



Perceptions of pharmacy team members on the new scope of practice for pharmacy technicians in Calgary, Alberta.



Lorén M Voice

Introduction

Extended wait times for access to health care professionals is of growing concern for Canadians. The population is placed at risk of becoming ill or increasing the severity of illness when left unseen. Scope of practice changes among pharmacy teams makes them ideal initial access points to the healthcare system, and as part of integrated health care teams.



Objective

Question: What are pharmacy team's perspectives on the new scope of practice for regulated pharmacy technicians and their ability to perform to full scope of practice in the Calgary, Alberta area?

This study aimed to explore the perspectives of pharmacy teams on the new scope of practice changes for pharmacy technicians. I wanted to get a front line impression of how the new roles are currently working and determine if they are contributing to increased health services and accessibility.

A literature review was completed to learn more about scope of practice for technicians nationally and other areas of the world. Many studies focused on pharmacists and did not take into account what responsibilities the technician have or would take on, or how the change to that new pharmacy model is going currently. There is no such thing as a pharmacy technician in many countries.

Recruiting for this study proved difficult as many people were unsure what they had to offer or didn't have time for the interview.



Method

Qualitative research was conducted using the interpretative epistemological approach, to explore the perspectives of pharmacy teams. Applying purposive sampling, pharmacy team members in the Calgary area were invited to participate. Moderate semi-structured interviews were conducted which included six pharmacy technicians, five pharmacists and five pharmacy assistants. Thematic content analysis was utilized to interpret the data.

Table 1. Participant demographic

Participant letter	Gender	Age range in years	Role in pharmacy	Practice area
A	F	30-40	Technician	Hospital
B	F	40-50	Technician	Community
C	F	30-40	Technician	Community
D	F	40-50	Technician	Hospital - specialty
E	F	40-50	Technician	Community - specialty
F	M	40-50	Technician	Community
G	F	30-40	Assistant	Hospital
H	F	30-40	Assistant	Hospital
I	F	40-50	Assistant	Hospital
J	F	30-40	Assistant	Hospital - specialty
K	F	20-30	Assistant	Both
L	F	40-50	Pharmacist	Hospital - Manager
M	F	40-50	Pharmacist	Community - manager
N	M	50-60	Pharmacist	Hospital
O	M	50-60	Pharmacist	Community - manager
P	F	30-40	Pharmacist	Hospital

Thematic content analysis is process of working through the data to identify themes and codes, further organizing codes and comparing themes/codes from all transcripts. Transcripts were highlighted, and notes applied in a column next to the highlighted section, these notes evolved into the initial emerging themes, codes and eventually sub-themes. From there, codes were grouped with each emerging theme and the letter of the interview from which the code came from was kept for ease of quote retrieval later. Codes were then given a color to determine important (stand out) and reinforcement (background) information. All emergent themes and codes were then compared, and duplicates were eliminated. Five themes were finalized with one to two sub-themes each. Repeated important codes were used to establish sub-themes and remaining codes were further grouped to similar sub-themes. Reinforcement codes were revised, kept or combined when similar to the sub-theme and theme. Transcripts were then reread to be sure the developed codebook reflected the data.

Themes	Sub-themes	Codes
1. Implementation of scope of practice changes	1.1 Effect on roles	1.1.1 Tech role not affected immediately
		1.1.2 Comfort level with new roles
		1.1.3 Management change required to implement full scope
2. Addition to Pharmacy Services	2.1 Expanded roles	2.1.1 Expanded roles still required/enforced for techs
		2.1.2 All techs not on board with changes
		2.1.3 Entire team working to full potential - full scope
	2.2 Accessing professionals	2.2.1 Access to technicians increased
		2.2.2 Pharmacy teams as Primary care providers
3. Patient safety/care concerns	3.1 Skillset	3.1.1 Maintaining skills
		3.1.2 Increased care offers continuity of care
		3.1.3 Pharmacy teams find physician errors
	3.2 Wait times	3.2.1 Lengthy wait times to be seen by all healthcare professionals
		3.2.2 Time constraints
4. Staff concerns	4.1 Workflow issues	4.1.1 Staffing levels underfunded
		4.1.2 Workflow enhancement/change
	4.2 Team morale	4.2.1 Transition to new roles caused staff issues
		4.2.2 Increased stress levels, decreased in team morale
		4.2.3 Pharmacist Technician/Assistant issues
5. Education	5.1 Population	5.1.1 Increase awareness for patients what pharmacy teams can help them with
		5.1.2 If pharmacy personnel take the time patients will respond
	5.2 Other health care providers	5.2.1 Increase awareness for other health professionals
		5.2.2 Increase communication and trust within multidisciplinary teams
		5.2.3 Re-define - Primary care team

Results

Five key themes emerged from the data;

1. The implementation of scope of practice changes for technicians has been a slow process and many are not working to that level even now. In many of the interviews, participants felt the transformation to the regulated technician role was very slow. There are some cases where the transition was a negative experience, as some staff did not wish to shift responsibilities.
2. Expanding the roles of this team and making them accessible would increase services. Pharmacy teams found that in many cases the technician role was yet to be expanded and considered full scope. It was also stated that responsibilities actually given to technicians were not always enforced, and not all technicians were performing at the same level.
3. There were patient safety/care concerns around wait times and pharmacy personnel maintaining their skillset. Participants felt that slow changes were hindering technician's and the pharmacy care team's ability to care for patients properly.
4. Staff in pharmacies feel there are workflow and team morale issues. Current workflow does or does not allow for regulated technicians in many areas. Workflow requires changes in order to expand the role of the regulated technician.

Results Continued

5. Education is required for the general population and all healthcare providers in order for pharmacy teams to aid in decreasing wait times. Many participants commented on the lack of awareness among the general population for what services the pharmacy team offers.



Conclusion

Pharmacy is a small area that can have a large impact when practiced appropriately. Expanded scope of practice for technicians will be a great addition to healthcare services, when everyone is working to their full scope of practice. The barriers identified in this study to technicians working to full scope need to be addressed.

Gaining confidence in skill levels, increasing education opportunities and the willingness to take on the responsibilities will go a long way to changing the current landscape. Technicians need to work with each other, PTSA and ACP in order to enforce this change.

The primary health care team definition needs to be redefined to include all professionals with expanded scopes of practice, not just physicians and nurses. Patient safety in the health care system increases when there is an entire team involved in the care and follow up. Connecting with any/all government agencies to spear head change in this direction will aid with this effort.

References

This is an A-G list, for a complete reference list please contact the researcher.

Alberta College of Pharmacists (2015) 'Why is pharmacy technician becoming a restricted title?' [online] Available from: <https://pharmacists.ab.ca/articles/why-pharmacy-technician-becoming-restricted-title> (Accessed 20 November 2017).

Alberta College of Pharmacists (2014) 'Standards of Practice' [online] Available from: <https://pharmacy.ca/standards-practice> (Accessed: 12 September 2018)

Alberta College of Pharmacists (2018) 'Who are we' Edmonton, Alberta [online] Available from: <https://pharmacy.ca/who-we-are> (Accessed: 02 September 2018)

Alberta College of Pharmacists (2018) 'Scope of Practice' Pharmacy Technician [online] Available from: <https://pharmacy.ca/scope-practice> (Accessed: 02 September 2018)

Alberta Health (2018) Pharmacy Funding Framework. Government of Alberta. [online] Available from: <http://www.health.alberta.ca/services/pharmacy-funding-framework.html> (Accessed: 12 July 2018)

Alberta Health (2012) Alberta wait times reporting. Government of Alberta. [online] Available from: <http://waittimes.alberta.ca/AWTRInfoPage.jsp?pgid=D-12> (Accessed: 17 November 2017)

Biran, V. and Clarke, V. (2006) 'Using thematic analysis in psychology.' *Qualitative research in psychology*, 3(2), pp.77-101. [online] Available from: <https://www.tandfonline.com/doi/pdf/10.1191/1478087706br00003b> (Accessed: 16 August 2017)

Canadian Institute for Health Information (2005) 'Understanding Emergency Department Wait Times: Who is Using Emergency Departments and How Long are they Waiting?' *Canadian Institute for Health Information - Institut canadien d'information sur la santé*. [online] Available from: https://secure.cihi.ca/free_products/Wait_times_e.pdf (Accessed: 17 November 2017)

Canadian Institute for Health Information (2011) 'Wait Times in Canada - A Comparison by Province, 2011' *Canadian Institute for Health Information - Institut canadien d'information sur la santé*. [online] Available from: https://secure.cihi.ca/free_products/Wait_times_public_2011_en.pdf (Accessed: 17 November 2017)

D'Amour, D., Ferrada-Vieda, M., Sam Martin Rodriguez, L. and Benlieu, M.D. (2005) 'The conceptual basis for interprofessional collaboration: core concepts and theoretical frameworks.' *Journal of interprofessional care*, 19(sup1), pp.116-131. [online] Available from: <https://www.tandfonline.com/doi/pdf/10.1080/1361920050002527> (Accessed: 12 September 2018)

Dahlgren, G. and Whitehead, M. (1991) 'Policies and strategies to promote social equity in health.' *Stockholm: Institute for future studies*. [online] Available from: https://www.researchgate.net/publication/595994_Policies_and_strategies_to_promote_social_equity_in_health_Background_document_to_WHO_-_Strategy_paper_for_Europe/links/56954090a5838e44846.pdf (Accessed: 04 April 2016)

Donette, W.R., Nevin, J.C., Galbraith, C., Keeling, D.H., Mori, D.A., Pedersen, C.A. and Scholmer, J.C. (2012) 'Organizational factors influencing pharmacy practice change.' *Research in Social and Administrative Pharmacy*, 8(4), pp.274-284. [online] Available from: <http://www.sciencedirect.com/science/article/pii/S155174111000799> (Accessed: 20 September 2017).

Duffull, S.B., Wright, D.F., Marrs, C.A. and Anakin, M.G. (2018) 'A philosophical framework for pharmacy in the 21st century guided by ethical principles.' *Research in Social and Administrative Pharmacy*, 14(3), pp.309-316. [online] Available from: <https://www.sciencedirect.com/science/article/pii/S1551741117302914> (Accessed: 15 January 2018)

Farrell, B., Ward, N., Dove, N., Russell, G., Gibeau, R. and Evans, S. (2013) 'Working in interprofessional primary health care teams: what do pharmacists do?' *Research in Social and Administrative Pharmacy*, 9(3), pp.288-301. [online] Available from: <https://www.sciencedirect.com/science/article/pii/S1551741112000733> (Accessed: 14 November 2017).

Green, J. & Thorogood, N. (2013) *Qualitative methods for health research*. 3rd ed. London: Sage.