Closing words from CPhA's Executive Director

AFTER 14 YEARS AS THE EXECUTIVE DIRECTOR of CPhA, my last day was June 4, 2013. While there have been many successes (the development of e-Therapeutics, the launch of the Blueprint for Pharmacy initiative, the growth of CPhA as a national advocacy organization and the development of the Canadian Pharmacy Services Framework, to name just a few), there are still many challenges to face.

One of the critical things I have learned is the need for your national pharmacists' association to be adaptable. In the early part of my tenure, national health accords dominated the health policy agenda. Accords in 2000 and 2003 paved the way for the major \$43 billion Health Accord of 2004—Paul Martin's "fix for a generation." Stemming from our work with Roy Romanow and the Commission on the Future of Health Care, pharmacists became more strongly recognized as important players in the health care system. During this time, CPhA forged strong alliances with other national health care associations, particularly the Canadian Medical Association and the Canadian Nurses Association.

However, all that has changed. With the current federal government's abandonment of responsibility of health care to the provinces, national associations have become more intricately involved with provincial pharmacy associations and governments. Provincial governments have responded via the Council of the Federation (CoF). This has a very direct impact on pharmacy through the decision to reduce prices paid for 6 key molecules to 18% of brand, then 18% becoming a new benchmark to be followed by the government of Alberta for all generic molecules. The jury is still out on how important CoF will be to health policy moving forward. Much depends on the outcome of the next federal election, but if provinces are able to collaborate and produce significant changes, then the process of health policy may have changed forever.

While the business model of pharmacy is dramatically affected by these pricing changes, the professional role of pharmacists has also changed. CPhA held the first national forum to discuss prescribing by pharmacists at our 1998 conference. Great initiatives by provincial regulatory and advocacy bodies have resulted in an expansion of the scope of pharmacy practice in Canada that is envied by most other countries. Such changes create new challenges for a national pharmacy association: while advocacy for change remains important, responding to the opportunities created and supporting the implementation of change become equally important.

As I step down, 4 areas stand out as critical to the future of pharmacists. First, the opportunities created by the scope of practice changes must be seized upon and effectively implemented. Second, new business models are needed to ensure the financial viability and sustainability of the profession. Third, while there may be a current lull in major funding of such initiatives, pharmacists and pharmacy practice must be fully integrated into the electronic health record of the future. Patients will have virtual care plans, integrated across the continuum of care, and pharmacists must have unfettered ability to read and write to such care plans.

Finally, and perhaps this will be our most crucial role, all sectors of the profession will need to work effectively together to achieve success. There will be a battle for health care resources and health care delivery. The knowledge, skills and resources of pharmacists, pharmacy owners, corporations, associations and institutions will need to be effectively marshalled if pharmacy is to be successful.

My sincere thanks go to the many members, pharmacists, association executives and others who have helped and supported me during my time at CPhA. ■

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