



**Ontario College
of Pharmacists**

Putting patients first since 1871

Risky Business: How the Ontario College of Pharmacists is identifying and responding to new and emerging risks

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Professional Standards Authority, Research Day

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Overview:

1. The context
2. Regulatory risk and the pharmacy practice risk framework
3. A case study



1. The context (briefly)



Health Regulation In Ontario



Their duty is to protect the public, making sure healthcare professionals are providing care and services that are safe, ethical, and competent.

Acupuncturists
Audiologists
Chiroprodists
Chiropractors
Dental Hygienists
Dental Technologists
Dentists
Denturists
Dietitians
Homeopaths
Kinesiologists
Massage Therapists
Medical Laboratory Technologists
Medical Radiation Technologists
Midwives
Naturopaths
Nurses
Occupational Therapists
Opticians
Optometrists
Pharmacists and Pharmacy Technicians
Physicians and Surgeons
Physiotherapists
Psychologists and Psychological Associates
Psychotherapists
Respiratory Therapists
Speech-Language Pathologists
Traditional Chinese Medicine Practitioners

**Does not yet include Physician Assistants and Applied Behavioral Therapists pending regulation*

THE TWO SIDES TO OUR ROLE

The People

Regulated Pharmacy Professionals



The Place

Accredited Pharmacies

2. Regulatory risk and the pharmacy practice risk framework



When you think of right- touch regulation, using one word, tell us- what do you think of?



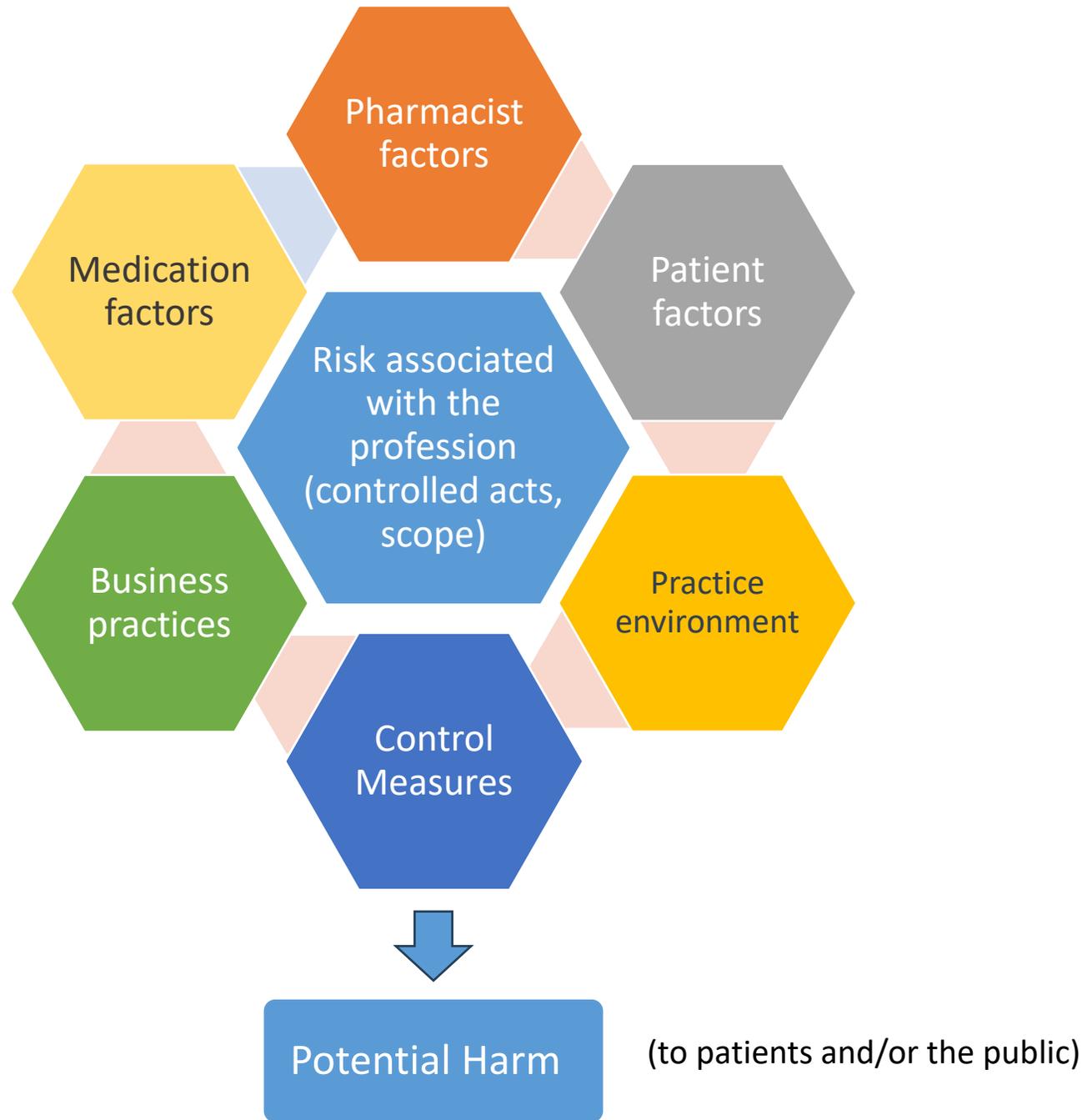


Practice-Based Risk

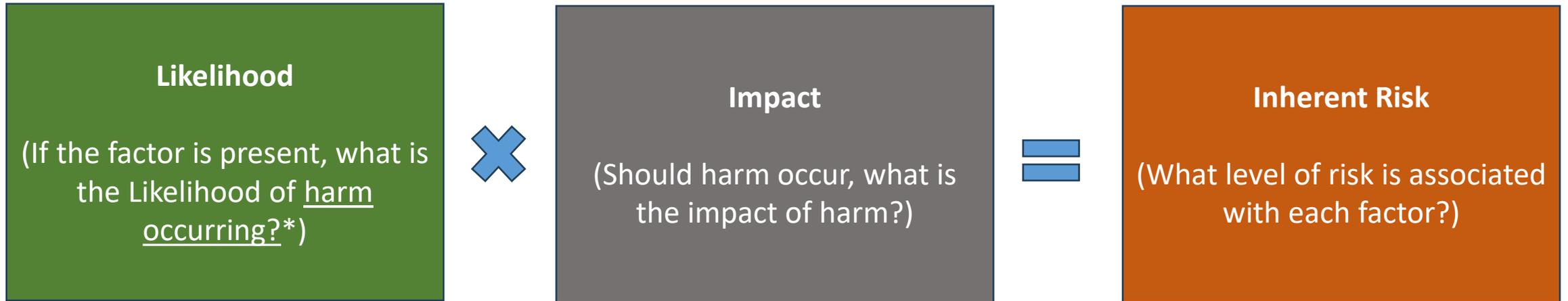
Creating the risk framework



The Risk Framework (draft)



Assessing Risk



*As opposed to the likelihood of the factor being present)

Data inventory to identify gaps/needs



3. A case study



Increasing concern over business practices

SMEs:
Assessor,
Board
feedback

Pharmacists'
complaint

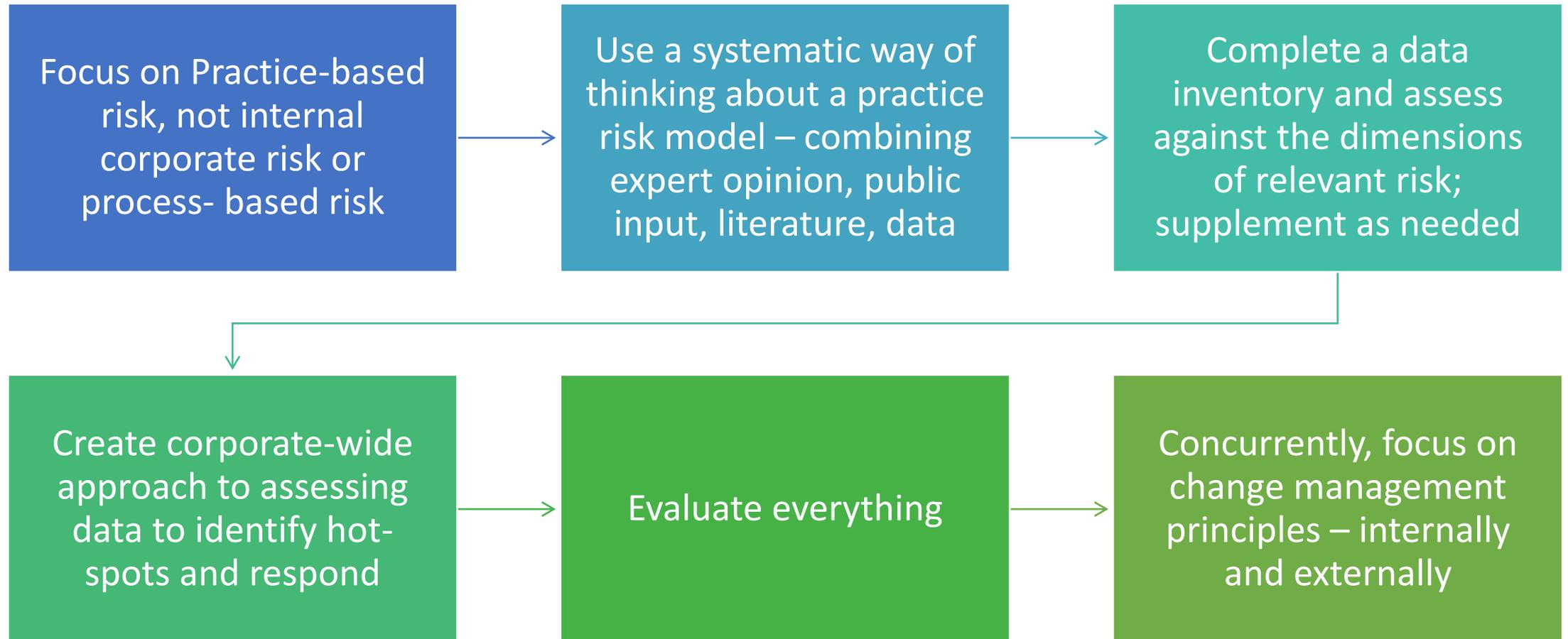
Literature

Dispensing
error data =
25% env
factors

Complaints
data = 20%

Operational
Assessments =
31% do not
pass

Summary



Questions?





Ontario College
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Supplementary slides if needed

Who We Regulate – “The People”



17,861
pharmacists

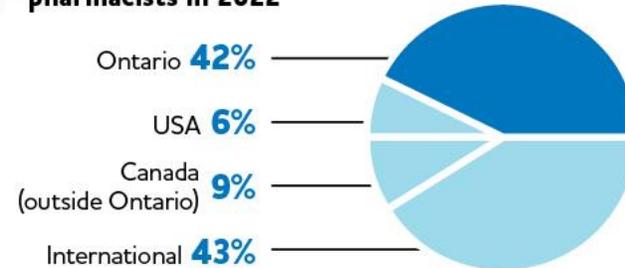
Average age of
pharmacists:
45

5,688
pharmacy
technicians

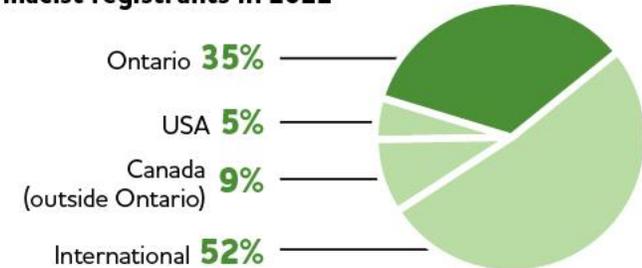
Average age
of pharmacy
technicians:
41

Data shown is from 2022

Place of education for all pharmacists in 2022



Place of education for new pharmacist registrants in 2022



New Registrants in 2022



New pharmacist registrants*:

863

New pharmacy technician registrants*:

443



Pharmacy students and
interns currently training
or registered in Ontario:

1,649



New out-of-province pharmacy
professionals registered in Ontario
through the Agreement on Internal Trade: **199**

*Includes registrants who re-registered with the College.

Where We Regulate – “The Place”



[Learn more](#) about the College's oversight of community pharmacies.

Community Pharmacy Ownership in 2022

Ownership Type	Count
363 small chains (3 to 19 pharmacies owned by a single corporation)	836 large chains (20+ pharmacies owned by a single corporation)
70 banner	9 banner
165 franchise	0 franchise
3,669 independently owned (1-2 pharmacies owned by a single corporation)	
1,783 banner	
516 franchise	

Place of Practice	Pharmacist	Pharmacy Technician
Community pharmacy	12,219	1,933
Hospital and other healthcare facilities	2,975	3,283
No workplace recorded	1,592	286
Association/academia/government	310	81
Industry/other	656	96
Pharmacy corporate office/ professional practice/clinic	109	9

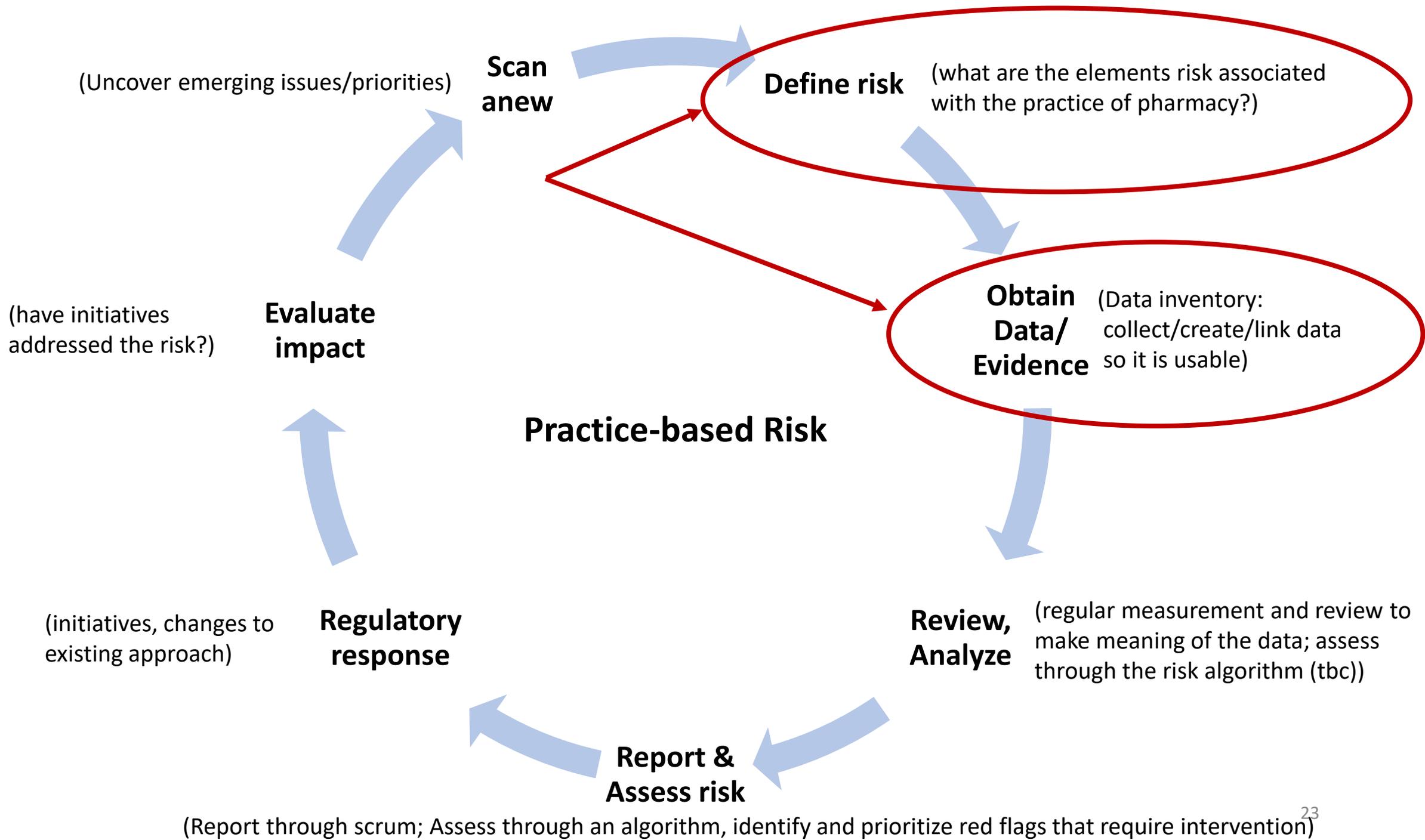
Data shown is from 2022

Banner: Pharmacies that are affiliated with a central office where they use a recognized name and may participate in centralized buying, marketing, professional programs, etc.
Franchise: Pharmacy is owned by franchisee who enters a business relationship with a company (franchisor) for the legal usage of the franchisor's name and products

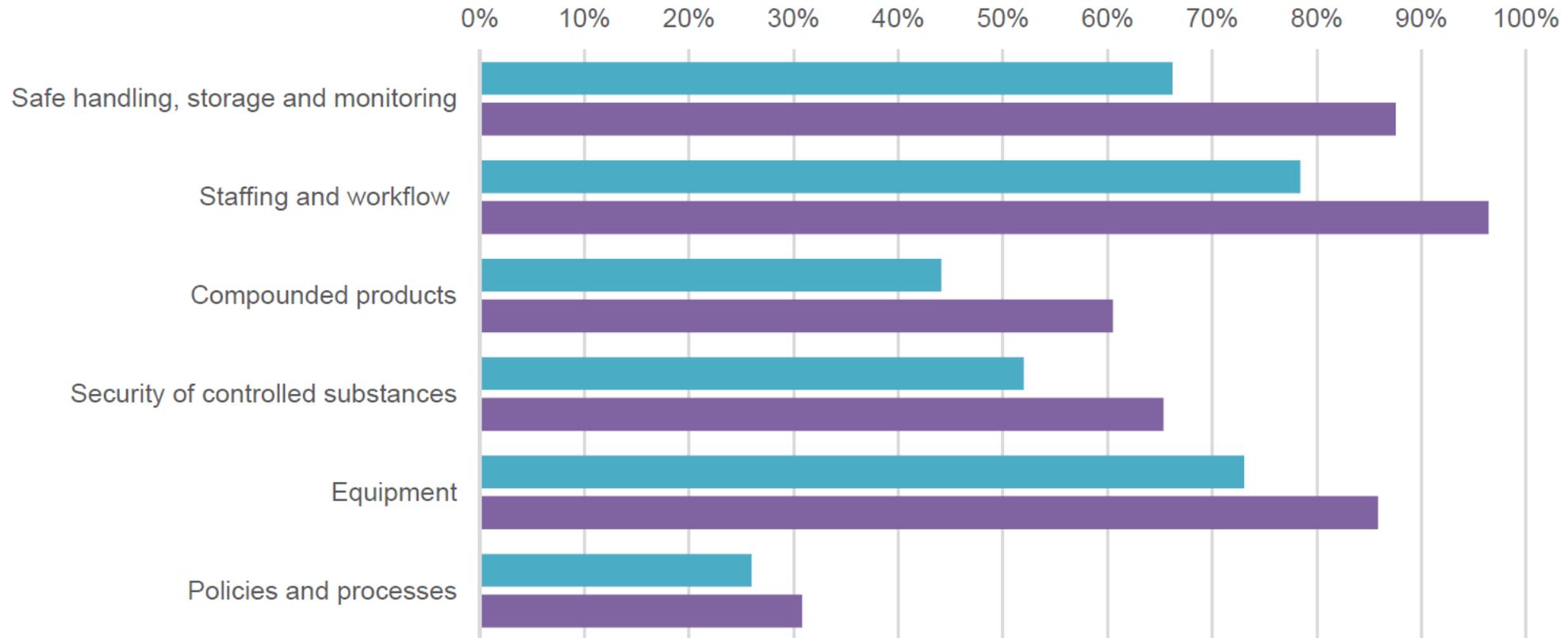
DIMENSION	ADD	SOURCE
Changes to pharmacy practice (macro level)	Changes in scope to other professions (midwives, NP), not properly equipped – no EMR, clinical viewers	
Factors related to pharmacy professional (training, KES, Comms, demographics, mental/physical challenges, previous complaint)	Lack of KES on EDI/Queer/trans/indigenous health	
Factors related to drug being dispensed (controlled substances, high risk drugs, cancer)		
Factors related to patient (frail, senior, pediatric, mental illness, addictions)	Lower SES (can't afford), language barrier	
Factors related to interaction w/patient (no proper assess, dispensing errors, adverse events, documentation, compounding)	Failed to ask about side effects	
Business practices (privacy breach, loss of \$ info, racism, lack of accommodation for disabilities, safety/robberies, approp equipment/staffing)	Lack of secure comms (texts), clinical viewers not being used	
System issues (transitions of care, access, systemic racism)	Hierarchy in healthcare, lack of trust by others	

The Risk Matrix

Likelihood/ Impact	Negligible Impact (1)	Low impact (2)	Moderate Impact (3)	High Impact (4)	Catastrophic Impact (5)
Highly Unlikely (1)	Negligible Risk (1)				
Unlikely (2)		Low Risk (4)			
Possible (3)			Moderate Risk (9)		
Likely (4)				High Risk (16)	
Highly Likely (5)					Major Risk (25)



Significant discrepancies in performance



Percentage of pharmacies meeting Operational Standards (2017): Corporation "A" pharmacies versus all-other pharmacies

Pharmacies owned by large corporation "A"

All other community pharmacies

Data-driven culture

(e.g., building analysis into regular meetings and discussions, building-in evaluation from the start)

Data Quality Stream	Data Analytics stream	Risk identification and priorities	KTE	Partnerships and Research
IT system (CRM, Radar, Hedgehog, Pharmapod)	Regular review of data (important findings, trends)	Using our data: Regular monitoring and reporting of identified risks	Integrate implementation science lit into comms and other behavior-change initiatives	Inventory of existing collaborations. Analysis of fit Identification of OCP Role
Data inventory	Support for analytics (statistical? Methods support)	Regular review of literature – at a minimum OCP lit/findings	Vetting initiatives to make sure they are measurable so we <i>can</i> do KTE piece	Prioritization framework
Data governance	Building research questions	Leadership discussion and review		
Documentation and Coding	Building evaluation frameworks	Prioritization process and decision-making framework	Publications	
Data reconciliation (quality/accuracy review and cleaning)	Lit review support	PDSA cycle for implementing responses EVALUATION		
	Support for regular or one-time data queries	Partnerships: e.g., govt, schools, PEBC, NAPRA		

CAPACITY

(staffing, corporate Board and leadership priority, HR support – part of objectives/PAs, IT system (queriable), analytical capacity in each team, dedicated time and focus)