

Successful Practices in  
**Resource Acquisition**  
Pharmaceutical Education 2002

**Mercer University**  
Southern School of Pharmacy  
Atlanta, Georgia 30341

**Resource Acquisition**

**Description**

1. The School has encouraged more faculty members to be involved in our Center for Clinical Research, which conducts Phase I – IV human studies. The Clinical Research Unit, where the trials are conducted, has a Director, Clinical Research Clerk and physicians who are on call to supervise certain projects.

**Outcome**

The Center generates about \$1.0 million in clinical contracts per year, and we now have several practice faculty conducting clinical research in the Clinical Research Unit and also some interdepartmental collaboration between the Departments of Pharmaceutical Sciences and Clinical and Administrative Sciences.

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**Description**

2. Emphasis on fundraising has increased; however, fundraising specifically targeted for endowment for the pharmacy school has taken on special emphasis. The School hopes to have an endowment of \$10.0 million by 2005. The University Advancement Office has a full-time fundraiser assigned to the pharmacy school. Also, a consultant was hired to help the School determine who would be the best sources for solicitation. Of course, the Dean plays a role by cultivating alumni relationships and also in soliciting funds from foundations.

**Outcome**

The University has gotten alumni interested in making gifts and pledges. Also, some major donors have been solicited who are considering the proposal. Having completed one-third of the Capital Campaign, the School is on target to reach its endowment goal.

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# University of Minnesota

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## Resource Acquisition

Garnering Resources for College Expansion

### Description

In 1999 the college was receiving many anecdotal accounts of serious pharmacist shortages, both in rural areas where pharmacies were closing due to an inability to recruit a pharmacist, and in the urban areas where salaries were rising quickly and there was a lot of instability as pharmacists were being recruited from one hospital position to another. The dean convened a group of faculty and administrators to examine the workforce shortage and the demographics of pharmacists in the state, and they concluded that the shortage was real (job openings equivalent to about 10% of the pharmacy workforce) and would last (the demographics show a large “bolus” of pharmacists who graduated when classes were enlarged due to capitation and will retire around 2010). We also found that our graduation rate for pharmacists for the state is only about two-thirds of the national average (2.2 per 100,000 population vs 3.1 per 100,000 population average), suggesting at least one reason for the shortage. Thus, the first step in garnering resources for expansion was to firmly define and establish the problem we needed to solve.

As a college of pharmacy in a land-grant university with a mission to serve the health-care needs of Minnesotans, we felt an obligation to take a leadership role and attempt to solve the shortage problem. The second step, then, was to develop a strategy to solve the problem. There were no indications that any institution was interested in establishing a second school of pharmacy in the state. An examination of our capacity to expand at the Twin Cities campus revealed a lack of classroom and pharmaceutical care laboratory space, a lack of space to accommodate any additional faculty members, and the likelihood that it would be difficult to create additional clerkship sites in the Twin Cities area. Furthermore, graduates who spend four years or more in the Twin Cities are not taking positions in Greater Minnesota (only 10% of our 2002 graduating class took a position outside the metropolitan area, but openings are distributed 50:50). This led to a strategy of proposing an expansion of the college to the University of Minnesota, Duluth, campus. There are several advantages to Duluth: an active and expanding health care system, the presence of a medical school with a rural focus at UMD, already existing collaborations with the medical school, available space that could be renovated to meet our needs, and some existing technology for linking the two campuses electronically. An analysis of costs and tuition revenue was developed that compared the Duluth expansion with 50 students per class to Twin Cities expansions with 25 and 50 students per class and we found that the state support needed was almost equivalent in all cases, and in fact, expanding by 25 students was less cost effective because of the lack of sufficient tuition revenue to support the program. Thus, a Duluth expansion strategy appeared to be the optimal solution for graduating more pharmacists.

Armed with firm data about the need and a well-thought-out strategy to meet that need, we then needed to garner the necessary resources to support expansion in a manner that would maintain the high quality of education we are committed to provide. That involved first persuading University administration to make this a priority in the university’s legislative request, and then building grass roots support among pharmacists and other citizens in the state, developing support in the legislature, and working with the Department of Health to gain their support and independent documentation of the workforce shortages. All of these efforts were aided immensely by the fact that other health care professionals are also in short supply in Minnesota, which elevated the impact and the importance of expanding supply. Finding partners was an essential element to our success. We were helped by the media who highlighted stories of towns losing their pharmacies, forcing residents to drive 60 miles to find pharmaceutical services, and an

enthusiastic Duluth community helped us legislatively. The Academic Health Center legislative affairs staff greatly augmented the activity of the dean and associate dean in talking with legislators and working with the Department of Health to propose the financial solution (use of the tobacco endowment) that finally was passed by the Legislature. The Minnesota Pharmacists Association and the Minnesota Society of Health System Pharmacists were also critical in engaging pharmacists around the state to contact their legislators and request support for the expansion funding. No college can carry on the necessary campaign on its own; one simply builds relationships, both within the profession and with communities, agencies and other health professionals, and then uses all of those relationships to present one's case.

### **Outcome**

As a result of the efforts described above, the 2001 Minnesota State Legislature established an endowment for the Academic Health Center from funds received as part of the state's settlement of the lawsuit against the tobacco industry. The endowment was specifically created to address health workforce issues and is being split between the schools of medicine, nursing and pharmacy. The portion allocated to the College of Pharmacy for our expansion to the University of Minnesota, Duluth campus along with the revenues from tuition will form the basis for the operating budget of the branch.

As state support was secured and we proceeded with the planning of the expansion, significant effort was made to keep our constituents informed, to show them that the College was working to respond to their stated needs. Besides standard communications in College and state pharmacy association newsletters, representatives of the College attended pharmacy meetings throughout the state to update pharmacists and their employers on the progress toward making the expansion a reality. Faculty involved in the planning of the expansion of our experiential program held regional focus groups to ascertain the desire and ability of practitioners throughout the state to become involved in our clerkship program. These discussions also outlined how we planned to organize the experiential program sites into regions with local administration in an effort to create greater opportunities for our students to experience the practice rewards of pharmacy in greater Minnesota. All of these contacts illustrated how the College looked to disseminate the value of the expansion throughout the state directly addressing the workforce issue. As a result, we continued to receive advocacy and began receiving funding from private and corporate pharmacy donors to assist in the development of the program and facilities in Duluth.

In summary, the success of the College in securing state, corporate, professional and individual support for our expansion to the University of Minnesota, Duluth resulted from responding to a recognized need of our constituents. We sought and developed solid data supporting a vision of a program expansion that would meet that need. The College consistently communicated this vision and our actions and plans to accomplish it to our constituents, the University, and the state legislature. With the help of the Academic Health Center, we worked on establishing a larger mission that included other health professions with similar issues as we approached the legislature for funding. This larger mission moved the greater resources of the collective professions in a common direction to accomplish not only the collective, but also the individual, goals.

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