

SPECIALIZATION IN PHARMACY: THE QUEBEC EXPERIENCE

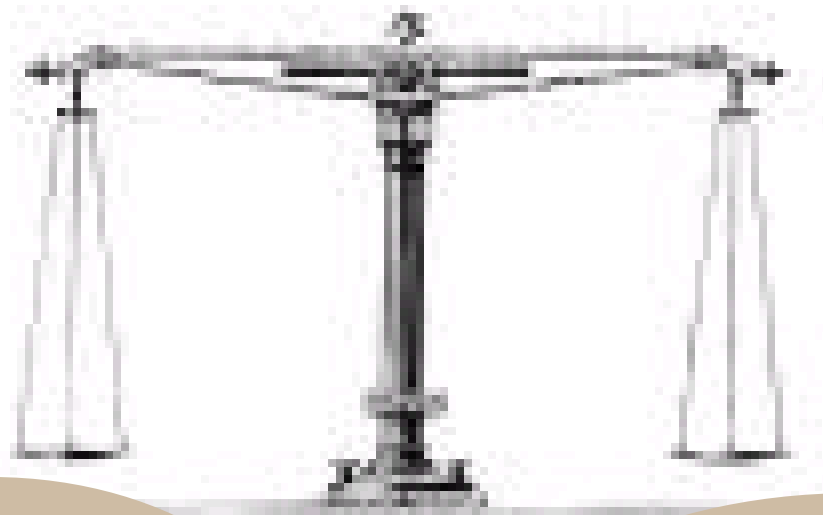
Marc Parent, D.P.H. M.Sc.,BCPS
Professor of clinical pharmacy
Faculty of Pharmacy
Université Laval
June, 2012

Plan

- Definition of a specialty
- Why are specialities needed?
- Organisational requirements: Health care system / within profession
- Quebec's requirements for recognition of a specialty
- Present actions taken in Quebec for recognition of a M.Sc.-based specialty in pharmacy
- Models and References

WHY?

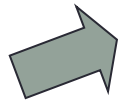
Impetus for the development of a pharmacy specialty



**Protection
of Public**

**Recognition of
Competencies**

Health



REQUEST BY TWO PHARMACISTS WITH
BCPS CERTIFICATION TO BE
RECOGNISED AS PHARMACOTHERAPY
SPECIALISTS IN QUEBEC
(1991)

DEFINITION OF A SPECIALTY

Definition of a Specialty

- “ Un domaine ou une discipline sur lequel ou laquelle un individu concentre ses études théoriques et pratiques dans le but d’obtenir un niveau déterminé de qualification »

Grand dictionnaire terminologique - Office de la langue française

- A domain or a discipline which focuses on theoretical learning and practical training to attain a determined level of qualification.

Definition of a Specialty

- In Quebec, a specialty is the recognition, via the granting of a certificate, that an individual has obtained training, knowledge, competency and associated professional experience leading to the ability to perform an ensemble of specialized activities within a discipline or field of studies.

ORGANISATIONAL
REQUIREMENTS :

MODELS STRUCTURES

GENERAL MODEL

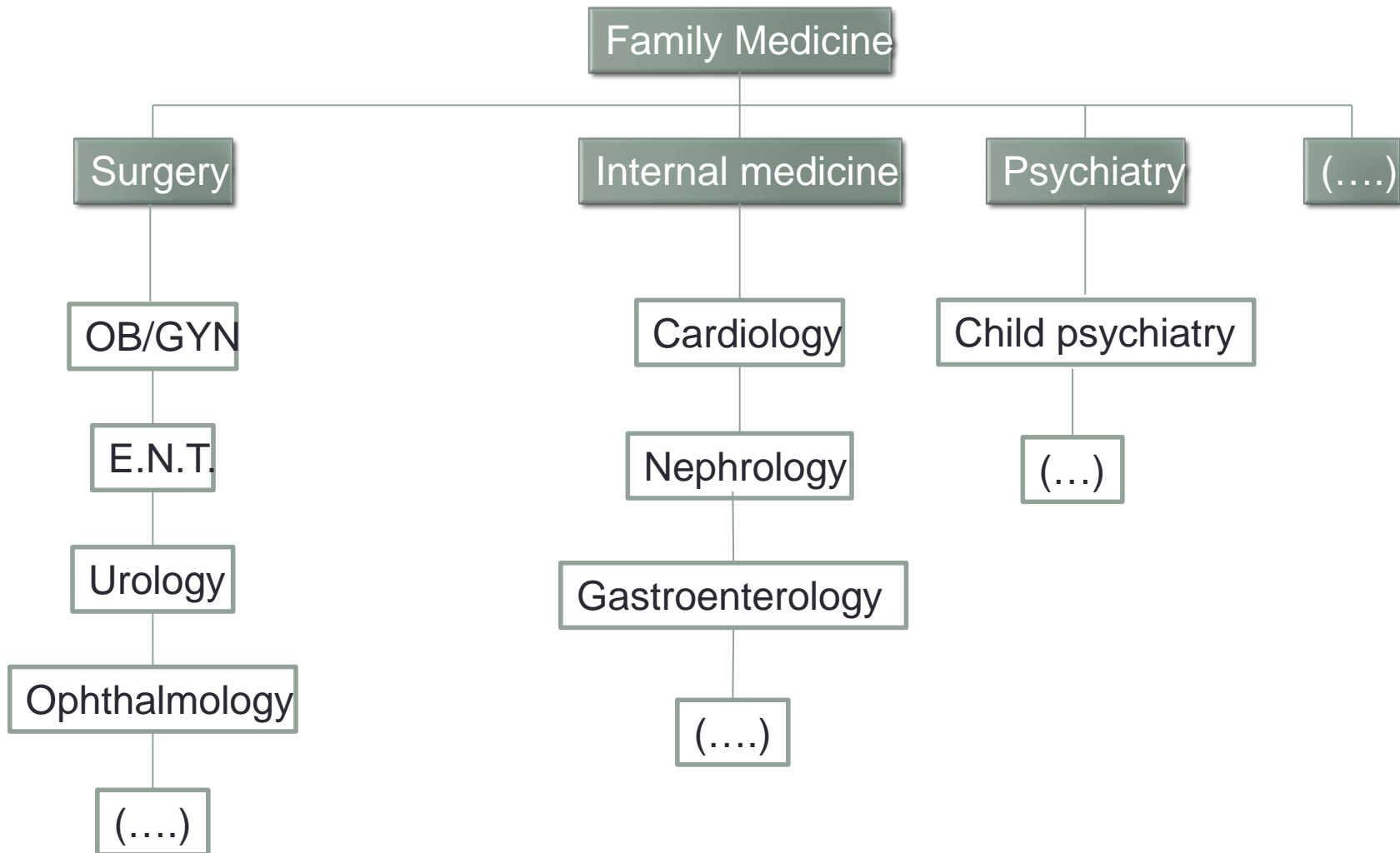
GENERAL
PRACTICE

SPECIALIZED
(broad scope)

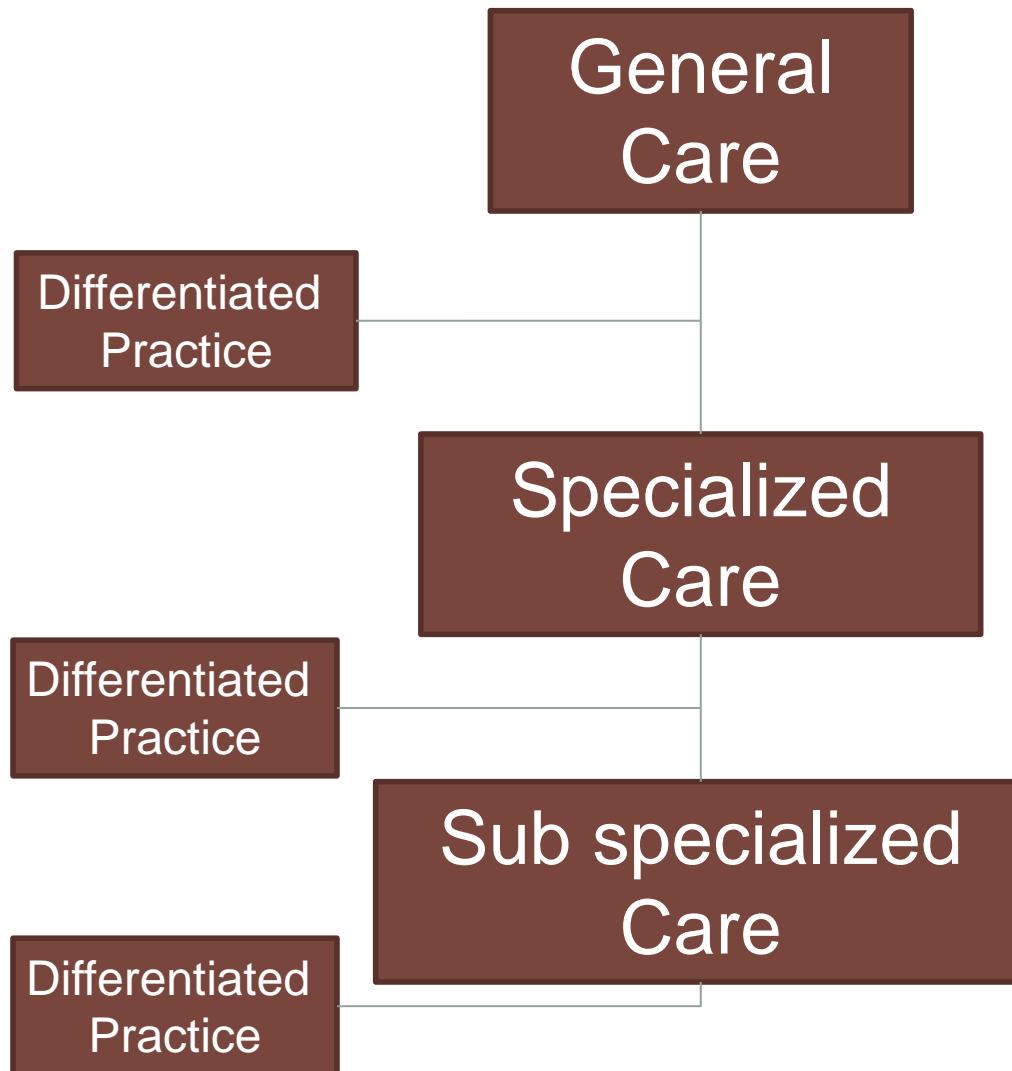
SUB
SPECIALIZED
(narrower scope)

MEDICAL MODEL

MEDICAL MODEL



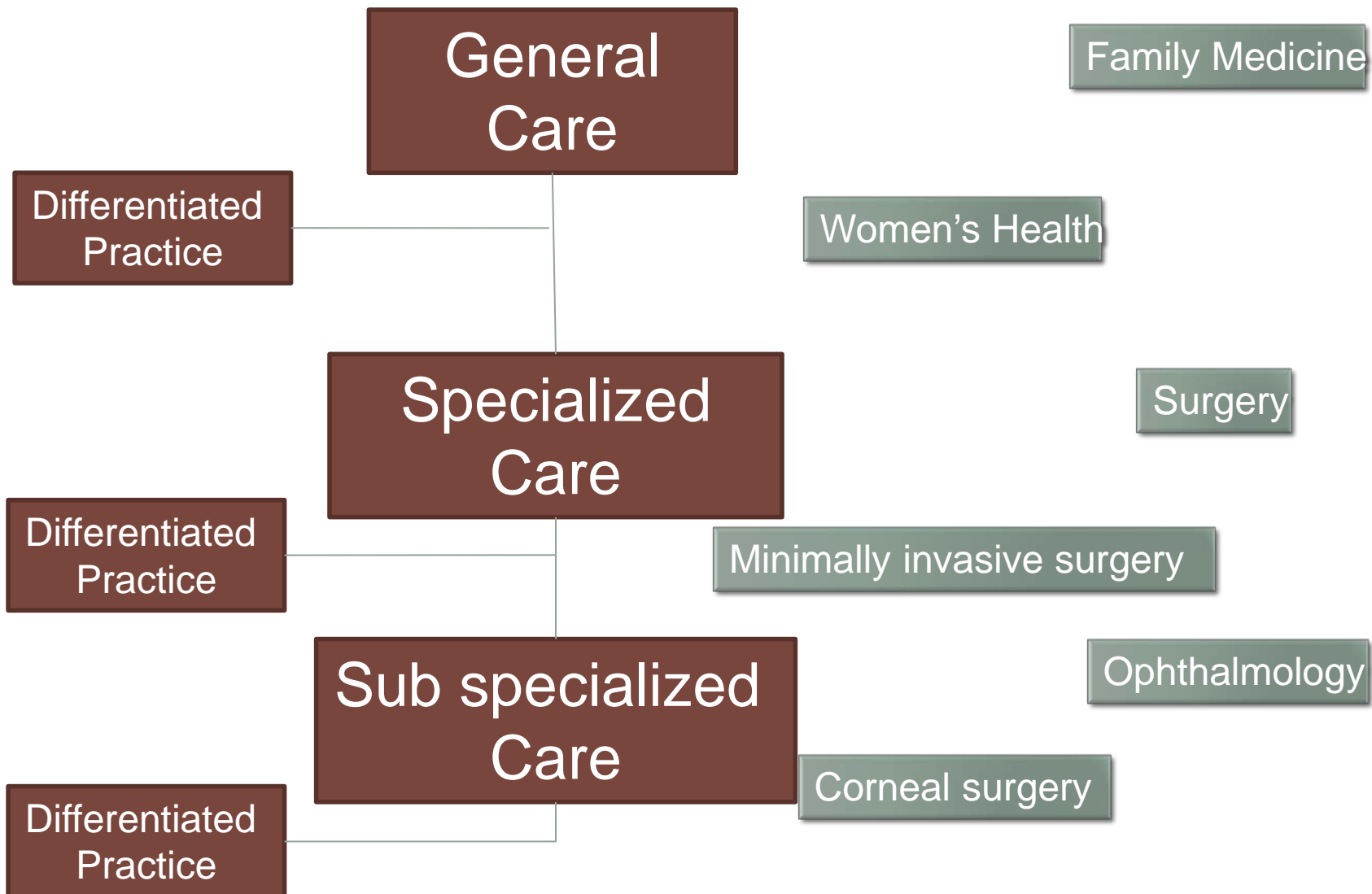
Professional Organization



Difference Between a Specialty and a Field of Interest /Differentiated Practice

- Field of interest:
 - Area of pharmacotherapy within a domain or field of practice
 - Determined by the individual (personal choice)
 - Self proclaimed
 - At best, recognition from peers
 - No external certification

Professional Organisation



Recognized Specialties in Québec

- Medicine (38 / 60)
 - Since 1928
 - Only two broad vocation specialties during the first ten years
 - Specialties and sub-specialties
- Veterinary medicine (6)
- Dentistry (8)
- Chemist (1)
- Nursing (6)
- Pharmacy (1 ?)
 - Post-graduate training
 - C.P.H. → D.P.H. → M.Sc.
 - More than 50 years !

ORGANISATIONAL REQUIREMENTS FOR THE HEALTH CARE SYSTEM

Definitions

- Service lines
 - Refers to the path followed by patients to access care (organisation of the system)
 - First line
 - Second line
 - Third line
- Levels of care required by patients
 - Primary Care
 - Secondary Care
 - Tertiary Care
- Levels of care dispensed by professionals
 - General Care
 - Specialised Care
 - Ultra-specialised Care

SPECIALTIES !

Health Care System / Care needs

Primary care

Secondary Care

Tertiary Care

Health Care System / Care needs by Patients as dispensed



Sub-Specialised
Care

Specialised Care

General Care

ORGANISATIONAL
REQUIREMENTS WITHIN THE
PROFESSION:
THE CASE FOR PHARMACY

« Specialised » Differentiated Practices in Pharmacy

- Anticoagulation Therapy
- Cardiology
- Surgery (!)
- Geriatrics
- Transplant
- Infectious Diseases
- Internal Medicine
- Lung Diseases
- Nephrology
- Oncology
- Palliative Care
- Ambulatory Care
- Intensive Care
- E.R.
- Pharmacokinetics

Patients' needs

Complex pharmacotherapy:

- Emergency;
- Acute care;
- Innovative, under development, investigational;
- Monitoring requiring specific expertise or technology;
- Patient has high risk condition/ difficult to manage;
- Unusual health-related problem;
- Unstable condition;
- No response to usual pharmacotherapy or common alternatives;
- Unusual clinical manifestations potentially related to drug therapy.

And...

- Why shouldn't pharmacists be *recognized* for their training and value ?
- Why shouldn't pharmacists be *paid* for their training and value?
- Recognition might attract more candidates to the program and advanced practice (mostly in hospital settings)
- ... in a context of severe shortage.

QUEBEC'S REQUIREMENTS FOR RECOGNITION OF A SPECIALTY

Perspective

- Certification exists in the context of specialties
- Specialty recognition implies a hierarchical organization model for the profession
- Specialty recognition is a mandate of professional bodies and of the Québec government
- For now, a short-to-medium term vision.

To be a Certified Specialist...

- Pharmacy Law grants the Order the right to recognize specialties when a regulation is adopted by the government
- Training program (university-based) mandatory
- Requirement of a specialty certificate issued by the Quebec Order of Pharmacists

Professional Code

Rules and organisation of the professional system including Orders

- 94. The board of directors may, by regulation
- **(e) define the different classes of specialization within the profession** and, where applicable, the conditions of practice;
- **(i) determine the other terms and conditions for issuing permits or specialist's certificates**, in particular the obligation to serve the **periods of professional training** and to **pass the professional examinations** it determines; the regulation may also fix standards of equivalence applicable to the terms and conditions determined therein; if it requires periods of professional training, the board of directors may in addition determine, from among the regulatory standards applicable to members, those that are applicable to persons who serve those periods of training, provide for special supervisory procedures for those persons, including inquiry and complaint procedures, and determine the penalties that may be imposed by the board of directors in the case of non-compliance

Pharmacy Act

- 26. A pharmacist shall not in respect of the practice of his profession designate himself as other than a pharmacist.

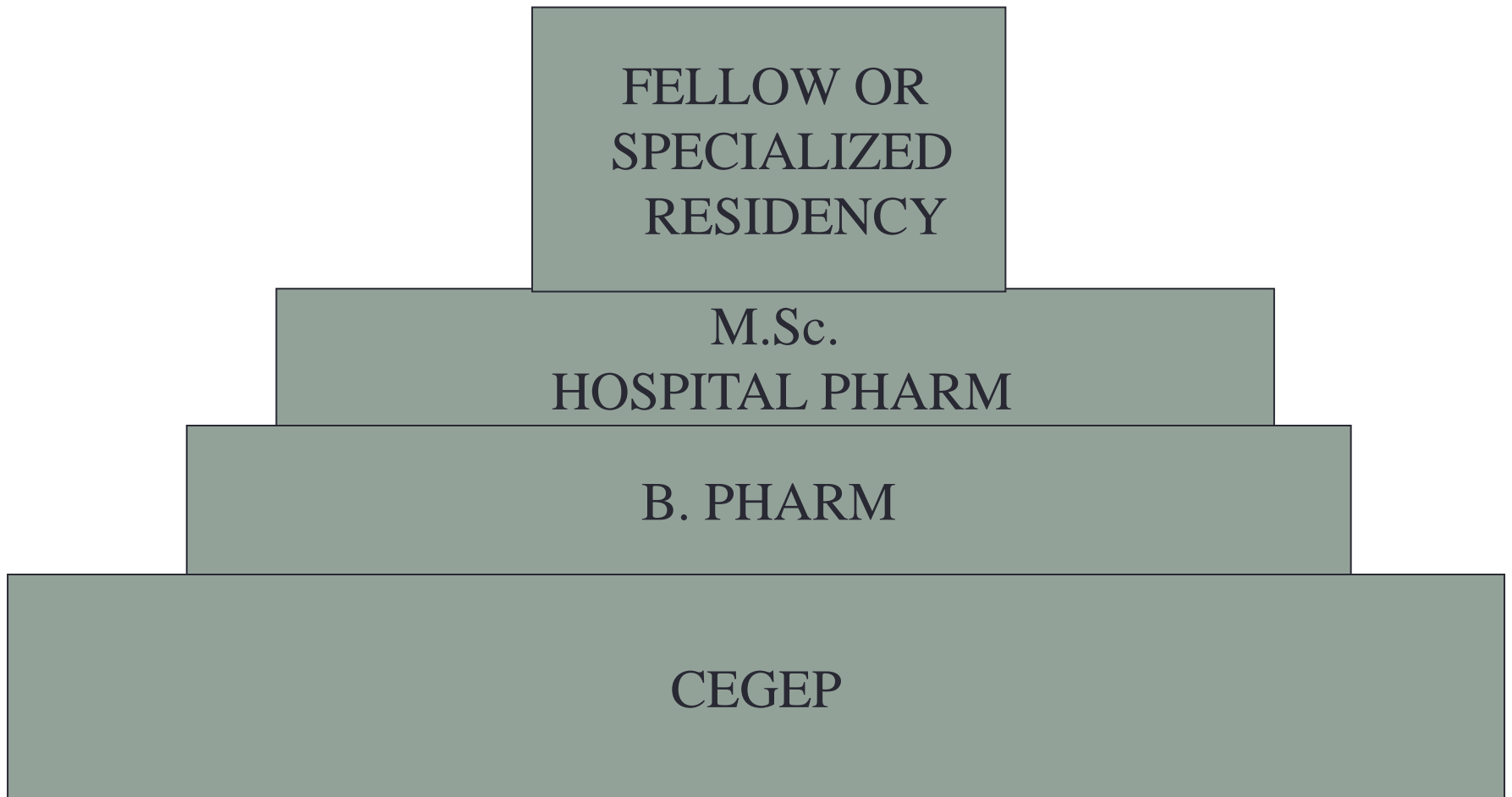
- Title of specialist:

A pharmacist is authorized to assume the title of specialist only if he holds a specialist's certificate issued in accordance with the Professional Code (chapter C-26).

History

- 1993: First pharmacists (2) in Quebec to get BCPS
- 1998: First attempt by Order of Pharmacists to have a specialty recognized
- 2002: General Orientation Assembly on pharmacy in Quebec
 - 80% pharmacists agreed on the need to recognize specialties in pharmacy
- 2002-2004: Second attempt at specialty recognition
- 2012: Third attempt at specialty recognition

Education Pyramid



Courses

		Session	Cr.
1	Therapy in emergencies	S	4
2	Clinical Pharmacokinetics	S	2
3	Parenteral and Enteral Nutrition	S	2
4	Infectious Diseases	S	2
5	Development of Research Protocols	S-F	3
6	Cancer Therapy	F	2
7	Case Studies in Cancer	F-W	1
8	Hospital Pharmacy Management	F-W	3
9	Drug Information	S-F-W	2
10	Communication	F-W	3

clinical
 research
 management
 knowledge transfer

Program Added Value

Develop additional competencies:

- *Clinical use of drugs*
- *Assume responsibility for drug therapy management*
- *Communicate pharmaceutical knowledge*
- *Commitment toward profession / health care system*
- *Evaluation methods for therapies and pharmaceutical activities*

MODELS AND REFERENCES

The American « Market »

- Board of Pharmaceutical Specialties (BPS;1976)
 - Nuclear Pharmacy (1978)
 - Nutrition Support Pharmacy (1988)
 - Pharmacotherapy (1988)
 - Added qualifications:
 - Cardiology
 - Infectious Diseases
 - Psychiatric Pharmacy (1992)
 - Oncology Pharmacy (1996)
 - Ambulatory Care (2011)
- National Institute for Standards in Pharmacist Credentialing
 - Anticoagulotherapy, asthma, diabetes, lipid disorders
- American Society of Consultant Pharmacists
 - Geriatric
- Commission for Certification in Geriatric Pharmacy
 - CGP

BPS : 7 Criteria

- Need
- Demand
- Number and Time
- Specialized Knowledge
- Specialized Functions
- Education and/or Training
- Transmission of Knowledge

The Canadian « Market »

- Canadian Board of Specialties in Pharmacy (1986-1991)
- The Pharmacy Examining Board of Canada (PEBC – 1993 report)
- BC College of Pharmacy (2003-present)
- Committee on Specialties (Quebec Order of Pharmacists; 2003-2004)

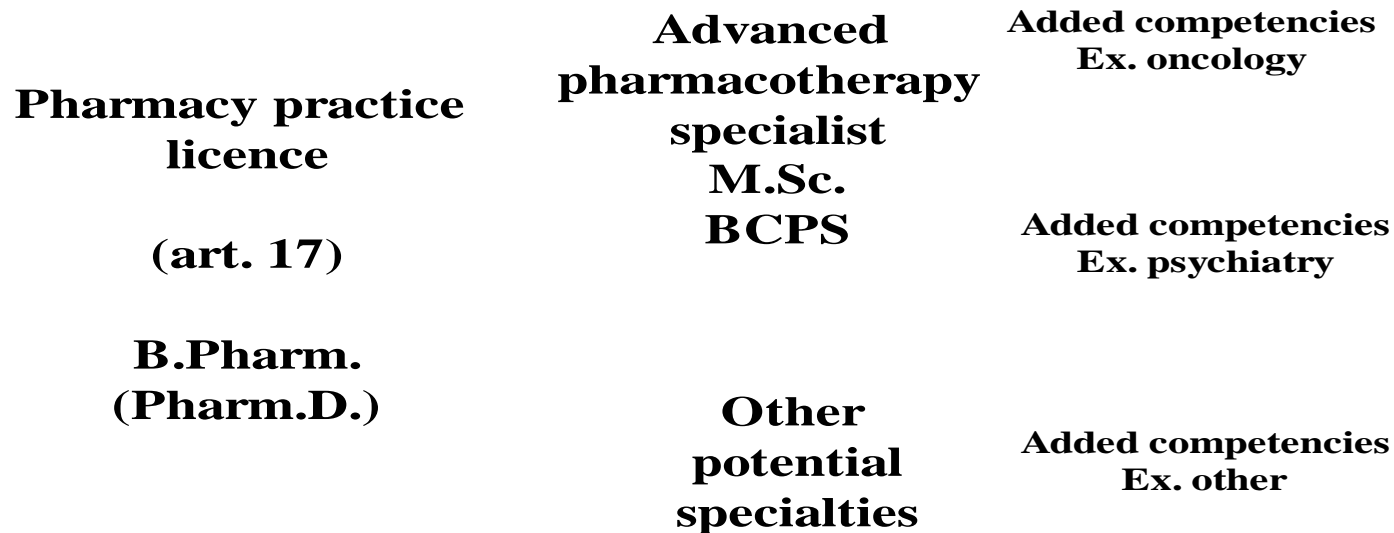
PRESENT ACTIONS TAKEN IN QUEBEC FOR RECOGNITION OF A M.SC.-BASED SPECIALTY IN PHARMACY

Rationale

- Based on a model developed by Piché
 - Knowledge development
 - Emerging specialised practices
 - Constitution of specialised services
 - Official recognition
- Willingness of Quebec pharmacists
- M. Sc., (Hospital pharmacy) have high success rates at BPS exams
- Actual M.Sc. program jeopardized by low registration rates (attractiveness/recognition on job market)

Proposed Model in Quebec

Figure 1 – Proposed Model for Specialisation



Advantages of Specialty Practice

- Self-evaluation of practices/programs
- Positioning
- Recognition versus self-proclamation
- Equity as per university credits earned
- Contribution to a vision for the profession
- Response to population's complex needs in pharmacotherapy
- Structuring and organisation of referrals

Advantages of Sub-Specialty Practice

- Acute knowledge and understanding of patient pharmacotherapy
- Understanding of acute/complex episodes of illness
- Facilitation of continuing education
- Model of organisation (Medical)

Recommendations from Quebec Order of Pharmacists: Committee on Specialisation

- Create a first specialty
- Suggested title
 - Advanced Pharmacotherapy
- Seek for external certification
 - In French language ?
 - Pharmacotherapy exam: must exclude American health system domain?
- Explore possibility of added qualifications for now
 - Lack of university-based training programs

THE M.SC. ADVANCED PHARMACOTHERAPY PROGRAM

Pharm.D. versus M.Sc.

- Entry level Pharm. D.
 - Gives access to licence
 - General care
- M.Sc.
 - Post-graduate
 - Added qualifications
 - Based on entry level training
 - More in depth on certain diseases/therapies
 - Scope on acute situations

Would Allow Recognition...

- of specialised training (M.Sc.);
- of specialised practices;
- by adopting a regulation on specialties in pharmacy;
- according to 7 criteria of BPS.

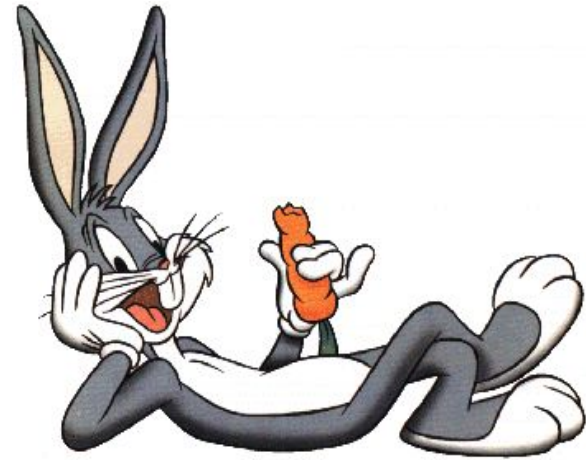
Expected Impact

- Increased attraction to the program for pharmacy graduates
- Better retention of specialised pharmacists in settings where specialised practice is offered
- Competitive salaries in proportion to training
- Ongoing development of pharmacy practice
- Official recognition that our profession (and management of drug therapy) has evolved

Disadvantages of a Specialised Practice

- Incomplete model: work in progress
- Fragmentation of care
- Replicating weaknesses of the medical model:
 - Appropriate care given by appropriate “specialist”
 - Complex referral system
- Broad-based specialists inclined to sub-specialise
 - fragmentation
- Care gaps
- Reduced polyvalence

THE END...



Limitation of practice for non specialists ?

Should we recognize specialties for pharmacists working in diabetes clinics, heart failure clinics, etc ?

SHOULDN'T WE
RECOGNIZE A SPECIALTY
BASED ON PRACTICE
SETTING ?

SHOULDN'T WE
FAVOUR A CANADIAN
SOLUTION ?
