

TECH talk

SEPTEMBER 2012

BY THE NUMBERS

Pharmacists authorized to administer drugs by injection

Alberta: 1,707 since authority granted in 2007; pharmacists serviced 90,000 Albertans through the 2011–2012 Influenza Immunization Program.

British Columbia: 1,819 since 2009; pharmacists gave more than 100,000 influenza vaccine doses in 2011–2012.

New Brunswick: 197 since 2008.

Provinces training pharmacists to administer injections, and awaiting authority

Ontario: awaiting approval by provincial Cabinet; approximately 1,200 pharmacists have taken the Ontario Pharmacists' Association's Injection and Immunization Training Program, the first nationally accredited certification program for injection training.

Nova Scotia: amendments to the Pharmacy Act made and approved; associated regulations awaiting final approval of provincial Cabinet.

Manitoba: Manitoba Pharmaceutical Association developing an Injection Administration Training Program.

Provinces in process of requesting injection authority

Newfoundland and Labrador: The NL Pharmacy Board presented to government in the spring; board committees are working through the issues.

Prince Edward Island: The PEI Pharmacy Board is working to revise the current Pharmacy Act and Regulations and develop a Standards of Practice that will include a section on administering injections.

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TECH TAKES ON— AND BLOGS ABOUT —NEW ROLE

“WHOLESALE CHANGE WON'T HAPPEN

overnight. But as a new RPhT, I've already seen the positive impact tech regulation will have on pharmacy.”

So wrote registered technician Leanne Beimers in one of her blogs on the Canadian Healthcare Network (CHN) website (www.CanadianHealthcareNetwork.ca). Beimers became CHN's first technician blogger earlier this year after she commented on another blog on the site and the editor asked her to write her own. “I jumped at the chance because it's such a great way to encourage other technicians and really kind of make a difference,” she says. In that capacity, she writes about the pioneering role of the pharmacy technician, and how pharmacists, assistants, and technicians can work together to improve patient care.

After working for nine years as an assistant at her previous pharmacy, she was one of three who became registered at the same time—and the third in line as far as seniority went. If she was to use her new skills and be recognized for them, Beimers realized she would have to

move to another pharmacy. She is now the only registered technician at her current employer, a corporate retail pharmacy in Ottawa. “I was brought in with everybody's understanding that I was hired as a regulated technician,” she says.

She is now performing the technical checks, as well as looking after the dosettes. On occasion, she still has to do “some assistant work, but so do the pharmacists.”

Beimers says the most important factor in being able to perform her job to its full extent is having a manager “who is willing to

put in the time and effort to implement the change” with respect to the technician's role. Her manager, she explains, has “constantly refocused the group and reminded everybody what my job is and what I'm doing.” Whenever other staff members tried to draw her into performing the duties of an assistant, “the manager kept putting me back, saying, ‘no, she's checking prescriptions.’”

It is also essential that the assistants accept and understand her new role, says Beimers. “Without the assistants, I have nothing to check.” Finally, it takes patience on the part of the pharmacists as she practises her new skills. She admits she was slow at first in performing the technical checks, but the pharmacists helped by giving her tips on faster ways to do them.

In the future, Beimers looks forward to doing prescription transfers under a long-awaited expanded scope of practice that will also include the ability for pharmacists to administer injections. At that point, technicians “will also be expected to manage the dispensary as the pharmacists [administer] injections and spend more time with the patients.” She



Photo: Deo Silverdorio

From left to right: Angela Frankenne (manager); Hanna Imad (staff pharmacist); Leanne Beimers (pharmacy technician).

says her workplace has been very encouraging in that direction, as it will allow pharmacists to focus on cognitive patient services.

But while pharmacy technicians have been given the tools to create change—and are now seeing some results—there is still no roadmap on how to go about it, says Beimers. “Personally, I'd like to see a registered tech in every pharmacy,” she says. “I'd like to see a day when we can put all our differences aside and concentrate on collaboration and giving patients the best possible care.”

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NEWS

PTSBC hosts annual conference

THE PHARMACY TECHNICIAN SOCIETY of British Columbia is anticipating a healthy turnout for the 7th Annual Pharmacy Technician Conference, to be held October 12–13 at River Rock Casino Resort in Richmond, BC.

The event will open with an exhibit and networking reception on Friday evening, highlighted by a “surprise” guest who will address the topic, “Should you break the rules?”

Saturday features a jam-packed program on a variety of topics, including compound-ing, medication safety, USP 797 and sterile compounding, and much more. Doreen Leong, director, registration and special projects at the College of Pharmacists of British Columbia will provide the latest updates on pharmacy technician regulation.

For more information or to register, visit www.ptsbc.ca.

AQATP launches CE program

THE ASSOCIATION OF QUEBEC PHARMACY Technicians (Association Québécoise des Assistant(e)s-Techniques en Pharmacie) has introduced a continuing education program for members. So far, AQATP has offered eight hour-long lectures plus seven online training modules designed specifically for community pharmacy ATPs. “The key element of this new program will be a transactional website for the Association, where every member will have an individual profile,” explains François Thériault, vice-president of AQATP. “This should be up and running in January 2013.”

The CE program takes several forms—online exam, workshops, seminars, conferences, etc. Approximately one hour of train-

ing is equivalent to one credit. Each year, the Association organizes a convention at which attendees can earn additional credits. Members must earn a minimum of 10 credits a year to participate in the program.

“We want to offer this to our members as a way to set them apart from other ATPs, to make them stand out as employees who are willing to invest time and energy in staying up to date and learning everything there is to know about helping pharmacists in their work,” says Thériault. “Many ATPs in Quebec don’t even have initial academic training and rely heavily on CE. We want to make CE available to as many ATPs as we can, everywhere in Quebec.”

Tech regulation: watchful waiting

ALTHOUGH PHARMACY TECHNICIANS are now regulated in Alberta, British Columbia, and Ontario, other provinces are relegated to playing a waiting game.

Nova Scotia may be next through the gate; legislation authorizing regulation was approved last year, and the Nova Scotia College of Pharmacists expects it will be approved by Cabinet in the fall or winter.

In New Brunswick, the regulation of technicians is dependent on getting the new Pharmacy Act through the provincial legislature. The New Brunswick Pharmaceutical Society is hoping it will be passed in 2013.

The Newfoundland and Labrador Pharmacy Board made a presentation to government on tech regulation in the spring,

and has initiated discussion on the regulatory changes required.

In Prince Edward Island, the PEI Pharmacy Board has submitted a proposal to the government, and draft regulations have been submitted to the legislative assembly office for review.

Meanwhile, in the Prairies, the Saskatchewan College of Pharmacists continues to pursue regulations for pharmacy technicians, with more concrete developments expected next year.

Perhaps last in the queue is Manitoba, where the new Pharmaceutical Act has been bogged down in a plethora of new regulations that will likely keep it tied up for a few more years.

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Role of pharmacy technicians and assistants

Pharmacy technicians and assistants will have an important role to play in pharmacies that are administering injections. They can perform a variety of tasks, including supervising pre-registration (consent forms); data entry, both pre- and post-injection; billing; inventory management, including maintaining cold-chain integrity; scheduling flu-shot clinics; booking appointments for injections; reminding patients when booster shots are due; and monitoring patients in the waiting room post-injection to ensure there are no adverse reactions.

FAQ on liability insurance

As all registered technicians must carry liability insurance, Gary McCaslin, of McCaslin Horne Insurance Brokers Inc, explains how it works. The brokerage provides this coverage through the Canadian Association of Pharmacy Technicians (CAPT).

Tech Talk: Why do registered pharmacy technicians need to carry liability insurance?

Gary McCaslin: There are two reasons. First, it is a requirement of the various pharmacy licensing bodies in each province in order to maintain the license of the technician. Second, we live in an increasingly litigious society in which lawyers tend to name everyone possible in a lawsuit. Even if the technician is clearly not at fault, the cost of defending the lawsuit can add up to thousands of dollars. The liability policy will cover the defence costs.

TT: What kinds of things does it cover?

GM: The typical insuring agreement states coverage for bodily injury, sickness, disease, or death at any time resulting from negligence in the performance of all professional pharmaceutical services, including but not limited to the preparation of drugs or medicines or other merchandise of a kind usually sold in pharmacies.

TT: Is there a difference between liability insurance and malpractice insurance?

GM: Malpractice insurance is a form of liability insurance, so think of the term “liability insurance” as an umbrella term, and “malpractice” as a form of liability insurance under that umbrella. Other types of liability include products liability, property damage liability, comprehensive general liability, etc.

TT: Are there any exclusions? (An “exclusion” is a specific condition or circumstance listed in the policy that the policy does not cover.)

GM: All malpractice policies carry exclusions, but the main one is losses caused by criminal acts of the insured.

TT: What happens if someone makes a claim against a technician?

GM: Should a technician receive a statement of claim, he or she would simply contact the broker and fax or email the claim. The broker would in turn report the claim to the insurance company, who would appoint an adjuster to contact the technician to obtain a statement.

TT: Is there a deductible? (A deductible is the portion of the loss that the insured person must pay.)

GM: In some policies, there are deductibles—usually \$1,000, but in our program, the deductible is zero.

TT: How do you define an “occurrence” and “aggregate policy limits?”

GM: An occurrence is one single incident during the term of the policy (policy term is

one year); the aggregate limit is the maximum amount that the policy will pay in any one policy year, regardless of the number of occurrences. For example, the limit on any single occurrence (claim) is two million dollars, but if there were more than one claim in the policy year, the insurance company would pay up to five million dollars if required.

TT: How much does this insurance cost?

GM: The current premium for the CAPT program is \$75 per year.

TT: Is there anything else technicians should be aware of as far as liability insurance is concerned?

GM: Yes, they need to understand the difference between the occurrence form of malpractice insurance and the claims-made form

of malpractice insurance. With an occurrence form, the policy does not need to be in force when the claim is reported, as long as it was in place when the claim occurred.

With the claims-made form, the insurance needs to be in force when claim is made. This makes a big difference when someone retires or leaves the profession, because claims often pop up years after the actual incident occurred. Therefore, with a claims-made policy, you may have a problem if your policy is no longer in effect when a claim is reported. On the other hand, with an occurrence form of insurance, you would be fully covered for the rest of your life after retiring or leaving the profession. The CAPT program, fortunately, is on the occurrence form of coverage.

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