# Canadian Society of Clinical Pharmacology and Canadian Association for Population Therapeutics

2007





#### Who We Are

- CSCP The Canadian Society for Clinical Pharmacology is a non-profit scientific society comprised of individuals with interests focused on the investigation of and the proper therapeutic use of drugs in humans and is committed to the development of drug investigation in humans.
- CAPT The Canadian Association for Population Therapeutics a non-profit scientific society that provides a national base for the advancement, exchange, and application of new knowledge among leading researchers, educators, and practitioners interested in the use, economics, and outcomes of medical drugs and other therapeutic interventions in populations.

2

#### Mission and Vision

- Clinical Pharmacology is the discipline engaged in optimal drug discovery, development and use, based on an in-depth knowledge of human pharmacology and therapeutics.
- Population Therapeutics advances the sound development of population-based studies of therapeutic interventions in the best interests of the individual patient and the public well-being.

3

#### Role of Our Societies

- Clinical Pharmacologists are particularly interested in individual variability in response to drugs and serve as an important resource to health care institutions and education programs, governments, and other organizations dealing with clinical pharmacology and therapeutics issues.
- Population Therapeutics scientists advance the development of population-based studies of drug and other therapeutic interventions and serve as an information resource for therapeutic decision-making and as shapers of public health policy.

4

#### Issues facing our discipline

- · The drug safety agenda
- Medical education
  - Are physicians adequately prepared to prescribe new drugs?
- Information technology
  - The role of the EHR and EMR
- Human resources

#### Plan for today

- · Brief presentations by each panel member
- The human resource situation for :
  - Pharmacosurveillance: Noralou Roos
  - Clinical Pharmacy: Lisa Dolovich
  - Clinical Pharmacology: Ted Toffelmire
  - Health Canada: Siddika Mithani
  - Industry: Kevin Fehr, GSK
- · Discussions with you
- Creation of an action plan to examine how to enhance training to meet the identified needs

5

6



#### CIHR DISCONTINUES MID-CAREER AWARDS

#### **Awards Ending**

Quebec

**Nova Scotia** 

Ontario

5-yr CIHR Senior Investigator 5-yr CIHR Senior Investigator 8-yr hospital career award 5-yr CIHR Senior Investigator 7-yr CHSRF Senior Investigator 7-yr hospital career award 5-yr MSFHR Senior Investigator

2005

2004

2006

2007

2004

2006





#### Pharmacy Human Resources

Lisa Dolovich BSc Phm PharmD MSc

9

#### Pharmacy: Current Situation

- Approximately 30,000 licensed pharmacists in Canada Blueprint, 2007
- Third-largest segment of health care professionals in Canada Blueprint, 2007
- Approximately 90 pharmacists per 100,000 population Global pharmacy Workforce and Migration Report
- 70% work in community pharmacies, 15% in hospitals, 15% academia, industry, government and other areas Blueprint 2007

#### Salaries:

- Average hospital staff pharmacist salary, \$64,820 to \$77,969 2005-2006 Hospital Pharmacy in Canada
- Average community pharmacist salary is approx \$80,000 (increase of about \$5,000 over 2005) Trends and Insights 2006.

#### Pharmacist: evolving role

- Shift more attention to patient-centred, outcomesfocused care to optimize the safe and effective use of medications.
- Pharmacists will spend more time managing drug therapy in collaboration with patients, caregivers, physicians, and other providers.
- Pharmacists will have greater responsibility for prescribing decisions and monitoring drug therapy outcomes.
- Pharmacists will have greater authority to prescribe (e.g. initiate and modify drug therapy), to order and perform tests and have access to relevant patient information.
- Pharmacists will play a prominent role in health promotion, disease prevention, and chronic disease management.

#### Pharmacy Human Resources: Needs

#### Shortage for current roles:

- Hospital pharmacist position vacancy rate is 13.3% (2005-2006 Hospital Pharmacy in Canada)
- 48% of community pharmacists and 42% of community pharmacy owners / managers state there is a shortage in pharmacy where they work (Trends and Insights 2006)

#### Needs related to current and evolving roles

- Clear description of new pharmacist roles, responsibilities to make projections
- Understanding of factors determining pharmacist job satisfaction
- · Recruitment and retention issues
- Roles, responsibilities and competencies for pharmacy technicians
- Address challenges faced by international pharmacy graduates



#### Pharmacy Human Resources: Training

- Promote and increase intra professional and inter professional approaches
- Identity and apply evidence for improving the effectiveness and efficiency of education including CPD
- Incorporate management, leadership and change management skills
- · Increase quality of experiential training
- Develop and secure sufficient number of training sites and preceptors
- · Incorporate bridging programs for IPGs
- Accredited CPD and practice support programs for pharmacists seeking to implement new services, specialty practices or practice models
- · Encourage life long learning skills
- Pharmacy technicians
  - define skills and competencies
  - accreditation system for training programs
  - certification



### Pharmacy Human Resources: other changes, recent initiatives

#### Changes in other areas needed to support HR including:

- · Ensuring financial viability
- Addressing legislation, regulation and liability Recent initiatives



- · Moving Forward Pharmacy Human Resources project
- · CIHI database
  - National supply-based database and reporting System
  - January 2005 to December 2007
  - Fields include type of employment, age gender, education province
- Blueprint for Pharmacy
  - A strategic action plan for the pharmacy profession to strengthen its alignment with the health care needs of Canadians and to respond to the stresses on the health care system.
  - Pharmacists and pharmacy organizations are working to articulate a common vision and implement a coordinated plan of action.





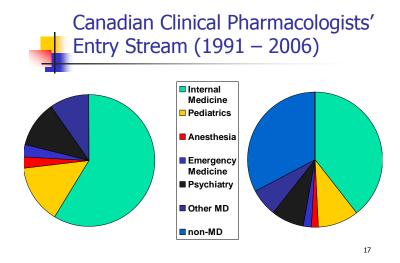
Ted Toffelmire, MDCM, FRCPC Chair, RCPSC Specialty Committee for Clinical Pharmacology

CSCP, 29 May 2007, Halifax

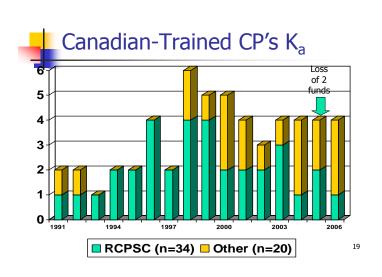
## In 2007, how many MD Clinical Pharmacologists are there in Canada?

- RCPSC knows of 30 (certificants = since 1991)
  - CSCP knows of 17 of these (57%)
- CSCP knows of 91 total (+13 = 104)
  - 20 received primary certificate before 1975
- CSCP knows of 51 non-MD Clinical Pharmacologists
- ≈155 CP positions OCCUPIED in Canada (%FTE?)

16



**Basic Kinetics of Clinical Pharmacologists** Formulation Training ■ Jejunum Absorption ≈ Employment ■ Heum Distribution Distribution ■ Flux between ≈ Flux between compartments departments Modifications ≈ Career focus Elimination ≈ Retirement from CP





Finish Training  $\approx 4 / \text{yr} (57\% \text{ of } C_0)$ 

Employment  $K_a \approx 1.5 / yr$ 

Distribution  $V_d \approx mostly academic$ 

 $C \approx 104 \text{ (or } 155)$ 

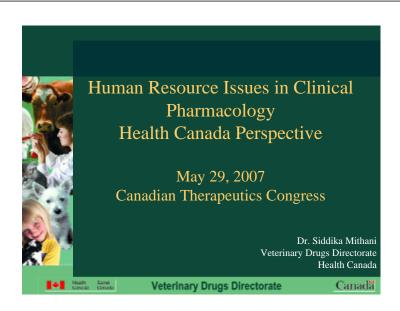
low

Flux between departments

Career focus all areas

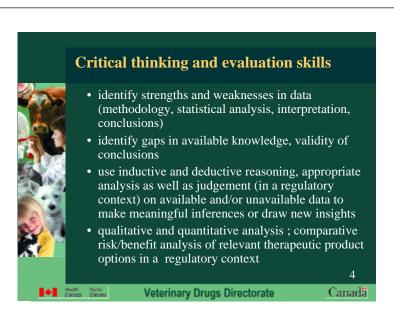
Retirement from CP CI < 20 in next 5 years?

Mean  $t_{1/2}$  (Clin Pharm) ? 16 years











#### **Current situation:**

- Difficult to hire Canadian-licensed MDs in pharma industry
- Difficult to find in depth clinical pharmacology expertise
- Positions filled by basic science PhDs, PharmDs, foreign trained MDs, M. Biotech
- Net result: protocols written off shore, and don't meet needs of Canadian patients



#### **Perceived Gaps:**

- Different culture
- Negative perception of industry
- Lack of business experience
- Difficulty communicating with non-scientific colleagues
- Often need training on broader issues: medical governance, drug safety, epidemiology, pharmacoeconomics



#### Possible interventions:

- Introduce positive role models from industry
- Promote industrial collaboration early in training
- Encourage industrial secondments during training
- Allow for training in industrially-relevant areas (e.g., business development, marketing, finance)
- Encourage development of leadership behaviour

