

TECH talk

JUNE 2014

NAPRA publishes new version of tech competencies, standards

THE NATIONAL ASSOCIATION

of Pharmacy Regulatory Authorities (NAPRA) recently published a new version of the entry-to-practice competency requirements for pharmacy technicians across Canada. The revised document, designed to reflect the significant changes in the scope of practice for both pharmacists and pharmacy technicians, provides updated information on the expected competencies of a pharmacy technician at entry to practice, and facilitates the movement of technicians from one province to another.

"It is expected as pharmacy technicians progress through the various stages of their career, these competencies will be further developed and new ones gained," says the NAPRA website.

As a next step to the competencies, NAPRA has published the first-ever document for standards of practice for pharmacy technicians. Titled "Model Standards of Practice for Canadian Pharmacy Technicians," the format draws from a similar document for Canadian pharmacists that includes four domains, namely to medication expertise, collaboration, safety/quality, and professionalism/ethics. The domains have been adjusted to reflect technicians' focus on the technical aspects of pharmacy practice.

For more information, visit www.napra.ca

ACCREDITED CE LESSON INCLUDED:

Dyslipidemia: Screening, management and the role of the pharmacy technician

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NEWBORN PASSION

FOR PHARMACY TECHNICIAN SAMANTHA

Jenkins, seeing a healthy infant go home after what is often an extended hospital stay is the greatest reward of all.

Since October 2013, Jenkins has worked in the pharmacy of the neonatal intensive care unit at Sunnybrook Health Sciences Centre in Toronto.

"We deal with sick and premature babies, and so [medication] doses are critical," she explains. "We prepare all their daily doses of IV meds, oral meds, and TPN [total parenteral nutrition]. As well, we take care of all the patient profiles and data entry," working with the nurses and dietitians.

With the unit's capacity of up to 42 infants, it is a busy and demanding position. "Some of the babies weigh less than 1,000 grams [only about two pounds]," she says, "so that was a big change for me after working with adults."

Jenkins arrived at her current position via a varied career path. After graduating from Niagara College in 2010—and also during her years studying there—she worked at a community pharmacy in Niagara Falls, earning her RPhT at the earliest opportunity. "I think it's a great thing that they're pushing forward," she says of regulation. "The profession is now becoming more recognized and respected. It gives technicians many more opportunities job-wise as well, creating new positions that we've never had before," she says, citing medications-record technicians as an example.

After three years at the community phar-



macy and with her license in hand, Jenkins moved to Toronto to work at MediSystem Pharmacy, a division of Shoppers Drug Mart that provides pharmacy services for retirement and

long-term-care homes in Canada. During her eight-month contract there, she created a position as a third-party claims specialist for all the Toronto nursing homes. She moved to the cancer centre at Sunnybrook in 2012, where she did chemotherapy preparations while working on the retail side of the pharmacy before landing her current position. She now works on a team of eight technicians and four pharmacists.

By way of giving back to her profession, Jenkins was recently elected to the board of the Canadian Association of Pharmacy Technicians (CAPT) as director of internal affairs. In that capacity, she liaises between various committees and boards, plus organizes education sessions.

Further down the road, teaching may beckon, or perhaps higher education. But in the meantime, Jenkins is content to stay put. "I love my current career, so I'll probably stay here for a long time," she says.

BY THE NUMBERS

Deadlines loom for those working toward their RPhT through bridging programs in provinces that have already implemented regulation.

EXPIRY DATES FOR BRIDGING PROGRAMS

Alberta: December 31, 2015
 British Columbia: December 31, 2015
 Nova Scotia: December 31, 2017
 Ontario: January 1, 2015

DEADLINE FOR EVALUATING EXAM

(as determined by the Pharmacy Examining Board of Canada for provinces that have not yet implemented pharmacy technician regulation)

Manitoba, New Brunswick, Newfoundland & Labrador, Prince Edward Island, Saskatchewan: December 31, 2018

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CPhA webinar talks tech integration of practice

ANYONE INTERESTED IN HOW TECHNICIANS can be integrated into a pharmacy's workflow can tune in to a recent free webinar on the Canadian Pharmacists Association (CPhA) website titled "Successful Integration of Pharmacy Technicians."

The presentation, by Peter Adams, a pharmacist and executive at Centric Health-owned Classic Care LTC, features the experiences of Classic Care Pharmacy, which provides pharmaceutical and clinical services to long-term-care homes and retirement residences in Ontario. "Integrating and maximizing the RPhT's scope is crucial for pharmacy in 2014 and beyond," he asserts when discussing the evolu-

tion of pharmacy. "We can no longer continue to do things the way we did five years ago, and expect to be both profitable and sustainable. The key is examining your business to look for opportunities in your workflow."

Adams, accompanied by two technicians, describes and illustrates how the pharmacy has integrated technicians into the workflow and the benefits that have accrued.

To view the presentation, visit www.pharmacists.ca/index.cfm/education-practice-resources/professional-development/pharmacy-practice-webinars. It is available in webinar format (approximately one hour), or as a slide presentation.

Summary of pharmacists' expanded scope of practice across Canada

PHARMACISTS' SCOPE OF PRACTICE continues to expand. For example, pharmacists in Nova Scotia and Alberta have been granted authority to perform the full range of therapeutic and diagnostic practices. Meanwhile, those in New Brunswick and Saskatchewan are not far behind, but await the regulation of pharmacy technicians.

As pharmacists devote more time to clinical responsibilities, they will increasingly rely on technicians to help them free up their time to do so. Here is a rundown of what pharmacists are currently authorized to do in each province.

	Provide emergency prescription refills	Renew/extend prescriptions	Change drug dosage/formulation	Make therapeutic substitution	Prescribe for minor ailments/conditions	Initiate prescription drug therapy	Order and interpret lab tests	Administer a drug by injection	Regulated pharmacy technicians
BC	✓	✓	✓	✓	✗	✗	✗	✓	✓
AB	✓	✓	✓	✓	✓	✓	✓	✓	✓
SK	✓	✓	✓	✓	✓	✓	P	P	P
MB	✓	✓	✓	✗	✓	✓	✓	✓	P
ON	✓	✓	✓	✗	✗	✓	P	✓	✓
QC	P	P	P	P	P	P	P	P	✗
NB	✓	✓	✓	✓	P	✓	✓	✓	P
NS	✓	✓	✓	✓	✓	✓	✓	✓	✓
PEI	✗	✓	✓	✓	✗	✗	✗	P	✗
NL	✓	✓	✓	✓	✗	✗	✗	P	P
NWT	✓	✓	✗	✗	✗	✗	✗	✗	✗
YT	✗	✗	✗	✗	✗	✗	✗	✗	✗
NU	✗	✗	✗	✗	✗	✗	✗	✗	✗

✓: Implemented in Jurisdiction P: Pending Legislation or Regulation or Policy ✗: Not Implemented

1. AB: pharmacists in Alberta who have "additional prescribing authority" can prescribe a Schedule I drug (prescription-only) for the treatment of minor ailments
2. SK & NS: only as part of assessment and prescribing for minor ailments
3. MB: as Continued Care Prescriptions under section 122 of the Regulations to the Pharmaceutical Act
4. ON: restricted to prescribing specified drug products for the purpose of smoking cessation
5. ON: administration of influenza vaccination to patients five years of age and older; administration of all other injections and inhalations for demonstration and educational purposes
6. QC: pending Orders in Council (activity enabled by passage of Bill 41, an Act to amend the Pharmacy Act, December 8, 2011; regulation for this activity was planned for September 3, 2013, however it was postponed by Orders in Council on August 22, 2013)
7. QC: when authorized by a physician by means of a "collective prescription" (i.e., collaborative practice agreement)
8. QC: for demonstration purposes only
9. NB: prescribing constitutes as adapting, emergency prescribing or within a collaborative practice; independent prescribing or as part of minor ailments prescribing is pending
10. NL: limited to non-formulary generic substitution

Source: Canadian Pharmacists Association. Reproduced with permission.

Deflecting the risks of UV rays

ALTHOUGH FOR MOST OF US, the summer heat is a welcome respite from the bitter cold of winter, with it comes the increased risk of potentially life-threatening skin damage.

Despite widespread warnings about the risk of exposure to ultraviolet rays, skin cancer is on the rise in Canada. This year, an estimated 6,500 new cases of melanoma and 76,100 cases of non-melanoma skin cancer will occur; between 1986 and 2010, the incidence rate of melanoma increased 2% per year in men and 1.5% per year in women, according to the Canadian Cancer Society's 2014 statistics.

As the saying goes, an ounce of prevention is worth a pound of cure, and technicians and assistants can play their part by encouraging the use of sunscreen. Help patients choose the most appropriate product by asking them a series of questions, says Colleen Cairncross, pharmacist at London Medical Pharmacy and consultant pharmacist at MediSystem Pharmacy in London, Ont. For example: What age is the person using the sunscreen—adult, child, infant? Is it for the face or for the body, or both? Does the patient need something waterproof and/or sweatproof?

Cairncross recommends using sunscreen with an SPF (sun protection factor) of at least 15 on a daily basis to avoid cumulative exposure on the face and other exposed areas. "Sunscreen must be reapplied after swimming or any other vigorous activity, even if you have used a waterproof or sweatproof product, as this only promises to protect during swimming or sweat-inducing activity, not after," she emphasizes. A T-shirt, she warns, provides no more than approximately an SPF of 6, so sunscreen should be worn underneath. The Canadian Dermatology Association (CDA) advises Canadians to look for sunscreens bearing the Association's logo, as these products have been reviewed by member dermatologists as part of the CDA's Sun Protection Program.

Techs and assistants can remind patients of the mnemonic "slip, slap, slide, slop," Cairncross also suggests. In other words, slip on a shirt, slap on a hat, slide on some sunglasses, and slop on some sunscreen.

But for the many Canadians who don't heed that advice and end up with a painful case of sunburn, there are products that will alleviate the pain. Moisturizing, for example, will provide some relief. Aloe vera gels are favourites, says Cairncross, since they are inexpensive and spread easily over irritated skin. Lotions and creams are available with menthol, which acts as a counterirritant and imparts a cooling sensation. She advises against products containing local anesthetics, as these can be sensitizing and can cause reactions in some people.

It is important to realize that some drugs make patients more vulnerable to sunburn. "Technicians need to be aware of the role that medications play in increasing many patients' sensitivity to the sun," Cairncross notes. "Many patients are not aware of this either."

When patients ask where products for sunburn treatment are located, technicians and assistants "should look and do a quick assessment, and if the burn looks even a little red, recommend that they speak to the pharmacist and/or ask them if they take any prescription medications," she advises. "The patient's drug profile is important, and valuable; techs and assistants can gather that information, which would influence the pharmacist's recommendation."

As well, prescriptions for medications that increase sun sensitivity could be flagged before dispensing; either the pharmacist could be called to counsel patients about these medications when they are picked up or technicians and assistants could attach a brochure on this topic to the prescription bag to inform patients of their need to wear sunscreen.

Technicians and pharmacists, quips Cairncross, can truly help everyone under the sun.

FOR MORE INFORMATION

Canadian Cancer Society – www.cancer.ca
Canadian Dermatology Association – www.dermatology.ca
SunSmart, Australia – www.sunsmart.com.au
(posters, brochures, interactive programs, and much more)



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