

ADDRESSES

Tackling Our Taboo Topics

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We have successfully sailed through a great deal of programming this week aimed at making academic pharmacy healthy and strong. I hope that you personally found the sessions stimulating and that your networking with colleagues old and new offered you additional insights and ideas that tops any formal programming even the best program planners could provide.

Each delegate has received copies of the report of the Board of Directors on your Association's priorities and the evolution of our programs and services in this past year. More detailed information is available in the Governance section of the AACP Web site for those interested in every little and not so little activity of the 2005-06 association year. This is my fifth opportunity to address the delegates in my role as your Executive Vice President. It is a pleasure to work for a group whose leaders constantly have their ears to the ground to identify the issues that most challenge academic pharmacy and our profession. I hope that you have gained the appreciation by listening to the reports from Diane and Marilyn that your elected leaders are committed to the design and delivery of programs that effectively address your greatest needs.

Your association is fiscally healthy and is staffed by a group of really talented individuals – some of whom have worked for AACP for almost 25 years and others whose tenure is only days or weeks long! This blend of historical perspective and fresh insights mirrors the characteristics of our nation's soon-to-be 100 colleges of pharmacy as well. We've grown the AACP staff modestly over the past several years keeping pace with the institutional membership growth we've experienced. I am especially pleased with our ability to add staff resources in academic affairs and assessment just in the last 2 months and know that our new capacity there will be immediately put to good use serving faculty, administrators, and academic program staff in key areas.

Recognizing that my remarks stand between you, the completion of our business this morning and your departure home or on some well-deserved vacation, I'll be brief. I've titled my remarks, "Tackling Our Taboo Topics" which is a term that Marilyn Speedie and I picked up last fall when she and I participated in a program for

association leaders sponsored by the American Society of Association Executives. The final session focused on the characteristics of healthy organizations and we were both struck by the comment that healthy organizations are able to discuss difficult issues, laying those taboo topics right on the table to be dealt with rather than buried, ignored or only whispered in hallways.

In April we tested AACP's ability to tackle our taboo topics by placing several on the agenda for our board retreat. Ever the overachievers, we identified more than we could really hope to address in the few hours we had for this portion of our agenda, but our experience was marvelous! It was invigorating to spend an hour talking about issues like: Are our graduates prepared to deliver pharmaceutical care and are the practices they enter even considering allowing them to offer patient-centered care to those they serve? Will there be sufficient faculty in the future to advance our teaching, research and service missions and are faculty really equipped to be competent scholars and good teachers? When is the appropriate timing for new programs to affiliate as institutional members of AACP, before or after ACPE affixes a stamp of quality on their plans to establish a new school?

Easy subjects, don't you agree?! Of course not, they are a few of our taboo topics! This led me to think about what topics I might tee up for discussion with you, our delegates who are important conduits between the Association and our member institutions. I've selected just three to highlight this morning as they reflect important priorities for the academy.

Before I begin I have to tell a story on myself. As I told the attendees at yesterday's intimate dialogue with pharmacy education leaders, my long term career aspiration is to be a diplomat! Those of you who know Senior Vice President Ken Miller have no doubt appreciated his direct, devil's advocate style of approaching issues! Ken reviewed and commented on my initial draft of these remarks and challenged that I really hadn't put the taboo topics on the table and had approached my subjects with too much diplomacy! Diane and Marilyn agreed so I've reworked the text to get right to the issues we must confront.

Where will the faculty and leaders come from for over 100 schools of pharmacy?

Topic One I originally positioned in terms of our most precious resource – our people. We know we’re growing and we’re also growing older. I’m acutely sensitive to age this summer as I’m a few weeks short of 50 myself! Ken’s critique said, “The taboo topic is not people, Lucinda, it’s new schools!” Where are the human resources needed for 100 or more strong schools, new and old, and what must we do to make careers in academic pharmacy sufficiently attractive to outstanding scientists, clinicians, and administrative leaders to insure that all of our positions are filled with the best available talent? What are our expectations related to successful academic careers and do we have the leaders in department chair and dean roles to effectively nurture and develop the next generation of academicians to replace the retiring Boomers?

AACP will be working on several dimensions of this challenge in the coming year. Your Board approved a partnership with the American Pharmacists Association to expand the Career Pathways Program with new research and information related to careers in academic pharmacy. This is an existing program, free to the colleges and available for everyone to use with their students throughout the professional degree program to assist them in exploring their interests in relation to the myriad of positions in pharmacy. As we work with APhA to expand material on academic careers I’m hopeful that we’ll ignite new interest in the opportunities we provide pharmacy graduates to help prepare future generations of patient-centered pharmacy practitioners and scientists. The Pathways Program and *Pharmacists: Unsung Heroes*, the PBS documentary on contemporary pharmacy, might also be effective media for orientation activities for graduate students and new faculty in the pharmaceutical sciences who so often come into our programs without a pharmacy background.

I’ve challenged Ken Miller and the Academic Affairs team to expand efforts in other dimensions of faculty and leadership development as well. Perhaps the most pivotal positions in our colleges with respect to faculty recruitment and retention are our department chairs. AACP has not offered sufficient targeted programming for this cohort of leaders and we aim to rectify that in the months ahead with a sustained curriculum that will help new and seasoned department chairs in their work to build the faculty of the future.

Finally with regard to people, by our count a third of current deans will approach retirement in less than five years. This isn’t new information of course but when you think of 30 or more deans’ positions opening in such

a short timeframe it makes you think about leadership vacuums and the need to assure a pipeline of new leadership talent sufficient to answer the call for new CEO deans. AACP anticipates fresh programming for new deans and for those who may be in early phases of exploring whether or not their talents and leadership skills line up with the demands on our top administrative leaders. With the right support and encouragement I know we’ll find the next generation of pharmacy education leaders to guide our expanding enterprise in the delivery of quality pharmacy education.

Resources or did she say “Dues Increase?”

I’ll stay on the theme of resources for my second taboo topic but move on from the question of whether we’ll have enough faculty and leaders to a few other aspects of sufficiency of resources. Back to the good Dr. Miller’s critique; I said the taboo topic was resources. Ken’s rebuttal is that the real taboo is to talk about a dues increase for AACP institutional members.

Tackling this topic raises a myriad of questions, especially when the AACP bottom line is a very healthy excess of revenues over expenses as has been the case for several years. But do the circumstances of these times suggest there are additional programs and services needed to help each one of you address your highest priorities? I think about assessment resources as one example. We need more people who have expertise in assessment and we most likely will have to grow them from within our existing faculties. We need new data and analytic capability. This is a perfect example of how every \$1,000 one school invests in additional dues payment can translate into \$100,000 in return if we use that money to build the infrastructure for a national pharmacy education assessment system that efficiently provides you the data and benchmarks you need to continuously improve your programs. That’s the multiplier effect of working together on the tools and data resources for student, faculty and program assessment.

These and other contemporary issues compel us into strategic conversations with our accrediting body which faces a mandate of measurement as described this week by Peter Vlasses. AACP is committed to the strategic expansion of our institutional research program. We’ll work closely with ACPE in the weeks and months ahead, bringing members with expertise in assessment to the table to insure that we efficiently and effectively use data and information to benchmark our programs’ strengths and weaknesses.

The other area as we have been discussing this week is the concept of sharing curricular resources in key areas where there may be limited numbers of faculty with core

expertise in an important topic. It doesn't matter whether the topic is genomics, nanotechnology, economics, epidemiology, or entrepreneurial leadership. AACP has been tip-toeing into the waters of curricular resource sharing strategies for several years. The Council of Faculties debated and defeated the resolution related to this topic at their meeting on Monday. It appeared that some faculty were concerned with the possibility that accessible resources would negatively affect pharmacy education and possibly displace faculty. It would seem that this might be a taboo topic worthy of some attention back home. That would help AACP as we continue our strategic analysis of the technological, creative, economic and other issues that must be considered in fully activating a curricular resource center as part of our member benefits. Another good example of where \$1,000 of investment per school can potentially yield \$100,000 or more in collective goods and services, if done properly.

One other truly sensitive issue is the extent to which we are all increasingly dependent on student-generated financial support. For you it is tuition. For AACP it's PharmCAS and PCAT revenues. AACP's strategic planning committee will be specifically examining our current and future sources of revenue in the year ahead. Beware! Cindy Raehl has already articulated the mantra "Be Bold!" It should be fun to take a hard look at the balance of dues and non-dues revenue and examine the sources of support needed to continue building the programs and services you need to be successful.

Communications

The last topic to lay on the table this morning is communications. Ken gave up at this point! But the taboo topic is that the world still fails to appreciate how extraordinarily good you are. I don't know if you've seen it, but Money magazine ranked the top 50 careers in the May or June issue. You may be amazed to learn that college professors ranked second and pharmacists ranked 9th out of the top 50 jobs! Now let me ask you – given those rankings, how special is a college professor who produces those pharmacists?! I say awesome, but admit that the world has not gotten that message from us yet.

Every year in my comments to the House I have mentioned the priority of the Board that hired me to make AACP and our members more visible, especially to those outside academic pharmacy. We are making

progress but I must admit that we're still too far from our goal. I think the road to progress is beginning to become clearer to me.

I want our communications program to brand academic pharmacy as the "Go to" place for solutions to our nation's problems with medication use. I know we have the stories. Your faculty are discovering new drugs and genes that influence disease and drug response. They are creating new practices designed to make medication use safer and health care more patient-centered. Your students are involved in amazing outreach to your communities. All of these are really important stories and they need to be told.

AACP will complete a communications audit in the next year using a professional firm that will no doubt be in touch with some of you to tap your thinking about the most effective messages and vehicles to share the mother load of good work being done in our community. Armed with fresh messages and perhaps some new communications vehicles I hope we can become the conduit to share information with each other about our advancements and, more importantly, share that information with the world that needs to beat a path to your doors. I know with great confidence that we in fact hold many of the solutions to the nation's, no the world's, medication use problems in our minds, hearts and hands.

Conclusion

I'll stop now, though I'm sure if we spent a bit more time you could add a dozen more questions to the Taboo topics list. Your Board has committed to continuing to address such topics as the agenda for each Board Meeting allows. We need to identify an effective method of disseminating those topics and the Board's discussion of them to the membership. This House could become a forum for teeing up some taboos and a conduit to get varied opinions to and from the membership. We'll talk about that a bit more as we embark on the business before us this morning.

Our taboo topics are not easily answered questions, but healthy organizations don't hesitate to talk about them and in fact enjoy the opportunity for debate and discussion. I'm pleased to close my report by restating that AACP is a very healthy organization. It is a pleasure for us to serve you. Thank you for your attention and your support.