

# The CSHP Vision for Pharmacy

CSHP Vision for Pharmacy Task Force

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## INTRODUCTION

“Vision without action is merely a dream. Action without vision just passes the time.” This quotation, attributed to futurist Joel Arthur Barker, touches on the very purpose of this article and the vision for pharmacy that it describes.

Pharmacy professionals do not routinely struggle with action. Not that there isn't room for improvement, but the profession's progress over the past many decades demonstrates will and resourcefulness, despite a scarcity of external supporters or the lack of a clear pathway to a defined destination. Getting stuff done is *not* the issue.

However, development of a pharmacy vision—one for the entire profession—is challenging, perhaps now more than ever. Our predecessors in the field deserve credit for the state of the profession that they have passed down: having the foresight to integrate pharmacists into the patient's care team, to empower pharmacy technicians to be leaders and experts in managing the medication supply chain, and to leverage technology for all its potential. Coupled with the knowledge, skills, and mind set to get things done, great feats have been achieved. In addition to engendering immense gratitude, these achievements may also cause us to experience less comfortable feelings of uncertainty, as we wonder “What's next?” Now is a time when pharmacy professionals need to look to tomorrow, and that is why the Canadian Society of Hospital Pharmacists (now the Canadian Society of Healthcare-Systems Pharmacy or CSHP) set out to develop the next vision: to provide something to strive for, a vision that will bring meaning to every pharmacy action for today, the foreseeable future, and beyond. After all, “If you want to go fast, go alone; if you want to go far, go together” (African proverb).

## DESCRIPTION

### Background: How We Got Here

Emerging from the most recent pandemic, CSHP recognized that the profession was facing significant threats. There was action on many fronts, but action without clear direction may or may not be meaningful. Or, to say it another way, there was a risk of making changes simply for the sake of change.

It had been almost a decade since the Blueprint for Pharmacy<sup>1</sup> was sunsetted, and even then, that particular resource had referred only loosely to the types of care that CSHP members may aim to provide. The International Pharmaceutical Federation's Basel Statements on the Future of Hospital Pharmacy,<sup>2</sup> the American Society of Health-Systems Pharmacists (ASHP) long-range vision for the pharmacy workforce in hospitals and health systems,<sup>3</sup> and the ASHP Pharmacy Advancement Initiative<sup>4</sup> have many strengths and, if they'd been written in our context—Canadian public sector pharmacy—might have provided enough direction for us.

Talented and hard-working CSHP members had immense ability to do good things, but what were all these efforts contributing to? At worst, divergence and incompatibility were apparent; at best, convergence and unity were not. Determining what products and services a professional association should offer was nearly impossible when various members felt the profession was moving in disparate directions. Not to mention the threat of an externally imposed vision or direction, which could not be ignored. Therefore, a CSHP task force was struck with the purpose of developing and recommending a vision for the hospital pharmacy profession in Canada: a North Star (see Box 1), a guiding light, a compass, a fixed point toward which we could strive.

Task force activities included performing environmental scans, developing internal document and resource inventories, and searching for position and vision statements of other pharmacy organizations. The task force

### BOX 1. North Star: An Analogy

Since time immemorial, the North Star, also known as Polaris, has served as a secular symbol for bringing people together. A fixed navigation point, Polaris is the closest star (3 stars, actually) to Earth's North Pole, and as such its position in space is seemingly unmoving, despite the turning of the globe. Both practically and figuratively, the North Star has been used as a compass by countless generations of Indigenous peoples, by sailors, in the corporate world, and so on. As such, it serves as a powerful analogy, though its inclusivity is limited by irrelevance in the southern hemisphere. It is used here synonymously with “vision” and represents a destination—though our paths and the tools we use to get there may vary—toward which we are all headed.

reviewed all of these materials, harvesting proto-candidate vision statements. The search resulted in an abundance of statements, yet gaps remained and overlap abounded. The task force determined that a first set of candidate recommendations could be extracted from the ASHP Pharmacy Advancement Initiative,<sup>4</sup> a near-comprehensive resource derived from a North American setting (where pharmacy practice is not so very different from that in Canada). Still, adaptation would be needed, and concision and representative consensus were desired. Therefore, in summer 2023, the task force recruited a Delphi panel. In addition to pharmacy technician and pharmacist members of CSHP, the panel included representation from patient advocacy groups, the Indigenous Pharmacy Professionals of Canada, the Association des pharmaciens des établissements de santé du Québec, the Canadian Association of Pharmacy Students and Interns, the Association of Faculties of Pharmacy in Canada, and 2SLGBTQA+ advocacy groups, as well as some members of the task force itself.

Three Delphi rounds were successfully completed: round 1, in July 2023, had 31 participants; round 2, in August 2023, had 27 participants; and round 3, in September 2023, had 26 participants. Over the course of the 3 rounds, the 26 original statements were first whittled down to 16, and those 16 were further reduced to 12 (Box 2). While progressing through the Delphi rounds, the panel was presented with statements that were increasingly intended to be “MECE”<sup>5</sup>—mutually exclusive and collectively exhaustive—a feature that we did not routinely see in other organizations’ resources. The task force feared that absence of MECE structure could result in 2 main concerns. The first of these was potential overlaps; for example, pharmacists’ and technicians’ use of technology for patient care raised the question of the domain where technology statements would be included: A “pharmacist” section? A “pharmacy technician” section? A “technology” section? Only one? A combination? The second concern was potential gaps; for example, in articulating a vision or position intended for pharmacy, we had to also ensure there was no perceived intention to forgo collaboration with patients and other care providers. Each statement was intended to stand on its own while leaving nothing unsaid.

In terms of statement structure, the 12 vision statements were designed to embody 2 other key “hinging” characteristics: first, to be “evergreen” and thus relevant today, tomorrow, and beyond; and second, to strike a balance by providing enough detail and direction without encumbering the freedom and flexibility for innovation, allowing the vision to adapt as it goes the distance.

While consensus was achieved, there were trade-offs in settling on the final wording. Some feedback suggested that certain statements did not feel aspirational and instead read like expectations of the profession. Our response to these questions was, and remains, that in writing the statements

as MECE and evergreen—to stand the test of time—we needed to paint a picture of what pharmacy practice should look like in near-entirety in the future. Further, some statements may have survived through the Delphi rounds and are included in the final set of statements simply because they protect against threats and/or competing interests or they indicate a preferred direction when there is potentially another or multiple other paths to take. Other criticisms may include a sense that some statements don’t feel hospital-focused. In this regard, we would remind readers that CSHP has for a long time represented not only hospitals but also other collaborative healthcare settings, including ambulatory care, primary care, and other settings in the healthcare system. It is the public sector, not-for-profit nature of our work, not bricks-and-mortar institutions, that binds us to these vision statements.

## BOX 2. CSHP Vision Statements for Pharmacy

1. Pharmacy professionals engage in shared decision-making to provide evidence-informed care that incorporates patients’ values, needs, and preferences.
2. Pharmacy professionals provide equitable, culturally appropriate care tailored to the populations they serve.
3. Pharmacy professionals collaborate to address patients’ medication needs across the continuum of care.
4. Pharmacy professionals engage patients and their caregivers in managing the patients’ health and wellness.
5. Pharmacy professionals optimize patient care by practicing with their full and expanding scope of responsibilities.
6. Pharmacy professionals develop and maintain leadership skills to benefit their patients, themselves, and the profession.
7. Pharmacy professionals meet complex practice needs in healthcare systems by engaging in formal training opportunities, including specialization and credentialing.
8. Pharmacy professionals are engaged in the education and mentorship of peers, future hospital pharmacy professionals, and other healthcare providers.
9. Pharmacy professionals pursue innovative solutions to improve access and provide care to patients in the most appropriate location, which may include their homes or local communities.
10. Pharmacy professionals lead quality improvement and research initiatives with a focus on medication use, pharmacy practice, and resource allocation.
11. Pharmacy professionals lead and implement rational medication use practices that are fiscally and environmentally sustainable.
12. Pharmacy professionals promote diversity, equity, inclusion, accessibility, and belonging, both within the pharmacy profession and the broader healthcare system.

CSHP = Canadian Society of Healthcare-Systems Pharmacy (formerly the Canadian Society of Hospital Pharmacists).

## IMPLICATIONS

The work is not done. Details will need to be layered onto the vision, to bring it to life. We must strategize and execute in order to get to the place we want to go. What goals and objectives can we set that will put us on the right course? This is where you, the reader, come in.

### BOX 3. A Framework for Pharmacy Professionals, Based on Kotter's 8-Step Process<sup>6,7</sup>

**Establish a sense of urgency:** The concept of urgency is alluded to in the main text (e.g., the reference to “an externally imposed vision”) and is captured in the quotation regarding action in the absence of a vision. Did these allusions to urgency cause you any discomfort? If so, good! What might you do or say locally to convince your pharmacy colleagues that they should be paying attention to the vision?

**Form a powerful guiding coalition:** Diverse guiding coalitions have already supported efforts to bring the vision to this point, and guiding coalitions will most certainly be involved in the next steps of implementing the vision on a national scale. If you were to form a group to implement a strategy that takes the profession closer to its vision, who would be included in your guiding coalition? CSHP already has a number of substructures to operationalize its efforts (branches, committees, affiliated boards, etc.) and encourages them to incorporate the vision into their activities.

**Create a vision:** Although this step of the process may seem obvious, the term “vision” can have multiple meanings. In the context of this framework, it does not necessarily refer to the 12 vision statements of CSHP (see Box 2). Instead, the term “vision” could be referring to the organization’s strategic plan. How can you and your guiding coalition(s) help CSHP achieve its mission and strategies and in turn achieve the vision for the pharmacy profession?

**Communicate the vision:** The current article is only the beginning. Communication efforts will be expansive, and we need the help of every group and member within CSHP to spread the word. How can you help?

**Empower others to act on the vision:** Do you have a residency project and/or research idea? How does it relate to the vision? Are you conducting local strategic planning? How might you prioritize something that other organizations are also working on?

**Plan for and create short-term wins:** Expect to see the vision embedded in CSHP activities and events, awards and honours, and more. There will be opportunities to evaluate, compare, and set goals together. As part of the planning process for your own institution’s strategies, what short-term wins will help build confidence and hope? What will you measure to ensure change is happening?

**Consolidate improvements and produce more change:** Not only does the CSHP’s “evergreen” vision promise to yield unified and consolidated improvements, but it has also been designed to stand the test of time. Yet there will surely be changes and updates to come. How can you ensure that the implementation steps you’re carrying out now will grow local tolerance for and competence in change?

**Institutionalize new approaches:** At this point, we can only hope the destination will eventually be reached. How can you ensure that the implementation steps you’re carrying out will “stick”?

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## Next Steps: Moving toward the Unified Vision

In his landmark book, *Leading Change*,<sup>6</sup> John P Kotter shared lessons derived from the mistakes organizations have made trying to implement change.<sup>7</sup> Although the profession of pharmacy is not a singular company per se, it is an enterprise.<sup>8</sup> And just like every other enterprise, pharmacy is ultimately an enterprise within other, larger enterprises—the greater healthcare industry, the public sector, and more—and has smaller enterprises cascading within it: pharmacies and pharmacy departments, teams, individual practitioners, and so on.

As such, we propose a framework for implementation based on Kotter’s 8-step process (Box 3), which is applicable to every layer of the pharmacy profession: CSHP, pharmacy leaders and administrators, and pharmacy practitioners. This framework briefly touches on the efforts that CSHP has already started or will soon undertake to carry out the 8 steps recommended in Kotter’s model, at the same time providing pharmacy professionals with a tool for action. When applied, this tool will allow pharmacy professionals to enact the vision within their own contexts. As much as CSHP wants the vision to serve as and provide direction, the idea is also for pharmacy professionals to innovate and tell CSHP what the vision can mean.

The truth is, there’s more to the Barker quotation that opens this article: “Vision without action is merely a dream. Action without vision just passes the time. **Vision with action can change the world.**” When you consider the ubiquity of medications, their significant potential to help or to harm patients, and the need for highly dedicated healthcare providers to care for fellow human beings in their most vulnerable states, it is not grandiose to think that pharmacy professionals can change the world. Our coordinated and directed efforts together and as cooperating individuals can make it happen.

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