Part 5: Future vision for the pharmacy profession

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THIS IS THE LAST OF 5 PAPERS¹⁻⁴ REPORTING THE results of a survey of pharmacy leaders and professionals from a broad range of practice settings and geographic locations across Canada. Ninety-six individuals who were invited to attend the Pharmacy Thought Leadership Summit on June 23-24, 2016, in Calgary, Alberta, were also invited to complete the survey prior to the summit meeting. The goal of the summit was to reach agreement on priorities and actions that the Canadian Pharmacists Association (CPhA) can take forward with partner organizations to achieve an optimal future for pharmacy practice—a future that reflects the aspirations of pharmacy professionals and the health care needs of Canadians. Additional details on the survey methodology have been published previously.⁵

Of the summit participants invited to complete the survey, 65 responded, for a response rate of 68%. Participants were asked several questions regarding barriers to the evolution of the profession, perceptions about the roles and expertise needed to move the profession forward and preferences regarding additional/expanded services that should be priorities. The results of the survey were summarized in the first 4 papers in this series.¹⁻⁴

Priorities to optimize pharmacy practice in Canada

The 4 researchers who developed and administered the survey each independently reviewed the results of the survey, along with data from a literature search and environmental scan of previous work that has been completed globally regarding pharmacist practice change,⁵ with the goal of identifying a list of priority action items to optimize pharmacy practice in Canada. The researchers met on several occasions to come to consensus on a common list of action items that emerged from the data. A list of 9 priorities for action to optimize pharmacy practice in Canada resulted from this process.⁵ These priorities were tabled for discussion at the Pharmacy Thought Leadership Summit meeting held June 23-24, 2016, and are presented below (Table 1). A summary of the discussions that occurred and the decisions that were made at the summit regarding this list of priorities is reported elsewhere.⁶

A proposed new vision for pharmacy practice in Canada

The Blueprint for Pharmacy Initiative, which was launched by the Canadian Pharmacists Association in 2005, proposed the following vision for

The new vision for pharmacy in Canada includes enabling practice settings where pharmacy professionals can use their full scope of practice and where they can feel supported and positive about their evolving roles.

TABLE 1 Priorities to optimize pharmacy practice in Canada

Priority for action	Possible solutions
1. Education Support the evolution of the education system and continuing professional development programs for pharmacists and pharmacy technicians to improve the development of the required skills, knowledge and attitudes to support practice change	<ul style="list-style-type: none"> Enhance pharmacy schools' curricular content related to the skills, knowledge, attitudes and confidence necessary to support practice change Enhance pharmacy technician programs to expand the skills, knowledge and attitudes of pharmacy technicians to support practice change Expand and optimize experiential clinical opportunities for pharmacy students Expand pharmacy residency programs, particularly in community settings Increase openness and supports for interprofessional education for pharmacy students in collaborative team settings Create bridging programs for those pharmacists with a bachelor's degree who wish to obtain a PharmD
2. Regulatory Remove remaining regulatory barriers to pharmacy role evolution	<ul style="list-style-type: none"> Create a pan-Canadian partnership between provincial regulators and Ministries of Health to develop a common plan to support practice change Develop a common/harmonized national pharmacist scope of practice Agree on definitions for advanced practice and specialization Develop a national certification and formal recognition process for specialty and advanced practice
3. Payer/Policy makers Payers and policy makers should explore ways to leverage pharmacists' accessibility in the community to provide health and preventive care services, especially within alternative payment and delivery models	<ul style="list-style-type: none"> Implement appropriate reimbursement and payment models to support practice change Provide continuity across both public and private payers for reimbursement of pharmacist cognitive services, including a standardized documentation platform Harmonize the types of services that are remunerated across Canada
4. Awareness among key stakeholders Increase key stakeholders' awareness of their role in supporting pharmacist role evolution	<ul style="list-style-type: none"> <i>Government:</i> promote intergovernmental collaboration; support and promote interprofessional collaboration; demonstrate system and public health benefits of pharmacy professionals' working at full/optimal scopes of practice <i>Other health care professionals:</i> promote support for interprofessional education and collaboration <i>Employers:</i> encourage the establishment of new business models, new models of practice, along with infrastructure and cultural/workplace supports <i>Pharmacists:</i> encourage the profession to embrace their expanded roles and drive innovation
5. Public awareness and education Increase key stakeholders' awareness of their role in supporting pharmacist role evolution	<ul style="list-style-type: none"> Implement a public awareness campaign around pharmacists' education and variety of service offerings Educate the public on the value of services offered by pharmacists
6. Workplace environment Assess the impact role evolution is having on pharmacists and pharmacy technicians	<ul style="list-style-type: none"> Develop an inventory of workplace requirements (adequate staffing, resources, infrastructure, dispensary design, space, etc.) required to support practice change Work with employers to remove barriers to integrating practice change into daily practice Identify models to balance community pharmacy's need for financial sustainability with the desire to provide patient-centred care

(continued)

TABLE 1 (continued)

Priority for action	Possible solutions
7. Technology Ensure that all available technology and health informatics solutions are used to support practice change	<ul style="list-style-type: none"> Assess how advances in information technology that supports health information exchange may facilitate patient care for pharmacy professionals Adopt electronic health records in all pharmacy settings
8. Collaborative care Expand opportunities for pharmacy professionals to work as members of interprofessional teams	<ul style="list-style-type: none"> Develop business and funding models that allow existing interprofessional teams to involve pharmacists in collaborative care activities Use technology to support virtual interprofessional health care teams
9. Support evidence-based research Support research related to understanding the return on investment for pharmacy services and evaluating the health system and patient impact of remunerated pharmacist services	<ul style="list-style-type: none"> Conduct economic modeling, including calculation of the return on investment for all pharmacy services Obtain seed funding for innovative pilot projects and study the clinical, economic and societal outcomes of these services Provide funding for research that evaluates key barriers to implementation of new pharmacist services Support knowledge translation for widespread dissemination of pharmacy practice research

BOX 1 A proposed new vision for pharmacy in Canada

At the system level:

- Pharmacy professionals leading and working with other health professionals to ensure a safe and effective medication-use system that enhances access to care and optimizes costs of care for Canadians

At the institution level:

- Enabling practice settings where pharmacy professionals can use their full scope of practice and where pharmacy professionals feel supported and positive about their evolving roles

At the practice level:

- Pharmacy professionals providing proactive, interprofessional or team-based, patient-centred care that optimizes drug therapy outcomes

pharmacy in Canada: “Optimal drug therapy outcomes for Canadians through patient-centred care.”⁷ The final Vision for Pharmacy document, which was published in 2008, included the following 5 key strategic action areas: human resources, education and continuing professional development, information and communication technology, financial viability and sustainability, and legislation, regulation and liability.⁷ Considering that the 9 key priorities for action that emerged from this current research (Table 1) are not consistent with those from the Blueprint, it would be prudent to consider updating the Vision for Pharmacy document that was published in 2008.

In an effort to begin a national conversation in Canada regarding this topic, the authors of

this paper propose the following new vision for pharmacy (Box 1), which is based on the research findings summarized in this series of 5 papers.¹⁻⁴

It is expected that this statement would be used to begin a debate among national stakeholders that would eventually lead to consensus regarding a new vision for pharmacy in Canada.

Conclusion

A list of 9 priorities for action to optimize pharmacy practice in Canada resulted from the research that informed the Pharmacy Thought Leadership Summit meeting on June 23-24, 2016, in Calgary, Alberta. The lack of congruence between these priorities and those articulated in the 2008 Blueprint for Pharmacy document

suggests that the Blueprint's Vision for Pharmacy needs to be updated. A new vision for pharmacy that is based on the results of the research that

has been summarized in this series of 5 executive summaries has been proposed to spark future debate and consensus on this important topic. ■

Editorial note

For generations, we have heard the mantra that “pharmacy is changing” and “the train is leaving the station, so pharmacists better be ready.” As highlighted throughout this series of papers, change has been a constant within the pharmacy profession. The authors have highlighted the multiple dimensions of change management that need to be considered to support practitioners and the profession and have helped to surface the distinction between “reasons” and “excuses” regarding the slower-than-expected pace of practice change. Perhaps most important, they have reminded us all of our tendency as a profession to plan, to catastrophize and to talk a lot but not actually take the concrete steps needed to take control of our own professional destiny. Within these papers, we have seen so many ideas and recommendations for how to help the profession evolve to meet the needs of our changing society and health care system: the question now, of course, is what each of us can do to lead (in our own way) the change we all know is needed.

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