



AFPC

ASSOCIATION OF FACULTIES OF PHARMACY OF CANADA
ASSOCIATION DES FACULTES DE PHARMACIE DU CANADA

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PRESENTATION NOTES – HAROLD LOPATKA, EXECUTIVE DIRECTOR

1. ABOUT AFPC

AFPC is the national non-profit organization advocating the interests of pharmacy education and educators in Canada. The AFPC mission is to promote and recognize excellence in pharmacy education and scholarly activities.

Canadian pharmacy education is highly rated in international comparisons and new graduates are highly sought after upon completion of their studies. There are approximately 5,000 undergraduate students and approximately 1,250 students graduate from Canadian pharmacy faculties each year. In addition, the 10 faculties have graduate student programs for Masters and Doctor of Philosophy (PhD) degree programs. There are approximately 600 faculty members with about half being tenure track.

AFPC has established national educational outcomes for educating students to become pharmacists in Canada. The educational outcomes are routinely used in the planning, implementation and evaluation of university pharmacy degree programs. The *Educational Outcomes for First Professional Degree Programs in Pharmacy in Canada* document was approved in June 2010. One set of educational outcomes is available for all entry-to-practice pharmacy programs in Canada, regardless of the degree offered (Bachelor of Science in Pharmacy or Doctor of Pharmacy - Pharm D). The current educational outcomes are formatted with the overall goal of graduating Medication Therapy Experts. This requires graduates to integrate knowledge, skills and attitudes from seven educational outcomes, that have been defined under the roles of: Care Provider, Communicator, Collaborator, Manager, Advocate, Scholar, and Professional.

2. POST SECONDARY PHARMACIST EDUCATION

There are 10 pharmacy faculties in Canada. The faculties are located at the following universities: British Columbia, Alberta, Saskatchewan, Manitoba, Toronto, Waterloo, Laval, Montréal, Dalhousie, and Memorial. Canadian Universities provide Bachelor, Masters, Doctor of Pharmacy (Pharm D), and Doctor of Philosophy (PhD) degrees.

Until recently, the first professional practice degree in all faculties was the Baccalaureate degree. Students in 2 provinces (Ontario and Quebec) now receive a Doctor of Pharmacy (Pharm D) as their first professional degree. In Alberta students have the option of obtaining a Pharm D after an additional 1 year of studies post baccalaureate. Faculties in the other provinces, including Alberta, are in the process of transitioning to the entry level Pharm D (e.g., developing proposals, obtaining university and provincial approvals, revising curricula). The AFPC vision is for all pharmacy faculties to offer the Pharm D as their sole professional degree by 2020.

The Université de Montréal was the first faculty to transition to the entry level Pharm D. At least 2 years of university study are required to complete prerequisite pre-pharmacy courses (includes mix of science and humanities courses). The following highlights the features and elements of the new curriculum provided to Pharm D students at the Université de Montréal, and is representative of the approaches taken in other programs.

- The curriculum is based on a competency based framework (generic competencies include professionalism, communication, teamwork and interprofessional collaboration, scientific method and critical thinking, life long learning, leadership).
- Pedagogy encourages continuous change and learning.
- Well adapted for today's students.
- Students are active learners with faculty acting as coaches (e.g., students receive from faculty guidelines and questions to guide the discovery process).
- Utilizes methods of directed and guided discovery and on-line learning.
- 44% of the curriculum is experiential learning (skills labs, integration activities, clerkships). Clerkships are 40 weeks long (20 weeks in community pharmacies, 16 weeks in hospital pharmacy and 4 weeks in optional area) and they occur in the 1st, 2nd and 4th years.
- Relies on pool of >1200 trained preceptors from all practice settings.
- Integrates multiple interprofessional learning modules.

Experience from Quebec suggests that the newly graduated Pharm D graduates are very well equipped to practice pharmacy in alignment with the newly defined expanded scopes of pharmacy practice.

All pharmacy programs meet the AFPC Educational Outcomes as a requirement of the Canadian Council for the Accreditation of Pharmacy Programs (CCAPP). Curricular design can be integrated or non-integrated. An integrated design structures therapeutics and other course materials on a specific topic into one course to be taught within the four year program. Experiential education occurs throughout the 4 years of pharmacy education but in most Bachelor degree pharmacy programs it is focused in the last year.

3. HISTORY

In the period 2006-2008 the initiative "*Moving Forward: Pharmacy Human Resources for the Future*" was conducted involving a multi-pronged research and analysis program to gather qualitative and quantitative information on Canada's short-term and long-term

challenges in the area of pharmacy human resources. The initiative was funded by Human Resources and Social Development Canada's Foreign Credential Recognition program. Thirty six actionable recommendations were put forward. The recommendations from *Moving Forward* were incorporated into the Blueprint for Pharmacy Vision for Pharmacy and Implementation plan crafted by a collaboration of all Canadian pharmacy organizations.

Meaningful workforce planning can only be conducted based on available data. Since the *Moving Forward* initiative the Canadian Pharmacist Database has been further developed and refined. The database is administered through the Canadian Institute for Health Information (CIHI). The database has collected information about pharmacist manpower since 2006 (6 years data are currently available). The database contains information on the supply and distribution, demographics, geography, education and employment of pharmacists in selected provinces and territories in Canada.

The Canadian community pharmacy practice and business environment was stable for many years. However, over the last 8 years, the environment for the pharmacy profession has changed dramatically. Through electronic health records, pharmacists are now able to access clinical information and are able to communicate with other healthcare professionals about patient care. More recently, pharmacists in some provinces are able to order lab tests for monitoring patients. Through the mid 2000s, a significant number of pharmacists were integrated within local primary care networks. In the last five years, the pharmacy regulatory and reimbursement environment has gone through significant reform. Legislative changes were made to provincial health professions acts to enable pharmacists to expand their scope of practice to include prescribing (adapting prescriptions, prescribing in an emergency and initial access prescribing or managing ongoing therapy), ordering a lab test, and the administration of injections. Provincial pharmacy compensation plans were implemented to provide reimbursement for community pharmacists for the delivery of patient focused pharmacy services. Preceding and in parallel with the introduction of the new compensation plans in some provinces, regulated pharmacy technicians were authorized to handle the drug distribution process and significant reductions were made in the pharmacy reimbursement provided for generic prescription drugs.

There have not been any recent national reviews of pharmacist manpower. Given the recent changes in pharmacy, there is a need to review pharmacist workforce planning including pharmacist supply and demand.

4. PHARMACIST WORKFORCE BALANCE – SHIFT FROM SHORTAGE TO SURPLUS

In the late 1990s and early 2000s there was a pharmacist shortage in Canada. This shortage situation was addressed through increases in numbers of international pharmacy graduates (IPG). Immigration policies were adjusted to allow foreign trained pharmacists to gain entry into Canada. Annual quotas were established for IPGs. Formal IPG training programs were established to assist foreign trained pharmacists adjust to the Canadian pharmacy practice environment. According to the recent 2012 CIHI Pharmacist Workforce report 24.5% of the Canadian pharmacist workforce is

made up of IPGs. While these pharmacists are qualified pharmacy practitioners, their skills and abilities to address the expanding scope of pharmacy practice in Canada are often limited by their educational background which usually has focused on drug distribution, and not on the new clinical services pharmacists can offer.

In addition, the capacity of Canadian pharmacy faculties to produce Canadian pharmacy graduates was increased. In the 10 year period (2003-2012), the size of the Canada's pharmacy faculty graduating classes (annual number of graduates based on AFPC figures) increased from 806 to 1151 (42.8% increase). Based on 2013-14 AFPC 1st year enrollment figures the number of new graduates is projected at 1398 in the year 2018. This increased capacity was accomplished through increased enrollment quotas at Canadian pharmacy faculties and through the opening of the new pharmacy faculty at the University of Waterloo. AFPC data shows that enrollment capacity in pharmacy faculties has increased by 9% and the annual number of new graduates from Canadian pharmacy faculties by 6.7% over this period. A coalition of national pharmacy organizations (Canadian Pharmacists Association, AFPC, National Association of Pharmacy Regulatory Authorities, and the Pharmacy Examining Board of Canada) met with representatives from Health Canada and Citizenship and Immigration Canada (CIC) to discuss concerns about changes in pharmacist supply and about the quotas of internationally trained pharmacists. The meeting resulted CIC making a minor adjustment in immigration quotas for internationally trained pharmacists.

AFPC believes that the Canadian pharmacist manpower balance has changed from a shortage to a surplus. Deans and pharmacy faculty members began receiving anecdotal feedback from new graduates about changing employment conditions (e.g., unable to secure pharmacist positions, lower wages). In response, AFPC instituted a graduate employment survey to track the employment situations for newly graduated pharmacists. The survey has been administered for 2 years; however, changes in the survey instrument design have made it difficult to identify employment trends. The results from the survey indicate that 17-19% of new graduates were unemployed at the time the survey was administered (after completion of winter term classes).

CIHI data shows that the overall supply of registered pharmacists increased by 10% in the period 2009 to 2012. At the same time the percentage of employed pharmacists decreased from 93.8% to 92.3%. Conversely the percentage of unemployed pharmacists increased from 6.2% to 7.7%. The 2012 CIHI report indicates that the proportion of IPGs seeking employment steadily increased over this period (accounting for 10% of registrants seeking employment). Only 3% of Canadian educated pharmacists were seeking employment in this reporting period.

The following data summarizes comparative statistics from CIHI and AFPC for the period 2009 to 2012.

Pharmacist Manpower Statistical Comparison Table

Pharmacists	2009	2010	2011	2012
# Active registrations	25280	26287	27069	28169
# Employed	23082	23724	24467	25268
% employed	93.8	92.7	92.9	92.3
# unemployed	1531	1873	1882	2095
% unemployed	6.2	7.3	7.1	7.7
# students enrolled in CAN faculties*	4771	4902	5042	5200
% enrollment change (previous year)*	3.2	2.7	2.9	3.1
# graduates from CAN faculties*	1079	1100	1155	1151

Note - * indicates from AFPC data

5. RECOMMENDATIONS

1. Immigration quotas of internationally trained pharmacists

It is recommended that Health Canada through the Health Human Resources Strategy Division (HHRSD) and Citizenship and Immigration Canada (CIC) reset immigration quotas for internationally trained pharmacists until a comprehensive assessment of current and future pharmacist manpower is completed.

2. Multistakeholder pharmacist workforce planning initiative.

It is recommended that Health Canada through the Health Human Resources Strategy Division (HHRSD) establish multistakeholder pharmacist workforce planning initiative to conduct a comprehensive assessment of current and future pharmacist manpower focusing on the supply and demand for pharmacists.

6. REFERENCES

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