

This special report is the result of a session during the joint meeting of the Association of Faculties of Pharmacy of Canada and the Canadian College of Clinical Pharmacy, which was held on June 11, 1999, in Quebec City, Quebec. The goal of this meeting was to establish a dialogue between practice-based and traditional faculty members about the roles and responsibilities of various clinical appointments. This special report summarizes only this session and does not discuss how other similar organizations (such as the American Association of Colleges of Pharmacy and the American College of Clinical Pharmacy) or other health professions (such as medicine, dentistry, and nursing) have dealt with this issue. This report is published here because many practice-based faculty members are hospital pharmacists, and this is one method to further the dialogue between the groups.

Fostering Relationships between Clinicians and Faculties of Pharmacy

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INTRODUCTION

Increasingly, faculties of pharmacy in Canada comprise 2 types of academic personnel in both tenure and nontenure streams: traditional and practice-based. Practice-based faculty members may be either tenured or nontenured, are involved in teaching, and may or may not have research responsibilities. The focus of practice-based faculty members, who have teaching, research, and clinical responsibilities, is often different from that of traditional faculty members, who have only teaching and research responsibilities. Hence, conflicts regarding the direction of the faculty's curriculum or research programs and the workload, performance appraisal, promotion, and perceived contribution of individual faculty members may arise. The situation is further complicated because many practice-based faculty members work only part-time in the university, an uncommon scenario for traditional academics. Almost all faculties of pharmacy face these issues.

Anecdotal evidence suggests that relationships between these 2 types of academics need to be explicitly nurtured and developed. Improving communications certainly seems an appropriate strategy, with

explicit discussion about the issues from all perspectives, especially regarding performance appraisal and promotion. To initiate such a discussion, a one-day session was arranged during the joint meeting of the Association of Faculties of Pharmacy of Canada (AFPC) and the Canadian College of Clinical Pharmacy (CCCP). The goal of this meeting was to establish dialogue between practice-based and traditional faculty members about the roles and responsibilities of the various clinical appointments.

In preparation for the meeting a list of several points for discussion was created. These points were circulated to members of both AFPC and CCCP for feedback before the meeting. On the basis of the response of members, 6 specific objectives were selected for discussion at roundtable sessions during the morning of the joint meeting. The specific objectives were as follows:

- To identify the pros and cons of tenure-track versus nontenure-track academic appointments for practice-based academic staff.
- To identify mechanisms and approaches for including clinical service as one criterion for promotion of nontenure-track practice-based academic staff.



- To identify appropriate ranges of responsibility, such as teaching, research, scholarly activity, and clinical service, in consideration of tenure and promotion of tenure-track practice-based academic staff.
- To identify how academic and clinical mentoring among practice-based faculty members and preceptors could be improved.
- To identify the positive and negative impacts on universities and institutions of clinical cross-appointments or joint appointments.
- To identify the positive and negative impacts on practice-based faculty members of the possible implementation of the entry-level PharmD degree in Canada.

For each objective, several questions were formulated to guide the discussion. Facilitators for the sessions were selected from both AFPC and CCCP and were paired so that one traditional faculty member and one practice-based faculty member facilitated the discussion for each objective. Facilitators either selected their objective on the basis of personal interest or experience or were asked to facilitate a specific objective on the basis of their expertise.

The session was held on June 11, 1999, in Quebec City, Quebec. Approximately 60 AFPC members and 150 CCCP members attended the session. During the morning session, attendees were given the opportunity to participate in 3 roundtable sessions, each discussing a different objective. After these discussions, the facilitators met to summarize their findings. These summaries were presented to the participants later in the day. A synopsis of each summary is presented below. Each objective is presented separately, although key points from each of the objectives often overlapped.

ROUNDTABLE OBJECTIVES

Identify the pros and cons of tenure-track versus nontenure-track academic appointments for practice-based academic staff

Tenure-track appointments are desirable for practice-based faculty members because they provide job security and academic freedom in the face of health-care cutbacks and hospital restructuring. In addition, such positions, where they exist, promote pharmacy as an academic unit rather than as a service. There are, however, relatively few of these positions available in Canada at present.

Experience to date suggests that practice-based academic staff, whether tenured or nontenured, experience conflict resulting from the differing expectations and priorities of various stakeholders, in

particular their health-care and academic institution employers. The result is that practitioners may resign their faculty appointments, but generally not their clinical appointments. The overwhelming message is that it is crucial to identify and agree upon the responsibilities and expectations of all stakeholders in advance. Health-care institutions need to understand the importance of research and scholarly activity and the positive impact that this work may have on the institution. Faculties of pharmacy need to understand the practitioners' commitment to patient care as well as to students and the time that each of these requires.

Faculties of pharmacy need to examine the proportion of the curriculum that is clinically based and the resulting teaching load. Practice-based teaching requires a low teacher-to-student ratio, from 1 to 3 students per teacher, with intense interaction, usually 1 contact hour each day. Such workloads are maintained by practice-based faculty members who typically do not have access to teaching assistants, graduate students, or fellows to aid in teaching, evaluation, and research.

Faculties of pharmacy also need to develop a method for addressing the various expectations of stakeholders when developing promotion guidelines, for example, different weighting of key activities, including teaching, research, and clinical service. For practice-based faculty members, these guidelines need to have the flexibility to assess advancement of practice, scholarly activity, and practice-based research for promotion. However, practice-based faculty members must also be prepared to be judged on their research productivity or innovation at their practice site.

Identify mechanisms and approaches for including clinical service as one criterion for promotion of nontenure-track practice-based academic staff

The inclusion of clinical service as a criterion for promotion will involve work by both the faculty of pharmacy and its practice-based faculty members and should be considered a joint endeavour. When considering the promotion of an individual, it is important that a faculty of pharmacy consider that person's contributions and career as a whole. That is, the assessment should not be restricted to the person's activities in the institution per se or for the organization paying the person's salary. Most hospitals do not have a system of promotion within clinical practice; therefore, it may not be possible to use the person's institutional rank in assessing his or her performance. Development of clinical career ladders within the hospital system would be helpful.



Faculties of pharmacy value teaching, both in the classroom and in the practice sites. There is a need to appreciate that the development of a high-quality clinical practice improves both classroom and practice-based teaching. The skills and effort involved in developing and maintaining a clinical practice are, therefore, important to the faculty and should be recognized. However, documentation of innovation and excellence in the practice site is necessary. Because of the less concrete nature of the assessment of clinical practice, practice-based faculty members must be proactive and seek out the assessment of their peers in the form of recognition from professional organizations. Although supporting letters are useful, a more structured approach to seeking assessment from the health-care team is important.

Practice-based faculty members need to recognize that faculties of pharmacy value their level of involvement in all aspects of academic activity, not just classroom teaching. Practice-based faculty members must become more involved with curriculum development and course design, because sharing what they are doing in their clinical practice may benefit the faculty in these endeavours as well.

Identify appropriate ranges of responsibility, such as teaching, research, scholarly activity, and clinical service, in consideration of tenure and promotion of tenure-track practice-based academic staff

The discussants felt that it was premature to discuss appropriate ranges of responsibility at this stage and therefore addressed this issue more broadly in terms of the tenure expectations of practice-based faculty members.

Faculties of pharmacy need to be clear with regard to their expectations of tenure-track practice-based academic staff and must understand the demands of clinical service. Tenure and promotion guidelines should be clearly written and relevant to practice-based faculty members, particularly with respect to the definitions of scholarly activity, research, and service. Faculties should share their guidelines and examine those for other health-care professionals to avoid duplication of effort. Different tracks within promotion and tenure should also be considered, allowing for assessment based primarily on teaching and service alone or teaching and research alone.

Practice-based faculty members need to ensure that the expectations of all stakeholders, including health-care and academic institutions, are clearly outlined in advance. With regard to research and scholarly activity,

practice-based faculty members need to develop a vision or plan for their research and document their activities. Mentorship is another area that is particularly important for tenure-track academic staff, and many will find a mentor invaluable in this regard. Networking with colleagues whose work has been recognized through the process of promotion and tenure, especially with regard to documentation, is an additional form of mentorship. There is a need to develop a document similar to a teaching portfolio for both clinical practice and research.

Identify how academic and clinical mentoring among practice-based faculty members and preceptors could be improved

A system of mentoring should be available for all types of academics. Four specific issues were identified during the discussion of this objective.

First, orientation for all faculty members, including those with joint and cross-appointments, as well as those with full-time appointments, should be provided or required. There should be a general orientation for all new faculty members, irrespective of percent appointment, about the university, the faculty, and the teaching program. For example, a binder could be prepared for each new faculty member with "basic" information, such as where to obtain a library card, parking regulations, how to arrange for an e-mail account, and how to obtain audiovisual support. The binder could also include, for example, academic policies, course syllabi, and information about appeals processes. In addition, it would be optimal if a senior faculty member could be identified for each new staff member as a contact person or as a "big brother"/"big sister". In this manner, communication could be up-front, and a new faculty member would always have someone to call.

Second, the mentoring process should be formalized and rewarded. Different mentors should be considered for different functions. For example, there could be research mentors as well as teaching mentors, to capitalize upon the strengths of various individuals. Other areas might include student evaluation and clinical practice. This division of mentoring responsibilities would use skills optimally instead of expecting one individual to have skills in all areas. However, if senior faculty members are expected to mentor more junior staff, the activity must be valued. Mentoring could be reported similarly to individual time with graduate students and could be recognized in yearly evaluations.



This activity should be rewarded to ensure that it is done well.

Third, traditional faculty members should seek to involve all teaching faculty members in course development. One option is a one-day retreat to share, rethink, and revise courses. This could be held yearly in early May. If the date was selected well in advance, people could easily schedule this commitment. Invitations should be extended to everyone involved in the curriculum. This meeting would provide an opportunity to review course objectives and discuss where students are in the curriculum, to provide context for guest lecturers or case writers.

Finally, to assist preceptors in performing their teaching functions, 4 ideas were identified. Information about students before rotation, in the form of a one-page biography or summary, is very helpful to preceptors. If issues have been identified for a particular student that require additional time and attention, preceptors need to be aware of this situation in advance. Second, the coordinator of student placement has to be open in communication style and ideas, and must respond efficiently to any concerns that may arise. Third, preceptor training is crucial, and faculties should begin to devote resources to this activity. This investment is needed because of the expansion of the experiential component of the curriculum and the necessity of student exposure to a more advanced level of practice. Finally, the quality assurance of rotations can be pursued after training has been provided.

Identify the positive and negative impacts on universities and institutions of clinical cross-appointments or joint appointments

There was recognition that definitions in this area should be standardized. That is, the meaning of the terms “cross-appointment” and “joint appointment” need to be standardized before we can discuss the contribution of these types of appointments. From the university perspective, practice-based faculty members provide relevant, up-to-date therapeutic information to students. They also serve as role models to students on rotation and provide opportunities for experiencing intraprofessional relationships. Building collaborative research relationships is also a key positive outcome of many practice-based faculty members.

Individuals with cross-appointments or joint appointments face a difficult task in terms of dichotomous demands. Because they must be available for patient care, time for traditional faculty activities is often perceived as limited. A lack of time spent “in” the faculty

may contribute to a lack of understanding about the overall curricula.

Identify the positive and negative impacts on practice-based faculty members of the possible implementation of the entry-level PharmD degree in Canada

The impact on practice-based faculty members of an entry-level PharmD degree in Canada will depend on a number of issues, and hence the following assumptions were made:

- the educational outcomes for an entry-level PharmD will be greater than for a 5-year BSc(Pharm) degree and will be less than those for a post-BSc PharmD degree
- the clerkship or practical training component of the curriculum will increase from the current requirement of about 4 months for a BSc graduate to about 10 months for an entry-level PharmD graduate
- student numbers will stay the same.

To gain greater insight into the impact of the entry-level PharmD, the educational outcomes and levels of expected performance for each outcome must be determined. If the level of performance is expected to be greater than that of the current 5-year BSc(Pharm) degree, the level of practice of all clinical teachers will have to be significantly higher than for those teaching in the current BSc program. It may be more difficult for practitioners in community pharmacy to achieve this requirement, as community pharmacists face significant system-related barriers to higher levels of practice. For example, the mechanism for the reimbursement of community pharmacists for their services results in their being financially rewarded primarily for filling prescriptions. In addition, community practitioners may not have the time (or their employer's support) to provide the higher levels of care (which would affect the maximum level at which they can practise).

Should courses such as therapeutics expand, an increase in the core number of practice-based academics in the faculties of pharmacy would be necessary. In addition, the increase in clerkship time from 4 to 10 months would require a significant increase in practice sites as well as resources. Many more practice-based faculty members would be required. There is concern that the number of qualified practitioners or faculty members might not even be available. These concerns are predicated on the fact that tuition increases and government transfers will be necessary to pay for these essential new appointments.



In addition to the above issues, the following 2 questions were raised by the discussants:

- Who is behind the movement toward an entry-level PharmD degree?
- Is the real objective of an entry-level PharmD to provide a title, or is it to enhance the education of pharmacy graduates and hence to enhance pharmacy practice?

CONCLUSIONS

Three common themes emerged from the roundtable discussions. The first was the importance of clarifying the expectations of practice-based faculty members for the individual, the faculty, and the practice-based health-care institution involved. Such clarification would not only allow individuals to achieve the goals established, but would also minimize the stresses involved with multiple partnerships. From the faculty perspective, it would provide an accurate perception of contribution by practice-based staff members. Clear elucidation of expectations would also enable the health-care institution to accommodate faculty responsibilities.

The second common theme was mentorship on a variety of levels. The importance of mentorship and support for preceptors is crucial, particularly as faculties of pharmacy expand the experiential component of the curriculum. Mentorship for practice-based faculty members is important in achieving the agreed-upon expectations for teaching, research, and clinical practice. In order for mentorship to be successful, a formal system must be established and it must include rewards for the mentors.

Finally, promotion and tenure guidelines need to be flexible and should explicitly recognize the clinical service of practice-based faculty members. Scholarly activity, not just research publications, is an important criterion for practice-based academic staff. As well, a system of documenting innovative clinical service and practice-based research is necessary. Thus, considering an individual's contributions and career as a whole, not restricted by location or the percentage of salary paid by

an organization, is particularly important for practice-based faculty members in relation to promotion and tenure. This becomes clearer when one considers the lack of a system of promotion within clinical practice.

This forum should be regarded as a beginning rather than a conclusion. There are definitive messages for both individuals and faculties of pharmacy, the most important being the need for discussion at the faculty level. However, many of these issues also require discussion at the national level. AFPC and CCCP should continue this work to facilitate sharing of existing systems and development of guidelines. Working with other organizations such as the Canadian Pharmacists Association and the Canadian Society of Hospital Pharmacists is also important. International organizations, such as the American Association of Colleges of Pharmacy and the International Federation of Pharmacists, may also have information that would be helpful in these Canadian discussions.

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