

Final Report: Focus Groups with Community Pharmacy Professionals

Community Practice Environment Initiative

The [Community Practice Environment Initiative](#) is aimed at understanding confirmed and potential barriers to patient safety and professional autonomy in community pharmacy through thoughtful, respectful and meaningful collaboration and engagement with pharmacy stakeholders.

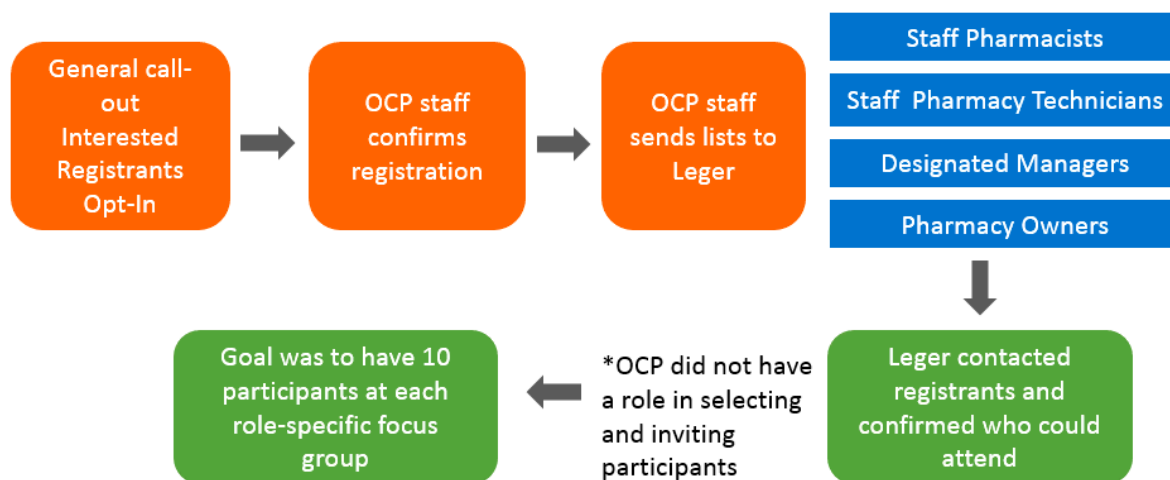
As part of this initiative, the Ontario College of Pharmacists (the College) contracted Leger, a 3rd-party market research firm, in August 2020 to conduct a series of focus groups with registrants who practice their profession in community pharmacies.

Focus groups allow for deeper understanding of the experience of providing pharmacy services in the community, insights into barriers and facilitators to the provision of high-quality patient-care, and to gather opinions about opportunities and potential solutions to barriers they have experienced in providing high-quality patient care in community pharmacy. The limitation to this approach is that participants cannot be considered a representative sample, and qualitative insights are provided rather than quantifiable data points. The information gathered through these focus groups help to ascertain

common themes and informed the development of a survey that quantified the impact of practice environment-related concerns on registrants' ability to practice to standard.

Recruitment for these focus groups required assistance from OCP in identifying interested participants. It was important to hear from pharmacy professionals in specific roles, so focus groups were held

Registrant Recruitment Process



Participants were pharmacy professionals practising in different communities across the province, with a minimum of 2 years practice experience, and from a range of pharmacy-ownership models.

College staff developed the discussion guide using input from the members of the [Community Practice Environment Advisory Group](#) that was used by the moderator. Staff observed the focus groups, but were not involved in the selection of participants, moderating the focus groups, or writing the report.

The comments and perspectives captured in the report reflect the opinions and views of those who participated in the focus groups. The insights provided by these registrants will be part of several pieces of information that the Advisory Group will be provided as they work to develop principles of shared accountability for community pharmacy operations that support patient safety and improved patient outcomes, the [Standards of Practice](#), and quality improvement across the sector.

Report

ONTARIO COLLEGE OF PHARMACISTS

QUALITATIVE RESULTS
REGISTRANTS
SEPTEMBER 16, 2020

DATE 2020-09-16 **PROJECT NUMBER** 82275-008



- 4 online focus groups were conducted between August 18 and Aug 31, 2020, among Ontario College of Pharmacist Registrants practising or owning a community pharmacy.
- Registrants were: Designated Managers, Staff Pharmacists, Staff Pharmacy Technicians or Pharmacy owners
- Within each group, participants worked at (or owned) a variety of pharmacy’s ranging from: independent community pharmacy’s to pharmacy chains (such as Rexall, Wal-Mart, Shoppers or Loblaws), in small rural towns and big cities.
- Pharmacy’s ranged from a couple employees (1-2 pharmacists, and 1-2 technicians and assistants to much larger: 4-6 pharmacists, and 4-6 technicians)
- Registrants were identified by Ontario College of Pharmacists using a survey sent directly to registrants through email. Registrants expressed their interest by opting in to participate. Leger then recruited registrants by contacting (emailing and/or phoning) registrants directly to participate.

Date/time	Type of Registrant	Location	Methodology	Number of participants
August 18, 2020, 7:00 EST	Designated Managers	Ontario	Online focus group	8
August 19, 2020, 7:00 EST	Staff Pharmacy Technicians	Ontario	Online focus group	7
August 26, 2020, 7:00 EST	Staff Pharmacists	Ontario	Online focus group	6
August 31, 2020, 7:00 EST	Pharmacy Owners	Ontario	Online focus group	6

KEY FINDINGS

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Registrants consistently agreed that there are many barriers within their practice environment. All agreed that:

- They are overworked, that they work overtime, and go long periods without a break
- Have poor access to patient records, and test results
- A lack of understanding of the importance of having a pharmacist as part of their healthcare team

Most important solutions to barriers were:

- Hire more pharmacy technicians, and have technicians work to full scope to alleviate tasks
- Use technology to access patient health records or test results

All registrants (no matter their role) believe they are an important part of their patients' healthcare team, however they feel that their role is overlooked by patients and other healthcare professionals

- Public education on the role of a pharmacist is cited as the best option for patients and healthcare professionals to fully understand a pharmacist's role

COVID has changed the working environment for all registrants:

- In the working environment, most notable changes were:
 - Working overtime
 - Strain on workflow
- Patient interactions changed a great deal, which included some positive and some negative changes:
 - Speak to patients over the phone or virtually (Med Checks, follow ups, taking prescriptions)
 - More extensions, because they can't get a hold of the physician
 - More requests from patients because they could not access their doctor
 - Speaking to patients through masks and Plexiglas, which increases privacy concerns
 - Increased cost to patients imposed by government

All registrants expressed positive views towards the value of continuous quality improvement within their practice environments. Things that have been done to maintain quality:

- Keeping up with NAPRA standards and new legislation
- Recertifying every year
- Using technology to improve workflow
- Identifying and learning from “near misses”.

Despite continuous quality improvement being a priority for everyone, feeling rushed, not having enough time or resources was mentioned as preventing quality improvement.

Registrants felt there are some key things the College can do to help improve their practice environment:

- Patient / healthcare professional education on pharmacy and the role of pharmacy professionals
- Certification (or education) for pharmacy assistants in order to take on more tasks
- Improve access to patient health records
- Have a registrant representative to be the voice within the College
- More regulation on expectations surrounding the number of and duration of breaks
- More regulation on staffing needs (number of staff is adequate for the number of prescriptions coming through the pharmacy) and pharmacy layout

A male doctor with grey hair, wearing a white lab coat over a light blue shirt and a purple tie, is examining a young woman's arm. He has a stethoscope around his neck. The woman is wearing a white t-shirt and has a blood pressure cuff on her upper arm. They are in a pharmacy or clinic, with shelves of various medications visible in the background. A semi-transparent grey banner is overlaid across the bottom half of the image.

DETAILED ANALYSIS

Many barriers were mentioned about their practice environments before and during COVID

No time to take breaks; exhausted and working too many hours was mentioned most often.



- Being overworked
- Not enough time to spend with patients to do in-depth consultations, med checks, follow-ups
- Not enough time for incident reporting
- Need more time to prepare prescriptions and do med checks
- Often get interrupted by customers asking questions, therefore slowing them down
- Multi-tasking too often



- Responsible for too many tasks (i.e. dispensing, faxing, cashing out customers, consultations) due to lack of other staff
- Labour matrix is often a hindrance (i.e. need more assistants/techs)
- Complaints about the fees that patients must pay
- Not having control over inventory
- Budget constraints to make pharmacy improvements

*"You really think twice before you go for a washroom break. **Things are going to pile up if I stay in the washroom for too long.**" -DM*

*"We're busy and we're understaffed for sure. The assistant and I overlap by a few hours, and two hours of that is to cover each others break. **When you feel rushed, the potential for error can increase.**" -Technician*

*"The biggest challenge I find is the payment aspect. A lot of people think that we are a shop that sells medications, though in reality we're not. **People don't question their dentist;** I have never seen a person fight with the dentist over \$4." - DM*

*"**We just don't have the time to do everything these days.** Because we are doing prescription checking, answering phone and taking verbal prescriptions from the doctor, faxing, some communication to the doctor, documentation. A lot of professional services, including injections, simple mixture." - DM*

*"As a pharmacist, we need to function at literally 100% efficiency, at all points of time. There's no margin for error. **In 12 hours, you are going to get fatigued.** You are constantly watching the screen, you're constantly checking prescriptions. **Most of the medication errors happen when you're fatigued.** So there has to be some kind of quality control, intervention for how to get the pharmacists to be treated better." -DM*

*"It would be nice to have a bit more technology to make things easier on us, and **we'd be able to offer a bit more to the patients.** It would be nice to be paperless and a super top-notch counseling room. But it's money that's the problem." -Technician*

*"There is a huge lack of support for what we need [INVENTORY]. And I don't have real ways of complaining. Bringing these things forward, **I don't have an outlet or a place to address these things.** There's nobody who actually takes responsibility." -Technician*

Many barriers were mentioned about their practice environments before and during COVID (con't)

Difficulties accessing patient health information and working with physicians was also mentioned.



- Poor access to patient's prescriptions at other pharmacies
- Poor access to test results (i.e. lab results, blood work, etc.)
- Do not have a relationship with their patients, therefore aren't considered part of their 'healthcare team'
- Lack of patient knowledge about what pharmacists do; pharmacists often feel rushed because patients don't know the full scope of what goes into filling a prescription (or the work they do).



- Pushback from physicians
- Difficult to work with physicians (i.e. they are unwilling to provide helpful information about patient, and / or do not trust the pharmacist's opinion)
- Difficult to receive verbal confirmation from physicians
- Hospital discharge prescriptions are particularly difficult to decipher, and it is difficult to contact the prescriber

*"There's a **full therapeutic process** that has to go into checking and making sure the dose is safe, checking the patient's indications, making sure they have no allergies but especially because we're dealing with such high-risk medications." - Pharmacist*

*"It's very **frustrating not to have access** to the full picture of the patient. It's very, very frustrating!" - Technician*

*"One of the things that would absolutely help community pharmacists would be that we would have **access to blood work**. Then we don't have to bother the primary care physicians that way" - Owner*

*"It's just that the way the corporate structure is built...if you don't prioritise some customers, they just get to me by going and **complaining to the store manager**. And then it becomes a mountain out of a mole hill. "*
- Pharmacist

*"I waste so much time tracking down **physicians** and getting clarifications. Discharge prescriptions are an absolute nightmare in Ottawa. If I didn't have 20-25 years experience, I would be lost with this. This is how errors happen." - Technician*

Respondents were given a list of challenges. All felt these challenges spoke to them as pharmacy employees.

Challenges identified by the OCP*

1. The day-to-day experience of providing patient care can lead to stress and burn out.
2. The ability of community pharmacy professionals to adapt to clinical practice changes and to provide safe, quality patient care in an increasingly challenging practice environment.
3. The overall impression that workload and operational demands are impacting professional autonomy and ability to meet the standards of practice.
4. Concerns are being expressed about the risk of medication errors and less time to provide patient-centered pharmacy care.

*as outlined in an [Environmental Scan](#)

*"I was designated manager up until quite recently. Because I was pursuing my travel health certification, and then COVID happened, **I just found it a little too demanding**, so I can definitely speak to the whole burnout part of it. When there are so many options and you want to explore those options, make sure you're hitting all the different clinical areas that are presented to us and then also trying to meet all the standards, report those pretty regularly, make sure all of that is in order. It does end up being a lot of work. So that's why **I gave up that designated manager role, passed it up to somebody else so I could focus more on the clinical aspect of it.** Well, I can definitely relate to that." - Pharmacist*

*"I personally have gotten a lot of pushback. When we had the expanded scope to do the 13 injectable vaccines, that's when I decided to pursue my travel certificate, and that's what you get is international, you know, there's physicians on it, there's nurse practitioners on, everybody's on it. However, **when I did approach local physicians for a medical directive and explained that I do have this scope, I got a lot of pushback..**" - Pharmacist*

*"I should be dealing with my patients. I should be talking to them, I should be doing Med Checks and reviews, but **it's trying to find the time.**" - Owner*

*"It's funny to talk to somebody who doesn't work in pharmacy and you'll say, '**I got to go to the bathroom on my shift today**', and they're like, 'What?'. But you'll get there and then suddenly it will be six hours later, and you've been answering the phone and doing 14 other things, and you just don't have time." - Technician*

*"And sometimes we find a really life threatening drug therapy problems that if we didn't find, if we don't take that extra two seconds to look at, **that could have been a patient's life.**" - Pharmacist*

*"The amount of time that we waste trying to track the information down and tie it all together to make sense and be safe for the patient. **We're delaying patient care.** These patients could be taking this medication, potentially feeling better a lot sooner." - technician*

"I never feel like I have enough time to provide that full clinical, thorough review of a patient." - Pharmacist

Solutions to ensuring a safe practice environment.



"We should have access to their prescription that they're purchasing at different places so that we can actually see if there's any duplication. Also accessing their blood work by just putting in the health card number." - DM



"I have started scheduling stuff. I did around 300 flu shots last year, and all of them were appointments. I do not take any walk-ins, but I am lucky because I work in an independent pharmacy." - DM

"We actually have a little board where we have lunch slots and people put down their times slots for their lunch. So, basically, you have to take that time." - Technician

"We're probably the only pharmacy in the world that does this but we do close for lunch. We close for half an hour." - Technician

- Trying to hire more registered technicians, and supporting them to work to their full scope
- Use appointments to schedule patients
- Designated consulting hours for pharmacists
- Training staff to deal with impatient customers
- Better use of Pharmapod
- Access to blood work, lab tests and prescriptions (like hospital pharmacies do)
- Scheduling lunch, or closing for lunch to give more breaks
- Having 'clinical connect' to help manage patient records
- Assigning defined tasks for each shift (vs multi-tasking)
- Scanners or barcodes are used as a secondary check
- Robot dispenser to attempt to eliminate human error
- Reporting errors and 'near misses', and learning from them
- Focussing on safety checks



"It's all better productive use of time by using better productive staff, and that to me is a registered tech." - DM

"What I've seen in most dispensing errors is that there was a shortage of time, or you got disturbed. Somebody is saying 'I need counselling' and you're on the phone. 'but I just need to ask you a question'. People need to be a little more patient. People need to understand that we are here for you. And that prescription checking takes priority." - DM

"Minor ailment prescribing is going to come up too. And again, documentation is going to be so important in minor ailment prescribing. So if you don't have the time on your hands, and if you're just doing a routine refill check that a registered tech can release or just a blister pack that a registered tech can take care of. This would give you so much time to move into a clinical pharmacist or consulting pharmacist role." - DM

"The most important thing about getting your prescription filled is making sure it's done fast and cheap and when we do everything fast and cheap, then a lot of things have to go. And I often have heard the saying 'I can do it fast, cheap or right...two out of three. I can't do all three.'" - Owner

"I'm against multi-tasking, and I know we have to do it anyways, but I think you stretch yourself so thin that the potential for an error is greater. It's somebody's life on the line. An error could be that serious. It could cause that type of harm." - Technician

"The whole point is our productive time is sometimes being wasted in routine jobs that can be taken on by registered tech." -DM

Pharmacists all believe that they are and should be considered an important member of all patient's healthcare team, however not everyone sees it this way.



"It's like we're the **middleman between the doctor and the patient** and we're the ones that have to sort of figure it all out. So it's frustrating." - Technician

"Some physicians give us a hard time, **they try to give us attitude** and think that we're actually stepping on their toes." - DM

"We've sent many letters to the hospital in [small community hospital] telling them that their **discharge forms are difficult to read**. We get discharges from Toronto in the hospitals and their discharges are a pleasure to do." - Technician

"In so many ways as a registered pharmacist **we're not considered part of the health care team**, and it is so degrading." - Owner

Are pharmacists part of your patient's health care team?



YES

- Patients often see their pharmacist as the person who dispenses their medications
- They often feel like a middleman between their patients and doctors
- Doctors don't always respect the pharmacist's opinions when it comes to decisions for the patients
- Pharmacists do not have full access to relevant patient information

"Community pharmacies are not considered part of the circle of care when it comes for the full scope of things, **we seem to be forgotten**. Yet, we're the ones that tie these things together." - Technician

"The issue is more getting that patient who doesn't have a lot of complications, **who doesn't have a lot of medical need** to see why pharmacists are necessary." - Pharmacist



"Now, in Ontario, patients can do their sign into [lab company website] and get their own labs and get that back to us. But it's really **frustrating not to be able to go into that system as well**." - Pharmacist



"We should have **equal access to the patient's health care records** as a primary care provider" - Owner

Educating both patients and other healthcare providers was mentioned most often when it comes to better understanding their role in healthcare.



"I think *it needs to come from probably the government or OCP*, or even commercials on TV, that say 'Don't forget your pharmacist'." -Technician

"It's really good that minor ailments is coming, because I think that's going to *change the perception of pharmacists* a lot...to see us as clinicians rather people who count their pills." - Pharmacist



"There has to be a *big education, and even with patients*. We'll say, 'Why did the doctor prescribe this for you?', and the patient responds 'Well, that's none of your business'," - Technician

"9 out of 10 doctors don't even know how to use an inhaler. *They just give them a prescription. We have to use the knowledge we have to teach our patients.*" -Owner

"I know there's been a little bit done in the past, but *messaging from the College*, whether it's in print, or on the radio, about all the other things that we do other than just counting pills." -Owner

How to fix this?

- Public education on the role of pharmacist
- Making physicians aware of the role of pharmacists and their ability
- Pharmacists doing more clinical and consulting work
- Pharmacists building a relationship with their patients
- Have the same pharmacist do follow up or med checks with their 'own patients'

"If you had a pharmacist that you have that relationship with, then that would change and *people would really think that that's part of my healthcare team*" - Pharmacist



"I think that pharmacy moving forward needs to be a *multidisciplinary approach*, that the doctors, the hospitals, the nurses, everybody has to be working together for this" -Technician

"There's a family health team inside the hospital, and we're kind of having a bit of a pilot project with them. *We have access to patient files at the doctor's office through the electronic medical record.* It's wonderful because we have everything, but this should be available for everybody. In retail you know nothing. So if we could have access to this, working together to make the patient's medical record accessible, that would be a big change." -Technician

"When I have resident physicians come through the pharmacy, I tell them 'When you register as a physician, *make your pharmacist your best friend because he or she will save you from a lot of hassles.*'" -Owner

Are pharmacists practicing to their full scope?

Many said there is more they would like to do, but:

- No time for med checks/consultations
- Pharmacist responsible for admin, and unrelated tasks, which interfere with their ability to practice to their full scope.
- Short on other staff to alleviate some of the tasks
- Need to trust their staff and delegate tasks

*"It's nice to have that scope -- definitely been extending prescription scope and using that. And that certainly has come in handy and **appreciated by our patients when physicians were inaccessible during COVID.**" - DM*

*"We've been given **expanded scope** through renewing controls, being able to move narcotics. That actually has been great because we do know our patients" - DM*

*"Yes, I think so. We have a good amount of overlapping of pharmacists, and it **allows us to take extra time with patients** and perform med reviews. We have the opportunity to take that extra moment and really get the whole picture with the patient and have good discussions." - Pharmacist*

*"I think, with COVID we've done a lot of extensions and with patients not being able to see their physicians, **this has expanded our scope of practice**" - Pharmacist*

*"I would like to do a lot more...**professional consulting**, giving ideas to physicians." - DM*

*"**We have to work collaboratively for the care of our patients** and not just hold on to the scope that has traditionally been just held by one profession." - Pharmacist*

*"I had a pharmacist insist on bagging the prescriptions. Would not even let an assistant bag the prescription, but she wanted to make sure the right medications were for the right person in the bag. **You have to learn to trust people** to know what they're capable of doing." - Owner*

*"There's a huge gap between **what you want to do and what you're actually doing.**" -DM*

*"Somebody has to check prescriptions. **You can't get a registered tech to check prescriptions if you don't have one**, therefore the pharmacist has to check the prescriptions. ." -Owner*

Others said there are times they do feel they are given an opportunity to practice to their full scope as well as practice to expand their scope.

- Extending prescriptions (i.e. extending refills of narcotics), as permitted through a temporary exemption under the Controlled Drugs and Substances Act in response to COVID.
- Have an adequate number of staff to allow them to practice to their full scope
- Looking forward to the opportunity to prescribe for minor ailments

Are Pharmacy Technicians practicing to their full scope?

Nearly all said their pharmacy technicians are not practicing to their full scope.

- The workflow in many pharmacies isn't conducive to techs practicing their entire scope
- They are often not hired as a pharmacy tech, therefore their job title doesn't allow them to practice as a pharmacy tech
- Pharmacy technicians have a specific role, and can provide pharmacists with technical support, such as blister packaging.
- Some community pharmacies lose their technicians to better paying jobs at the hospital, therefore hard to keep techs for long periods of time

Some admitted they don't even know what the full scope of their technicians are.

*"I think in order to do the best possible job to ensure that our patients are being taken care of, **we need the time to spend with them.** And one facet would be having a **registered pharmacy technician** available to take care of those results" - DM*

*"Our technicians do mostly compliance pack checking. We have a pack man machine for the strips and then also traditional blister packing. **They do the majority of checking for that.**" - Pharmacist*

"We haven't quite figured out a workflow that works for us to incorporate that model where the technician checks the actual product, but the pharmacist does the therapeutic check at some other stage." - Pharmacist

*"This is actually really embarrassing. We had a previous pharmacy assistant and we were using her how we thought we should be. She eventually left for a hospital job. When we got the second one in, she said 'I can do this, and I could do this, and I could do that' And **now I'm actually questioning, what is their scope?**" - Owner*

*"There are definitely a lot more things that my pharmacy tech can help me with, **but she technically cannot because of her position.** So I don't think she's practicing to her full scope" - Pharmacist*

*"**The licensed technician would rather work in a hospital** than come to us. We don't have the luxury of appointing who we want to appoint. So it's a bit of sometimes a stretch." - DM*

Despite most saying technicians are not practicing to their full scope, it is agreed they are a valuable part of the team.

The working environment changed dramatically during COVID:

- Working a lot of overtime / extra hours (increased business volume, increased cleaning tasks)
- Strain on workflow (Labour cuts in some scenarios, some employees not wanting to work front line)
- Wearing PPE 24/7
- Limit stores open hours
- Not able to properly physically distance
- More home deliveries (some at times were exclusively delivering)
- Doctors take longer to get back to the pharmacists
- Conference calls with supervisors (vs. in-person)
- Challenging getting accurate prescriptions from doctors (more verbal prescriptions because they're at home without a fax machine)
- Split into teams to limit exposure to more people

"We're doing a lot more work because **patients can't get in touch with their doctors.**" -Pharmacist

"Now during COVID, we've been given more tasks to do.

We've got to clean the pharmacy every half an hour.

Literally we have to scrub it down. I don't disagree with it. We just don't have the labor to do this, and on top of it, we have 2500 scripts to administer." -DM

"The amount that's put on the pharmacist on top of what is put on the pharmacy manager who has a bunch of other administrative things to do. So **time is a challenge.**" -DM

"Something as simple as staying hydrated can be **the difference between making an error and not making an error.** It is even harder right now because we've got masks on that we can't remove very easily in order to keep drinking water while we're on shift" - Technician

"Because of COVID, **we did have a couple of cuts** because there was a little bit less business. That did put a bit of a strain on." -Pharmacist

"The 30-day [limit]. We were working until 12 o'clock at night sometimes to fill the prescriptions for the next morning, **we didn't have enough hours in the day to do that volume.** It was just unbelievable. . . But anyways, you have to do what you have to do. And we did it." - Owner

"COVID was very stressful, but we handled it. There was no issue. I find it really annoying that our guys were the real front-line workers and never recognized by anybody. **We never closed the stores down. We kept the service going.** We did curbside pick up, we did everything that was required of us and more." - Owner

"The prescription counts were insane. I think we were **up by 40% with the same amount of staff.** They do work overtime, but they're tired, they're exhausted and trying not to make mistakes. Deliveries more than doubled." -Pharmacist

"During COVID our boss said to us, "It doesn't matter how much labour hours you need to use, just get the work done." So we were able to use **unlimited labour hours**, which was a good thing. **Which prevented mistakes from happening.**" -Pharmacist

"It's been challenging right from the get go of COVID. **We were buried up to end of June and then from July it kind of eased.** Our business volumes have dropped liked 30-33% drop down." -DM

"I don't know about the rest of you, but it never even really crossed my mind to not open and not take care of the community." – Owner

Interactions with patients changed, however there were still some positives

- Fewer or no physical home visits
- Speaking to patients over the phone or virtually (med reviews, follow ups, taking prescriptions)
- Encourage their patients to use the store app to do prescription refills (e.g. Rexall Be Well).
- More extensions, because they can't get a hold of the physician
- More interventions (because patients could not see doctor)

*"There were a lot arguments on the phone. People going to the store manager and complaining. **We were facing a lot of verbal abuse**." - DM*

*"I would like to be more in depth and more involved with my patients. **You just do not have the time**. There is just no time to do that." - DM*

*"When COVID hit, it did **allow us to go virtual**. Virtual care was huge! We no longer had to do home visits, with smokers and dogs and things like that." - Owner*

*"In COVID, we're doing **more interventions** with our patients because many of them were not seeing the doctors." - Pharmacist*

*"Some of the most recent COVID changes have actually been pretty amazing as far as patient care – the CDSA exemptions and **being able to extend prescriptions and manage patient care** in that way for chronic medications has been really, really amazing. ." - Technician*

*"With COVID we've got the plexiglass up and **you're not interacting with the patients**" - Pharmacist*

*"We were front line because patients were asking questions, not only about COVID but other health issues because they either **couldn't go to a walk-in clinic** or they didn't want to go to the emergency room or their **doctor wasn't available**, so this increased the workload" - Pharmacist*

*"**The doctors have gone on hiatus**, so we're feeling all those needs, like shots, injections, which we normally do anyways, just way more now. So it's just us." - Owner*

*"I noticed that the pharmacists aren't counseling the way they used to. It's much shorter because there's a **lack of privacy** because you're wearing a mask. There's a plexiglass shield around you that you have to yell through, and because of social distancing, right?" - Technician*

- Speaking to patients through masks and Plexiglas; privacy concerns, not as personal of a connection
- Patients complaining about new costs imposed by government
- Stopped doing injections and compounding to save on PPE
- Not able to physically show patients how to use new devices, e.g. blood glucose monitors (give video instead)



*"We have an external company that teaches us sterile compounding. And then we have to get **re-certified every single year.**" - Pharmacist*

*"Our pharmacy is accredited, so we try our best to make sure that **we're up with any of the new NAPRA standards.**" - Pharmacist*

"I do try to update my team about anything that could be relevant to our practice, such as any methadone or Suboxone near misses and errors that have happened." - Pharmacist

*"I think it's good that I'm in the framework of [LARGE PHARMACY CHAIN], because **they're really good at passing down any new legislation**, any new messages that come through. Even with minor ailments, we already have access to all of the courses, we've been doing that." - Pharmacist*

Continuous quality improvement

- Keeping up with NAPRA standards and new legislation
- Recertifying every year
- Access to new courses to continuously enhance skillset
- Keeping up to date with 'near misses' and learning from them
- New pharmacy management systems help stop potential errors
- Ability to pivot quickly when COVID hit and not miss a beat
- Robot to help with counting pills
- Always being prepared for inspections from the College
- Now have Pharmapod to help document errors
- Have enough technicians and assistants to help prevent errors (alleviates workload on pharmacists)
- Using e-prescribing software has helped eliminate verbal errors from physicians

*"We are very good at **keeping up** with what's the best current practice and what are the new standards that are coming out" - Pharmacist*

*"We used the Kroll workflow in our pharmacy and the different steps that are laid out in the software really **helped us and the technician catch near misses.**" - Pharmacist*

*"With compounding, they've made all these **new regulations** with risk management and it's being phased in. **We've made a huge change in our lab set up based on this.** To me, this is a big quality improvement." - Technician*

*"During the packaging stuff, you have to scan the barcode on the bottle. **If it's the wrong bottle, it will tell you that it's wrong.**" - Pharmacist*

Although quality improvement was top of mind for all registrants, for most, it boils down to time.



Pharmacists and designated managers admitted there is always room for improvement.

Feeling rushed, not having enough time or resources was mentioned as preventing quality improvement.

*"We just **don't have time** to maintain quality in the pharmacy"*
- DM

*"I think that there's always **room for quality improvement**. That's the nature of it is always looking for ways to be better. I don't work for a banner store so any policies and procedures that we have to make up comes from us. So sometimes it can be daunting and **hard to put that into your regular work schedule** with the new NAPRA compounding guidelines." - Pharmacist*

*"I don't feel like I have enough time. But on the other hand, I say 'I don't care that this is slowing down'. When you're checking prescriptions, a patient's life on the line. **It's my license on the line, so I make the time.**" - Technician*

Solutions and opportunities to improve the community practice environment and labour conditions:



- Allow technicians to practice at their full scope by empowering them and allowing them to take on more tasks (will free up pharmacist to focus on other things)
- Provide support for pharmacy staff (assistants) to become registered technicians (it is very expensive and time consuming)



- Pharmacist should be given mandatory breaks
- Have patients make appointments for services (e.g. flu shot, even picking up prescriptions)
- Proper scheduling of staff (with overlap)
- Fixed consulting hours so don't have to be interrupted with other tasks (e.g. cashing out)

*"The technicians are a very good addition to our workforce because they take away some of the technical issues that in theory should **allow us to do more of the clinical and patient care.**" - DM*

*"We need to make that designation **more available and more accessible.** A lot of pharmacy assistants when I asked them, do they want to do it? They go, 'well, one, I don't have the time, and secondly, it's really, really expensive.'" So support for that"*
- Pharmacist

*You go to your lawyers, you sit. You go to your doctor's office. **No one comes barging in.**" -DM*

*"I'm sure we've all done it where we realize we've gone six hours and **you haven't had time to go to the washroom** or haven't had a proper break. " - Pharmacist*

*"Everything should be computerized with [e-prescribing software] or whatever **electronic prescription, paperless options.** Especially now, during COVID, A lot of doctors have been working from home, so a lot of them don't have a fax machine. So they call, and it is a little tricky." - DM*

Registrants came up with a list of what they would want from the College:



- Patient / public education of what a pharmacist does, what is involved in their role to ensure patients are safe
- Education for other healthcare professionals about the role of pharmacist on 'the healthcare team'
- Certification or education offered to pharmacy assistants
- Ensure pharmacies are prepared when minor ailments comes to Ontario



- Access to patient health records (in some capacity)
- Help make technology like Pharmapod easier for pharmacists to use; work with programmers/UX to improve it
- A system like [e-prescribing software] to eliminate errors caused by verbal prescriptions or illegible handwriting

"Somehow getting pharmacists **access to eHealth Ontario**- lobbying for eHealth Ontario access for community pharmacists. I think that would be amazing." -Pharmacist

"It all comes down to guessing what the doctor wrote, which is absolutely ludicrous. **It should be mandated that it has to be an electronic script** unless it is an emergency because the fact that I may misdiagnose, or misprescribe because I couldn't read the writing is absolutely ludicrous in today's day and age." -Owner

"I think we need to definitely look at having some **mandatory core education** or principles that pharmacists have to be updated on a yearly or every 3 years basis." -Pharmacist

"There is no mandate to do NCEs. You can go by **years and years without picking up a single article** or reading anything. I'm thinking OCP could change that somehow." -Pharmacist

"If there were one big software where **every healthcare provider for this patient logs into it and updates the records** that way, so that the pharmacy just goes in there and can see the health information" – Technician

"I have access to Clinical Connect. I think the pharmacy has to sign up for that. I might be wrong about that, but **we have access, and I find that it's very helpful**. You could read the discharge summary and understand why they were admitted and maybe some of the other pertinent information, but if everyone doesn't have access to that, I think that everyone should and would benefit a lot from that." -Pharmacist

"For most of us work-- we're the only pharmacist technician, and then you have, 3-4 assistants, and they're wonderful. However, I do think **there needs to be a little bit of a level of education offered to them.**" – Technician

Registrants provided a list of how the College can help:



- Liaise with the College of Physician and Surgeons; Doctors can provide more information on prescriptions and collaborate with pharmacists, which will lead to better patient safety
- College only represents the public but should work with the pharmacists
- Have a representative on the College Board that can provide a bridge between the profession and regulatory authority
- Brainstorming session: pharmacy managers, pharmacists go to the College with their experiences and resources; come out with recommendations and see what's implementable
- Ability to communicate errors / incident data more efficiently



- Regulations / legislation on staffing needs
- Regulations / legislation on pharmacy layout

*"There haven't necessarily been the staffing increases **to support the level of increased patient care** (i.e. more patient interventions with doctor shortages)." –Technician*

*"I can't see any corporate investing in **more labour**, unless the regulatory authority mandates it." –DM*

*"if we had **access to all of that information about the mistake that we made**, we could know if it has happened 50 times this year, and it is something to worry about or is it just a one off?" –Owner*

*"We have elected members, but maybe **we should have a focus group**. One representative who will represent us at the College, who all our frustrations could be filed through to that person on the College." –DM*

*"We could have a brainstorming where pharmacy managers and pharmacists in Ontario, **we could pull together our resources, our best experiences**, and then something could be given to the College: 'These are some of the recommendations which are doable.' We don't want to talk about stars. We just want to talk about real life practical things." –DM*

*"It's also going to take time for the government to understand the best way to leverage pharmacists to save money for the healthcare system, because I think we're in a really good position to **both improve savings for our healthcare system and to deliver that quality care** as long as we have a good reimbursement model." – Pharmacist*

*"Pharmacies are still laid out the way pharmacy was practiced 50-60 years ago. But the practice of pharmacy is more advanced than it was back then. **The pharmacist is too accessible**. You can't yell at your doctor, 'Hey, where's the toilet paper?' while he's trying to diagnose a patient." –Technician*



Lisa Covens

Vice-President
Communications and Public Affairs
O: 416-964-4107
lcovens@leger360.com



Ashley Simac

Senior Research Director
Communications and Public Affairs
O: 416-964-4114
asimac@leger360.com

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