

2010 ANNUAL REPORT

American Association of
Colleges of Pharmacy **AACP**
Discover • Learn • Care • Improve Health

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PROFESSIONAL ALLIANCES

AACP works through alliances and coalitions to accomplish much of what is described in our annual report. In addition, the Association depends on many volunteers for leadership throughout the year. We sincerely thank all of our partners for making our work so successful.

Our alliance and coalition partnerships are listed here.

Ad Hoc Group for Medical Research	Health Professions and Nursing Education Coalition
Alliance for Pharmaceutical Care	Health Professionals for Diversity (HPD) Coalition
APhA Pathway Program	Healthcare Reform Stakeholders
Career Information Clearinghouse (CIC) for the Profession of Pharmacy	Healthy People Curriculum Task Force
CDC Coalition	Interprofessional Competency Development Panel
Centralized Application Services Group	Interprofessional Professionalism Collaboration
Coalition for Health Funding	Joint Commission of Pharmacy Practitioners
Council on Credentialing in Pharmacy	National Association of Advisors for the Health Professions–Advisory Council
Council on Law & Higher Education	Partnership to Fight Chronic Disease
Explore Health Careers	Patient Safety and Clinical Pharmacy Services Alliance
Federation of the Associations of Schools of the Health Professions	Pharmacy Quality Alliance
Friends of AHRQ	Research!America
Friends of HRSA	Student Aid Alliance
Friends of Indian Health	Venture Scholars
Friends of the National Center for Health Statistics	
Friends of the VA	

CEO'S MESSAGE



Decades ago, as intrepid pilots attempted to “break the sound barrier,” they experienced an extremely turbulent period where it seemed the plane they were flying was certainly going to break apart. Many attempts failed for concerns about safety and the feasibility of such fast flying. It was not until Chuck Yeager set his determination on achieving this goal that the world realized that once you have broken through and gone beyond Mach 1, the turbulence subsides and flying is amazingly smooth.

I believe 2010 is the year pharmacy may be approaching Mach 1 and it is the work of AACP members that play Chuck Yeager’s role in so many important ways. While uncertainty still abounds in the implementation of the landmark health reform law that passed this year after much debate, members of the Academy helped shape the legislation and are now looked to for expertise and advice on its execution. Advances in recognizing pharmacists as essential members of accountable patient care teams have occurred in both public and private sector programs. Again, members of the Academy have been central to making this a reality. President Jeffrey N. Baldwin’s message explains more about this in the context of his key issue of defining pharmacists’ contributions to primary care in a reformed health system.

Then there is the economy. While there are early signs of rebound from the deep recession, state budgets are slow to recover and the volatility in the equities market still causes concerns for our endowments and retirement funds. Even the pharmacist job market remains the weakest in decades. It is at times like these that organizations like AACP must do two things: critically assess members’ needs for programs and services that lessen the burdens they carry, and create new opportunities for future success through effective strategic planning and resource allocation.

AACP has embarked on this type of planning and looks forward to the action of the House of Delegates in July when a new strategic plan is presented for adoption. More significantly, the leaders and staff of your Association are enthusiastic about implementing the plan over the next several years as we work to deliver value to members and enable you to achieve your goals for success in the important dimensions of discovering, learning and caring to improve health.

Sincerely,

A handwritten signature in black ink that reads "Lucinda L. Maine". The signature is written in a cursive, flowing style.

Lucinda L. Maine, Ph.D., R.Ph.
Executive Vice President and CEO

PRESIDENT'S MESSAGE

There is an adage that “timing is everything” and I believe it applies particularly well to the current year’s priorities for AACP. At the Annual Meeting in Boston last year, I announced that the Association would study the question of how pharmacists might contribute to the delivery of primary healthcare. The unfolding of events related to healthcare reform truly make our analysis, as contained in the reports of our standing committees, timely and substantive declarations that pharmacists are an essential component of high-quality, accessible primary care.

The story could not be told without the evidence our faculty have created as they study the improved patient outcomes that are achieved in the innovative primary care practice models that can be found in a number of patient care environments. This scholarship was presented to members of Congress and their staff during the writing of health reform legislation. It was persuasive in convincing these policymakers that pharmacists, and the medication therapy management services they provide, must be a core component of any new systems of healthcare delivery.

We have made similar progress in our dialogue with other health disciplines aimed at advancing interprofessional education and practice. Cooperatively with medicine, nurs-

ing, dentistry and public health, we have established a working group to reach consensus on core competencies for team-delivered care that should be part of the training of our graduates. From this will come new resources to help faculty incorporate or strengthen the emphasis on interprofessional learning and practice.

Additionally, we are making substantive progress in building a unique online system to advance institutional assessment programs and ease the burden of self-study for accreditation. AACP’s goal in all we do is to make it easier for our faculty, staff and administrators to discover, learn, care and improve health.

It has been a privilege to serve as a leader of AACP in 2009–10.

Sincerely,

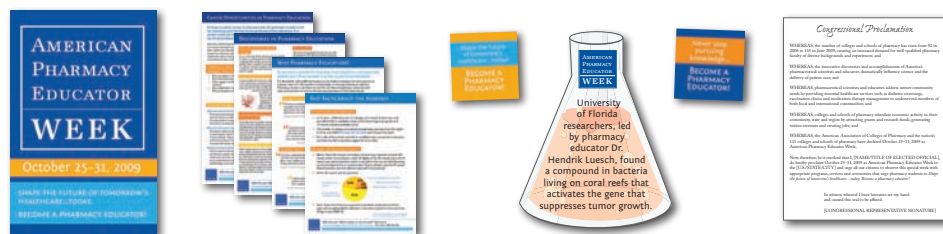


Jeffrey N. Baldwin, Pharm.D.
President



DISCOVER

Faculty Recruitment and Retention



Maintaining an adequate pool of qualified faculty has always been and will continue to be a priority issue for AACP and its member institutions. To meet the demand of an expanding Academy, AACP staff, with the guidance of its Board of Directors, works to create targeted marketing and public relations programs to generate interest in academic careers across a wide range of stakeholders.

This year, AACP kicked off the inaugural “American Pharmacy Educator Week” to be held annually during the last week of October. The program was designed to generate students’ awareness of, and interest in, academic careers. More than 20 products were sent in toolkits to every member college and school of pharmacy. These kits included mini-folders/brochures, posters, decals, buttons

and downloadable materials such as a Web graphics, Letter-to-the-Editor template and an Adopt-a-Pharmacy-Student guide. Member institutions were encouraged to plan events during this week to encourage students to consider careers in the Academy.

On Thursday, Oct. 22, Rep. Jim McGovern (D-MA) introduced House Resolution 857 to Congress recognizing “American Pharmacy Educator Week” as a national event. Members were asked to contact their representatives and request support for the resolution.

Stories publicizing nationwide faculty programs during “American Pharmacy Educator Week” were featured in AACP’s *Academic Pharmacy Now* magazine. By all reports, events and programs were well received

and appreciated by faculty, staff and students alike. The AACP Board of Directors unanimously agreed in February that “American Pharmacy Educator Week” will be held during the last week of October 2010 to continue generating excitement about careers in pharmacy education.

**Save the date for the
next American Pharmacy
Educator Week:
October 24–30, 2010**

AACP Walmart Scholars Program



The AACP Walmart Scholars Program continues to increase the number of participants from 20 in 2005 to 50 scholarships in 2008, and now 65 in 2010. This brings the total number of recipients over the six years to nearly 300.

The goal of the scholarship program is to strengthen the recipient's skills and commitment to a career in academic pharmacy through their participation at the AACP Annual Meeting and Seminars.

Educating Clinical Scientists Summit

AACP staff worked with several deans and faculty members, including Dr. Robert A. Blouin, dean of the UNC Eshelman School of Pharmacy, and Dr. Timothy S. Tracy of the University of Minnesota College of Pharmacy, to convene a summit to discuss the present and future development of graduate programs in experimental pharmacotherapy, per the policy recommendation of the 2006–07 AACP Educating Clinical Scientists Task Force. Approximately 70 deans and faculty attended the summit on Nov. 8, 2009 on the Health Sciences Campus of the University of Southern California (USC) prior to the 2009 Annual Meeting of the American Association of Pharmaceutical Scientists. AACP would like to acknowledge Dean R. Pete Vanderveen and special events coordinator Cheryl Stanovich of the USC School of Pharmacy for their generosity and assistance in hosting the meeting.

Dual Degree Programs

The 2008–09 Research and Graduate Affairs Committee explored numerous aspects of the rapid growth of enrollment and granting of dual degrees in pharmacy, such as the Pharm.D./MBA and Pharm.D./M.P.H. The committee recommended that AACP collect enrollment and graduation data on these and other dual degree options offered by colleges and schools of pharmacy. The committee also recommended the following policy statement, which was passed by the 2009 House of Delegates:

AACP encourages its member institutions to support the development of dual degree programs that provide student pharmacists increased educational and research opportunities resulting in an expansion of academic or non-traditional pharmacy/health-care career options.

Assessment



Consistent with AACP's commitment to support member schools' assessment programs, the tools sharing component and discussion board of the Pharmacy Education Assessment Services (PEAS) was expanded to include tools, strategies or processes that were recognized by ACPE as being Note-worthy Practices. The recipients of the inaugural AACP Award for Excellence in Assessment were selected and their winning submissions are featured in PEAS. PEAS development continued to include a Web-based tool for managing and submitting self-studies, and facilitating continuous programmatic assessment in a project jointly developed with ACPE, set to launch in late fall 2010.

Academic Leadership Fellows Program

Summer is a busy time for the Academic Leadership Fellows Program with the commencement ceremony for one cohort occurring on the Saturday evening prior to the start of the AACP Annual Meeting and Seminars, and the new cohort of Fellows beginning their program several weeks later at the Air-lie Conference Center in Warrenton, Va. The 2009 Annual Meeting in Boston, Mass. was particularly special as the 2008–09 cohort of Fellows was the fifth group to complete the program. In recognition of this milestone, an Academic Leadership Fellows Program Symposium was held on Saturday, July

18, 2009. The program included presentations by speakers who have been part of the program since its inception, including Drs. Patricia A. Chase, Nance Lucas, N. Karl Haden and Robert E. Smith. A special keynote presentation was given by Dr. Rosabeth Moss Kanter, the Ernest L. Arbuckle Professor of Business Administration at Harvard Business School. A book of memories gathered from participants in the program was also produced and made available to the program alumni.

The sixth Fellows cohort began the first week of August 2009, bringing the total number of participants to

more than 170 since the program's inception. The responsibility for staffing the Fellows program has passed to Dr. Robert "Buzz" Kerr and Bradford E. Miller with the retirements of Dr. Arlene A. Flynn and Dr. Kenneth W. Miller in 2010.



PharmCAS

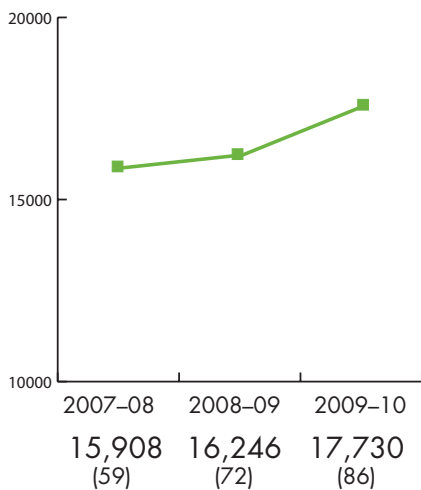


Ensuring that all AACP member institutions have a rich applicant pool of talented students is a top priority for AACP and led to the establishment of the Pharmacy College Application Service (PharmCAS) in 2003. PharmCAS successfully completed its seventh cycle in April 2010 with 86 participating institutions.

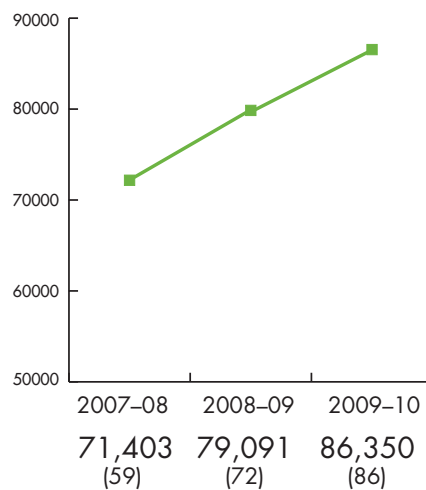
The AACP Board of Directors has continued the PharmCAS fee waiver program for financially disadvantaged applicants applying for enrollment in order to promote student diversity and access to pharmacy education. In the 2009–10 admissions cycle, PharmCAS experienced a 10.9 percent increase in the number of applicants and a 9.2 percent increase in the number of applications submitted with an average of 4.9 applications per applicant. The number of applications for all pharmacy schools in 2008–09 increased by

4.48 percent to 108,396 from 103,747 in 2007–08. The consistent increase in pharmacy applications since 1999 reflects a higher ratio of applications per applicant, as well as a strong interest in the profession.

PharmCAS Applicant Data



Applicants
(number of schools)



Applications
(number of schools)

Centralized Criminal Background Check Service

AACP organized an ad hoc Criminal Background Check Advisory Panel in May 2006 to identify common problems and possible strategies to assist members with this rapidly evolving issue. The panel recommends that all U.S. pharmacy schools procure a national background check on applicants upon their initial, conditional acceptance to pharmacy school. The rationale for performing criminal background checks on accepted pharmacy school applicants is based on a number of issues, including:

1. A growing number of national healthcare organizations, institutions and state legislatures require student pharmacists to complete a criminal background check at least once during their educational career.
2. Background checks are commonly required for hospital staff, as well as individuals who work or volunteer with children or other vulnerable populations, which include student pharmacists.
3. Student pharmacists may be subject to criminal background

checks earlier in their educational career and more often than medical school students due to introductory pharmacy practice experiences (IPPEs).

In support of this recommendation, AACP has initiated a PharmCAS-facilitated national background check service, through which Certiphi Screening, Inc. (a Vertical Screen® Company) will procure a national background report on applicants at the point of acceptance. AACP has initiated this service in order to recognize the desire of pharmacy schools to procure appropriate national criminal history reports and to prevent applicants from paying additional fees at each pharmacy school to which they are accepted.

During the PharmCAS 2010 application year, AACP determined the service to be a success and has offered the service to all PharmCAS-participating pharmacy schools. Sixty-six PharmCAS schools will be participating in the 2011 PharmCAS application year.

PCAT



Pearson, AACP's partner in admissions testing, reported a 2.2 percent increase in the number of Pharmacy College Admission Test (PCAT) exams administered in 2008–09. AACP and Pearson are in the process of implementing a revision of both the blueprint and computer-based testing.

Pearson is currently analyzing data submitted by 22 pharmacy schools and by PharmCAS for the 2010 PCAT predictive validity study. Data analysis will be completed and reports generated in late 2010.

Introductory Pharmacy Practice Experience Education

The AACP Task Force on Introductory Pharmacy Practice Experience (IPPE) Competencies was charged by the AACP Board of Directors to develop a nationally-defined set of IPPE competencies and mechanisms to evaluate the outcomes of those competencies based on feedback from the Accreditation Council for Pharmacy Education (ACPE). ACPE asked the Academy to consider an effort that brought education and practice stakeholders together to address IPPE competencies and assessment. The report of the Task Force was received in June 2009 and was released to the membership just prior to the start of the 2009 Annual Meeting and Seminars in July. The report was extensively discussed by a number of groups including the AACP Board of Directors and academic discipline sections. Issues surrounding IPPEs were also discussed at the Council of Deans Business Meeting. Based upon these discussions, it was recognized that the Task Force report was only an *initial step* in identifying core competencies that should

be demonstrated prior to entering Advanced Pharmacy Practice Experiences (APPE), and that the large number of competency statements in the IPPE Task Force report appendix spreadsheet needed to be collapsed into manageable core competencies and undergo a validation process. Once that is achieved, then valid assessment processes could be applied to these pre-APPE competencies.

A working group consisting of leadership from the Experiential Education and Pharmacy Practice Sections, and selected members of the IPPE Task Force, was established to develop a manageable core set of pre-APPE competencies. The working group was charged with utilizing the IPPE Task Force competencies to establish 10 to 15 critical “must have” competencies that all students should achieve prior to entering their APPEs, as well as a smaller number of “nice to have” competencies to achieve prior to entering APPEs. Utilizing a modified Delphi approach, the work-

ing group came to agreement around 13 domains for “pre-APPE” competency. The goal by the 2010 Annual Meeting is to establish an “abilities” competency statement for each domain. An ability competency statement includes knowledge, skills, and attitudes/habits/values. Each ability domain will then be associated with example performance objectives from the IPPE Task Force that can be used to demonstrate accomplishment of the domain ability. This information will be provided to the sections for review, as well as to the newly-established Assessment Special Interest Group to begin development of assessment tools for introductory practice learning. In addition, the 2010 Annual Meeting Teachers Seminar will include discussing the use of interprofessional simulations for introductory and pre-APPE practice experience learning and performance assessments.

Global Pharmacy Education

After a period of consultation with our colleagues around the globe, AACP and organizations representing pharmacy educators on several continents launched the Global Alliance for Pharmaceutical Education in spring 2010. The Alliance provides a network for the academic community to exchange information on the transformations in pharmacy education around the globe and for identifying opportunities to share resources to advance pharmacy education to meet local needs.

The third national survey of global partnerships between AACP member institutions and educators in other countries was completed in 2010. Data reveal growth in the breadth of collaboration between U.S. schools and their partners in all areas including experiential education, faculty exchanges, consultation and research collaboration. The 2009–10 Research and Graduate Affairs Committee report contains thoughtful recommendations regarding future roles for AACP and member schools in the global arena.

Faces of Change for Pharmacy Practice Video Challenge

AACP's Council of Deans Task Force on Innovations in Pharmacy Health Care Education launched the "Faces of Change for Pharmacy Practice" video challenge. The project is designed to assist in advancing the innovations in pharmacy education and provides an opportunity to showcase a college or school of pharmacy's educational program. The "Faces of Change for Pharmacy Practice" project asks students to submit a video about educational experiences (e.g. courses, experiential learning, co-curricular and extracurricular activities) in their pharmacy program. Students were charged to address a unique aspect of their program that has created a sense of responsibility and empowered them as individuals to lead change in pharmacy practice.

The project is a social experiment that will be helpful to the entire pharmacy education community. Twenty-three videos were submitted, and entries will be posted on the AACP YouTube channel, which is available to all pharmacy education programs. Excerpts from selected entries will be presented at the 2010 AACP Annual Meeting and Seminars in Seattle.

Pharmacists Primary Care Role

President Baldwin's Issue X, pharmacists primary care role, sought to define the roles pharmacists could play as our nation strives to reinvent how primary healthcare services are delivered and rewarded in a reformed healthcare system. The exploration began in 2009 with the development of a thorough background paper on the current state of primary care and anticipated future needs. The paper, "Why Pharmacists Belong in the Medical Home," appeared in *Health Affairs* and examined the core competencies in Pharm.D. education and recognized that many are central to the delivery of quality primary care services. Most strikingly, safe and appropriate medication use is an essential component of patient management in primary care.

Transformative Community Service Award

The University of Missouri–Kansas City (UMKC) was awarded AACP's Transformative Community Service Award at the 2010 Interim Meeting. The award highlights community service as an important element of the academic mission and singles out institutions that can serve as examples of social responsiveness on the part of the academic pharmacy community. UMKC demonstrated a strong capacity to create life-long community, professional and patient-focused advocates; strengthened health system relationships that improve the quality of care; established sustainable community partnerships that provide students with significant experiential experience; and improved public perception of the role of the pharmacist across the continuum of care.



Above: University of Missouri–Kansas City

Student Community Engaged Service Award

Today's pharmacy faculty must work to prepare a healthcare professional who is competent to respond to the unidentified expectations and needs of society. Regardless of the road-blocks that practice acts can create, academic pharmacy showed that it is working across these road blocks to meet the public's current expectations and engaging with communities to ensure their future expectations can also be met.

Student-led groups from Creighton University, Midwestern University Chicago College of Pharmacy, University of North Carolina at Chapel Hill and Purdue University received the 2009–10 Student Community Engaged Service Award during a special luncheon at the 2010 Interim Meeting. The four groups were chosen for their outstanding programs delivering consumer education about medication use, expanding access to affordable healthcare and improving the public's health. Due to treacherous travel conditions, some teams were unable to attend the luncheon, but representa-



**Above: Creighton University, Midwestern University Chicago College of Pharmacy
Below: Purdue University, University of North Carolina at Chapel Hill**



tives from their schools accepted the awards on their behalf.

In addition to receiving a commemorative prize, the winning pharmacy college or school also received \$10,000 to be used exclusively to support the expansion of the recognized program

or new community engaged service projects at the school. Other prizes include a \$5,000 financial stipend administered to participating students to be used for enhancing or sustaining the recognized program, or for travel support to attend and present their projects at professional meetings.

IMPROVE HEALTH

Advocacy

AACP members contributed a substantial evidence-base to the “Patient Protection and Affordable Care Act.” This landmark piece of federal health-care reform legislation provides significant opportunities for both academic and professional pharmacy. The legislation focuses on increasing patient access to better coordinated care with an emphasis on wellness and health promotion. Improving care coordination includes access to medication management across the continuum of care, especially for those with chronic illness and patients transitioning from one care-setting to another. New care models, such as the patient-centered medical home, will benefit from the integration of clinical pharmacy services. Current and developing relationships between pharmacy faculty, health systems and payers focused on improving the quality of care to make visible the strength of partnering with academic pharmacy in successfully reorganizing our healthcare system.

Sanofi-Aventis Grant



In February 2010, AACP, in collaboration with the University of Minnesota, received an unrestricted educational grant from sanofi-aventis U.S. in the amount of \$416,740 titled “Enhancing Diabetes Care through an Interprofessional Approach to Performance Improvement.” This grant helps support the national educational activities of the Health Resources and Services Administration’s (HRSA) Patient Safety and Clinical Pharmacy Services Collaborative and creates new regional programs aimed at the development of effective interprofessional teams. These regional meetings offer an opportunity for learning a successful, proven approach to team performance-improvement in the delivery of care to diabetic patients with a focus on underserved populations. In addition, the regional programs provide opportunities for colleges and schools of pharmacy to create effective interprofessional education activities for their students in collaborative primary care environments.

HRSA Patient Safety and Clinical Pharmacy Services Collaborative

One of the best examples of improving the quality of care through partnerships with pharmacy faculty is seen in the Patient Safety and Clinical Pharmacy Services Collaborative supported by the Health Resources and Services Administration (HRSA). The Collaborative continues to expand with 104 sites, of which 58 are connected to a college of pharmacy. A total of 41 individual colleges of pharmacy were participating in the Collaborative as of October 2009. These partnerships are essential for improving the public perception of the role of the pharmacist in healthcare delivery, providing culturally diverse experiential learning sites for students, and providing pharmacy faculty with opportunities to create and translate new knowledge toward the end of increasing access to high-quality, patient-centered, team-based care.

National Pharmacist Workforce Study



Working with faculty investigators from several colleges of pharmacy, the Pharmacy Manpower Project (PMP) released the 2009–2010 National Pharmacist Workforce Study. The third such analysis completed since 2000, the new study offers important demographic trend information unavailable from any other public or private source. The new report introduces a unique cluster analysis of practice patterns that shows the distribution of how pharmacists characterize their current practice balance of prescription fulfillment, patient care and non-traditional practice activities.

Additionally, the PMP continues to support the monthly pulse analysis of the balance in pharmacist supply and demand as reported in the Aggregate Demand Index (ADI). The ADI has accumulated 10 years of employer-provided data and is a rich resource for examining national and regional trends in the demand for pharmacist practitioners.

American Journal of Pharmaceutical Education

AJPE AMERICAN JOURNAL OF PHARMACEUTICAL EDUCATION

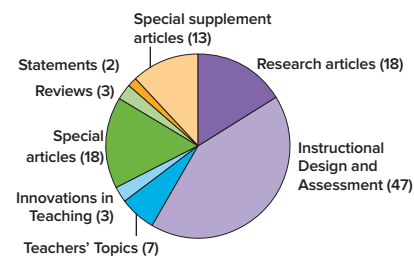
Eight issues of the *American Journal of Pharmaceutical Education* were published in 2009, an increase from six issues the previous year. Ten issues will be published in 2010. One hundred and eleven peer-reviewed manuscripts were published in volume 73, along with a large number of viewpoints, addresses, reports, book reviews and other material (Table 1). Two hundred and thirty-two manuscripts were submitted to the Journal, which is similar to the previous year's total. Of these, 50 percent were accepted for publication. More than 300 individuals served as manuscript and book reviewers in 2009. Two supplements were published, one on interprofessional education and the other on curricular development, which contained papers from the AACP Curricular Change Summit.

In 2009, there were approximately 22,000 “unique visitors” per month to the Journal Web site. The international

visibility of the Journal has continued to increase. After the United States, the countries with the most Journal readers in 2009 were India, Great Britain, China, Canada and Australia. Sixteen manuscripts were published in 2009 with authors from 10 countries outside the United States and Canada—many more than in previous years. Typically, before 2008, approximately three to eight articles were published each year by international authors.

Table 1: American Journal of Pharmaceutical Education Activity in 2009 (Volume 73)

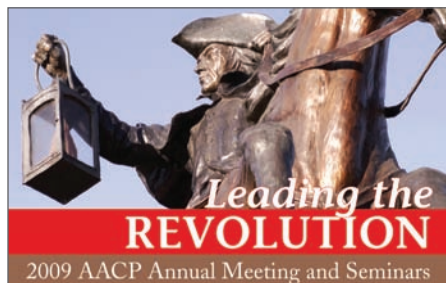
Manuscripts submitted: 232
Manuscript acceptance rate: =50%
Manuscripts published:



Other materials published:
Viewpoints: 16 | Addresses: 4 | Reports and minutes: 23

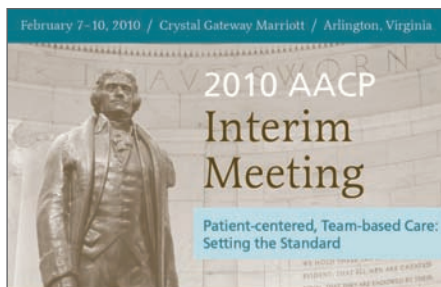
MEETINGS

2009 Annual Meeting and Seminars



The 2009 AACP Annual Meeting and Seminars in Boston, Mass. marked the second-highest registration record totaling more than 1,800 professionals from around the globe. Keynote speaker William Taylor, an agenda-setting writer, speaker and entrepreneur, led the healthcare revolution theme by exploring the mavericks in all of us. In his presentation titled "Tough Problems, New Remedies: A Practically Radical Prescription for Healthcare Leaders," he offered an agenda for leadership and change drawn from a wide range of healthcare innovators as well as from other industries. Annual Meeting seminars and sessions, as well as more than 50 exhibitors and sponsors from across the country, helped *Lead the Revolution* in healthcare and pharmacy education.

2010 Interim Meeting



While the 2010 Mid-Atlantic blizzard, commonly referred to as "Snowmageddon," prevented the travel of approximately 65 percent of pre-registered attendees, the 2010 AACP Interim Meeting in Arlington, Va. continued with those guests who were able to safely make the journey. The meeting, *Patient-centered, Team-based Care: Setting the Standard*, was a showcase for demonstrating the prominence of academic pharmacy in reorganizing our healthcare system. Focusing on teaching, research and service that moves our fragmented healthcare system to one that values better coordinated care and the integration of pharmacy services across the continuum of care, the meeting provided ample opportunities for attendees to consider similar

actions within their own institutions and communities. The presentations, whether in person or hastily reoriented over the phone, established academic pharmacy as an essential resource for reorganizing our healthcare system to one that is patient-centered, team-based and makes information sharing an essential key to moving toward a learning healthcare system.

Curricular Change Summit



The Curricular Change Summit was held Sept. 9–12, 2009 at the Scottsdale Resort and Conference Center. More than 300 attendees represented 65 colleges and schools of pharmacy ranging from some of the newest to the oldest schools, as well as a team from a Canadian school. The purpose of the Summit was to provide background for discussion and debate for planning, revision and continuous quality improvement for the professional curricula. The keynote speakers were Drs. Victor A. Yanchick, Trudy Banta, Judith V. Boettcher and Kathleen Dixon.

Experiential Education New Administrators Workshop

With the increasing complexity of experiential education and the expanding pharmacy education enterprise, there continues to be a need for basic training of new experiential education administrators. In early fall 2009, AACP conducted the Experiential Education New Administrators Workshop aimed at the needs of faculty and administrative personnel involved in development and management of experiential education. This highly successful workshop attracted more than 40 attendees; provided essential background and resource information to individuals responsible for experiential education programs; and helped create a support network of key contacts and peers. Drs. Cynthia J. Boyle from the University of Maryland and Ruth E. Nemire from Touro College of Pharmacy–New York facilitated discussion about introductory and advanced pharmacy practice experiences, the use of student portfolios, and preceptor training and development.

AACP Institute

On May 24–26, 2010, AACP hosted the 2010 AACP Institute in Lansdowne, Va. The Institute focused on “how to” with an emphasis on pedagogy that also takes into consideration the new generation of learners. The speakers, Dr. Zubin H. Austin, Dr. Melissa S. Medina, Sarah Miller and Dr. Patrick T. Jackson, discussed the latest evidence-based strategies for active learning that promote critical thinking and problem solving.

The Institute’s 187 participants represented a balance of teams from public and private schools, including one Canadian institution. Kicking off the meeting was Dr. Zubin H. Austin, associate professor of pharmacy practice at the University of Toronto, who asked participants to consider what it means to learn. Team members defined the term “learning” using different theoretical frameworks; justified the importance of critical thinking with a pharmacy curriculum; and described salient characteristics of millennial learners and the challenges this poses for current pharmacy faculty.

AWARDS

2009 Robert K. Chalmers Distinguished Pharmacy Educator Award



BRUCE A. BERGER, PH.D.
Professor and Head, Department of
Pharmacy Care Systems
Auburn University Harrison School
of Pharmacy

2009 Paul R. Dawson Biotechnology Award



RODNEY J. HO, PH.D.
Associate Dean for Research and
New Initiatives
Milo Gibaldi Endowed Professor of
Pharmaceutics
University of Washington School of
Pharmacy

2009 Volwiler Research Achievement Award



DUANE D. MILLER, PH.D.
Associate Dean of Research and
Graduate Studies
The University of Tennessee College
of Pharmacy

2009 Rufus A. Lyman Award



DICK R. GOURLEY, PHARM.D.
Dean and Professor of Pharmacy
The University of Tennessee College of Pharmacy

CO-AUTHORS: Shelley I. White-Means, Ph.D., The University of Tennessee College of Pharmacy; Jeff Wallace, Ph.D., University of Memphis Sparks Bureau of Business Economic Research

WINNING ARTICLE:
“The Economic Impact of a College of Pharmacy”

LEADERSHIP

Board of Directors Officers



JEFFREY N. BALDWIN
President
University of Nebraska
Medical Center



RODNEY A. CARTER
President-elect
University of
Minnesota



VICTOR A. YANCHICK
**Immediate Past
President**
Virginia Commonwealth
University



JOHN A. PIEPER
Speaker of the House
The University of New
Mexico



KEITH N. HERIST
Treasurer
The University of
Georgia



LUCINDA L. MAINE
**Executive Vice
President & CEO**
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AACP Strategic Plan

AACP embarked on a new planning project this year, including development of a new planning model that allows the Association to strategically align the plans of the Board of Directors, Councils, Sections and staff. The new 3-year plan defines six critical issues that will be presented to the AACP House of Delegates in July 2010 for consideration of adoption.

FINANCIAL

Financial Report

As the final results for fiscal year 2010 are prepared, AACP expects to continue the trend of positive operating performance in relation to the budget and a healthy financial position. Demand continues to be strong for AACP's highly-valued programs, which address critical member needs, and the Association is poised to tackle the challenges that lie ahead.

AACP enjoys positive cash flow and asset growth, most notably in the rebound of the investment portfolio. Cash and investments comprise 70 percent of total assets, and investments are managed under a balanced investment approach yielding a return of more than 12 percent through March 31, 2010.

Record attendance for educational programming delivered through meetings and institutes, along with increased student services fees from PharmCAS and PCAT, resulted in the majority of the total revenues, followed by member dues. While institutional membership growth and the success of PharmCAS

have contributed to the Association's financial success over the years, AACP is exposed to increased risk as these revenue streams mature.

Student affairs revenues now account for 55 percent of total revenue, up from 49 percent in 2007. Since its inception in 2002, PharmCAS has been the engine for growth in AACP, providing funding for the development of many programs across the Academy, including curricular quality, faculty recruitment and retention, and advocacy efforts, just to name a few. AACP has also benefited greatly from the expansion in the number of schools, with the total growing from 103 in 2007 to 120 this year. The natural maturing of these services and the erosion of corporate and industry support means AACP must rely more heavily on member-generated fees to sustain the current level of member services, as well as introduce new programs—especially for those colleges and schools that cannot cost-effectively develop them on their own.

Over the years, AACP's Board of Directors and staff have been good stewards of your resources and today operate in a highly efficient manner. In fiscal year 2009, the sale of the headquarters building generated significant cash, which bolstered our balance sheet. Administration costs have been held to no more than 27 percent of total expenses despite the growing membership base and new program offerings. The Academy also implemented a registration rebate program for the 2009 Annual Meeting and Seminars and refunded registration payments to certain members who could not attend the 2010 Interim Meeting due to inclement weather.

What does the current financial picture tell us about the future of the Academy? For one, AACP must rebalance its revenue streams to reduce dependence upon student driven fees and programs. As an initial step, there is the current proposal for the initiation of an institutional dues increase in fiscal year 2012, the first in nearly

10 years. Secondly, AACP remains sensitive to institutional member budgets and is extremely responsive to member needs as new services are launched, which help schools “do more with less.” With a new strategic

plan up for consideration and innovative member programs and initiatives under development, your Association is well positioned to continue meeting member needs as effectively as ever.

	2007	2008	2009
Cash	\$2,093	\$1,652	\$1,571
Receivables	119	448	738
Investments	2,064	1,885	2,727
Fixed assets	901	1,328	897
Other	46	180	212
Assets	5,223	5,493	6,145
Accounts payable	641	562	329
Dues received in advance	937	1,019	1,092
Advance registration and exhibit fees	811	1,184	1,489
Note payable	94	114	105
Liabilities	2,483	2,879	3,015
Unrestricted net assets	2,372	2,209	2,810
Temporarily restricted net assets	117	151	65
Permanently restricted net assets	251	254	255
Net Assets	2,740	2,614	3,130
Liabilities and Net Assets	\$5,223	\$5,493	\$6,145

units in \$ and 000s

	2007	2008	2009	2010 (forecast)
Membership dues	\$ 2,279	\$ 2,387	\$ 2,512	\$2,664
Grants and contracts	283	372	545	196
Meeting registrations and other fees	1,321	1,196	1,443	1,825
PharmCAS application fees	3,892	4,381	4,796	5,420
Sales and royalties	523	602	733	664
Other income	249	216	261	257
Total Revenues	8,547	9,154	10,290	11,026
Program services				
Individual member services	520	675	699	729
Meetings	1,595	1,798	1,622	1,626
PharmCAS	3,106	3,579	3,673	4,165
Other programs	770	820	1,508	1,544
Support services				
Office administration	2,234	2,293	2,521	2,653
Total Expenses	8,225	9,165	10,023	10,717
Increase (Decrease) in Operations	322	(11)	267	309
Investment income, gains and losses	219	(152)	(563)	
Gain on building sale		-	897	
Increase (Decrease) in Net Assets	\$541	\$(163)	\$601	\$309