



Consultation Report

February 2008



CANADIAN
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ASSOCIATION

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The Blueprint for Pharmacy is a strategic initiative to shape the future of the pharmacy profession.

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EXECUTIVE SUMMARY

The Blueprint for Pharmacy is a strategic initiative to shape the future of the pharmacy profession. The first draft document, *The Blueprint for Pharmacy: Designing the Future Together*, was circulated for consultation from June 2 to September 28, 2007.

Pharmacy organizations and individual pharmacists, students and pharmacy technicians were invited to comment on *The Blueprint for Pharmacy: Designing the Future Together* (henceforth referred to as the *Blueprint for Pharmacy*). More than 730 individuals completed the e-survey; more than 30 organizations and 20 individuals reviewed the entire document and commented. An additional 20 individuals participated in three focus groups across the country. The feedback from this consultation shaped the next iteration of the *Blueprint for Pharmacy*.

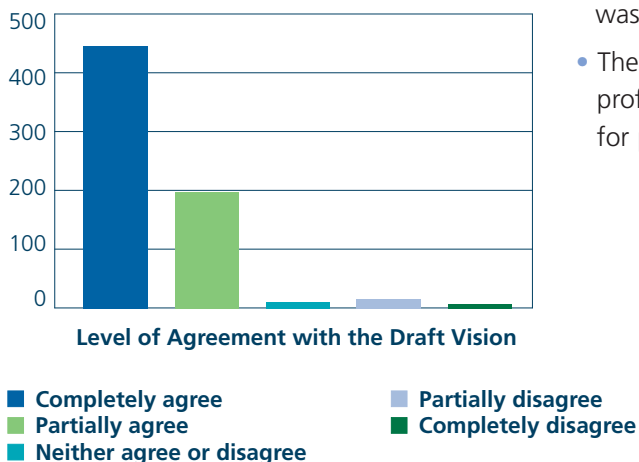
Results

Getting to know the e-survey respondents

- 731 participants
- 64% female
- 64% practice in urban or suburban areas
- The majority practice in Ontario (27%), Alberta (21%) and Nova Scotia (19%)
- The majority are employed in community pharmacy (42%) and hospital pharmacy (30%)
- The majority are staff pharmacists (38%)
- 25% have been practicing for less than 10 years while another 23% have been practicing for more than 25 years

Highlights of findings

- 90% definitely think that the profession will need to change and respond to future changes in the health care system
- 85% definitely see the need for a common vision and action plan for the future of the pharmacy profession



- 66% completely agreed and 29% partially agreed with the draft vision statement
- 5 mission or role statements were proposed, the level of agreement with each statement reflects the level of support for the draft vision statement
- The top personal concern of respondents was related to staffing or workload issues
- The top concern for the pharmacy profession was related to reimbursement for pharmacy services.

DRAFT VISION:
Pharmacists are medication experts committed to patient-centred, outcomes-focused care. Pharmacists take increased accountability and responsibility for the safe and effective use of medications. Pharmacists promote wellness and disease prevention, and empower patients, in collaboration with other health professionals.

EXECUTIVE SUMMARY

Key messages for the Blueprint for Pharmacy Task Force

A key purpose of this e-survey was to assist the Task Force in drafting a second version of the *Blueprint for Pharmacy* and to obtain input regarding future activities from pharmacy stakeholders. Over 750 individuals and 30-plus organizations provided comments for the Task Force. Here are some highlights of what the Task Force heard.

The Task Force needs to keep working on its communications.

- 30% of respondents indicated that they knew nothing of the *Blueprint for Pharmacy* prior to completing the survey
- 40% of respondents heard of the *Blueprint for Pharmacy* survey through newsletters and 23% through personal correspondence
- More communication activities are required for this initiative to be a success

The Task Force is engaged in a worthy initiative, but it needs to be done correctly to address primary professional concerns in the future.

- 85% definitely see the need for a common vision and action plan
- 90% think that the profession needs to change and respond to future changes in the health care system
- 96% believe that their major concerns are captured in the *Blueprint for Pharmacy's* five key areas: pharmacy human resources; pharmacy education and continuing professional development; information and communication technology; financial viability and sustainability; and, legislation, regulation and liability
- The Blueprint might help deal with my future primary professional concerns (35% definitely will help; 49% might help)

Thirty-eight organizations were invited to comment on the draft document, 25 provided comments. Organizations were asked if there were any ideas in the document that would keep their board/organisation from endorsing it. Twenty-one organizations responded to this question. Thirteen indicated that they could endorse the Blueprint, eight indicated that they could not commit to this version of the Blueprint unless the following red flag issues were addressed.

Pharmacy Human Resources

Information and communication technology

Legislation, regulation and liability

Education and continuing professional development

Financial viability and sustainability

EXECUTIVE SUMMARY

The Task Force heard the caution in the voice of respondents.

Emerging themes from organizations

- RED Flag issues include:
 - Organizations need to review the action plan before signing on. That would require reviewing a more detailed plan.
 - Need to enhance the vision. It needs to be more future focused because we can't sign on to something that tries to tell us what to do.
 - Role of pharmacists needs to be defined.
- General concerns
 - Organizations want definitions for the terms employed (e.g., accountability, prescribing).
 - Further define the terminology (e.g., "prescribing" and other phrases, terms, etc. that are proving to be problematic).
 - A number of respondents seemed critical of the use of the term "Blueprint". Maybe we need to briefly explain how/why the document is a blueprint.

Six emerging themes from individual and organizational correspondence were noted. In general, the *Blueprint for Pharmacy*:

- lacks clarity, needs definitions.
- concepts of accountability are challenging.
- should not link remuneration to patient outcomes.
- is not an action plan.
- needs timelines.
- should note the sense of divergence of the retail/business side of pharmacy from the patient care/professional side.

The Task Force needs to get it right; it needs to address the emerging themes expressed by pharmacy organizations and individual pharmacists, students, and pharmacy technicians.

Most importantly the Task Force heard the key concerns and recommendations made by respondents and will work diligently to address these in the next iteration of the *Blueprint for Pharmacy*.

CONSULTATION REPORT

1. Purpose

The first draft of the *Blueprint for Pharmacy: Designing the Future Together* was completed May 25, 2007. As indicated by the title of the document it was deemed important to have the input of a wide range of pharmacy stakeholders, including pharmacy organizations, pharmacists, students, and pharmacy technicians.

2. Methods

A series of methods were employed to engage pharmacy stakeholders in this process.

e-surveys

First, two different e-surveys were created. The first e-survey was created to gather comments from organizations who were invited to read the draft *Blueprint for Pharmacy* (see Appendix 1A for a copy of the survey). The second e-survey was geared to the individual pharmacists, students and/or pharmacy technicians. These respondents were invited to complete a 10–15 question survey where they were asked to comment on the draft vision and mission statements (see Appendix 1B for a copy of the survey).

Invitation letters to organizations

Second, 38 letters were sent to the national pharmacy organizations, provincial pharmacy regulatory organizations, provincial pharmacy voluntary organizations, and the Canadian faculties and schools of pharmacy (see Appendix 2A for a copy of the letter). On May 25 these organizations were forwarded a draft copy of the *Blueprint for Pharmacy* and were invited to review the document and complete the e-survey for organizations (see Appendix 1). These organizations were also encouraged to communicate the Blueprint activities to their members and promote the e-survey for individuals (see Appendix 1B).

A reminder was sent to these organizations on July 31, 2007 (see Appendix 2). Again, organizations were asked to encourage their members to complete the e-survey (see Appendix 1B). Relevant text for each jurisdiction was drafted to entice individual pharmacists, students, and

pharmacy stakeholders to complete the e-survey.

Blueprint for Pharmacy Town Hall

Third, the consultation process was launched with much fan fare at the Canadian Pharmacists Association Annual Conference. More than 160 delegates assisted at the *Blueprint for Pharmacy Town Hall*. Delegates heard from eleven speakers on Saturday, June 2, 2007 and had the opportunity to respond to speakers in the second hour of this two-hour Town Hall.

The President of CPhA, Brian Stowe, welcomed delegates and introduced the Chair of the Task Force on a *Blueprint for Pharmacy* and the facilitator of the Town Hall, Dr. David Hill. Dr. Jeff Poston, Executive Director of CPhA, provided the audience with a synthesis of the changing health care landscape and the evolving pharmacy practice models, in essence, building the case for the *Blueprint for Pharmacy*. Janet Cooper, Senior Director of Professional Affairs of CPhA, led delegates through the history of the Blueprint, emphasizing that this is a Blueprint for all pharmacists. The draft document presented for consultation was created primarily through two large consultations with pharmacy stakeholders in December 2005 and June 2006.

Six Task Force members were invited to address the audience.

- Theresa Schindel — Association of the Faculties of Pharmacy of Canada (AFPC)
- Omolayo Famuyide — Canadian Association of Pharmacy Students and Interns (CAPSI)
- Allan Malek — Canadian Association of Chain Drug Stores (CACDS)
- Myrella Roy — Canadian Society of Hospital Pharmacists (CSHP)
- Margaret Ustupski — Pharmacists' Association of Saskatchewan (PAS)
- Erica Gregory — National Association of Pharmacy Regulatory Associations (NAPRA)

More than 160 delegates participated in the Blueprint for Pharmacy Town Hall.

Panellists identified the top concerns of their members/organization and elaborated on why a Blueprint is important in addressing those issues and how it might assist.

Dr. Henri Manasse, Executive VP and CEO of the American Society of Health-System Pharmacists, was invited to react to the panel and commence the discussion. Dr. Manasse chose to be purposefully provocative and left the Task Force with four main questions to ponder:

What will the new practice models look like?

Will the pharmacy profession be an independent or a collaborative profession?

What do we really mean by accountability?

Why should the profession of pharmacy exist — sociologists have long studied the definition of health professions — are pharmacists included?

Delegates were invited to comment or ask questions during the last hour of the Town Hall. People quickly lined-up at the microphones with much to say. Participants were impressed with the work completed to date and left the Task Force with some good “food for thought”.

For example:

- “Strong leadership is required, CPhA should use the momentum generated at this conference.”
- “All pharmacists should play a role in moving this vision forward. We need to advocate with all our members.”
- “I wish the finance ministers were here to listen. What is the Task Force doing to raise the profile of the Blueprint?”
- “Are pharmacists ready to change? Patients need to be engaged, we need to give patients what they are looking for.”

(See Appendix 3 for a copy of the transcripts from Dr. Henry Manasse’s presentation and Q&A session).

Centennial Award Winners

In celebration of its centennial year, CPhA recognized the contribution of 100 Canadian pharmacists to the pharmacy profession. These individuals have demonstrated tremendous leadership and insight. Therefore, 67 letters were sent to Centennial Award winners on August 1, 2007, asking them to comment on the *Blueprint for Pharmacy*. These individuals were asked to complete the individual e-survey (see Appendix 1B).

Advertising

Each organization represented on the Task Force was invited to use every communication tool at their disposal to encourage their members to complete the e-survey (see Appendix 1B). A chart of a sample of these efforts is provided.

Sample of recruitment efforts for e-survey

Organization	Communication Vehicle	Date
Ontario College of Pharmacists	website, www.ocpinfo.com	
Wal-Mart Pharmacists	email letter	July 19 and 26, 2007
National Association of Pharmacy Regulatory Authorities	website, www.napra.ca	
Canadian Pharmacists Association	e-newsletter (ClickInfo) www.pharmacists.ca	May 29, 2007
Appeal to Pharmacy Association of Nova Scotia (PANS) members	Newsletter, Vol 10, No 4	June 2007
Appeal to PANS members	Newsletter, Vol 10, No. 5	July 2007
Appeal to PANS members	email letter	July 3, 2007
Canadian Pharmacists Association	e-newsletter (ClickInfo)	July 23, 2007
Canadian Society of Hospital Pharmacists	e-reminder	August 2, 2007
Canadian Society of Hospital Pharmacists	email	August 2, 2007
Appeal to NS Pharmacists' Association	email letter	August 29, 2007
Appeal to NB Pharmacists' Association	email letter	August 30, 2007
Appeal to PEI Pharmacists' Association	email letter	August 30, 2007
Wal-Mart Pharmacists	email letter	August 30, 2007
Dalhousie Pharmacy Students	email letter	August 30, 2007
BC Advocacy and Regulatory Bodies	email	September 8, 2007
Canadian Association of Chain Drug Stores	email	September 20, 2007

3. Participation

Correspondence

A number of letters were received from a wide range of key individuals and organizations.

e-survey for organizations

We invited 38 organizations to read the entire *Blueprint for Pharmacy* document and provide comments. Twenty-five organizations (66%) submitted their comments either through an e-survey designed for organizations or via email. The following summarizes responses received.

- 7 National Pharmacy Organizations
- 7 Provincial Pharmacy Regulatory Organizations
- 8 Provincial Pharmacy Voluntary Organizations
- 2 Canadian Faculties and Schools of Pharmacy (plus 5 professors from different faculties)
- 1 Pharmaceutical industry

Focus Groups

To provide comment on the draft *Blueprint for Pharmacy*, three focus groups were held by members of the Task Force. Participants were asked the same questions that were in the e-survey.

- 4 Members of the Association of Faculties of Pharmacy of Canada, Edmonton, AB
- 9 Pharmacists, Vancouver, BC
- 7 Pharmacy Technicians, Ottawa, ON

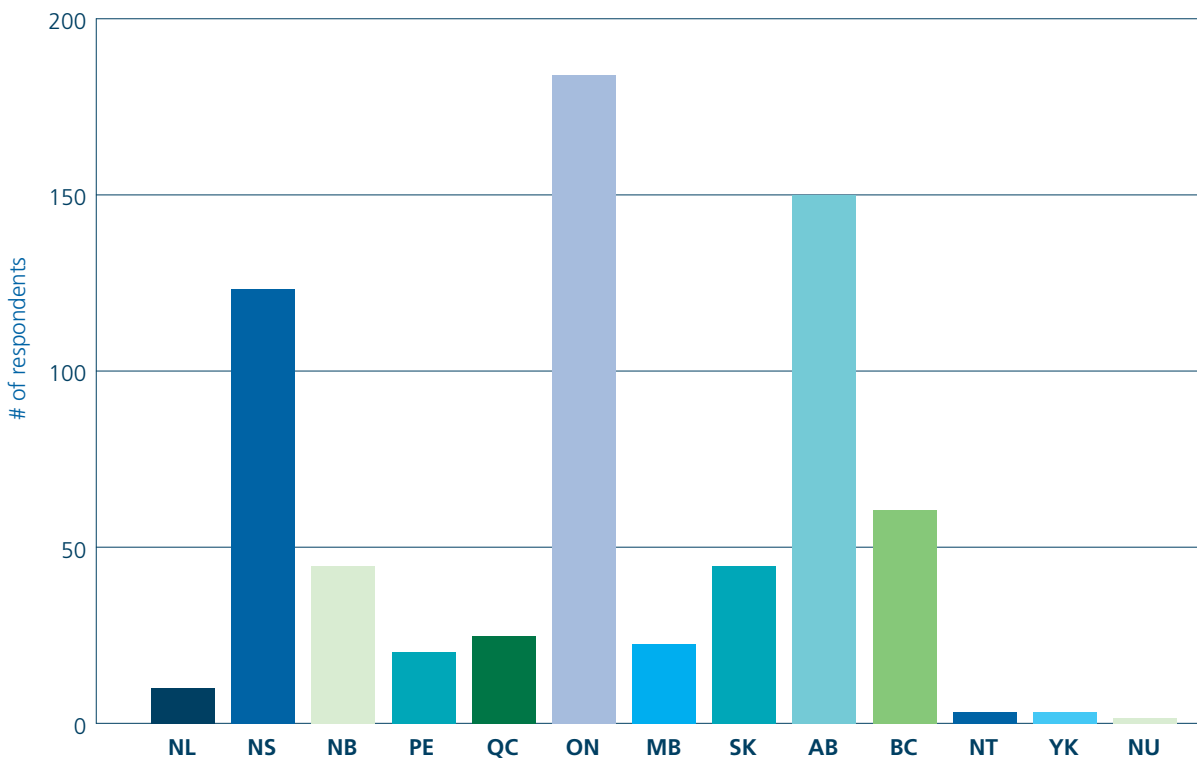
4. Results

4.1 e-survey for individuals

Demographics

A total of 731 individuals completed the e-survey. Sixty-four percent of respondents were female. The majority were from three provinces: Ontario (27%), Alberta (21%) and Nova Scotia (19%) (see Figure 1).

Figure 1: Demographics of respondents by province



The majority of respondents work in community pharmacy (42%), hospitals or other health care facilities (30%), and students (9%) (see Figure 2).

Figure 2: Demographics of respondents by place of employment

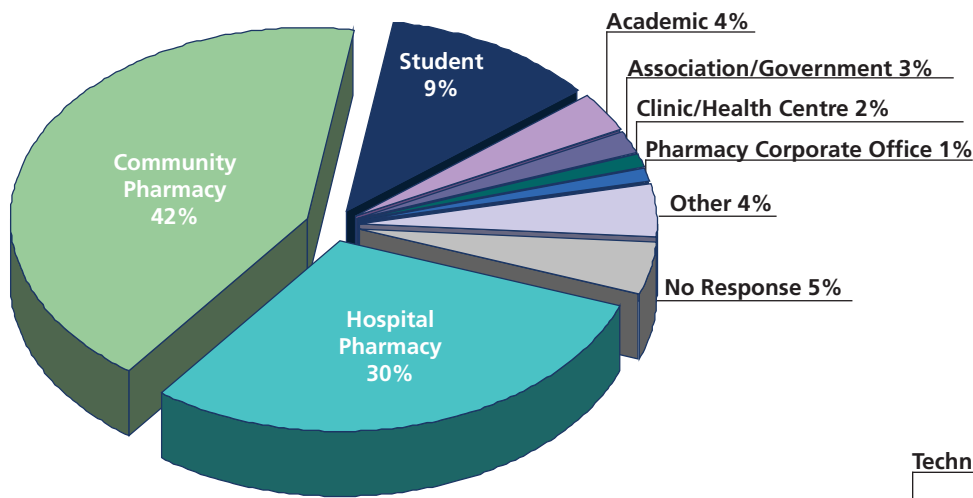


Figure 3: Demographics of respondents by position

The majority of respondents were staff pharmacists (38%).

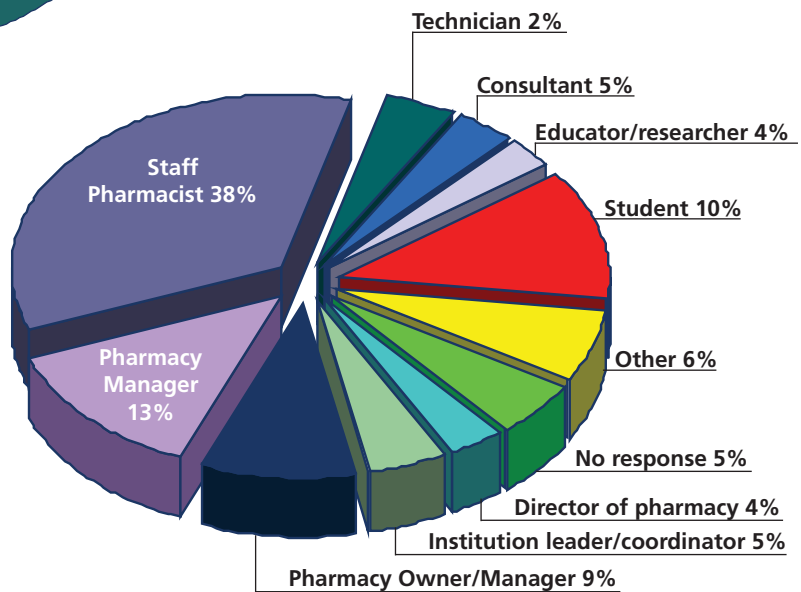
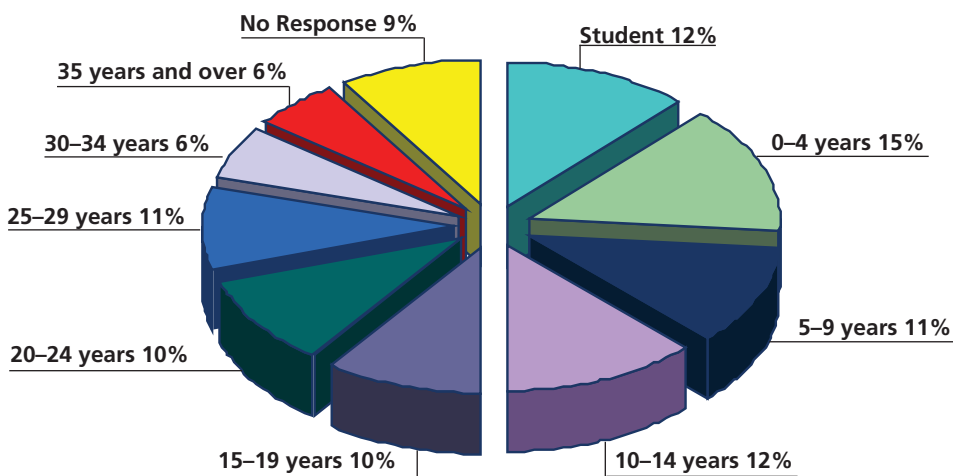


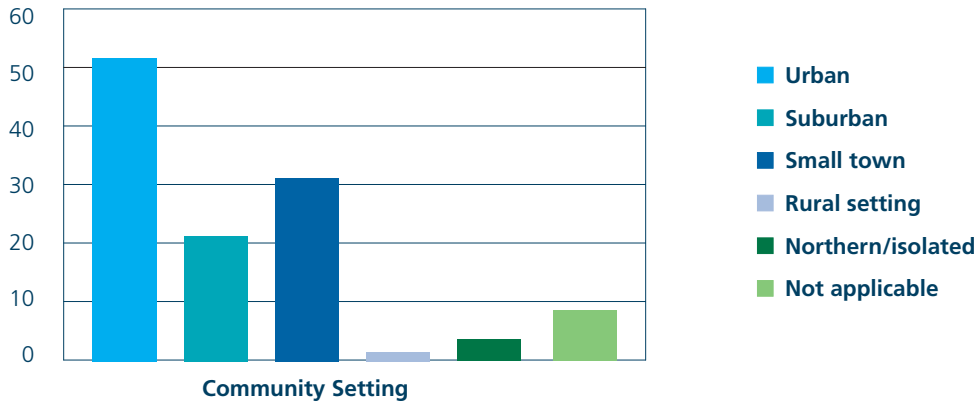
Figure 4: Demographics of respondents by years in practice



The years in practice of individuals was evenly distributed, with 26% with less than ten years, 22% with 10-19 years, and 21% with 20-29 years in practice, another 12% had 30 plus years in practice and 12% were students (see Figure 4).

The majority (52.5%) of respondents indicated that they practiced in an urban setting (see Figure 5).

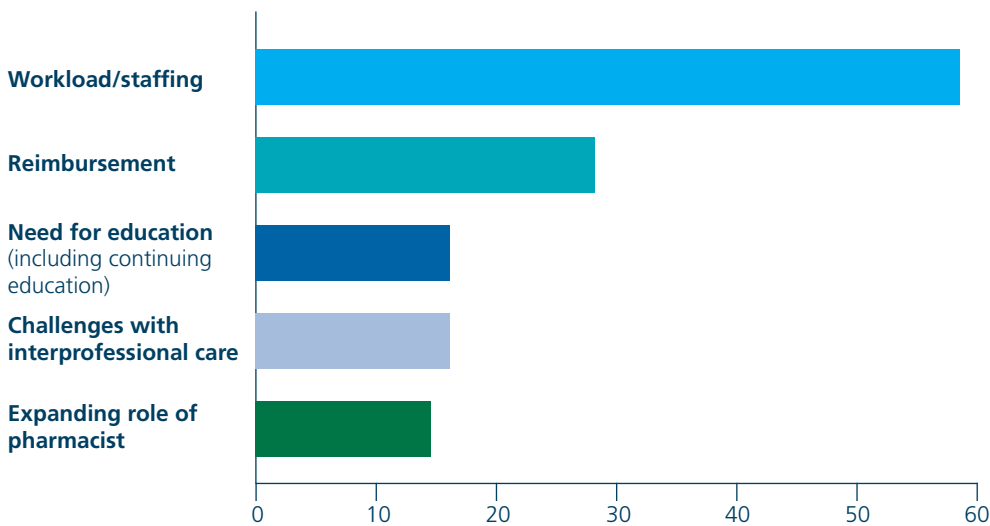
Figure 5: Demographics of respondents by practice community setting



Top Concerns

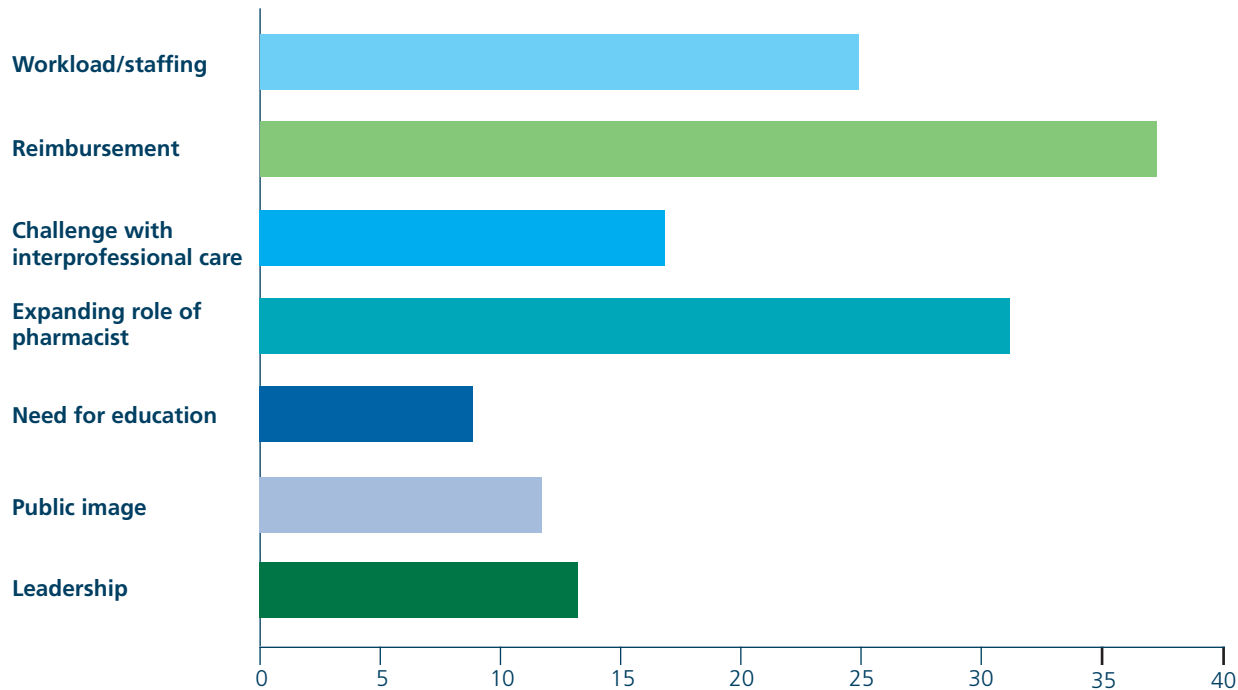
Respondents were asked to list their top concerns related to their personal pharmacy practice. The open-ended questions were coded. The majority of respondents (57%) reported that one of their top concerns was related to “workload or staffing” issues (see Figure 6). Examples of issues related to “workload or staffing” include: pharmacist shortage, staffing, too busy, too many technical functions, too much paperwork, burn out, technicians not competent.

Figure 6: Top concerns related to personal pharmacy practice (n=718)



Respondents were also asked to list their top concerns related to the pharmacy profession. The open-ended questions were coded. The majority of respondents (37%) reported that one of their top concerns for the profession was related to “reimbursement issues” (see Figure 7). Examples of issues related to reimbursement include: reimbursement of clinical services, financial sustainability, business interest overrides patient care, government funding, and third parties controlling us. Wages were not part of this category. Respondents were also very concerned with the “expanding role of pharmacists.”

Figure 7: Top concerns related to professional pharmacy practice (n=718)



Comparative analysis: top concerns by community vs. hospital pharmacists

Additional analyses were conducted to compare the responses of the 317 community pharmacists to the 221 hospital or other health care setting pharmacists (henceforth referred to as hospital pharmacists) (see Table 1). (Appendix 4 is a list of all coded personal practice and professional concerns.)

The top personal practice concern of community pharmacists was that they are: too busy to provide pharmaceutical care. This concern was enumerated twice as often as any other concern. Similarly, hospital pharmacists listed their primary personal practice concern as too busy to provide pharmaceutical care, not enough pharmacists, staffing (general), excessive workload / job burnout / stressful work environment. They also indicated keeping up to date and challenges with interprofessional communication or working in interdisciplinary patient care teams as top concerns.

Meanwhile, the top pharmacy profession concern of community pharmacists was the excessive emphasis on business interests over professional activities. The next cluster of professional concerns for community pharmacists were as follows: expanded/changing role for community pharmacists, need for leadership/vision/action/unity, challenges with interprofessional communication or working in interdisciplinary patient care teams. The hospital pharmacists did not share the concern of excessive emphasis on business interests over professional activities. However, the top pharmacy profession concerns of the hospital pharmacists were the same as those enumerated by the community pharmacists' second cluster. That is, the top professional concerns of hospital pharmacists were: expanded/changing role for pharmacists, need for leadership/vision/action/unity, challenges with interprofessional communication or working in interdisciplinary patient care teams.

Table 1: Top personal practice and pharmacy profession concerns

Top Personal Practice Concerns (# of times this response was elicited)	
Community Pharmacists	Hospital Pharmacists
<ul style="list-style-type: none"> • too busy to provide pharmaceutical care (80) 2nd group of concerns most often listed • keeping up to date (33) • need for new reimbursement models (eg., payment for cognitive services) (32) • challenges with interprofessional communication or working in interdisciplinary patient care teams (28) 	<ul style="list-style-type: none"> • keeping up to date (33) • challenges with interprofessional communication or working in interdisciplinary patient care teams (31) • staffing (general) (30) • too busy to provide pharmaceutical care (29) • excessive workload / job burnout / stressful work environment (28) • not enough pharmacists (25)
Top Pharmacy Profession Concerns (# of times this response was elicited)	
Community Pharmacists	Hospital Pharmacists
<ul style="list-style-type: none"> • excessive emphasis on business interests over professional activities (53) 2nd group of concerns most often listed • expanded/changing role for pharmacists (43) • need for leadership/vision/action/unity (40) • challenges with interprofessional communication or working in interdisciplinary patient care teams (37) 	<ul style="list-style-type: none"> • expanded/changing role for pharmacists (37) • need for leadership/vision/action/unity (30) • challenges with interprofessional communication or working in interdisciplinary patient care teams (29)

Note: These statistics cannot be converted into percentages. They represent the number of times a theme emerged, and not the number of individuals that listed each theme.

Level of agreement with draft vision and mission statements

The *Blueprint for Pharmacy* contained a draft vision statement and five mission statements for the pharmacy profession. Respondents were invited to read each statement and report their level of agreement.

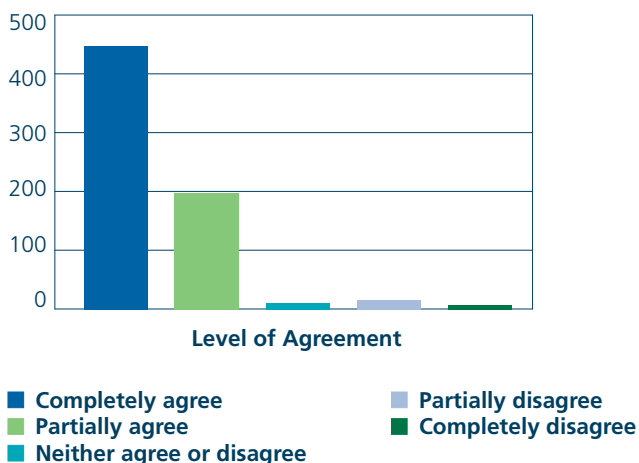
DRAFT VISION:

Pharmacists are medication experts committed to patient-centred, outcomes focused care.

Pharmacists take increased accountability and responsibility for the safe and effective use of medications.

Pharmacists promote wellness and disease prevention, and empower patients, in collaboration with other health professionals.

Figure 8: Level of agreement with draft vision statement



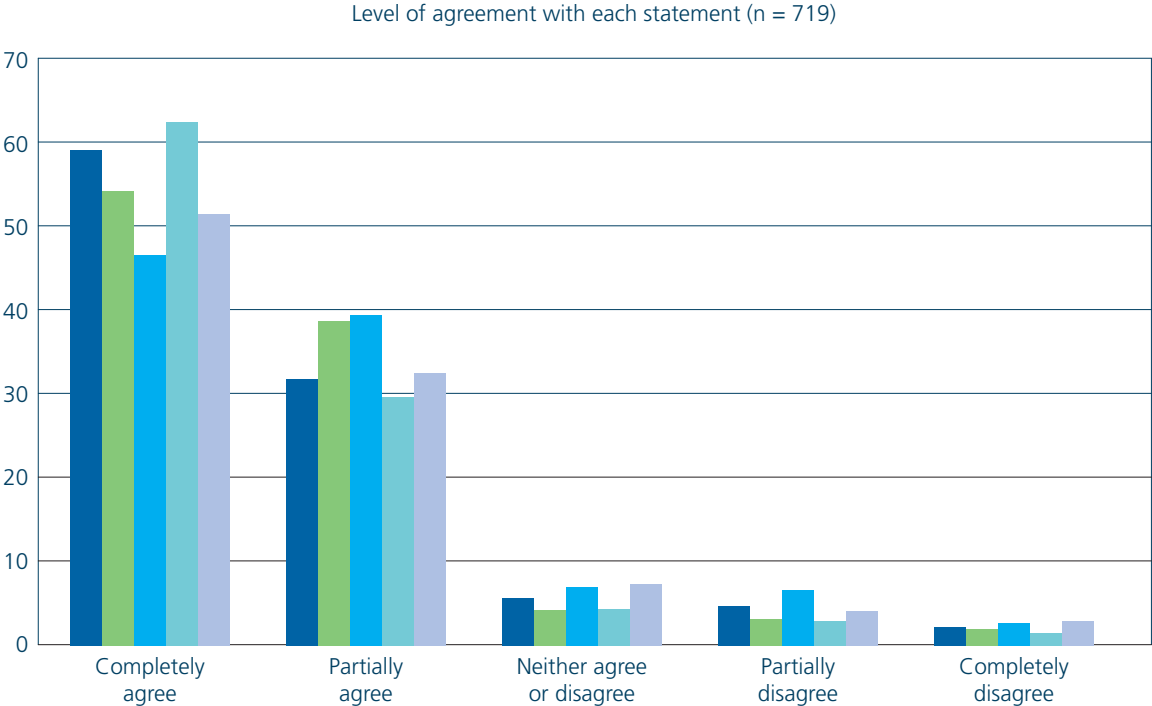
The majority of respondents completely agreed (66%) and partially agree (29%) with the draft vision statement (Figure 8).

Sample of comments on the draft vision.

- *“Not without remuneration being moved away from the dispensing fee model, otherwise the 400+ script per day, big-box pharmacy with 10 techs and one pharmacist will prevail.”*
- *“Pharmacists should not have sole responsibility for patient care. It requires a collaboration between the patient, pharmacist and other health care providers.”*
- *“I do not think that pharmacists can be “accountable and responsible” for safe and effective use of medications when we are not the ones prescribing. This statement scares me as it is taking accountability and responsibility with none of the authority!”*
- *“The problem is that not all pharmacists agree with it.”*
- *“Unfortunately, I have met pharmacists who, when asked a medication related question, simply refer the patient to their physician. The collaborative approach is limited.”*
- *“I believe this is where we need to be but we are not there yet. I could not say that all pharmacists share this vision.”*
- *“That’s how I practise my profession and have for the last 40 years.”*

The majority of respondents either completely agreed or partially agreed with the five proposed mission statements (see Figure 9). (See Appendix 4 for a sample of some of the comments submitted in response to these draft mission statements.)

Figure 9: Level of agreement with five mission statements



- Pharmacists will respond to medication use issues by spending more time managing drug therapy in collaboration with patients, caregivers, physicians and other providers.
- Pharmacists will have greater responsibility for prescribing decisions and monitoring drug therapy outcomes.
- Pharmacists will have greater authority to prescribe (e.g., initiate and modify drug therapy), to order and perform tests, and have access to relevant patient information through electronic health records (including test results, treatment indication).
- Pharmacists will play a prominent role in health promotion, disease prevention and chronic disease management.
- The safety, security and integrity of the drug distribution system will continue to be protected through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.

Respondents were also invited to comment on these statements. Upon reviewing the comments, the vast majority were supportive of the statements. Comments could be visualized along a bell curve, with a small minority who did not agree with some of the statements. These respondents did not want the additional responsibility and/or did not want the physicians to “dump” their workload on them. The vast majority agreed with the statements, however many had doubts that these vision and mission statements could be implemented given workload and reimbursement issues, among other potential barriers. A smaller number on the far right of the curve felt that they were already doing this work. (Appendix 5 is a sample of comments on these five draft mission statements submitted by individuals through the e-survey).

The key purpose of the e-survey was to assist the Task Force in drafting a second version of the *Blueprint for Pharmacy*. Six emerging themes from individual and organisational correspondence were noted. In general, the *Blueprint for Pharmacy*:

- Lacks clarity, needs definitions
- Concepts of accountability are challenging
- Should not link remuneration to patient outcomes
- Is not an action plan
- Needs timelines
- Should note the sense of divergence of the retail/business side of pharmacy from the patient care/professional side

Comparative Analysis: Level of agreement by province and position

Additional analyses were conducted to determine whether the level of agreement with any particular statement was varied by position or province. Therefore, the four provinces with the greatest response rates were selected: British Columbia, Alberta, Ontario and Nova Scotia. Conveniently, these jurisdictions are spread from coast-to-coast and are also at various stages for expanding the scope of practice of pharmacists.

When comparing the level of agreement by province for the different statements, subtle differences were noted. Although the majority completely agreed or partially agreed with the statements, there were variances. Could the variances be due to the different health care and pharmacy policies in each province or were the differences due to sampling? Table 2 provides the frequency and the expected value for each combination. Results indicate that there is a statistically significant relationship between the province and position of respondents (see Table 3). That is, the sample was not randomly distributed. For example, there were more hospital pharmacists who responded in Ontario than one would have expected if the sample was distributed randomly. Therefore, the observed differences between provinces are more likely to be due to the sample differences and position of respondents.

Table 2: Province by position (frequency and expected value) (Chi squared and p value)

Province by position	BC	AB	ON	NS	Total
Hospital	31	47	80	18	176
Community	20	75	68	70	233
Technician	4	3	20	2	29
Student	5	13	17	27	62
Total by Province	60	138	185	117	500

Chi squared	df	p value
62.60	9	5.314E-10

Figures 10 to 14 represent the level of agreement with the draft vision and mission statements by position of respondents. Here the level of agreement of hospital and community pharmacists, pharmacy technicians and students is depicted. The large majority of all respondents completely agree or partially agree with the draft vision and mission statements.

Figure 10: Pharmacists will have greater responsibility for prescribing decisions and monitoring drug therapy outcomes.

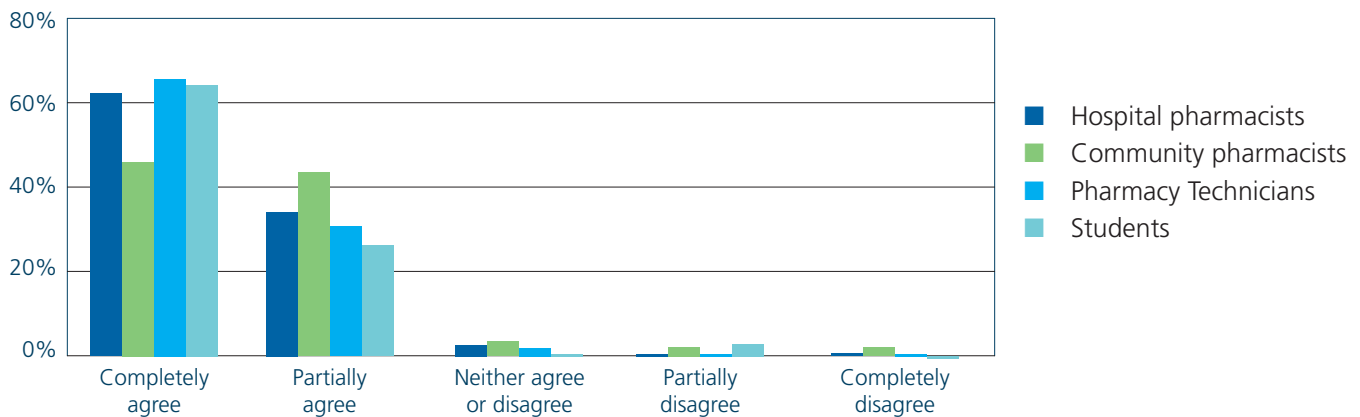


Figure 11: Pharmacists will respond to medication use issues by spending more time managing drug therapy in collaboration with patients, caregivers, physicians and other providers.

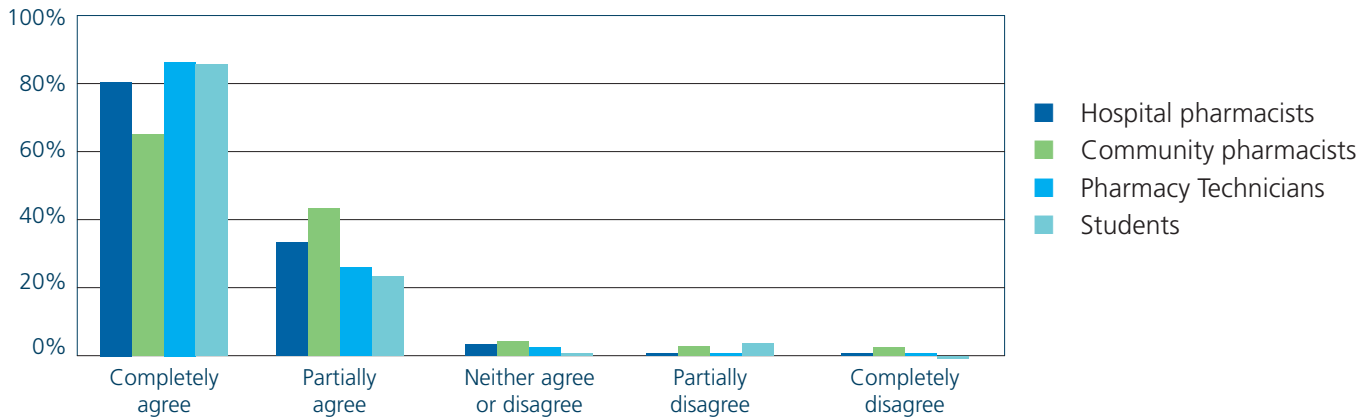


Figure 12: Pharmacists will play a prominent role in health promotion, disease prevention, and chronic disease management

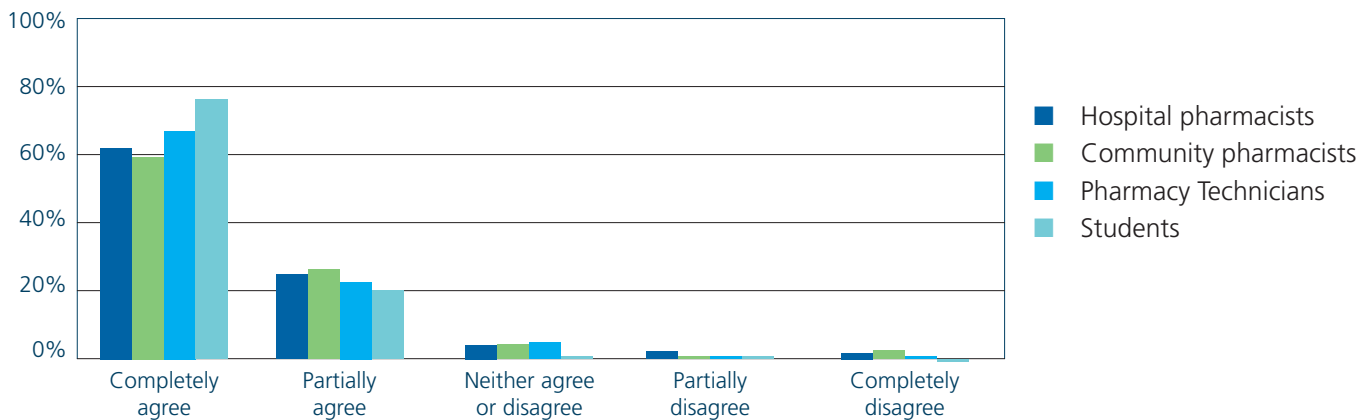


Figure 13: Pharmacists will have greater authority to prescribe (e.g., initiate and modify drug therapy), to order and perform tests, and have access to relevant patient information through electronic health records (including test results, treatment indication).

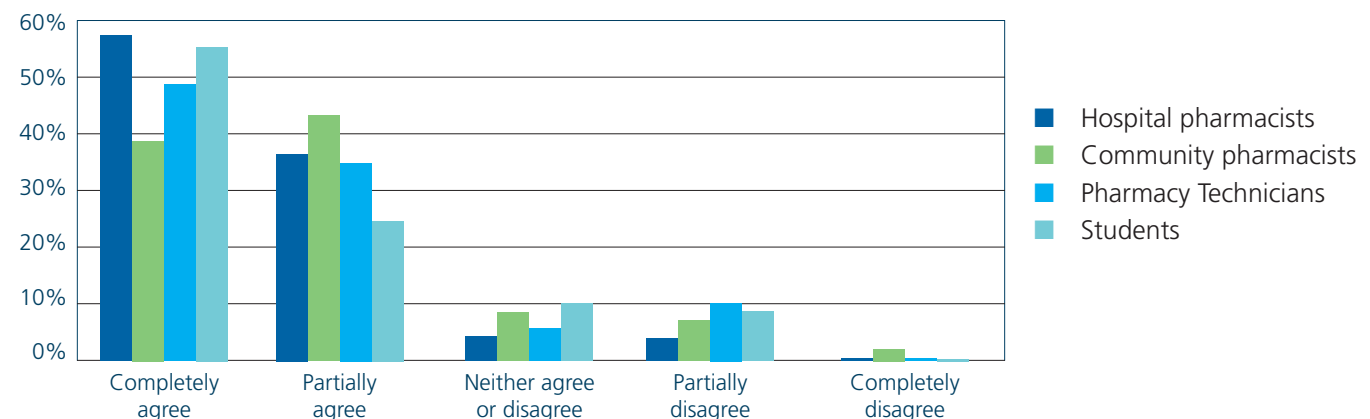
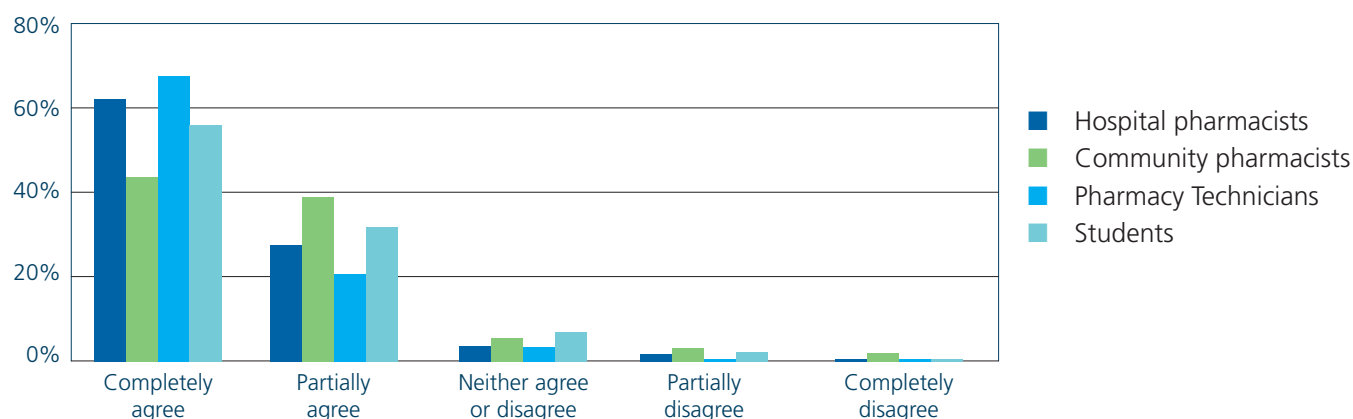


Figure 14: The safety, security and integrity of the drug distribution system will continue to be protected through the enhanced role of regulated technicians and greater automation of dispensing.



Comparative Analysis: Completely or partially agree by hospital and community pharmacists

The two largest groups of respondents were hospital and community pharmacists. Additional analysis were conducted to determine whether the level of agreement, whether completely or partially agree, of hospital and community pharmacists varied significantly (Tables 3–8).

Table 3: Pharmacists will respond to medication use issues by spending more time managing drug therapy in collaboration with patients, caregivers, physicians and other providers.

	Hospital Pharmacists	Community Pharmacists	Total
Completely agree	148	160	308
Partially agree	52	117	169
Total	200	277	477

Chi squared	df	p value
13.39	1	0.000253

Table 4: Pharmacists will have greater responsibility for prescribing decisions and monitoring drug therapy outcomes.

	Hospital Pharmacists	Community Pharmacists	Total
Completely agree	136	141	277
Partially agree	73	137	210
Total	209	278	487

Chi squared	df	p value
10.28	1	0.001347

Table 5: Pharmacists will have greater authority to prescribe (e.g., initiate and modify drug therapy), to order and perform tests, and have access to relevant patient information through electronic health records (including test results, treatment indication).

	Hospital Pharmacists	Community Pharmacists	Total
Completely agree	122	119	241
Partially agree	78	133	211
Total	200	252	452

Chi squared	df	p value
9.61	1	0.001931

Table 6: Pharmacists will play a prominent role in health promotion, disease prevention, and chronic disease management.

	Hospital Pharmacists	Community Pharmacists	Total
Completely agree	141	190	331
Partially agree	59	92	151
Total	200	282	482

Chi squared	df	p value
0.57	1	0.4515609

Table 7: The safety, security and integrity of the drug distribution system will continue to be protected through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.

	Hospital Pharmacists	Community Pharmacists	Total
Completely agree	138	134	272
Partially agree	65	119	184
Total	203	253	456

Chi squared	df	p value
11.96	1	0.000544

Table 8: Level of agreement with Vision Statement
Pharmacists are medication experts committed to patient-centred, outcomes, focused care.
Pharmacists take increased accountability and responsibility for the safe and effective use of medications.
Pharmacists promote wellness and disease prevention, and empower patients, in collaboration with other health professionals

	Hospital Pharmacists	Community Pharmacists	Total
Completely agree	147	201	348
Partially agree	63	88	151
Total	210	289	499

Chi squared	df	p value
0.02	1	0.8974052

There was no statistically significant difference between hospital and community pharmacists, regarding their level of agreement with the draft vision and the mission statement on the role of pharmacists in health promotion, disease prevention and chronic disease management. Approximately, 70% of the respondents from both groups completely agreed with this draft vision and mission statement.

There was a statistically significant difference between hospital and community pharmacists, regarding their level of agreement with four of the five mission statements (Tables 3–5 & 7, and Tables 9–12). Fifteen percent more hospital than community pharmacists completely agree that pharmacists will be spending more time managing drug therapy. The comments reflect the community pharmacists’ concerns with the realities of the business aspect of pharmacy and concerns with payment for services and general lack of time and resources to take on the additional responsibilities.

Sixteen percent more hospital than community pharmacists completely agree that pharmacists will have a greater responsibility for prescribing decisions and monitoring drug therapy outcomes. In addition, to the previous concerns noted about resources and time, some community pharmacists are concerned that they are ill-equipped for this responsibility. That is that the collaborative relationships with other prescribers are not strong, and in some cases that they do not wish for this added responsibility.

Seventeen percent more hospital than community pharmacists completely agreed that the safety, security and integrity of the drug distribution system will continue to be protected through the enhanced role of regulated pharmacy technicians and greater automation of dispensing. This difference is more likely attributable to a few factors, namely the education and experience of hospital technicians working in institutional care centres compared to those typically employed in the community; and the evolving role of pharmacists and pharmacy technicians in the past twenty years in health care centres.

Twenty percent more hospital than community pharmacists completely agreed that pharmacists will have greater authority to prescribe (e.g., initiate and modify drug therapy), to order and perform tests, and have access to relevant patient information through electronic health records (including test results, treatment indication). This difference is most likely attributable to a combination of factors listed above, e.g., resources, time, reimbursement issues, and the difference between the existing scope of practice of hospital and community pharmacists.

Table 9: Pharmacists will respond to medication use issues by spending more time managing drug therapy in collaboration with patients, caregivers, physicians and other providers.

	Hospital Pharmacists (%)	Community Pharmacists (%)
Completely agree	67.3	51.6
Partially agree	23.6	37.7

Table 10: Pharmacists will have great responsibility for prescribing decisions and monitoring drug therapy outcomes.

	Hospital Pharmacists (%)	Community Pharmacists (%)
Completely agree	61.8	45.6
Partially agree	33.2	44.3

Table 11: The safety, security and integrity of the drug distribution system will continue to be protected through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.

	Hospital Pharmacists (%)	Community Pharmacists (%)
Completely agree	55.7	38.3
Partially agree	35.6	42.8

Table 12: Pharmacists will have greater authority to prescribe (e.g., initiate and modify drug therapy), to order and perform tests, and have access to relevant patient information through electronic health records (including test results, treatment indication).

	Hospital Pharmacists (%)	Community Pharmacists (%)
Completely agree	62.7	43.2
Partially agree	29.5	38.4

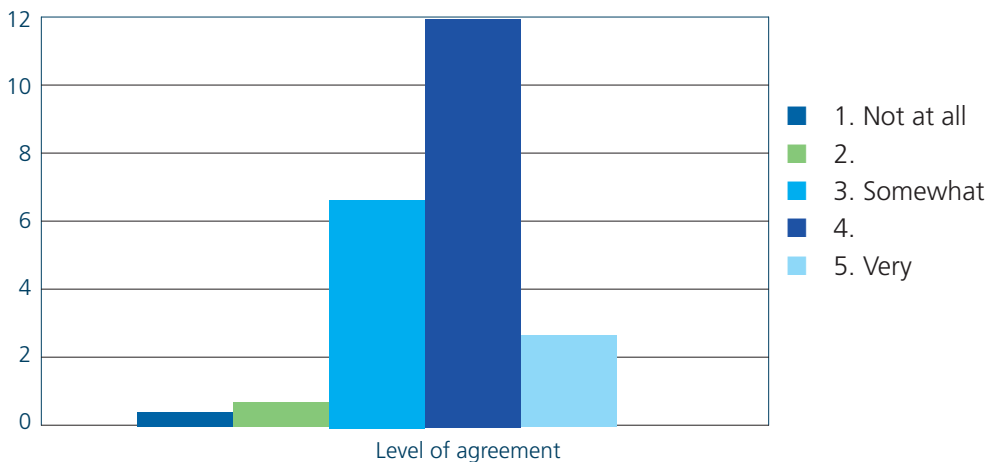
Although it is important to understand the different opinions and concerns between hospital and community pharmacists, it is important to note that these differences, although statistically significant, are subtle in that the large majority of both hospital and community pharmacists either completely or partially agree with the draft vision and all five mission statements. That is, both groups of respondents gave a 4 or 5 out of 5 in terms of their level of agreement with these statements.

4.2 Pharmacy Organizations

As noted earlier, we invited 38 organizations to read the entire *Blueprint for Pharmacy* document and forward their comments. Twenty-five organizations (66%) submitted their comments either through an e-survey designed for organizations or via email. These organizations were invited to review the entire draft document and to submit comments on each section, thus enabling the reviewers to edit the document accordingly.

We asked organizations to indicate their overall comfort level with the document. Twenty-three organizations responded to this question. The majority were comfortable with this draft of the Blueprint (see Figure 10).

Figure 15: Overall comfort level with the draft Blueprint for Pharmacy



Sample of comments made by organizations.

- *“The plan fails to acknowledge and recognize that health delivery in Canada is primarily a provincial responsibility, and consequently, progress on most of the elements included in the plan will be based on decisions/actions at a provincial level.”*
- *“The document sets a goal for the future of the profession of pharmacy. It is applicable to all areas of pharmacy patient care practice. It is great to have a document that lays the foundation for the future of the profession. We hope that all groups can work together to start to achieve these goals.”*
- *“The idea of the Blueprint is one we as an organization see has been critical not only for the profession of pharmacy at this very time, but one that is essential to creating change in the way healthcare and services are currently being delivered to Canadians (e.g., the vision is very clear, the background paragraph is quite helpful and provides a template for where the rest of the document will be headed).”*
- *“A thorough and thoughtful assessment of many factors influencing opportunities for evolution of role of pharmacists in the future; bulleted lists on Addressing medication use challenges and Education and continuing professional development are particularly comprehensive and useful.”*
- *“In general, this is an excellent initiative. The key points being made are thoughtful and will allow pharmacists to be positioned in a common future and to promote the profession on many different fronts.”*

In addition organizations were asked, "Are there any ideas in this document that would keep your board/organization from endorsing this *Blueprint for Pharmacy*? Are there any deal breakers?"

Twenty-one organizations answered this question, thirteen indicated that they "could endorse this version of the *Blueprint for Pharmacy*", eight indicated that they "could not endorse this version of the *Blueprint* unless the following issues are addressed":

RED Flag issues include:

- We need to review the action plan before signing on (need a more detailed plan)
- Need to enhance the vision, it needs to be more future focused, we can't sign on to something that tries to tell us what to do
- Role of pharmacists needs to be defined

General concerns:

- Some organizations want definitions for the terms employed, accountability, prescribing, etc...
- Terminology, e.g., "prescribing". Other phrases, terms, etc. that are proving to be problematic.
- Some seemed critical of the use of the term "Blueprint"- maybe we need to briefly explain how/why the document is a blueprint.

Conflicting comments:

- Needs to be more patient centred vs. needs to focus on pharmacists not pharmacy.
- Document is too long vs. it's too short.
- Wording is too soft vs. it's too strong.

Sample of comments on the draft vision.

- "No deal breakers - just a little hesitation with the legislative ability to implement."
- "The *Blueprint* must also include, on top of what it presently does, easy to implement solutions that will directly, immediately and favourably impact the system. Such an approach has also been presented the *Standing Committee on Health*."
- "Overall, [we] believe that this document has the potential to have a significant impact on the direction of pharmacy in Canada and at this time we do not feel that the proposed document is ready to meet the demands of advancing pharmacy practice."
- "Document needs to be more realistic in terms of areas of potential interjurisdictional collaboration for regulatory, advocacy and educational organizations."
- "The vision must be much more future focused with the *Changing Pharmacy* section enhanced with defined roles. Pharmacists tend to be vague rather than specific in defining things. Worse, they need specifics to act on ideas."
- "The safety, security and integrity of the drug distribution system must remain in the vision for pharmacy."
- "There was very little information provided on the proposed authority and accountability being proposed for technicians. Without knowing this information, it is difficult to support this component of the document. There must be a better description of the type of scope planned for technicians and how they interact with patients and pharmacists."
- "The responsibility and accountability of the pharmacist must be clearly stated, including their responsibility and accountability for pharmacies, counselling patients on their medications and for medication management."
- "There must be definitions for key terms."

SUMMARY

Key messages for the Blueprint for Pharmacy Task Force

The purpose of these consultations was to assist the Task Force in drafting a second version of the *Blueprint for Pharmacy* and to obtain input regarding future activities from pharmacy stakeholders. With over 750 individuals and 30-plus organizations commenting on the draft document, the Task Force is poised to move forward.

The Task Force heard some encouraging comments, as well as a number of cautions for the next draft. Here are some highlights of what the Task Force heard.

The Task Force needs to keep working on its communications.

A third of respondents indicated that they knew nothing of the *Blueprint for Pharmacy* prior to completing the survey. Those who had heard of it, did so through newsletters and personal correspondence. More communication activities are required for this initiative to be a success.

The Task Force is engaged in a worthy initiative, but it needs to be done correctly to address primary professional concerns in the future.

With 90% of respondents seeing the need for change for the profession to meet the changes in the health care system and 85% believing that a common vision and action plan are needed, the Task Force was encouraged that the *Blueprint* is seen as a worthy initiative. Furthermore, with 96% believing that their major concerns are captured in the *Blueprint for Pharmacy's* 5 key areas: pharmacy human resources; pharmacy education and continuing professional development; information and communication technology; financial viability and sustainability; and, legislation, regulation and liability, the Task Force was encouraged that their focus is directed in the right area.

The Task Force heard the caution in the voice of the respondents.

With only 35% thinking that the *Blueprint* will definitely help deal with their future primary professional concerns, and 49% thinking that the *Blueprint* might help, the Task Force needs to plan this initiative carefully.

The Task Force needs to get it right; it needs to address the emerging themes expressed by pharmacy organizations and individual pharmacists, students, and pharmacy technicians.

Most importantly the Task Force heard the key concerns and recommendations made by respondents and will work diligently to address these in the next iteration of the *Blueprint for Pharmacy*.

The following appendices are available at www.pharmacists.ca/blueprint

Appendix 1A — Survey for organizations

Appendix 1B — Survey for individuals

Appendix 2 — The letter for organizations — May 25, 2007

Appendix 3 — Dr. Henry Manasse's presentation and Q&A period at Blueprint Town Hall, June 2, 2007

The following appendices are available upon request (Iryan@pharmacists.ca)

Appendix 4 — Coded personal practice and professional concerns

Appendix 5 — Comments on the five draft mission statements



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