Ontario College of Pharmacists
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Practice Assessment of Competence at Entry (PACE) for Pharmacy Technician Registration - Assessor Application Form (Hospital)

Before completing this application form, please review the PACE Assessor Criteria to ensure that you are eligible to be a PACE assessor.

Please email the completed form to regprograms@ocpinfo.com. You will be notified within 8 weeks of the outcome of the application review. Thank you for your interest in being considered for this important role.

Your General Information		
A	Last Name	
	First Name	
	OCP Number	
	Business Phone Number	
	Email Address	
	Class of Registration	☐ Pharmacy Technician ☐ Pharmacist
	Years of practice as a registered pharmacy technician *OR* pharmacist providing patient care in a Canadian jurisdiction (min 2 years)	
	What experience have you had in evaluating pharmacy professionals during their registration process (e.g., OCP SPT preceptor, PEBC assessor, CCAPP college rotation preceptor)?	
	Are you currently the subject of a disciplinary or incapacity proceeding? Yes ☐ No ☐	

If you have any open cases (reports, complaints) under investigation or review or if you have any concerns listed on the Public Register that involve criminal conduct, ethical conduct, governability, sexual abuse, fitness to practice, delivery of quality healthcare or financial responsibility, you are not eligible to be a PACE assessor. If you have any questions about your eligibility to be a PACE assessor, please contact us at regprograms@ocpinfo.com.

Tell Us About You	
B	During the past year, how have you competently engaged in or with the full scope of practice of pharmacy technicians? What have you done to enhance your practice and/or the profession (e.g., professional development, projects, contribution(s) to new initiatives)?

B	**Why are you interested in becoming a PACE assessor for pharmacy technician applicants?**	
	Please describe your understanding of how PACE assessors uphold OCP's public protection mandate.	
☐	I consent to the use of my practice assessment by the Registration department for the purpose of determining my initial and continued eligibility for the role of an OCP PACE Assessor.	

Your Primary Practice Site Information (where PACE would occur; must match your OCP profile)					
C	**Hospital Name**				
	Hospital Address (including city)				
	Accreditation Number				
	How many hours each week do you work at this site?				
	Please indicate in which areas of the department you work and the proportion of time in each area				
	Variety and frequency of practice opportunities for PACE candidates	**Multiple times / day**	**A few times / week**	**Every 2-3 weeks**	**Rarely**
	Prepare medications (e.g., repackaging)	☐	☐	☐	☐
	Perform independent double check of prepared medications	☐	☐	☐	☐
	Perform calculations	☐	☐	☐	☐
	Perform unit dose/patient-specific fills	☐	☐	☐	☐
	Restock medications (e.g., filling automated dispensing cabinets, crash carts, trays, etc.)	☐	☐	☐	☐
	Process prescriptions/order entry	☐	☐	☐	☐
	Participate in inventory control (e.g., narcotic inventory, expired products, cold chain management)	☐	☐	☐	☐
	Answer/address phone calls or requests from nurses or other health care professionals	☐	☐	☐	☐
	Assist with the creation of a Best Possible Medication History (BPMH)	☐	☐	☐	☐
	Collaborate with members of the department and other health care professionals	☐	☐	☐	☐

Time Commitment as a PACE Assessor (PACE assessors must directly observe and supervise a candidate for a minimum of 24 hours per week)			
		YES	NO
D	**Are you able to observe a candidate for at least 24 hours per week while practising side by side with them?** **Or** **Are you and a co-assessor able to split observation of a candidate over a duration of at least 24 unique hours per week while practising side by side with a candidate? Please provide the name and OCP number of your proposed co-assessor and ask them to submit a separate application.** **Name:** ☐ **OCP #** ☐	☐ **Or** ☐	☐ ☐

Mitigation of Bias or Conflict of Interest

PACE assessors are expected to provide an objective assessment of a candidate. To do so, assessors must recognize the inherent bias or conflict of interest (COI) of assessing a candidate who works for the same organization and make every effort to minimize the impact of that potential bias/COI on the assessment.

Will you be assessing candidates already employed by your employer?

☐ **No. Please complete sections F and G.**

☐ **Yes. Please complete the rest of this application form (i.e., sections E, F, and G).**

Mitigation of Bias or Conflict of Interest	
E	**Please outline how you and your organization plan to minimize the impact of potential bias or COI when assessing a PACE candidate who is employed at or has previously been exposed to pharmacy practice at your facility (e.g., through a student placement). See the final page of this application form for examples of how you could minimize or avoid bias or COI in PACE.**
On every request you receive to be a candidate's assessor, you must declare if the candidate is employed by your organization and outline the steps you have taken to minimize the impact of potential bias or COI in your assessment.	

Section F to be completed in conjunction with your manager or other organizational representative:

To ensure PACE assessors can provide an objective assessment of a candidate, their employer must allow them to perform this role without any potential bias or conflict of interest (COI), including but not limited to minimizing discussion among staff of a candidate's practice performance before or during PACE, not exerting pressure on assessors to rate candidates favourably to remedy staffing shortages, and refraining from intervening in an assessment.

Organizational Commitment as a PACE Site			
		Yes	No
F	Does the hospital support the registrant's participation in being a PACE assessor?	☐	☐
	Does the hospital's organizational structure (e.g., staffing, resources) support the role of the registrant as a PACE assessor?	☐	☐
	Please outline how you and your organization plan to ensure that the assessor can provide an objective assessment.		

Assessors must report to OCP immediately if they feel they cannot provide an unbiased assessment of a candidate.

Manager or Organizational Representative		
F	Last Name	
	First Name	
	OCP Number (if applicable)	
	Job Title	
	Contact Telephone Number	
	Email Address	

Additional Information	
G	How did you hear about PACE?
	What questions do you have about PACE?

Examples for Minimizing or Avoiding Bias or Conflict of Interest in PACE

Your plan could include, but is not limited to,

• Assessors are not the same staff members who act as preceptors for students who are likely to return as PACE candidates.

• Assessors are not trainers/directly involved in onboarding new staff members who are likely to become PACE candidates.

• Assessors are not the direct manager of staff members who are likely to become PACE candidates.

• Assessors refrain from participating in assessments of staff members who are likely to become PACE candidates (i.e., performance reviews, certifications).

• Assessors are not a part of the hiring process for intern technicians who are likely to become PACE candidates.

• PACE assessments could be scheduled to be completed during the first few months of employment since less time working at the site may reduce the likelihood of the assessor becoming acquainted with potential candidates.