Council. Looking back I have seen Council, this conference and academic

pharmacy go through many changes – some quick, some not so quick. And, while I was initially going to talk about change, and its challenges, I have decided that something even more resonant of my experience on Council has been the benefit of relationship. Over the years, I have been fortunate to meet and work with so many wonderful people across the country. When I first came on Council I was a new faculty member at UBC, and didn't know much of anything about academic pharmacy issues. Being on Council changed that very quickly. We really are such a vast country geographically, and meeting together annually has such value in our ability to move ahead together. Whenever I attend our meetings, I know I am going to be reunited with so many wonderful, like-minded people who share the same passion I do for enhancing the learning experience of our students across the country – it really is an event to look forward to.

As I leave the Presidency, I take with me a collection of new friends and colleagues, whom I know I can connect with anytime. I also take with me many fond memories of triumphs and challenges – we really are all in this together. While I could spend a lot of time thanking people whom I have worked with over the years, I do want to move on, so will extend a general thank you to all the Councilors, Presidents, Past Presidents, Deans and Executive Directors I have worked with over the years – it really has been an honour and a privilege.

Finally, I would like to thank Harold Lopatka for his kind and gentle support guiding me through my year as President. Harold, you really are a gentle man and it has been a pleasure working with you.

Respectfully submitted,



Ingrid Price
AFPC President (2011-2012)

Awards Committee Report
AFPC Teleconference Meeting May 23, 2012

Awards Committee Members: Andrea Cameron (Chair), Lisa Bishop, Mary MacCara, Praveen Nekkar, Harold Lopatka

Awards for 2012:
(as outlined in the Executive Director's report):
In 2013, we will be establishing a new award for Excellence in Research or Innovation in Assessment of Competence. This award is co-sponsored by the Pharmacy Examining Board of Canada. (See below for further information.)

The competition was strong for all faculty and student awards with a total of 25 nominations received. Nominations were received for the following AFPC faculty awards:
Sanofi Aventis New Investigator Award,
Leo Pharma National Award for Excellence in Education,
Pfizer Research Career Award, and
Janssen Innovation in Education Award.

Nominations were received for the following AFPC student awards:
GlaxoSmithKline (GSK) Graduate Student Research Award,
Merck Post Graduate Pharmacy Fellowship Award, and
Canadian Foundation for Pharmacy (CFP) Graduate Student Award for Pharmacy Practice Research.

Congratulations to our 2012 AFPC award winners.
• SHIRIN RIZZARDO – University of British Columbia - Merck Post Graduate Pharmacy Fellowship Award
• SUZANNE CADARETTE – University of Toronto - AFPC New Investigator Award
• LALITHA RAMAN-WILMS – University of Toronto – Leo Pharma National Award for Excellence in Education
• SÉBASTIEN FORTIN – Université Laval - GSK Graduate Student Research Award
• MICHELINE PIQUETTE-MILLER – University of Toronto - Pfizer Research Career Award
• JASON PEREPELKIN – University of Saskatchewan - Janssen Innovation in Education Award
• MARY ELIAS - University of Toronto – CFP Graduate Student Award for Pharmacy Practice Research

The following were the 10 winners for the AFPC - Rx and D Pharmacy Student Research Poster Award.
• SAI KIRAN SHARMA – University of Alberta
• GINA CRAGG – University of British Columbia
• RANDEEP KAUR – University of Saskatchewan
• SARAH WAY – Memorial University
• SOPHIE CARTER – Université Laval
• DOUGLAS MACQUARRIE – Dalhousie University
• NILASHA BANERJEE – University of Toronto
• MARYAM VASEFI – University of Waterloo
• ARIANE LESSARD – Université de Montréal
• STEPHANIE MOROZ – University of Manitoba

The award winners will be recognized at the June 7 AFPC awards banquet.

Thank you to the following awards program reviewers and volunteers for their contributions (listed by faculty).

• Dalhousie – David Jakeman, Pollen Yeung, Mary MacCara
• Memorial – Erin Schwenger, Amy Conway, Terri Genge
• British Columbia – Kishor Wasan, Marion Pearson, David Fielding
• Montréal – Louise Mallet, Sylvie Marleau
• Laval – Olivier Barbier, Benoit Drolet, Julie Méthot, Chantal Guillemette, Line Guénette, Thérèse Di Paolo, Chantale Simard, Roxane Pouliot
• Alberta – Nése Yuksel
• Manitoba – Nancy Kleiman
• Saskatchewan – Ildiko Badea, David Blackburn, Ed Krol, Linda Suveges
• Toronto – Suzanne Cadarette, Dave Dubins, Wayne Hindmarsh, Lisa McCarthy, Linda Mackeigan
• Waterloo – Michael Beazely, Nardine Nakhla, Praveen Nekkar Rao, Cynthia Richard

Other Awards:

AFPC-Whit Matthews Graduate Student Poster Award.
Selected at Annual Conference

AFPC Honored Life Membership Nomination.

AFPC Nominations for President.

AFPC Woods-Hughes Special Service Award

Meetings:

The committee met once since the AFPC Midterm – on April 10, 2012, by teleconference. Several items were discussed and are brought forward, as follows:

1. **PEBC Award proposal (see appendix 1)**
   - The PEBC submitted a proposal for a new award entitled: **"AFPC Pharmacy Examining Board of Canada Award for Excellence in Research or Innovation in Assessment of Competence"**
   - **The Awards Committee reviewed the proposal and recommend acceptance of the proposal, for implementation in the 2012/13 year.**
   - The Awards Chair and Executive Director will finalize any details and arrange to incorporate into Awards Booklet.
   - This new award should be promoted to faculties through emails, web and other announcements

2. **2012 Award submissions and decisions: status of all Awards was reviewed with the Committee.**
   - **The Woods-Hughes Award: The Committee recommended that:**
   - A) **Rebecca Law** be a 2012 recipient of this award, in recognition of her long standing contribution to AFPC, particularly related to her role as editor of the AFPC Newsletter.
   - B**) Frank Abbott** be a 2012 recipient of this award, in recognition of his long standing contribution to AFPC, particularly in role as Executive Director

3. **Merck Frosst POSTGRADUATE PHARMACY FELLOWSHIP AWARD –** The committee discussed the need to clarify the wording for eligibility of this award. Specific points in the eligibility related to wording in **bold font**:

Excerpt from Description:

In an effort to stimulate the pursuit of research careers among pharmacy students and graduates, Merck Frosst Canada Ltd. offers one $15,000 Fellowship to support the **best student entering or continuing postgraduate studies** in Pharmacy at a Canadian University.

Excerpt from Eligibility requirements:

Eligible candidates are **final year students in a pharmacy or pharmaceutical sciences degree program or pharmacy practitioners who are entering postgraduate (M.Sc. or Ph.D.) studies** in a Faculty, College or School of Pharmacy in Canada. **First year graduate students who have a pharmacy or pharmaceutical sciences degree (but no advanced degrees)** and are enrolled in a MSc or PhD program in a Faculty, College or School of Pharmacy in Canada are also eligible.

Recommend: that the criteria be interpreted/modified to allow those:
a) with a clinical degree, e.g. Pharm D or Clinical M.Sc., to be eligible
b) who are enrolled in a Pharmacy residency program to be eligible

4. **GSK –** a) The committee sought to clarify wording for eligibility, and **recommends that the criteria be modified to indicate 'paper written by a <u>Pharmacy</u> graduate student…' (current wording below)**

Excerpt from description: The GLAXOSMITHKLINE/AFPC award will be given for the best scientific paper written by a **graduate student** and accepted for publication or published during the calendar year preceding the annual meeting.

- b) The Committee also noted that it is challenging to find appropriate reviewers familiar with increasingly diverse and specialized fields of research reflected in the submissions. Suggestions from Council on this issue are welcome. For example, applicants could be asked to provide 1-2 sentence description about area of research, to help identify potential reviewers.

c) Add criteria that the student must be the primary author of the paper

5. Funding situation – Due to uncertainty in sponsorship funding, the Committee recommends that:

a) appropriate wording be added to the Awards Booklet, to anticipate potential sudden unavailability of sponsorhip. (e.g. the award is contingent on receipt of sponsorship funding)

b) contingency funds be created in budget to cover costs of an award e.g. operating budget contingency allowance of $2500-3000 to cover one award (in the event sponsorship is withdrawn by company)

6. Standardized CV: the Committee recommends that applicants be asked to follow a standardized CIHR format for submissions

7. AFPC Bristol-Myers Squibb (Now Leo Pharma) National Award for Excellence in Education: follow-up from council: question of whether the selection criteria should be changed to include "INDIVIDUALS OR TEAM/GROUPS" similar to the Janssen Award?

Recommendation: No change for now as award was meant to be career award.

8. Other items

- A suggested change in submission information was made: –To reduce potential bias from GSK award letter from supervisor, the nomination should be submitted as a separate PDF and will not be sent to the review committee

Respectfully submitted,
Andrea Cameron
May 15, 2012

Appendix 1 PEBC Award Proposal:

Assessment/Details of Award:

Selection Criteria

- **Proposed name of the awards** "AFPC Pharmacy Examining Board of Canada Award for Excellence in Research or Innovation in Assessment of Competence"
- **Purpose of Award** is to forge external partnerships and give recognition of support for PEBC. To recognize excellence in the area of assessment of competence in the field of Pharmacy.
- **Procedure for Nominating Candidates**:
  - Nominated by at least 2 members of AFPC or self-application by the candidate.
  - The nominators or applicant will submit a letter indicating why the innovation is significant and the impact it has made within their Faculty, College or School and its applicability beyond their institution.
  - The nominee shall sign the nomination form indicating willingness to let his/her name stand as well as submit a copy of their CV
  - The nominee will submit a portfolio in PDF of no more than 25 pages, following the outline below.

Description of the research or innovation 40%

- Describe intent and reasons for conducting/implementing the research or innovation.
- State specific objectives/desired outcomes that the research or innovation addresses in the area of competency assessment
- May include sample supporting materials (e.g. assessment materials forms that evaluate the assessments).
- Describe or provide examples of the methods used to conduct the research or implement the innovation. (e.g., what the student does, what the instructor does).
- Describe the overall results of the research/innovation

Evidence of impact on competency assessment 40%

- Examples may include student and peer evaluations of the innovation.
- May discuss how the evidence suggests that the research/innovation met the stated objectives/desired outcomes. May include student work samples, tables, etc.

Practicality/Workability/Transferability 10%

- Discuss how easily the research or innovation might be implemented at other Pharmacy settings

Personal reflections 10%

- Describe what makes the research or approach/materials innovative in the area of assessment of competence in the field of Pharmacy.
- What does this research/innovation add to existing information in this area?
- Discuss what was successful and not successful.
- Describe any modifications planned and the rationale for those modifications.

- **Eligibility of Candidates**: members of AFPC. A past award recipient may not be nominated for the next 5 years.

- **Deadlines**: Award will be presented at the AGM for AFPC. Deadlines for nominations to be determined by AFPC Awards Committee.

- **Frequency of Award**: Annually to be awarded at the AFPC AGM. If no suitable candidates are identified for the award, the award will not be given for that year.

Criteria: contributes to development in the area of assessments through innovative work in conducting research, seminars, workshops, conferences, work in committees, or publications. Evidence is presented regarding the impact of the work. The excellence is recognized by peers or students.

Award Details (amounts, travel, accommodation, expenses)

- A certificate or engraved plaque bearing the logos of AFPC and PEBC will be presented with the recipient's name
- PEBC will provide $3000 for this annual award, which should include the following:
  a. A cash award of $1000
  b. Reimbursement for air/rail travel to attend the AGM to receive the award c. Reimbursement of accommodation to stay at the conference hotel
  d. Reimbursement for meal expenses

e. PEBC will approach AFPC to consider sponsoring the award recipient for any conference fees related to the AGM

Association of Faculties of Pharmacy of Canada
Annual Meeting
June 5th, 2012
Quebec

Communications Committee Report

Membership: Daniel Thirion, Chair as of June 2010 (University of Montreal)
Tessa Nicholl, Co-Chair, June 2011 (University of British Columbia)
Rebecca Law (Memorial University of Newfoundland)
Silvia Alessi-Severini (University of Manitoba)
Frederick Calon (Laval University)

Committee Activities:

1) **Translation of the Educational Outcomes**
   Daniel Saurette, translator, has completed translation of the document to French. Faculty members of Université de Montréal, an author of the original version, and the Quebec licensing board (Ordre des Pharmaciens du Québec) have reviewed the work. The AFPC *Compétences visées par les programmes de formation de premier cycle en pharmacie au Canada* is now available on the website and has been circulated.

2) **Communication plan of the AFPC**
   The committee has elaborated a communication plan that can serve as point of reference for priorities to be acted upon in the near future.

3) **AFPC Newsletter and Newsletter Survey:**
   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.

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

4) **Website Management Company**
   The current website requires modifications to meet expected quality and standards. Website modifications are not user friendly because a high level knowledge of programming is needed. Even minor modifications require involvement with the servicing company leading to increased costs. The move to a new website company has been put on hold for the moment given the activities required from the current website in regards to the conference. A new website and management should be listed among the interventions to conduct within a near future.

Respectfully submitted,

Daniel Thirion, Pharm.D., Communications Committee Co-Chair
Tessa Nicholl, Co-Chair

AFPC Education Committee Report
AFPC Annual General Meeting
Hotel Chateau Laurier
Quebec City, QC
Wednesday, June 6, 2012

Members: Nese Yuksel (chair), Silvia Alessi-Severini, Frederic Calon, Nancy Waite, Ingrid Price, Sheryl Zelenitsky

Activities:
Two teleconferences were held during the year (November 24, 2011 and May 9, 2012) to discuss the following topics: CPERC 2012 in Quebec City, CPERC 2013 in Waterloo, Curriculum Mapping, AFPC Educational Outcomes, and CPSI Mapping Safety Outcomes.

Summary of discussions:

1. New Committee Member

The committee would like to welcome Sheryl Zelenitsky as a new member of the Education Committee this past year, with expertise in curriculum mapping.

2. Canadian Pharmacy Education and Research Conference (CPERC), Quebec City 2012 Update

The theme of CPERC 2012 is "Education and Research in Pharmacy: Challenges and Successes" to be held June 5 – 7, 2012. All sessions will be held at the Hotel Chateau Laurier in Quebec City. Frederic Calon is the current chair. The local committee has also been supported by the faculty's fundraiser/event planner. Sessions for this year include:

- Day 1:
  - PharmD experience from Quebec, Canada and the US
  - Organization of hospital pharmacy in Quebec
  - Pharmacists specialization
  - Specialized residency
  - Tour of the new pharmacy building
- Day 2:
  - Scientific Talk: treatment adherence and personalized medicine
  - Award recipients presentations
  - Poster viewing
  - Training of next generation of faculty/academic
  - Canada Infoway Initiative
  - Awards dinner

The Education Committee would like to congratulate Frederic and the host committee for all of their work in planning CPERC 2012. The program and conference events look outstanding!

3. Canadian Pharmacy Education and Research Conference, Waterloo 2013 Update

Planning is underway for CPERC 2013. University of Waterloo is the host university for CPERC 2013. The location for the conference will be in Niagara on the Lake, as there are no

appropriate conference facilities in Waterloo. Colleen Maxwell, a faculty member from Waterloo will be the conference chair. Several themes for the conference have been discussed including incorporating aspects of "technology" and "experiential". One suggestion for a title included "Real World Learning throughout the Curriculum". An education committee teleconference debrief will be planned 3 – 4 weeks following CPERC 2012 in Quebec City to discuss the overall structure of the conference.

4. AFPC Education Outcomes Update:

The 2010 Education Outcomes was approved at the AFPC Annual General Meeting on June 3rd, 2010 and the Levels of Performance approved at the AFPC Annual General Meeting on June 5th, 2011. A preliminary scan on the use of the 2010 AFPC Education Outcomes by faculties was completed by councillors for the AFPC Midyear meeting in 2011. Faculties are in various stages of implementing the new AFPC Education Outcomes.

The Education Outcomes were approved with a full review in three years. There was a suggestion by committee members to extend this review to 5 years as it was felt that 3 years may be too soon for some faculties to have gained enough experience with the 2010 outcomes (review would have to take place summer 2013).

5. Curriculum Mapping and Education Outcomes Survey

Following a session on the Education Outcomes and Curriculum Mapping at CPERC 2011 in Winnipeg, a national strategy to support faculties with curriculum mapping was identified as a high priority by the AFPC council. Some suggestions for support included workshops/educational program focusing on curriculum mapping. The Education Committee has decided to do a needs assessment to identify how faculties are using curriculum mapping and what faculties identify as their needs from AFPC to support curriculum mapping. It was also decided to incorporate how faculties are using the 2010 AFPC Educational Outcomes and any challenges they are facing with the outcomes. Ingrid Price has taken the lead on developing the survey, with support from members of the Education Committee. The survey is planned for summer/early fall 2012.

6. CPSI Mapping Safety Outcome

CPSI has developed a software program that supports faculties in their efforts to map safety outcomes. The mapping of the AFPC Education Outcomes to the CPSI Safety Competencies has been completed (part of the CPSI Safety Competencies mapping project). As part of the tool, the mapping of the CPSI Safety Competencies and CIHC Interprofessional Care Competencies occur in the background as faculties map to the AFPC Education Outcomes. Three faculties (Waterloo, Toronto and Memorial) have participated as part of the pilot to map their curriculum using the CPSI mapping tool.

Respectfully submitted:

Nese Yuksel
Chair, Education Committee

The following Notes are excerpted from the Executive Director's report May 2012 re PEP – C as information to preface this report:

> Planning for the multi-stakeholder facilitated workshop about the future capacity and quality of experiential education continues. Partial funding for this project was received from the Blueprint for pharmacy office. An external facilitator was determined for the session, Art Whetstone. Feedback was received from a number of the external stakeholders that the workshop was an important one to attend but the date was in conflict with the final day of the Canadian Pharmacists Association annual meeting. A decision was made to postpone the workshop. A new date and location will be determined (likely in October 2012). PEPC will continue with their plans to have a 1.5 day meeting in Quebec city. In addition to their normal business meeting, PEPC will review and discuss the plans for the multi-stakeholder workshop, and interact with Craig Cox, the chair of the AACP experiential education special interest group about the lessons learned in US on pharmacy experiential education.

PEP C Report:

PEP-C actions: PEP-C has continued to be active throughout the past year, with significant email correspondence among members on a wide range of experiential issues. (See Appendix 1 for list of members). Andrea Cameron (Chair) and Ann Thompson (Vice-Chair) have been in ongoing planning discussions throughout the year, and with Harold Lopatka, related to the Blueprint proposal and subsequent plans for the multi-stakeholder workshop.

Three teleconferences with members were held – Nov 7, Dec 20 and Feb 28.

A full agenda of topics will be discussed at the PEP-C meetings on June 3 and 4 (12 hours). Fourteen members will be attending. (See Appendix 2 for June 4 agenda). A special presentation from Craig Cox, Chair of the AACP Experiential Education section will occur Jun 4 from 10 to 12 noon. This session will be webcast live to PEP-C members not able to attend, and will be archived.

An update report will be brought to AFPC council on June 5th related to issues arising on Jun 3 and 4.

Recommendations: 1. PEP-C extends an invitation to representatives of AFPC council to attend the PEP-C meeting on Jun 4 – the afternoon agenda will include further planning related to the Stakeholder workshop.
2. PEP-C extends an invitation to representatives of AFPC council to attend the Stakeholder Workshop in the Fall.

PEP Canada members would like to indicate appreciation to ADPC, AFPC and each member's individual pharmacy program for the financial support provided to enable members' attendance at meetings of this committee.

Appendix 1: **Member List of PEP-Canada – as of May 2012 (sorted by University, then last name)**

Name	Title	University
Davies, Harriet	Coordinator of Clinical Education	Dalhousie University
Spurrell, Wanda		Memorial, University of Newfoundland
Ferreira, Ema		Université de Montréal
Brunelle, Céline		Université Laval
Vezina, Carmen		Université Laval
Cox, Cheryl	Regional Coordinator, Experiential Education	University of Alberta
Gukert, Marlene	Regional Coordinator, Experiential Education	University of Alberta
Lindblad, Adrienne (on leave August 2012)	Regional Coordinator, Experiential Education (joint position)	University of Alberta and Alberta Health Services
Polack, Jolene (on leave April 2012)	Regional Coordinator, Experiential Education (joint position)	University of Alberta and University of Calgary, Department of Family Medicine
Thompson, Ann	Director, Experiential Education	University of Alberta
Jawanda, Jasdeep	Office of Experiential Education Coordinator	University of British Columbia
Kim-Sing, Angela	Director, Office of Experiential Education	University of British Columbia
Tchen, Paulo	Office of Experiential Education Coordinator	University of British Columbia
Brink, Kelly		University of Manitoba
Kleiman, Nancy		University of Manitoba
Shauna Gerwing	SPEP Coordinator	University of Saskatchewan
Cameron, Andrea	Experiential Coordinator	University of Toronto
Lee, Annie	Experiential Coordinator	University of Toronto
Mulherin, Katrina	Experiential Coordinator	University of Toronto
Tang, Anson		University of Waterloo
Miller, Anthony William	Experiential Learning Coordinator/Instructor School of Pharmacy	University of Waterloo

Appendix 2: **JUNE 4 – PEP-C Agenda**
AM (3 hours) – start 0900

1. Review prior reports from 2010 (60 min)
    a. Group discussion: Which issues have moved forward either nationally or locally? How successful/sustainable are these?
    b. Which issues have stalled and why?
    c. Other updates on any key issues?

2. Craig Cox[1] presentation – 2 hours (45-60 min presentation + 60 min question period; video or audio record his presentation)
    a. What has AACP-Experiential Section learned in the past 10 years on building experiential capacity, and what can be achieved nationally and/or regionally with stakeholders to increase capacity?
    b. Laying the groundwork for 'change' – how to effectively engage our stakeholders (which include faculties, advocacy organizations, practice site partners, corporate community pharmacy, students) in key planning and implementation of experiential priorities?
    c. Other important issues/insights, drawn from experience and/or based on experiential literature

(1 hour lunch break)

PM (4 hours) – start 1300
(Invite 1-2 AFPC Council members to attend this portion of meeting to review and provide feedback on proposed workshop format/content).

3. Moving Forward: Re-visiting Blueprint Proposal Workshop; format, content and scope
Teleconference between Harold, Andrea and Ann has identified that this workshop should occur in Fall 2012. Proposed dates are week of October 15-19, or October 22-26 (the Tuesday or Wednesday in a major central city).
    a. Update PEP-C members on discussions held since last teleconference (15 min)
    b. Review of annotated bibliography about experiential models – (30 min) – discuss key findings, applicability to Canadian Pharmacy? (pre-circulated with articles summarized in table prior to meeting)
    c. Review latest draft of workshop to determine what content modifications are needed (specifically, how can we engage other non-pharmacy professions for ideas on how they increased capacity and maintained quality within experiential education) (90 min)
        i. Finalize and reach consensus on key experiential priority issues that we plan to engage stakeholders with on a national front
    d. Determine role of the facilitator and preparation work required to prepare for stakeholder meeting (30 min)

4. Wrap up – next steps and who will be participating in each (20 min)

[1] Craig D. Cox, PharmD, BCPS
Associate Professor, Pharmacy Practice Vice Chair, Experiential Programs
Texas Tech University HSC School of Pharmacy
AND
Chair, AACP Experiential Education Section

WOLRIGE MAHON
CHARTERED ACCOUNTANTS

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

Edmonton, AB

FINANCIAL STATEMENTS

December 31, 2011

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

Edmonton, AB

FINANCIAL STATEMENTS

December 31, 2011

WOLRIGE MAHON
CHARTERED ACCOUNTANTS

CELEBRATING 50 YEARS

INDEPENDENT AUDITOR'S REPORT

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

We have audited the accompanying financial statements of the Association of Faculties of Pharmacy of Canada, which comprise the balance sheet as at December 31, 2011, and the statements of revenue, expenditures and changes in net assets, and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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 comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Association of Faculties of Pharmacy of Canada as at December 31, 2011, and its financial performance and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Wolrige Mahon LLP

CHARTERED ACCOUNTANTS

May 24, 2012
Vancouver, B.C.

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

STATEMENT OF REVENUE, EXPENDITURES AND CHANGES IN NET ASSETS

For the year ended December 31, 2011

	2011 **$**	2010 $
Revenue, Schedule 1	**221,240**	153,495
Expenditures, Schedule 2	**206,410**	196,069
Excess (deficiency) of revenue over expenditures	**14,830**	(42,574)
Net assets, beginning	**149,299**	191,873
Net assets, ending	**164,129**	149,299

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

BALANCE SHEET

December 31, 2011

	2011 $	2010 $
Assets		
Current		
Cash	**24,071**	3,510
Restricted cash (Note 6)	**47,535**	-
Investments (Note 5)	**24,909**	92,573
Receivables	**5,930**	8,713
Deposit and prepaid expenses	**4,346**	509
	106,791	105,305
Investments (Note 5)	**104,899**	43,994
	211,690	149,299
Liabilities		
Current		
Deferred contributions (Note 6)	**47,561**	-
Net Assets	**164,129**	149,299
	211,690	149,299

Approved by Council:

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

STATEMENT OF CASH FLOWS

For the year ended December 31, 2011

	2011 $	2010 $
Cash flows related to operating activities		
Excess (deficiency) of revenue over expenditures	**14,830**	(42,574)
Changes in non-cash working capital:		
Receivables	**2,783**	1,473
Deposit and prepaid expenses	**(3,837)**	1,491
Deferred revenue	**47,561**	-
	61,337	(39,610)
Cash flows related to investing activities		
Redemption of investments	**6,759**	19,666
Net increase in cash	**68,096**	(19,944)
Cash, beginning	**3,510**	23,454
Cash, ending	**71,606**	3,510
Cash represented by:		
Cash	**24,071**	3,510
Restricted cash	**47,535**	-
	71,606	3,510
Supplemental cash flow information:		
Interest received	**5,545**	5,183

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

NOTES

For the year ended December 31, 2011

Note 1 General

The Association of Faculties of Pharmacy of Canada ("Association") is a national association of faculties of pharmacy whose members are committed to the promotion and recognition of excellence in pharmacy education and scholarly activities. The Association is exempt from income tax under Section 149 of the Income Tax Act.

Note 2 Significant Accounting Policies

Financial Assets and Financial Liabilities

The Association has designated its financial instruments as follows:

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

Investments are classified as held-to-maturity and are measured at amortized cost.

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

The Association has chosen to continue to apply the *Canadian Institute of Chartered Accountants Handbook* Section 3862, Financial Instruments Disclosure and Presentation rather than to adopt Sections 3862, Financial Instruments Disclosure and 3863, Financial Instruments Presentaton, as allowed by Canadian generally accepted accounting standards for not-for-profit organizations.

Revenue Recognition

Membership fees are invoiced annually and expire on December 31. Membership fees are recorded once collection is reasonably assured. Annual conference revenues are recognized upon receipt of the registration form when collection is reasonably assured.

The Association follows the deferral method of accounting for award 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.

Interest income is recognized as revenue when earned. Other miscellaneous income items are recorded once the amount is readily determinable and collectin is reasonably assured.

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.

Note 3 Financial Instruments

Items that meet the definition of a financial instrument include cash, investments and receivables. The fair values of these items approximate their carrying values. It is management's opinion that the Association is not exposed to significant interest rate risk, currency risk or credit risk arising from these financial instruments.

Note 4 Capital Management

The Association maintains adequate cash to meet current payment obligations and planned program expenditures. Pending actual disbursements for budgeted program expenditures, funds are invested in securities designed to maximize return while minimizing risk and maintaining flexibility. The investment objectives are subject to limitations defined by the Association's Council and are set to provide maximum current income within the approved risk parameters.

The Association considers its capital structure to consist of members' net assets. The Association is not subject to external restrictions on its net assets.

Note 5 Investments

	2011	2010
	$	$
CIBC GIC - January 12, 2011 0.15%	-	44,021
CIBC GIC - January 28, 2011 3.70%	-	25,120
CIBC GIC - October 28, 2011 6.50%	-	23,432
CIBC GIC - June 27 2012 3.70%	**24,909**	24,909
CIBC GIC - January 4, 2013 0.50%	**19,085**	19,085
CIBC GIC - January 28, 2013 2.20%	**25,120**	-
CIBC GIC - October 20, 2014 1.40%	**34,284**	-
CIBC GIC - October 28, 2014 0.70%	**26,410**	-
	129,808	136,567
Less: Current portion - maturities within one year	**24,909**	92,573
	104,899	43,994

Note 6 Deferred Contributions

Deferred contributions represent government contributions received to implement and evaluate a comprehensive national educational program that prepares undergraduate pharmacy students to optimize the use of pharmacy and health information and information technology. These funds have been set aside in a separate bank account and amounts will be recorded as revenue when the related expenditures are incurred.

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA Schedule 1

SCHEDULE OF REVENUE

For the year ended December 31, 2011

	2011 $	2010 $
Memberships		
Faculty	**111,932**	89,252
Affiliate	**8,400**	10,800
Associate	**750**	450
Awards		
Rx & D	**16,500**	-
Merck	**15,000**	15,000
Sanofi-Aventis	**3,000**	3,000
Pfizer	**2,500**	2,500
Janssen	**3,000**	-
GlaxoSmithKline	**2,250**	-
Bristol-Myers Squibb	**1,000**	1,000
Canadian Foundation for Pharmacy	-	2,186
Other		
Educational outcomes	**20,000**	-
Project grant (Note 6)	**15,019**	-
Reserve transfer	**10,000**	-
Annual conference	**6,283**	23,287
Interest	**2,673**	5,045
Other income	**2,433**	-
Website advertising	**500**	725
Meal recovery	-	250
	221,240	153,495

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

SCHEDULE OF EXPENDITURES

For the year ended December 31, 2011

	2011 $	2010 $
Meetings		
AACP AGM	**4,614**	4,385
ADPC travel, Executive director	**1,028**	1,131
AGM council	**21,886**	27,390
ADPC workshop	**-**	474
CCCEP	**578**	578
Blueprint meeting	**1,697**	-
Governance review	**415**	-
Mid-Year council	**16,036**	11,918
PEP Canada	**338**	1,771
Operating		
Administrative assistant	**8,278**	-
Audit services	**2,625**	2,520
Bank charges	**284**	1,885
Canada Revenue Agency	**30**	30
Certificate framing	**631**	689
Computer expenses	**-**	53
Database	**-**	5,345
Executive director - handover	**-**	28,177
Executive director - honorarium	**50,925**	24,733
Executive director - office charges	**2,128**	-
Executive director - travel grant	**3,997**	2,059
Insurance	**1,399**	1,399
Internet services	**203**	206
Miscellaneous	**148**	224
Office supplies	**-**	192
Postage	**-**	198
Printing	**222**	355
Receiver General - Gazzette Costs	**-**	79
Teleconferencing	**1,045**	540
Telephone and fax	**-**	361
Volunteer Canada membership	**100**	100
Professional membership	**546**	-
Website maintenance	**1,446**	3,498
Other		
CCAPP membership	**10,136**	9,188
CPERC	**1,538**	-
Educational outcomes project	**20,160**	26,880
Project manager (Note 6)	**15,019**	-
Translation services	**1,000**	-

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

Schedule 2

SCHEDULE OF EXPENDITURES

(continued)

For the year ended December 31, 2011

	2011 $	2010 $
Awards		
AFPC poster awards	**-**	1,000
AFPC travel grants	**12,126**	10,958
AFPC Whit Matthews	**500**	500
Bristol-Meyer Squibb	**2,348**	2,539
Canadian Foundation for Pharmacy	**-**	2,102
GSK grad student	**2,043**	2,288
Janssen	**1,419**	-
Merck	**15,000**	15,000
Pfizer	**2,171**	2,968
Sanofi-Aventis	**2,351**	2,356
	206,410	196,069

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

14612-64 Avenue NW, Edmonton, AB T6H 1T8
Phone: 780-868-5530 – Fax: 780-492-1217 – hlopatka@telus.net

AFPC Financial Statement for 2011 with 2010 Actual / 2011 Budget Comparisons
Statement and Notes

Prepared for January 26 / February 10, 2012 AFPC Mid Year Meeting – Lopatka (final rev Mar 17 12)

2011 STATEMENT

Association of Faculties of Pharmacy of Canada
2011 Fiscal Year (As of December 31, 2011)
REVENUE

	Annual Revenue			
	2011 Actual	2010 Actual	2011 Budget	Variance
Memberships				
Faculty	111932	89252	111565	367
Affiliate	8400	10800	10800	-2400
Associate	750	450	450	300
Total membership revenue	121082	100502	122815	-1733
Awards				
Bristol-Myers Squibb	1000	1000	2500	-1500
Canadian Foundation for Pharmacy*	0	2186	2200	-2200
Pfizer	2500	2500	2500	0
GlaxoSmithKline	2250	2372	2400	-150
Janssen*	3000	0	0	3000
Merck	15000	15000	15000	0
Sanofi-Aventis	3000	3000	3000	0
Rx and D*	16500	0	15000	1500
Total awards	43250	26058	42600	650
Other Income				
Annual conference	6283	23287	20000	-13717
Interest	3500	5044	5000	-1500
Web site advertising	500	725	1500	-1000
Recovery for meal	0	250	0	0
Reserve transfer	10000	26847	10000	0
Total other income	20283	56153	36500	-16217
Miscellaneous Income				
Educational Outcomes	20000	0	20000	0
Other	2433	0	0	2433
Total miscellaneous	22433	0	20000	2433
TOTAL REVENUE	207048	182713	221915	-14867

EXPENSES

	Annual Expenses			
	2011 Actual	2010 Actual	2011 Budget	Variance
Meeting Expenses				
AGM Council	21886	27390	27400	-5514
Mid-Year Council	16036	11918	12000	4036
AACP AGM	4614	4385	5482	-868
CCCEP	578	578	722	-144
ADPC Workshop	0	474	592	-592
ADPC Travel, Ex Dir	1028	1131	1414	-386
PEP Canada, Annual Meeting	338	1771	2214	-1876

Blueprint meeting	1697	0	0	1697
Governance review	415	0	0	415
Total meeting expenses	46591	47646	49824	-3233
Operating Expenses				
Audit services	2625	2520	2520	105
Bank charges	284	1885	1890	-1606
Computer expenses	0	53	53	-53
Certificate framing	631	689	690	-59
Ex Dir honarium	50800	24733	47500	3300
Ex Dir handover	0	28177	0	0
Ex Dir travel grant	3997	2059	2100	1897
Admin Assistant	8278	0	20000	-11722
Professional membership	546	0	0	546
Office supplies	0	192	190	-190
Printing	222	355	360	-138
Postage	0	198	200	-200
Photocopies	0	0	0	0
Courier	0	0	0	0
Telephone / fax	0	361	360	-360
Teleconferencing	1045	540	780	265
Internet services	203	206	200	3
DOLI Insurance	1399	1399	1400	-1
Website maintenance / redesign	1446	3498	10000	-8554
CRA	30	30	30	0
Misc expense	148	224	230	-82
Web database	0	5345	0	0
Volunteer Canada membership	100	100	100	0
Receiver general	0	79	80	-80
Ex Dir Office charge	2128	0	0	2128
Total miscellaneous	73881	72643	88683	-14802
Other Expenses				
CCAPP	10136	9188	9188	949
Educational outcomes	20160	26880	20000	160
Program evaluation	0	0	3000	-3000
Translation	1000	0	3000	-2000
CPERC 2013 Prepay	4538	0	0	4538
Total other expenses	35834	36067	35188	647
Awards Expenses				
Bristol-Myers Squibb	2348	2539	2500	-152
Canadian Foundation for Pharmacy	0	2102	2200	-2200
Pfizer	2171	2968	2500	-329
GlaxoSmithKline	2043	2288	2400	-357
Janssen	1419	0	0	1419
Merck	15000	15000	15000	0
Sanofi-Aventis	2351	2356	3000	-649
Student posters / Rx and D	12126	11958	12500	-374
Whit Matthews	500	500	500	0
Total awards expenses	37958	39710	40600	-2642

TOTAL EXPENSES	194264	196067	214294	-20030
REVENUE MINUS EXPENSES	12784	-13355	7621	5163

NOTES

REVENUE

Total 2011 revenue was $207,048. Approximately 59% was from memberships, 21% from award sponsors, and 20% from other / miscellaneous sources.

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Comparison to 2010 actual revenue – Total 2011 actual revenue was 13% greater than actual 2010 revenue. Membership revenue was 21% greater due to increased faculty annual fees. Award revenue was 65% greater to increased sponsors. Other income was 64% reduced due to reduced net profit from the annual conference. Miscellaneous income was 100% more mainly due to the faculty surcharge for the levels of performance project.

Comparison to 2011 budget amount - Total 2011 actual revenue was 7% less than what was projected in the 2011 budget. The other income category had the greatest variance. The revenue (net profit from the 2011 annual conference) was 70% less compared to the figure presented in the 2011 budget. This variance was due to high conference expenses incurred from outsourcing the registration process and from hotel and off site catering charges.

EXPENSES

Total 2011 AFPC expenses were $194,264. The expense category breakdown was approximately 38% operating, 24% meeting, 19% awards, and 18% other.

Comparison to 2010 actual expenses – Total 2011 expenses were $1,803 (1%) less than 2010 actual expenses. Explanations of significant expense variances are addressed below (meeting expenses, administrative assistant, Executive Director honorarium, website maintenance / redesign, CPERC 2013 prepayment, awards expenses).

Comparison to 2011 budget amount – Total 2011 expenses were $20,030 (9%) less than the 2011 budget amount. The following provides explanations for specific individual expense report variances (for items where the variance was greater than 1% of total 2011 expenses).

1. Meeting expenses – The 2011 AGM expenses were below 2010 actual and 2011 budget because of low meeting expenses from 3 AFPC council members (two local University Manitoba faculty, one award winner). The 2011 mid year meeting expenses were 33% above budget due to expenses for joint meeting with ADPC on governance and strategic planning.

2. Operating expenses
Executive Director Honorarium – In 2010, the handover to the new Ex Dir resulted in increased honorarium payments in 2010. The Ex Dir received a 2011 adjustment for consulting fees (approved by Council at 2011 annual council meeting).

Administrative assistant – The administrative assistant position was filled for less than ½ of the year. The position was not budgeted in 2010, and the prolonged vacancy period in 2011 accounted for a 60% below variance from 2011 budget.

Website maintenance / redesign - Expenses were less than 2010 expenditures and below 2011 projections. Work was delayed and deferred pending a 2012 website redesign. External CHI grant available to offset website redesign.

3. Other expenses
Program evaluation – There were no 2011 expenses related to program evaluation.

Translation – 2011 translation activities deferred because an external grant for French translation of educational outcomes to be received from Blueprint office.

Ex Dir office charge – Ex Dir office expenses (land line, cell phone, office supplies, internet, etc). 2011 expenses were aggregated previously in other expense categories (office supplies, printing, postage, photocopies, courier, telephone / fax, miscellaneous expense).

CPERC 2012 prepayments – 2011 expenses were above budget as $4538 was required for deposits on hotels and awards banquet.

4. Awards expenses
Canadian Foundation for Pharmacy – This award was not presented in 2011 as there were no applicants.

OVERALL

In 2011, there was a surplus of revenue over expenses of $12,784. The 2011 surplus is 64% greater than figure presented in the 2011 budget projection.

2012 AFPC OPERATING BUDGET FORECAST

Prepared by Harold Lopatka for September 28, 2011 AFPC Executive Committee Meeting (Ver 2.1)

2012 AFPC Operating Budget Forecast

The following contains context, forecasting assumptions, and the 2012 AFPC operating budget forecast.

Context:

The core businesses of AFPC are to:

- Promote Canadian pharmacy faculties by educating key stakeholders, responding to requests and / or participating in meetings.
- Facilitate opportunities for faculty member information exchange and / or learning through relevant channels (e.g., website, publications, meetings, seminars, workshops and / or conferences.
- Facilitate the development, dissemination and evaluation of educational frameworks, tools and / or position statements.
- Recognize excellence in pharmacy education and research through awards and / or grants programs.

The move to the new governance model will not be finalized until the June 2012 Annual meeting. The process for reviewing the strategic plan will be initiated in 2012, but will not be completed until the new governance model is completed. For the purposes of the 2012 budget, it is anticipated there will be no major changes to the core businesses.

Key 2012 AFPC activities are as follows.

- Complete governance review and initiate review of strategic plan.
- Plan, implement and monitor activities and finances for Canada Health Infoway – Clinicians in Training project "Educational program for optimizing the use of pharmacy information and information technology".
- Plan, implement and monitor activities associated with Blueprint for Pharmacy funded projects (translation of educational outcomes, national experiential education project).
- Conduct dissemination and implementation activities associated with program evaluation guide, initiate curriculum planning activity.

Critical Success Factors

The critical success factors for AFPC to implement the strategic plan are: effective human capital, adequate financial resources, accessibility of information, a means of prioritizing activities, effective use of technology, and effective partnerships.

Forecasting Assumptions:

1. No expected service reduction to the current AFPC core services is anticipated in 2012.
2. AFPC member volunteering and faculty in-kind contributions will continue to occur for AFPC activities and responsibilities.
3. Revenue projections do not include any project funding through the Blueprint for Pharmacy fundraising activities.
4. The organizational financial objective is to operate in a break even position for 2012. AFPC reserves were reduced by $10,000 in early 2011 to ensure cash flows early in the fiscal period. The financial reserve was reduced to approximately $124,200. The long term financial objective is to generate revenue to replace financial reserves used in previous years.
5. Revenue forecast
    a. No change in faculty contribution formula for 2012. 25% increase occurred in 2011.
    b. Expected that new membership categories will be established through new governance model. No additional revenue forecasted for 2012.

c. Continued efforts will be made to market AFPC to the pharmaceutical industry and community pharmacy industry to fund awards and conference sponsorship.
d. Continue in 2012 with balanced budget approach for awards and projects (revenues=expenses).
e. Offset revenue for selected AFPC activities will be obtained from the Canada Health Infoway Clinicians in Training grant and from grants from the Blueprint for Pharmacy fundraising activities. The CHI-CIT grant will provide funds for the AFPC web site upgrade, and clerical support. CHI-CIT grant has separate budget. The Blueprint grant likely to provide funds for translation, initial seed funding for the national experiential education project, and further work on experiential education project. Blueprint grants have not been factored into revenue projects.
f. See 2012 budget notes / assumptions / explanation section.

6. Expenditure forecast
    a. Expenses for experiential education project not included in projections.
    b. Most expense category calculations are based on a roll over of 2011 forecasted year end expenditures. Detailed calculations are available.
    c. Reduced expenses are projected for the website as it will be upgraded through the CHI-CIT grant.
    d. The move to the new governance model and the new Canada not-for-profit corporations Act are anticipated to result in transitional expenses (e.g., legal expertise for by-law revisions).
    e. Increased expense for CHI-CIT obligations (1 additional day per week for Executive Director - oversight, planning and monitoring).
    f. A budget allocation of $6500 has been included for dissemination and implementation activities associated with the program evaluation guide.
    g. See 2012 budget notes / assumptions / explanation section.

2012 AFPC Operating Budget Forecast (September 2011)

	2010Actual	%Total	2011Forecast	%Total	2011Budget	%Total	2012Budget	%Total
REVENUE								
Membership								
Faculty	89,252.00		111,932.00		111,565.00		111,932.00	
Other	11,250.00		9,150.00		11,250.00		11,550.00	
Subtotal	100,502.00	55%	121,082.00	57%	122,815.00	55%	123,482.00	59%
Other Income								
Annual conference	23,287.15		13,945.00		20,000.00		20,000.00	
Misc	6,018.57		4,000.00		6,500.00		2,000.00	
Transfer from reserve	26,847.00		10,000.00		10,000.00		0.00	
Subtotal	56,152.72	31%	27,945.00	13%	36,500.00	16%	22,000.00	11%
Awards								
Subtotal	26,058.00	14%	43,250.00	20%	42,600.00	19%	43,950.00	21%
Projects								
Subtotal	0.00	0%	20,000.00	9%	20,000.00	9%	20,000.00	10%
Total Revenue	182,712.72	100%	212,277.00	100%	221,915.00	100%	209,432.00	100%
EXPENSES								
Meeting Expenses								
AGM	27,389.65		21,886.15		27,400.00		21,886.15	
Mid Year	11,917.50		16,036.49		12,000.00		16,036.49	
Other	8,339.18		8,509.60		10,423.98		11,009.60	
Subtotal	47,646.33	24%	46,432.24	24%	49,823.98	23%	48,932.24	23%
Operating Expenses								
Salary	54,969.82		66,674.50		69,600.00		94,796.50	
Website	3,497.85		1,835.74		10,000.00		-5,664.26	
Other	14,175.65		9,167.25		9,083.00		10,542.25	
Subtotal	72,643.32	37%	77,677.49	39%	88,683.00	41%	99,674.49	47%
Other Expenses								
Subtotal	9,187.50	5%	15,136.10	8%	12,187.50	6%	14,136.10	7%
Awards								
Subtotal	39,710.37	20%	37,958.18	19%	40,600.00	19%	43,032.18	20%
Projects								
Subtotal	26,879.81	14%	20,160.00	10%	23,000.00	11%	6,500.00	3%
Total Expenses	196,067.33	100%	197,364.01	100%	214,294.48	100%	212,275.01	100%
Revenue - Expenses	-13,354.61		14,912.99		7,620.52		-2,843.01	

2012 Budget Notes / Assumptions / Explanations

Revenue Section

1. No expected additional revenue from new membership non voting categories
2. Increased marketing required to affiliate members
3. Revenue for Canadian Foundation for Pharmacy award (2012 applications expected)
4. Adjust Rx and D poster award request
5. Increased revenue from Quebec 2012 CPERC (compared to 2011 CPERC)
6. Reduced interest from investments because of economy
7. No transfer from reserves (balanced budget approach)
8. ADPC project levy (CHI CIT obligation – additional 0.2 FTE for Ex Dir)

Expense Section

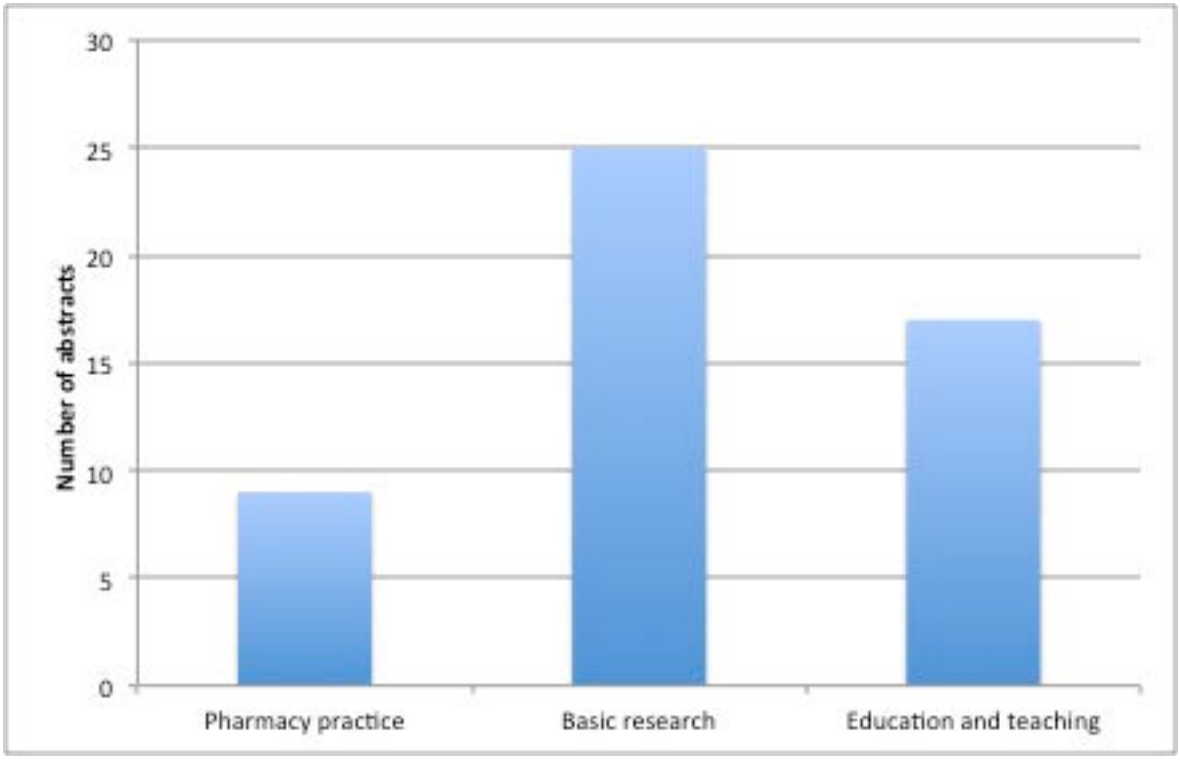
1. Additional expenses for governance review (lawyer review of bylaws)
2. Increase in auditor rate for 2012
3. Increase in salary expenses (additional 0.2 FTE for Ex Dir – CHI CIT obligation)
4. Continuation of administrative assistant position ($20K allowance)
5. Reduced expense allowance for website redesign (offset from CHI CIT project)
6. Reduced expense allowance for education database (on hold until 2013 – post website redesign)
7. No expense allowance for educational outcomes
8. Expense allowance for program evaluation / curriculum mapping projects
9. No expense allowance for translation (offset from CHI CIT project)
10. Expense allowance for Canadian Foundation for Pharmacy Award

AFPC Research Committee Report

May 23, 2012

Committee Members: Silvia Alessi-Severini (Chair), Frederic Calon, Carla Dillon

A total of 51 abstracts have been submitted to the 2012 CPERC (30 were from students). Most of the students' research fell under the "basic research" category (83%); while most abstracts submitted by faculty were under the Educational & Teaching heading (81%). The following graph illustrates the distribution:



Conference Student Research Poster Judging

Eighteen poster judges have been recruited for the 2012 student research poster competitions that take place on June 7, 2012 between 12:00 pm and 2:00 pm. As adopted in previous competitions, criteria for evaluation will remain scientific content, poster presentation, and delivery/ability to answer questions.

Judges:

ALESSI-SEVERINI	SILVIA	alessise@cc.umanitoba.ca
BRINK	KELLY	Kelly.Brink@ad.umanitoba.ca
CADARETTE	SUZANNE	s.cadarette@utoronto.ca
CAMERON	ANDREA	aj.cameron@utoronto.ca
DAVIS	CHRISTINE	davisj@cc.umanitoba.ca
DILLON	CARLA	cmdillon@mun.ca
JURGENS	TANNIS	tannis.jurgens@dal.ca
KLEIMAN	NANCY	kleimann@cc.umanitoba.ca
LAW	REBECCA	rlaw@mun.ca
MANSELL	KERRY	kerry.mansell@usask.ca
NICHOLL	TESSA	nichollt@mail.ubc.ca
PIQUETTE-MILLER	MICHELINE	m.piquette.miller@utoronto.ca
POULIOT	ROXANE	rosane.pouliot@pha.ulaval.ca
PRICE	INGRID	ingrid.price@ubc.ca
RENAUD	ROBERT	renaudr@cc.umanitoba.ca
THIRION	DANIEL	daniel.thirion@umontreal.ca
VERCAIGNE	LAVERN	lavern_vercaigne@ad.umanitoba.ca
YUKSEL	NESE	nese.yuksel@ualberta.ca

The Research Committee continues to look for opportunities to promote and encourage research activities especially among students.

Future goals of the Research Committee will include strategies to facilitate exchange of information regarding research activities of Pharmacy Faculty members across the country.

Respectfully submitted by Silvia Alessi-Severini (Chair)

Blueprint for Pharmacy

Report for Association of Faculties of Pharmacy of Canada

The Management Committee of the Blueprint for Pharmacy, under the leadership of Dennis Gorecki (former Dean, University of Saskatchewan) continues to meet on a regular basis to monitor implementation of blueprint objectives. Management committee members are drawn from a variety of stakeholder groups within the profession, and represent community and hospital practice, professional associations, regulatory bodies, PEBC, and academic pharmacy. The project manager for the Blueprint is Conrad Amenta.

Highlights of this year's activities include:

a) *On-going fund-raising activities:* The fundraising subcommittee has been very active this year in soliciting and receiving donations from various groups, individuals, and organizations. Donors may provide gifts targeted at specific projects, and general blueprint initiatives, or to the on-going work of the committee. Several large donations were received this year from various organizations, with specific objectives stipulated. This funding is critical; without donations, there are few financial resources to support Blueprint-related activities. Annual review of budget and maintenance of a contingency fund continue.

b) *Blueprint for Pharmacy Prize for Student Leadership:* A new initiative has been launched, designed to highlight awareness of and interest in Blueprint activities, and aimed specifically at pharmacy students. This new prize is designed to heighten interest amongst students in the work of the Blueprint and to gather ideas regarding promotion of Blueprint objectives within the pharmacy and broader communities. Information regarding this award is being distributed to Faculties via the Deans' offices. Organizations are being solicited to donate prizes to expand the pool of potential winners of this award.

c) *Potential Pharmacy Practice Research Opportunities:* Several recent donations have been secured with a specific focus on practice research. The Management Committee is currently developing mechanisms (such as calls for proposals, RFPs, etc.) to elicit high-quality responses from practice researchers within faculties of pharmacy and other organizations. Over the next year we anticipate several potential funding opportunities for practice-related research – calls for proposals and/or RFPs will be distributed via Deans' offices.

d) *Experiential Education Project:* Last year, AFPC successfully competed for funding from the Blueprint for an initiative related to experiential education. It was hoped that much of the work associated with this initiative would be completed by summer 2012; unfortunately, due to understandable scheduling/logistics issues, this is no longer possible. The initially proposed deliverables for this project have now been amended to reflect a more feasible time-line. Ultimately, this initiative (led by PEP-CAN) aims to evaluate alternative sustainable models for experiential education across the country; consequently, there is pan-Canadian and cross-sector interest in the outcome of this work.

e) *Faculty visits:* Conrad Amenta (Project Manager) and Management Committee members have presented to various faculties of pharmacy across the country. The objective is to heighten student awareness of the Blueprint and its impact on the future practice of new graduates. The response from students has been strong; several schools have developed new student organizations aimed specifically at supporting and advocating for Blueprint objectives. Faculties who are interested in inviting Conrad or a local Management Committee member to present on behalf of the Blueprint should contact Conrad directly at camenta@pharmacists.ca.

More detailed discussion of these and other Blueprint initiatives may be accessed through the monthly *Blueprint in Motion* newsletter, accessible at http://blueprintforpharmacy.ca/about/progress---blueprint-in-motion

AFPC's support of the Blueprint is sincerely appreciated.

Respectfully submitted,

Zubin Austin and Lalitha Raman-Wilms (AFPC Delegates to the Blueprint)

2012 CCAPP report to the AFPC Annual General Meeting
June 6th, 2012 Quebec City, Quebec

Executive of CCAPP (2011-2012):
President - Patricia Macgregor, CSHP Appointee
President Elect – Linda Suveges, PEBC Appointee
Executive Director - Wayne Hindmarsh

Meetings:
CCAPP Board held its Board and Annual meetings on June 13th and 14th, 2011 in Toronto. The CCAPP Board also had one teleconference on December 15th, 2011. The 2012 Executive, Board and Annual Meetings will be held June 12th and 13th in Toronto.

Highlights of activities over the last 12 months are as follows:

- **Accreditation activities**

  - **Degree programs.** At the Board meeting in 2011, the University of Alberta was awarded full accreditation status for 2011-2017. Four Canadian site visits were conducted during the fall of 2011: Laval University, University of Montreal, University of Waterloo, and University of Saskatchewan.

  - **Pharmacy Technician Programs.** At the June 2011 Board meeting, four Colleges were awarded provisional accreditation status: Robertson College (Winnipeg, Manitoba), Vancouver Community College (Vancouver, British Columbia), CDI College (Burnaby, British Columbia) and MTI Community College (Surrey, British Columbia). Two programs were awarded qualifying status at the meeting: CJ Healthcare College (Scarborough, Ontario) and National Academy of Health and Business (Mississauga, Ontario). Three additional Colleges received provisional accreditation status with conditions: Oulton College (New Brunswick), Okanagan College (British Columbia) and Winnipeg Technical College (Manitoba).

    Three new Colleges were awarded provisional accreditation at the December Board teleconference – Georgian College (Barrie, ON); Fleming College (Peterborough, ON); and Eastern College (Dartmouth, NS). Two subsequent new additions will be considered during the upcoming June meeting. Twenty-Four Colleges are in the process of being reviewed for consideration of Full Accreditation. It will take until December to complete these reviews.

  - **International programs (Degree and Pharmacy Technician).** A fourth site visit was conducted at the College of Pharmacy at Qatar University, Doha, Qatar, in December of 2011. The College of Pharmacy at Qatar University held Provisional Accreditation until December 2011. A decision will be made by the Board later in June as to whether full accreditation should be awarded. The pharmacy technician program at College of North Atlantic - Qatar Campus, Doha, Qatar, also holds Provisional Status. CCAPP continues to receive and consider requests to provide accreditation services to international pharmacy programs. A second visit was conducted at the King Saud University in Saudi Arabia in April, 2012 and the program in Beirut Arab University was reviewed for future consideration in May 2012.

- **Accreditation Standards**

  - **Pharmacy Technician Programs.** The Standards for Accreditation of Pharmacy Technician Programs in Canada (2012) were approved by the CCAPP Board in June 2011. These new standards became effective in January 2012. Both English and French translations are available on the CCAPP website. All programs reviewed after January 1, 2012 have been assessed using these Standards.

  - **Degree Programs.** The two AFPC representatives, Susan Mansour and Carmen Vezina, were appointed in June 2010 on the Undergraduate Degree Standards Committee. The Committee met several times over the past year to incorporate stakeholder feedback on draft standards. These standards will now be taken to the annual meeting June 13th for approval.

Respectfully submitted,
Susan Mansour and Carmen Vezina, AFPC delegates to CCAPP

AFPC Conference, 2012
Annual General Meeting
June 06, 2012
Quebec City, Quebec

PEBC Liaisons Report

Please find attached a concise summary of recent PEBC activities and summary statistics for 2011.

PEBC Pharmacist Register: A total of 2602 candidates wrote the Qualifying Examination-Part I (MCQ) in 2011, compared to 2442 in 2010. A total of 2101 candidates took the Qualifying Examination-Part II (OSCE), compared to 2017 in 2010. There were 1410 names added to the Pharmacist Register in 2011.

PEBC Pharmacy Technician Register: There are a growing number of pharmacy technicians participating in the PEBC certification process. There were 825 names added to the Pharmacy Technician Register by examination in 2011 bringing the total to 1325 since 2009.

PEBC Strategic Plan 2011-2014: As part of this plan, PEBC will conduct a feasibility study on the use of computerized testing in the delivery of PEBC examinations, and explore the use of electronic drug information references as well as electronic scoring of performance examinations at exam test centres.

PEBC By-Laws: PEBC will review its By-Laws in view of the new Not-For-Profit Act.

PEBC UPDATE 2012. The attached summary expands on these and other current activities.

Thank you to Dr. John Pugsley for preparing and providing the attached PEBC Update.

Respectfully submitted,

Lavern M. Vercaigne, Pharm.D.
Anne Marie Whelan, Pharm.D.
AFPC Liaisons to PEBC

N E W S
L E T T E R

PEBC UPDATE

Vol. 16 No. 1 March 2012

2012 Annual Board Meeting Summary

INSIDE

PEBC UPDATE
The Pharmacy Examining Board of Canada

Contributor:
J. Pugsley

The Pharmacy Examining Board of Canada held its 2012 Annual Board Meeting on March 3, 2012 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, the President, Jeff Whissell, or the Registrar-Treasurer, Dr. John Pugsley.

Board Appointments

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

Ontario College of Pharmacists:

Bonnie Hauser

2012 Executive Committee

President – Jeff Whissell
Vice-President – Dr. Anne Marie Whelan
Past-President – Tena Taylor

Executive Members:

Dr. Shawn Bugden
Jeff Jardine

2011 PEBC Statistics

PEBC Pharmacist Register:

There were 1410 names added to the Pharmacist Register by examination in 2011.

Pharmacist Qualifying Examination:

A total of 2606 candidates wrote the Qualifying Examination-Part I (MCQ) in 2011, compared to 2442 in 2010. A total of 2101candidates took the Qualifying Examination-Part II (OSCE), compared to 2017 in 2010.

There were a total of 19 candidates assessed for non-certification purposes.

Pharmacist Evaluating Examination:

There was an increase in the number of candidates writing this examination - 1598 in 2011, compared to 1548 in 2010.

Pharmacist Document Evaluation:

A total of 1649 applicants in 2011 were ruled acceptable for admission into the Evaluating Examination, compared to 1652 in 2010.

PEBC Pharmacy Technician Register:

There were 825 names added to the Pharmacy Technician Register by examination in 2011, bringing the total to 1325 since 2009.

Pharmacy Technician Qualifying Examination:

A total of 1135 candidates took the Qualifying Examination-Part I (MCQ) in 2011, compared to 530 in 2010 and 1050 took the Qualifying Examination-Part II (OSPE), compared to 493 in 2010.

A total of 407 candidates wrote the Winter Qualifying Examination-Part I (MCQ) and 357 candidates took Part II (OSPE) at 6 centres: 1 in British Columbia, 1 in Alberta and 4 in Ontario.

A total of 728 candidates wrote the Summer Qualifying Examination-Part I (MCQ) and 693 candidates took Part II (OSPE) at 7 centres: 1 in British Columbia, 2 in Alberta and 4 in Ontario.

Pharmacy Technician Evaluating Examination:

A total of 1693 candidates wrote the Pharmacy Technician Evaluating Examination in 2011 at centres in Ontario, British Columbia, Alberta, Nova Scotia, Newfoundland and Manitoba, compared to 1079 in 2010.

PEBC By-Laws

In 2012, PEBC will review its By-Laws in view of the new Not-For-Profit Act and will make any necessary changes in preparation for the application for articles of continuance under the new Act.

Blueprint for Pharmacy – Steering Committee

J. Pugsley serves as PEBC representative on the Blueprint for Pharmacy Steering Committee (BPSC). He continues to provide regular BPSC reports to the Board and Executive Committee. The blueprint for pharmacy website, www.blueprintforpharmacy.ca has a number of resources useful to pharmacists. A $250,000 contribution from Shoppers Drug Mart will help to fund new Blueprint for Pharmacy research.

Committee on Examinations

At the March 2012 meeting, the Committee on Examinations reviewed measures to enhance the security of PEBC examinations. OSCE stations have been developed to enhance the testing of professional collaboration. A multi-disciplinary workshop to consider the enhancement of the testing of inter- and intra-professional collaboration in the Pharmacist and Pharmacy Technician Qualifying Examinations and examinations offered by other health professions, will be conducted in April 2012. PEBC continues to monitor evolving scopes of practice to ensure that these practices are reflected in PEBC examinations.

Public Relations Committee

At the March 2012 meeting, the Public Relations Committee reviewed the PEBC Communication Strategy Plan pertaining to communication strategies for pharmacy technician candidates and pharmacy technician educators.

The use of the Pharmacy Technician section on the website will continue to be promoted to stakeholders and potential candidates. A digital "question and answer" document regarding the pharmacy technician examinations has been sent out to a number of stakeholders, including the Canadian Pharmacy Technician Educators Association (CPTEA) for distribution to potential candidates. This information is available on the PEBC website. An orientation video for the Pharmacy Technician Qualifying Examination is currently being developed and will be available on the PEBC website later in the year.

A revised orientation video for the Pharmacist Qualifying Examination is also being developed.

A digital "question and answer" document on the Pharmacist Qualifying Examination has been developed for first and second year pharmacy students to orient them to PEBC. This document has been distributed to students through CAPSI and will be sent out annually.

The Public Relations Committee developed criteria for PEBC sponsorship of awards for AFPC and CPTEA. These awards were approved by the Board and will be sent to AFPC and CPTEA, respectively, for their consideration. The awards will focus on research and/or innovations in the assessment of competence.

PEBC continues to present research at a number of conferences. In September 2011, PEBC presented an oral paper on the development of the PEBC Pharmacy Technician Examinations at the Council on Licensure, Enforcement and Regulation conference in Pittsburg.

In August 2011, PEBC presented at the Association of Medical Education of Europe (AMEE) Conference on the methodology and outcomes of standardizing Standardized Patient (SP) and SP trainer performance in variable assessment contexts.

In March 2012, PEBC presented two oral research papers and co-conducted a workshop at the 15th International Ottawa Conference on the Assessment of Competence in Medicine and the Health Professions.

PEBC Strategic Plan 2011-2014

As part of the 2011-2114 strategic plan, PEBC will be conducting a feasibility study on use of computerized testing in the delivery of PEBC multiple choice examinations in 2012. A Steering Committee will be formed to oversee this study.

In addition, PEBC will also explore the use of electronic drug information references in OSCE stations, as well as electronic scoring in the PEBC performance (OSCE/OSPE) examinations.

PEBC is also exploring potential involvement in assessments related to advanced practice or specialty certification.

Board Meetings

The next Board meeting and committee meetings will be held on October 26-27, 2012 (Mid-Year Meeting). The date of the next Annual Meeting is tentatively set for March 2, 2013, with Committee Meetings preceding.

Executive Director's Annual Report – 2011/12
Submitted by Harold Lopatka

Over 2011/12 the AFPC focus has been on activities related to our changing environment. Three major activities were prominent. These activities will continue into 2012/13.

The first activity was the continuation of the process to review and revise the AFPC governance model. The current AFPC model of governance was established in 1969/70 with a few minor revisions made over the succeeding years. An additional review consideration was the recent proclamation of new federal legislation addressing the governance of not-for-profit organizations, the *Canada Not-for-Profit Corporations Act*. This legislation will require that all not-for-profit organizations review bylaws and their objects of incorporation. In 2010/11 the joint AFPC / ADPC ad hoc governance review committee studied the current governance model and governance models in other organizations. After the review, there was agreement in principle that a single Board of Directors and a single voice for academic pharmacy in Canada should be established. In early 2012, the bylaw revision process was initiated. A lawyer specializing in not-for-profit organizations was retained. The following are a few of the principles addressed in the new bylaws. The Board of Directors will be made up of 5 voting members from the Council of Faculties and 5 voting members from the Council of Deans. The 10 member Board will have a President and Vice President. The President position will rotate annually between the Council of Faculties and Council of Deans. Faculty and Dean voting members will be limited to 10 Council of Faculties and 10 Council of Deans representatives. There will be 1 voting member per individual faculty on the Council of Faculties and 1 voting member per individual faculty on the Council of Deans. The bylaws will be approved at the June 6 annual general meeting.

The second activity was the initiation of a major project to develop a national education program for pharmacists (clinicians) in training. The project successfully received funding from through Canada Health Infoway. The project proposal was entitled "Educational Program for Optimizing the Use of Pharmacy Information and Information Technology". The project is relevant as the e-health competencies for pharmacists are changing (new pharmacist practice model, use of electronic health records). Ms. Donna Pipa (Alberta) was hired as the project manager. As well she is conducting the research phase of the project (literature search to identify competencies and best practices). A multi-sector project steering committee was established to provide guidance (includes representatives from AFPC, ADPC, CAPSI, CPhA, CSHP, CACDS, and CPTEA). Marie Rocchi (Toronto) and Nancy Kleiman (Manitoba) were engaged as faculty experts to develop the educational program content. Web design specialists will be hired to assist in formatting for the program for on line use. The project is presently scheduled for completion in September 2013. Similar projects are underway through the Association of Faculties of Medicine of Canada (AFMC) and the Canadian Association of Schools of Nursing (CASN).

The third activity was the planning for a multi stakeholder workshop about the future capacity and quality for pharmacy experiential education in Canada. Our PEPC chair and co-chair (Andrea Cameron and Ann Thompson) have contributed a significant amount of time in developing a project charter for the workshop, conducting preliminary research on the topic and planning the workshop. The workshop will be facilitated by an external consultant, Art Whetstone. The workshop was originally scheduled for June 2012. Feedback was received from a number of the external stakeholders that the workshop was an important one to attend but the date was in conflict with the final day of the Canadian Pharmacists Association annual meeting. A decision was made to postpone the workshop. A new date and location will be determined (likely in October 2012). This project was identified through an action objective in the Blueprint for Pharmacy priorities and partial funding will be provided through the Blueprint for Pharmacy steering committee to conduct the workshop.

Executive Director Activities

This year (2011/12) was the first full year in the role of AFPC / ADPC Executive Director. The year has been busy one for me with the three priority areas discussed above plus the routine duties which are part of the position. The following are comments about a few selected activities.

Financial planning – The increase in faculty contribution fees in 2011 and the addition of new sponsors resulted in a balanced budget for 2011. The financial turbulence in the pharmaceutical industry will have an impact on the amount of award and conference sponsorships in 2012.

Contribution to pharmacists in training project – I am functioning as the principal investigator for this project (providing direction and leadership) and spending significant time on the project. The Executive Director contract was extended by 1 day per week funding for 2012. This was approved through ADPC.

Strategic focus – A part time Administrative Assistant position was approved in the budget for 2011. The first candidate did not work out. Doreen Sproule was contracted for the position late in 2011. Her assistance has allowed me to focus on more strategic level activities.

Student employment survey – AFPC and ADPC recognized the need to monitor the changing employment situation for new graduates (due to reductions in community pharmacy reimbursement). The first annual AFPC national student employment survey was launched via survey monkey.

Global Alliance for Pharmacy Education – We are continuing to work with AACP and other international organizations to establish this global organization. AFPC is contributing information to a website that has been created (see http://www.gapenet.org). In addition, there will be an education session about GAPE at the July 2012 AACP annual conference.

AFPC Council / ADPC Dean's Group

The Council members for 2011-12 were: Tessa Nicholl (British Columbia), Nése Yuksel (Alberta), Kerry Mansell (Saskatchewan), Silvia Alessi-Severini (Manitoba), Nancy Waite (Waterloo), Andrea Cameron (Toronto), Frédéric Calon (Laval), Daniel Thirion (Montreal), Mary MacCara (Dalhousie), and Carla Dillon (Memorial). The 2011-12 Executive Committee members were Ingrid Price (President), Daniel Thirion (President Elect), Lalitha Raman-Wilms (Past President) and Pierre Moreau (ADPC Liaison). The Council held three meetings: new council meeting in June 2011, mid year meeting in February 2012, and annual council meeting in June 2012. The Executive committee met two times. The format for Council meetings has been changed to reduce the amount of time councilors spend away from home and to improve efficiency. The new council meeting format for mid year and annual meetings is to hold a 3 hour web / teleconference (1-2 weeks in advance of a face to face meeting) and a full day face to face meeting.

The Dean's group members for 2011-12 were: Bob Sindelar (British Columbia), James Kehrer (Alberta), David Hill (Saskatchewan), Neal Davies (Manitoba), David Edwards (Waterloo), Henry Mann (Toronto), Jean Lefebvre (Laval), Pierre Moreau (Montreal), Rita Caldwell (Dalhousie), and Linda Hensman (Memorial). Pierre Moreau was the ADPC President. The Deans held three meetings: annual meeting in October 2011, mid year meeting in February 2012, and interim meeting in June 2012.

The joint AFPC Council and ADPC Deans group Ad Hoc Governance Review Committee was established to provide oversight over the governance review process including setting direction for the new governance structure, and reviewing and developing new by-laws. Members of this committee were Ingrid Price, Nancy Waite, Lalitha Raman-Wilms, Daniel Thirion, Pierre Moreau, James Kehrer and Henry Mann. The committee held five meetings over the year.

AFPC Committees

The following were committee chairs in 2010-11: Andrea Cameron (awards), Lalitha Raman-Wilms (by-laws and nominations), Daniel Thirion / Tessa Nicholl (communications), Silvia Alessi-Severini (research), Frédéric Calon (conference 2012), Nancy Waite / Colleen Maxwell (conference 2013), Nése Yuksel (education), and Andrea Cameron (PEPC). Thank you to all chairs and committee members for their commitment and work. The following are selected highlights from committees.

Awards

The Awards committee members were Andrea Cameron (chair), Lisa Bishop, Mary MacCara, and Praveen Rao Perampalli Nekkar. The committee met two times to review awards and criteria. External sponsorship was lost for two awards in 2012 (Bristol-Myers Squibb National Award for Excellence in Education and the Sanofi-Aventis New Investigator Award). Fortunately Leo Pharma Ltd was able to be a sponsor for the excellence in education award. A new sponsor will be recruited for the new investigator award.

The 2012 awards competition was strong for all faculty and student awards with a total of 25 nominations received. Nominations were received for the following AFPC faculty awards: New Investigator Award, Leo Pharma National Award for Excellence in Education, Pfizer Research Career Award, and Janssen Innovation in Education Award. Nominations were received for the following AFPC student awards: GlaxoSmithKline (GSK) Graduate Student Research Award, Merck Post Graduate Pharmacy Fellowship Award, and Canadian Foundation for Pharmacy (CFP) Graduate Student Award for Pharmacy Practice Research.

Congratulations to our 2012 AFPC award winners.

- SHIRIN RIZZARDO – University of British Columbia - Merck Post Graduate Pharmacy Fellowship Award
- SUZANNE CADARETTE – University of Toronto - New Investigator Award
- LALITHA RAMAN-WILMS – University of Toronto – Leo Pharma National Award for Excellence in Education
- SÉBASTIEN FORTIN – Université Laval - GSK Graduate Student Research Award
- MICHELINE PIQUETTE-MILLER – University of Toronto - Pfizer Research Career Award
- JASON PEREPELKIN – University of Saskatchewan - Janssen Innovation in Education Award
- MARY ELIAS - University of Toronto – CFP Graduate Student Award for Pharmacy Practice Research

The following were the 10 winners for the AFPC - Rx and D Pharmacy Student Research Poster Award.

- SAI KIRAN SHARMA – University of Alberta
- GINA CRAGG – University of British Columbia
- RANDEEP KAUR – University of Saskatchewan
- SARAH WAY – Memorial University
- SOPHIE CARTER – Université Laval
- DOUGLAS MACQUARRIE – Dalhousie University
- NILASHA BANERJEE – University of Toronto
- MARYAM VASEFI – University of Waterloo
- ARIANE LESSARD – Université de Montréal
- STEPHANIE MOROZ – University of Manitoba

The award winners will be recognized at the June 7 AFPC awards banquet.

AFPC could not conduct the awards program without our hard working chair, Andrea Cameron from the University of Toronto, and the assistance of a group of dedicated reviewers and volunteers. Thank you to the following awards program reviewers and volunteers for their contributions (listed by faculty).

- Dalhousie – David Jakeman, Pollen Yeung, Mary MacCara
- Memorial – Erin Schwenger, Amy Conway, Terri Genge
- British Columbia – Kishor Wasan, Marion Pearson, David Fielding
- Montréal – Louise Mallet, Sylvie Marleau
- Laval – Olivier Barbier, Benoit Drolet, Julie Méthot, Chantal Guillemette, Roxanne Pouliot, Line Guénette, Thérèse Di Paolo, Chantale Simard
- Alberta – Nése Yuksel
- Manitoba – Nancy Kleiman
- Saskatchewan – Ildiko Badea, David Blackburn, Ed Krol, Linda Suveges
- Toronto – Suzanne Cadarette, Dave Dubins, Wayne Hindmarsh, Lisa McCarthy, Linda Mackeigan
- Waterloo – Michael Beazely, Nardine Nakhla, Praveen Nekkar Rao, Cynthia Richard

Bylaws

The bylaws committee consists of Lalitha Raman-Wilms and Harold Lopatka. Both Lalitha and Harold are part of the Ad Hoc Governance Review Committee. A major output of the current governance review process is the development of a new set of AFPC bylaws. Also, the new bylaws will be in alignment with the requirements under the Canada Not for Profit Corporations Act. The new bylaws will be reviewed and approved by AFPC council, ADPC and at the AGM. After internal review and there will be an external approval initiated by an application for continuance under the new Act to Corporations Canada and the Canada Revenue Agency.

Conference

This 2012 AFPC Annual Conference and Meeting is planned for June 5-7 at the Chateau Laurier Hotel in Quebec. The title for the conference is “Education and Research: Challenges and Successes”. Thank you to the local conference planning committee Frédéric Calon (chair), Jean Lefebvre (Dean), Benoît Drolet, Chantale Simard, Roxane Pouliot, Carmen Vézina, Eric Couture and Claude Massicotte.

The dates and location for the 2013 AFPC Annual Conference and Meeting (CPERC) will be approved at the June AFPC annual council meeting. The 2013 CPERC meeting will be hosted by the University of Waterloo with the conference dates being June 11-13, 2013 at Niagara on the Lake. The main setting for the conference will be the Queens Landing which is one of the Vintage Hotel group (3 other local hotels). The initial members of the local conference planning group are Colleen Maxwell (chair), Susan Fowler, Dave Edwards, and Nancy Waite.

Communications

The communications committee consists of Daniel Thirion, Tessa Nicholl, and Silvia Alessi-Severini. There were 3 editions of the newsletter published. The committee activities included development of an AFPC communications plan and a website design and maintenance document. In addition, the French translation of the 2010 educational outcomes was completed. In 2012/13 a request for proposal will be developed and issued for external assistance to redesign the AFPC website (current website is costly and unstable for new postings). The roles and responsibilities for communications will be reviewed as this organizational function is a shared responsibility under the new governance model (i.e., shared between Board of Directors, Council of Faculties, Council of Deans).

Education

The education committee consists of Nése Yuksel, Nancy Waite, Silvia Alessi-Severini, Ingrid Price, and Sheryl Zelenitsky, Frédéric Calon. The committee activities included liaison with the local committee and planning for CPERC 2012 and 2013, implementing an evaluation framework for the 2010 educational outcomes, conducting a needs assessment on curriculum mapping, and monitoring the pilot project with Canadian Patient Safety Institute (CPSI) on mapping educational outcomes and safety competencies.

Nominations

The nominations committee consists of Lalitha Raman-Wilms and Harold Lopatka. The nomination process continued for Councilors, as under the new governance structure, there will continue to be 10 Councilors required for the Council of Faculties. Nominations were received for two Councilor positions. New councilors nominated were Kerry Mansell who replaces Bev Allen for Saskatchewan, and Tannis Jurgens who replaces Mary MacCara for Dalhousie (for the period 2012-2015). Daniel Thirion will continue as Montréal councilor and Frédéric Calon will continue as Laval councilor. For the Executive, Daniel Thirion moves to Council President and Ingrid Price moves to Council Past President. No nominations were solicited for President elect. In the new governance model, the Council of Faculties executive will be made up of a chair and vice chair.

Pharmacists (Clinicians) in Training

A funding proposal was submitted to Canada Health Infoway in summer 2011. The project was approved in September 2011. Major activities occurring in the year include the recruitment and hiring of our project manager (Donna Pipa), establishment of project steering committee, recruitment of faculty experts (Marie Rocchi and Nancy Kleiman), substantial completion of research phase (literature search and synthesis), and initiation of the education program (on line education program).

The members of the multi sector project steering committee are David Edwards (Chair), Nancy Waite (AFPC), Doris Nessim (CSHP), Justin Bates (CACDS), Jillian Grocholsky (CAPSI), Marc Desgagne (AFPC), Janet MacDonnell (CPhA), Margaret Woodruff (CPTEA), Anne Fazzalari (CHI), and Valerie Leung (CHI).

Pharmacy Experiential Education – Canada (PEPC)

The respective committee chair and co-chair for 2011-12 were Andrea Cameron and Ann Thompson. Other committee members were Harriet Davies, Wanda Spurrell, Louise Mallet, Ema Ferreira, Céline Brunelle, Carmen Vézina, Cheryl Cox, Marlene Gukert, Adrienne Lindblad, Jolene Polack, Paulo Tchen, Jasdeep Jawanda, Angela Kim-Sing, Kelly Brink, Nancy Kleiman, Shauna Gerwing, Annie Lee, Katrina Mulherin, Anson Tang and Anthony Miller.

Major activities included planning for the June 5-6 PEPC annual meetings, and planning for the multi stakeholder workshop on experiential education.

AFPC / ADPC / Academic Pharmacy Representatives on External Committees

The following lists external committees and AFPC / ADPC / Academic pharmacy representatives. Some written reports were received from representatives (for the committees denoted with an asterisk).

- Blueprint for Pharmacy Steering Committee* – Lalitha Raman-Wilms, Zubin Austin, David Hill, Henry Mann

- Canadian Council for Accreditation of Pharmacy Programs (CCAPP) – Susan Mansour, Pierre Moreau (Lalitha Raman-Wilms to replace Susan Mansour in 2013)
- Canadian Council for Continuing Education in Pharmacy (CCCEP) – Maria Bystrin
- Canadian Patient Safety Institute (CPSI) – Henry Mann
- Canadian Pharmacists Association (CPhA) - Board Academic Member – Rita Caldwell
- Canadian Pharmacy Practice Research Group (CPPRG) - Vacant
- Pharmacy Examining Board of Canada (PEBC)* – Anne Marie Whelan, Lavern Vercaigne (nomination required to replace Lavern Vercaigne in 2013)
- United States Pharmacopeial Convention (USP) – Raimar Löbenberg
- Drug Safety and Effectiveness Network (DSEN) – National Curriculum Advisory Committee - Nése Yuksel
- National Association of Pharmacy Regulatory Authorities (NAPRA) IPG Advisory Group – Sandi Hutty
- Public Health Agency of Canada – Travel Health Capacity Building Working Group – Nancy Sheehan
- Canadian Hospital Pharmacy Residency Board – Derek Jorgenson

Acknowledgement of 2012 Sponsors

AFPC relies on external sponsors to provide support for the awards program and conference. Thank you to these sponsors for their continued support. The following is a list of confirmed sponsors for 2012.

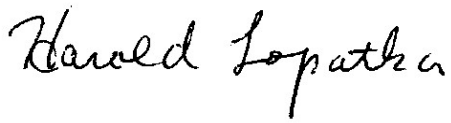
Awards

Rx and D
Merck Canada Ltd
Janssen Inc
Pfizer Canada Inc
Glaxo Smith Kline (GSK)
Canadian Foundation for Pharmacy
Leo Pharma Ltd

Conference

Rx and D
Merck Canada Ltd
Janssen Inc
Pfizer Canada Inc
GlaxoSmithKline
Rexall
Nycomed Canada Ltd (Takeda)
Teva Canada Ltd
Canada Safeway Ltd
Le Group Jean Coutu (JC) Ltd
Lundbeck Canada Ltd

Submitted by



Harold Lopatka
Executive Director
May 23, 2012

PART 4.0

GOVERNANCE REVIEW
AND
NEW AFPC BY-LAWS

2012

Governance Review - Proposed AFPC Bylaws

June 6, 2012

Lalitha Raman-Wilms (Bylaw chair)

Harold Lopatka (Executive Director)

Presentation Overview

- AFPC Governance review process
  - Background
  - Process
- Canada Not-for-Profit Corporations Act and Regulations
- Proposed AFPC Bylaws
- AFPC Board policies
- Application for AFPC continuance

Governance Model: Background

- current AFPC model established in 1969/70 with a few minor revisions
- October 2010: initial discussions to review as many similarities between the Strategic Plan and goals of ADPC and AFPC
- Additional consideration: recent proclamation of new federal legislation addressing the governance of not-for-profit organizations (must review by-laws and their objects of incorporation)
  - *The Canada Not-for-Profit Corporations Act*

AFPC New Governance Model

- October 2010 – A joint AFPC Council and ADPC Deans group Ad Hoc Governance Review Committee was established
- Purpose: to provide oversight over the governance review process including setting direction for the new governance structure, and reviewing and developing new by-laws.
- Members: Ingrid Price, Nancy Waite, Lalitha Raman-Wilms, Daniel Thirion, Pierre Moreau, James Kehrer and Henry Mann
- June 2011 AGM: A Proposed Governance Structure was presented to members and support was given to proceed with review of bylaws
- The committee held five meetings over the year

Benefits of new model

- Closer alignment with governance best practice frameworks: effective and efficient functioning and governance
- Creates single voice and entry point for academic pharmacy in Canada: potential to maximize strengths and opportunities
- Clarity related to membership

Governance Structure

Current Structure

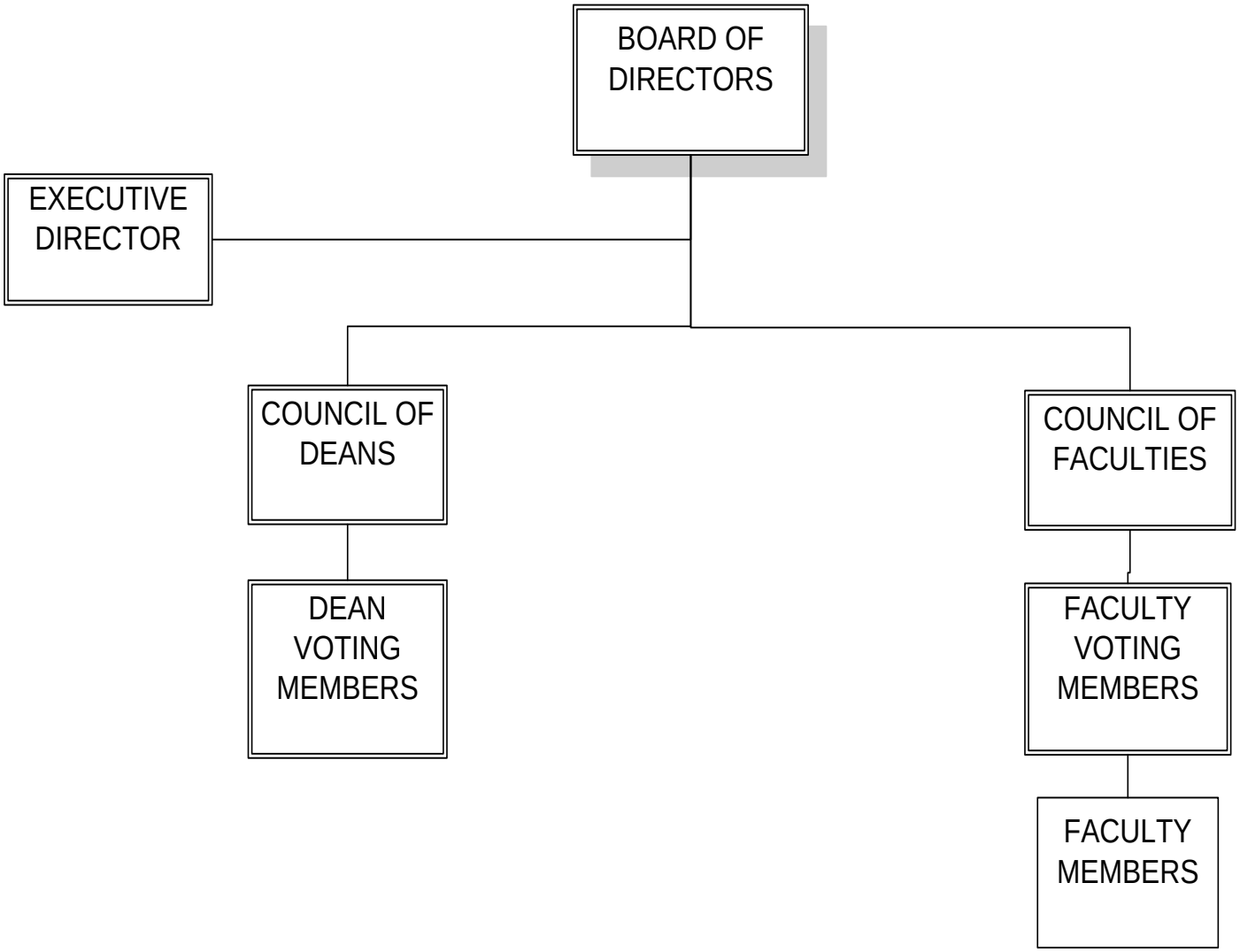
- Two Associations
- AFPC Council (13 members)
  - President
  - President Elect
  - Past President
  - One council member from each Faculty (10)
  - Executive Director
- ADPC (10 members)
  - Dean from each Faculty (10)
  - President
  - Executive Director

New Structure: AFPC

- One Association
- Board of Directors (Dean or faculty member from each Faculty – 10)
  - President
  - Vice-President
- Council of Deans
  - Dean from each Faculty (10)
  - Chair and Vice-Chair
- Council of Faculties
  - Faculty rep from each Faculty (10)
  - Chair and Vice-Chair

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA

GOVERNANCE MODEL



AFPC Members

VOTING MEMBERS

•Dean Voting Members (10)
(Term: as long as he/she is a Dean)

•Faculty Voting Members (10)
(Term: 3 years)

NON-VOTING MEMBERS

- Faculty Members
- Associate Members (an individual admitted into membership by the Board; e.g. Executive Director PEBC)
- Affiliate Members (an entity admitted into membership by the Board; e.g.Pfizer)
- Term for all: one year (annual renewal)

Canada Not-for-Profit Corporations Act and Regulations

- Replacement for *Canada Corporations Act* – Part II (original act - 1917)
- Approximately 19,000 NPO and charities incorporated under CCA
- New Act received assent in June 2009 (regulations approved fall 2011)
- Provides modern governance principles, standards and machinery – similar to *Canada Business Corporations Act*.
- It is comprehensive, coherent, reasonably clear, innovative and flexible.

New By-Laws

- Align with the new governance model & the new federal legislation
- By-laws: minimalist set of by-laws
- Key differences from current by-laws:

-Committee / sub-committees are not specified and not needed at this level

-Focus: relationship between membership and the Board

Table of Contents – Proposed AFPC Bylaws

Review of Proposed AFPC Bylaws – Version 12

Next Steps

- Approval of Continuance by Industry Canada and Canada Revenue Agency
- Selection of 5 Council of Faculties and 5 Council of Deans Board Directors

QUESTIONS & ANSWERS

What are the benefits / value of the new Governance Model?

- See following slides

Expected benefits / values

- 1) Closer alignment with governance best practice frameworks
  - Governance model creates a single Board that represents the two major principals or owners of academic pharmacy (Deans, faculty members)
  - Focuses core governance responsibilities into single structure (leadership, stewardship, monitoring, reporting)
  - Appropriate structure for effective and efficient functioning and governance

Expected values / benefits

- 2) Other potential benefits / value
  - Creates single voice and entry point for academic pharmacy in Canada
  - Potential to maximize strengths and opportunities (integrate planning and decision making, improve communications - bilaterally, reduce differences in perspectives, increase faculty buy-in and engagement, opportunities for collaborations and partnerships, communication opportunities, funding opportunities)
  - Closer alignment to governance models in organizations with similar mandates (AACP, AFMC).

What is the difference between the function of the Board and the function of the Council and Deans?

- See following slides

Board of Directors - Responsibilities

- Leadership – Set the strategic direction for AFPC and put into place leadership to accomplish the strategic direction.
- Stewardship – Shepherd fiduciary resources belonging to pharmacy faculties, individual AFPC members and others.
- Monitoring – Receive and review measures of performance and hold management accountable for success.
- Reporting – Account to the principals; AFPC members, pharmacy faculties, and others on the results of using their capital.

Board of Directors - Functions

- The main governance functions are strategic planning, financial review, and by-laws. In addition, the board will conduct high level AFPC communications with external stakeholder organizations e.g., partnerships and collaborations.

Council of Faculties – Functions

- The Council of Faculties represents and supports faculty members in their pursuit of excellence in pharmacy education and scholarly activities in AFPC member colleges and faculties of pharmacy.
- Functions: conference planning, awards, education, special committees (e.g., program evaluation), other committees (e.g., ad hoc issue specific committees), nominations, communications (e.g., newsletter, website), research and experiential programs. The Council will advise the Board on strategic priorities. These functions will occur through committees or assigned individuals.

Council of Deans – Functions

- The Council of Deans serves as a forum for Deans to exchange information, horizon scanning and provides input, guidance and support for challenges and opportunities relating to pharmacy education, research and scholarly activities. In addition, the Council of Deans will build relationships through communications with external stakeholders for funding and other partnerships.

How are the Board of Directors selected?

AFPC Board Policy – draft revised June 1, 2012

Director Selection Process

The Board of Directors are selected annually. The following principles and process shall be used in the annual selection of Directors.

Principles

- 10 Directors
- 5 Directors from Faculty Voting Members (Council of Faculties)
- 5 Directors from Dean Voting Members (Council of Deans)
- Achieve balance of 1 Director from each Faculty

Process

1. Annually, the Council of Faculties selects 5 Directors from the 10 Faculty Voting Members. The Directors selected may be the same as the previous year or new selections. The Directors selected must be Voting Members for their entire term as Director as per the Council of Faculties term of office and selection schedule (see following description of term of office and selection schedule).

Council of Faculty term of office – Term of office commences July 1 for the year when the term starts. Faculty Voting member term of office is 3 years (maximum 2 consecutive terms).

Selection Schedule for Council of Faculty

Group	University	3 Year Term Starts
A	Saskatchewan Montreal Dalhousie	2009, 2012, 2015, 2018, 2021, 2024, 2027, etc.
B	Manitoba Waterloo Alberta British Columbia	2010, 2013, 2016, 2019, 2022, 2025, 2028, etc.
C	Toronto Laval Memorial	2011, 2014, 2017, 2020, 2023, 2026, 2029, etc.

2. Annually, the Council of Deans selects 5 Directors from the 10 Dean Voting Members. The Directors selected may be the same as the previous year or new selections. The dean Directors selection occurs after the Council of Faculty selections to ensure balance of representation from each Faculty.

How are faculty members (non-voting) identified?

The Association of Faculties of Pharmacy of Canada

Schedule A – Eligible Faculty / Faculty Member

The following Canadian University Faculties, Schools or Colleges of Pharmacy are considered Eligible Faculty.

University of British Columbia, Faculty of Pharmaceutical Sciences
University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences
University of Saskatchewan, College of Pharmacy and Nutrition
University of Manitoba, Faculty of Pharmacy
University of Waterloo, School of Pharmacy
University of Toronto, Leslie Dan Faculty of Pharmacy
Université de Montréal, Faculté de pharmacie
Université Laval, Faculté de pharmacie
Dalhousie University, College of Pharmacy
Memorial University, School of Pharmacy

Each Eligible Faculty will publish inclusion criteria for determining individuals who are eligible to be in the Faculty Member membership class of the Association of Faculties of Pharmacy of Canada.

What will be the opportunities for Faculty members (non-voting) to participate in AFPC's work?

- No change from today, influence directly and indirectly, Chairs of committees, committee members, elect or select councilor locally

What is the difference between Associate and Affiliate members?

- “Affiliate member” means an entity admitted into membership by the Board of Directors on terms determined by the Board and which entities may participate in the affairs of the Association by a representative designated in writing, attend meetings of the members but are not entitled to vote

Affiliate / Associate

- “Associate Members” means individuals admitted into membership by the Board of Directors on terms determined by the Board and who may participate in the affairs of the Association, attend meetings of the members but who are not entitled to vote

Does the mission of AFPC change?

- Not sure yet. Board will go through strategic planning. Any changes to strategic plan will be reflective of the mission of the universities in terms of education and research.

2012 AFPC AGM Motion

- **THEREFORE** be it resolved by the members of the Association:
- (1) The attached form 4031 Articles of Continuance is approved unamended;
- (2) The attached bylaws are approved unamended; and
- (3) The directors are authorized that two of their number or any single office those directors might designate take all steps necessary to file Form 4031 and any necessary and related documents with Industry Canada and the Charities Directorate of CRA Agency and in so doing the Directors are authorized to correct any typographical or similar errors later found in Form 4031 or the Bylaws and to make any other changes that might be necessary but not materially different from what is here approved to ensure compliance with requirements of industry Canada and the Charities Directorate.

BY-LAW NO. 1

A by-law relating generally to the conduct of the affairs of The Association of Faculties of Pharmacy of Canada (the "Association")

TABLE OF CONTENTS

BE IT ENACTED as a by-law of the Corporation as follows:

SECTION 1 - General

1.01 Definitions

In this by-law and all other by-laws of the Association, unless the context otherwise requires:

a) "Act" means the Canada Not-for-profit Corporations Act S.C. 2009, c.23 including the Regulations made pursuant to the Act, and any statute or regulations that may be substituted, as amended from time to time;

b) "Articles" means the original or restated articles of incorporation or Articles of amendment, amalgamation, continuance, reorganization, arrangement or revival of the Association;

c) “Affiliate member” means an entity admitted into membership by the Board of Directors on terms determined by the Board and which entities may participate in the affairs of the Association by a representative designated in writing, attend meetings of the members but are not entitled to vote;

d) “Associate Members” means individuals admitted into membership by the Board of Directors on terms determined by the Board and who may participate in the affairs of the Association, attend meetings of the members but who are not entitled to vote;

e) "Board" means the Board of Directors of the Association and "Director" means a member of the Board;

f) "by-law" means this by-law and any other by-law of the Association as amended and which are, from time to time, in force and effect;

g) “Council of Deans” means the Dean Voting Members meeting together to consider such matters as are contemplated for that Council in this Bylaw;

h) “Council of Faculties” means the Faculty Voting Members meeting together to consider such matters as are contemplated for that Council in this By-law;

i) “Dean Voting Member” means the Dean or Director of an Eligible Faculty admitted into membership and Dean Voting Members means those individuals taken together;

j) “Eligible Faculty” means a Faculty, School or College of Pharmacy of a Canadian University listed in Schedule “A” to this by-law for initial identification purposes only which listing shall be confirmed or modified as the last item of business of each annual meeting of the members, failing which the last Schedule “A” so confirmed will determine an Eligible Faculty;

k) “Faculty Voting Member” means the individual from an Eligible Faculty admitted into membership and Faculty Voting Members means those individuals taken together;

l) “Members” includes voting and non-voting members;

m) "Meeting of Members" includes an annual meeting of Members, or a special meeting of those Members; "special meeting of Members" does not include a meeting of any class or classes of Members unless called as a special meeting, and a special meeting of all Members entitled to vote at an annual meeting of Members;

n) “Faculty Members” means individuals who may participate in the affairs of the Association, attend meetings of the Members but who are not entitled to vote, admitted into membership by the Board of Directors:

(i) on terms established by the Board;
(ii) after receiving a written application sponsored by an Eligible Faculty and
(iii) which individuals are qualified in accordance with published criteria of the sponsoring Eligible Faculty.

o) "Ordinary Resolution" means a resolution passed by a majority of not less than 50% plus 1 of the votes cast on that resolution;

p) "Regulations" means the regulations made under the Act, as amended, restated or in effect from time to time; and

q) "Special Resolution" means a resolution passed by a majority of not less than two-thirds (2/3) of the votes cast on that resolution.

Interpretation

In the interpretation of this by-law, words in the singular include the plural and vice-versa, words in one gender include all genders, and "person" includes an individual, body corporate, partnership, trust and unincorporated organization.

Other than as specified in 1.01 above, words and expressions defined in the Act have the same meanings when used in these by-laws.

1.02 Corporate Seal

The Association may have a corporate seal in the form approved from time to time by the Board. If a corporate seal is approved by the Board, the secretary of the Association, or another officer designated by the Board, shall be the custodian of the corporate seal.

Execution of Documents

Deeds, transfers, assignments, contracts, obligations and other instruments in writing requiring execution by the Association may be signed by any two (2) of its officers or Directors. In addition, the Board may from time to time direct the manner in which, and the person or persons by whom, a particular document or type of document shall be executed. Any person authorized to sign any document may affix the corporate seal (if any) to the document. Any signing officer may certify a copy of any instrument, resolution, by-law or other document of the Association to be a true copy thereof.

1.03 Financial Year End

The financial year end of the Association shall be determined by the Board of Directors.

1.04 Banking Arrangements

The banking business of the Association shall be transacted at such bank, trust company or other firm or corporation carrying on a banking business in Canada or elsewhere as the Board of Directors may designate, appoint or authorize from time to time by resolution. The banking business or any part of it shall be transacted by an officer or officers of the Association and/or other persons as the Board of Directors may by resolution from time to time designate, direct or authorize.

1.05 Annual Financial Statements

The Association may, instead of sending copies of the annual financial statements and other documents referred to in subsection 172(1) (Annual Financial Statements) of the Act to the Members, publish a notice to its Members stating that the annual financial statements and documents provided in subsection 172(1) are available at the registered office of the Association and any member may, on request, obtain a copy free of charge at the registered office, by prepaid mail or delivered electronically.

SECTION 2 - Membership – Matters Requiring Special Resolution

2.01 Membership Conditions

Subject to the Articles, there shall be two classes of Members in the Association, namely, voting Members and non-voting Members. Each of the Dean Voting Members and Faculty Voting Members is a voting class. Faculty Members, Affiliate Members and Associate Members are non-voting Members. The Board of Directors of the Association may, by resolution, approve the admission of the Members of the Association. Members may also be admitted in such other manner as may be prescribed by the Board by ordinary Resolution. The Board of Directors may require payment of dues on such terms and conditions as the Board from time to time determines for each class.

The following conditions of membership shall apply:

2.02 Dean Voting Members

a) Membership as a Dean Voting Member is available only to those individuals serving as the Dean, Interim Dean or Acting Dean of an Eligible Faculty. An Application for membership is deemed received by the Association on the date of the appointment of that individual as Dean, Interim Dean or Acting Dean to an Eligible Faculty and which application is then considered by the Board of Directors.

b) The term of membership of a Dean Voting Member is concordant with their appointment as a Dean;

c) Each Dean Voting Member is entitled to receive notice of, attend and vote at all meetings of Members and all meetings of the Council of Deans and each Dean Voting Member is entitled to one (1) vote at those meetings.

2.03 Council of Deans

Dean Voting Members meeting together shall elect a Chair and Vice-Chair of the Council each year. The Council of Deans shall consider such matters as its Members propose for consideration and as the Board might direct and any decision of the Council shall be forwarded as a recommendation to the Board for consideration if any decision requires action to be taken in the name of the Association.

2.04 Faculty Voting Members

a) There may be one Faculty Voting Member from each Eligible Faculty.

b) Applications for Faculty Voting Members must be in writing and sent to the Association from time to time and which applications are then considered by the Board of Directors. An application must state that the named, prospective Faculty Voting member (with mailing and email address) was selected from individuals having teaching or administrative responsibilities in the Eligible Faculty and in accordance with published criteria of the Eligible Faculty. A Faculty Voting Member ceases to hold the necessary qualification for

membership on the date of the termination of their employment or contractual relationship with the Eligible Faculty from which they were proposed for membership. A Faculty Voting Member cannot also be a Dean Voting Member.

c) The term of membership of a Faculty Voting Member shall be for three years, subject to renewal in accordance with the policies of the Association and to that person maintaining necessary the qualification set out in section 2.01(f).

d) A Faculty Voting Member is entitled to receive notice of, attend and vote at all meetings of Members and all meetings of the Council of Faculties and each Faculty Voting Member is entitled to one (1) vote at those meetings.

Pursuant to subsection 197(1) (Fundamental Changes) of the Act, a Special Resolution of the Members is required to make any amendments to this Section 2 of the by-laws if those amendments affect membership rights and/or conditions described in paragraphs 197(1)(e), (h), (l) or (m) of the Act.

2.05 Council of Faculties

Faculty Voting Members meeting together shall elect a Chair and Vice-Chair of the Council each year. The Council of Faculty Voting Members shall consider such matters as its' Members propose for consideration and as the Board might direct and any decision of the Council shall be forwarded as a recommendation to the Board for consideration if any decision requires action to be taken in the name of the Association.

2.06 Faculty Members

a) Applications for Faculty Members must be:

(i) submitted in writing by an Eligible Faculty, with the name, mailing address and email address of prospective Faculty Member and an indication that the prospective Faculty Member was selected in accordance with published criteria of the Eligible Faculty;
(ii) be sent to the Association which applications are then considered by the Board of Directors.

b) The term of membership of Faculty Members shall be annual, subject to renewal in accordance with the policies of the Association. Faculty Members are entitled to receive notice of, attend but cannot vote at meetings of Members.

2.07 Affiliate and Associate Members

a) An entity may apply to be an Affiliate Member and an individual may apply to be an Associate Member person in accordance with the Policy of the Board.

b) Applications for Affiliate Members must be:

(i) in writing, with the name, mailing address and email address of prospective Affiliate Member;
(ii) be sent to the Association which applications are then considered by the Board of Directors.

c) Applications for Associate Members must be:

(i) in writing, with the name, mailing address and email address of prospective Associate Member;
(ii) be sent to the Association which applications are then considered by the Board of Directors.

d) The term of membership of Affiliate and Associate Members shall be annual, subject to renewal in accordance with the policies of the Association and Faculty Members are entitled to receive notice of, attend but cannot vote at meetings of Members.

2.08 Notice of Meeting of Members

Notice of the time and place of a meeting of Members shall be given to each member entitled to vote at the meeting by the following means:

a) by mail, courier or personal delivery to each member entitled to vote at the meeting, during a period of 21 to 60 days before the day on which the meeting is to be held; or

b) by telephonic, electronic or other communication facility to each member entitled to vote at the meeting, during a period of 21 to 35 days before the day on which the meeting is to be held.

Pursuant to subsection 197(1) (Fundamental Changes) of the Act, a Special Resolution of the Members is required to make any amendment to the by-laws of the Association to change the manner of giving notice to Members entitled to vote at a meeting of Members.

Notice of the time and place of a meeting of Members may be given to each Faculty Voting Member in such manner as the Board of Directors determines.

2.09 Meeting held by Electronic Means

If the Directors or Members of the Association call a meeting of Members, those Directors or Members, as the case may be, may determine that the meeting shall be held entirely by means of a telephonic, an electronic or other communication facility that permits all participants to communicate adequately with each other during the meeting.

2.010 Participation in Meeting held by Electronic Means

Any person entitled to attend a meeting of Members may participate in the meeting by means of a telephonic, an electronic or other communication facility that permits all participants to communicate adequately with each other during the meeting, if the Association makes available

such a communication facility. A person so participating in a meeting is deemed for the purposes of this Act to be present at the meeting.

2.11 Voting at a Meeting held by Electronic Means

When a vote is to be taken at a meeting of Members by means of a telephonic, electronic or other communication facility, that facility must:

a) enable the votes to be gathered in a manner that permits their subsequent verification; and

b) permit the tallied votes to be presented to the Association without it being possible for the Association to identify how each member or group of Members voted.

SECTION 3 - MEMBERSHIP DUES, TERMINATION AND DISCIPLINE

3.01 Membership Dues

Eligible Faculties shall be notified in writing of the membership dues, fees and other assessments payable by them on behalf of Members and if any are not paid within three (3) calendar months of the membership renewal date, the Members for whom payment has not been received shall automatically cease to be Members of the Association.

3.02 Termination of Membership

A membership in the Association is terminated when:

a) a member fails to maintain any qualifications for membership described in Section 2.01 of these bylaws;

b) the member resigns by delivering a written resignation to the President of the Association in which case such resignation shall be effective on the date specified in the resignation;

c) the member is expelled in accordance with Section 3.03 below or is otherwise terminated in accordance with the Articles or by-laws;

d) the member's term of membership expires;

e) the member dies; or

f) the Association is liquidated or dissolved under the Act.

Subject to the Articles, upon any termination of membership, the rights of the member, including any rights in the property of the Association, automatically cease to exist.

3.03 Discipline of Members

The Board shall have authority to suspend or expel any member from the Association for any one or more of the following grounds:

a) violating any provision of the Articles, by-laws, or written policies of the Association;

b) carrying out any conduct which may be detrimental to the Association as determined by the Board in its sole discretion;

c) for any other reason that the Board in its sole and absolute discretion considers to be reasonable, having regard to the purpose of the Association.

In the event that the Board determines that a member should be expelled or suspended from membership in the Association, the President, or such other officer as may be designated by the Board, shall provide twenty (20) days notice of suspension or expulsion to the member and shall provide reasons for the proposed suspension or expulsion. The member may make written submissions to the President, or such other officer as may be designated by the Board, in response to the notice received within such twenty (20) day period. In the event that no written submissions are received by the President, the President, or such other officer as may be designated by the Board, may proceed to notify the member that the member is suspended or expelled from membership in the Association. If written submissions are received in accordance with this section, the Board will consider such submissions in arriving at a final decision and shall notify the member concerning such final decision within a further twenty (20) days from the date of receipt of the submissions. The Board's decision shall be final and binding on the member, without any further right of appeal.

SECTION 4 - MEETINGS OF MEMBERS

4.01 Persons Entitled to be Present

Persons entitled to be present at a meeting of Members shall be those entitled to vote at the meeting, the Directors and the public accountant of the Association, Faculty Members and such other persons who are entitled or required under any provision of the Act, Articles or by-laws of the Association to be present at the meeting. Any other person may be admitted only on the invitation of the chair of the meeting or invited further to a resolution of the Board.

4.02 Chair of the Meeting

In the event that the President of the Board and the Vice-President of the Board are absent, the Members who are present and entitled to vote at the meeting shall choose one of their number to chair the meeting.

4.03 Quorum

A quorum at any meeting of the Members (unless a greater number of Members are required to be present by the Act) shall be 50% of the Members entitled to vote at the meeting. If a quorum is

present at the opening of a meeting of Members, the Members present may proceed with the business of the meeting even if a quorum is not present throughout the meeting.

4.04 Votes to Govern

At any meeting of Members every question shall, unless otherwise provided by the Articles or by-laws or by the Act, be determined by a majority of the votes cast on the questions. In case of an equality of votes either on a show of hands or on a ballot or on the results of electronic voting, the chair of the meeting in addition to an original vote shall have a second or casting vote.

SECTION 5 - DIRECTORS

5.01 Election and Term

Subject to the Articles, the Board of Directors shall be ten in number, five nominated by the Council of Deans and five nominated by the Council of Faculties. Directors shall serve without remuneration but may be compensated for reasonable expenses incurred by them in the conduct of their offices and in keeping with policy adopted by the Board of Directors.

a) Members will elect the Directors at the first meeting of Members and at each succeeding annual meeting.

b) Nominations will be presented so that Dean Voting Members and Faculty Voting Members are elected to the Board so to provide representation from every Eligible Faculty.

c) Directors may fill a vacancy in accordance with section 132 of the Act.

SECTION 6 - MEETINGS OF DIRECTORS

6.01 Calling of Meetings

Meetings of the Board may be called by the President, the Vice-President or any two (2) Directors at any time. If the Association has only one Director, that Director may call and constitute a meeting.

6.02 Notice of Meeting

Notice of the time and place for the holding of a meeting of the Board shall be given in the manner provided in Section 8.01 of this by-law to every Director of the Association not less than 7 days before the time when the meeting is to be held. Notice of a meeting shall not be necessary if all of the Directors are present, and none objects to the holding of the meeting, or if those absent have waived notice of or have otherwise signified their consent to the holding of such meeting. Notice of an adjourned meeting is not required if the time and place of the adjourned meeting is announced at the original meeting. Unless the by-law otherwise provides, no notice of meeting need specify the purpose or the business to be transacted at the meeting except that a notice of meeting of

Directors shall specify any matter referred to in subsection 138(2) (Limits on Authority) of the Act that is to be dealt with at the meeting.

6.03 Regular Meetings

The Board may appoint a day or days in any month or months for regular meetings of the Board at a place and hour to be named. A copy of any resolution of the Board fixing the place and time of such regular meetings of the Board shall be sent to each Director forthwith after being passed, but no other notice shall be required for any such regular meeting except if subsection 136(3) (Notice of Meeting) of the Act requires the purpose thereof or the business to be transacted to be specified in the notice.

6.04 Votes to Govern

At all meetings of the Board, every question shall be decided by a majority of the votes cast on the question. In case of an equality of votes, the chair of the meeting in addition to an original vote shall have a second or casting vote.

6.05 Committees

The Board may from time to time appoint any committee or other advisory body, as it deems necessary or appropriate for such purposes and, subject to the Act, with such powers as the Board shall see fit. Any such committee may formulate its own rules of procedure, subject to such regulations or directions as the Board may from time to time make. Any committee member may be removed by resolution of the Board of Directors.

6.06 Participation

If all the Directors of the Association consent, a Director may participate in a meeting of Directors or of a committee of Directors by means of a telephonic, an electronic or other communication facility that permits all participants to communicate adequately with each other during the meeting. A Director so participating in a meeting is deemed for the purposes of this Act to be present at that meeting.

SECTION 7 - OFFICERS

7.01 Description of Offices

Unless otherwise specified by the Board which may, subject to the Act modify, restrict or supplement such duties and powers, the offices of the Association, if designated and if officers are appointed, shall have the following duties and powers associated with their positions:

a) President - The President shall be a Director. At each Annual Meeting the Vice-President shall assume the office of President. The President shall, when present, preside as chair at all meetings of the Board of Directors and of the Members. The President shall have such other duties and powers as the Board may specify. A person who has served as President can be reappointed as Vice-President so as to again serve as President.

b) Vice- President - The Vice-President of the Board shall be a Director. The Vice--President shall alternate between a Dean Voting Member and a Faculty Voting Member and serve for a year. If the President is absent or is unable or refuses to act, the Vice-President shall, when present, preside at all meetings of the Board of Directors and of the Members. The Vice-President shall have such other duties and powers as the Board may specify. A person who has served as Vice-President can be reappointed as Vice-President.

c) Secretary – If appointed, the secretary shall attend and be the secretary of all meetings of the Board, Members and committees of the Board. The secretary shall enter or cause to be entered in the Association's minute book, minutes of all proceedings at such meetings; the secretary shall give, or cause to be given, as and when instructed, notices to Members, Directors, the public accountant and Members of committees; the secretary shall be the custodian of all books, papers, records, documents and other instruments belonging to the Association.

d) Treasurer - If appointed, the treasurer shall have such powers and duties as the Board may specify.

e) Executive Director - The Executive is the chief executive officer of the Association and is responsible for implementing the strategic plans and policies of the Association. The Executive Director shall, subject to the authority of the Board, have general supervision of the affairs of the Association. The Executive Director can subject to a Special Resolution of the Board attend all Board meetings but does not have a right to vote and is not a Director.

The powers and duties of all other officers of the Association shall be such as the terms of their engagement call for or the Board requires of them. The Board may from time to time and subject to the Act, vary, add to or limit the powers and duties of any officer.

7.02 Vacancy in Office

In the absence of a written agreement to the contrary, the Board may remove, whether for cause or without cause, any officer of the Association. Unless so removed, an officer shall hold office until the earlier of:

a) the officer's successor being appointed,

b) the officer's resignation,

c) such officer ceasing to be a Director (if a necessary qualification of appointment) or

d) such officer's death.

If the office of any officer of the Association shall be or become vacant, the Directors may, by resolution, appoint a person to fill such vacancy.

SECTION 8 – NOTICES

8.01 Method of Giving Notices

Any notice (which term includes any communication or document) to be given (which term includes sent, delivered or served), other than notice of a meeting of Members or a meeting of the Board of Directors, pursuant to the Act, the Articles, the by-laws or otherwise to a member, Director, officer or member of a committee of the Board or to the public accountant shall be sufficiently given:

a) if delivered personally to the person to whom it is to be given or if delivered to such person's address as shown in the records of the Association or in the case of notice to a Director to the latest address as shown in the last notice that was sent by the Association in accordance with section 128 (Notice of Directors) or 134 (Notice of change of Directors); or
b) if mailed to such person at such person's recorded address by prepaid ordinary or air mail; or
c) if sent to such person by telephonic, electronic or other communication facility at such person's recorded address for that purpose; or
d) if provided in the form of an electronic document in accordance with Part 17 of the Act.

A notice so delivered shall be deemed to have been given when it is delivered personally or to the recorded address as aforesaid; a notice so mailed shall be deemed to have been given when deposited in a post office or public letter box; and a notice so sent by any means of transmitted or recorded communication shall be deemed to have been given when dispatched or delivered to the appropriate communication company or agency or its representative for dispatch. The secretary may change or cause to be changed the recorded address of any member, Director, officer, public accountant or member of a committee of the Board in accordance with any information believed by the secretary to be reliable. The declaration by the secretary that notice has been given pursuant to this by-law shall be sufficient and conclusive evidence of the giving of such notice. The signature of any Director or officer of the Association to any notice or other document to be given by the Association may be written, stamped, type-written or printed or partly written, stamped, type-written or printed.

8.02 Invalidity of any provisions of this by-law

The invalidity or unenforceability of any provision of this by-law shall not affect the validity or enforceability of the remaining provisions of this by-law.

8.03 Omissions and Errors

The accidental omission to give any notice to any member, Director, officer, member of a committee of the Board or public accountant, or the non-receipt of any notice by any such person where the Association has provided notice in accordance with the by-laws or any error in any notice not affecting its substance shall not invalidate any action taken at any meeting to which the notice pertained or otherwise founded on such notice.

SECTION 9 - DISPUTE RESOLUTION

9.01 Mediation and Arbitration

Disputes or controversies among Members, Directors, officers, committee members, or volunteers of the Association are as much as possible to be resolved in accordance with mediation and/or arbitration as provided in Section 9.02 of this by-law.

9.02 Dispute Resolution Mechanism

In the event that a dispute or controversy among Members, Directors, officers, committee members or volunteers of the Association arising out of or related to the Articles or by-laws, or out of any aspect of the operations of the Association is not resolved in private meetings between the parties, then without prejudice to or in any other way derogating from the rights of the Members, Directors, officers, committee Members, employees or volunteers of the Association as set out in the Articles, by-laws or the Act, and as an alternative to such person instituting a law suit or legal action, such dispute or controversy shall be settled by a process of dispute resolution as follows:

a) The dispute or controversy shall first be submitted to a panel of mediators whereby the one party appoints one mediator, the other party (or if applicable the Board of the Association) appoints one mediator, and the two mediators so appointed jointly appoint a third mediator. The three mediators will then meet with the parties in question in an attempt to mediate a resolution between the parties.

b) The number of mediators may be reduced from three to one or two upon agreement of the parties.

c) If the parties are not successful in resolving the dispute through mediation, then the parties agree that the dispute shall be settled by arbitration before a single arbitrator, who shall not be any one of the mediators referred to above, in accordance with the provincial or territorial legislation governing domestic arbitrations in force in the province or territory where the registered office of the Association is situated or as otherwise agreed upon by the parties to the dispute. The parties agree that all proceedings relating to arbitration shall be kept confidential and there shall be no disclosure of any kind. The decision of the arbitrator shall be final and binding and shall not be subject to appeal on a question of fact, law or mixed fact and law.

d) All costs of the mediators appointed in accordance with this section shall be borne equally by the parties to the dispute or the controversy. All costs of the arbitrators appointed in accordance with this section shall be borne by such parties as may be determined by the arbitrators.

SECTION 10 - DISSOLUTION AND WINDING UP

10.01 On dissolution or winding up and after payment of all liabilities, any remaining assets of the Association shall be transferred to one or more qualified donees on direction of the voting Members of the Association.

SECTION 11 - EFFECTIVE DATE

11.01 Effective Date

Subject to matters requiring a Special Resolution of the Members, this by-law shall be effective when made by the Board.

CERTIFIED to be By-Law No. 1 of the Association, as enacted by the Directors of the Association by resolution on the June 5th 2012 and confirmed by the members of the Association by special resolution on the 6th of June 2012.

Dated as of the 30th day of October 2012. [Harold Lopatka, Executive Director]

Harold Lopatka

Schedule A – Eligible Faculty / Faculty Member

The following Canadian University Faculties, Schools or Colleges of Pharmacy are considered Eligible Faculty.

University of British Columbia, Faculty of Pharmaceutical Sciences

University of Alberta, Faculty of Pharmacy and Pharmaceutical Sciences

University of Saskatchewan, College of Pharmacy and Nutrition

University of Manitoba, Faculty of Pharmacy

University of Waterloo, School of Pharmacy

University of Toronto, Leslie Dan Faculty of Pharmacy

Université de Montréal, Faculté de pharmacie

Université Laval, Faculté de pharmacie

Dalhousie University, College of Pharmacy

Memorial University, School of Pharmacy