

DISTRICT V NABP/AACP
74th ANNUAL MEETING
Separate College Session – Friday, August 5, 2011
3:30 PM – 4:00 PM

Present were Deans Charles D. Peterson, North Dakota State University, College of Pharmacy, Nursing and Allied Sciences; Marilyn Speedie, University of Minnesota College of Pharmacy; J. Chris Bradberry, Creighton University of Pharmacy & Health Professions; Wanda Roden, Experiential Coordinator, NDSU, College of Pharmacy, Nursing & Allied Sciences; Ron Hospodka, Creighton University of Pharmacy & Health Professions; Jeff Reist, University of Iowa, College of Pharmacy; Michelle McKay, pharmacy intern, NDSU, College of Pharmacy, Nursing and Allied Sciences/ND Board of Pharmacy; Dennis Hedge, South Dakota State University, College of Pharmacy; David Hill, College of Pharmacy & Nutrition, University of Saskatchewan;

Topics of special interest included the development of an AACP-like organization in Canada. It will be led by a 10 member board, consisting of 5 Deans and 5 faculty members with each of the 10 pharmacy schools in Canada represented. A decision will be made by next May as to the establishment of this organization which would play an important role as Canadian colleges/universities continue to trend toward a PharmD entry level program instead of the current R.Ph. programs.

Tightening and dwindling budgets also topped the list of concerns in this uncertain economy. Iowa now receives the majority of its funding from tuition as opposed to from state funding/subsidies. Concern was voiced over whether failure to raise the US debt ceiling will result in loss of graduate/professional student financial aid, specifically if Stafford loans lose subsidization causing students to make interest payments while in school. Budget cuts may also affect residency programs as it appears to be for medical students. Pharmacy students may have a more difficult time arranging placement, especially if they limit themselves geographically or otherwise.

New graduate employment opportunities are tightening somewhat, causing many to forgo urban centers for more rural practice sites. This will continue as new programs continue to be added and existing programs increase the number of graduates they produce each year. ACPE maintains that it is not their position to regulate quantity of graduates, just quality of programs.

With many presenters at this year's meeting stressing the emerging trend of Interprofessional Education (IPE), questions arose as to what the exact definition is, or should be, for IPE and whether there will be enough dedicated leaders to establish quality programs for students in the varied professions. It is also important to have a high number of professions willing to partake in order for it to be successful, one or two simply isn't enough. The question arose as to what are/should be the best practices in this education model and, in referring to the opening speaker's theme, "What's best for Ester?" Creighton has established a good model, incorporating medicine, nursing, dentistry, pharmacy and others. They recommend doing what you can now, not waiting for medical to get things rolling. Medical will eventually get on board when they see what's happening. The Canadian government is very supportive of the colleges/universities development of IPE in the provinces.