

# TECHtalk

MARCH 2015

## Manitoba on cusp of tech regulation

### REGULATION OF PHARMACY

technicians in Manitoba is now much closer to becoming a reality. The College of Pharmacists of Manitoba announced earlier this year that the final components necessary for implementing the listing of pharmacy technicians in that province—the pharmacy technician jurisprudence examination and the structured practical training program—have been developed.

The regulation of pharmacy technicians was part of the new Pharmaceutical Act that came into effect in January 2014.

Candidates in Manitoba not enrolled in a pharmacy technician program accredited by the Canadian Council for the Accreditation of Pharmacy Programs (CCAPP) have until December 31, 2018, to pass the Pharmacy Examining Board of Canada (PEBC) Pharmacy Technician Evaluating Examination.

When PEBC held its Pharmacy Technician Summer Qualifying Examination last September, 36 of the 1,351 candidates who took Part I (MCQ) wrote the exam in Winnipeg.

Information on regulation in Manitoba has been posted on the pharmacy technicians website at [www.cphm.ca](http://www.cphm.ca).

### ACCREDITED CE LESSON INCLUDED:

#### Influenza vaccinations: the role of the pharmacy technician

Accredited by the Canadian Council on Continuing Education in Pharmacy



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## TECH MAKES MOST OF REGULATION

### IF VIC LEE WAS ONCE SKEPTICAL OF

the whole idea of regulation, he has since changed his mind.

The Toronto-based community pharmacy technician admits he could not initially see the purpose of regulation, and chose not to follow that path when the concept was introduced in Ontario. However, as pharmacists got more adept at integrating technicians into the workflow, both he and his pharmacists started to see the value in the position.

And so, in December 2013, the community pharmacy veteran—Lee graduated from Humber College in 1995—became a regulated pharmacy technician. Lee now believes that regulation allows for greater accountability, higher standards, and better protection for the public.

He says he is fortunate to be working to the fullest extent of his scope of practice. However, his expanded role did not come automatically; Lee says he had to take the initiative. “The problem I see is you have to be kind of proactive right now; you can’t be waiting for it to be handed over to you,” he cautions. “I had to engage with my pharmacist team, and figure out how I could collaborate with them and build up their trust with my skill set. It’s really dependent on the pharmacy team.”

In a blog post he wrote for [CanadianHealthcareNetwork.ca](http://CanadianHealthcareNetwork.ca) in January 2014, he explains how he prepared for his new role ahead of time, first by evaluating his workplace and best practices, and identifying areas that he believed could benefit from his current and developing skills. When time permitted, he primed himself for independent double checks by reviewing prescriptions that were not being filled, but that were put on record for future use. “This allowed me to familiarize myself with what to look for and gave me the chance to discuss best practices with pharmacists,” he wrote. “It was a difficult task, but preparing for this role eased the transition, and I now have clearly defined duties and responsibilities.”

The three pharmacists with whom he works quickly realized what he could bring to the team as a technician, and welcomed the expansion of his responsibilities. “My phar-



macy team acknowledges and appreciates the work I put in; they let me know almost daily that I am very valued in the team,” he says. Lee is the only technician on staff, along with one pharmacy assistant who alternates shifts with him. He devotes one full day a week to blister packing.

While Lee says he is “very happy” at his current job, he is always striving to improve by asking the pharmacists for feedback. In years to come, he hopes to see technicians’ role evolve further. As enrollment of regulated technicians increases, he suggests that pharmacies “might move to having only regulated personnel in the back,” for more accountability.

“I’m hoping there can be greater focus on pharmacists who are delivering quality patient care, not quantitative, as well as delegating more technical duties to the technicians,” he says. For example, pharmacists could screen patients for flu shots, and technicians could actually administer the injection. “Administering a flu shot is more technical than clinical, I find. I can see a technician handling that.” Authorization for technicians to accept verbal prescriptions for narcotics and controlled drugs is also on his wish list.

As the enterprising Lee seeks ever more ways he can help free up his pharmacists’ time for clinical duties, it is clear that this erstwhile skeptic of regulation is now one of its strongest advocates.

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## NEWS

### College of Pharmacists of BC launches Practice Review Program

#### THE COLLEGE OF PHARMACISTS OF

British Columbia has officially launched the previously announced Practice Review Program. Under this program, every pharmacy technician and pharmacist will be reviewed in person at least once every six years.

The College has started scheduling pharmacies for review, and the program will first launch across all community pharmacies in the province. It will eventually expand to hospital pharmacies and other practice settings.

Compliance officers will spend about half a day observing regulated pharmacy professionals as they perform their work, and assess them using the four board-approved focus areas:

- patient identification (the right patient gets the right medication);
- PharmaNet Profile Check (medications are

- appropriate and work safely together);
- counselling (patients understand why and how to take the medication safely); and
- documentation (accurate records are kept for each prescription).

Compliance officers will share the results with the pharmacy technician or pharmacist through a new Web-based computer application. If action items are assigned, that person will have 30 days to make corrective changes and submit any supporting documentation to his or her compliance officer.

The College has hired five staff members to carry out the reviews across the province. Three are former community pharmacy managers, one was previously a community pharmacist and one continues to practise as a community pharmacist.

## 2015 CALENDAR OF EVENTS

### APRIL 17-19

Manitoba Pharmacy Conference  
RBC Convention Centre, Winnipeg

**CONTACT:** Manitoba Society of Pharmacists,  
[www.mbpharmacyconference.com](http://www.mbpharmacyconference.com)

### APRIL 24-26

Pharmacists' Association of Saskatchewan (PAS) Annual Conference  
DoubleTree Hilton Hotel and Conference Centre, Regina, Sask.

**CONTACT:** [www.skpharmacists.ca/events-and-education/pas-annual-conference](http://www.skpharmacists.ca/events-and-education/pas-annual-conference)  
**EMAIL:** donna.hudson@skpharmacists.ca

### MAY 1-3

PDC 2015, CAPT Professional Development Conference  
Delta Halifax, Halifax, NS

**CONTACT:** Canadian Association of Pharmacy Technicians, [www.capt.ca](http://www.capt.ca)

### MAY 21-23

Annual Conference of British Columbia Pharmacy Association  
Delta Victoria Ocean Pointe Resort and Spa, Victoria, BC

**CONTACT:** [www.bcpharmacy.ca/conference](http://www.bcpharmacy.ca/conference)

### MAY 28-31

Canadian Pharmacists Conference 2015  
Ottawa

(jointly hosted by the Ontario Pharmacists Association and the Canadian Pharmacists Association)

**CONTACT:** [www.opatoday.com/professional/events/conference2015](http://www.opatoday.com/professional/events/conference2015)

### JUNE 5-7

9th Annual Newfoundland Pharmacy Technician Conference  
Grand Falls, NL

**EMAIL:** lbattcock@hotmail.com

### SEPTEMBER 18-19

25th Annual Alberta Pharmacy Technician Conference  
Double Tree by Hilton, Edmonton

**CONTACT:** Pharmacy Technicians Society of Alberta (PTSA), [www.pharmacytechnicians.ab.ca](http://www.pharmacytechnicians.ab.ca)

### SEPTEMBER 18-20

Annual Conference of Pharmacists' Association of NL

Holiday Inn, St. John's, NL  
**CONTACT:** [www.panl.net](http://www.panl.net)

### SEPTEMBER 26

6th Annual Pharmacy Technicians Breaking Barriers Conference  
Venue TBA

**EMAIL:** [info@phtconference.com](mailto:info@phtconference.com)

### OCTOBER 16-17

10th Annual Conference of Pharmacy Technician Society of British Columbia (PTSBC)  
River Rock Casino Resort, Richmond, BC

**CONTACT:** [www.ptsbcc.ca/10th\\_Annual\\_Conference.html](http://www.ptsbcc.ca/10th_Annual_Conference.html)  
**EMAIL:** [info@ptsbc.ca](mailto:info@ptsbc.ca)

## Questions of ethics

**AS MEMBERS OF THEIR PROVINCIAL** colleges of pharmacists, pharmacy technicians have a moral obligation to act in the best interest of their patients, and to uphold ethical principles.

That may be easier said than done; technicians regularly face ethical choices as they practise within the scope of the profession.

Each provincial college of pharmacists has a code of ethics that provides guidelines to help technicians make these choices. While the wording varies from one province to another, the basic principles are the same.

For example, one of the principles discusses respect for the “autonomy” of each patient—the patient’s ability and right to decide whether or not to take the prescribed medication. “But the patient has to have enough information to make that decision,” explains Christine Herbert, Professor, Pharmacy Technician Program at Humber College, who teaches a course on professionalism and ethics. “And I think that’s where the pharmacy tech comes in, facilitating that process.”

She cites the example of a patient who says she does not understand what the prescribed medication is for and how it is supposed to work, since the doctor explained it in a hurry. Although it is not within the technician’s scope of practice to answer those questions, “that’s an ideal situation to be making a referral to a pharmacist,” says Herbert.

The principle goes on to state that each patient should be treated with dignity and respect. “I often tell my class that this is easy to say and hard to do,” says Herbert. Take, for example, someone who comes into the pharmacy looking disheveled, reeking of alcohol, and behaving belligerently. “This principle means rising above the initial judgment you may make, because that person is probably in tremendous need of care,” she says. “Perhaps his medication is not working, or he’s not taking a medication that he needs, or is suffering from side effects of his medication. Sometimes we have to set aside our personal judgment and look beyond, if there is a pharmaceutical issue that needs to be addressed. And to the extent that a technician can recognize that, sometimes he or she can help with it, perhaps by assisting that patient with compliance packaging, or referring him to the pharmacist for counselling and therapy. There are all kinds of opportunities to help patients with their needs.”

Technicians should also protect the confidentiality of their patients, states another of the principles. “Confidentiality is at the core of everything we do,” says Herbert. But because pharmacy technicians have developed such positive professional rela-

tionships with many of their patients, they may drop their guard and neglect to obtain a patient’s consent when he or she requests, for instance, the release of information for

### “IT IS ALWAYS A GOOD IDEA FOR HEALTH PROFESSIONALS TO DO AN ‘INTEGRITY CHECK’”

income-tax purposes. “So they have to be careful with that,” she cautions.

“It is always a good idea for health professionals to do an ‘integrity check,’” says Herbert. “Look at your [college’s] code of eth-

ics,” she suggests, “to see how well you are doing at upholding the principles, and whether you need to focus on some of them a bit more.” She emphasizes that this is a process, “not something that you get the first day.”

None of the principles stands in isolation. Rather, they work as a collective, overlapping one another. “The code of ethics provides guidance on how we conduct our professional lives,” says Herbert. “It doesn’t always answer every question that may come up, but it does offer direction in terms of honesty, integrity, confidentiality, autonomy, working in the best interest of the patient, preventing harm. All of those things together help guide us in our decisions, but ultimately, it’s up to each individual member to make those decisions.”



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For more information and a list of upcoming workshops in your area, visit [TevaPharmacySolutions.com/TechImmunization](https://www.TevaPharmacySolutions.com/TechImmunization).

\*Currently available in Alberta, British Columbia, Manitoba and Ontario.