

## Ontario Pharmacy Patient Care Assessment Tool (OPPCAT) Glossary

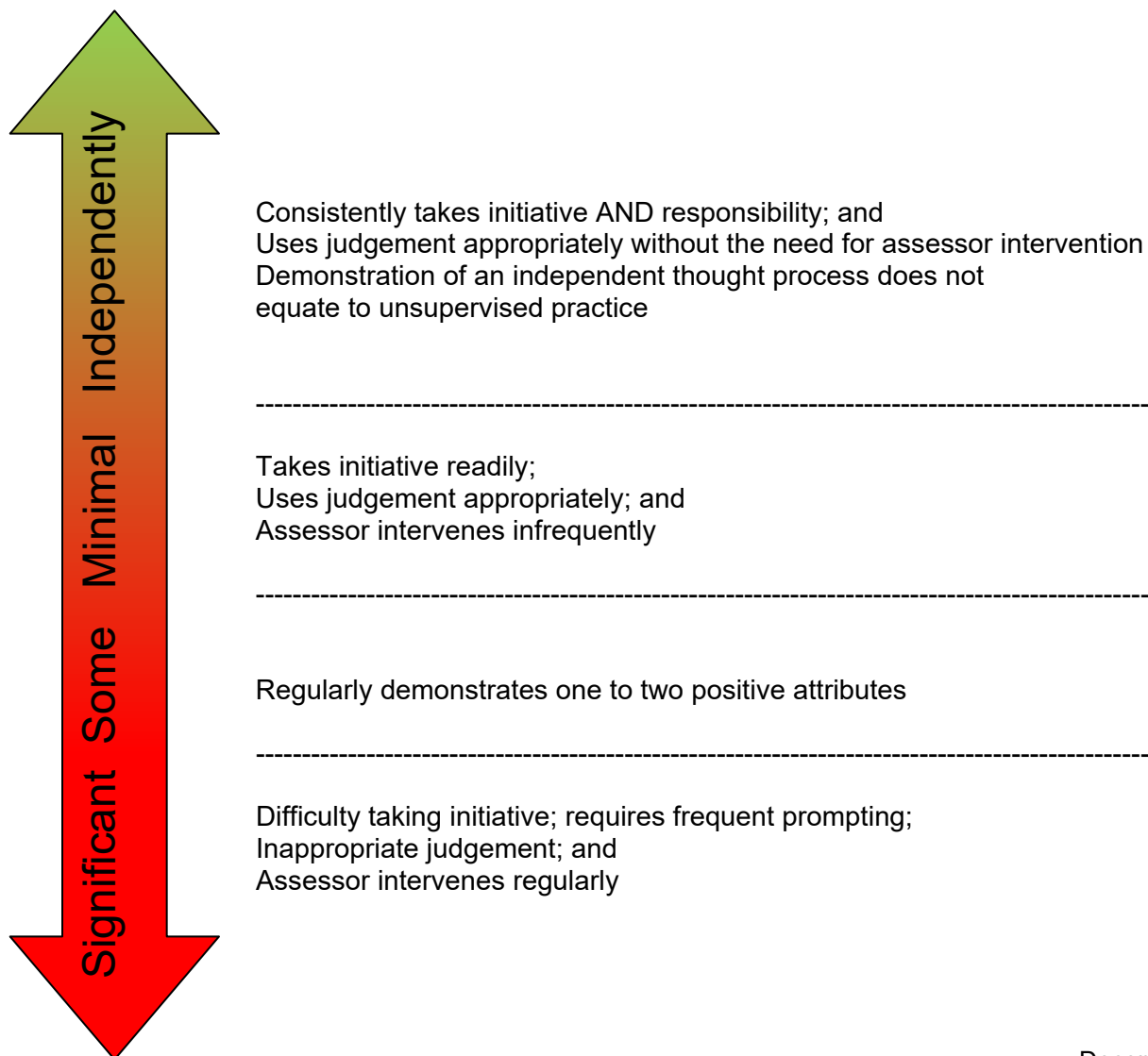
The following glossary has been developed by the Ontario Pharmacy Patient Care Assessment Tool (OPPCAT) Committee and is meant to be used in conjunction with the OPPCAT during the Practice Assessment of Competence at Entry (PACE).

### I. Guidance

One of the critical indicators of performance utilized throughout the assessment tool is 'guidance'. It is broken down into three subparts which indicate the extent to which the candidate:

- Takes Initiative
  - Do they readily engage in practice or require prompting by the assessor?
- Requires direction from the assessor in thought process and decision-making
  - Do they appear to have logical thought processes and use professional judgment appropriately or are they uncertain about how to make decisions?
- Requires assistance from the assessor to help fill in the gaps
  - Do they require help filling in the gaps or do they have all the necessary knowledge, skills and abilities to engage in practice?

Using these descriptors, the spectrum between significant guidance and independently is depicted below.



## II. General Definitions

### ***Independently***

The term “independently” refers to a candidate who consistently takes initiative AND responsibility; and uses judgement appropriately without the need for assessor intervention. This demonstration of an independent thought process does not equate to unsupervised practice.

The Ontario College of Pharmacists has a webpage to help pharmacists understand the principles of supervision, namely, that supervision is not a one-size-fits-all approach. **OCP Website - Supervision of Pharmacy Personal Policy:** <https://ocpinfo.com/pharmacy-professionals/rules-and-standards-of-the-profession/practice-policies-guidelines/supervision-of-pharmacy-personnel-policy/>

### ***Systems***

At the upper level of performance, the term ‘systems’ is used a number of times to reflect that the practice of the candidate is moving or incorporating elements beyond the care of individual patients and is directed towards the structure and function of the practice environment as a whole (e.g., medication systems). This would include the organizational policies, workflows and processes that enable the provision of safe and effective patient care.

### ***Patients = Clients***

Any person or authorized agent of the person who is provided a product and/or service that is within the practice of pharmacy.

### ***Patient-centered***

Includes care that places the patient’s needs as the focus of the clinician’s work and care that maintains the patient as a ‘holistic’ being and does not fragment the patient into disease groups, organ systems or drug categories.

## III. Domain Definitions

### ***1.1 Develops Patient Relationships***

Candidate establishes a caring professional relationship with the patient and/or caregiver, family member, power of attorney, or other suitable party, centered on patient’s needs, which are placed above personal needs, and embodies respect for the patient. Interactions may occur in person, by telephone, or through other remote methods suitable to the practice setting. Aspects of this relationship include proper introduction, establishing credibility and trust with the patient, fostering this relationship with attentive, prompt, courteous responses to the patient’s needs; discharges patient when needed appropriately.

The candidate contributes to the development of culturally and emotionally safe spaces for all individuals. This includes the promotion of services in the practice environment to support equity and accessibility of pharmacy care (e.g., translation services, names/pronouns, private counselling spaces).

The purpose of this relationship is ultimately to allow for proper patient assessment and care to occur.

### ***1.2 Conducts Patient Assessments***

Candidate gathers appropriate information required to provide care to the patient. Data gathering may be done through chart review, clinical databases, patient interview, or physical examination. Includes making a quality assessment of the data gathered in terms of usefulness or that more data gathering is required.

*Patient assessments* – assessments of patient parameters including, but not limited to, best possible medication history, past medical history, laboratory and diagnostics testing, point of care testing, physical examination data, medical diagnosis, family history, social history and related factors.

### 1.3 *Identifies Drug Therapy Problems*

Candidate is able to assess patient data/medications for the purpose of identifying drug therapy problems, including assessing the safety and efficacy of the patient's medications. This includes prioritizing drug therapy problems according to patient's clinical needs. The candidate already possesses a reasonable drug and therapeutics knowledge base (or is able to look up needed information effectively and efficiently).

Similar terms: drug-related problem, medication therapy needs

### 1.4 *Makes Clinical Decisions*

Candidate is able to apply literature evidence to patient care appropriately for the purposes of assisting clinical decision making. This would imply that the candidate is already able to successfully search, retrieve, and appraise the literature evidence.

Candidate is able to generate a list of therapeutic options appropriate to the patient's drug therapy problems. Candidate compares and contrasts different options, weighing evidence for options and prioritizing options based on evidence. The candidate already possesses a reasonable drug and therapeutics knowledge base (or is able to look up needed information effectively and efficiently).

Candidate makes a decision weighing patient's values/preferences/factors, social determinants of health, appropriate evidence, and practicality issues to devise a recommendation to manage the patient's drug therapy problem(s).

Candidate is able to decide on a course of action regarding this recommendation including, as appropriate, modifying, adapting, or renewing existing therapy; prescribing new medications; de-prescribing; determining whether it is appropriate to administer a medication to a patient; or recommending care by another health professional.

*Patient factors* – includes elements such as convenience, cost, coverage, etc., that affect clinical decisions.

### 1.5 *Implements Care Plans*

*Care plans* – a detailed schedule outlining the practitioner's and the patient's activities and responsibilities; designed to achieve goals of therapy and resolve and prevent drug therapy problems.

Candidate weighs and decides on clinical outcomes suitable for patient (**patient-centred**).

Candidate researches, weighs, and decides on safety and efficacy therapeutic outcomes regarding recommendations, including timelines.

Candidate incorporates self-care, patient/ family education, and patient wishes into these decisions. This could include recommending medication administration aids, self-monitoring devices, supportive health devices, etc.

Candidate takes the specific actions to implement the care plan and clinical decision(s). Candidate **recommends** a monitoring plan, the need for such care, the nature of such care, safety and efficacy assessments of the care, the timelines and frequency of contact required for such care, the candidate's responsibilities in such care, and the termination of such care as appropriate.

## 1.6 Refers Patients (Informal or Formal)

Candidate recognizes when a patient has a health care need or when management strategies fall outside the scope of pharmacist care and the patient's interests would be better served by another health care professional. Candidate makes appropriate informal or formal referrals to these other health care professionals [e.g., physicians, other allied health care professionals, Community Care Access Centres, another pharmacist (compounding pharmacy services), etc.] including having an appropriate reason for the referral.

Table 1- Examples of Referrals

Formal referral	<ul style="list-style-type: none"><li>• Candidate identifies the need for a patient to be referred to a dietitian and initiates a <b>written</b> referral to the health care provider indicating what care has been provided by the candidate and the rationale for the referral.</li><li>• Candidate identifies a complicating factor (i.e., red flag issue) when consulting a patient for a minor ailment and initiates a <b>written</b> referral to a physician.</li></ul>
Informal referral	<ul style="list-style-type: none"><li>• Candidate <b>verbally</b> suggests to a patient presenting to community pharmacy with eye pain to see a physician or optometrist.</li><li>• Candidate identifies the need for a patient to be referred to another healthcare professional and <b>verbally</b> suggests this to the assessor or other health care professional, indicating the care already provided by the candidate and the rationale for the referral.</li></ul>

## 1.7 Provides Follow-up and Evaluates Care

Candidate implements monitoring of the patient determined in 1.5 including the continued need for recommended care, the nature of such care, safety and efficacy assessments, timelines and frequency of follow-up, the candidate's responsibilities, and the termination or handover of care as appropriate.

Candidate assesses for and manages any new drug therapy problems and health care issues as part of follow-up care.

*Comprehensive follow-up* – assesses all pertinent effectiveness and safety endpoints as part of an ongoing monitoring plan. Reassesses patient care in terms of any new information obtained and identifies any new drug therapy problems.

### 2.1 Demonstrates Communication Skills Effectively (Verbally and Non-verbally)

Candidate, when speaking, uses organized and articulate language with precise expressions and vocabulary, in order to carry out patient care. This takes into account verbal (e.g., tone, volume, intonation) and non-verbal (e.g., eye contact, stance, and facial expressions) aspects used in communicating with patients, family, agents and other health care professionals. Communication skills include active listening skills, responding with empathy and tact, respect for inter-cultural and inter-professional situations.

Candidate is able to tailor their communication to specific contexts and patient care situations. Difficult communication situations could include language barriers, low literacy, unmodifiable environmental constraints (e.g. lack of privacy), and patient is resistant to communication, evasive or not forthcoming with needed details when responding to questions.

## 2.2 *Completes Documentation*

Candidate writes in a clear, organized manner, with appropriate vocabulary, syntax and grammar. Candidate's documentation is useful for patient care, fulfills professional responsibilities, and where appropriate, follows the locally accepted documentation template in the patient's legal record.

Candidate can adapt their documentation to specific contexts and target audiences.

Note: documentation does not equal non-verbal communication

## 3.1 *Applies Regulations and Ethical Principles in Practice*

Candidate practices in accordance with legal requirements and standards of practice, as required for specific patient care situations, accepting responsibility for the patient's care needs and avoiding abandonment. Candidate does not practice outside scope of practice.

Candidate is able to weigh issues involved with an ethical situation, consider the ethical principles (Beneficence, Non-maleficence, Respect for Persons/Justice, and Accountability (Fidelity)), and decide on an ethical course of action for the patient context. The patient's wishes are considered in decision-making, consent is obtained where necessary, and the patient's needs are prioritized over one's personal needs and conveniences. Refer to the [OCP Code of Ethics](#) and the Codes of Conduct that apply to specific institutions.

Examples include: patient confidentiality and privacy (circle of care), concerns regarding opioid prescribing practices (quantity, duration), conflict of interest (accepting gifts from patients), professional boundaries (e.g. social media).

## 3.2 *Demonstrates An Awareness of One's Own Practice Limitations*

Candidate identifies where their own knowledge and skills are insufficient to appropriately manage their practice (e.g., with patients or practitioners). Candidate utilizes strategies or seeks solutions to manage situations requiring additional knowledge and skills.

Candidate is able to self-reflect on their own practice, including knowledge, skills, attitudes, and limitations. Candidate is able to self-reflect regarding potential solutions to one's limitations.

## 3.3. *Demonstrates Professional Behaviour*

Candidate demonstrates professional behaviour in accordance with the Ontario College of Pharmacists and any applicable institution's professional policies and standards. Candidate adopts professional identity characteristics that include, but are not limited to, commitment to patients, society, profession and self. Self - management/discipline is defined as commitment to oneself where the candidate takes responsibility for own behaviour and well-being.

Examples include: (*AFPC Professionalism User Guide 2017*)

Commitment to patients (e.g. compassion, caring, empathy, respect for diversity)

Commitment to self (e.g. academic integrity, work ethic (timeliness, dress code), awareness of email/phone/social media use in professional and personal activities, personal learning plan, self-awareness, personal care, feedback, life-long learning)

## 4.1 *Develops and Promotes Inter-/ Intra-professional Relationships*

Candidate is able to negotiate the care, duties, and responsibilities of the pharmacist within the pharmacy team, and with other health care team members. Candidate actively makes their expertise available to, and willingly shares, with other team members and actively contributes to the care of the patient.

#### 4.2 *Fulfills Roles and Responsibilities with Healthcare Team*

Candidate understands and clarifies their professional roles and responsibilities with other health care team members. For example, candidate practises collaboratively with other team members respecting, while not impinging on, their scope of practice. In addition, the candidate appreciates how different professions practice together to ensure provision and follow up of care to the patient.

#### 5.1 *Prioritizes Patient Care Responsibilities to Manage Patient Workload*

Candidate prioritizes patient care responsibilities according to patient care needs and urgencies. Candidate completes these responsibilities within reasonable time periods (e.g., end of day or as negotiated with assessor).

*Expected patient workload* – the agreed upon patient care expectations (e.g., number of patients to be followed, number of activities to be completed) between the candidate and the assessor or as defined by a program’s benchmarking documents.

#### 5.2 *Manages Drug Dispensing*

The candidate has an understanding of the technical elements of dispensing (labelling, compounding, packaging, adapting, renewing, prescribing, etc.) at a higher level, in that the candidate is able to take responsibility for ensuring medications are indicated, effective, and safe and provided in a manner consistent with all legal requirements. This includes appropriate handling and disposal of all dosage forms of medications, devices, materials, patient bodily fluids, etc. Depending on the practice site, this may or may not result in the candidate directly contributing to the dispensing functions. (Note: candidates are not being trained to be pharmacy managers). See examples in Table 2.

**Table 2 – Examples of Manages Drug Dispensing**

Hospital in-patient	<ul style="list-style-type: none"><li>• Candidate describes how drug A gets to patient X and intervenes when they recognize that there is a challenge in this workflow that has the potential to compromise patient care.</li><li>• Candidate identifies and manages drug access issues upon transition of care back to home or community.</li><li>• Candidate suggests an appropriate dosage form to facilitate ease of patient use (e.g., chewable, liquid) or therapeutic effectiveness (e.g., enteric coating).</li></ul>
Ambulatory clinic	<ul style="list-style-type: none"><li>• Candidate collaborates with a patient’s prescriber(s) and community pharmacy(ies) to ensure the patient receives appropriate medication treatment in a timely manner.</li><li>• Candidate coordinates access to medications (in an indicated, effective, and safe manner), without physically handling the drug products themselves.</li><li>• Candidate identifies alternative therapeutic options that are covered by a patient’s insurance.</li></ul>
Community Pharmacy	<ul style="list-style-type: none"><li>• Candidate collaborates with other pharmacy team members to ensure that a prescription is processed, and the medication dispensed is indicated, effective, and safe, and meets the legal requirements.</li></ul>

### 5.3 Demonstrates Patient and Medication Safety

Candidate recognizes when a near miss or medication incident occurs. Candidate manages that situation for their patient including steps to disclose, apologize, report, and share learnings with others.

Candidate understands the steps to prevent medication errors and recognizes unsafe or suboptimal practices. Candidate addresses any potential for medication errors to occur in one's own practice and/ or within the system.

*Near miss* (also referred to as a good catch or close call) – an event that could have resulted in unwanted consequences, but did not because either by chance or through timely intervention the event did not reach the patient. (ISMP <https://ismpcanada.ca/resource/definitions-of-terms/>)

*Medication incident* - any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer. Medication incidents may be related to professional practice, drug products, procedures, and systems, and include prescribing, order communication, product labelling/ packaging/nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use. (ISMP <https://ismpcanada.ca/resource/definitions-of-terms/> )

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