



Ontario College  
of Pharmacists

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*Community Practice  
Environment Advisory Group*

# **GUIDING PRINCIPLES FOR SHARED ACCOUNTABILITY IN COMMUNITY PHARMACY**

December 2020

## ACKNOWLEDGEMENTS

The Ontario College of Pharmacists (the College) would like to thank the members of the Community Practice Environment Advisory Group for their commitment to an improved community pharmacy practice environment. Each member was involved throughout the process of developing principles of shared accountability, and this work would not have been possible without the contribution of each member. The College is grateful for their participation and commitment to these principles.

### Community Practice Environment Advisory Group Members

In alphabetical order:

<b>Justin Bates</b>	CEO Ontario Pharmacists Association
<b>Jean Beckett</b>	Pharmacy Patient (Northern Ontario)
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<b>Sherif Guorgui</b>	Co-CEO OnPharm-United (Independent Pharmacies)
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<b>Sandra Hanna</b>	CEO Neighbourhood Pharmacy Association of Canada
<b>Sejal Kothari</b>	Pharmacist (Independent & Rexall/PharmaPlus Pharmacies)
<b>Domenic Pilla</b>	CEO McKesson Canada (Rexall Pharmacies)
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### Ontario College of Pharmacists - Secretariat Support

<b>Nancy Lum-Wilson</b>	CEO and Registrar ( <i>Chair</i> )
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## PREAMBLE

Every member of the pharmacy team provides a vital service to patients and the public. The ownership models across community pharmacy settings vary, but it is important that the culture and structure within all community pharmacies enable the provision of safe, high-quality care to patients. This is the pharmacy team's first priority, and prevails over all other interests.

The legislation (*DPRA*, 1990, O. Reg. 264/16, s 19), [Standards of Practice](#) for the profession, and [Standards of Operations](#) for pharmacies provide the regulatory framework for the delivery of pharmacy services, and the environment within which pharmacy owners/operators/leadership enable pharmacy professionals and those managing operations to meet these standards.

The College has received consistent feedback from pharmacy professionals expressing concern about factors within the practice environment that have an impact on patient safety and the quality of patient care being delivered in community pharmacies across Ontario. In response, the College launched the [Community Practice Environment Initiative](#) in March 2020 to explore these concerns and began the process of engaging with pharmacy professionals, patients, and pharmacy owners when the COVID-19 pandemic occurred. This activity was briefly paused in response to pressures felt across the health system, before moving ahead in July.

The initial impact of COVID-19 on community pharmacy operations and pharmacy professionals was significant, and there continues to be uncertainty and increased demand on the health care system. Concerns expressed prior to the COVID-19 pandemic about managing patient volumes and having sufficient staff for the workload have been exacerbated by public health measures. Given the shifting landscape and the impact on pharmacy practice, the College believes it is a priority to address the community practice environment issues that were raised by registrants prior to and during the COVID-19 pandemic.

## INTRODUCTION

The practice environment must enable and support the provision of safe, quality patient-centred care at all times and any barriers to achieving that goal must be addressed collaboratively. Safe patient care is everyone's responsibility, and ensuring safety and quality in pharmacy at all times is a shared accountability amongst the regulator, pharmacy owners and operators, pharmacy and professional associations, pharmacy leaders and pharmacy professionals.

The [Community Practice Environment Advisory Group](#) (the Advisory Group) was established as part of this initiative to bring together the relevant parties that influence safe, quality practice and support patient safety by addressing the practice environment for front-line staff practising in community pharmacy.

College staff and Advisory Group members developed the principles of shared accountability presented below. The regulator, pharmacy owners and operators, pharmacy and professional associations, and pharmacy professionals each have a role in using these principles to assess the practice environment and respond appropriately given their areas of influence.

The College's work with the Advisory Group is the first phase of the broader Community Practice Environment Initiative to increase the accountability of all stakeholders to support a community practice environment that ensures safe, high-quality patient care.

## PRINCIPLES

These principles of shared accountability form a foundation for pharmacy leaders and teams to develop specific solutions and strategies in order to further strengthen the quality and safety of pharmacy care in the province, and position it for ongoing success as pharmacy plays an increasingly important role in the health of our community and performance of our health system.

The following set of principles of shared accountability were developed to enable a community practice environment that supports professionalism and safe, high-quality patient care:

**Principle 1:** The regulator, proprietors, and pharmacy professionals each have a responsibility to facilitate and promote the delivery of safe, patient-centred healthcare in community pharmacy.

**Principle 2:** The regulator, proprietors, and pharmacy professionals have a shared responsibility to educate the public on the role of pharmacy within their health care team, what pharmacy professionals do, and how this is essential for the health and safety of patients.

**Principle 3:** The regulator, proprietors, and pharmacy professionals have a shared responsibility to integrate continuous quality improvement within the practice environment, including the use of evidence-based methods, tools and resources along with sharing best practices, to enable the delivery of safe, high-quality patient-centred care.

**Principle 4:** The regulator, proprietors, and pharmacy professionals have a shared responsibility for a practice culture that supports the physical and mental wellbeing of pharmacy team members.

**Principle 5:** The regulator, proprietors and pharmacy leaders have a shared responsibility to ensure the provision of safe, high-quality care by an appropriate complement of qualified and skilled staff who have the resources and physical environment necessary for managing patient care in accordance with the standards of the profession.

**Principle 6:** While performance metrics are a normal business practice in many industries and are used across the health sector, the regulator, proprietors and pharmacy professionals have a shared responsibility to align performance goals and measures in community pharmacy with the best interests of the individual patient as determined in collaboration with the pharmacy professional.

**Principle 7:** The regulator, proprietors, pharmacy leaders, and pharmacy and professional associations are committed to ensuring strong pharmacy leadership, and have a shared responsibility to promote leadership development, including skill development for the critical role designated managers have in creating effective pharmacy team dynamics and a positive practice culture.

## NEXT STEPS

Pharmacy professionals and proprietors are expected to implement these principles within their own community pharmacy. How these principles will be implemented will differ based on the context of each pharmacy but the essence of these principles should remain consistent across all community pharmacies.

The College has a duty and the regulatory authority, established through legislation and associated objects, to reinforce and uphold these principles of shared accountability, in addition to the expectations and obligations outlined in the laws and regulations relevant to pharmacy as well as the Standards of Practice, Standards of Operation and Code of Ethics.

## APPENDIX

### Definitions

Practice environment: The environment within which a pharmacy professional practices, including the physical working space, the practice culture, the operating procedures (including workflow), and the resources available (including staff, technology, and tools).

Continuous Quality Improvement (CQI): A deliberate, defined and ongoing process of evaluating how an organization works and how to improve its processes. This process commonly includes defining the problem, benchmarking, and setting a goal, followed by iterative quality improvement projects. Through the iterative process, improvements are made, the effect of the improvement(s) is measured, and then the process is repeated until the desired outcome is achieved.

## RESOURCES

### Advisory Group

[Terms of Reference](#)

[Meeting Summaries](#)

### Stakeholder Engagement

[Patient Focus Group Report](#)

[Registrant Focus Group Report](#)

[Registrant Survey Report](#)

### Regulatory Framework

[Legislation & Regulations](#)

[Code of Ethics](#)

[Standards of Practice](#)

[Standards of Operations](#)

[Practice Policies & Guidelines](#)