OUR WAY FORWARD

Optimizing drug therapy outcomes for Canadians through patient-centred care
FOREWARD

It is with great pride that I reflect on the impact that the Blueprint for Pharmacy initiative has had on the pharmacy profession. This document, in part, pays homage to these accomplishments, the greatest of which was reaching a consensus on a common vision for the profession and having 78 organizations representing the pharmacy sector endorse this single vision: Optimizing drug therapy outcomes for Canadians through patient-centred care. This simple phrase required significant consultation and collaboration from all parties. This collaboration is the true power of this initiative; it has brought many players, often competitors, together to initiate and support change that will ultimately benefit the health of Canadians.

During my long career in pharmacy, I have witnessed tremendous change. I have seen the evolution of the pharmacists’ scope of practice, moving from dispensing to immunization and prescribing. I have watched pharmacists become an integral part of patient clinical care in hospitals and important members of primary health care teams. And I have observed the roles and responsibilities of pharmacy technicians change and grow as a result of accreditation and regulation. This initiative has contributed to all of these changes by setting a vision and implementing a bold plan.

I am confident that the Blueprint for Pharmacy Steering Committee will continue to provide the required coordinated leadership to accomplish the priorities set forth in this document over the next five years. The pharmacy profession has had some interesting challenges; however, as it adapts to practice change, the pharmacist will continue to be the most available and accessible health professional for patients, and their role in addressing the health care needs of Canadians will only increase in importance.

Chair, Blueprint for Pharmacy Steering Committee

Dennis Gorecki
Chair, Blueprint for Pharmacy Steering Committee
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Optimizing drug therapy outcomes for Canadians through patient-centred care

The Blueprint for Pharmacy is a long-term initiative designed to catalyze, coordinate and facilitate the changes required to align pharmacy practice with the health care needs of Canadians. Since the launch of this initiative led by the Canadian Pharmacists Association (CPhA) seven years ago, many innovative practitioners have led the way for their colleagues. It is now time to reflect on our achievements and to set a course for the next phase. By doing so we bring the pharmacy profession close to a tipping point where Canadians will have optimal drug therapy outcomes supported by pharmacists and pharmacy technicians.

In 2007, the Blueprint for Pharmacy Task Force was established to unite the Canadian pharmacy sector, and define a vision and clear action plan for the future of pharmacy. We came together in response to changing patient needs and expectations, the need for safe and effective drug therapy and the changes in the health care delivery system. We were also responding to the decisions, policies and actions of drug plan payers, governments, employers and other health care professionals that could prevent us, pharmacists and pharmacy technicians, from fully contributing to the delivery of patient care and health system improvements. Our first challenge was to define a Vision for Pharmacy that would be compelling to the widest spectrum of stakeholders including those in hospitals, community pharmacies, long-term care facilities, consulting practices, various levels of government, the pharmaceutical industry and emerging models of practice. We were successful in achieving our initial goal. The Vision Optimal drug therapy outcomes for Canadians through patient-centred care was endorsed by all national pharmacy organizations, faculties, provincial pharmacy associations, provincial regulatory authorities, student societies and major community pharmacy chains.

It also served as an inspiration for the International Pharmaceutical Federation’s (FIP) Leading Change commitment in their Centennial Declaration. In October 2012, FIP released its declaration, which included: “We are committed to ensuring optimal outcomes from medication therapy through patient-centered care” (FIP, Centennial Declaration, 2012). The Vision for Pharmacy provides tangible evidence to the public, other health professionals, pharmaceutical industry and governments of the profession’s unity around a common vision.

We, the Canadian pharmacy sector, came together through the Task Force to formulate an action plan and release our Implementation Plan, an ambitious approach to achieving our goal. Since 2009, the Blueprint for Pharmacy Steering Committee has brought us together to put the plan into action. Through our efforts, change was accelerated and much progress was made:

- Facilitating the sequencing of priority actions with a systematic approach
- Consolidating collaborative efforts by lead organizations or sectors of the profession
- Communicating practice change to the profession
- Targeting investments in key initiatives by stakeholders and governments.
OUR VISION

Convenient and timely access to care, patient safety and health outcomes, financial sustainability, and scopes of practice of health professionals are the major issues challenging governments and health care leaders. Pharmacists, as medication experts, have an important role to play in the debate and resolution of these issues. Changes are required to strengthen the profession’s alignment with the health care needs of Canadians and to respond to stresses on the health care system. Thus, a plan of action — the Blueprint for Pharmacy — is necessary to coordinate and implement these changes.

VISION FOR PHARMACY
Optimal drug therapy outcomes for Canadians through patient-centered care

IN OUR VISION FOR PHARMACY

Pharmacists and pharmacy technicians
- practice to the full extent of their knowledge and skills, and are integral to emerging health care models.
- protect the safety, security and integrity of the drug distribution system through the enhanced role of regulated pharmacy technicians and greater automation of dispensing.
- lead the development and participate in medication safety and quality improvement initiatives.

Pharmacists
- manage drug therapy in collaboration with patients, caregivers and other health care providers.
- identify medication use issues, take responsibility for drug therapy decisions and monitor outcomes.
- initiate, modify and continue drug therapy (e.g., through collaborative agreements, delegated or prescriptive authority), and order tests.
- access and document relevant patient care information in health records, including test results and treatment indications (e.g., in electronic health records).
- empower patients in decision-making about their health, and play a prominent role in health promotion, disease prevention and chronic disease management.
- conduct practice research and contribute to evidence-based health care policy and best practices in patient care.

Pharmacists’ services
- are compensated in a manner that relates to expertise and complexity of care.

To realize the Vision, strategic action is needed in five key areas:
AchEviMeNts tO dAtE

Clear advancements have been made in each of the five key areas identified in the Implementation Plan:

- Pharmacy human resources
- Education and continuing professional development (CPD)
- Information and communication technology
- Financial viability and sustainability
- Legislation, regulation and liability

Such accomplishments must be celebrated and those involved should be proud of the progress made. Some highlights of the achievements are outlined in the following sections.

PhARmACY huMAN ReSOuRCeS

- The first federally funded in-depth examination of the pharmacy human resource challenges faced by Canada and the health care system was achieved through the Moving Forward initiative. A multi-stakeholder initiative led by the CPhA in 2008, the project involved research and analysis to gather qualitative and quantitative information on Canada’s short-term and long-term challenges in the area of pharmacy human resources. The recommendations informed the development of the Blueprint’s Vision for Pharmacy and Implementation Plan.

- Emerging new interprofessional collaborative models of primary health care delivery have changed the way pharmacists are caring for patients and working with other health care professionals. For example, several provinces have adopted a community practice model that integrates pharmacists into primary care teams.

- The National Association of Pharmacy Regulatory Authorities (NAPRA) received federal funding to develop, among other things, a plain language website and self-assessment tools to assist internationally trained pharmacists seeking licensure in Canada. The resulting Gateway for International Pharmacists website supports the growing number of international pharmacy graduates entering practice in Canada.

- The Canadian Institute for Health Information (CIHI) developed a national pharmacist database (PDB)\(^1\). The PDB annual reports provide standardized comparative data and analysis on Canadian pharmacists’ demographic, education, geographic and employment details.

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\(^1\) Excludes data from Quebec.
The Association of Faculties of Pharmacy of Canada’s (AFPC) educational outcomes were updated in 2010 for professional degree programs in pharmacy faculties and have since been translated into French. Faculties across Canada are currently in various stages of implementing these educational outcomes.

New standards for the Canadian Council on Continuing Education in Pharmacy (CCCEP) accreditation were developed following a multi-stakeholder summit. The standards foster outcomes and evidence-based continuing education (CE) that enhance transfer to practice through reflective and experiential learning. A CE certificate program policy was also developed that includes experiential learning components to enhance the transfer of new knowledge and skills to their practices.

The first entry to practice Doctor of Pharmacy (PharmD) programs in Canada were offered by Université de Montréal and Université Laval, with their first classes accepted in 2007 and 2010 respectively. Early in 2013, the University of Waterloo and the University of Toronto announced the approval of their entry to practice PharmD degree programs that will align with the expanded scope of practice for pharmacy in Ontario. Other universities are expected to announce PharmD programs in the coming years. Furthermore, in 2010 the Association of Deans of Pharmacy of Canada (ADPC) committed to the implementation of the PharmD curricula for the first professional degree in pharmacy nationwide by 2020.

Innovative CE programs have been developed to assist pharmacists to elevate their practice to the next level of patient care. One example is ADAPT, a patient care skills development program that transforms pharmacists’ ability to manage their patients’ medication therapy. This innovative, certificate-level program delivers evidence-based content from leading experts in an interactive online learning environment and was developed with federal funding by CPhA, the Canadian Society of Hospital Pharmacists (CSHP) and the CPhA-CSHP Primary Care Pharmacy Specialty Network.

Entry to practice competencies for both pharmacists and pharmacy technicians have been reviewed so that each better supports recent changes in the pharmacy profession.

In 2008, the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) developed and implemented the first accreditation process for pharmacy technician programs in Canada.
LEGISLATION, REGULATION AND LIABILITY

• Legislation and regulations were passed to recognize pharmacy technicians as a regulated profession by provincial regulatory colleges in British Columbia, Alberta and Ontario. The Pharmacy Examining Board of Canada (PEBC) developed, researched and implemented a certification process for pharmacy technicians to support provincial regulatory authorities’ entry to practice licensing processes, involving a Pharmacy Technician Evaluating Examination and a Pharmacy Technician Qualifying Examination.

• Changes to federal regulations allow regulated pharmacy technicians to transfer prescriptions. The advancing legislation and regulation of the pharmacy technician profession allows both pharmacists and pharmacy technicians to practice to the full extent of their knowledge and training.

• When our collaborative work commenced, pharmacists in Alberta were the only pharmacists with an expanded scope of practice. All provinces now have a form of expanded scope of practice legislation in place. In most jurisdictions, pharmacists can provide emergency prescription refills, renew/extend prescriptions and change drug dosage/formulation. In some jurisdictions, pharmacists can make therapeutic substitution, administer vaccines, order and interpret laboratory tests, prescribe for minor ailments and initiate prescription drug therapy.

FINANCIAL VIABILITY AND SUSTAINABILITY

• The federal government announced in its 2012 budget a change to the federal Excise Tax Act. Pharmacists are now recognized as health care “practitioners.” This means all non-dispensing professional fees charged by a pharmacist are exempt from the Goods and Services Tax/Harmonized Sales Tax. This significant change demonstrated the federal government’s recognition of the significant role pharmacists are now playing in the health care system.

• Most provinces now fund medication management services, starting in Ontario with the MedsCheck program in 2007. Fees covered vary across provinces and range from medication reviews, minor ailments, emergency prescribing, pharmaceutical opinions, refusals to fill, immunization/injection and smoking cessation services.

• The Canadian Pharmacy Services Framework (CPSF) was developed to support the development of financially viable, patient-centred services. Several national and provincial pharmacy associations came together to create this framework — a roadmap to deliver expanded patient-centred pharmacy services that are cost-effective and based on both the needs of Canadians and the value to the health care system. It was designed to align with and adapt to the varying jurisdictional needs across Canada.

• In July 2012 the Alberta government implemented a reimbursement model for pharmacy services that includes comprehensive annual care plans. For pharmacists who have additional prescribing authority the schedule provides higher fees for medication reviews.

1 In effect summer 2013
INFORMATION AND COMMUNICATION TECHNOLOGY

• Canada is building a network of electronic health records (EHR) and other systems that will connect authorized clinicians with pertinent patient information, enabling the viewing, updating and sharing of information such as medications, diagnostic imaging and laboratory results. Several jurisdictions have, or are developing, drug information systems (DIS), which will provide community and hospital pharmacists with point-of-care access to comprehensive patient health data to support enhanced clinical decision-making, prescribing and medication management.

• The Canadian Association of Chain Drug Stores (CACDS) has invested in the development of MirixaPro Canada™, a pan-Canadian integrated clinical decision support software, to facilitate the adoption of professional pharmacy services in community pharmacies. Using a common technology platform will augment dispensing services technology and enable pharmacists to electronically document patient progress, identify and address drug therapy problems.

• To address challenges with implementation, adoption and workflow, work is underway to harmonize e-health standards across Canada for DIS and e-prescribing. To accelerate progress while improving patient care and safety, CPhA and the Canadian Medical Association released a joint statement on e-prescribing, calling for it to be the means by which prescriptions are generated for Canadians by 2015. Similarly, one of CShP’s objectives for the 2015 project is for 75% of hospitals to use computerized prescriber order entry systems that include clinical decision support for routine medication prescribing for inpatients.

Our coming together has yielded measurable successes. We now have a clear and common goal that is setting the course for the future. Legislative changes are being implemented across the country, post-secondary education is modernizing and technological solutions are being implemented to ensure the relevance and sustainability of our profession.

By working together we are a stronger profession, well-positioned for the future. Our ability to respond to the changes in the health care system has been strengthened. Because the challenges we anticipated proved to be real and many still exist, we continue to reassess and develop a coordinated response.
Health care costs continue to climb across Canada, at a time of overall economic downturn. Governments today are focused on controlling health care costs and are looking at improving access to care, safety and outcomes, reducing overhead, controlling compensation and seeking value-for-money initiatives. Provincial governments have acknowledged that societal and financial costs of chronic disease are unsustainable, and have taken steps to address modifiable risk factors. Through the Council of the Federation's Health Care Innovation Working Group (HCIWG), provincial and territorial health ministers continue to examine collaborative and innovative processes for the transformation and sustainability of the health care system.

Governments have come to better understand the role that pharmacists can play in achieving the Triple Aim objectives of better care, better health and better value. However, over the past several years, the efforts of provincial governments’ to limit spending have led to further capping of payment for generic drugs and elimination or limits on professional allowances or rebates from manufacturers to pharmacies. Generic pricing cuts started in Ontario and other provinces have followed suit with most capping payment for generic drugs. Unquestionably, these changes have impacted the financial viability of community pharmacies. With ever-changing financial environments, it may be especially difficult for independent or rural pharmacies to survive.

Meanwhile, hospital pharmacists and pharmacy technicians are repeatedly asked to do more with less as budgets are squeezed in an attempt by governments to control rising health care costs. Despite compelling research that illustrates health care systems improve when hospital pharmacists are included in interprofessional care teams, pharmacists continue to be underutilized in hospitals across Canada.

In addition to the growing financial pressures, pharmacists find themselves practising in a challenging job market. New immigration policies have led to a significant rise in the number of internationally trained pharmacy graduates entering the workforce. These pharmacists require adapted clinical training programs to enhance patient-centred care and optimal drug therapy. They are also joining the swelling ranks of new Canadian university pharmacy graduates seeking employment. The job prospects of pharmacists have gone from one of shortage to a perceived surplus in many urban centres. It is now difficult for pharmacists to find full-time employment. There is a growing concern that fewer exceptionally gifted students will apply to enter this profession if the job market continues to follow this trend.

While a number of innovative practitioners are increasingly offering new patient-centred medication management services, the majority of community pharmacists and owners are
struggling to transition their business to the provision of these new services.

It is not only hospitals, businesses and business owners who need to adapt and respond to threats to the pharmacy profession. These budget pressures, extensive cuts to generic drug prices, new funds for medication management services and the challenging job market have significant effects on all pharmacists and pharmacy technicians. They also need to embrace the Vision for Pharmacy, focused on patient outcomes. Further action is required to help them commit to the required attitudinal and behavioural changes to actualize the Vision.

Our skills and expertise are needed more than ever. Optimal drug therapy is required for the health of individuals and for the sustainability of the health care system. We must build on our accomplishments and focus on our remaining priorities.

“The provision of “optimal drug therapy outcomes for Canadians through patient-centred care” is not a Vision for which organizations, governments, systems or employers can take ultimate responsibility. Rather, safe and effective medication care depends primarily on the front-line people in the profession, and the commitment, enthusiasm, knowledge, skill and initiative of every pharmacist and pharmacy technician displayed to their patients. Unfortunately, too many pharmacists and pharmacy technicians see themselves as passive, subordinate parts of a place — the pharmacy. This culture and the attitude of pharmacists and pharmacy technicians that reinforces their perception must change for the Vision of Pharmacy to be realized. Pharmacists and pharmacy technicians must take the opportunity represented by the Blueprint to influence the prevailing culture and to actively take a position about the future for pharmacy in Canada. The Vision for Pharmacy can only be truly realized if pharmacists and pharmacy technicians in Canada make a stronger commitment to the medication care needs and health outcomes of their patients and that this duty of care re-emerges as the force driving practice change.”

David Hill – Blueprint for Pharmacy: Implementation Plan, 2009
CONFIRMING OUR COURSE: 10 PRIORITIES FOR ACTION

To continue our progress, we need to focus our energy and resources on 10 strategic priorities to respond to the needs and threats. We must:

- Track and forecast pharmacy human resources requirements
- Facilitate integration of regulated pharmacy technicians into community pharmacy
- Enhance accessibility to, and the quality of academic program experiential education in hospitals, primary care clinics, and community pharmacy settings
- Enhance the CPD opportunities for pharmacists and pharmacy technicians in providing patient-centred care and expanded services
- Support the rollout of pan-Canadian clinical decision support software
- Facilitate integration of e-prescribing and DIS into community and hospital pharmacies
- Undertake a national public relations campaign about the value of pharmacy services
- Facilitate uptake of community pharmacy business models that incorporate new patient care services
- Create, acquire and disseminate valid and reliable assessments of the value of pharmacy services
- Support legislative and regulatory changes to expand scope of practice for pharmacists and pharmacy technicians
Front-line community and hospital pharmacists, pharmacy technicians, pharmacy owners, educators, students, association representatives and regulators have a strong role to play in securing a healthy future for the pharmacy profession and helping this country meet its health care challenges. Collectively we can contribute to the efficiency of the health care system by reducing the cost of emergency room visits and hospitalizations related to preventable adverse drug events, or by supporting the millions of Canadians taking prescription medication for their chronic diseases. Pharmacists are one of the most trusted professionals, whether we are in a community pharmacy, part of multi-disciplinary primary care team or in a hospital. We play a vital role in the health care delivery system.

We have come a long way. By continuing to work together in a collaborative and coordinated fashion, we can achieve further success. We will be able to measure our progress on these priorities that ensure new pharmacy practices and services are offered by the majority of hospital pharmacists, community pharmacists and pharmacy technicians. Expanded services not traditionally associated with dispensing have been offered by the early adopters for the past five to eight years. These priorities will bring the pharmacy profession to the tipping point to provide optimal drug therapy outcomes for Canadians through patient-centred care.

The majority of pharmacies can only expand their services if the demand is present. Canadians need to be aware of the expanding scope of practice of pharmacists and pharmacy technicians, as well as the role pharmacists can play in hospital care, chronic disease management, complex conditions and advanced medication management services. To best support new pharmacy practice, it is important to undertake a national public relations campaign about the value of pharmacy services. The goal is to speak to Canadians about the value of their pharmacists as trusted, effective health care providers and work to increase the demand as the supply of these services are increased. This message needs to clearly and convincingly explain the key role pharmacists have in medication safety, healthy living, lifestyle, disease prevention and the management of chronic illnesses.

In concert with increasing the demand for new pharmacy services, we need to foster the alignment of provincial health policy with the optimal use of health human resources. This includes reliance on pharmacists as medication experts and proponents of evidence-based pharmacotherapy, and the introduction of provincial policy that allows for the reimbursement of expanded services (e.g., immunization and minor ailments). While progress has been made in many jurisdictions, we need to support legislative and regulatory changes to expand scope of practice for pharmacists and pharmacy technicians.
Even where the demand is present and legislative and regulatory changes are in place, the reality is such that community pharmacy owners are struggling to transition their business to one offering new patient care services (e.g., medication reviews and chronic disease management). To support this transition, we must facilitate the uptake of community pharmacy business models that incorporate new patient care services. New business models need to be developed and disseminated to pharmacy owners and operators. Models such as the CPSF, which provides a framework for categorizing and establishing a fee for services, need to be further developed and disseminated. Other reimbursement models need to be explored and tested.

We also need to ensure that electronic tools developed to support the expanding pharmacy practice are linked to new business models, are interfaced with EHR systems and will assist front-line providers in offering expanded pharmacy services. As such, we need to support the rollout of pan-Canadian clinical decision support software that will support safe and effective medication management and preventative care and chronic disease management. Clinical decision support tools need to be available across the country.

We also need to facilitate integration of e-prescribing and DIS into community and hospital pharmacies. E-prescribing offers an electronic workflow from the prescriber’s electronic medical record software to the pharmacy system, while DIS enables authorized health care providers to access, manage, share and safeguard patients’ medication records. The integration of these systems is required to more seamlessly deliver patient care services across the spectrum of health care professionals and their settings.

The sustainability of the health care system and of the pharmacy profession requires that systems be aligned, cost-effective models be explored and human resources be deployed effectively. To do this we need to facilitate integration of regulated pharmacy technicians in community pharmacy. Pharmacy technicians are vital to promoting safe preparation and distribution of high quality products and with broadened responsibilities, to enabling pharmacists to expand pharmacy services. We must demonstrate the value of regulated pharmacy technicians to community pharmacy owners, managers and provincial policy makers and support their integration into community pharmacy practice environment (e.g., tech-check-tech). We need to track and forecast pharmacy human resources requirements to secure meaningful employment for pharmacists and pharmacy technicians and to manage the medications of Canadians as safely and effectively as possible.

Together we need to ensure that pharmacists and pharmacy technicians practice effectively and confidently. We need to enhance the CPD opportunities for pharmacists and pharmacy technicians in improving patient-centred care and expanding services. Pharmacy education and CPD must respond to emerging innovative pharmacy practice sites, enhanced scope of practice, increasingly complex therapeutic agents, patient safety and the increasing burden of chronic diseases requiring medication management. We need to continue our efforts to enhance experiential education in hospitals, primary care and community pharmacy through innovative clinical training programs.
that increase the capacity of pharmacies, community and hospital pharmacists to provide high quality experiential education to students in entry to practice, advanced practice, and continuing education programs, are essential for the future of pharmacy.

Finally, our work on these priorities will be greatly informed by our efforts to create, acquire and disseminate valid and reliable assessments of the value of pharmacy services. With this final priority we can demonstrate the economic value of pharmacists’ medication management services and pharmacist patient care activities to Canadians and to the Canadian health care system. This work will aid in discussions with provinces about legislative and regulatory changes and negotiations for reimbursement for new patient care services, make the case to the Canadian public for increased reliance on their pharmacy team and assist pharmacies in establishing an appropriate fee structure for pharmacy services.

As demonstrated by our recent successes, by coordinating our efforts in the coming years we will make additional significant strides towards the Vision of optimal drug therapy outcomes for Canadians through patient-centred care.
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