

# What's a Nice Pharmacist like You Doing on the CBC?

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*Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.*  
—Margaret Mead, anthropologist (1901–1978)

Since its inception in 2005, the CSHP Advocacy Committee has been gaining expertise in its role as a member resource on government, public, and professional issues that affect pharmacists. The committee's approach has involved the development and dissemination of focused campaigns designed to reach a broad range of policy-makers, influential stakeholders, and organizations. In its first 2 years, the committee has developed campaigns in the following areas:

- experiential training
- leadership
- pharmacist prescribing
- shortage of hospital pharmacists

In addition to its proactive role, the Advocacy Committee has worked with the National Office, CSHP Council, and a public relations consultant to assist individual branches in their advocacy efforts. We would like to share the experiences of 2 provincial branches, in the hope that these “good news” stories will encourage other branches that are trying to represent their members close to home.

## MANITOBA BRANCH: ADVOCACY ADVENTURE 2006/2007

In the 2006 Spring Session of the Manitoba Legislature, Bill 41, known as the “new” *Pharmaceutical Act of Manitoba*, was introduced. Before the bill had its third reading, some members of the pharmacy community started circulating information that pharmacists would lose certain rights if the bill went through in its existing form. Until then, most Manitoba pharmacists had been unfamiliar with the specifics of the

legislation. As the advocacy group representing hospital pharmacists, CSHP Manitoba Branch was in a position to provide accurate information on how the bill would affect hospital pharmacists. This led the Branch Executive Committee to dive into relatively uncharted waters: a major advocacy effort.

The Executive Committee quickly recognized that the new bill would provide huge leaps forward in current practice and in the ability of pharmacists to provide optimal patient care and to improve the outcomes of drug therapy. We felt we needed to support the new legislation by utilizing all available resources.

First, we drafted letters to key government stakeholders and all MLAs (members of the provincial legislature) declaring and detailing our support of the bill. We then strategized with CSHP National and its advocacy consultants about mobilizing members to voice their support. We created concise information pieces for members to encourage interest in and awareness of the changes that could result if the bill passed. We met with other pharmacy organizations in Manitoba to voice our position and determine if any joint efforts could be undertaken. We also strongly encouraged members to attend a Special General Meeting of all Manitoba pharmacists, at which controversial issues related to Bill 41 were to be addressed. The hospital pharmacy presence at that meeting was overwhelming, and support for the bill was confirmed by those in attendance.

Just before Bill 41 eventually passed on December 4, 2006, three amendments that had been advocated by other pharmacy interest groups in Manitoba were incorporated (during final reading). As a result, all Manitoba pharmacists must vote on practice regulations before the regulations and the Act as a whole can be approved. CSHP Manitoba Branch has maintained its newfound advocacy interests through a strong presence at stakeholder meetings and continues to encourage member awareness and participation in the regulations



review process. Our goal is to ensure that the new regulations provide the best opportunities to enhance patient care.

Although we are a relatively small group in the Manitoba pharmacy community, we were motivated to put forth a major advocacy effort that established CSHP as an important and recognized stakeholder in the province. We learned that advocacy is one of the most important benefits we can offer to our members, and we have become much more proactive as a result of this experience.

## **NEWFOUNDLAND AND LABRADOR BRANCH: SHORTAGE OF PHARMACISTS AFFECTING PATIENT CARE**

The shortage of pharmacists in the hospitals of Newfoundland and Labrador became a topic for public debate during the summer of 2006, when staffing levels reached what the media termed a “critical” level. Hospital pharmacists knew that this critical level had in fact been in place for several months, but the remaining staff had increased their workloads, lengthened their work weeks, and shortened vacations to continue providing basic pharmacy services to their patients.

During the summer, the media sent a number of conflicting messages to the public, and pharmacists realized the importance of portraying the situation accurately. The message from the Department of Health and Community Services was that pharmacists in hospitals were unhappy with their working conditions and that they wanted more “clinic” work. The Newfoundland and Labrador Branch of CSHP felt it was important to clarify that the province’s hospital pharmacists were concerned that the pharmacist shortage would put patients at an increased risk of medication errors and that the removal of “clinical pharmacists” from their role as direct patient care providers would be detrimental to the overall level of care provided to the people of Newfoundland and Labrador.

With the help of the National Advocacy Committee, a letter to the editor was prepared and sent to *The Telegram* (the province’s largest newspaper). The published letter outlined the various causes for the crisis and expressed our concerns for patient safety and the important roles that pharmacists play in the safe use of medications in our health care system.

Dr Elizabeth Kozyra, the provincial representative on the National Advocacy Committee, was interviewed

on CBC radio, in response to comments from the Minister of Health and Community Services. Dr Kozyra adeptly outlined pharmacists’ concerns for patient safety and the need to use a variety of strategies in resolving the issue. In addition, armed with the facts (as gathered from various CSHP publications), CSHP members in Newfoundland and Labrador were at the forefront of the media campaign.

As a result of these efforts, our message about the vital role of pharmacists extending beyond the distributive process was conveyed to the public in an accurate and timely manner.

## **CONCLUSIONS**

We hope that these reports will encourage the other branches of CSHP to position themselves as the voice of hospital pharmacy in their respective provinces, using the assistance that CSHP National can provide, sharing experiences, successes, and roadblocks, and joining us in this “advocacy adventure”.

Advocacy is an important part of our role as pharmacists at the grassroots level. Advocacy messages need to be delivered at the hospital level where decisions are made. We encourage you to use the information that is pertinent to your particular provincial hospital pharmacy issue to advocate at all levels. Remember: as we advocate for hospital pharmacists, we are also advocating for hospital patients and for our role in the Canadian health care system.

CSHP Council recently passed a motion to hire an individual with expertise in public relations and communications to assist the Advocacy Committee and Council in meeting this goal.

CSHP is the “influential voice of hospital pharmacy” and continues to work both to ensure that this voice is better heard and to provide timely resources for members in their own advocacy efforts.

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**Danica Lister**, BScPharm, ACPR, BCOP, is Past President of the Manitoba Branch and Chair of the CSHP Membership Committee. She contributed the information about the Manitoba Branch’s experience.

**Michael LeBlanc**, BSc(Chem), BSc(Pharm), is President of the Newfoundland and Labrador Branch. He contributed the information about the experience of the Newfoundland and Labrador Branch.

If you would like more information about the CSHP Advocacy Committee and how it can help you at the provincial level, please contact Myrella Roy, Executive Director, CSHP (mroy@cshp.ca).

