

As the regulatory body for the practice of pharmacy in Ontario, the Ontario College of Pharmacists (OCP) has a mandate to serve and protect the public. This includes ensuring that pharmacy professionals deliver patient-centered, collaborative health care that utilizes the skills and knowledge of all healthcare professionals.

A series of focus groups will be held in Toronto, including Pharmacists and Pharmacy Technicians from both hospital and community practice, to identify barriers and facilitators impacting the utilization of Pharmacy Technicians within the pharmacy team, and the utilization of Pharmacists within the healthcare team. The goals of these focus groups are to

- Understand the current context of pharmacy practice in Ontario related to the ability of Pharmacists and Pharmacy Technicians to practice to full scope,
- Identify barriers that influence pharmacy professionals' ability to optimize practice,
- Identify facilitators/enablers that currently support pharmacy professionals' ability to optimize practice,
- Discuss the implications of the above factors on patient care, and
- Identify opportunities for OCP and pharmacy stakeholders to support pharmacy practice at full scope.

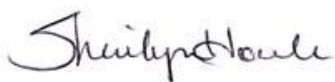
The focus groups will be planned and facilitated by [Dr. Sherilyn Houle](#), Assistant Professor at the School of Pharmacy, University of Waterloo. The results of the focus groups will be compiled into a final report to be provided to OCP. All reporting will be presented in aggregate and anonymized form, and staff or other representatives of the College will not be present during the meeting to ensure a frank and open discussion.

As a Registered Pharmacy Technician in community practice, we would like to invite you to participate in the focus group being held **Tuesday, October 30th, 2018** from 1 pm to 4 pm at 486 Huron Street, Toronto, Ontario. Focus group attendees may claim expense reimbursement in accordance with the College's by-laws as per Article 6 at the end of this document.

These focus groups represent the third stage of the OCP Scope of Practice Strategy, described in the document below. Also included below is a Pharmacy Role Evolution Framework, developed following a national Thought Leadership Summit in 2016. While developed from a national perspective, a number of these items may also be consistent with your experience of pharmacy practice in Ontario. Additional background information will be sent before the focus group to those confirming attendance.

Please indicate whether you will join us for this focus group by contacting Kiran Bhola at kbhola@ocpinfo.com or by phone at 416-962-4861 ext. 2263. Your response is requested by **September 7th, 2018**. As space is limited, please note that the first 24 respondents will participate in the focus group.

I hope you will join me for this conversation. Please do not hesitate to contact myself or Kiran Bhola for additional information.



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THE COLLEGE'S NEW SCOPE OF PRACTICE STRATEGY:

EMPOWERING CHANGE TO MAXIMIZE PATIENT HEALTH OUTCOMES

The College has developed a Scope of Practice Strategy to support pharmacists and pharmacy technicians practicing to scope. A lack of integration and an underutilization of technicians, particularly in community practice, has been a barrier in optimizing the scope of practice for both professionals. It's a fact that under 25% of pharmacies employ technicians and utilize them to their full scope.¹

Pharmacy technicians play an important role in supporting pharmacists to maximize their clinical role as medication therapy experts and it is key that the profession recognizes the value that these professionals bring to practice from both an overall patient care perspective and business perspective. Ultimately, better utilizing and integrating technicians means that patients benefit from a higher standard of care.

PREPARING FOR THE FUTURE

Pharmacy services have evolved over the years. Where in the

past the focus of pharmacists was mainly that of "dispensing", the expectation today, from the healthcare system and from patients, is that they assume the role of counsellor, advisor, and clinical decision-maker. Patient needs require the expertise of pharmacists now more than ever before. But pharmacists are time-pressed and feel they have to manage two time-consuming activities: product distribution and the provision of clinical services.

For this reason, in 2010 the College regulated pharmacy technicians – a healthcare professional dedicated to product distribution who is held responsible and accountable for their work. Technicians could handle product distribution so pharmacists could focus their time on the delivery of clinical services. But this can only occur if technicians are integrated into practice and their skills fully utilized.

The level of this integration and utilization has been disappointingly low, and while it is not always

clear why, challenges include the absence of defined business models that articulate the role of pharmacy technicians in practice, lack of understanding of the value technicians bring, and financial constraints (perceived or real).

Below, the College's Scope of Practice Strategy elements and key steps have been outlined. It's essential that barriers are addressed so technicians can be more effectively integrated, pharmacists can practice to scope, and patients can benefit from the highest quality of care. The pharmacy profession has to continue to evolve while the needs and demands of patients change, and pressures on the healthcare system grow.

SCOPE OF PRACTICE STRATEGY KEY ELEMENTS:

Professional Engagement

Strengthening professional engagement of pharmacists and technicians is crucial in achieving the strategy. Professional

identify, confidence, professionalism, competence and ethics, trust, clearly defined roles, and inter- and intraprofessional relationships will prove instrumental. Many of these factors are interconnected. For instance, it's likely that confidence is key to achieving effective inter- and intraprofessional collaboration.

Professional engagement will support the development of new or revised education and training programs for entry to practice and continuing education.

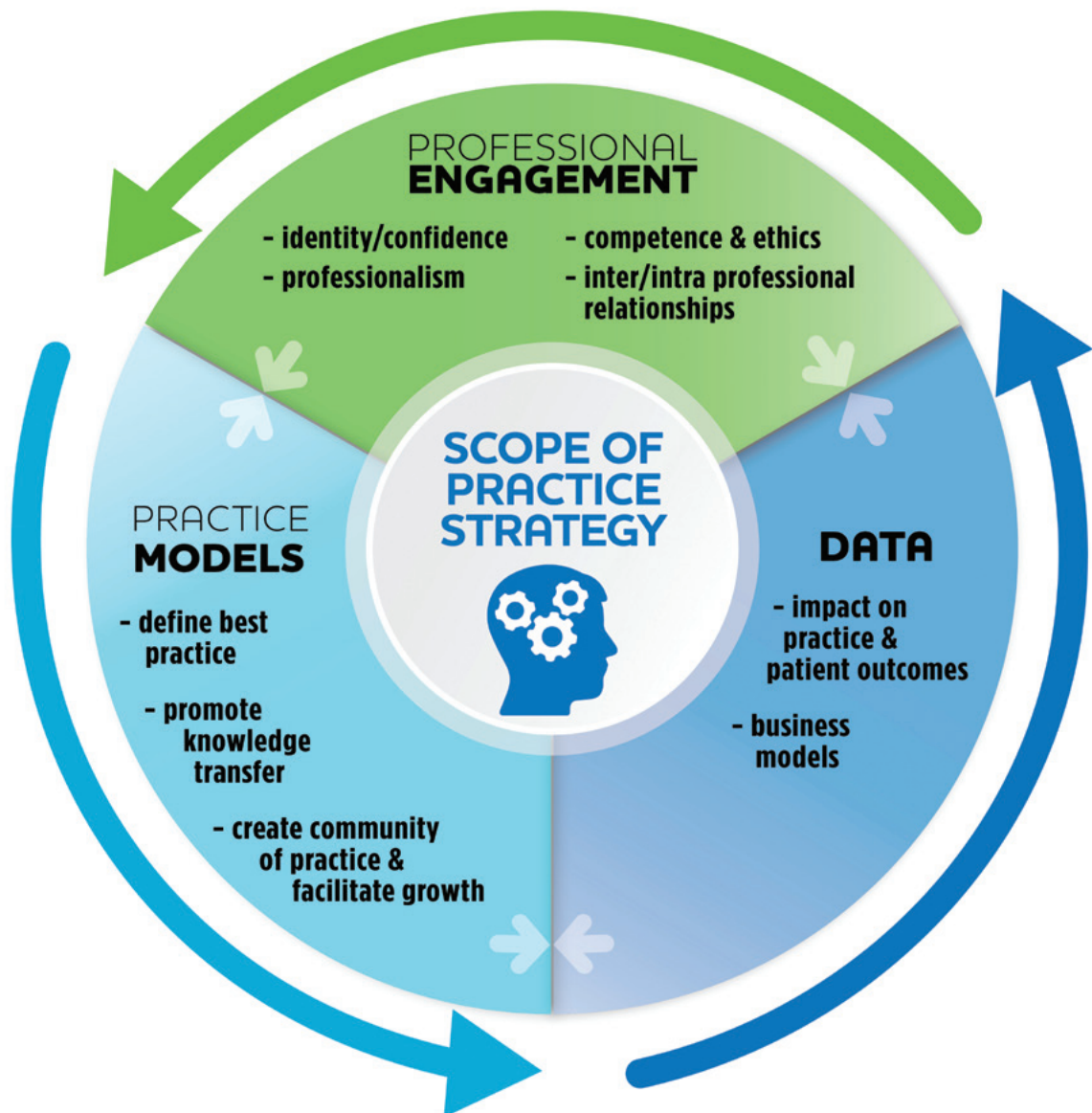
Practice Models

The College will identify pharmacies fully utilizing technicians to help define best practice models incorporating these professionals. These best practice models will take into consideration the ideal physical

layout of a pharmacy, appropriate staffing ratios, and appropriate delegation of tasks. Once the models are developed, this group will be important and helpful in promoting knowledge transfer to others within the profession and creating a community that will facilitate practice change and growth.

Data

The College will work with partners to collect and analyze data to understand the impact of practicing to scope on pharmacy services and patient outcomes, as well as on the barriers and facilitators related to the utilization of pharmacy technicians and enhanced clinical services by pharmacists. The data and impacts will relate to both patient outcomes and economic/ business benefits needed to inform decision-making.



SCOPE OF PRACTICE STRATEGY'S 5 KEY STEPS

- STEP 1** Create an Advisory Committee to inform, support, align and identify partnerships with stakeholders;
- STEP 2** Define best practice models (and the value proposition) and create a community of best practice to help facilitate growth;
- STEP 3** Identify barriers and facilitators impacting utilization of pharmacy technicians to optimize pharmacist scope;
- STEP 4** Establish an education and training agenda for entry to practice and continuing education to enhance professional engagement for both professions; and
- STEP 5** Develop quality indicators to measure the impact of collaborative practice models on clinical pharmacy services and patient outcomes.

WHAT'S NEXT?

In addition to the implementation of core College programs, such as introducing Quality Assurance for technicians, that will impact the integration of pharmacy technicians in practice, OCP will engage educators, pharmacy owners, corporations and other stakeholders with aligned objectives to support the strategy outlined

above. Updates will be provided as the strategy progresses and evolves. 

**1 Number of Technicians working to scope based on community pharmacy assessments between December 5, 2014 and January 24, 2017*

PRACTICE TIPS!

Pharmacists, registered pharmacy students, interns, and pharmacy technicians have different legal authority for scopes of practice. Be sure you understand the differing scopes between each. This helpful chart clarifies: <http://www.ocpinfo.com/library/practice-related/download/Legal%20Authority%20Scopes.pdf> #OCPPracticeTip

**Follow @OCPinfo on Twitter and get a helpful practice tip each week.
#OCPPracticeTip**

Figure 10: Pharmacy Role Evolution Framework Document

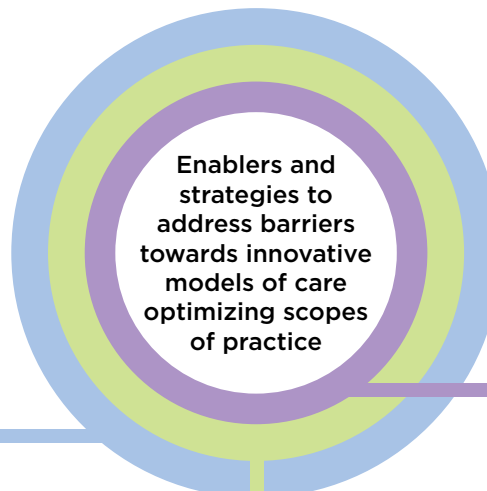
SYSTEM CHALLENGES AND HEALTHCARE NEEDS

- Unsustainable healthcare spending, including spending on drugs
- Lengthy wait times
- Accessibility - access to care
- Patient safety
- Public health - emergency preparedness
- Chronic disease prevention and management
- Aging population
- Need for expanded homecare services
- Patient engagement
- Aboriginal health
- Transition care

PHARMACY PROFESSION - WHERE ARE WE NOW?

- Significantly expanded scopes of practice in most provinces
- Many new services remunerated by public and private payers
- Patient-centered care still not provided by all pharmacists to all patients
- Dispensing still consumes majority of pharmacist time
- Limited interprofessional collaboration
- Limited public understanding of expanded pharmacy services
- No process for recognizing specialization
- Workplace environment that may not support new services

HOW WE CAN GET THERE - KEY ENABLERS



PHARMACY PROFESSION - WHERE DO WE NEED TO BE?

At the system level:

Pharmacy professionals leading and working with other health professionals to ensure a safe and effective medication-use system that enhances access to care and optimizes costs of care for Canadians

At the institution level:

Enabling practice settings where pharmacy professionals can use their full scope of practice and where pharmacy professionals feel supported and positive about their evolving roles

At the practice level:

Pharmacy professionals providing proactive, interprofessional or team-based, patient-centered care that optimizes drug therapy outcomes

STRUCTURE/SYSTEM LEVEL ENABLERS

- Regulations to expand scopes of practice
- Reimbursement mechanisms for new services
- Specialty certification and recognition
- Intergovernmental collaboration
- Entry to practice doctor of pharmacy programs
- Admission requirements for pharmacy students
- Residency programs, including community settings
- Expanded IPE and CE
- Clinical skills development
- Leveraged health and informatics technology
- Public awareness, communications and marketing
- High quality pharmacy practice research

INSTITUTION LEVEL ENABLERS

- Business models and work structures that support role evolution
- Workflow and workplace resources to facilitate integration of expanded scope
- Leveraged health and informatics technology
- Support for IPC
- Communications and marketing of new and existing services
- High quality pharmacy practice research

PRACTICE LEVEL ENABLERS

- Patient engagement
- Inter-professional collaboration
- Team composition
- Diverse clinical, business and soft skills
- Team goals and aspirations
- Personal satisfaction
- Collaborative patient-centred care
- Expanded clinical care and services
- Role clarification

Legend: CE = Continuing Education, IPE = Interprofessional Education, IPC = Interprofessional Collaboration

Source: Canadian Pharmacists Association. Toward an Optimal Future: Priorities for Action. 2016 Pharmacy Thought Leadership Summit. Available from: https://www.pharmacists.ca/cpha-ca/assets/File/pharmacy-in-canada/Thought%20Leadership%20Summit%20Research%20Report_01.pdf.

ARTICLE 6 – REMUNERATION AND EXPENSES

6.1 Remuneration and Expenses.

6.1.1 When they are on official College business, members of Council and Committees, working groups and task forces, other than persons appointed by the Lieutenant Governor in Council, shall be paid the following:

(a) a travel allowance, which shall consist of a rate for distance traveled of 45 cents per kilometre; or air fare, bus or rail fare (including club car seat or sleeper), plus transportation to and from air, bus or train terminals;

(b) an expense allowance of \$300.00 for each day when out of the community in which the Council member resides;

(c) an expense allowance of \$210.00 in lieu of the daily allowance described in subparagraph 6.1.1(b), whenever arrival is necessary the night prior to a scheduled meeting;

(d) a daily expense allowance of \$165.00 when on College business in the community in which the Council member resides, which amounts include travel allowance.

6.1.2 If the Council appoints a Member, other than a Council or member, to represent the College at a meeting or conference, the Member shall be reimbursed for expenses incurred at the rate set out in subparagraph 6.1.1, plus registration fees, if applicable. The Member shall not accept reimbursement for expenses from any other body.

6.1.3 An amount in excess of the amounts authorized under subparagraph 6.1.1 may be paid to a Council member or Committee member provided the amount was specifically included in the College budget for the year in which the expenses are incurred, or with the express, prior authorization of the Council or the Executive Committee.