Portrait of pharmacists practicing in Quebec Family Medicine Groups (FMG)

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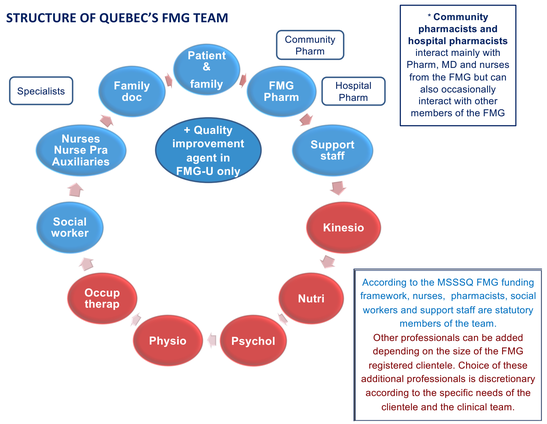
CONTEXT

- In October 2015, a revision of the primary care framework in Quebec has resulted in a wide spread integration of pharmacists in multidisciplinary primary healthcare teams.
- According to Quebec Health and Social Services Ministry, 79% (262/333) of FMGs included at least one pharmacist in January 2019.



OBJECTIVES

Describe and compare characteristics of pharmacists working in family medicine groups (FMG) and university affiliated teaching family medicine groups (FMG-U) and identify ways to facilitate pharmacists' integration in this new practice model.

METHODS

Province wide cross-sectional study

- May – August 2018 all pharmacists practicing in a FMG or FMG-U were invited to participate via a Facebook group, professional organizations advertisement, direct emails and direct phone calls.

Online questionnaire: 44 questions

- Developed with a working group of 9 FMG/FMG-U pharmacists
  - FMG characteristics (8 questions)
  - Pharmacist's activities(n=9) and characteristics (n=9)
  - Satisfaction (n=13) and needs (n=5)
  - Questback Enterprise Feedback Suite (EFS)

Analysis

- Descriptive analysis comparing FMG and FMG-U. Statistical analysis with independent samples t-test for comparison of means and Chi square test for comparison of proportions.
- Results discussed with a representative working group and an advisory committee

Ethics

- Approved by the *Comité d'éthique de la recherche en santé* (CERES) of Université de Montréal and by the Ethics Committee of Université Laval

RESULTS

Characteristics of FMG and FMG-U pharmacists

299 pharmacists working in a FMG identified at the time of the survey

178 (59,5%) pharmacists completed the survey

- 132 praticing in a Family medicine Group (FMG)
- 46 praticing in a University affiliated Teaching Family medicine Group (FMG-U)

	FMG N=132	FMG-U N=46
SEX	%	%
Men	29,5	23,9
Women	70,5	76,1
HIGHEST PHARMACY DEGREE COMPLETED	%	%
Bachelor	50,0	30,4
PharmD (entry level)	33,3	15,2
Master	11,4	47,8
Other	5,3	6,5
NUMBER OF PHARMACISTS COVERING THE SERVICE	%	%
1	51,5	39.1
2	37,1	43,5
3 or more	11,4	17,3
TYPE OF AFFILIATION WITH THE FMG*	%	%
Self-employed	70,5	32,6
Through an institution	14,4	63,0
Through a pharmacy	15,2	4,3
EXPERIENCE IN A FMG*	%	%
< 6 months	17,4	15,2
6-12 months	20,5	17,4
1-2 years	55,3	32,6
3-5 years	3,8	21,7
>5years	3,0	13,1
TIME WORKED IN THE FMG	FMG (h/week) Mean ± S.D.	FMG-U (h/week) Mean ± S.D.
Total for the service (difference 3,7h (IC95% 0.0294 to 7.4294; p=0,0518))	15,8 ± 10,8	19,5 ± 11,7
Per pharmacist (difference 1,7h (IC95% -0.7374 to 4.1374; p=0,1704))	10,8 ± 6,2	12,5 ± 8,3

*3 missing answers for these questions

RESULTS

Fig 1. Clinical activities: percentage of pharmacists doing these activities frequently or very frequently

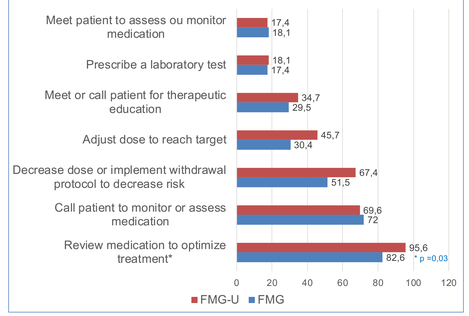


Fig 2. Percentage of pharmacists participating to administrative activities

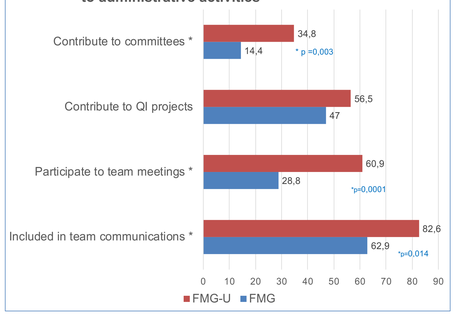


Fig 3. Collaborative activities: percentage of pharmacists involved often or very often in these activities

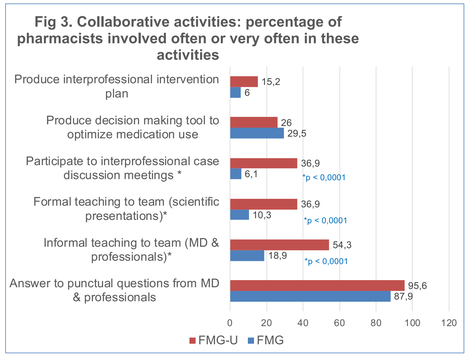
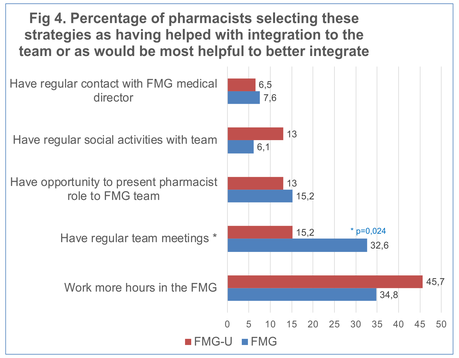


Fig 4. Percentage of pharmacists selecting these strategies as having helped with integration to the team or as would be most helpful to better integrate



DISCUSSION

- There is a wide variety of level of experience between FMG pharmacists.
- Pharmacists practicing in *University affiliated Teaching FMG* (FMG-U) have generally a longer experience with this type of practice. This is partly explained by the fact that integration of pharmacists in FMG-U started earlier, before the 2015 MSSSQ framework.
- Clinical activities are relatively comparable between FMG pharmacists and FMG-U pharmacists. Although FMG-U pharmacists seem to proceed more often to medication adjustment, it did not reach statistical significance.
- As expected, FMG-U pharmacists are more involved in teaching activities than their FMG counterparts.
- Data related to administrative activities and collaborative activities suggest that FMG-U pharmacists are better integrated in the clinical team. This might be related to the longer experience in a primary care clinic of these pharmacists but also to the specific culture in FMG-U and the larger presence of pharmacists in the clinic (more weekly hours).

CONCLUSION

- Pharmacists involvement in Quebec's FMG teams has exploded over the last 3 years.
- Most FMG and FMG-U benefit from only part-time pharmacist presence. This can impede pharmacist integration in the team and a significant number of respondents to this survey have identified working more hours in the clinic as a factor that would facilitate their integration. This would also increase accessibility to the clinic pharmacist in a timely manner to other members of the team and patients.
- Experience of FMG-U can be shared to other FMGs to facilitate and optimize pharmacists' integration in those teams.
- This survey is the first phase of an ongoing project of creation of a community of practice: le *Regroupement Québécois des pharmaciens en GMF* (**RQP**-GMF) which now counts 311 members.
- Tools have been created by the **RQP**-GMF to support optimal practice in FMG: members' repository, primary care references tool box, FMG pharmacist's integration road map and mentorship programme. All available on the **RQP**-GMF website (www.réseaustat.ca).

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