Compact for Pharmacy  
FY 2003-04 10-31-03 FINAL

A. Introduction

The University of Minnesota College of Pharmacy is among the nation’s best, rated number 5 by U.S. News and World Report and number 7 in the latest Gorman report. The College’s mission is to educate pharmacy practitioners who deliver essential pharmaceutical services to the people of Minnesota and society, to educate pharmaceutical scientists and to perform research for the improvement of human health. There are approximately 400 students enrolled in the full-time Doctor of Pharmacy program. The College offers the only pharmacy program in the state, and about two-thirds of the state’s pharmacists are alumni.

The College of Pharmacy continues many initiatives from last year. We are currently in year three of our strategic plan and the goals identified for emphasis in the upcoming year are not new but are selected for emphasis during FY04. Some of the emphases are necessary by the current environment of financial difficulty and our need to accomplish goals despite decreases in state funding (to expand alternative sources of funding, especially external funding for research). Others have arisen from the self-study we did for our recent accreditation review.

The need for an expanded pharmacy workforce and class expansion through establishing a branch in Duluth continues as a top priority. It is important that we establish goals to continue the excellence of the Twin Cities program-- especially since students are paying significantly increased tuition--and that synergy is obtained between the two sites of the program. Students have high expectations for progress in interprofessional educational opportunities. Technology development is essential for both campuses of the program, and for the work of our faculty in promoting the practice of pharmacy in greater Minnesota. We’re making progress in increasing our research productivity and investments made toward that end appear to be garnering success.

Progress on Major Themes and Specific Objectives stated in the FY03 Compact

1. Achieve financial stability and growth through focused investment, increased productivity, careful financial analysis, enhanced research enterprise and increased productivity.
   a. Recognize faculty productivity and achievements through performance-and-incentive-based models that reflect the hybrid university model.
      • Develop college-wide expectations for workload and productivity.
   Workload data for the professional program has been collected and will be reviewed by the EIC. Faculty believe workloads are unbalanced – this might be an intra- and/or inter-departmental concern; lack of balance might be appropriate. For FY04, continue analysis; compile information for graduate, continuing education, and other teaching; consult with faculty at the departmental level; and develop plans to gather accurate data annually, communicate workload data to the faculty, and address concerns.
      • Develop and gain approval for a faculty-salary-incentive plan that provides a long-term goal of 20% non-state funding for faculty salaries overall (derived from salary offset) and provides for salary augmentations up to 20%, while maintaining a departmentally determined, merit-based component to the salary increase.
   The faculty incentive compensation plan was approved. Several components of the implementation plan are scheduled to be completed spring 2003. For FY04, evaluate the success of the program from individual, departmental, and collegiate perspectives.
   b. Support growth of the research enterprise.
      • Assess each faculty member’s ability to grow revenues and expand research productivity. (Is each member on a path leading from research to publication to further funding? Will some participate through other forms of revenue generation?) Provide a realistic assessment of potential for growth (research or other sources of revenue).
   Department heads might do this indirectly as part of annual faculty reviews. For FY04, incorporate this more formally into the annual
review process using the expectations form. The associate dean for research will work with the department heads to provide a snapshot of the college’s current level and potential for future growth in terms of workload.

- **Develop departmental plans to increase revenue while maintaining mission of the department and the College.**

As part of the annual review process, department heads encouraged and will continue to encourage faculty to submit research proposals. Pharmaceutics hired two revenue-generating faculty and ECP hired one. Medicinal Chemistry provided seed money to department faculty and assessed outcomes and hired junior faculty. Educational development (Kristin Janke) is building revenue-generating programs. PCHS and ECP are drafting a practice plan for the college, although it is not expected to generate much revenue. Indirect costs/salary offset are expected to be included on any grant or contract that allows such charges.

- **Make investment decisions guided by potential to increase revenues (including faculty development).**

Seed money was allocated to support various initiatives; faculty start-up packages and equipment purchases are expected to enhance long-term productivity and revenues.

- **Ensure new faculty members are well mentored.**

Medicinal chemistry and pharmaceutics have formal mentoring programs for assistant professors. PCHS and ECP have informal programs. College faculty participate in mentoring junior faculty outside the college.

- **Support growth of revenue-generating educational opportunities.**

  - Perform an educational assessment to identify opportunities and a market assessment to determine demand.
  - Expand educational offerings to tuition-generating audiences (e.g., undergraduates) and other interested parties (e.g., patients).

The educational development group has done this. There are 1400+ students from outside the college in the ‘medical terminology’, ‘self-care’, and ‘pharmacotherapy for physical therapists’ courses. A ‘pharmacotherapy for nurses’ course will be offered in Rochester in FY04. Certificate program courses might have generated revenues. PCHS developed a course with the Carlson school of management; pharmacy and non-pharmacy students enrolled. Medicinal chemistry’s ‘introduction to drug design’ generates some additional revenue. To be added: financial outcomes/benchmarks for these activities.

**d. Prioritize spending to achieve financial stability.**

- **Grow faculty-generated revenue.**

  Determine/report baseline and annual revenues.

  - **Reduce discretionary expenditures.**

Discretionary account balances/reserves total $11 million. The college will assess these accounts to identify commitments/encumbrances and working capital/reserve needs and then plan ways to reduce balances to acceptable levels.

  - **Review fiscal efficiency and “mission-focused” use of resources including fund balances.**

**2. Strengthen the excellent professional program, while expanding class size, to meet students’ expectations that accompany increased tuition.**

  - **Implement class expansion to meet the need of Minnesotans for pharmacists with a 50-student per-year branch at UMD starting in Fall 2003, providing appropriate resources are available, to maintain a high-quality program at both sites. (FY03 will require hiring first-year faculty and staff, conducting admissions, renovating space and further planning.)**

In progress. On 4/4/03 Kirby space is near readiness, students are admitted, the senior associate dean and all-but-one of the first-year faculty are identified, staff is in place or being hired, technology needs are being addressed.

  - **Develop a vision and plan for integrating advanced education into curricular delivery using a lead group of faculty innovators for experimentation, which should include...**
implementing wireless technology in classrooms and study areas.

Hired educational coordinator Richard Brown. Making plans for wireless access throughout the college.

- **Expand and enhance the use of the Web for communicating with students, and potential and actual applicants to the professional program.**

- **Develop interdisciplinary experiential experiences by participating in the University of Minnesota Physicians interdisciplinary sites and the transitional care unit at Walker Methodist. Continue exploring other opportunities.**
  Several students have participated in the Walker Methodist transitional care unit with Tom Lackner, advanced practice nurse, and physician. Transitional care serves to stabilize patients leaving the hospital before they go home or to a nursing home. College involvement with the rural health school will continue if possible. College participation with UMP sites is in the planning stage. Don Uden and Todd Sorensen are serving on a practice model visualization task force that will continue to evolve interdisciplinary practice in a community setting; establishing a clinic is several years in the future. For the future, take advantage of the interdisciplinary educational resource center.

- **Continue site and preceptor development and quality improvement--using the educational coordinators and others--in the Twin Cities and Greater Minnesota. Evaluate impact and effectiveness of educational coordinators. Work with North Dakota and South Dakota on Greater Minnesota site development.**
  Preliminary planning is underway with ND and SD pharmacy schools to develop shared facilities APPE sites – part of Duluth expansion plans. The clerkship advisory committee was reactivated as the committee on experiential practice (CEP); educational coordinators and other key site people are committee members. For FY04, continue to identify/develop sufficient acute care sites – exploring possibilities with North Memorial and Regions.

- **Develop curricula for various clerkship courses.**
  CEP’s focus has been development of advanced pharmacy practice experience (APPE) curriculum starting with acute care; pediatrics and externships will be addressed next. Tom Lackner developed a solid geriatrics APPE last year that can be used as a model for other geriatrics APPEs; he is beta-testing the course this year. The Fairview system is using the pharmaceutical care manual as the curriculum guide for pharmaceutical care APPEs; Brian Isetts has been active in this area.

- **Present status report on experiential program to College Assembly. Showcase superior sites.**
  Ask Raquel Rodriguez to report at the May 2003 College Assembly meeting, including any communication deficiencies identified by the accreditation self-study about faculty and preceptors’ knowledge of the first three years of the professional program and faculty’s knowledge of the 4th year.

- **Support the Community Residency Program as a means of educating community pharmacy change agents, who will help with further community-site development.**
  Todd Sorensen sought and received accreditation for the community residency program. Continue to acquire and assess data on the professional program graduates regarding their effectiveness as change agents.

- **Support the Early Pharmacy Experience with Community Teachers (EPhECT) program as a means of educating students about the context of health care.**
  Redesigned the office of experiential education to better facilitate support for EPhECT. Mike Brown and Patty Lind implemented major logistical changes to the program, which students are learning to accept. HIPAA issues as related to EPhECT will need to be addressed; students will be trained.
• Develop further assessment skills and tools and apply for ACPE accreditation in Spring 2003.
Kristin Janke chairs the ad hoc assessment committee. She has compiled a table of assessments currently used by the college. The committee will review the list and recommend any needed additions.

3. Solve the acute space crisis by acquiring adequate and cohesive space to meet the previous and continuing growth in the professional and research programs.
   • Renovate space at UMD for the branch program.
     Renovation of Kirby Plaza space is nearly complete.
   • Renovate former Research Animal Resources space on the 9th Floor WDH.
     Use of RAR space was reconsidered as it would disadvantage at least four pharmacy researchers. Half will remain RAR space; half will be converted to lab space.
   • Continue to work for TRF bonding.
     Work continues.
   • Renovate 3,000 s.f. in Phillips Wagensteen Building for the Weaver chairholder.
     Resources have been identified; cost estimates have been requested. Weaver chair expected to move to TRF, if it is built.
   • Acquire interim laboratory and office space for second pharmacogenomics faculty position (1,200 s.f.). (Will eventually go into the TRF.) PWB-7 will satisfy this need.
   • Acquire office space for Twin Cities-based faculty and staff in support of class expansion during FY03.
   • Four offices needed in July 02. Five more offices needed in January 03. One more office and one laboratory needed in April 03. Will also need temporary (pre-Kirby) space in Duluth starting in April 03. When UMD is available space needs at the TC campus will be 4 offices and 1 laboratory for FY04. Offices need to be in close proximity to WDH colleagues. PWB-7 served as temporary space. No TC space has been identified for visiting Duluth personnel on an ongoing basis.
   • Renovate research space for Drs. Portoghese and Ferguson for a program-project grant to start in July 2002.
     Done.
   • Acquire office space for faculty for interdisciplinary clinical programs.
     Flexible space for intermittent uses, including off-campus faculty participating in interdisciplinary clinical programs would be beneficial. The college will need more space in the future; continue planning. Possible future space options might include PWB if the UMP building is erected and groups move from PWB.

4. Other issues
• Work toward HIPAA compliance in research, education and practice.
   Becky Lentz served as the college’s liaison to AHC HIPAA group. Training completion deadline: March 31, 2003.
• Compile literature and do a critical examination of the issue of the full range of pharmacy personnel needed in the future including intermediate-level-dispensing personnel.
   The workforce group continues to meet and address issues. A draft paper is expected in April 2003.
• Hire more diverse faculty. Strengthen the faculty’s commitment to diversity. Set specific goals for future hiring, including the proposed expansion to Duluth campus.
   Hired one new faculty member who will increase faculty diversity. University funding was sought and received to help hire another. Gender diversity of new hires is good. Attempted to recruit diverse candidate pools for searches. What to do in the future: more education/best practices for search committees; identify and groom promising 3rd and 4th year professional students and graduate students for academic careers
GOALS AND SPECIFIC OBJECTIVES FOR FY04
(Top priority items are marked with a ***)

1. Educate pharmacists to improve the health of the people of Minnesota and society.
   A. Meet the needs of Minnesotans for pharmacists, as resources permit.
      • ***Continue implementation of the expansion of the Pharm.D. program to the Duluth campus***
      • Monitor the geographic makeup of the Pharm.D. applicant pool as the college begins a new admissions process. Based on those statistics, make recommendations consistent with our goals (i.e., meeting needs of Minnesotans, achieving our financial goals, providing high-quality education, diversity etc.)
      • Encourage scholarship and research in practice models including innovative use of technology to create a new vision of product distribution. Assess the impact of technicians and technology on practice.
      • Continue monitoring of workforce needs
   B. Value education and educators.
      • ***Develop incentive plan for educational efforts***
      • Begin work on a peer review of teaching system
      • Nominate outstanding faculty for recognition programs
   C. Develop an outcome-based curriculum (including experiential education).
      • ***Define desired curricular outcomes and delineate expectations, goals and objectives for the experiential program as a whole and each APPE experience; develop assessment tools, including possible portfolios; Reexamine the structure of the overall experiential program.***
      • Survey recent graduates to assess the effectiveness of current experiential program as career preparation
   D. Embrace innovative teaching strategies (active learning) with continuous quality improvement in delivery and content.
      • ***Implement the Duluth curriculum using innovative teaching strategies designed to improve quality on both campuses***
      • Incorporate the use of the IERC (clinical skills lab) in the curriculum; Inform faculty about the use of simulation technologies.
      • Organize faculty workshops on teaching skills and Web page development
      • Ask assessment committee to identify weaknesses in the current curriculum and address them; include results of accreditation review.
      • Review Complementary and Alternative Medicine (CAM) topics in required courses and make necessary changes; attempt to identify additional faculty members to work in this area.
      • Promote attendance at AACP meeting programming
   E. Develop ample high-quality practice sites.
      • ***Identify satellite sites by July 2004 for our Duluth students***
      • Continue to investigate the possibility of adding another acute-care educational coordinator in the metro area
      • Add an educational coordinator for CUHCC and inner-city experiences
      • Explore role of collegiately coordinated residency program in expanding clerkship sites and develop plan for any program
      • Reexamine the structure of our advanced pharmacy practice experiences and improve the quality as outlined in Section C

   • Implement a case-based capstone course in spring 2004. Provide assessment of student learning
   • Improve preceptor development and communication to ensure preceptors know curriculum and teach to desired outcomes
   • Continue evolution of work assigned to the assessment committee
• Define curricular outcomes and delineate expectations, goals and objectives for each APPE experience
• Develop APPE at Fairview inpatient and Fairview system hospitals

F. Promote interprofessional education.
• Assign a point person within the college to be responsible for development of interprofessional education
• Address issues of logistics and demonstrate feasibility of interprofessional education and practice

G. Link curriculum to practice.
• Make full use of educational coordinators
• Use reactivated Committee on Experiential Programs
• Communicate with preceptors. Through the assessment committee, seek preceptor input and bring to Educational Policy Committee

2. Educate scientists in flourishing and nationally recognized graduate programs.

A. Increase the quality and number of U.S.-trained students in the college’s graduate programs.
• Encourage students to pursue advanced training. Explore possibility of dual-degree programs (determine applicant pool, interested students, previously developed plans, other schools, e.g. Tenn.) and how to actively recruit for them. Include DGSs in planning
• Recruit graduate students from current University student population

B. Increase available resources to enhance graduate programs and graduate research.
• Evaluate need for and viability of an executive masters program for leadership development or otherwise establish a preeminent program in pharmaceutical leadership contingent upon seed funds from capital campaign or other sources
• Conduct a forum for faculty to present graduate and other post-doctoral opportunities to students

3. Engage in research and scholarship resulting in the development of new drugs and drug delivery systems, the optimization of drug use and the advancement of pharmaceutical care education.

A. Enhance research productivity and ensure that our research is at the cutting edge of each discipline.
• Collect stories of problems with impact and present to higher administration
• Enhance efficiency and timeliness of when research is initiated

B. Capitalize on the rich intellectual diversity of the University of Minnesota.
• Center for Drug Design – Work with the Center to help ensure its success
• Use participation in the GCRC renewal to expand collaborations across the AHC
• Utilize opportunities made available by having faculty in Duluth
• Capitalize on placement of faculty in interprofessional programs in the University
• Participate in the development of a Chemical Biology program and other medical genomics opportunities, especially as made available by the Mayo-UMn initiative.
• Promote pharmacogenomics initiative; identify what we bring to the table; continue investment in AHC Biomedical Genomics.

C. Invest in research facilities.
• ***Keep research equipment current and adequate for needs.***
• Continue to work for funding for Translational Research Facility
• Identify other potential lab space for future lab-based faculty
• Find research space for office-based researchers and graduate students
4. Foster leadership in the profession and the pharmaceutical sciences; develop leadership skills in students, staff and faculty.
   A. Recruit high-leadership-potential students.
      • Continue outreach programs in high schools and junior colleges
      • Analyze impact of PharmCAS to make decisions, based on pool generated by PharmCAS, about admissions criteria
      • Educate faculty about PharmCAS
   
   B. Serve as a force for advancing the profession.
      • Use co-funded positions in Duluth for advancing practice
      • Look for novel practices, especially CAM-providing pharmacies, that may be opportunities for promoting practice and clerkship sites
      • Implement the Leadership Initiative from the capital campaign as resources allow. Continue to raise private funding for this initiative.
   
   C. Maintain a sterling reputation for leadership and innovation.
      • Submit names for Scholars’ Walk
      • Plan international symposium on solid-state properties of pharmaceuticals in honor of David Grant
      • Consider celebration of Larry Weaver’s contributions to honor his 80th birthday and completion of college history book
      • Plan and implement at least one Outstanding Alumnus award
      • Support faculty involvement in national leadership
      • Nominate faculty for at least one AACP award and for other national recognition
      • Nominate faculty for AHC Academy of Excellence in Research and Academy of Distinguished Teachers
   
   D. Value and promote diversity.
      • ***Continue efforts on searches to recruit diverse candidates***
      • Distribute best practices of recruitment and retention
      • Hold seminars on cultural, ethnic, racial differences, including how cultural differences in health care impact practices
   
   E. Develop and promote advanced professional training programs.
      • ***Encourage residency development, especially in Duluth***
      • Explore the collegiate role in residencies and fellowships. What value added can we bring?
      • Encourage residents and fellows to pursue faculty roles
      • Consider PharmD-MBA, Pharm.D.-MPH joint degrees, management master’s and residency programs and an Executive Master’s Leadership training program.
   
   F. Develop administrative and leadership skills in faculty.
      • Develop assessment skills in faculty using the group who attends the AACP Institute
      • Ensure opportunities for chairing committees, with the intention of developing leadership skills, are given to faculty members

5. Engage constituencies.
   A. Provide highly valued expertise and programs to constituencies.
      • Hold the CMC Management Conference
      • Establish partnerships and provide courses for industry
      • Reexamine the needs and desires of constituents, especially as we transition through the completion of the DP4 program
      • Examine needs of preceptors and provide preceptor development and information about the curriculum
      • Continue service on boards of organizations, consulting, Melendy, etc.
   
   B. Establish effective avenues of input from internal and external constituencies.
      • ***Communicate broadly with the student body via Web site and through town-hall style meetings.***
**6. Allocate and manage resources to achieve priority items in the strategic plan.**

A. Provide appropriate staffing for implementation of the strategic plan.

B. Compensate faculty at a level that will facilitate the retention and recruitment of outstanding faculty members.
- Implement incentive plan

C. Compensate support staff at a level that will facilitate the retention and recruitment of outstanding staff.
- **Within University budget constraints, compensate staff to best of our ability***
- **Retain staff recognition program***

D. Integrate technology as an important component of strategic objectives.
- **Acquire technology (i.e., videoconferencing, Flashcom, Polycomm, etc.) for Duluth communications***
- **Strive to maintain investments in technology***
- **Reserve laptop and PDA requirement for students at both campuses. Assess alternatives and bring recommendations to faculty. Identify where recommendations would be introduced in curriculum***

E. Within University constraints, work toward resolving and meeting space and facility needs.
- **Renovate Masonic space, equip it with appropriate technology***
- Continue pressure on AHC to resolve classroom availability problems, especially small breakout rooms for TC students.
- **Complete Life Sciences predesign (Duluth)***

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**C. Increase communication between faculty and students; combination of high tech-low tech approaches**

- Work on faculty evaluation and feedback to students and faculty
- Hold students responsible for representation and consider broadening representation
- Continue student focus groups with associate deans and include faculty in focus groups
- Examine student professionalization and culture of student responsibility for their education
- Explain overall curriculum to students and identify how each course contributes to outcomes.

**D. Define our advocacy role.**

- Define our role in advocacy for residency development (inpatient as well as community)
- Continue advocacy for rural health and pharmacy in greater Minnesota
- Engage in practice development to support expanded need for experiential sites

**E. Optimize communications with internal and external constituencies.**

- Continue publishing annual report and incorporate feedback on first annual report into subsequent projects
- Improve two-way communications
- Continue Web site improvements and develop Duluth program pages on site. Create tools for constituents to contact us through the site

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**• Improve student recognition and satisfaction.***

- Implement the external advisory board
- Consider a practitioner advisory board, perhaps using CMC and/or alumni boards

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**B. Continue improving feedback and student publishing.**

- **Increase communication and/or contact**
- **Continue improving communication and/or contact**
- Hold students responsible for representation and consider broadening representation
- Continue improving communication and/or contact
- Examine student professionalization and culture of student responsibility for their education
- Explain overall curriculum to students and identify how each course contributes to outcomes.
• Support TRF, clinic space development and clinic release space (PWB) planning
• ***Find resources for facilities issues including air conditioning backup for server room, fire control system, security. Reduce risks where possible.***
• Find/renovate research space for both lab-based and office-based researchers and graduate students

F. Develop and implement strategies to maximize resources.
• Continue efforts to expand non-state funding sources.
• Increase class size at TC Campus to 110-112 entering students.
• Use interview to try to identify students who know what they are getting into and will stay in the program.
• Work with AHC Communications to develop marketing surveys on courses, including genomics/kinetics, for industrial scientists, as well as an executive masters program for managed care and a management residency. Identify niches.

G. Communicate with legislature and grass roots supporters.
• Continue current efforts

H. Enhance service-oriented support structure for faculty and students.
• ***Continue work on service orientation of business office, stockroom, OSS, grants management, HR. Communicate changes to all constituencies.***

I. Develop Web-based databases and processes.
• Assess status and continue implementation

**Alignment with the AHC Strategic Plan**

• We are implementing the class expansion to Duluth to help meet the needs of all Minnesotans for pharmacists; students are admitted, faculty are hired, space is ready. We expect a significant portion of graduates (first ones in May 2007) to take positions in greater Minnesota.
• The Doctor of Pharmacy program has a major focus on community-based practice; the rural pharmacy program, the geriatric pharmacotherapy program, a new relationship with CUHCC, the community health center practice development (funded by HRSA and the College), the Bethesda Family Practice Clinic, Park Nicollet, the Transitional Care Unit, and other community-based practices are important components of that focus.
• Interprofessional clerkship sites have been developed and this remains a high priority, although progress is slow.
• Our pharmacogenomics research effort is making progress, and is aligned with the AHC’s genomics initiative. Many faculty participate in interdisciplinary/interscholastic research. The chemical genetics effort and the pharmacogenomics efforts should be part of the new Mayo/Uof M biomedical genomics initiative.
• Faculty members in the Department of Pharmaceutical Care and Health Systems are major contributors to health policy development and advocacy, especially in the areas of prescription drug benefits for the elderly (Schondelmeyer), pharmacy workforce (Schommer, Larson Hadsall), and benefit coverage for pharmaceutical care (Isetts, Larson).

**D. Academic Workforce Issues / Diversity**

Diversity Goals
The College of Pharmacy has been given the following goals, based on workforce availability by the University EEOA Office as of 4/03.

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<th>COP Goals for New or Promoted Faculty and Staff (FTE)</th>
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<td><strong>Tenured Faculty</strong></td>
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The College has made some significant steps this past year in hiring faculty to meet our goals for increasing female and minority faculty. These hires are reflected in the chart above. Four new female faculty members and two new faculty with minority backgrounds were all hired. Also, through an open search process, the College hired one of our current term female faculty members for a tenured position.

Our P&A employee group meets or exceeds availability statistics, while the available statistics indicated that we needed to focus greater attention on increasing the number of minority employees in our Civil Service/Bargaining Unit openings. We were successful in hiring three minority employees for this employee group.

Our professional and graduate student populations continue to be highly diverse in terms of both gender and race. We are confident with the hiring of a seasoned recruiter, who is a minority, that we will be able to increase our success in recruiting diverse students.

Admissions: The Admissions Committee and Office of Student Services Staff have met with general counsel to review current admissions standards in light of the Supreme Court ruling on affirmative action. A point system which recognized candidates’ minority status was eliminated from this year’s procedures but the procedures remained intact otherwise because they had been published in admissions materials. The admissions committee will undertake a full review of admissions procedures over the next year working with General Counsel to achieve a non-point based holistic assessment that allows us to consider an applicant’s contribution to the diversity of the class, including not only racial and ethnic diversity, but also diversity of backgrounds and experiences. We are committed to the principle that diversity within our student body is essential for the highest quality education of pharmacists who will serve a diverse population of patients.

### D. Pharmacy Workforce Issues and Student Enrollment Management

Data continues to show a critical shortage of pharmacists in Minnesota. The shortage, which is due to an increasingly aging population and demand for new patient care roles for pharmacists, is expected to last, and indeed, get worse, as pharmacists trained in the 1970s reach retirement age. This is a national issue and was highlighted in Fall 2002 by a report of a consensus conference that predicted even greater needs for pharmacists by 2020, even if pharmacists are displaced from the dispensing role. Currently, the impact is most critical in the rural areas of the state, but the shortage exists everywhere. An expansion of the College at UMD enrolling 50 students per year starts this Fall (2003); clerkships will involve various communities around the state, and we hope graduates will take positions in greater Minnesota. We have made adjustments so we could expand slightly the class size (105 students/year to 111 students/year) on the TC campus. We continue to monitor the discussion around various levels of pharmacy personnel, but there is little consensus within the profession on the training of technicians at this point in time.

### E. Facilities issues:

The College of Pharmacy has occupied the same space in Weaver Densford Hall since 1981, with an identified space shortage based on a 1999 Perkins & Will Planning Study of over 20,000 assignable square feet. With the assistance of AHC facilities personnel who identified small and disperse spaces and a large investment of collegiate funds in renovation to increase efficiency and utility of current space, we have solved some of our most pressing problems. The Weaver chairholder and the Epilepsy Program will occupy 3000 SF in Phillips Wagensteen in Fall 2003. We anticipate that both these groups will move to the TRF when it is completed. We are anticipating two new faculty members on the TC campus in Summer 2004 and two additional lab-based faculty members in Summer 2005. Two of these groups may occupy space in TRF and two in Phillips-Wagensteen, but we do not know where to place them before TRF is completed. The major long-term challenge is that as the college succeeds in growing its research program to achieve financial equilibrium, a goal we have established, we will have to have additional research space to accommodate the expanded research effort. The Translational Research Facility is essential and will provide some of that needed space.
but given that it is committed to current or soon-to-be hired scientists, it is inadequate to solve all our space needs. We will be looking to a remodeled PWB once the UMP clinic space is completed.

With the completion of Kirby Phase II renovation in Duluth, we have an initial home for the expanded class in Duluth. It is excellent space for teaching and learning, but lacks laboratories for lab-based faculty members. Two first-year faculty members will be given space by CSE and the School of Medicine, respectively. Laboratories for additional basic pharmaceutical scientists will still have to be obtained through negotiation with the School of Medicine and/or the College of Science and Engineering until the Life Sciences building is completely vacated and renovated. It is critical that we move ahead with the predesign of Life Sciences Building in the near future.

Addition of ITV capability to our Weaver-Densford Hall 7-135 classroom will provide for technology-assisted teaching between the two campuses for the first year. The use of this single classroom will become tight as we try to schedule two classes in FY05, and by FY06, we will need access to an additional ITV-equipped classroom for 105-110 students on the Twin Cities campus. The accreditation team that visited in March 2003 noted that we lack badly-needed small classrooms on the Twin Cities campus that are needed in support of our curriculum. These are available in Duluth but we do not know where to find them in the Twin Cities.

We wish to continue to be involved in the planning of the UMP Clinic Building. Preliminary planning calls for pharmacy to be an important component of the clinic.

F. Financial issues

The strategy we implemented during the last two years to expand revenues in two areas: research and external education, will be generating much needed revenue to replace O and M reductions. After two low years, ICR revenues will grow significantly in FY04, in response to large investments in new faculty and start-up costs, renovation of laboratories, investment of Ziagen funds in renewal of medicinal chemistry faculty research, and a pharmacogenomics initiative. Furthermore, pharmacotherapy courses for a number of health professional programs, as well as self-care and medical terminology courses for undergraduate students, have increased our educational revenues. We anticipate further expansion of both of these revenue sources in FY04. We expect this growth to more than offset anticipated revenue decreases in our non-traditional program (DP4) due to enrollment closure. We may need to use a small amount of the uncommitted carry-forward balance in FY04 to offset the immediate effects of the state funding reduction. However, this should not be a sustained requirement.

The College’s portion of Ziagen funds has been used for laboratory renovations and salary for existing faculty, as well as for hiring two faculty members. We are continuing to invest in endowments so that the recurring nature of these expenditures will be covered with the proceeds from endowments when the royalty flow ends. Since Ziagen revenues are greater than initially expected, $200,000 per year is being put toward replacement of O and M funds. This substitutional use can be maintained for several years as the amount is worked back into the recurring O&M budget. Ziagen funds also continue to be saved for contributing to the Translational Research Facility should bonding be approved.

We will implement the faculty compensation incentive plan in July 2003 as previously determined and allowed under the university’s 2003-2004 compensation guidelines. Salary comparisons with Big-Ten pharmacy schools still have us ranked last for Assistant Professors and next to last for Associate and Full Professors. We hope the incentive plan compensation will help make us more competitive.

Our tuition is already second highest in the country and is not market competitive with neighboring states. However, applications are robust (increased 63% this year) and we will continue to monitor the situation. We chose to increase tuition by less than the university recommendation so that students will see a total of 8.25% increase when both tuition and fee increases are considered.

We will need to retain any unspent carry-forward balances from FY03 Duluth expansion dollars in order to implement FY04 of that program.

FY04 State Funding Rescission & Budget Cuts:
The College of Pharmacy’s FY04 allocation of State O&M funding was cut by $981,000 in comparison to the college's initial allocation of FY03 funds. $294,000 of the reduction was actually realized during FY03. The application of college reserve funds saw us through FY03. However, an additional cut of $697,000 in FY04 state funds, coupled with $69,000 in other University assessment and benefit modifications, has presented a total $1,050,000 recurring funding challenge for the college in FY04.

The basic principles underlying the college’s approach to this challenge are:
1) Include student support in making up the shortfall but at minimal levels in view of the college’s tuition status relative to other Colleges of Pharmacy.
2) Ensure students receive the continued high quality education consistent with the college's history and reputation.
3) Ensure the planned expansion to the Duluth campus successfully takes place during FY04 with no interruption or postponement in the established calendar.
4) Continue to invest in high priority initiatives, programs and services essential to the college's continued success and growth.
5) Ensure available funds are being maintained, accounted for and spent as efficiently and accurately as possible with cost control and containment constantly monitored.
6) Maintain and honor the college's commitment to the new TRF facility.

The college will meet the challenge in the following manner:
1) A tuition increase in the basic PharmD program of 6.4% for residents and 7.3% for non-residents is allowing the college to increase student revenues while staying beneath the University target of 8.25% for professional program tuition increases. Such increases will also keep the college below the national average pharmacy tuition increase which will be well into double digits. Coupled with expansion of Pharmacy education outside the basic PharmD program, tuition revenues will increase by $500,000 in FY04.
2) Increased research activities will add at least $70,000 to overhead supporting revenues.
3) Initiation of phased retirements and the continued maintenance of one faculty vacancy will provide savings of $170,000.

4) The remaining $320,000 will come from a dedication of royalty income to ongoing research related operational requirements and the application of some college reserves to cover the remaining shortfall. While anticipated for a finite period, Ziagen royalty revenues will reach sufficiently into the future to allow for their application to recurring budget needs. We expect this amount to be approximately $200,000 in FY04.

FY05 State Funding Rescission & Budget Plans

Further cuts in State O&M funding are expected in FY05, though not to the extent realized in FY04. While such numbers have not been finalized at the University level, a new item impacting the final numbers will be a 2.5% salary increase currently contemplated for all employees (this factor did not have to be included in FY04 budget strategies in view of the University wide pay freeze). Additionally, the college is proceeding on a course of action to fill the vacant faculty position maintained through FY04.

Our basic principles will be the same as in FY04. We will do everything possible to ensure our PharmD tuition increase stays at, or under, the University forecasted target of 10% in professional programs. As in FY04 we anticipate our FY05 increase in cost to Pharmacy students will reach the University target after (not before) fee increases are added in.

We will also be expanding research within the college thus again increasing accompanying overhead revenues. Ziagen royalties will again be used to some degree and most likely a small amount of reserves (more than sufficient for FY05 but an item which will need to be accounted for in the following biennium, hopefully through an improved economy).

On a final note, as in the past, we continue to explore new and expanded avenues for pharmacy education which we feel confident will produce some level of additional revenues in FY05.

Regental Delegation of Authority:
The Regental delegation of authority from the Sr. VP for Health Sciences to the Dean is done; the delegation from the Dean to department heads will occur in FY04.
G. **Compact Development: Consultation on and Communication of Academic Priorities and Resource Allocations**

In January 2000, the whole faculty met during a two-day retreat to develop a five-year strategic plan for the College. The work progressed through the calendar year 2000 and was approved by the faculty at its 2/21/01 college assembly meeting. It has been used to guide compact development annually since then. The FY04 compact development was done initially by the Central Council (Dean, department heads, associate deans, P and A staff, faculty representative, civil service staff member and student). We reviewed our progress and brainstormed and then prioritized ideas for moving our goals ahead in the coming year. The current draft reflects the status of the compact to that point. Department heads consulted with the faculty in their departments and brought comments back to Central Council. Budget issues have been discussed with Central Council and with each of the departments during the spring semester and cuts to the budget necessitated by the current financial challenge were proposed by the dean and the CFO and approved by Central Council.

H. **Financial requests: Justification of compact requests (formal proposals are attached as appendices)**

1. **Leadership initiative**

   A four-part proposal for developing leadership education for Pharm.D. students and practicing pharmacists is attached. Funds are needed from the AHC to match an investment by the college in a part-time faculty member who will do a needs assessment and plan for an executive master’s program in leadership. We would be willing to have this be in collaboration with multiple health professional schools should other schools so desire.

   Request: $30,000 AHC; $30,000 College of Pharmacy

2. **Partial funding for LC-MS (mass spectrometer)**

   Modern chemical and clinical research requires the analytical capability made possible by liquid chromatography linked to a quadrupole mass spectrometer. As outlined in the attached proposal, many faculty members in the College of Pharmacy will make use of this new instrument which will be financed by contributions from Medicinal Chemistry, the College of Pharmacy, a grant from MMF, the Graduate School and the AHC, as well as user fees. User fees will be set to provide operating expenses as well as depreciation toward a replacement instrument in 7 years. Request: $70,000 from AHC/compact; $100,000 from Medicinal Chemistry/College of Pharmacy (3:2)

3. **Partial funding for Chemical Genomics initiative (as part of an overall Chemical Biotechnology proposal - attached)**

   A proposal to create an interdisciplinary center for Chemical Biotechnology is being put forth by faculty members in CBS, IT and the College of Pharmacy. Although the College will likely have faculty members in at least two of the three groups, the Chemical Genomics component is most relevant to our faculty. We support the creation of this Center and think it can be a major component of the new Mayo-U of M initiative in genomics and biotechnology. We also believe our existing pharmacogenomics initiative, in which we have made substantial investments in previous years, should be a major component of the Mayo-U of Minnesota effort.

   Request: $134,000 from the AHC/Compact over a three year period; matching from the College of Pharmacy/Medicinal Chemistry $67,000

4. **Faculty member to teach Herbal Medicinals (and self-medication)**

   It is clear that there is an escalating use of herbal and natural remedies in our society. Patients and health professionals alike are requesting evidence-based information about the safety and efficacy of these products. Patients are concerned not only with treatment of disease but with the use of these products for maintaining wellness.
Pharmacists can serve as the focal point for integrating the use of these products into the overall drug therapies that patients take. Pharmacists are uniquely positioned in that they have the ability to advise patients on the scientific evidence surrounding the safety and efficacy of the products and have access to complete medication profiles.

However, many pharmacists were not educated about herbal and natural medications and need access to reliable and current information if they are to serve their patients. In our diverse society, they also need to understand the cultural significance of herbal and natural medicinals to their patients.

We have been making do with part-time faculty to teach elective courses in “natural medicinals” and “over-the-counter drugs” on an elective basis. However, new board examination requirements and an increasing importance of self-medication have led the faculty to vote recently to have these topics incorporated into our required curriculum. Current faculty members have no capacity to take on expanded teaching of these topics. We wish to hire a full-time faculty member in this area who would develop education in this area for students, pharmacists, and perhaps other health professionals, conduct research concerning these products, and help shape national policy around the regulation and use of herbal products. We envision that the new faculty member would provide coursework that integrates evidence-based information concerning herbal medicinals into our Pharmacotherapy sequence, as well as providing advanced electives for pharmacy and other health professional students. The research agenda would depend upon the expertise of the individual but may well involve studying the clinical efficacy and safety of new or existing products, establishment of means of verifying content and efficacy for quality control purposes, or examining the socio-behavioral aspects of self-medication and herbal drug use.

The necessity of closing two open faculty positions to meet our O and M reductions makes it impossible to create this position through reallocation.

Request: Recurring funding for one faculty member at $100,000 (salary + fringe). Additional funding for this overall initiative will be provided by the college’s capital campaign contributions and other collegiate funding sources.

**Glossary of Terms**

EIC – Educational Implementation Committee  
PCHS – Pharmaceutical Care and Health Systems Department  
ECP – Experimental and Clinical Pharmacology Department  
APPE – Advanced Pharmacy Practice Experience  
CEP – Committee on Experiential Practice  
EPHECT – Early Pharmacy Experience with Community Teacher  
UMD – University of Minnesota Duluth  
WDH – Weaver Densford Hall  
RAR – Research Animal Resourced  
IERC – Interprofessional Education Resource Center (Clinical Skills Lab)
I. Report Summary and Allocation Summary

FY2000 through 2004 Compact Investments

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<th>School Funded Academic Priority</th>
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## Graduate School / VP Research College Investments FY03-04

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