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**SPECIAL REPORT**


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## Going Clinical: The White Paper — Two Years Later

A review of the Canadian Society of Hospital Pharmacists' "White Paper on the Establishment and Elaboration of Clinical Pharmacy Services" two years after its initial publication.

### INTRODUCTION

In 1987, CSHP Council created the Clinical Pharmacy Advisory Committee (CPAC) to develop guidelines and direction for the membership in the development of clinical services. Although clinical pharmacy services have existed for nearly twenty years in individual Canadian hospitals and most have met with some success, it was felt that progress was very slow and that members had difficulty, for a variety of reasons, in developing clinical services. Implicit in this statement is that there was no clear direction across the profession on what should be our priorities. It was felt that some solid direction was needed. CSHP Council wished to assist members in developing a framework for constructing clinical pharmacy services within their institutions. CPAC responded with a "White Paper on the Establishment and Elaboration of Clinical Pharmacy Services in Canada" which was distributed in both official languages to all Canadian hospitals employing a pharmacist. This document outlined the need, obstacles and the modifying factors involved in establishing clinical services.

Although the initial objective was

the document called the "White Paper", CPAC also developed other mechanisms intended to stimulate hospital pharmacists to adapt to the clinical movement. A series of audio cassettes on "How To" approaches for developing clinical services was included with the "White Paper" and distributed in a binder entitled "Clinical Pharmacy and You" through an educational grant from Glaxo Canada. In addition, regional seminars, involving established clinical practitioners, were held in Ottawa, Vancouver, Banff, London, Montréal, Québec City and Halifax. These seminars provided further "How To" information to attendees, particularly on aspects of Patient Pharmacotherapy Monitoring (PPM). Based on initial highly positive reaction to these seminars, a second series has been planned for 1992 with emphasis on the "How To" of PPM. CPAC prepared formal written Guidelines and Standards on Clinical Services for review by CSHP Council. Most recently, CPAC was successful in a related venture, namely obtaining a research grant from the Ontario Hospital Incentive Fund to measure the impact on patient care of the various levels of PPM defined in the White Paper.

The purpose of this article is to review the feedback received by CPAC and, in particular, the results of surveys held at several of the regional seminars with a view to helping CPAC and CSHP determine

the future needs of members.

### SURVEY RESULTS

Each of the regional seminars was well attended with a total of approximately 750 members attending the eight seminars. The presentations at the seminars were rated "very high" in terms of practicality and the most common recommendation was for more such seminars on the topic of PPM. Many also recommended seminars on the administrative promotion of clinical services.

Three surveys dealt specifically with the White Paper and were distributed at seminars in Banff, London and Toronto. A total of 115 of the two-page surveys were returned for a response rate of 35%. The following data are some of the more pertinent results:

Replying to a question, "Do you believe clinical pharmacy is the way of the future?", 100% of respondents declared yes.

Asked whether certain groups had given sufficient priority to clinical practice, the "yes" replies were as follows:

— hospital administration	17%
— directors of pharmacy	64
— clinical coordinators	89
— supervisory pharmacists	60
— staff pharmacists	57
— schools of pharmacy	30
— other groups	14

Asked if respondents agreed that patient pharmacotherapy monitoring

should be the highest priority, 88% replied to the affirmative.

As to which of the barriers to clinical pharmacy identified at the Hilton Head Conference had been encountered, the most frequently cited were (in order of frequency):

1. Inadequate financial resources to hire sufficient pharmacy staff (Hilton Head #22)
2. The limited expectations that other health professionals have of pharmacists (H.H. #14)
3. Responsibility for drug distribution (H.H. #37)
4. Lack of appropriate technical support in pharmacy (H.H. #19)
5. Lack of a consumer demand for clinical pharmacy services based on a poor understanding by the public of the services pharmacists can offer (H.H. #4)
6. Poor motivation among pharmacists (H.H. #12)
7. Failure of the educational process to adequately "professionalize" pharmacy students (H.H. #18)
8. Pharmacists' self-image (H.H. #6)
9. Ill-defined priorities in the provision of clinical pharmacy services (H.H. #7)

Asked whether they agreed with priorities established in the White Paper, 96% of respondents replied 'Yes'.

When asked if they participated in decentralized level II PPM (selective patient pharmacotherapy monitoring in patient care areas), the answers were distributed as follows:

daily	5%
most days/week	51
weekly	15
not at all	30

When questioned as to what CSHP should be doing to promote the establishment and elaboration of clinical pharmacy services, a wide variety of responses were elicited. Most frequently cited were comments recommending more contin-

uing education programs on PPM, more seminars on implementing the CPAC recommendations, correspondence courses and training manuals. Second most commonly cited were comments on the need to promote reasonable standards, guidelines, and methods to monitor progress. There were also a significant number of comments suggesting CSHP's responsibility in promoting our clinical role to outside organizations to educate others about its importance. Finally, a number of respondents recommended that CSHP promote the White Paper as widely as possible through publications and other promotional means.

The survey also asked whether the educational grant from a pharmaceutical firm was a good investment or should it be used for other ventures. The reply to this question was almost universally that this was money well spent. Comments included a number of "thank you's" to industry for supporting this need in practice. Some noted that this investment really benefitted patient care, since it allowed practitioners to immediately use the material in the White Paper and the seminars in their own institution. Others commented that such investment was imperative if the profession was to advance into this critical new role.

#### DISCUSSION

Although the "White Paper on the Establishment and Elaboration of Clinical Pharmacy Services" was developed over many months by members of CPAC who collectively had considerable experience in developing clinical services, it could not necessarily be expected that the document would receive wide support. With virtually 100% of the respondents supporting clinical pharmacy, 88% agreeing that PPM should be our highest priority and 96% agreeing with the priorities of the White Paper, the support is very solid. How-

ever, there may be a bias in that those opposed to these efforts would not presumably be at the seminars; the extent of any such opposition is unknown. Nevertheless, in view of the expressed strong support for the White Paper and the likelihood that this will direct CPAC and CSHP for the years to come, it behooves those opposed to make their arguments to the Society.

CPAC will be urging the Society to continue to invest time and resources in the task of redirecting our profession to a clinical one. As cited, the second series of regional Seminars has already begun, with emphasis on the practice of PPM; these will be held in the same centres as the first series. To meet the particular needs of managers regarding the administrative promotion of clinical services, a series of three to four Clinical Pharmacy Management Seminars has been planned (one in Toronto at the PPC, one in the West, one in Quebec and perhaps one in the Maritimes).

The originally distributed binder "Clinical Pharmacy and You" which contains both the White Paper and audio cassettes on related talks will be updated with additional cassettes from time to time. The most recent addition includes material on the administrative promotion of clinical services, PPM in a small community hospital and the concept of "Pharmaceutical Care". Regarding the latter, CPAC is exploring with the authors of this concept the similarities and/or differences between this new concept and the White Paper's approach. An official position will be developed by the Society.

CPAC members, with the support of the CSHP Council, have developed official links with the Association of Faculties of Pharmacy of Canada (AFPC), at the level of their Education Committee. Views on curricular emphasis, the need for post-graduate programs, and the

mission of the profession will all be considered at this level.

Finally, a research effort, long cherished by the CPAC, has been funded. The Ontario Hospital Incentive Fund has supported CPAC efforts to identify the impact on patient care of the various levels of PPM identified in the White Paper. An initial two-year study will provide some interesting data on this issue.

#### **SUMMARY**

Overall, there is agreement from attendees at the Regional Seminars that the White Paper on the Establishment and Elaboration of Clinical Pharmacy Services is a document of major importance to the profession, that the principles and the skills stressed in the White Paper should

be promoted continually through seminars and standards, and that it is appropriate in terms of meeting the needs of practitioners for the advancement of clinical pharmacy practice. There is a general sense that these "How To" efforts are the best mechanism for practitioners to increasingly adapt to the needs of becoming clinical practitioners. In addition, the idea is often expressed that this type of seminar needs to be offered repeatedly for different practice populations.

There are implications expressed for political action by CSHP and for changes in our schools of pharmacy. Overall, the first efforts of CPAC have been met with broad satisfaction and a demand for further publications, educational seminars and research projects.


By the Clinical Pharmacy Advisory Committee (CPAC), CSHP

Outgoing Chairperson: William McLean, Ottawa;

National Committee: Glen Brown, (Incoming Chairperson), Vancouver; Erwin Friesen, Edmonton; Richard Eppel, Owen Sound; Charles Bayliff, London; Nancy Winslade, Toronto; Marc LeBel, Québec; Ingrid Sketris, Halifax;

Local Committee: Samantha Fong, Ottawa; Myrella Roy, Ottawa; Michael Tierney, Ottawa;

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