

Action Plan in Response to the Academic Program Review of the School of Pharmacy

Introduction

The School of Pharmacy supports strongly the majority of the recommendations of the APR panel and has implemented the necessary actions to address the concerns expressed in the report. However, as noted by the review panel **adequate resources must be provided if the program is to continue and meet national standards**. The human resource complement is deficient both in scope and depth of expertise required to deliver a comprehensive pharmacy program. The physical resources are inadequate for accommodating faculty and student activities and program delivery. The School has an obligation to educate students for the practice of pharmacy. In order to do this it must have appropriate resources available.

Action and Status of Recommendations

Detailed below is the School's response to the APR recommendations. Resource implications have been noted and costed where possible.

Recommendation #1: Curricular revision of the pharmacy program should be undertaken immediately, for implementation in September 2003.

AND

Recommendation #2: The Pharmacy program should be restructured to be a "1 + 4" program".

Action and Status: The Curriculum Committee is in the process of reviewing the curriculum. It attempted to meet a deadline of September 2003 for implementation of a new 1 + 4 program. However, the need to inform students of the changes to pre-requisite requirements and the planning required to implement such a program precluded meeting this deadline.

The new 1 + 4 program will be implemented in September 2004 and a completely revised curriculum will be presented to the Senate Committee on Undergraduate Studies (SCUGS) in mid 2003. The pre-requisite requirements for the new 1 + 4 program will be presented to the SCUGS in January 2003. A revised 2 + 3 curriculum for students entering the program in September 2003 and 2004 is being presented to the SCUGS in January 2003. This will address some deficiencies in the current curriculum.

The major implication of moving to a 1 + 4 curriculum is that there will be one year without any graduates. This is unacceptable to the pharmacy community. As such the School intends to run the 2 + 3 program concurrently with the new 1 + 4 program until the 2 + 3 program is phased out. There will be a slightly increased intake of students in September 2004 but a decrease in the total number of students per class (eg. Total of 50 students with 25 in each of the two cohorts.)

Resource Implications: A double cohort will have some financial and human resource implications. Classes of 50 students can be accommodated within the current classrooms (designed for 40 students only). Additional labs will be required for which additional instructors will be needed. Anticipated costs are approximately \$20,000 for one year.

The move to a 1 + 4 curriculum will require additional faculty to teach subjects not currently offered in the curriculum but required for the School to meet the Association of Faculties of Canada Educational Outcomes which are required for accreditation. The discipline and number of faculty has yet to be determined (see recommendation #3 re process). Based on preliminary reviews of requirements it is possible that at least five new faculty will be required.

Recommendation #3: External consultations should be used to facilitate the curricular revision.

Action and Status: Dr. Linda Suveges, Assistant Dean for Undergraduate Programs, College of Pharmacy and Nutrition, University of Saskatchewan has been engaged to assist the School in its curricular revision. She facilitated a major curriculum revision of the Pharmacy Program at the University of Saskatchewan with a focus on the development of an educational outcomes based curriculum. We are confident Dr. Suveges will provide the direction necessary to ensure a positive outcome. Two workshops have been held (October 22, 2002 and December 16 - 18, 2002) during which a framework for a new curriculum was developed and discussions were held to determine course content for the new program. The next stage will involve the identification of human, physical and financial resources required to deliver the new curriculum. There will be on-going consultation with Dr. Suveges during the winter of 2003.

Resource Implications: Dr. Suveges has agreed to offer her services gratis to the university. The only expenses incurred will be travel and accommodation. Approximately \$15,000 has been budgeted.

Recommendation #4: The curricular revision should include a review of the experiential program.

Action and Status: It is a given that the experiential learning component of the program will be reviewed as part of the curricular revision. A proposal for changes to be incorporated into the 1 + 4 curriculum has been developed by the Studentship Coordinator and Preceptor Training Coordinator for consideration by the Curriculum Committee. Meetings have been initiated with the external community to discuss the implications of changes to the program and their ability to support the School in the delivery of a changed practice experience program. The major reason for a double cohort to be admitted in September 2004 but with an overall reduced number of students was because of:

a) the expressed desire of the community not to have one year in which there was no graduating class

b) the inability of the community to accommodate a full double cohort of students (ie. 36 students per class for a total of 72 students).

Further meetings with community practitioners are planned. To date the suggestions for change have been received positively.

Recommendation # 5: The School of Pharmacy should have formal signed agreements with the Health Care Corporation of St. John's (HCCSJ) and other regional health authorities to provided for appropriate provision of practice experiences for pharmacy students.

Action and Status: This matter was raised some months ago by the School with the HCCSJ but not resolved. A meeting was held in mid-October to discuss the matter of affiliation agreements and the nature of the relationship between the School and the HCCSJ. A draft has been submitted and we have requested that this be finalized by April 2003. Other health boards will be contacted during the next few months to arrange for formal affiliation agreements. (It is important to note that affiliation agreements were in place before the establishment of regional boards but were never formalized after the new boards were established.)

Recommendation #6: The revised curriculum should use varied teaching and evaluation methods which coincide with the desired learning outcomes.

Action and Status: During the curriculum workshops some discussions have been held regarding best practices in teaching and evaluation to ensure that the educational outcomes are achieved . As part of the curriculum development process we have identified the knowledge, skills and attitudes required of students as an outcome of each topic area. This will assist us in identifying the most appropriate teaching and evaluation methods needed. This will be an on-going matter for discussion as the new curriculum is implemented.

Resource Implications: None identified at this time but there may be a need for some workshops in the future or additional faculty/staff and financial resources (eg. expanded use of oral examinations with standardized patients)

Recommendation # 7: The School should develop a Research Plan.

Action and Status: A recent recommendation has been made to add the mandate of Research to the Graduate Studies Committee of the School. As such this matter will be referred for discussion at the Graduate Studies Committee. The anticipated date of completion is April 2003.

Recommendation #8: The Scholarly work of the School should be more closely linked to provincial needs.

Action and Status: This matter has been referred to the Pharmacy Graduate Studies Committee for further discussion. It is felt that some current research in the School is linked with provincial needs (eg. needs assessment for pharmacy continuing education, work on marine based pharmaceuticals).

Recommendation #9: A mechanism should be developed which recognizes the teaching load involved in the supervision of students in clerkships.

Action and Status: A committee will be established to undertake a review of current workloads.

We will engage the assistance of faculty from other clinical disciplines (eg Nursing and Social Work) and CIAP. Target date for completion of the review is set for September 2003. It should be noted that until such time as practice sites for clinical placements are developed to a level where students can obtain the necessary experience with minimal faculty involvement, the level of faculty supervision will continue to be high.

Recommendation #10: Consideration should be given to suspending enrollment in the graduate program until such time that the Research Plan has been formulated and the appropriate number of students for the limited research space has been determined.

Recommendation #11: Policies and procedures for graduate programs should be developed within the School.

Recommendation #12: The graduate student stipend should be raised to the NSERC/CIHR level.

Action and Status: The above three recommendations have been referred to the School of Pharmacy Graduate Studies Committee for review and the development of an action plan by February 28, 2003.

Recommendation #13: The Graduate Studies Committee should include at least one faculty member from the Pharmacy Practice/Clinical Pharmacy area.

Action and Status: Effective September 1, 2002 there is one clinical faculty member appointed to the Graduate Studies Committee.

Recommendation #14: Formalized relationships should be established between the School and other departments where graduate students may access necessary equipment, and funds should be made available for necessary repairs.

Recommendation #15: The offerings of various graduate courses should be regularized.

Action and Status: The above two recommendations have been referred to the School of Pharmacy Graduate Studies Committee for review and the development of an action plan by February 28, 2003.

Recommendation #16: The search for a Director should be aggressive and immediate.

Action and Status: A search is on-going. It is anticipated a recommendation will be made on a permanent Director by January 31, 2003.

Recommendation #17: The School should explore alternate methods of operation that would reduce the administrative burden.

Action and Status: See Recommendation #20.

Recommendation #18: The complement of faculty should be reviewed and increased.

Action and Status: The Curriculum Committee has been charged with the responsibility of identifying the necessary human resources required to meet the new curriculum. As previously mentioned once the new curriculum is planned the faculty requirements will be identified. A target date of July 2003 has been set.

There have been discussions with other units regarding joint appointments and these will continue. Members of the pharmacy community assist considerably in program delivery but pharmacist shortages in the community present challenges in their ability to support the program on a consistent basis. Other units (especially medicine) provide significant support, but we are vulnerable when faculty are not willing to teach a course and there is limited expertise within the community.

Recommendation #19: The University, in partnership with the School, should actively pursue stable and consistent financial support for the Drug Information Centre from a variety of stakeholders.

Action and Status: A proposal has been put forward to the HCCSJ for a joint initiative in support of the operations of the Drug Information Centre (DIC). An action plan will be developed outlining a program for continued financial support for the DIC. This will include representations to government, professional associations (NLMA, NPhA, NLHBA, etc.) for funding. This will be developed by April 1, 2003.

Recommendation #20: The complement of administrative support staff should be reviewed with a view to increase and stabilize positions.

Action and Status: A review of clerical/administrative positions has been undertaken by Human Resources. A outcome of this review is anticipated in early January. Based on the findings and the requirements of a new curriculum it will be possible to identify the necessary support positions. A target date of July 1, 2003 has been set.

Recommendation #21: A comprehensive evaluation of space within the School of Pharmacy should be undertaken in conjunction with the curriculum revision and the research plan to ensure that both the undergraduate and graduate programs can be offered in an effective manner.

Recommendation #22: If additional space is unavailable, then the undergraduate laboratories should be renovated and reconfigured.

Action and Status: A master program and functional plan is required to assess space needs for the future. While the lack of space is a pressing problem there is little value in developing a master program and functional plan until a new curriculum is developed and the teaching needs are identified. Once the curriculum review is completed we shall embark on a process for reviewing space. The concept of a combined professional practice/pharmaceutics lab seems reasonable. We shall begin discussions with Facilities Management in early 2003 and attempt to have a finalized plan by September 2003.