Report from the 2018 National Summit on Wicked Problems in Community Pharmacy

Andrea Bishop, PhD; Beverley Zwicker, BSc(Pharm)

WICKED PROBLEMS ARE THOSE THAT ARE SEEMINGLY IMPOSSIBLE to solve because of their interconnectedness, complexity and unpredictability.¹ Pharmacy is increasingly tackling wicked problems that threaten and undermine pharmacy practice, including worsening workplace conditions, increased financial pressures and waning professionalism.² While a number of workplace and system barriers have been identified,³ we have not yet applied what is known from the fields of organization and behavioural sciences to fully explore them. This work is needed in order to move forward.

Recognizing the need for a new approach, the Nova Scotia College of Pharmacists (NSCP) hosted a 2-day National Summit on Wicked Problems in Community Pharmacy in April 2018. The aim of the summit was to better position the profession to develop a theoretically sound and unified approach to address the complexity of the current state of the profession through a shared understanding of behavioural science. The summit brought together 120 pharmacy practice stakeholders representing regulators, employers, researchers, educators, practitioners and members of professional associations, government and patient safety organizations. The summit program included presentations from pharmacy practice researchers and experts across Canada, including Dr. Zubin Austin (University of Toronto), Dr. James Barker (Dalhousie University), Dr. Lisa Dolovich (University of Toronto/McMaster University), Dr. Kelly Grindrod (University of Waterloo), Dr. Lisa Guirguis (University of Alberta), Dr. Jennifer Isenor (Dalhousie University), Dr. Andrea Murphy (Dalhousie University), Dr. Ross Tsuyuki (University of Alberta) and Dr. Nancy Winslade (Winslade Consultants).

Participants reflected on these presentations and the results of a presummit participant survey to explore current challenges and to support a shared understanding of the complexity and interconnectedness of the issues among stakeholder groups. Behaviours identified as underpinning the issues brought forward by participants included 1) ineffective collaboration

between stakeholders, 2) pharmacists' lack of confidence in applying and practising to their full scope, 3) slow adoption of technology and connectivity of patient records, 4) inability to resolve patient care and business models, 5) lack of empowerment for pharmacists as members of the patient's care team and 6) the acceptance of strained staffing models and burdensome workloads by pharmacy practitioners.

Renowned behavioural science expert Prof. Susan Michie (University College London) and colleague Dr. Fabiana Lorenzatto (University College London) introduced participants to how a behavioural science approach could be used to understand and design strategies to combat the above behaviours. Using the example of pharmacist empowerment through improved communication with the public and other health care providers, participants then applied the theoretical domains framework (TDF) and the capability-opportunity-motivation-behaviour (COM-B) model.^{4,5} The TDF and COM-B model have both been widely used within health care to facilitate behaviour change and improve the success of policy and practice change. Using a behavioural science approach provides 3 key advantages: 1) it discourages decision-making based on the principle of "it seemed like a good idea at the time"; 2) it allows for a deeper dive of the behaviours underpinning issues, moving beyond groupthink to identifying problems that can be addressed; and 3) it provides a systematic method and common language by which pharmacy stakeholders can tackle wicked problems cohesively.

Key takeaways from the summit included the shared agreement that further discussion is needed within the pharmacy community to better explore the complexity and interconnectedness of the issues, including the creation of a central repository of identified pharmacy practice challenges and the creation of a pan-Canadian committee to coordinate future collaboration.

Postsummit participant feedback indicated that continuing this work is of interest to stakeholders across Canada.

Addressing issues that are undermining community pharmacy practice in Canada requires that we all work together towards common goals. There is no one-size-fits-all solution. To move forward, we need a shared language and direction. The NSCP looks forward to continuing this important dialogue with stakeholders across Canada.

A full summary report of the National Summit on Wicked Problems in Community Pharmacy is included with this article as Appendix 1 (available online at www.cpjournal.ca). For more information, including access to speaker slides and presentations, please visit the summit website at <https://sites.google.com/nspharmacists.ca/summit/home>. ■

From the Nova Scotia College of Pharmacists, Halifax, Nova Scotia. Contact abishop@nspharmacists.ca.

Author Contributions: Both authors drafted, reviewed and approved the final draft.

Financial Acknowledgements: The National Summit on Wicked Problems in Community Pharmacy was funded by the NSCP Council.

Statement of Conflicting Interest: The authors declare no conflicts of interest.

References

1. Head BW, Alford J. Wicked problems: implications for public policy and management. *Adm Soc* 2015;47:711-39.
2. General Pharmaceutical Council. *Seminar on professionalism under pressure: event report*. 2016. Available: https://www.pharmacyregulation.org/sites/default/files/professionalism_under_pressure_18_october_2016_event_report.pdf (accessed Dec. 14, 2018).
3. Penm J, Jorgenson D, MacKinnon NJ, et al. Part 1: barriers to the advancement of the pharmacy profession. *Can Pharm J (Ott)* 2017;150:150-2.
4. Cane J, O'Connor D, Michie S. Validation of the theoretical domains framework for use in behaviour change and implementation research. *Implement Sci* 2012;7:37.
5. Michie S, van Stralen MM, West R. The behaviour change wheel: a new method for characterising and designing behaviour change interventions. *Implement Sci* 2011;6:42.