

**UNIVERSITY OF KENTUCKY
COLLEGE OF PHARMACY**

Proposal for Academic Reorganization

Submitted to
University Senate Committee on Academic Organization and Structure
2003

UNIVERSITY OF KENTUCKY
COLLEGE OF PHARMACY

Proposal for Academic Reorganization

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EXECUTIVE SUMMARY

Faculty members within the College of Pharmacy of the University of Kentucky have expressed the belief that the College should formally be organized into departments rather than divisions. Numerous discussions regarding establishing a two-department structure have occurred within the College of Pharmacy for a number of years; this history is explained in **Appendix A**.

Recent discussions with the faculty led the Dean to appoint a committee to re-evaluate this organizational structure in February 2003. After several meetings, the committee presented its report to the faculty with this recommendation: "It is the unanimous opinion of the committee that the College of Pharmacy should move expeditiously toward the implementation of a departmental structure" (**Appendix B**). The faculty unanimously accepted this report at the April 2003 faculty meeting and urged approval to pursue a department-structure model. Following this meeting, the Dean appointed another committee (Committee to Implement Departmentalization) to prepare the necessary documentation for this re-organization process and submission to the University Senate Committee on Academic Organization and Structure.

The College of Pharmacy proposes to create a departmental structure to replace the current divisional structure. Presently, the College is divided into two units (i.e. divisions), the Division of Pharmaceutical Sciences and the Division of Pharmacy Practice and Science. The new departmental structure would more effectively link authority and responsibility by formalizing transfer of the day-to-day operational control of the College from the Dean to the unit level. This proposal to establish two departments within the College of Pharmacy, the Department of Pharmaceutical Sciences and the Department of Pharmacy Practice and Science, reflects substantial changes towards more efficiently aligning authority, responsibility and accountability with department chairs. The reorganization proposed in this document is entirely consistent with the Administrative and Governing Regulations of the University of Kentucky. The department structure is a well recognized academic unit both at the University of Kentucky and nationally (**Appendix D**). Faculty and administration endorse this new structure, believing it will enhance the long-term competitiveness of the College at the national level.

The potential impact of reorganization on the program and individuals is explained throughout this proposal. The documents attached corroborate that this transition has been studied and contemplated for a substantial period of time and is endorsed by the faculty, staff and students of the College of Pharmacy.

The Implementation Committee presented this proposal to the faculty, staff, professional students and graduate students during May-July, 2003. All individuals in the College have been given time to review the proposal, and a representative from each group has been given the authority to comment in writing for his/her respective constituency (**Appendix C**). Also, faculty in each division indicated their support by secret ballot, and outcome of their votes is included in the letters in **Appendix C**.

Finally, another committee was appointed by the Dean to revise the governing documents within the College of Pharmacy to reflect reorganization from the division structure to a department structure.

We strongly urge your support and endorsement of this reorganization within the College of Pharmacy.

RATIONALE FOR REORGANIZATION

The College of Pharmacy faculty, with the concurrence of the administration, initiated a process to study the current administrative structure based on belief that the current divisional structure is no longer optimal for the long-term management and further development of the College's academic programs. Consequently, two faculty committees were named and charged with examining various academic models, with the intention of selecting a structure that would significantly enhance organizational function and create future opportunities for growth in professional and graduate teaching and research programs.

This College of Pharmacy is recognized as a leader in national and international pharmaceutical education and research. This favorable reputation and ranking has not come easily. The growth and development of our programs have had a major impact on the local, regional, and national scene. New, important initiatives have emerged in basic sciences, clinical pharmaceutical sciences, nontraditional professional education, continuing education, and managed care. The profession of pharmacy has totally reformed its practice model with the adoption of pharmaceutical care as the new national standard for pharmacy practice. This college has played a leadership role in that evolution, resulting in a complete overhauling of our professional curriculum and experiential programs. The movement away from institutional and toward ambulatory care practice has changed drastically how and where we educate our students. To keep pace with these changes, this college has been establishing new practice and research alliances. For example, our research programs have created new and important collaborations with both established and emerging pharmaceutical companies. Although we are presently positioned to facilitate drug discovery, development, and evaluation within our current facilities, expansion of these programs will be necessary if this college is to realize its true potential in the area of pharmaceutical science and technology. In order to maintain and support the continued growth of these programs, the Dean has increased his activities outside the college and must spend considerable time developing strategy, identifying resources, and facilitating the college's future role. Engaging successfully in such external endeavors makes it difficult for one individual to function as both Dean and Department Chair.

This faculty is proud of what it has been able to accomplish within the framework of its existing administrative structure and budgetary constraints and believes that change is needed in order to maintain a national leadership position in pharmacy education. It was the unanimous recommendation of both committees to reorganize our college into two departments, the Department of Pharmaceutical Sciences and the Department of Pharmacy Practice and Science. It is expected that this new structure will optimize the utilization of College resources and provide a governance model that is more appropriate for its function, thereby enhancing our ability to continue success in teaching, research, and service.

In many ways, the divisions of this college (Divisions of Pharmaceutical Sciences, and Pharmacy Practice and Science) have been operating as departments but

without the fiscal management and faculty governance granted to Departments. It is the opinion of this faculty that continuing to operate in the present administrative structure will place our college at a competitive disadvantage in maintaining our leadership position in this new century. In keeping with the recent university-wide change to a Provost model of administration, it seems appropriate to create a system in the College of Pharmacy that encourages greater flexibility, accountability, and responsibility in the decisions which are made by units. Increased autonomy and self governance of these units will be essential as the Dean continues to successfully expand his involvement in strategic external endeavors. This reorganization will free the Dean from the dual obligations of Department Chair and Dean.

Further, within the University of Kentucky the department is a well defined academic unit. The Department Chairperson is a well established leadership position with appropriate roles, authority and responsibilities as explained in the Administrative and Governing Regulations of the University of Kentucky, whereas the responsibilities and authority of a Division Chairperson vary considerably among programs. In departments the authority and responsibility for management is placed closer to the faculty and staff, empowering Department Chairs to expeditiously and effectively deal with personnel, space and budgetary issues.

We believe that this college has surpassed the usefulness of a divisional structure that provided us tremendous flexibility over the years and enabled it to evolve into a highly competitive pharmacy organization. Numerous changes have occurred that make this system less than optimal. If we are to effectively position ourselves for the challenges in pharmaceutical education and research that lie ahead as we enter the 21st century, timely change is imperative. We strongly encourage your support and approval of this request to reorganize the College of Pharmacy as two Departments.

IMPACT OF PROPOSED REORGANIZATION ON PROGRAMS OF THE COLLEGE OF PHARMACY

Impact on Authority and Responsibility.

The reorganization into departments will allow improved efficiency by aligning authority, responsibility and accountability with the department chairs in accordance with University Administrative Regulations. Since the College presently has divisions, the accountability in the College lies with the Dean who is the department chair as defined by University Regulations. The University does not recognize division chairs, therefore there has been no official accountability at the division level. Under the leadership of the current Dean, there has been a tacit transfer of responsibility from the Dean's office down to the division chairs, but this has not been linked with a corresponding transfer of accountability. Presently the division chairs have the responsibilities of a department chair without accountability and official authority to execute those responsibilities.

Programs for teaching, research, and service that formerly were administered through the Dean's office are now managed by the division chairs. Functions that were centralized, such as staff personnel records, account documentation, and budget control, have also been decentralized to the division units. However, there has been a "disconnect" between the obligations of a division chair and the responsibilities of that position as defined by the University Administrative Regulations. Under a departmental organizational structure, the University Administrative Regulations clearly recognize department chairs, assign responsibilities to them and define their authority and accountability. The current "division/department mixed model" depends to a great extent upon individual agreements and arbitrary definitions regarding lines of responsibility and authority. Reorganizing the College into the Department of Pharmaceutical Sciences and the Department of Pharmacy Practice and Science will clarify the governance, responsibilities and accountability within the College. Further, the new departmental structure will empower the chairs and faculty to fulfill these obligations and at the same time hold them managerially accountable for these functions.

Impact on Other Models and Accreditation Process.

Many of our competitive Colleges of Pharmacy are organized under departmental structures; it is the predominant model across the country (Appendix D). The proposal also complies with the previous accreditation visit by the American Council on Pharmaceutical Education (ACPE) in September 1997. The report (Appendix E – 1997 Report, page 8) from that visit stated:

“With respect to organizational structure, the evaluation team views approval and implementation of the College's proposal to restructure into two departments to be critical to future success and the maintenance of a quality professional program. The proposal presents a variety of factors, which justify such a move from philosophical,

pragmatic, and programmatic points of view. Moreover, the proposal for departmentalization enjoys the unanimous support of the faculty, and is consistent with recommendations made following a 1989 internal University review and the 1990 accreditation review. Key factors, which, in the view of the evaluation team have direct linkages to the quality of the professional program, include: faculty governance to balance responsibilities with commensurate authorities for managing budgets and programs; providing operational support to enable the Dean to continue to participate in matters external to the College, such as issues related to managed care and its impact on the College and the Medical Center, fund raising, and development; and bolstering faculty morale and supporting effective faculty recruitment and retention efforts, by providing a consolidated home for the graduate program, facilitating collaboration and thereby enhancing research activities, providing consistency of structure to enhance collaboration with other Medical Center and University academic departments, and developing leadership for the future. In view of the unanimous support demonstrated by the faculty, and the strength of their opinion, the evaluation team views the approval of the proposal to be an efficient and effective means of addressing one of the College's most pressing needs."

Impact on Structure.

In terms of administrative structure, the College of Pharmacy will consist of two departments. They will be the Department of Pharmaceutical Sciences (PS) and the Department of Pharmacy Practice and Science (PPS) to replace the Division of Pharmaceutical Sciences and the Division of Pharmacy Practice and Science. The professional degree program within this College will not be changed as a result of this proposal. The graduate program within this College may undergo changes as a result of this proposal; however, we do not anticipate any major impact on the graduate students. There may be a change in the reporting relationship between the Associate Dean for Research and Graduate Education, Director for Graduate Studies and the Department Chairs. It is the opinion of the faculty and administration that both the Division of Pharmaceutical Sciences and the Division of Pharmacy Practice and Science will be enhanced as a consequence of these changes.

IMPACT ON INDIVIDUAL INTERNAL CONSIDERATIONS

Impact on Collegiality and Collaboration.

Relationships among the College leadership and faculty are cordial and collegial. There is mutual understanding of the College's vision, mission and goals. Currently each division has an executive committee composed of 4-6 faculty who advise the chair on critical issues and assist with the administrative functions of the Division. This structure would not change under the new department structure. Presently faculty in the two divisions collaborate in teaching and research activities. There is a strong desire to maintain and preserve that cooperative, collegial academic environment between the two academic units. A concern was raised that as departments negotiate for limited resources, an unhealthy competitive environment could arise. Faculty and administrators have envisioned and discussed safeguards that will be built into the departments' and College's governance documents addressing this concern.

Impact on Budgetary Matters.

Presently, the College has decentralized the management of fiscal affairs to the divisions. In fact, the divisions have created an internal structure and procedures to assist them in managing fiscal affairs, and each division has a division administrator and at least one account clerk. The new departmental structure would not significantly impact these division administrators or accounting clerks. It is expected under the new structure that the department chairs would continue to collaborate and negotiate budgetary matters with the faculty and with the Dean. The new departmental structure would, however, clearly delineate each department's budget, allow the appropriate level of fiscal management, and provide stability and accountability in the budget process.

Impact on the Professional Degree Program.

Departments tend to be responsible for individual courses. The new organizational structure will allow both departments to take formal ownership of the professional curriculum by identifying course responsibilities based on curricular focus. It is believed to be in the best interest of the faculty and the College that this new arrangement should not inhibit cooperation in meeting the teaching needs of the College. This consensus will be duly noted in the governance documents for each Department. Presently the College has a strong interdisciplinary curricular structure endorsed and supported by the College's accrediting body, the American Council on Pharmaceutical Education as described in its Standards. It is imperative that this model continues under the new organizational structure. Faculty and administrators have discussed safeguards to build into the new structure guarding against diminishing this interdisciplinary curricular model.

Impact on the Graduate Degree Program.

Departments traditionally support graduate programs, both intellectually and fiscally. The College must be sufficiently flexible to encourage and nurture responsible growth. The Graduate School expects modernization of graduate programs to keep pace with science and industry by: (1) identifying within an academic discipline a core body of knowledge that is not already offered; and (2) identifying a critical mass of scientists to provide intellectual support (teaching courses, mentoring students, etc.). Under the new departmental structure, the Department of Pharmaceutical Sciences will continue to maintain its high quality graduate program and monitor the environment for issues that may need to be addressed. It is the intent of the Department of Pharmacy Practice and Science to carefully study and eventually implement the development of a graduate program. Both departments will work to maintain the high quality of the College's graduate program(s).

Impact on Promotion and Tenure.

The divisions have been functioning as departments in matters of promotion and tenure, and it appears that this process would not significantly change under the new departmental structure.

Impact on Staff.

Responsibilities and duties of current staff would not significantly change under the new departmental structure. However, there may be some redefinition of roles and position descriptions in line with the reorganization.

APPENDIX A

COLLEGE OF PHARMACY'S HISTORY OF REORGANIZING

The College of Pharmacy reorganized in 1971 from 5 departments to a single department with a divisional structure consisting of 5 divisions representing disciplines and specific areas of focus. While one of the reasons for the reorganization was the small size of individual departments (as few as 2 - 3 faculty in each of 5 departments), the principal argument was the need for flexibility in attempting to grow the College. After a critical review, the Medical Center and University administrations accepted the flexibility argument with the recognition that at some time in the future, when the expected and desired growth was accomplished, it would behoove the College to re-implement the Department structure. In the early 1980's discussions about returning to a department structure surfaced during the reviews of the College and the Dean. The issue was placed on hold pending the hiring of a new Dean. In 1987, the new Dean questioned re-implementing 5 departments. In 1988, a second reorganization occurred when the College had grown to 39 full-time faculty. The faculty recommended consolidation from 5 to 3 divisions based on scientific discipline.

In 1997, the College faculty recommended reorganization into the current two-unit structure, Pharmaceutical Sciences and Pharmacy Practice and Science. The initial recommendation to the Chancellor for departmentalization was not endorsed, but the College reorganized as a single department with two divisions.

In the current economic and political climate, and as the role of the Dean has changed to include increased external activities related to fund raising and interaction at the state and national levels on issues concerned with the pharmacy profession and pharmaceutical education. The proposed reorganization will free the Dean of the College of Pharmacy from the dual obligation of Department Chairperson and Dean.

In 2002, the College faculty again recommended reorganization into a two-department structure, the Dean appointed an ad hoc committee to explore the issue and make recommendations. This committee included members from each of the current two divisions, administration and staff. The committee met six times between February and April 2003 and evaluated the feasibility, process, impact on faculty, staff and students. This committee unanimously recommended that the College of Pharmacy immediately begin the process of departmentalization. The committee further recommended that the Dean present this recommendation to the faculty for discussion and a vote. The details of these committee meetings are in Appendix B.

The faculty held several open meetings in both divisions to further discuss the matter and to respond to issues and concerns. Finally, on April 23, 2003 the faculty held a faculty meeting, openly discussed the committee's report and unanimously voted to accept the committee's recommendation to reorganize the College of Pharmacy into a departmental structure.

APPENDIX B

RECOMMENDATIONS FROM AD HOC COMMITTEE ON DEPARTMENTALIZATION UNIVERSITY OF KENTUCKY COLLEGE OF PHARMACY - SPRING 2003

Committee Membership

Robert A. Blouin (Chair)
Heidi Anderson
Karen Blumenschein
Lisa Cassis
Patrick DeLuca

Jimmi Hatton-Kolpek
Patrick McNamara
Donald Perrier
Peter Wedlund
Belinda Morgan (ex officio)

Charge to the Committee from the Dean

The following interpretation of the charge was accepted by consensus of the committee at their initial meeting on 2/13/03.

The committee will prepare a "position document" addressing the following issues:

- *College's history of reorganizing*
- *Issues related to departmentalization (potential "gains" and "losses")*
- *Recommendations to the faculty for formal action regarding departmentalization*
- *Steps toward reorganization*

Process

The committee met on the following dates and addressed specific issues as outlined.

2/13/03: clarified the Dean's charge to the committee; reviewed the [Governing Regulations](#) and [Administrative Regulations](#) of the University relevant to educational and administrative units

2/19/03: reviewed the documentation from the 1997 proposal for departmentalization; reviewed a list of what committee members believe to be the primary issues to consider in this deliberation—budget, space, graduate program(s), educational outcomes, etc.

2/26/03: reviewed a historical summary from Dr. Peter Wedlund and discussed relative merits of division/departmental models

3/4/03: decided that the documentation prepared by the study committee in 1997 can be useful as a starting point for a study of the impact that departmentalization may have university-wide; this document was discussed within the context of the committee's charge

3/18/03: guest Dr. Jeff Dembo, President of the University Senate, outlined cultural, legislative, and philosophical angles for considering departmentalization

4/1/03: met to discuss the impact of departmentalization on the future of the graduate program

College's History of Reorganizing

The College of Pharmacy reorganized in 1971 from 5 departments to a single department with a divisional structure consisting of 5 divisions representing disciplines and specific areas of focus. While one of the reasons for the reorganization was the small size of individual departments (as few as 2 - 3 faculty in each of 5 departments), the principal argument was the need for flexibility in attempting to grow the College. After a critical review, the Medical Center and University administrations accepted the flexibility argument with the recognition that at some time in the future, when the expected and desired growth was accomplished, it would behoove the College to re-implement the Department structure. In the early 1980's discussions about returning to a department structure surfaced during the reviews of the College and the Dean. The issue was placed on hold pending the hiring of a new Dean. In 1987, the new Dean questioned re-implementing 5 departments. In 1988, a second reorganization occurred when the College had grown to 39 full-time faculty. The faculty recommended consolidation from 5 to 3 divisions based on scientific discipline.

In 1997 the College faculty recommended reorganization into the current two-unit structure, Pharmaceutical Sciences and Pharmacy Practice and Science. The initial recommendation to the Chancellor for departmentalization was not endorsed, but the College reorganized as a single department with two divisions.

In the current economic and political climate, and as the role of the Dean has changed to include increased external activities related to fund raising and interaction at the state and national levels on issues concerned with the pharmacy profession and pharmaceutical education, it is apparent that, quoting directly from the proposal of 1997, "...more of the operational aspects of the college's mission need to be transferred to the unit level."

Issues Related to Departmentalization

The potential impact (positive and negative) of moving toward a departmental structure was discussed in detail by the committee. The following issues were identified and considered by the committee throughout its deliberations.

- Preservation of a cooperative, collegial academic environment between the two fundamental academic units – A concern was raised that as departments compete for limited resources, an unhealthy competitive environment could ensue.
- Continuation of a strong interdisciplinary curricular – Departments tend to be responsible for individual courses. During the last curricular revision, considerable attention was given to "how" Pharmacy faculty teach courses, and an emphasis was placed on integrating "basic" and "clinical" components into a seamless curriculum.

- Impact of the move to a Provost model on College function, responsibility, and accountability – How will the College of Pharmacy be best positioned to respond to these environmental changes?
- Governance and its relationship to clarity of responsibility and accountability – The current “division/department mixed model” depends to a great extent on individual agreements and arbitrary definitions regarding lines of responsibility and accountability.
- Governance and its relationship to advocacy – The chair of a department has a defined advocacy role on behalf of a department and its faculty beyond that of the Dean.
- Fiscal management – As more and more of the responsibility to execute the mission of the College is delegated to the chair/unit, then the appropriate level of managerial and fiscal authority should follow.
- Size matters – Many of the institutional markers for success (examples such as grant dollars, graduate students trained, patents, course load, etc.) are reported and compared based on departmental affiliation; Will the College of Pharmacy dilute its impact or expose its unit(s) to criticism if the departments fail to meet reasonable or competitive levels?
- Space – How should space be managed? Space utilization is a responsibility delegated from the President to the Dean. The Dean’s office should remain principally involved in space allocation/re-assignment.
- Graduate program(s) – Graduate programs are traditionally supported (intellectually and fiscally) by departments. The committee endorses this philosophy and supports its eventual implementation in the College of Pharmacy. How can the College of Pharmacy facilitate the expected growth in established and new graduate initiatives given this presumption? The College must be sufficiently flexible to encourage and nurture responsible growth. Careful study should be made of the mechanism by which new programs are developed. Units must be prepared to present and defend a vision and plan to the college and graduate faculty. As part of this process, an assessment of factors external to the College (e.g., Graduate School, Council on Post-secondary Education) regarding our ability to implement new graduate training initiatives should be made.
- Promotion and Tenure – It does not appear that the promotion and tenure process would significantly change under a departmental structure.
- Institutional recognition – University of Kentucky administrative regulations make no mention of division except within the context of the Community College System. Therefore, it is generally recognized that the “department” is recognized institutionally as the fundamental, academic, operational unit.

Recommendations

It is the unanimous opinion of the committee that the College of Pharmacy should move expeditiously toward the implementation of a departmental structure. The committee further recommends the following:

- Representatives of the Ad Hoc Committee on Departmentalization should be available to meet separately with faculty from PPS and PS divisions to discuss specific questions raised by individual faculty. This would be an information exchange only and this meeting should not conclude with a formal vote.
- The Ad Hoc Committee on Departmentalization, through the Dean of the College of Pharmacy, should distribute electronically this “position paper” to the faculty along with copies of the committee’s minutes at least one week before a full faculty meeting.
- The Ad Hoc Committee on Departmentalization should meet with the faculty and address questions relevant to the committee’s recommendations.
- The Dean of the College of Pharmacy should, at an appropriate time, entertain a motion by the faculty to accept the committee’s recommendations.
- If the previous motion is supported by faculty vote, the Dean of the College of Pharmacy should appoint a committee to develop the necessary documentation to accomplish departmentalization.
- The Dean of the College of Pharmacy should appoint a committee to develop a new College of Pharmacy Governance Document that will serve as a college-wide “Rules and Operating Procedures.” [The assumption is that each newly established department would then create its own governance document that would reflect the basic rules of the college document while articulating its unique vision, establishing its own “metrics”, and prioritizing its own resources.]

Steps Toward Reorganization

Steps outlined by the Senate Committee on Academic Organization and Structure in its *Guidelines for Proposals to Create an Educational Unit or Alter its Status* prescribe that, “...In general a proposal will be considered complete only if it contains a detailed rationale with supporting documents, and like a promotion dossier has been made available for inspection by all interested parties for a reasonable time prior to the collection and inclusion of their written recommendations and commentary.” The Ad Hoc Committee on Departmentalization suggests that the College of Pharmacy embrace the Senate Committee’s description of a process that is “truly consultative and interactive” and seek the following levels of approval to advance a proposal for departmentalization.

- Open discussions among the faculty of the College of Pharmacy to determine a consensus regarding the decision to departmentalize. Discussions should include:
 - programmatic considerations (compliance with strategic plan for research, teaching, service missions; impact upon other programs; accreditation and educational outcomes; fiscal issues such as budget, space)
 - individual considerations (impact upon faculty, students, staff)
- Approval by the Faculty with a request that the Dean approve and advance the proposal

- Approval by the Dean of the College
- Approval by the Provost of the University
- Approval by the Senate Committee on Academic Organization and Structure
- Approval by the Senate Council (Medical Center Academic Council)
- Approval by the University Senate
- Approval by the President of the University
- Approval by the Board of Trustees

APPENDIX C

LETTERS FROM COLLEGE OF PHARMACY CONSTITUENTS

- C.1 Faculty within Division Pharmacy Practice Sciences**
- C.2 Faculty within Division Pharmaceutical Sciences**
- C.3 Staff**
- C.4 Professional Students**
- C.5 Graduate Students**
- C.6 Chair, PPS Division**
- C.7 Chair, PS Division**
- C.8 Dean**

MEMO

To: Heidi Milia Anderson, PhD
From: Karen Blumenschein, PharmD
Date: September 22, 2003
Re: PPS Division Vote on Departmentalization

On Wednesday, June 18, 2003 the Division of Pharmacy Practice and Science held a regularly scheduled Division meeting. During this meeting, the Division was asked to vote, via secret ballot, on the Proposal To Create Departments Within the College of Pharmacy. This Proposal had been discussed with Division Faculty on at least four previous occasions (during a Division meeting on March 21, 2003 devoted to this topic; at the regularly scheduled Division meeting on April 4, 2003; at the regularly scheduled College-wide Faculty meeting on April 23, 2003; and at the College-wide Faculty Retreat held on May 19-20, 2003). The Proposal was provided to all Division Faculty prior to the Division meeting on June 18, and the agenda noted that a secret ballot would be taken on this item during the meeting.

Twenty-two Division faculty were in attendance at the meeting on June 18, 2003. Dr. Donald Perrier, Division Director, instructed all faculty to mark their ballot with "Yes" if they were in favor of proceeding with the Proposal To Create Departments Within the College of Pharmacy; if they were not in favor of proceeding with the proposal the faculty were instructed to mark their ballot with "No".

Karen Blumenschein, Associate Professor in the Division collected nineteen ballots. Seventeen ballots were marked "Yes" and two ballots were marked "No".



UNIVERSITY OF KENTUCKY

Lexington, June 20, 2003

Kathleen Chard, Ph.D.
Chair,
Senate Committee on Academic Structure and Organization

RE: Faculty Vote on Departmentalization

Dear Dr. Chard,

The faculty of the Division of Pharmaceutical Sciences of the College of Pharmacy have engaged in discussions regarding the departmentalization process, and reviewed the proposal (all versions). A call for votes (secret ballot) was conducted during a June 4, 2003 division faculty meeting with the following outcome:

The Division of Pharmaceutical Sciences Faculty supports the proposal for departmentalization unanimously (20/22). Two members of the faculty did not vote, and the only comment received was:

'My only reservation is that the departments must behave as integrated parts of the College rather than isolated units -- otherwise this move will be the worst thing we could have done.'

With best regards,

A handwritten signature in blue ink, appearing to read 'Jurgen Rohr'. The signature is stylized and somewhat cursive.

Jurgen Rohr
(Vice Chair of the Division of Pharmaceutical Sciences)



UNIVERSITY
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Pharmacy Practice & Science

College of Pharmacy
907 Rose Street
Lexington, KY 40536-0082
(859) 257-9666
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June 9, 2003

To: Dr. Heidi M. Anderson

From: Angela D. Ritchie, College of Pharmacy Staff Council, Chair

Re: Departmentalization of the College of Pharmacy

The College of Pharmacy wants to convert from a division structure between the Pharmacy Practice & Science Division (PPS) and the Pharmaceutical Science Division (PS) to a department structure. Unlike the division model, departmentalization would allow the department chairs to structure and be held accountable for their funding, teaching, research and service programs.

On May 15th, 2003, Dr. Anderson presented the departmentalization proposal before the College of Pharmacy Staff Retreat. On behalf of the college's staff, the College of Pharmacy Staff Council, see this model of departmentalization as a means to make the college a more viable institution as long as quality educational programs, tenure and administrative support are still in place. Staff Council supports the move to a departmental model.

<http://www.mc.uky.edu/Pharmacy>

An Equal Opportunity University

University of Kentucky
College of Pharmacy
907 Rose Street

To Whom It May Concern:

The student leaders of the College of Pharmacy have been informed of and have reviewed the College's proposal to change from division to departmental status. The students were allowed to ask questions and address any concerns that they had about the proposal. These students were also provided with a copy of the document for further review. Upon this review the students have unanimously approved the proposal and are in support of both the faculty and the College in making this change.

Sincerely,

Matt Martin
College of Pharmacy Senator

APPENDIX C.5

Date: July 15, 2003
To: Kate Chard, Senate Committee on Academic Organization and Structure
From: Joanna Koziara, Chair of AAPS-UK Chapter
Re: Proposal for Department Model in College of Pharmacy

Dear Dr. Chard,

This letter pertains to the graduate students' response to the proposed implementation of the Departmental model at the University of Kentucky, College of Pharmacy. The proposal to adopt a Departmental structure was distributed to all graduate students in the College two weeks ago. Feedback and comments were solicited regarding the changes outlined in the text of the proposal.

Most important to the graduate students is an environment of continued collaboration and collegiality between the two newly formed Departments at the College of Pharmacy. Graduate students feel the changes will be beneficial to the overall efficiency of the college's operations and will help facilitate greater accountability within its two respective Departments. It is of utmost importance that we ensure the quality of the graduate program is not sacrificed by the administrative changes outlined in the proposal. However, we feel confident that the quality of the graduate program will not be significantly impacted by Departmentalization. In summary, graduate student responses to the proposed movement towards Departments showed no reservations regarding the proposed changes described and illustrated in the document.

If you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Best regards,

Joanna Koziara
Ph.D, Candidate in Pharmaceutical Sciences
President of the University of Kentucky Student Chapter of AAPS



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College of Pharmacy
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September 10, 2003

Kathleen Chard, Ph.D.
Chair, Senate Committee on Academic Organization and Structure
University of Kentucky
Lexington, Kentucky

Dear Dr. Chard:

RE: College of Pharmacy Proposal to Departmentalize

Within the University the College of Pharmacy is a single department unit with the Dean also serving as Department Chair. Although this is the formal structure, the College has two Divisions, the Division of Pharmacy Practice and Science and the Division of Pharmaceutical Sciences, which function in many ways (e.g. budget, promotion and tenure, faculty assessment) as Departments. However, this structure is very awkward in that a Division is not a recognized unit within the University, and hence there are no regulations concerning its function, for example, a requirement for regular review of the Division Chair. Therefore, it is important that the current informal structure be formalized to clarify roles and responsibilities within the College.

Faculty members within the Division of Pharmacy Practice and Science have been provided with several opportunities to discuss this change in structure. The Chair of the College's Committee on Departmentalization had an open meeting for all members of the Division. The Division's representatives on this Committee volunteered to meet with members of the Division at any time to discuss this issue. In addition, there were at least three other meetings where the issue was discussed. At no time was concern raised by anyone regarding the move from Divisions to Departments. A secret ballot vote was taken at a regularly scheduled Division meeting on June 18, 2003, with the ballots being collected and counted by a faculty member. This resulted in a vote of seventeen for and two opposed to departmentalization. A copy of the proposal to create departments was distributed in advance of the meeting.

Therefore, as the current Division Chair of Pharmacy Practice and Science I strongly endorse the proposal that the College of Pharmacy change from a single department to a two department unit. The primary reasons are as sighted above; to clarify roles and responsibilities within the College, to formalize the current operating structure thereby

providing University regulations which govern this more formalized structure, and the members of the Division are supportive of this change. I look forward to the possibility of being able to facilitate this transition.

Should you have any questions, or wish clarification of any issues please do not hesitate to contact me.

Sincerely,

Donald G. Perrier, Ph.D.
Chair, Division of Pharmacy Practice and Science

September 8, 2003

Kathleen Chard, Ph.D.
Chair, Senate Committee on
Academic Organization and Structure

Dr. Chard,

This letter is being written in strong support of the Proposal for Academic Reorganization submitted by the College of Pharmacy. The reorganization of the College of Pharmacy is in the best interests of the students, faculty and staff of the College.

If endorsed by the Senate and the Board of Trustees, the proposal would change the College of Pharmacy from one academic Department with two Divisions to two academic Departments within the College of Pharmacy. This would give rise to two Department Chairs and remove the Dean from the dual role of Department Chair and Dean. This proposal was first endorsed by the College faculty and administration in 1997; however the Medical Center administration was not supportive of such a change. The faculty remains convinced that this reorganization will facilitate their research, teaching and service missions while making the organization more efficient. The basic academic unit within the University is the Department and this proposal recognizes this reality and applies it to the College of Pharmacy. Much of the rationale for the reorganization is outlined in the proposal itself and supporting documents.

The faculty, staff and students, both professional and graduate, have been given time to review and discuss the issues relevant to the reorganization. The faculty has held several votes on the process and a majority of faculty members have repeatedly endorsed the proposed organizational structure for the College. Within the Pharmaceutical Sciences Division the vote was unanimous to proceed.

The College of Pharmacy has grown in size and has diversified considerably over that last thirty years, but the organizational structure has not changed its basic structure during that same time frame. At the present time, the College functions as if it were two academic units, but this *de facto* department system has not been endorsed by the Senate, nor has it been recognized by the rest of the University. As with any large organization, the effectiveness and efficiency of the organization increases when those decision makers closest to the function have the responsibility and the authority to act. The Dean of the College of Pharmacy should focus on positioning the College to take full advantage of opportunities within and outside the University. The daily operations, strategic planning, faculty mentoring and fiscal accountability are best overseen by a Chair.

The Proposal for Academic Reorganization has my strongest endorsement and complete support. When I was approached to lead this division at the first of the year, one of my commitments to the faculty was to see this process through to its implementation. I remain willing and eager to assist in its successful implementation and continued growth and development of the College as a unit.

Sincerely yours,

Patrick J. McNamara, Ph.D.
Professor and Division Director
Pharmaceutical Sciences

September 18, 2003

Kathleen Chard, Ph. D.
Chair, Senate Committee on Academic Organization and Structure
University of Kentucky
University Senate
153 Bowman Hall
Lexington, KY 40506-0059

Dear Dr. Chard:

This correspondence is submitted in support of implementation of academic departments in the College of Pharmacy. A proposal prepared by committees and carefully reviewed and evaluated by the faculty has been submitted under separate cover to the University Senate. I am communicating my sincere desire that the Senate approves and supports this reorganization request from the College of Pharmacy.

This topic has been carefully addressed by various committees and the faculty as a whole over the past nine months. The issue of departments has been a concern in the College since the mid-1990s. Upon accepting this position in 2000, faculty and college leadership were strong advocates of the change in organization structure. Although requests had been submitted to previous University leaders, there was little support for the proposal. I have found the absence of departments in the College has resulted in omission from various planning and administrative forums where department chairs come together to discuss common concerns or specific issues. Moreover, we are unaware of other faculty or planning forums missed because the point of contact was the department chair. But even without a formal department structure, the College has functioned internally as though there are departments (now divisions) of Pharmaceutical Sciences and Pharmacy Practice and Science. We believe that our faculty and our programs have earned and need departments, the University standard structure for academic degree program units.

Our proposal contains a rationale and supporting documentation explaining and advocating the recommendation. Our faculty, staff and students have been given ample time to review, discuss, reflect and vote (faculty) on the proposal. The proposal has experienced a vast majority of support across these constituencies. In addition to my support for the recommendation, permit me to convey my willingness to assist in its successful implementation and continued growth and development within the College. As dean, I have every confidence that the entire College will function with greater effectiveness and we will benefit from inclusion and participation in forums where

Kathleen Chard, Ph.D.

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departmental and related affairs are addressed. Finally, implementation of the proposal will reduce faculty anxiety and frustration resulting from the absence of such a structure in the College.

Thank you in advance for your participation in the process and please do not hesitate to call on me if I can be of assistance.

Sincerely,

Kenneth B. Roberts, Ph.D.
Dean

APPENDIX D

Summary of Questionnaire to Deans at Pharmacy Colleges/Schools at other Universities Summer 2003

1. Which of the following best describes the current organizational structure of your College/School of Pharmacy?
 - a. Departments
 - b. Divisions
 - c. Other (Please explain)
2. How many Departments/Divisions exist in your college/school?

<i>College/School Dean or Associate Dean</i>	<i># Departments/Divisions</i>
Arizona : Associate Dean J. Draugalis	3 Departments
California-SF: Associate Dean Cullander	3 Departments There are also 3 Graduate Groups (Biomedical Informatics, Chemistry and Chemical Biology, and Pharmaceutical Sciences and Pharmacogenomics)
Florida: William Riffie, Dean	5 Departments
University of Iowa: Bernard Sorofman, Assoc. Dean	3 Divisions that act like departments (budgetary responsibility)
Kansas: Jack Fincham, Dean	4 Departments
Maryland: Deborah Neels, JD. Asst. to the Dean	3 Departments
University of Minnesota: Marilyn Speedie, Dean	4 Departments (Twin Cities campus) 1 Department (Duluth expansion)
University of Montana: Dave Forbes, Dean	4 Departments
Purdue University: Holly Mason, Assoc. Dean	3 Departments 1 official Division (nuclear pharmacy) 1 unofficial Division (pharmacy administration)
SUNY, Buffalo: Dean Wayne Anderson	2 Departments
University of Tennessee: Dick Gourley, Dean	2 Departments
University of Utah: John Mauger, Dean	4 Departments
University of Washington: Sid Nelson, Dean	3 Departments
University of Wisconsin: Mel Weinswig, Dean	3 Divisions

3. Approximately how many full time faculty exist within each department/division?
4. What is the primary disciplinary focus of each department/division within your college/school of Pharmacy (i.e., clinical pharmacy practice, etc.)?

<i>College/School Dean or Associate Dean</i>	<i>Departments/Divisions</i>	<i>FTEs</i>
Arizona	Pharmacy Practice and Science Pharmaceutical/Toxicology Pharmaceutical Sciences	20-25 17 house for joint graduate program
California-SF	Biopharmaceutical Sciences (BPS) Pharmaceutical Chemistry (Pharm Chem) Clinical Pharmacy (CP)	14 18 48
Florida	Medicinal Chemistry Pharmaceutics Pharmacodynamics Pharmacy Health Care Administration Pharmacy Practice	7 7 9 9 17
University of Iowa	Clinical/Administrative Pharmacy Pharmaceutics Medicinal Chemistry	6 8 35
Kansas	Pharmaceutical Chemistry Medicinal Chemistry Pharmacy Practice Pharmacology & Toxicology	Varies from 8-15
University of Maryland	Pharmacy Practice & Science (clinical) Pharmaceutical Sciences (science) Pharmaceutical Health Services Research (outcomes research & public policy)	27 27 14
University of Minnesota	TC Campus: Medicinal Chemistry Pharmaceutics Experimental & Clinical Pharmacology Pharmaceutical Care & Health	8-15 fulltime, others with secondary faculty titles (directors,

	Systems Duluth: catch-all, Pharmacy Practice & Pharmaceutical Sciences (may split into 2 as faculty grows)	coordinators, etc.)
University of Montana	Pharmacy Practice Pharmaceutical Sciences Social Work Physical Therapy	10-20 in ea.
Purdue University	Industrial and Physical Pharmacy (incl. NUPH div.) Medicinal Chemistry & Molecular Pharmacology Pharmacy Practice (incl. PHAD)	10 30 30
SUNY, Buffalo	Pharmaceutical Sciences Pharmacy Practice	15 22
University of Tennessee	Pharmaceutical Sciences (incl. pharmaceuticals, medicinal chemistry, pharmacoeconomics) Pharmacy	20 full-time, 10 part-time 38 full-time, 72 part-time
University of Utah	Medicinal Chemistry Pharmacology & Toxicology Pharmaceutics & Pharmaceutical Chemistry Pharmacy Practice	Each one is quite different
University of Washington	Medicinal Chemistry Pharmaceutics Pharmacy (incl. therapeutics, pharmacy practice, mgmt, social/admin., outcomes)	9 FTE 8 FTE 21 FTE
University of Wisconsin	Pharm Science Div. Professional Practice Div Social/Administrative Science Div.	20 20 10

5. Does the current structure in your college/school provide for appropriate interdisciplinary activity in teaching (professional and graduate) and research?
6. Does your college/school have research focus groups? Is so, which areas?

<i>College/School Dean or Associate Dean</i>	<i>Interdisciplinary Teaching/Research</i>	<i>Focus Groups Areas</i>
Arizona	Yes	<p>There are 3 Centers of Excellence all doing interdisciplinary research:</p> <ol style="list-style-type: none"> 1.The Arizona Center for Phytomedicine Research 2.The Center for Toxicology, and 3.The Center for Health Outcomes and Pharmacoeconomic Research <p>There are 6 Research Centers:</p> <ol style="list-style-type: none"> 1.Aquasol dATABASE 2.DNA Microarray Core Facility 3.Bioactive Agents from Dryl and Biodiversity in Latin America 4.Proteomics Core Facility 5.Nuclear Magnetic Resonance Center 6.Protein X-ray Crystallography <p>UA pharmacy research covers the entire spectrum from drug discovery to development to assessing clinical, economic and humanistic outcomes.</p>
California-SF	Yes	<p>Through the graduate group mechanism. There are 3 Graduate Groups (PhD graduate degree programs) which have core faculty in the SOP (i.e., faculty who have their primary appointment within an SOP Department). They are Biomedical Informatics, Chemistry and Chemical Biology, and Pharmaceutical Sciences and Pharmacogenomics.</p>
Florida	Yes	<p>CNS Pharmacology Drug Discovery Drug Delivery Pharmacoeconomics</p>

		Pharmaceutical care Pharmacogeneomics Asthma
University of Iowa	Some strain across disciplines, but some excellent examples of coordination, too.	Focus Groups: Not officially. Synthetic Chemistry, Protein chemistry, biocatalysis, solids& liquids in pharmaceuticals; kinetics, group moving toward genomics; social behavioral group; Econ group; several clinical groups by topic.
Kansas	Overall, yes.	Via departmental and interdepartmental foci—cancer, proteomics, neuroscience, drug synthesis, formulation.
University of Maryland	Yes	Focus on integrative competency. Integrated Sciences and Therapeutics component, a 16-credit course (entire 3 rd yr.) interweaving study of pharmaceutical and clinical science. Multidisciplinary Pharmacokinetics/Biopharmaceutics Laboratory; Lamy Center (clinical faculty interact with PhD-trained economists to improve health-care system for the aged.
University of Minnesota		Don't teach most of physiology/pharmacology. ECP & PCHS were formed from former Pharmacy Practice Dept. 7 yrs. Ago-works very well having smaller dept. ECP more lab-based clinical research oriented; PCHS includes Social and Admin. pharmacy group and pharmaceutical care/community practice development faculty working closely together. Centralizing professional curriculum minimizes ownership of courses by one dept or another and facilitates interdisciplinary teaching.
University of Montana	Yes	Neuroscience, diabetes, cancer, rural health care
Purdue University	Yes	But there is not an overwhelming

		amount of either, except for our integrated laboratory sequence. Focus groups: Cancer center; life sciences; structural group.
SUNY, Buffalo	Yes	Pharmaceutical Genetics Clinical Research Pharmaceutical Analysis Pharmacokinetics/PD Drug Delivery
University of Tennessee	Absolutely	Focus groups: Pediatrics, nutrition, drug development/drug discovery, pharmacokinetics, drug delivery, cancer research, neurosciences, cardiology
University of Utah	Tends to lead to compartmentalization.	The college does not have research focus groups. However, each dept. has at least one focus and some have more than one.
University of Washington	Yes.	There is substantial interdisciplinary research activity among faculty in all departments, and a long-standing NIH Program Project Grant in Drug Interactions. Much less interdisciplinary activity in teaching except in a few courses.
University of Wisconsin	No information	

7. Have these focus groups been successful? If you have descriptive information describing these groups, please send it to me at the address listed below (or electronically by email).

<i>College/School Dean or Associate Dean</i>	<i>Descriptive Focus Group Information</i>
Arizona	With more than \$14.7 million in research funding annually, the College is ranked in the top two in the nation in total National Institutes of Health research expenditures. UA pharmacy research covers the entire spectrum from drug discovery to development to assessing clinical, economic and humanistic outcomes. Our programs involve undergraduate, graduate and doctoral students in research that advances the quality of human health and strengthens Arizona's economy.

California-SF	The School receives more National Institutes of Health research funding than any other pharmacy school in the US. School scientists were recently awarded the largest among nine grants from the National Institutes of Health to fund a major new initiative in the area of pharmacogenetics.
Florida	No information
University of Iowa	Actually the focus groups have been successful. The Social/econ group has synergy for funding and projects, the biocatalysis group has great success. I have no documentation.
Kansas	Very much so. I would suggest examining our website for more details.
University of Maryland	<p>Yes.</p> <p>Pathway information from departments: Role of the Federal and State governments in health care policy; third-party programs; drug utilization; cost containment; medication compliance; provision of pharmaceutical services; role of health practitioners; diffusion of new technologies into the medical care setting.</p> <p>Cellular & Biological Chemistry Covers a range of disciplines from cell, molecular & structural biology, organic chemistry to computer-aided rational drug design, comprising the core of the drug discovery/drug design and the structural biology initiative</p> <p>Pharmacology & Neuroscience including molecular, biochemical, and behavioral approaches probing pharmacodynamic questions in carcinogenesis, respiratory biology, drug addiction, Parkinson's Disease and other neurodegenerative diseases, schizophrenia and other psychiatric diseases, and</p>

	<p>epilepsy</p> <p>Biopharmaceutics & Drug Delivery Technology including pharmacokinetics, drug transport, industrial pharmaceutical research, and novel drug/gene delivery</p>
University of Minnesota	<p>Research is both discipline-based and interdisciplinary; have number of centers and institutes within/across depts.; some groups (pharmacogenomics, etc.) meet and work together without benefit of formal center/institute structure. Many faculty are also members of interdisciplinary interscholastic groups within the Academic Health Center.</p>
University of Montana: Dave Forbes, Dean	<p>Yes. (no detail provided)</p>
Purdue University	<p>Yes (no specific materials available)</p>
SUNY, Buffalo	<p>Yes, The Center for Drug Discovery and Experimental Therapeutics (CDDET) is a multi-disciplinary center at the University at Buffalo. The Center focuses in areas of strength and reputation within collaborating related disciplines of the University including such units as the School of Pharmacy and Pharmaceutical Sciences and the School of Medicine and Biomedical Sciences. The center includes research programs leading to the discovery of new drugs, new methods for drug discovery and diagnostic chemistry, drug discovery and experimental therapeutics, and clinical drug development. Also, we have a Pharmacotherapy Research Center in the Pharmacy Practice department. This is a multi-center initiative of the University at Buffalo School of Pharmacy and Pharmaceutical Sciences that conducts innovative clinical research in collaboration with internal faculty as well as faculty from other universities and the pharmaceutical industry.</p>
University of Tennessee	<p>Yes, Pediatric Pharmacology Research Unit; Pediatric Pharmacokinetics and Therapeutics Program.</p>
University of Utah	<p>The research groups with specific foci have been successful. Center for Cell Signaling Center for Human Toxicology</p>

	<p>Anticonvulsant Drug Development Program Center for Controlled Chemical Delivery Utah Poison Control Center Outcomes Research Center</p>
University of Washington	<p>Major research focus groups: drug metabolism/pharmacogenomics; drug transporters; structural biology, pharmacoeconomics/pharmacoepidemiology. Therapeutics faculty have research focus in geriatrics.</p>
University of Wisconsin	

APPENDIX E

AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

**UNIVERSITY OF KENTUCKY
COLLEGE OF PHARMACY
LEXINGTON, KY**

**THE EVALUATION TEAM REPORT
OF THE
PROFESSIONAL PROGRAM LEADING TO THE
DOCTOR OF PHARMACY DEGREE**

September 16-18, 1997

UNIVERSITY OF KENTUCKY
COLLEGE OF PHARMACY

DOCTOR OF PHARMACY PROGRAM

THE EVALUATION TEAM REPORT

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UNIVERSITY OF KENTUCKY
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DOCTOR OF PHARMACY PROGRAM

THE EVALUATION TEAM REPORT

I. INTRODUCTION

A. **Purpose.** The on-site evaluation is a component of the accreditation review which results in an Evaluation Team Report to be used for purposes of considering continued accreditation of the College of Pharmacy's Doctor of Pharmacy program.

B. **Procedure.** The accreditation review is based upon accreditation standards and guidelines as published in the Accreditation Manual, 8th Edition (3rd Printing), January 1995, with consideration given to accreditation standards and guidelines as adopted June 14, 1997, and effective July 1, 2000 (cf. Appendix I, Standards 2000). As a part of the accreditation review, the College provided a self-study that presented the status of the professional program in pharmacy. This on-site evaluation supported independent assessment of the self-study and enabled review of the College's catalog and recruitment materials in accord with U.S. Secretary of Education criterion 602.18 (cf. Appendix II). The on-site evaluation included interviews with the Dean, Associate Dean, Assistant Deans, Division Directors, faculty, practitioner-preceptors, students, and alumni. Discussions were held with the executive, curriculum, and self-study committees. A survey was made of the physical and pharmacy practice facilities and other resources available to the College, including the library, drug information center, and computer

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laboratories. A summary of the Evaluation Team's findings and recommendations was presented at the conclusion of the on-site evaluation to the President of the University, the Chancellor of the Medical Center, and the Dean of the College of Pharmacy. The officers of the University and College are afforded an opportunity to respond to the Evaluation Team Report prior to the time accreditation action is taken. The Evaluation Team Report, the College's self-study, and any communications received from the institution will be considered by the American Council on Pharmaceutical Education at its January 16-18, 1998 meeting. The accreditation action as well as recommendations of the Council will be transmitted to the institution as soon as feasible following this meeting.

C. Date of On-site Evaluation and the Evaluation Team. The on-site evaluation was conducted September 16-18, 1997. The Evaluation Team was composed of Dr. Lloyd E. Matheson, Jr., Associate Professor of Pharmaceutics and Associate Dean for Professional Programs, University of Iowa College of Pharmacy; Dr. Marilyn K. Speedie, Dean, University of Minnesota College of Pharmacy; Dr. J. Chris Bradberry, Professor and Chair, Department of Pharmacy Practice and Pharmacoeconomics, University of Tennessee, Memphis, College of Pharmacy, and a member of the American Council on Pharmaceutical Education; and Dr. Jeffrey W. Wadelin, Associate Executive Director, American Council on Pharmaceutical Education. Working with the Evaluation Team was Dr. Michael A. Mone, representing the Kentucky Board of Pharmacy.

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D. Recent Accreditation History. In January 1991, the American Council on Pharmaceutical Education acted to continue the accreditation of the College of Pharmacy's Baccalaureate in Pharmacy and Doctor of Pharmacy programs. This action was based upon the College's self-study and an on-site evaluation conducted October 10-11, 1990. The next accreditation review was scheduled for the 1996-1997 academic year, reflecting the customary six-year review cycle (note: this review was subsequently moved to Fall 1997 to accommodate scheduling). Key issues identified at the time of the last accreditation review included needs related to planning, strengthening of the Divisions, quantitative strengthening of the faculty, faculty development, strengthening of pharmacy practice (clinical) resources, curriculum (including future planning and curricular overload), student affairs, and space planning. During the accreditation period the College provided, in accord with the conditions of the accreditation action, a written report outlining changes and progress relative to these key issues. Upon review, the reporting submitted indicated continued development and progress in accord with Council expectations.

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II. FINDINGS AND RECOMMENDATIONS

A. Progress Since the Last Accreditation Review. Since the last accreditation review and the continuation of the accredited status of the Baccalaureate in Pharmacy and Doctor of Pharmacy programs, substantial progress has been made on all programmatic fronts. Essential elements of quality have been effectively marshaled for continued College and program development. These elements of quality include committed University administrators, a Dean who exhibits strong and visionary leadership both locally and nationally, effective administrative officers for the School, dedicated faculty who show enthusiasm for teaching, scholarship, and caring of students, committed practitioner-preceptors who contribute significantly to the experiential teaching program, and, well-qualified and professionally motivated students.

The School has considered the suggestions and recommendations of the previous evaluators and has addressed, in large measure, the issues raised at the time of the last review in October 1990. Ongoing strategic planning has occurred, with particular priority given to systematically and incrementally increasing enrollment in the Doctor of Pharmacy program. This action led to the Doctor of Pharmacy program becoming the College's only professional pharmacy program offering as of Fall 1995. To facilitate this transition, the College budget has been enhanced, via a targeted budget increase totaling approximately \$800,000 over three years. This increase is funded by a tuition differential, and is being utilized to add faculty in the Division of Pharmacy Practice and Science, to expand staff support in Student Affairs and the Drug Information Center, and

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to provide increased operating support for the College. In addition, the service commitment for faculty in the Division of Pharmacy Practice and Science has been decreased to 25%, by buying out teaching and research time from the hospital. The corresponding development of a clinical pharmacology research program has expanded the capabilities and focus of the Division, and provided opportunities for faculty participation and thus has supported faculty development. Faculty development activities have also been expanded in other areas, including programs designed to recognize the scholarship of teaching and to support the development and implementation of new teaching tactics involving active learning, problem based learning, and academic computing. Community Based Faculty (practitioner-educators) have become a priority of the Medical Center, and are included in faculty development activities.

Some new space has been acquired in the Health Sciences Research Building and the Applied Science and Technology Commercialization Center. A plan for updating the pharmacy practice laboratory has been developed, and the College has raised \$100,000 to support needed renovation, which is approximately half of the funds necessary to support this project. Also, the number of extramural teaching sites has been expanded, particularly in the areas of primary and ambulatory care.

Changes have been made to curricular content and delivery methods, bringing the Doctor of Pharmacy program into alignment with current trends in pharmaceutical education as well as the newly adopted accreditation standards (Standards 2000). Additional effort and support have been devoted to the areas of student advising and career counseling, and

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diversity and minority recruitment programs have been expanded, both in the College and in the Medical Center. Additional effort is also being devoted to the evaluation of outcomes, and has been supported by the addition of personnel with expertise in this area.

B. General Observations. The self-study conducted as a part of this accreditation review provided an opportunity for the College to review achievements, assess the present status of the College and professional program, and formulate plans for continuing development. The self-study prepared by the College provides an excellent and comprehensive description of the present status of the College and the Doctor of Pharmacy program, particularly in terms of describing the significant accomplishments and actions which have occurred since the last on-site visit in October 1990, and in terms of identifying strengths, weaknesses, and issues of high priority to the College. In particular, the development and approval of a resource enhancement plan which includes approximately \$800,000 in new support is viewed to be a significant accomplishment, as these additional resources are viewed to be essential to the development and maintenance of a quality professional program and to the achievement of the College's strategic goals, especially in the area of professional education. Suggestions for improvement are also included in the self-study, which address targeted weaknesses and high priority issues.

The evaluation team concurs with the self-study findings, and commends the College on the studied manner in which various issues have been identified and addressed since the last evaluation. In addition, the list of strengths, weaknesses, high priority issues, and suggestions for improvement provide a good map for directing efforts and resources in

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the future. The self-study findings, along with the comments of the evaluation team, should be utilized in the College's ongoing strategic planning and improvement efforts.

Although it will take continued effort to sustain progress, maintain momentum for educational change, and advance other elements of the College's mission, the evaluation team is optimistic with regard to the future of the College of Pharmacy and the professional program, and thus strongly urges continued strategic and academic planning as a guide to continued development. The College enjoys national recognition for its academic and research programs, and is viewed as being successful with a variety of entrepreneurial efforts which have generated revenues to support both the College and the University. Thus, reinvestment to sustain and enhance this institutional strength is strongly encouraged.

The evaluation team would like to place particular emphasis on four major issues which it views to be critical to the success of the College in the future and to the maintenance of a quality professional program. These issues fall under the major headings of: organizational structure; continuing development and refinement of the professional program; physical facility needs; and stabilization of pharmacy practice resources.

With respect to organizational structure, the evaluation team views approval and implementation of the College's proposal to restructure into two departments to be critical to future success and the maintenance of a quality professional program. The proposal presents a variety of factors which justify such a move from philosophical,

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pragmatic, and programmatic points of view. Moreover, the proposal for departmentalization enjoys the unanimous support of the faculty, and is consistent with recommendations made following a 1989 internal University review and the 1990 accreditation review. Key factors, which, in the view of the evaluation team have direct linkages to the quality of the professional program, include: faculty governance, to balance responsibilities with commensurate authorities for managing budgets and programs; providing operational support to enable the Dean to continue to participate in matters external to the College, such as issues related to managed care and its impact on the College and the Medical Center, fund raising, and development; and bolstering faculty morale and supporting effective faculty recruitment and retention efforts, by providing a consolidated home for the graduate program, facilitating collaboration and thereby enhancing research activities, providing consistency of structure to enhance collaboration with other Medical Center and University academic departments, and developing leadership for the future. In view of the unanimous support demonstrated by the faculty, and the strength of their opinion, the evaluation team views the approval of this proposal to be an efficient and effective means of addressing one of the College's most pressing needs.

With respect to the Doctor of Pharmacy program, the College has made considerable progress by moving forward with a phased scale-up in enrollment in the revamped Doctor of Pharmacy program, such that the program is now the College's only professional pharmacy program offering. It is also notable that the program has been structured in accord with contemporary trends in pharmaceutical education and the newly

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adopted accreditation standards. Efforts to support the continuing development and refinement of the program are needed, however, to enable maintenance of the momentum that has carried development and implementation of the revamped program thus far, and to continue with educational innovations and curricular changes to continue to improve the learning experience. Particular areas requiring attention include: the need to continue to improve curricular coordination, control, oversight, and management, so as to achieve desired levels of vertical and horizontal integration; in-depth development of the experiential component of the program, especially in terms of quality control and evaluation; refinement of the Contemporary Aspects of Pharmacy Practice (CAPP) sequence, to insure adequate attention to necessary elements, especially in the areas of pharmacy administration, pharmacoeconomics, and law; further delineation of desired programmatic outcomes; and comprehensive review and revision of the non-traditional pathway, to allow for updating of content and delivery methods, and to continue to insure comparability of outcomes with the revamped traditional pathway.

With respect to physical facilities, a persistent and pressing need exists to complete the updating of the pharmacy practice/pharmaceutical care laboratory, so as to insure adequate support for the revamped professional program. It is noted that the College has been successful in generating a portion of the funds which will be needed to support necessary renovations. The balance of needed funding should be secured in a timely manner, however, so as to expedite the completion of this project, thereby insuring the provision of essential programmatic support. In addition to addressing this immediate space need, a long-range plan for addressing the College's space needs should be

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developed, which includes resource requirements as well as possible strategies to address the College's future needs.

With respect to the need for increased stability of resources, particularly as it pertains to pharmacy practice sites and faculty, the evaluation team notes its concern with respect to the changes occurring within the healthcare environment and the potential impact of these changes on the University of Kentucky Medical Center (UKMC). The evaluation team acknowledges the efforts, to date, of the College of Pharmacy and the University to address this issue as being affirmative steps to position the College and the University for continued success. Of particular note are the establishment of a pharmacy enterprise agreement and additional faculty hires in ambulatory care clinics. It is critical, however, that support for pharmacy practice and teaching activities in the University Hospital continue to be maintained, due to the direct impact of these vital resources on the quality of the Doctor of Pharmacy program. The primacy of education to the mission of the UKMC, and the importance of this resource to the College, can not be overemphasized in this regard. This concern also extends to the impact of managed care and other cost reduction initiatives at a variety of the College's external pharmacy practice affiliates, as well as the effects of increased competition for experiential rotations with other Colleges and Schools of Pharmacy. Moreover, plans for dealing with the potential for increased costs associated with experiential education, such as contingencies relating to the potential evolution of payments to previously volunteer affiliates, need to be expeditiously formulated. Support is also encouraged for the continued development of primary care sites in the ambulatory environment, and for the development of

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collaborative efforts, such as the development of integrated practice models with the College of Medicine and other Medical Center units, which will enhance the quality of the professional program and stabilize the program's resource base.

C. **Perspectives and Specific Comments.** The evaluators also present their perspectives and specific comments with respect to areas for continued development and improvement. These perspectives and comments are intended to support the maintenance of quality as observed, to facilitate refinements that may be needed, and to build upon the gains made over the past several years. The self-study was organized in accord with the new Accreditation Standards and Guidelines which were adopted June 14, 1997 (Standards 2000). The College's revamped Doctor of Pharmacy program has been structured in accord with the newly adopted accreditation standards, and planning and continued development intends to continue to take these standards into appropriate consideration. Accordingly, the perspectives and specific comments of the evaluators are organized in keeping with Standards 2000.

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Standards for Mission, Planning, and Assessment

Standard No. 1 - College or School of Pharmacy Mission and Goals

Standard No. 2 - Systematic Planning

Standard No. 3 - Systematic Assessment of Achievement

I. **Mission, Strategic Plan and Assessment**. The College should continue to regularly review and refine its mission, so as to provide overall direction and focus, and thereby guide continuing development. The evaluation team encourages the College to continue to engage in strategic planning, utilizing the self-study and the comments of the evaluation team as aids to the process. It is apparent that the College's commitment to planning has been instrumental to the success which the College has experienced in addressing key issues, thus the value of ongoing planning should be reinforced. The College's goals and objectives should also continue to be prioritized, so as to focus and order efforts, and to avoid becoming overextended or overcommitted with multiple initiatives.

It will be important for the College to proceed with the development and implementation of plans for outcomes assessment. This should include delineation of a predetermined schedule of evaluative measures which will be utilized to assess programmatic outcomes and effectiveness. Attention should be devoted to insuring that these plans are implemented in a coordinated fashion with the professional program. It will be critical to the success of the outcomes

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assessment plans that adequate financial and other resources, such as faculty time, training, and expertise, continue to be committed to support effective implementation of the outcomes assessment plan. Evaluative data obtained from outcomes assessment efforts should be systematically applied to facilitate continuous improvement of program quality.

Standards for Organization and Administration

Standard No. 4 - College or School of Pharmacy and University Relationships

Standard No. 5 - Organizational and Administrative Relationships in University and Affiliated Health Care Facilities

Standard No. 6 - College or School of Pharmacy Organization and Administration

Standard No. 7 - Responsibilities of the Dean of the College or School of Pharmacy

2. Organization and Administration. The College of Pharmacy is organized in a manner that enables the accomplishment of its mission and promotes the goals of the Doctor of Pharmacy program. The Dean exhibits strong and visionary leadership. Moreover, the Dean, Associate Dean, Assistant Deans, Division Directors, and Program Directors serve as effective administrative officers. The Executive Committee should therefore continue to be supported in its efforts to provide leadership, mentoring, and advocacy for faculty and programs, and to maintain the consensus which has been achieved regarding the College mission. In addition, the Executive Committee should continue to provide support and advice to the Dean on College-wide and programmatic

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issues, including the ordering of priorities for the strategic plan and assessing progress in accord with established goals and stated checkpoints.

Importantly, the College should continue to focus on ways to improve communication, both within the College, and particularly with students and faculty who are not on-site. The College may also need to consider reinstating the position of Associate Dean for Research and Graduate Studies as a way of supporting continuing development in accord with strategic goals.

Standards for Curriculum

Standard No. 8 - The Curriculum in Pharmacy

Standard No. 9 - Curricular Organization and Length

Standard No. 10 - Professional Competencies and Outcome Expectations

Standard No. 11 - Areas and Content of Curricular Core

Standard No. 12 - Teaching and Learning Processes

Standard No. 13 - Evaluation of Student Achievement

Standard No. 14 - Curriculum Evaluation

3. Curriculum. The Doctor of Pharmacy curriculum requires a minimum of four academic years to ensure achievement of the professional competencies necessary to become a generalist practitioner who provides pharmaceutical care. A total of 158 semester hours are required for graduation, in addition to the 71 semester hours of designated prepharmacy requirements. As noted earlier in this report, the curriculum has been subjected to review and evaluation from various perspectives, resulting in significant changes in both format and content, and establishing a revamped Doctor of Pharmacy program as the College's only

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professional pharmacy program offering. The curriculum has incorporated both new concepts and content, such as early practice experiences, seminars, physical assessment, and in-depth development of therapeutics. Moreover, sequencing changes have been effected to strengthen the curricular design. Efforts are also underway to improve the teaching and learning processes utilizing academic computing, case studies, small group conferences as ways of fostering active and problem-based learning. Baccalaureate-degreed pharmacists may be admitted to a non-traditional pathway with advanced standing. As noted in the self-study, however, and as emphasized earlier in this report, this pathway is in need of review and updating, to insure comparability of outcomes with the revamped traditional pathway. Accordingly, long-range planning for the non-traditional pathway should occur, and revisions should be made such that the pathway achieves its desired purpose in the future. Appropriate resources should be committed to the pathway to support the direction and strategy defined as a result of the planning and revision process.

Overall, the Evaluation Team considers the Doctor of Pharmacy curriculum to be soundly organized and effectively delivered. The Dean and faculty are responsive to the suggestions of students and others as evidenced by curricular actions taken. However, these comments having been made, the Evaluation Team sees a need for the College to continue to develop the curriculum within the context of the accreditation standards and guidelines adopted in June 1997. The curriculum committee should be charged with assuring the management of an orderly and

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systematic review of curricular structure, content, process, and outcomes in accord with stated professional competencies. Furthermore, the committee should be involved in setting and measuring outcome expectations for student performance in the stated professional competencies. A coherent and systematic review process should result in affirmation of aspects of the existing curriculum and/or changes. It is expected that a consequence of the review suggested above will be continuing improvement, not only in what is being taught, but also in how it is being taught.

Some additional curricular specifics requiring attention and monitoring include: the level of courseload and intensity in the curriculum, as reflected by the number of courses and credit hour requirements; the coordination and adequacy of non-pharmacy taught courses; the continuing development of approaches to increase student active learning, problem solving, and communication skills; the inclusion of information in the CAPP sequence regarding pharmacoeconomics, law, ethics, and communications; attention to the therapeutics sequence, with regard to the integration of pathophysiology; and the potential for increasing curricular flexibility, through the availability and timing of delivery of professional electives.

The experiential component of the program should be reviewed, with an eye toward refinement and in-depth development. The development of the pharmacy practice laboratory is viewed to be critical as a fundamental step toward

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supporting the integration of practice knowledge and skills in the new curriculum. The Early Pharmacy Practice Experiences (EPPE) should continue to be developed, so as to develop a continuing crescendo of practice experiences leading to the advanced practice experiences. In addition, the range of advanced experiences should be monitored to insure the inclusion of a blend activities which provide students with experience in delivering pharmaceutical care in a variety of primary care practice settings, in both ambulatory and institutional care environments, as well as the opportunity to develop some selective therapeutic expertise.

As noted earlier, the non-traditional pathway leading to the Doctor of Pharmacy degree is in need of comprehensive review and revision, so as to update both curricular content and teaching methods and, thereby, continue to insure comparability of outcomes with the updated traditional pathway. Given its successes in the areas of continuing pharmaceutical education and distance learning, the College should consider opportunities for collaboration between these areas and the non-traditional pathway as a means of providing curricular support.

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Standards for Students

Standard No. 15 - Organization of Student Affairs Within a College or School of Pharmacy

Standard No. 16 - Admission Criteria, Policies, and Procedures

Standard No. 17 - Transfer of Credits and Waiver of Requisites for Admission with Advanced Standing

Standard No. 18 - Progression of Students

Standard No. 19 - Disclosure of Program Information

Standard No. 20 - Student Representation

Standard No. 21 - Student Perspectives in Program Evaluation and Development

Standard No. 22 - Student/Faculty Relationships

4. **Students.** The student affairs of the College are capably organized and administered by the Associate Dean for Academic Affairs, in concert with dedicated professional staff. Student affairs personnel do an excellent job of responding to student needs. In addition, the staff enhancements made since the last evaluation are paying great dividend to this unit.

The College is committed to the professionalization of students, and has inculcated the need for leadership and has supported such roles for students, as evidenced by the fact that the President of the Academy of Students of Pharmacy (ASP; the national pharmacy student association) is enrolled in the Doctor of Pharmacy program. The graduates of the College have been fully placed in various practice settings, with a substantial number of graduates entering residency or graduate education programs prior to securing positions in the

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profession. In the opinion of the Evaluation Team, the Doctor of Pharmacy students are clearly a special strength of the School (cf. Appendix III). They are enthusiastic and very perceptive regarding the College and its programs. Particular commendation is due relative to their commitment to the intense professional program and their involvement in professional organizations and the affairs of the College. This should continue to be supported.

Standards for Faculty

Standard No. 23 - Faculty and Staff, Quantitative Factors
Standard No. 24 - Faculty and Staff, Qualitative Factors
Standard No. 25 - Faculty Evaluation
Standard No. 26 - Faculty Self-Assessment

5. Faculty and Staff - Quantitative Factors. The quantitative strength of the faculty has increased since the last accreditation review from 53 to 63 FTE. The faculty FTE is allocated as follows: 18 in the Division of Medicinal Chemistry and Pharmaceutics; 17 in the Division of Pharmacology and Experimental Therapeutics (including one vacancy); and 28 in the Division of Pharmacy Practice and Science (including one vacancy). Faculty resources in the Division of Pharmacy Practice and Science are augmented by six joint, 17 part-time, and 10 adjunct faculty appointments. In addition, over 200 Community Based Faculty have been appointed, who serve as practitioner-educators in the College's experiential programs. A budgetary allocation of just over \$190,000 is available to support co-staffed positions in the University Hospital, which also

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provide teaching support for the Doctor of Pharmacy program. To support the faculty, the College employs 112 support staff, 47 of which are funded by the College, with the balance funded by contract and grant monies.

The quantitative strength of the faculty which has been made possible by the infusion of additional resources is viewed to be adequate to support the professional program and other activities of the College. It is important that existing vacancies be filled in a timely manner, and that support for the maintenance of the present overall quantitative faculty strength be provided, so as to support programmatic quality. It is also noted, however, that a need exists for a critical mass of faculty in key areas, in particular at this time in the area of pharmacy administration and pharmacoeconomics. Key areas of expertise, such as those within the umbrella of pharmacy practice, should also be monitored to insure adequacy. Accordingly, plans to address these issues should be developed as a component of the College's overall strategic planning activities.

6. Faculty and Staff - Qualitative Factors. The evaluation team notes the quality of the faculty as being among the primary strengths of the College. The faculty are dedicated and energetic, and are well respected nationally and internationally for their achievements. Moreover, the faculty are commended for their commitment to the professional program, as evidenced by the degree of effort expended to support the implementation of curricular change.

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The College is strongly encouraged to continue to focus on faculty development as a critical activity. This should include attention to the scholarship of teaching, including the development and implementation of new and innovative teaching methods and tactics, which will accompany the curricular changes which are presently being developed and implemented. Faculty development should continue to focus on mentoring of new and junior faculty, particularly as it pertains to promotion and tenure issues. Faculty development should also include joint, part-time, adjunct, and Community Based faculty, in view of their increasingly important role in the professional program. Leadership in the development of innovative practice models should be a priority of the Director of the Division of Pharmacy Practice and Science. The importance of research and scholarship to the College and institution as a whole should be incorporated into the development of individual faculty development plans. A companion to faculty development is an organized faculty evaluation plan in accord with stated expectations.

Although characterized as being relatively good, faculty morale is beginning to suffer somewhat, due to a variety of issues which are, in large measure, related to the magnitude and rate of change which the College has experienced over the last several years. In addition, the effects of the tremendous efforts devoted to programmatic and curricular change, organizational structure issues, minimal salary increases over the past several years, and frustrations relative to the desire to devote additional energies and resources to enhancing research and graduate

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programs, have the potential to have a negative impact on morale. Accordingly, it will be particularly important to focus on maintaining morale as the College continues to implement its plans for change.

Standard for Library and Learning Resources

Standard No. 27 - Library and Learning Resources

7. **Library and Drug Information.** The Medical Center Library (MCL) serves as the primary library resource for the College. Drug information resources are provided through the Drug Information Center which is located in the University Hospital. In general, these resources are viewed as being adequate to support the College and its professional program. Completion of the new University Library will further enhance available resources, particularly in terms of additional technology for electronic data retrieval and physical space for student use. The evaluation team encourages the College to continue to monitor its information resource needs, and to work with library personnel to insure the continuation of adequate support. In addition, the quantity of space available to house the Drug Information Center is viewed to be inadequate, particularly in view of the College's reliance on this Center to provide both educational and service support. Accordingly, the College is encouraged to work with the University Hospital to identify possible solutions.

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Standards for Physical and Practice Facilities

Standard No. 28 - Physical Facilities

Standard No. 29 - Practice Facilities

8. Physical Facilities. The College of Pharmacy has space allocations in five different buildings. These include the main College of Pharmacy (COP) building, the Advanced Science and Technology Commercialization Center (ASTeCC) building, the University Medical Center Hospital (UKMC), the Health Sciences Research (HRSB) building, and the General Clinical Research Center (GCRC) and Ambulatory Care Clinics (ACC). In addition, the College's Division of Continuing Education occupies leased space approximately 1.5 miles from the COP building. Collectively, these physical facilities provide a generally adequate environment to support the educational, research, and service activities of the College. As noted earlier, however, a particular need exists to expedite the pharmacy practice/pharmaceutical care laboratory renovation. Plans should also be formulated relative to the College's long-range space needs, both in a quantitative and qualitative sense. Particular attention should be devoted to identifying the need for office and laboratory space for pharmacy practice faculty, both within the College and at various practice sites. It is also noted that the self-study identified housekeeping within the College as being inadequate; steps to

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identify and rectify any specific problems in this regard should be taken as soon as possible.

9. Pharmacy Practice Facilities. A success of the College is the development of an excellent array of pharmacy practice facilities to support the Doctor of Pharmacy curriculum. A broad range of practice facilities are utilized in the program. The number, quality and types of facilities have been expanded since the last evaluation. Particular support has been devoted to developing a cadre of Community Based Faculty, who serve as practitioner-educators, and who provide effective teaching services that support and complement the activities of the faculty. Quality control and standardization of experiences is facilitated by use of well-organized clerkship and externship manuals. Annual preceptor-training conferences also support the quality control process. The evaluation team encourages the College to continue to support this type of in-depth development of its various pharmacy practice resources, especially in the ambulatory care environment, in view of the importance of these resources to the integrity of the professional program.

The evaluation team notes the good relationship which exists between the College and the University Hospital. The importance of maintaining this relationship is underscored, however, particularly in view of the changes in health care which have the potential to greatly impact upon the Hospital and the Medical Center as a whole. Accordingly, the Dean is encouraged to continue to be involved in policy

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and decision making at the Medical Center level as a means of facilitating continuing support for the College and the professional program.

Standard for Financial Resources

Standard No. 30 - Financial Resources

10. Finances. The University and the College of Pharmacy appear to generally be in sound financial condition. The College is a good steward of its available resources, and has financed a significant portion of its own success through program revenues as well as extramural grants and contracts. As noted earlier, the College has benefited substantially from the \$800,000 enhancement to its base budget approved by the University to fund and support the professional programmatic transition. The tuition differential utilized to support the reconfigured professional program should continue to be forthcoming to the College to support programmatic essentials. In addition, the College should continually review and develop contingency plans for funding to support the costs of experiential education, to guard against any negative impact resulting from changes in the healthcare environment, such as the necessity to increase payments to institutions and/or practitioner/educator faculty for student rotations. The evaluation team also urges that reinvestments in the form of return of research overhead and indirect costs, royalties from patents generated from within the College, and the College's very successful efforts in the area of continuing

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professional education, be utilized to support programmatic enhancements, rather than programmatic essentials.

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APPENDIX I

Standards 2000

(Separate Document Provided with Dean's Copy)

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APPENDIX II

**Review of Published Documents
for Adequacy and Accuracy of Information**

BACKGROUND

The U.S. Secretary of Education firmly believes that an accrediting agency should have a responsibility for assuring adequate and accurate public disclosure by educational institutions and programs. This expectation is reflected in Criterion 602.18 of the Secretary's Procedures and Criteria for Recognition of Accreditation Agencies, which holds accrediting agencies responsible for reviewing elements of institutional or program integrity as demonstrated by the adequacy and accuracy of disclosure of information that does not mislead the public. The types of information specified for inclusion in this review are: a) the institution's or program's resources, admission policies and standards, academic offerings, policies with respect to satisfactory academic progress, fees and other charges, refund policies, and graduation rates and requirements; b) the institution's or program's educational objectives and data regarding educational achievement; and c) employment statistics regarding recent graduates. Because such information is vital to students making educational decisions, the Secretary believes that an accrediting agency can not be considered a reliable authority as to the quality of training offered if it does not play an oversight role in this area.

PROCEDURE AND FINDINGS

The American Council on Pharmaceutical Education utilizes a checklist to facilitate standardized review of the published documents made available by colleges and schools of pharmacy. The checklist is completed by evaluation team members in conjunction with the on-site review. The information obtained from this checklist is used to assist the evaluation team in making its overall assessment regarding the adequacy and accuracy of information provided.

As a component of the on-site evaluation and review process, the University of Kentucky College of Pharmacy provided the evaluation team with copies of documents which describe the College and its programs. Based on a review of these documents, the evaluation team finds that the information disclosed to the public (especially prospective students) is adequate, generally accurate, and not misleading.

APPENDIX III

Student Enrollment

Academic Year 1997-1998

Doctor of Pharmacy Program

P-1 84

P-2 80

P-3 76

P-4 60 (these are the last remaining students in the old 2 + 4 program)

Non-Traditional students: 120

Prepharmacy, combined years 1 and 2: 216

Baccalaureate in Pharmacy degrees conferred, 1996-1997 (last class): 37

Doctor of Pharmacy degrees conferred, 1996-1997: 67