

TECHtalk

OCTOBER 2017

B.C. College releases timetable for new compounding standards

THE BOARD OF THE COLLEGE OF Pharmacists of British Columbia has set out a four-year plan to implement the new model standards for pharmacy compounding recently released by the National Association of Pharmacy Regulatory Authorities (NAPRA). The standards comprise Pharmacy Compounding of Non-hazardous Sterile Preparations and Pharmacy Compounding of Hazardous Sterile Preparations. NAPRA expects to release a third and final model standards document for non-sterile preparation, later this year.

Evolving practice and increased awareness of the risks of compounding sterile preparations on the health of both patients and compounding personnel led NAPRA to develop more stringent standards.

B.C. pharmacy technicians who compound sterile preparations will follow the College's four-year phased approach to ensure they meet the new requirements by May 2021.

The first phase of the implementation plan, to be completed by November of this year, includes a gap analysis to help pharmacy professionals identify gaps in their compounding program and practices. For more information and links to the gap identification tools, visit: <http://www.bcpharmacists.org/compounding>.

Provincial health regulators across the country are in the process of adopting the model standards according to their respective timetables.

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ON BOARD TO SERVE THE PROFESSION

YOU MIGHT CALL PHARMACY TECHNICIAN

Colleen Squires a pioneer for the profession in her province of Newfoundland and Labrador.

After all, she was among the first five technicians to be regulated in NL, and she was also the first pharmacy technician to sit on the board of the Newfoundland & Labrador Pharmacy Board. In another first, she was elected vice-chair of the board this year. That means that next year, she will serve as chairman of the board, possibly the first pharmacy technician in the country to do so.

Squires, who also serves on the board of her alma mater, Keyin College, in Grand Falls-Windsor (she graduated as a pharmacy assistant in 2010), urges other pharmacy technicians to become involved in professional activities, as "it's good to have different input." As there are now more than 40 regulated technicians in NL, there is a larger pool from which to draw than when Squires became regulated in January 2016. "Because it is a young profession, in order to evolve it, we need successful people," she says.

Squires is also passionate in her pursuit of continuing education in her job at Gander PharmaChoice, a small independent pharmacy in Gander, NL, with a strong focus on home health care. During her approximately six years there, she has become a Certified Compression Fitter, as well as a Certified Compounding Technician through the Professional Compounding Centers of America (PCCA), and would like to acquire other specialized skills.

On top of that, this busy mother of two operates an electrical contracting business with her husband. At one point, she took a leave of absence from PharmaChoice to help with the business. But even then, the ever-ambitious Squires kept up with her profession by working at a Shoppers Drug Mart pharmacy evenings and weekends. She has since returned to PharmaChoice, but says the experience at SDM was invaluable. "It was really great for professional development to see how things work in the corporate world, as opposed to the independent world."



Although Squires continues to do the same work as she did before becoming regulated, she has extended her duties as much as possible. With the profession still in early days in NL, it isn't surprising that pharmacy technicians may not be practising to their full scope. Pharmacy professionals in NL, like those in provinces that implemented regulation earlier, struggle with workflow management and, in some cases, recognizing and accepting the increased responsibilities of newly minted pharmacy technicians.

Squires notes, for example, that the medical profession is still not fully educated on what pharmacy technicians can do as regulated professionals. "I don't feel that I'm working to my full scope yet," she acknowledges. "I feel that I'm working to the full scope that's available to me right now." However, she believes that once the deadline to become regulated through the bridging pathway has passed at the end of this year, "we're going to see a tremendous change in acceptance, and also a tremendous change in our scope."

In the meantime, she is enjoying her increased responsibilities, and cites "being responsible for my own practice" as her greatest reward. "I still do everything I did before [regulation], except I do more of my extended scope," she explains. "Because that's what it's about—how you can offer your workplace more than what you could before."

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N.B. College drafts new Code of Ethics

AFTER RELEASING A WORKING DRAFT of a new Code of Ethics (CoE) in April, the New Brunswick College of Pharmacists hit the road to solicit feedback.

The College held “roadshows” across the province, asking attendees to complete the sentence “Abiding by a Code of Ethics is...” While there were many different responses, the most common were “important,” “essential,” and “best.” The College also conducted an online survey to collect and analyze feedback on the CoE, noting that the volume and quality

of responses exceeded expectations.

Next steps include a review by the Professional Practice Committee, with an anticipated recommendation to Council on the final draft CoE this fall. Once the new CoE has been adopted, it will be mandatory for pharmacy technicians and other members of the College to declare upon entry into the profession, as well as annually, that they have read, understand, and practise within the standards of the new CoE. The current CoE remains in force until the new version has been adopted.

ACP posts pharmacy technician FAQ section

CAN A PHARMACY TECHNICIAN RECEIVE a verbal order? Can a pharmacy technician perform the final checks for narcotics, controlled drugs and targeted substances? Can a pharmacy technician witness the ingestion of methadone or buprenorphine/naloxone?

The Alberta College of Pharmacists answers these questions and more in a

recent addition to the Practice Materials & Tools section of its website. The new resource addresses frequent technician-related questions received from both pharmacy technicians and pharmacists.

Visit the new resource at: https://pharmacists.ab.ca/sites/default/files/PharmacyTechnicianFAQs_June27-2017.pdf.

Techs must report adverse reactions to vaccines

THE ONTARIO COLLEGE OF PHARMACISTS (OCP) reminds technicians that they are required by law to report any adverse reactions to vaccines.

An adverse event following immunization (AEFI) is an unwanted or unexpected health effect that occurs after someone receives a vaccine. Pharmacy professionals do not need to be certain that the vaccine caused the reaction in order to report it—only to suspect that it had an effect, notes the OCP’s *Pharmacy Connection* (Summer 2017).

The Public Health Agency of Canada

collects case reports on AEFIs from provincial health departments and healthcare professionals. If a patient experiences an AEFI, health professionals should complete the form at <https://www.canada.ca/en/public-health/services/immunization/reporting-adverse-events-following-immunization.html> and send it to the local health unit in their province (see link for contact info).

Reporting an AEFI will help identify potentially severe reactions, and improve the health and safety of all Canadians.

Alberta pilot study results

THE ALBERTA COLLEGE OF PHARMACISTS has released the final results of its pilot projects for the Continuing Competence Program for pharmacy technicians.

In the 2016 learning cycle:

- Pharmacy technicians submitted approximately 16,000 learning records.
- Seventy per cent of the learning activities reported were accredited.
- The self-study program, reading, and live group programs (e.g., workshops, courses,

conferences) were the most popular.

- Pharmacy technicians generally completed the same activities (e.g., glucose meters, asthma devices, sterile compounding, process improvement, flu clinics, and destruction of narcotics).

Alberta pharmacy technicians must complete at least 15 continuing education units [CEUs] during each year-long CE cycle. CEUs can be earned from either accredited or non-accredited learning activities.

Primer on health privacy laws

IN A WORLD WHERE SOCIAL MEDIA IS pervasive, Canadians want to ensure that their privacy is protected—and none more so than their personal health information (PHI). In fact, in a 2017 survey by Canada Health Infoway, 76 per cent of respondents agreed that “personal health information is the most important type of information for privacy laws to protect,” up from 60 per cent in 2012. And yet, few were aware of laws protecting the privacy of this kind of information.

Pharmacy technicians and assistants, however, must understand and observe these privacy laws, as they are deemed “custodians” of patients’ PHI.

In a recent presentation to a group of graduating pharmacy technicians, Janet O’Reilly, senior access and privacy analyst, and Stacey Pratt, access and privacy analyst, Office of the Information and Privacy Commissioner of Newfoundland and Labrador, provided a primer on that province’s Personal Health Information Act (PHIA), which applies to both the public and private sectors.

Privacy-law snapshot

PHIA, like similar pieces of health privacy legislation that exist across Canada, strikes a balance between protecting individuals’ privacy, and using PHI for legitimate health-related purposes.

Under this law, custodians may not collect, use or disclose PHI unless:

1. The individual consents, or
2. The collection, use or disclosure is permitted or required by the Act without consent.

Within the so-called “circle of care,” custodians are entitled to assume that they have the individual’s continuing implied consent as long as they are providing health care to that individual, unless that consent is specifically withdrawn. Consent is required, however, for a custodian to collect, use or disclose a

patient’s PHI for a non-healthcare reason (to an insurance company, employer or another non-custodian). Patients are entitled to view or receive a copy of their PHI subject to some limited exceptions.

Custodians must take steps that are reasonable in the circumstances to ensure that:

- PHI is protected against theft, loss and unauthorized access, use or disclosure;
- records are protected against unauthorized copying or modification; and
- records are retained, transferred and disposed of in a secure manner.

They must also notify individuals if their personal health information has been lost, stolen, disposed of, or disclosed in an authorized

manner, unless there will be no adverse impact on patients’ health care or well-being. Records of PHI must be kept in a secure area.

The NL Department of Health and Community Services provides comprehensive information on the privacy law, at www.health.gov.nl.ca/health/PHIA. This includes:

- Privacy statement
- Public awareness materials (posters/brochures)
- Frequently asked questions
- Online education program
- Risk-management toolkit
- Policy development manual

Each province and territory in Canada has a commissioner or ombudsperson responsible for overseeing privacy legislation. The website of the Office of the Privacy Commission of Canada, at <https://www.priv.gc.ca/en/about-the-opc/what-we-do/provincial-and-territorial-collaboration/provincial-and-territorial-privacy-laws-and-over-sight/>, lists the provincial and territorial privacy authorities, as well as the laws they oversee.



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HEALTH PRIVACY LEGISLATION BY PROVINCE

- Alberta: Health Information Act
- Manitoba: Personal Health Information Act
- New Brunswick: Personal Health Information Privacy and Access Act
- Newfoundland and Labrador: Personal Health Information Act
- Nova Scotia: Personal Health Information Act
- Ontario: Personal Health Information Protection Act
- Prince Edward Island: Health Information Act
- Saskatchewan: Health Information Protection Act

While other provinces and territories have their own health privacy laws, these have not been declared “substantially similar” to PIPEDA (Personal Information Protection and Electronic Documents Act), the federal private-sector privacy law. Therefore, PIPEDA may still apply.



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