

Staff Pharmacists Perspectives on Contemporary Pharmacy Practice Issues

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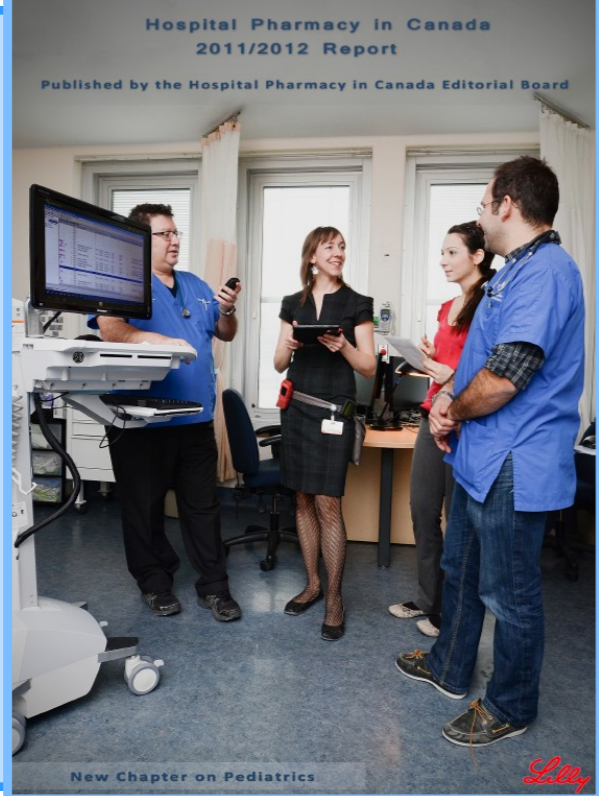
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Rationale

Through the Hospital Pharmacy in Canada Survey, information on contemporary hospital pharmacy practice issues is collected from *pharmacy managers* every two years.

However, there has been no similar survey of *staff pharmacists*.



Objectives

The objectives of this survey were to document staff pharmacists' views on contemporary practice issues and, if applicable, to compare the results provided by managers and staff pharmacists.

Study Design and Methods

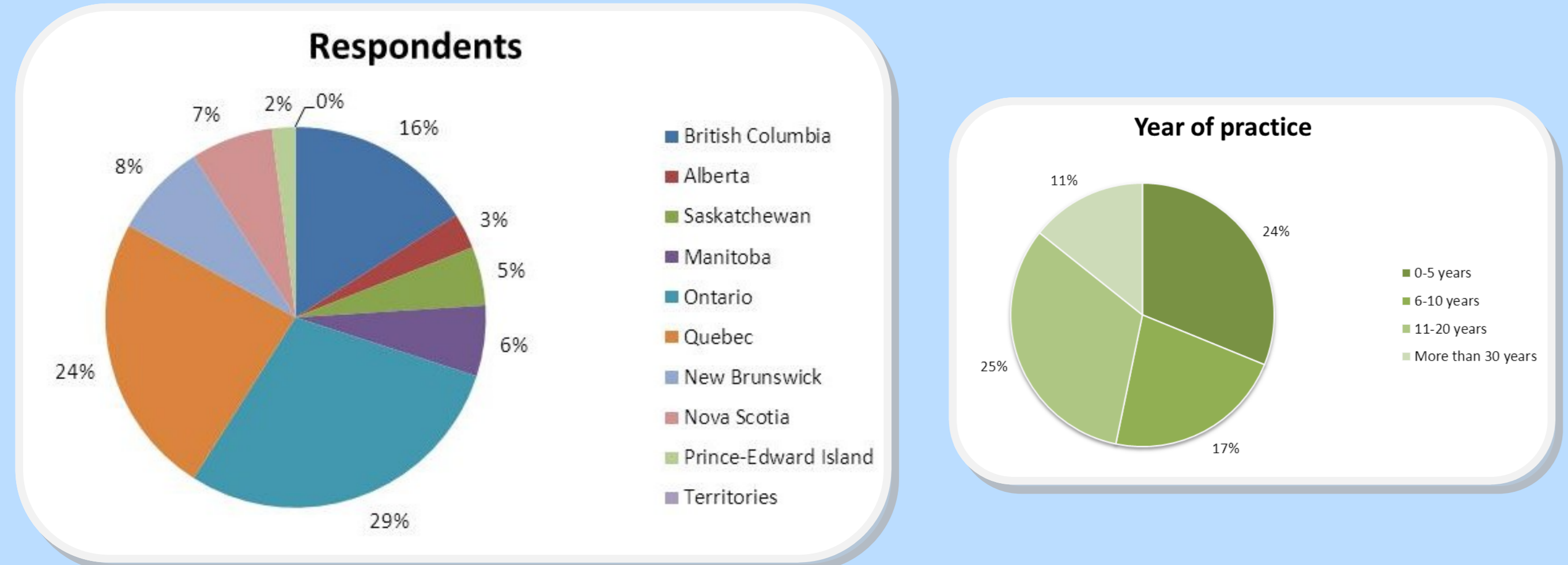
An on-line survey instrument was created to capture hospital pharmacists' views related to pharmacy practice models, pharmacy technician roles, advanced training/credentialing, pharmacist prescribing, and experiential training.

Pharmacy Directors at each Canadian hospital with at least 50 acute care beds were asked to forward a survey link to each of their staff pharmacists.

Descriptive statistical methods were used to analyze the results.

Results

A total of 680 pharmacists from every Canadian province except Newfoundland and Labrador participated in the survey.



- The responses to many questions merit attention. For example, when asked:
- if their hospital's current experiential training model could accommodate more student days, 74% of respondents disagreed or strongly disagreed, a finding that should concern universities and their affiliated teaching hospitals charged with delivering the increased experiential training required by entry-level Pharm.D. programs.
 - how familiar they were with the CSHP 2015 initiative, 35% of staff pharmacists were not at all familiar with it and a further 43% were aware of the initiative but didn't know much about it
 - if preference should be given to hiring pharmacists who have completed an accredited hospital pharmacy residency program, 80% of staff pharmacists agreed or strongly agreed.

Results

Table I presents the level of agreement of pharmacists regarding advanced training and credentialing

Statements	Strongly agree	Agree	Disagree	Strongly disagree
By 2015, all new pharmacists should be required to have completed an accredited hospital pharmacy residency program	26%	25%	40%	9%
By 2015, preference should be given to hiring pharmacists who have completed an accredited hospital pharmacy residency program	42%	38%	15%	5%
A meaningful salary differential should be paid to pharmacists who have completed an accredited hospital pharmacy residency program	34%	32%	27%	8%
Preference should be given to hiring pharmacists who possess specialty certification by the BPS.	9%	48%	38%	5%
A meaningful salary differential should be paid to pharmacists who possess specialty certification by the BPS	16%	49%	32%	4%
I would seriously consider pursuing specialty certification, if the program was easily accessible and affordable	38%	45%	15%	2%
A Canadian specialty certification process, similar to the BPS program in the US, should be developed in Canada	36%	51%	12%	1%
Departments should include scholarly activity as a recognized part of the activities that pharmacists are expected to perform	21%	52%	24%	3%

BPS: Board of Pharmaceutical Specialties

Table II shows the perspective of pharmacists about pharmacy technician responsibilities.

Statements	Strongly agree	Agree	Disagree	Strongly disagree
Once a pharmacist has reviewed and released a prescription, technicians should be responsible for drug distribution activities	51%	43%	5%	0%
re drug distribution activities, pharmacy technicians should be directly responsible and accountable for their actions or their failure to act	54%	42%	4%	0%
re drug distribution activities, pharmacists should be directly responsible and accountable for their actions, or their failure to act	58%	37%	4%	0%
re direct patient care (clinical) activities, pharmacists should be responsible and accountable for their actions, or their failure to act	36%	53%	11%	0%
Patients admitted to an acute care hospital have the right to receive high quality drug therapy, regardless of the day or time	51%	45%	3%	1%
Many acute care hospitals have the volume and acuity of patients to justify having 'clinical pharmacists' on-site for extended hours	14%	49%	33%	4%
I would be prepared to rotate through a reasonable and equitable schedule of evening, night and weekend shifts	10%	47%	34%	9%
Patients should receive direct patient care (clinical) pharmacy services that are evidence-based and that have been shown to improve patient outcomes	56%	43%	1%	0%
Pharmacy practice expectations (an evidence-based prioritization) should be in place within my facility for patients with similar conditions or needs	36%	59%	5%	0%
Pharmacists should be expected to adhere to the established practice expectations, and be required to document and justify deviances	31%	61%	7%	0%
Pharmacists should be evaluated on a regular basis to insure that established practice and documentation expectations are being met	25%	64%	11%	0%
Medication reconciliation should be a high priority for pharmacists to perform on admission, transfer of care, and discharge	29%	57%	13%	2%
Pharmacokinetic consultation services should be a high priority for pharmacists to perform for any patient receiving drugs that the lab can measure in serum	33%	56%	11%	0%

Table III Structured Practical Experiential Programs

Statements	Strongly agree	Disagree	Strongly disagree	Not applicable
The current model of providing SPEP to pharmacy students, as part of their undergraduate pharmacy program is manageable	4%	66%	19%	6%
More pharmacy students, or longer periods of SPEP training, could be accommodated in our practice setting, using the existing experiential training model	1%	18%	53%	6%
In the current SPEP training model, pharmacy students are directly involved in delivering progressively more complex and more comprehensive care	5%	61%	24%	7%
In the current SPEP training model, pharmacy students are viewed as an asset because they are supporting the delivery of pharmacy services to our patients	4%	46%	40%	5%
By the end of their pharmacy program, I am comfortable that pharmacy graduates are capable of providing high quality direct patient care (clinical) services	3%	49%	36%	6%
In the current training model for medical students, the medical students are directly involved in delivering progressively more complex and more comprehensive care	15%	61%	2%	22%
In the current training model, medical students are viewed as an asset, because they are supporting the delivery of medical services to our patients	11%	59%	8%	21%
By the end of their training program, I am comfortable that medical graduates are capable of providing high quality patient care	7%	56%	14%	22%
More pharmacy students, or longer periods of training, could be accommodated, but only if we change the existing model to one that is similar to the medical model	14%	50%	18%	15%

SPEP: Structured Practical Experiential Programs

Table IV Average proportion of pharmacist time spent performing activities

Activities	Average proportion of pharmacist time spent
Drug distribution	29%
Clinical	42%
Teaching	8%
Research	4%
Administrative	17%

Table V Pharmacy practice models

Pharmacy practice models	Current model	Desired model in 5 years
Drug distribution centred	9%	1%
Separate drug distribution and clinical	14%	9%
Integrated drug distribution and clinical	60%	28%
Clinical practice centred	18%	62%

Conclusions

This survey provides important insight into the opinions and beliefs of staff pharmacists concerning a number of contemporary pharmacy practice issues.

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