

## Introduction & Background

The cost of preventable drug related morbidity in Canada has been estimated at nearly \$11 billion per year.<sup>1</sup> As many as 28% of all emergency department visits are drug-related, and the majority of these problems are preventable.<sup>2</sup> Seventy percent of general practitioners are not accepting new patients and approximately 40% of the Canadian population does not have a family physician.<sup>3</sup> A growing number of family physicians are expressing concern regarding patients' ability to access necessary health care services.<sup>3</sup>

New methods of delivering and monitoring drug therapy are required to improve the safety of the medication use system and to improve patient outcomes. Pharmacists, with their unique training and skills in medication management, are well positioned to address the problem of preventable drug related problems. More and more patients already turn to their pharmacist as the first source of health information and care.<sup>4</sup>

Prompted by a range of personal and professional factors, many Canadian pharmacists have acquired particularly high levels of expertise in specific practice areas through focused education and training programs and their own interest and experience. The current regulatory system does not allow for pharmacists, who have acquired these special levels of expertise, to be officially recognized by their peers, other health care professionals and the public. Pharmacists with a particular expertise are prohibited from using special designations or otherwise advising the public or other health professionals of the enhanced level of care or service that they are competent to offer.

While there are specific settings in which a pharmacist's skills and abilities may already be fully recognized and utilized, such as hospitals or community care clinics, the majority of pharmacists work in licensed community pharmacies that are not part of the public health care system. The public and other health care providers would benefit from a standardized method of identifying which pharmacists have the skills and knowledge to provide advanced pharmacy care in a variety of disease areas.

In November 1998, NAPRA Council approved a recommendation from the Pharmacy Registrars to examine the issue of educational programs purporting to be pharmacist "certification" programs, from a regulatory perspective. Council supported the Registrars' concern that there were no Canadian standards in place regarding the quality and outcomes of these programs, and without such standards, the regulatory authorities were unable to evaluate pharmacists who claim advanced qualifications beyond those required for general licensure, or formally recognize their special levels of skill and knowledge. The development of a regulatory process and standards for specialization was viewed by the Registrars as important for public protection, for maintaining the integrity of the profession, and allowing pharmacists with special expertise to be recognized as such through the activation of protected title designations. Further, it was agreed that a national approach should be taken in establishing a framework for recognizing pharmacist specialties, in keeping with the principles of the Mutual Recognition Agreement for the Profession of Pharmacy.

NAPRA's National Advisory Committee on Pharmacy Practice (NACPP) was directed to make recommendations on the feasibility of a national specialty recognition program. Over a two-year period the Committee reviewed specialty recognition programs in other jurisdictions, related activities in Canada, and undertook two broad consultations with the profession on this topic, in developing the 2002 report to NAPRA Council.

NACPP established that a pharmacist specialist recognition process must be<sup>5</sup>:

1. Rigorous and Credible
2. Meaningful
3. Transparent and Fair,
4. Independent and Objective, and
5. Recognized within the pharmacy profession and by other stakeholders (such as patients, other healthcare professionals, employers, regulatory bodies, governments, and third party payers)

In addition to the above attributes, the Committee determined that a pharmacist specialist recognition program must include the following five components<sup>5</sup>:

- development or adoption of competencies and standard-setting
- assessment processes
- qualification and recognition of practitioners
- registration process and designation of qualified practitioners, and
- re-certification requirements

The recommendations presented in this report are based on these principles.