

CPNP Annual Committee Report

Presented 4/22/09—Jacksonville, Florida

Business Development

Committee Chairs and Members: Roger Sommi (Chair), Ann Richards (Board Liaison), Charlie Caley, Julie Dopheide, Joni Fowler, Matthew Fuller, Jon Lacro, Leigh Anne Nelson, Nick Patel, Christian Teter

Committee Charges

1. Discuss a process for symposia development and train committee members on the process for symposia development and solicitation live at the 2008 Annual Meeting in Scottsdale.
2. By May 31st, identify medical education companies and contacts that CPNP could approach regarding symposia development.
3. By May 31st, research which CE companies are providing CE at the main psychiatry meetings and on what topics. Consider making an introductory call regarding CPNP to introduce opportunities.
4. By July 31, update the sponsor invitation piece for use for 2008-2009 solicitations.
5. By August 15th, identify and establish a core group of individuals who will be responsible for working with Brenda to generate a list of companies to which she will submit grant application for the CPNP annual meeting.
6. By August 30th, develop symposia topics based on input from past presidents, special interest groups, and committees, including ideas generated but not developed by program committee.
7. Partnering with pre-selected CME companies, ensure that symposium proposals are developed and uploaded to grant sites by September 30, 2008.
8. By September 15th, actively begin to secure sponsorship for the 2008 annual meeting in Jacksonville.

Top 3 Accomplishments:

1. 20 educational grant applications were made and 10 were accepted.
2. All 5 symposium slots available at the AM funded. Worked with 4 CME companies to make 12 topic proposals with 22 grant submissions. Symposium funding increased 27%.
3. Refined the symposium proposal process to involve additional CPNP members and committees.

Problems/Challenges:

1. Declines in grant funding.
2. Time to focus on product and service development outside of grant funding for Annual Meeting.

Goals for Next Year:

1. Expand outreach to additional Medical Education partner companies.
2. Partner with other associations for symposium proposals and other educational products and services.
3. Further refine symposium development process.
4. Expand product and service offerings.

Communications Committee

Committee Chair & Members: Sara Dugan (Chair), Jerry McKee (Board Liaison), Stephen Saklad (Technology Consultant), Karen Moeller (Past Chair), Toya Bowles, Elayne Ansara, Shauna Garris, Anna Lockwood, Raymond Lorenz, Jill Reynoldson, Richard Silvia, Dara Slunaker, Craig Straley, Christian Teter

Committee Charges:

1. Develop a schedule and content plans for each publication for the committee year to include:
 - a. Twice yearly newsletter
 - b. Every other month e-news
 - c. Monthly poll question
2. Based on the schedule and content templates, publish the CPNP Newsletter, the electronic newsletter and the poll question.
3. Determine a mechanism to provide the CPNP office with news on a daily or weekly basis so that the news listing is current.
4. Determine a mechanism to build the offerings on the Shared Resources section of the CPNP website.

5. Suggest content and format for the CPNP website as needed to keep it current.
6. Develop a residency/new practitioner's section on the website.
7. Oversee the maintenance of the residency database updated bi-annually and inform the membership of developments related to residencies (in partnership with Residency Task Force as appropriate).

Top 3 Accomplishments:

1. Provided news sources to update the news section on the CPNP webpage to provide current, updated news stories for the membership.
2. Publications of newsletters, e-news and poll questions were scheduled and completed.
3. Great ideas have been discussed to revitalize the webpage as well as the annual publications to make them more useful for the membership.

Problems/Challenges:

1. Residency database recommendation idea is to mirror ASHP model but requires substantial website renovation.
2. New member section of the website contributions from a number of committees on the content and format of this area resulted in recommendations that also required website renovations.
3. Shared Resources section renovations into a Wiki model requires reorganization and website format changes and oversight of this area has still not been finalized.
4. Newsletter content revolved heavily on the Annual Meeting and it was felt that this may be redundant for the membership.
5. Solicitation of ideas/questions for the monthly poll question has fallen to the same individuals every month.

Recommendations for Next Year:

1. Enhanced communication mechanism for the groups from multiple committees that are working on common projects
 - a. Residency database
 - b. Shared Resources
 - c. New practitioner section of webpage
2. Utilize Greg Payne as a resource to assist in the technology renovations and keep these items moving forward.
3. Revamping of the annual newsletters to provide helpful information for the membership- tips on where to find information, clinical pearls on disease states, updates on changes in Pharma, etc. This is geared to limit the redundancy of Annual Meeting content in the newsletter and cater to the large clinical practice pharmacists that are in the membership.
4. Consider an increased public relations/outreach communication to enhance the visibility of this organization within the profession and to the community.

2008 - 2009 Technology Subcommittee

(a subcommittee of the Communications Committee created by Charge #8)

Committee Chair & Members:

Stephen R. Saklad (Chair), Sara E. Dugan, Elayne A. Dworek Ansara, Troy A. Moore, Carol A. Ott, Dara L. Slunaker

Sub-Committee Charges:

Under the leadership of web consultant and committee member Steve Saklad, develop a subcommittee to consider and prioritize web technology offerings for board consideration. Subcommittee should evaluate options in terms of value added for the greatest number of members, ease of implementation and affordability. Work group can consist of committee and non-committee members.

- Identify technology that may be useful for internal and external use of CPNP to accomplish its Mission and Objectives
- Estimate budget requirements and time-frame for implementation of technologies that may be useful
- Prioritize the usefulness of technologies
- Provide the Board with routine progress reports quarterly (e.g. 6/1/2008, 9/1/2008) and incorporate Board feedback into the following quarter's work.

Top 3 Accomplishments:

1. Reviewed technology priorities: residency listing (making it the responsibility of residency director to maintain their own information similar to ASHP or ACCP), revision to shared resources section of website, and development of specialized subsection pages (students, new practitioners, residency applicants, guidelines, etc.) of website to make it easier for members to find materials that they need
2. Recommended that shared resources section be revised in two stages: initially in a hierarchical listing that would make it easier to find related information, and eventually in a wiki or forum type of software that would allow member updating and peer review of materials. Use of Wikimedia's software (open source; used by Wikipedia) was recommended with a commons area for documents that would not be subject to change and articles that would be freely editable or selectively restricted (as determined on an ongoing basis) to assure quality. Materials for addition to shared resources have been developed by several committees and are awaiting the implementation of the new wiki platform.
3. Modified Job section to website to be renamed Careers and made several operational changes to improve security and usefulness to membership in obtaining career goals.

Problems/Challenges:

1. Prioritizing projects to be in line with project deadlines (for example: the residency listing is needed by September 2009 for the next residency recruiting class) and finite resources available from the budget this year. Some projects are best deferred into the next budget cycle prior to implementation. In the case of the wiki, the initial implementation was recommended to be "bare bones" until we can get a handle on membership use patterns. If used by membership and well-liked, additional resources will be needed to fully integrate it into our website seamlessly.
2. Lack of experience with use of some of the newer technologies such as a wiki to provide oversight and quality control to materials provided on the CPNP website. This was never fully resolved, but a consensus developed that our only productive way forward was to implement the wiki slowly and review periodically to make adjustments.
3. Adequate budgetary, staff, and committee member time to implement all of the projects in a timely manner.

Recommendations for Next Year:

1. Implement revised residency self-update system
2. Implement and monitor use and quality of wiki system for shared resources
3. Consider additional technology areas such as integration of social networking and interaction systems.
4. Develop detailed budgetary timeline for technology projects as well a potential revenue streams to support these activities.

Journal Task Force

Committee Chair & Members: Michael Jann (Chair), Sheila Botts (Board Liaison), Rob Dufresne, Vicki Ellingrod, Jonathan Lacro, Nicholas Votolato

Committee Charges:

1. Work with a publishing company to evaluate the feasibility of a CPNP journal.
2. Develop a 3-5year plan for establishing an indexed, peer-reviewed journal.
3. Establish an operational structure for the journal including Editorial Staff and Board. Please address CPNP staff and technology requirements (do we need additional staff?) as well as how scientific oversight will be provided.
4. Explore and make recommendations for publication format (e.g. print/online; publishing services?). Please consider collaborative opportunities as well.
5. Recommend a plan for financial sustainability including consideration of pros/cons of industry sponsorship, advertising, fee for publication.
6. Adopt or amend the recommended Journal mission and objectives as proposed by the Research Committee (2007).
7. Plan core content/ structure of the journal offerings.

Top 3 Accomplishments:

1. Completed journal prospectus and submitted to SAGE for a needs assessment.
2. Submitted pros/cons assessment for moving forward with journal at this time for Board consideration.

Problems/Challenges:

1. Many of the Journal charges were not completed based on the concerns raised in the publisher's needs assessment and the board's decision to postpone/delay any action on further development of an indexed, print journal.
2. Organizational strategic planning did not identify the Journal as a top short-term priority (2-3 year plan) based on 1) member support/demand, 2) required resources, and 3) higher priority competing initiatives.

Recommendations for Next Year:

1. Journal Task Force work is complete and is not needed in the upcoming year.
2. Efforts should continue to promote scholarship within the organization.

Leadership for Medication Management

Representative: Raymond C. Love, Pharm.D.

Committee Charges:

1. Monitor activities of the evolving LMM collaboration to determine potential opportunities for CPNP.
2. Represent CPNP at meetings of the LMM.

Top 3 Accomplishments:

1. During this past year, LMM has been working with strategists to develop a plan for achieving Medicare reimbursement for pharmacist cognitive services.
2. LMM has developed an outline of principles for reimbursement.
3. LMM has developed a white paper on the Medical Home Model to try and partner with other professions and organizations to garner support for non-product related services.

Problems/Challenges:

1. LMM has two hour meetings every two weeks attended primarily by lobbyists/governmental affairs staff hired by major pharmacy organizations. During this particularly active political year, they also held approximately 10 visits/meetings with federal agencies and/or congressional staff. Due to scheduling issues, only about 50% of the meetings were attended. Congressional and agency visits are virtually impossible for non-Washington based CPNP representatives to attend. Phone access has now been set up for meetings which drastically reduces the travel burden.
2. From Spring 2008 through summer 2008 CPNP did not have representation due to lack of phone access and a serious family illness.

Recommendations for Next Year:

1. Continue to monitor LMM activities and participate by endorsing LMM positions.

Membership Committee

Committee Chair & Members: Steven Burghart (chair), Carla Cobb (board liaison) Tami Argo, Jolene Bostwick, Martin Cruz, Peter Dorson, Megan Ehret, Stacy Eon, Beth Hall, Robin Hieber, Jehan Marino, Lisa Mican, Troy Moore, Andrew Muzyk, Nichole Phelps, Muhammad Liaquat Raza, Jose Rey, Mishelle Seiler, Michael Sopko Jr., Mark Watanabe

Committee Charges:

1. Develop a plan to increase the recruitment of students as members of CPNP. This might involve refining the student PowerPoint and presenting it at as many pharmacy schools as possible.
2. Partner with the NAMI RMG in considering whether the slide presentation can be customized for presentation to NAMI chapters or other community organizations with the intent of increasing awareness of CPNP rather than encouraging membership.
3. Continue to support and enhance current membership activities:
 - New Member Packet
 - State Liaison Activities

- Membership Renewal Follow-Up
 - Displays at Regional Conferences
 - Membership Brochure Edits
4. Evaluate the effectiveness of the State Liaison program and if maintained, determine how to increase its effectiveness through concrete direction to the liaisons.
 5. Conduct membership campaigns to the following groups:
 - ASCP Membership
 - BPS Non-Members
 - APNA (dependent on Outreach Committee progress with this organization)
 - Non-accredited residency programs (identified through Residency Task Force)
 - Recommend additional organizations for membership outreach.
 6. Identify contract organizations such as PSI and McKesson who manage state hospital pharmacies to help identify pharmacists working in state hospitals. Consider charging state liaisons to find out the names of pharmacists in their state hospitals.
 7. The Board recommends assigning the Membership Committee to conduct additional study on some of membership statistic--i.e., number dropping membership, loss in BCPP credential renewals, late renewals. Some possible statistics that might be considered for study include:
 - Look at students, residents, and fellows: what factors encourage them to become active members?
 - Look at demographics of the apx. 120 who drop membership each year. Are there any common factors among them?
 - Why do members renew late in the fall and winter. Is there a lack of perceived benefit to membership outside of the Annual Meeting?
 - Is there a reasonable way to determine how many pharmacists practice in psych? Figures discussed are apx. 1000 pharmacists, of which 800 are already CPNP members.
 - There are apx. 150 BCPPs who are not CPNP members. Apx. 40 BCPPs become certified and recertified each year. How many BCPPs drop certification each year and why? Should CPNP be concerned about BCPPs leaving the specialty?
 8. Implement Member get a Member Campaign in April 2008. In August 2008, evaluate effectiveness and make recommendations to the Board to continue, modify or discontinue for the 2009 renewal campaign. Continue the 1-3-6-9 Member Retention Plan. Goals of the calls are to maintain contact with new members but to also provide feedback to the board and committees concerning how CPNP can improve member service
 9. Implement the member satisfaction survey in conjunction with the 2008 membership renewal cycle. Evaluate survey data, make recommendations for modifications and for needed services to meet member needs.

Top Accomplishments:

1. CPNP membership continues to grow, achieved a record number of members this year.
2. Developed CPNP Student Chapters pilot project.
3. Implemented and refined satisfaction survey, improved demographics data collection.
4. Membership campaigns to Pharmacy Contract Service Providers, BCPP Non-Members
5. Conducted successful member get a member campaign.

Remaining Accomplishments:

1. Follow up on membership campaign to non-member BCPPs
2. Continue member get a member campaign.
3. Develop new and innovative strategies to engage students, e.g., survival guide, website space.
4. Implement and refine CPNP Student Chapters.

Problems/Challenges:

1. State Liaison program has not developed as expected.
2. Difficult to identify potential members, or even how many specialists are working in the field.
3. Need to increase perceived value of membership for member retention.

Recommendations for Next Year:

1. Evaluate member demographic and satisfaction data and make recommendations.
2. Develop and implement new ways to involve students including student chapters.
3. Continue member get a member campaign and annually evaluate its success.

Mentoring Committee

Committee Chair & Members: Ginny Stauffer (Chair), Vicki Ellingrod (Board Liaison), Ben Chavez, Josh Caballero, Ben Dishman, Shannon Drayton, Martha Fankhauser, Cory Grzesik, Suzanne Cala, Lindsey Hedgepeth, Crystal Henderson,

Committee Charges:

1. Continue to work with Outreach Committee on developing a list of psych rotations available for students without access to a psych rotation (Ginny Stauffer, Ben Dishman)
2. Collect practice models/job descriptions from members for the shared resources section of the CPNP website.
3. Collect collaborative practice agreements for the shared resources section.
4. Develop a primer on grant funding sources including private foundations, government, pharmacy organizations, pharmaceutical industry, investigator initiated research, K awards, NIH etc.
5. Develop a meet the expert proposal for roundtable presentation at the Annual Meeting.
6. Write an article on how to write a manuscript.
7. Identify other forms of mentoring of interest to membership by monitoring the website, the roundtable in Scottsdale, and informal discussion with members.

Top 3 Accomplishments:

1. Organized and developed 2 of the roundtables for the Annual meeting (Developing Collaborative practices and Didactic and clerkship best practices)
2. Poster Mentoring made available to authors submitting abstracts
3. Collaborated with Research Committee to reconfigure and expand the shared resources section of the CPNP website

Problems/Challenges:

1. Overlapping charges with other committees
2. Some of the charges were broad in nature and it was challenging to focus mentoring efforts
3. Attendance was light on conference calls

Recommendations for Next Year:

1. Recommendation from the board was to merge the Mentoring Committee with the Research Committee. We will continue to focus not only on mentoring research needs but practice research needs as well and broaden interest in collaborative practice shared resources. Several active committee members will now be members of this joint committee.

NAMI Relationship Management Group

Committee Chair & Members: Julie Kissack (Chair), Wilfred W. Acholonu, Jr., Rachel Allwine, Keith D. Anderson, Charles F. Caley, William J. Docktor, Elizabeth A. Eichel, Robert D. Elder, Patrick Finley, Jessica Fung, Donna M. Givone, Charles R. Harman, Joanne M. Hawley, Amy Keller, Gene H. Makela, Jerry R. McKee, Dean Najarian, Michelle Gravlin Twitty, Amy VandenBerg

Committee Charges:

1. Continue medication fact sheet updates and the development of new medication fact sheets as new psychotropics are released.
2. Develop and submit a new Ask the Psychiatric Pharmacist sheet every other month
3. Develop a mechanism and schedule to review existing Ask the Pharmacist columns for updates.
4. Submit an item for NAMI's Friday Fact Sheet quarterly.
5. Review and update (if needed) the procedure for answering consumer inquiries
6. Actively encourage CPNP members to submit programs to state and local NAMI affiliate meetings and record such participation in CPNP's database.
7. Participate in the NAMI national meeting by staffing a CPNP booth and submitting and implementing educational programming. The deadline for submitting programming is November/December of each year.
8. Collaborate with program committee as feasible to identify speakers or include a special event such as the NAMI walk or art display.

9. Work with NAMI to identify a list of institutions whose staff or members we might target for membership through membership committee.

Top 3 Accomplishments:

1. Presented the first annual NAMI RMG poster at the 2008 CPNP Annual and the 2008 NAMI National meetings.
2. First annual NAMI walk at the 2008 CPNP Annual meeting.
3. Active participation in the NAMI National Convention – provided poster presentations and collected surveys from participants at the NAMI National Convention.
4. NAMI Fact Sheets continue to be a valuable resource as reported by NAMI (see below):
We've pulled statistics based on the first quarter of 2009. We can safely assume that by multiplying by 4 we can get a yearly average of visits to medication fact sheets. For the first quarter there were 41,065 visits. This equates to approximately 164,260 per year. Every medication fact sheet has an acknowledgement of CPNP, the CPNP logo, and a link to the CPNP web site.

After a review of our page rankings in Google and Yahoo search results the following medication fact sheets came up in the top 10 in either Google or yahoo: Abilify, Celexa, Clozaril, Depakote, Geodon, Prolixin, Prozac, Remeron, and Zyprexa. This means that our medication fact sheet is more likely to be viewed by individuals than the fact sheet offered on other sites.

Currently our Information Helpline does not track exact statistics on how many medication fact sheets that they mail out or receive questions about. They did estimate that from the calls they receive nearly 10% are related to medication questions. They are hoping to have a new call management software in place in the future and will be able to provide accurate statistics on call volume and the types of information requested/referred during a call.

Problems/Challenges:

1. Size of the committee was too large.
2. Manuscript about psychiatric pharmacist's value in a health-system has stalled.

Recommendations for Next Year:

1. Reduce the size of the committee.
2. Pair up less seasoned NAMI RMG members with seasoned NAMI RMG members for mentorship and to accomplish committee charges.
3. Chair/Vice-Chair presence at NAMI National meeting is essential and budget should include resources to support this action.

Outreach Committee

Committee Chair & Members: Carol Ott (chair), Jayme Trott (board liaison), Sarah Grady, June Griffith, Sujin Lee, Jennifer Roche, Patrick Toalson, Angel Wolf, Chris Thomas, Lawrence Cohen, Mei Liu, Mitsi Lizer, Laura Mandos, Kara Shirley

Committee Charges:

1. Continue to cultivate a relationship with APNA and continue standing meetings with APNA representatives. Most immediate goals are to further cross-marketing of the BCPP Review Course and other recertification products and assist with providing speakers or educational programming at the APNA Pharmacotherapy Conference. Ultimate goal is to create tasks/projects that can begin to impact patient outcomes.
2. Continue to cultivate a relationship with NCPA and continue standing meeting with NCPA representatives. Most immediate goals need to be prioritized. Ultimate goal is to create tasks/projects that can begin to impact patient outcomes.
3. Expand relationship with the United Kingdom Psychiatric Pharmacy Group to include the possibility of Annual Meeting involvement, newsletter articles, journal club or online interaction.
4. Support the development of a relationship and affiliate structure with the Canadian Association of Psychiatric Pharmacists (CAPP).

5. Continue to cultivate a relationship with ASCP as previously managed by ASCP RMG. This includes: (1) Development of an ASCP/CPNP joint-programming project (similar to past projects completed) in collaboration with the Recertification Committee. Finalized project approved by CPNP Board by May 1, 2008 for implementation at the November 2008 ASCP Meeting and the April 2009 CPNP Annual Meeting. (2) Promote the importance of the CGP designation and encourage CPNP members that work in a geriatric setting to obtain this designation. (3) Develop professional networking relationships with organizations who share common interests in providing care or serving as patient advocates of the developmentally disabled.
6. Continue working relationship with APhA involving CPNP's assistance in recommending speakers for their annual meeting. Brainstorm ideas for an expanded relationship.
7. Based on experiential learning director survey results, generate a white paper regarding CPNP's position on the current level of psychiatric pharmacotherapy education in US schools/colleges of pharmacy.
8. Conduct survey designed to gather and publish recommendations regarding ideal contents and experiences to be included in a psychiatric pharmacy rotation. Coordinate with Mentoring Committee to accomplish compatible goals.

Top 3 Accomplishments:

1. Mentoring/Outreach survey – The survey of CPNP members to obtain information regarding willingness to precept students from schools without a psychiatric pharmacy rotation, as well as rotation descriptions, was completed mid-2008. Members of Outreach (Sarah Grady, Mitsi Lizer, Kara Shirley) have been working with Mentoring members to compile the rotation descriptions into one document each for outpatient and inpatient rotations. Rough drafts are complete and a timeline has been developed for completion of the final project for publication.
2. UKPPG – Carol Ott attended the UKPPG Annual Meeting in Reading, England in October 2008 to provide a presentation about the practice of psychiatric pharmacy in the US. This was well-received and the Outreach committee hopes to expand on this accomplishment to link with other international psychiatric pharmacists, specifically in New Zealand, Australia, and Denmark. Initial outreach has begun to these pharmacy organizations.
3. Relationships with ASCP and APhA continue. A presentation was made by Chris Thomas at the ASCP Annual Meeting, a complementary presentation will be provided at the CPNP Annual Meeting in April 2009. Sarah Grady worked with APhA to provide speaker recommendations for the APhA Annual Meeting in April 2009. Continue to develop relationship with APNA, retooling of the BCPP recertification education with endorsement by APNA has occurred.

Remaining Accomplishments:

1. While work with ASCP has continued with the input of Chris Thomas, the Outreach Committee needs to develop a plan to reach out to organizations who work with the developmentally disabled. The Committee would also like to work to advocate for the CGP designation.
2. Finalize the experiential learning director survey white paper.
3. Continue to expand and solidify links with international psychiatric pharmacy organizations. Initial progress has been made outside of the UKPPG and CAPP, the committee will develop a plan to ascertain what international organizations and interested psychiatric pharmacists exist.
4. Work more closely with APNA to provide speaker recommendations for their pharmacotherapy educational sessions.

Problems/Challenges:

1. We have been unable to consistently engage with NCPA. Pat Toalson has offered to continue to make personal appearances at the Washington DC offices of the organization. One challenge with the development of this relationship has been meshing the interests of NCPA with CPNP.
2. We have also been unable to consistently engage with APNA, although the retooling of the BCPP recertification education with their endorsement has begun.

Recommendations for Next Year:

1. Continue to work on and finalize current white paper projects and relationships.
2. Consider outreach to the APA and psychiatric residents to provide speaker recommendations on psychiatric pharmacotherapy, as well as the potential for retooling the BCPP recertification education for use by psychiatrists.

3. Consider development of parts of the BCPP recertification education into reference format for use by psychiatry providers (for example, pull the tables out and format into a resource).

Program Committee

Committee Chair & Members: Kelly Lee (Chair), Ann Richards, Jerry Overman, Tami Argo, Nancy Brahm, Martie Fankhauser, Kevin Furmaga, Joshana Goga, Jim Gugger, Mary Gutierrez, Rebecca Jones, Susan Lakey, Jodi Malhotra, Amy Vandenberg, Jennifer Zacher

Committee Charges:

1. Identify a committee member to serve on the Business Development Committee (Ann Richards in 2008-2009).
2. By June 15, 2008, make a decision on a pre-meeting workshop offering and if necessary, develop ideas for a pre-meeting workshop, propose to the Board in September of 2008, select faculty who are experts in the topic area, able to teach with active learning methods and provide balanced conflict-free presentations. Develop ½ day of programming with speaker and facilitate flow of information between speaker and CPNP staff.
3. By June 15, 2008, review the 2008 program evaluations, gather input from key individuals involved with the 2008 meeting, and conduct any other reasonable needs assessments to further improve the 2009 program.
4. By June 15, 2008 communicate with other committee or RMG chairs to discuss any suggestions that they may have for content/speakers for the 2009 meeting.
5. By September 2008, submit a 2009 annual meeting program proposal for Board consideration. The following guidelines are provided:
 - Pre-Meeting workshop can be provided by Program Committee or meeting time turned over to another committee.
 - Include Roundtable Sessions at the Annual Meeting.
 - Plan a minimum of 12 hours of continuing education credit of cutting edge, advanced level programming which is augmented with 7-10 hours of appropriate symposium credit (to be solicited by the CPNP Business Development Committee and coordinated by CPNP staff).
 - Select faculty who: are expert on the identified topic, known to be good presenters, willing to include interactive teaching methods, provide balanced-conflict-free presentations.
 - Attempt to maintain no more than two tracks of programming limited to one full day or two ½ days of the meeting.
 - Attempt to place the programming presented by Recertification Committee against other Program Committee programming since the course will have already been offered and available to members.
6. Incorporate active teaching/learning methods into annual meeting as appropriate (e.g., panel discussions, automated response systems).
7. Establish and maintain consistent communication with the Recertification Committee to ensure coordination in programming.

Top 3 Accomplishments:

1. Developed programming for the 2009 Annual Meeting in Jacksonville, Florida.
2. Developed Special Interest Group and Issues of the Day roundtables to enhance networking among members.
3. Incorporated a speaker from Europe to increase global visibility of CPNP and enhance CPNP awareness of practices outside the United States.

Problems/Challenges:

1. Recruiting highly qualified speakers who would be able to adhere to deadlines and meet the needs of the programming committee.
2. High fees associated with speakers, especially from those outside the United States.
3. ACPE issues associated with the pre-meeting symposium.
4. Involving all members of the Program Committee and having senior members mentor junior members.

Recommendations for Next Year:

1. Clarify ACPE issues with all parties involved before programming is developed.
2. Revisit the idea that the pre-meeting symposium may be developed by other committees (with facilitation from a member of the Program Committee).
3. Continue to recruit highly qualified speakers and seek input from other CPNP members.
4. Continue to pair up committee members and ensure accountability.

Recertification Committee

Committee Chair & Members: Rex S. Lott (Chair), Cynthia K. Kirkwood (BCPP Program Director), Steven C. Stoner (Board Liaison), Elizabeth Eichel, Sally K. Guthrie, Cynthia A. Mascarenas, Sarah T. Melton, Troy A. Moore, Susie H. Park, Gollapudi, Shankar, Heidi J. Wehring, Clinton W. Wright

Committee Charges:

1. In conjunction with Review Course Committee consider any proposals for revisions to Recertification Programming that should be proposed to BPS.
2. By June 15, submit a proposal to the CPNP Board regarding any recommended administrative changes to increase operational efficiency of recertification planning and implementation. This should include a decision regarding the provision of 15 or 20 hours of live and literature analysis programming and the allocation of hours to live versus literature analysis programming. Consider Program Committee's decision regarding use of the pre-meeting workshop time slot.
3. By August 30th, submit a proposal to the Board regarding 2009 recertification programming content and suggested speakers. Work with review course and program committees to ensure that mutually agreeable decisions are made regarding live/non-live programming, testing procedures and site issues.
4. Communicate regularly with review course and program committees to ensure minimal overlap in programming
5. Complete the 7-year recertification plan to identify sessions/topics that will be covered each year. Consider the Review Course content and BCPP domain coverage.
6. Develop ASHP joint programming by Feb. 1 when proposal is due to ASHP. Implement programming at the December ASHP Mid-Year meeting and repurpose for presentation at the April 2009 CPNP Annual Meeting.

Top 3 Accomplishments:

1. Proposed and implemented changes to recertification planning that confirmed provision of 15 hours of live and literature analysis programming each year. Five hours are allocated to live programming and 10 hours to literature analysis. The hours provided and allocated among BCPP domains will allow Board Certified Psychiatric Pharmacists to obtain sufficient hours for recertification across a 7 year cycle.
2. Developed and presented live programming for recertification credit at the CPNP Annual Meeting. This program included ASHP joint programming from the 2008 ASHP MidYear Clinical Meeting that was repurposed for recertification programming.
3. Developed and released literature analysis programming for recertification for the 2008 – 2009 year.

Problems/Challenges:

1. Identification of appropriate materials for either literature analysis or live programming that address BCPP Domain 3.

Recommendations for Next Year:

1. Continue use of teams (sub-committees) composed of both experienced and newer committee members for development of individual components of recertification programming.
2. Clarify and continue to be alert for topics meeting BCPP Domain 3 criteria for inclusion in programming.

Research Committee

Committee Chair & Members: Jonathan Lacro (Chair), Vicki Ellingrod (Board Liaison), Jeff Bishop, Ryan Carnahan, Marshall Cates, Lindsay DeVane, Aaron Gibson, Jessica Goren, George Kenna, Michael Kotlyar, Kumar Maharaj, Sophie Robert, Jim Roerig, Shannon Saldana, Kelan Thomas

Committee Charges

1. Begin implementation of the 5-year research plan. As a possible CPNP Foundation is considered, be cautious of prioritizing goals/objectives for CPNP versus goals/objectives that might be better achieved through a foundation.
2. By June 15th, generate one proposal idea for symposia development for annual meeting symposia or workshop to the Business Development Committee.
3. Investigate the model that BCOPs use to facilitate research.
4. Research and study the process and benefit to aligning with Michigan Cancer Centers.
5. Meet quarterly with CPNP member Jerry Overman (CPNP's representative at NIMH meetings) to formulate CPNP research ideas and goals to be offered at NIMH National Advisory Mental Health Council meetings.

6. Identify additional strategies to promote research within the organization.
7. Identify and train a new poster chair. Complete poster and award selection and administer on-site at the CPNP Annual Meeting.

Top 3 Accomplishments:

1. First year of the research plan was implemented. This included tracking publication of posters submitted at the annual meetings from 2005, 2006 and 2007.
2. A poster chair was identified and the poster and award review process was reexamined and modified.
3. A subcommittee was formed to develop research related content for the shared resources section on the CPNP webpage

Problems/Challenges:

1. As with many committees, the recent economic downturn has stalled some of CPNP's research efforts. The research committee is currently awaiting the formation of a foundation which will add in many of the efforts put forth in the 5 year research plan.

Recommendations for Next Year:

1. Continue working on research content for shared resources section of CPNP website.
2. Continue with implementation of the research plan
3. Continue to promote research within the organization

Residency and Postgraduate Training Committee

Committee Chair & Members: Julie Dopheide (Chair), Carol Ott, Elayne Dworek, Bethany di Paula, Matthew Fuller, Rex Lott, Robert Haight, Stephen Saklad, Sheila Botts (Board Liaison).

Committee Charges:

1. Oversee the maintenance of a residency database updated annually and monitor residency issues in order to inform the membership of developments. Provide information to Communications Committee for posting.
2. By June 2008, evaluate the change in the number of psychiatric pharmacy residents that are being trained in ASHP accredited and non-accredited programs due to:
 - The requirement to participate in the National Match for ASHP-Accredited psychiatric pharmacy residency programs.
 - The enforcement of only taking PGY1 applicants for ASHP-Accredited PGY2 psychiatric pharmacy residency programs.
3. Write a white paper on gaps in training to include recruitment and retention issues, disparity in opinions within membership about appropriate levels of training/differentiating specialists from pharmacists with knowledge in psychiatry/PGY1 vs PGY2 training (Steve Stoner from Board to begin draft for consideration by committee).

Top 3 Accomplishments:

1. Developed brochure on residency and fellowship training in psychiatric pharmacy in order to increase awareness regarding opportunities for pursuing a career in psychiatric pharmacy. This brochure was sent to all PGY-1 program directors and student clerkship program directors for distribution to PGY-1 residents and pharmacy students.
2. Supported a CPNP residency and postgraduate training booth at ASHP's Midyear clinical meeting in order to promote specialization in psychiatric pharmacy.
3. Developed a plan for keeping CPNP's residency and postgraduate training database current by sending program directors a template to update annually.

Problems/Challenges:

1. No significant progress on white paper discussing residency training issues.
2. Slow progress in developing a "tool-kit" for starting up new residency programs
3. Unable to assess success of recruitment efforts (eg. brochure distribution, ASHP Midyear presence).

Recommendations for Next Year:

1. Update program director's survey to keep track of the number of graduates from residency and fellowship programs. Work with Membership committee to monitor percentage of graduates who maintain a CPNP membership.
2. Develop "Tool-kit" for starting a psychiatric pharmacy residency for posting on the CPNP webpage.

Review Course Committee

Committee Chair & Members: Mary Borovicka (Chair), Megan Ehret, Eric Kutscher, Nate Rickles, Brenda Schimenti, Jason Noel, Julie Dopheide, Klugh Kennedy, Michael Wincor, Cindy Kirkwood, Steve Stoner, Chris Thomas

Committee Charges:

1. The committee will develop and review examination questions for the Review Course exam. The exam questions should be available for field testing by September 2008. The exam should be in its final form by the December 2008 for sales effective January 1, 2009.
2. By November 1, 2008, committee members must review all 2008 course materials. One or 2 members will be asked to review each topic. The review will include listening to each speaker's presentation, and reviewing the handout and PowerPoint presentation for content and style. Topic changes or other content changes should be presented to the board for their consideration in December 2008.
To be considered by each committee member reviewer:
 - Content of programming
 - Level of programming
 - Speaker style
 - Use of creativity to the content
 - Quality and consistency of examination questions
3. By November 2008, investigate the possibility of making the review course and/or parts of the review course available on-line for ACPE credit. Prepare a written proposal for board consideration of how this should be packaged, how ACPE requirements would be met and how and to whom it should be marketed. Possible markets include Schools of Pharmacy CE Departments and State Hospitals.
4. By January 2009, the committee will review the course format and determine if changes need to be made. The committee will forward recommendations of proposed changes to the Board at their January meeting.
 - Consider if the course should continue with pre-recorded presentations or provide live presentations
 - Consider if the workbook should be continued
5. The committee should explore other organizations who would be interested in the review course for their membership.
 - i.e.: APNA
 - Others?
6. By February 2009, the committee should consider submission of a new proposal to BPS to request any changes approved by the CPNP Board.
7. By January 2009, the committee should begin to recruit speakers for the 2010 program. Final speaker selection should be made by mid-February 2009. Contracts should be issued by end of February 2009. Recommendations of potential speakers should be due to the board by December 2008. Consider continuing Ann Richards and Linda Tyler as speakers. Encourage the committee to provide some new speakers with the opportunity to participate.
8. Begin normal preparations and steps for implementation of the 2009 program as proposed and accepted by the Board and according to the established timeline.

Top 3 Accomplishments:

1. Reviewed and updated the Review Course for the 2009-2010 year.
 - a. New course objectives developed
 - b. New speakers selected
 - c. Added new section of aggression/agitation
2. Marketed the course (with no changes) to APNA.
3. Repurposed the review course to Medco, with changes to the course.

Problems/Challenges:

1. Diversification / Repurposing of the Review Course – CPNP has a request from a mail order pharmacy for continuing education. This company requested specific sections of the review course. They are also adding a

live case discussion to their program. The company has asked for CPNP's assistance in developing the live case discussions, and they want the program approved ACPE credit. The most difficult issue for the committee in the future will be dealing with specific requests by others organizations for portions of the review course. If their needs are very detailed, the committee may not be able to meet the needs of these groups. We will need a plan as to how to manage such request for repurposing the course.

2. Continuing to find members who are willing to commit the time to participate fully on the committee. The committee is nearly 15 members, and it is difficult to find a time to meet when all are able to attend the phone conference.
3. Finding members who are comfortable reviewing some of the topic areas. Many are not willing or are uncomfortable reviewing sections such as regulatory issues, biostatistics, study design, and epidemiology.
4. Marketing of review course – find other pharmacists/ mental health providers/organizations who might benefit from the Review Course.

Recommendations for Next Year:

1. Encourage CPNP members to volunteer for the committee.
2. Develop plan for marketing review course to other pharmacist organizations or other mental health care providers.
3. Develop a plan to handle requests for repurposing of review course.

VA Task Force

Committee Chair and Members: Matthew Fuller (chair), Sheila Botts (board liaison), Joseph Justino, Jonathan Lacro, Cynthia Mascarenas, Michelle Gravlin Twitty

Committee Charges:

1. Develop a proposal for VACO to consider regarding Enhancing Psychiatric Pharmaceutical Care for Veterans.

Top Accomplishments:

1. Draft proposal developed and delivered to VACO.

Problems/Challenges:

1. Understanding funding sources at VACO.
2. Not sure if funding will be provide for proposed educational plan.

Recommendations for Next Year:

1. Submit a more formal proposal with cost figures.
2. Follow up with Lori Golterman, the VA contact.