

Appendix 1: Pharmacist Survey

Q2 *In what pharmacy settings do you currently practice?
Please select all that apply.*

- ☐ Community pharmacy (1)
- ☐ Hospital pharmacy (2)
- ☐ Long-term care pharmacy (3)
- ☐ Family health team pharmacy (4)
- ☐ Clinical pharmacy (5)
- ☐ Other, please specify: (6) _____

Skip To: Q49 If Q2 ≠ Community pharmacy (1)

Q3 *To start, we have a few questions that will allow us to better understand the participants in our survey.*

Q4 *What degrees/ certificates have you completed? Select all that apply.*

- ☐ BScPhm (1)
- ☐ Post-bac PharmD (2)
- ☐ Entry-to-practice PharmD (3)
- ☐ MScPhm (4)
- ☐ Residency (5)
- ☐ Fellowship (6)
- ☐ Other, please specify: (7) _____

Q5 *How many years have you been licensed to practice as a pharmacist in Ontario or elsewhere?*

- ☐ Less than 5 years (1)
- ☐ 5–10 years (2)
- ☐ 11–15 years (3)
- ☐ 16–20 years (4)
- ☐ More than 20 years (5)

Q6 *Which of the following best describes you?*

- ☐ Man (1)
- ☐ Woman (2)
- ☐ Other (e.g., Trans) (3) _____

Q7 *In what year were you born?*

Q8 *How satisfied are you with your current job / practice of pharmacy?*

- ☐ Very dissatisfied (1)
- ☐ Dissatisfied (2)
- ☐ Neutral (3)
- ☐ Satisfied (4)
- ☐ Very satisfied (5)

Q9 *In addition to the influenza vaccine, what are the top 3 vaccines pharmacists should be allowed to administer?*

- ☐ Pneumococcal vaccine (2)
- ☐ Herpes zoster (shingles) (3)
- ☐ Hepatitis A (4)
- ☐ Hepatitis B (5)
- ☐ Meningococcal vaccine (6)
- ☐ Human papillomavirus (HPV) (7)
- ☐ Varicella (chicken pox) (8)
- ☐ Tetanus (9)
- ☐ Diphtheria (10)
- ☐ Pertussis (11)
- ☐ Measles, Mumps, Rubella (12)
- ☐ Travel vaccines (13)
- ☐ Other (14) _____
- ☐ Pharmacists should not be allowed to immunize (23)

Q10 *Did you personally receive the influenza vaccine in the 2013–2014 flu season (October 2013–March 2014)?*

- ☐ Yes (1)
- ☐ No (2)
- ☐ Prefer not to answer (3)

Q11 *We are going to ask you a series of questions about your work within a community (or retail) pharmacy setting. If you work at more than one community pharmacy, please answer the questions in reference to the community pharmacy where you work most often.*

Q12 *In what type of community pharmacy do you practice?*

- ☐ Independent (one owner - up to 6 stores) (1)
- ☐ Chain (more than 6 stores with one owner, e.g. PharmaPlus, Medical Pharmacy) (2)
- ☐ Banner (e.g. IDA, Guardian, Pharmasave) (3)
- ☐ Franchise (e.g. Shoppers Drug Mart, Medicine Shoppe) (4)
- ☐ Mass merchandiser/ Food store (e.g. Loblaws, Walmart) (5)
- ☐ Other, please specify (6) _____

Q13 *What is the postal code of your primary place of practice?*

Please note: This information will allow us to determine your general location within Ontario and if your practice serves rural, small urban or urban population(s).

- ☐ First three digits of postal code (1) _____
- ☐ Last three digits of postal code (2) _____

Q14 *What is your current position at this community pharmacy? Select all that apply.*

- ☐ Manager (1)
- ☐ Owner (2)
- ☐ Full-time staff (3)
- ☐ Part-time staff (4)
- ☐ Freelance/ Relief pharmacist (5)
- ☐ Other, please specify: (6) _____

Q15 *How many hours per week, on average, do you work at this community pharmacy?*

- ☐ Less than 8 (1)
- ☐ 8–24 (2)
- ☐ 25–40 (3)
- ☐ More than 40 (4)
- ☐ Other, please specify: (5) _____

Q16 *What is the total number of pharmacists (full time and part time) employed at this community pharmacy?*

- ☐ 1 to 2 (1)
- ☐ 3 to 5 (2)
- ☐ 6 or more (3)
- ☐ Don't know (8)

Q18 *What is the maximum number of pharmacists who work at this community pharmacy at any one time?*

- ☐ 1 (1)
- ☐ 2 (2)
- ☐ 3 (3)
- ☐ 4 or more (4)
- ☐ Don't know (8)

Q17 *What is the number of pharmacists who are trained to administer the influenza vaccine in this community pharmacy?*

- ☐ 0 (1)
- ☐ 1 to 2 (2)
- ☐ 3 to 5 (3)
- ☐ 6 or more (4)
- ☐ Don't know (8)

Q19 *Is this community pharmacy involved with influenza immunizations? Select all that apply.*

- ☐ Yes, staff pharmacists (one or more) administer the vaccine (1)
- ☐ Yes, nurses/ nursing agencies contracted by the pharmacy administer the vaccine (2)
- ☐ No current involvement, but planning to be involved in the future (3)
- ☐ No current involvement and no immediate plans for involvement (4)

Q20 *Are you currently certified to administer the influenza vaccine?*

- ☐ Yes (1)
- ☐ No (2)

Skip To: Q35 If Q20 = No (2)

Q21 *When were you certified to administer the influenza vaccine?*

- ☐ Before 2010 (1)
- ☐ 2010 (2)
- ☐ 2011 (3)
- ☐ 2012 (4)
- ☐ 2013 (5)

Q22 *In what country did you receive immunization training? Select all that apply.*

- ☐ Canada (1)
- ☐ United States (2)
- ☐ Other jurisdiction. Please specify: (3) _____

Q23 *Through what organization did you receive immunization training? Select all that apply.*

- ☐ Ontario Pharmacists Association (OPA) (1)
- ☐ A University. Please specify which: (2) _____
- ☐ Other, please specify: (3) _____

Q24 Have you personally administered the influenza vaccine in Ontario?

- ☐ Yes (1)
- ☐ No (2)

Skip To: Q36 If Q24 = No (2)

Q25 During which influenza season did you administer the vaccine at a community pharmacy? Select all that apply.

- ☐ In the 2012/2013 influenza season (October 2012 - March 2013) (1)
- ☐ In the 2013/2014 influenza season (October 2013 - March 2014) (2)

Q26 Thinking about the most recent influenza season in which you administered vaccinations at a community pharmacy...

Q27 How were the influenza vaccinations made available in this community pharmacy during that influenza season? Select all that apply.

- ☐ By walk-in (any time during the hours the pharmacy is open) (1)
- ☐ By walk in (during designated hours only) (2)
- ☐ By appointment (any time during the hours the pharmacy is open) (3)
- ☐ By appointment (during designated hours only) (4)
- ☐ Other (5) _____

Q28 How many individuals received influenza vaccines through this community pharmacy during that influenza season?

- ☐ Fewer than 100 (1)
- ☐ 100–200 (2)
- ☐ 201–300 (3)
- ☐ 301–400 (4)
- ☐ More than 400 (5)
- ☐ Don't know (8)

Q29 To how many individuals did you personally administer influenza vaccines through this community pharmacy during that influenza season?

- ☐ 1–10 (1)
- ☐ 11–25 (2)
- ☐ 26–50 (3)
- ☐ 51–100 (4)
- ☐ More than 100 (5)
- ☐ Don't know (8)

Q30 How was the availability of influenza vaccines advertised in this community pharmacy during that influenza season? Select all that apply.

- ☐ In-store signage (1)
- ☐ In-store announcements (2)
- ☐ Flyers in prescription bags (3)
- ☐ Newspaper advertising (4)
- ☐ Radio advertising (5)
- ☐ Internet advertising (6)
- ☐ Other (7) _____

Q31 Based on that experience, are there plans to change...

- ☐ The delivery strategy for influenza vaccinations at this community pharmacy (2)
- ☐ The advertising strategy for influenza vaccinations at this community pharmacy (1)
- ☐ No changes planned (3)

Skip To: Q33 If Q31 = No changes planned (3)

Q32 What changes are planned?

Q33 With whom did you partner in establishing the influenza program at this community pharmacy? Select all that apply.

- ☐ Public Health (1)
- ☐ Local physician's office (2)
- ☐ Family Health Team (3)
- ☐ Other, please specify (4) _____
- ☐ Did not partner (5)

Skip To: Q36 If Q33 = Did not partner (5)

Q34 Was this partnership beneficial?

- ☐ Yes (1)
- ☐ No (2)

Display This Question:

If Are you currently certified to administer the influenza vaccine? = No

Q35 Are you planning to become certified to administer the influenza vaccine in Ontario?

- ☐ Yes (1)
- ☐ No (2)
- ☐ Undecided (3)

Q36 *Thinking about the community pharmacy where you work most often...*

Q37 *Will the influenza vaccine be available at this pharmacy during the 2014/ 2015 influenza season?*

- ☐ Yes (1)
- ☐ No (2)
- ☐ Don't know (3)

Skip To: Q41 If Q37 = No (2)

Skip To: Q41 If Q37 = Don't know (3)

Q38 *How will the availability of influenza vaccines be advertised in this community pharmacy during the 2014/2015 influenza season? Please select all that apply.*

- ☐ In-store signage (1)
- ☐ In-store announcements (2)
- ☐ Flyers in prescription bags (3)
- ☐ Newspaper advertising (4)
- ☐ Radio advertising (5)
- ☐ Internet advertising (6)
- ☐ Decision to be made by head office (7)
- ☐ Other, please specify: (8) _____
- ☐ Not sure (9)

Q39 *How will influenza vaccines be administered at this community pharmacy during the 2014/ 2015 influenza season? Select all that apply.*

- ☐ By walk-in (any time during hours the pharmacy is open) (1)
- ☐ By walk-in (during designated hours only) (2)
- ☐ By appointment (any time during hours the pharmacy is open) (3)
- ☐ By appointment (during designated hours only) (4)
- ☐ Other, please specify: (5) _____
- ☐ Not sure (6)

Q40 *How many individuals do you anticipate will get their influenza vaccines at this community pharmacy during the 2014/2015 influenza season?*

- ☐ Fewer than 100 (1)
- ☐ 100–200 (2)
- ☐ 201–300 (3)
- ☐ 301–400 (4)
- ☐ More than 400 (5)
- ☐ Don't know (6)

Q41 *Still thinking about the community pharmacy where you work most often...*

Q42 *What are the top 2 facilitators affecting the decision regarding whether or not to provide immunization services at this community pharmacy (i.e., encourage service provision)?*

- ☐ Facilitator 1 (1) _____
- ☐ Facilitator 2 (2) _____

Q43 *What are the top 2 barriers affecting the decision whether or not to provide immunization services at this community pharmacy (i.e., discourage service provision)?*

- ☐ Barrier 1 (1) _____
- ☐ Barrier 2 (2) _____

Q44 *Listed below are additional factors that might impact the decision whether or not to offer influenza immunization services at this community pharmacy. For each factor, please indicate whether it is a facilitator (encourages service provision) or a barrier (discourages service provision). Select neutral if it is neither a facilitator nor a barrier and please use the "Other"*

Strong Barrier (1)

Intermediate Barrier (2)

Weak Barrier (3)

Neutral (4)

Weak Facilitator (5)

Intermediate Facilitator (6)

Strong Facilitator (7)

Not Applicable (9)

☐ Existing pharmacy workflow (1)

☐ Existing pharmacy staffing (2)

☐ Pharmacy layout/ physical space (11)

☐ Desire to improve patient health (3)

☐ Ability to demonstrate new pharmacist role to public (6)

☐ Competitive advantage compared to other pharmacies (4)

☐ Will lead to an increase of patients to your pharmacy (5)

☐ Quality of available immunization training (7)

☐ Decision by owner/ head office to offer influenza immunization services (8)

☐ Cost of implementation (9)

☐ Requirements outlined in the expanded scope regulations (10)

☐ Pharmacy certification by Public Health (12)

☐ Confidence in personal ability to provide influenza immunization services (14)

☐ Support from local physicians (15)

☐ Ability to obtain vaccine (19)

- ☐ Ability of pharmacy management to support/ provide immunization services (16)
- ☐ Professional liability related to immunization services (17)
- ☐ Patient interest in receiving vaccine in a pharmacy (18)
- ☐ Other, please specify: (23)
- ☐ Other, please specify: (24)

Q45 *Listed below are factors that could impact a patient's decision to receive their influenza vaccine at a pharmacy. Please indicate what you perceive to be the patient's top two facilitators (encourage them to go to a pharmacy).*

- ☐ Length of wait for patients (1)
- ☐ Hours of vaccination services available at pharmacy (2)
- ☐ Patients' interest in receiving the influenza vaccine (3)
- ☐ Concerns related to vaccine safety (4)
- ☐ Confidence in pharmacists' ability (5)
- ☐ Availability of vaccine from other providers (e.g., nurses, physicians) (6)
- ☐ Ability to vaccinate entire family (7)
- ☐ Other, please specify: (8) _____

Q46 *Listed below are factors that could impact a patient's decision to receive their influenza vaccine at a pharmacy. Please indicate what you perceive to be the patient's top two barriers (discourage them from going to a pharmacy).*

- ☐ Length of wait for patients (1)
- ☐ Hours of vaccination services available at pharmacy (2)
- ☐ Patients' interest in receiving the influenza vaccine (3)
- ☐ Concerns related to vaccine safety (4)
- ☐ Confidence in pharmacists ability (5)
- ☐ Availability of vaccine from other providers (e.g. nurses, physicians) (6)
- ☐ Ability to vaccinate entire family (7)
- ☐ Other, please specify: (8) _____

Q47 *What ideas do you have regarding how to engage more patients in pharmacist-administered immunizations?*

Q48 *Would you be interested in participating in a focus group of pharmacists to further discuss the impact of influenza immunization services on the practice of pharmacy?*

- ☐ Yes (1)
- ☐ No (2)

Q49

Thank you for your willingness to participate in this survey. Unfortunately, this survey is only applicable to those who are currently working in a community pharmacy.

End of survey