

TECHtalk

MAY 2022

OPEN TO OPPORTUNITY

THERE ARE MANY INTERESTING opportunities for pharmacy technicians who opt to pursue them, says Robert Solek. Now working as a pharmacy technician at Indigenous Services Canada, Solek speaks from experience, having held several unique positions as a pharmacy tech.

Unsure of what he wanted to do following university, this pharmacy technician decided to go back to school in search of “something

that I’m passionate about.” He found it in what was then called the pharmacy certification program at Hamilton’s Mohawk College.

Upon graduation in 2003, Solek landed a job as in-patient pharmacy technician at St. Joseph’s Healthcare in Hamilton, where he participated in a pilot project that placed a pharmacy tech on the ward as liaison to the Acute Mental Health Unit. From there, he joined University Health Network (UHN), where he held positions as a clinical trials pharmacy technician in the Investigational Drug Department, an IV trainer, and pharmacy purchaser.

In 2011, he joined health benefits manager Express Scripts Canada as a pharmacy auditor. In that capacity, he travelled across the country (pre-pandemic) to conduct on-site audits for the Non-Insured Health Benefits (NIHB) program for First Nations and Inuit. That led to his current position in the policy pharmacy department of Indigenous Services. “Basically, it’s the pharmacy side of providing medication for indigenous people across the country,” he explains. He helps maintain the formulary of covered drugs and also acts as “point person” for any pharmacy-related communications emanating from the department to the providers and clients. A self-described “numbers guy,” Solek enjoys putting data into context and telling the stories it reveals. “That’s something that I’m passionate about when it comes to my work.”

Regulated in 2010 as part of the pioneer class in Ontario, Solek now works primarily from home in his hometown of Montreal, commuting to the Ottawa headquarters as necessary. As a resident of Quebec, he says he is “looking forward to seeing how Quebec moves ahead with regulation” as the first pharmacy technician students began classes last fall.

Solek gives generously of his time; he was elected to the board of the Canadian Association of Pharmacy Technicians (CAPT) in 2009 and now serves as president. “We’re all passionate about trying to move the profession forward,” he says of his CAPT col-



leagues. “We would really like to grow the scope of practice of pharmacy technicians.”

He also serves on the board of the Pharmacy Examining Board of Canada (PEBC), which he says is “a fantastic opportunity,” as well as reviews pharmacy technician programs for accreditation with the Canadian Council on Continuing Education in Pharmacy (CCCEP). He also speaks to college students and at national conferences about diverse job opportunities for pharmacy techs.

Solek finds all his volunteer activities rewarding, but none more so than a stint at the 2010 Winter Olympics in Vancouver, where he was a member of the Whistler Polyclinic pharmacy team in the Athletes’ Village. He notes that it was “probably the best thing I’ve done in my life.” It all came about when he happened upon an ad on Workopolis for pharmacists and suggested to the recruiters that they would need pharmacy technicians as well.

“So keep an eye out on absolutely all the job postings out there,” he urges. “It’s amazing what you can learn that’s out there. If I can stress anything for new grads, it’s to talk to people in the profession. Take the time to listen and ask a lot of questions.”

As for his own future, Solek likes to keep his options open. “I’m very open to change and new challenges,” he says. “I think there’s a lot of growth opportunity within the Canadian government now for pharmacy technicians, so hopefully, I will be there for a while!”

BY THE NUMBERS

Total licensed practising pharmacy technicians in Canada: **9,960**

Alberta: **1,779**

British Columbia: **1,721**

Manitoba: **224****

New Brunswick: **251**

Newfoundland and Labrador: **233**

Nova Scotia: **227**

Ontario: **5,298**

Prince Edward Island: **72**

Saskatchewan: **379**

*As of January 1, 2022. There are no licensed pharmacy technicians in Quebec or the Territories.

**Pharmacy technicians in Manitoba are regulated by the College of Pharmacists of Manitoba; however, they are “listed” as a regulated pharmacy technician but not licensed. Their number is therefore not reflected in the total number of licensed pharmacy technicians practising in Canada and is provided for information purposes only.

Source: National Association of Pharmacy Regulatory Authorities.

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CPhA calls for full scope of practice for techs

THE CANADIAN PHARMACISTS

ASSOCIATION (CPhA) is urging governments and regulators to implement a series of national calls to action to support the pharmacy profession through a very difficult time.

Among the eight points listed is a call for all governments and regulators to enable “full scope of pharmacy practice to ensure that pharmacists and pharmacy technicians can provide the most appropriate, timely care to their patients.” CPhA notes, for example, that “pharmacy technicians in many parts of

Canada are still unable to administer vaccines.”

CPhA also urges governments to help expand the labour supply of pharmacists and pharmacy support staff. “This can include assistance with costs associated with higher wages, as well as financial relief and other resources to help pharmacy technicians and foreign-trained pharmacy professionals become licensed.”

To view the calls to action, visit [National Call to Action in Support of Pharmacy Professionals - English \(pharmacists.ca\)](http://National Call to Action in Support of Pharmacy Professionals - English (pharmacists.ca)).

Pharmacy assistants must follow compounding restrictions

THE SASKATCHEWAN COLLEGE OF PHARMACY PROFESSIONALS (SCPP)

reminds pharmacy assistants that their level of involvement in compounding is related to both their provincial scope of practice and the Model Standards for Pharmacy Compounding set out by the National Association of Pharmacy Regulatory Authorities (NAPRA).

In a recent newsletter, SCPP points out that pharmacy assistants in that province are

authorized to assist only under supervision in non-hazardous, non-sterile compounding once they have received the appropriate training. They are not authorized to be involved in any non-hazardous or hazardous sterile compounding, any hazardous non-sterile compounding, or in the handling of any hazardous products. That includes preparing any prescription for a hazardous product to be dispensed to a patient.

PTSA surveys roles of pharmacy techs in Alberta

A YEAR AGO, THE PHARMACY TECHNICIAN

Society of Alberta (PTSA) conducted a survey on the roles of pharmacy technicians in Alberta and how they are viewed by pharmacy professionals. The results will be used to guide PTSA's efforts to integrate pharmacy technicians into practice.

The survey revealed that the use of unregulated pharmacy employees is prevalent, with 94% of pharmacies employing pharmacy assistants. While pharmacy technicians are well represented in Alberta pharmacies, only 17% per cent said they always work to full scope, while 58% said they mostly work to full scope. About 2% reported that having techs work to full scope never occurs.

Of the 260 survey respondents, 70% were pharmacy technicians, with 8% of those being managers. Approximately 18% were staff pharmacists and the remaining 12% identified primarily as pharmacy owners, licensees, students and educators. Sixty per cent of responses were from individuals in a community pharmacy setting.

Top tasks: Performing the final check is one of the top five tasks for which techs are responsible; 90% of respondents reported that pharmacy technicians complete the final check on refill prescriptions, but only 75% do so on new

prescriptions. Seventy-eight per cent of pharmacy technicians perform non-sterile compounding and 34% complete sterile compounding activities. Only 12% reported performing point-of-care tests as part of the pharmacy technician's role at their workplace.

Pharmacy assistants: Of those tasks for pharmacy assistants included in the survey, non-sterile compounding received the greatest number of responses (67%), followed by gathering information required to assess the appropriateness of drug therapy (52%). Pharmacy assistants are also completing tasks that they are not authorized to perform by regulations and standards of practice, including transferring prescriptions, receiving verbal prescriptions, acting as a witness when the pharmacist destroys controlled substances, and sterile compounding. They are also answering questions from patients about schedule 3 drugs and teaching on the use of healthcare aids and devices, sometimes not working under the direct supervision of a pharmacy professional.

The survey results reinforced the need to prioritize initiatives that educate on the pharmacy technician's scope of practice, as well as clarify appropriate roles for pharmacy assistants, says PTSA. Future postings will include information on plans to respond to the results.

Health Canada asks techs to help spot illegal marketing practices

THE MARKETED HEALTH PRODUCTS DIRECTORATE WITHIN

Health Canada is asking pharmacy technicians and other health professionals to be on the lookout—and report—illegal marketing of drugs and devices, reports the Alberta College of Pharmacy.

The Stop Illegal Marketing of Drugs and Devices (SIMDD) program has identified five areas of focus:

- Opioids and other controlled substances
- Natural and non-prescription health products
- Biologics and biosimilars
- Veterinary health products
- Medical devices

To contribute to this program, pharmacy professionals should be aware of these illegal marketing practices:

- **Omitting or downplaying risks:** Marketing of drugs and medical devices to healthcare providers, including any promotional materials, must present product information in a bal-

anced manner, including side effects, contraindications, warnings and precautions.

- **Overstating effectiveness:** Watch for advertisers who promote their products by exaggerating their effectiveness or making efficacy claims not supported by Health Canada's Terms of Market Authorization. For example, a drug may be marketed as providing relief within two days, whereas the product monograph indicates that the drug provides relief after 10 days.
- **Promoting unauthorized (off-label) use:** Drugs, natural health products, and medical devices are authorized by Health Canada for specific indications and may not be marketed for uses beyond the scope of these indications.
- **Promoting an unauthorized product:** Marketing prescription drugs, over-the-counter drugs, natural health products, and Class II, III, and IV medical devices is prohibited unless the product is authorized for sale by Health Canada.

- **Misleading endorsements:** Endorsements, testimonials, and quotations are acceptable only if they represent the honest and current opinions of the individuals or organizations and are consistent with the Health Canada authorized indications for the product. Claims of endorsement by government authorities are not permitted.

- **Misleading comparative claims:** All comparative claims for drugs and natural health products must be based on therapeutic aspects supported in the product monograph and must follow the [Therapeutic Comparative Advertising Directive](#).

For more information on identifying and reporting illegal marketing of drugs and devices, watch [this video](#) from Health Canada or read about [common techniques marketers use to influence your prescribing and/or dispensing](#).

To file a drug or device marketing complaint, visit [Filing a drug or device marketing complaint - Canada.ca](#).

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Helping patients keep their cool

AS THE NUMBER OF EXTREME HEAT

events in Canada increases each year due to climate change, pharmacy professionals can expect to see a rise in heat-related illnesses—such as heat exhaustion and heatstroke—across the country, says Health Canada.

Pharmacy technicians can assist these patients. “Registered technicians can use their expertise to help recognize patients who may be at increased risk of heat-related illness, particularly during the hot summer months, and share this information with pharmacists to help prevent complications associated with heat exhaustion or heatstroke,” says Toronto pharmacist/owner Victor Wong. “Heat-related illnesses are largely preventable and can be treated if identified early.”

Recognize the symptoms

Patients suffering from heat-related illness may complain of weakness, lethargy, headache, nausea or dizziness. “Other physical findings may include skin flushing, abnormally rapid breathing, and altered mental state, including slurred speech, irritability, inappropriate behaviour, or poor coordination,” says Wong. “Recognizing early signs and symptoms of a heat-related condition and immediately referring the patient to a pharmacist for care is an important part of patient care and safety.”

Untreated, heat exhaustion can worsen and become heatstroke, a severe form of heat illness that needs to be treated in hospital.

Medications may increase risk

Certain medications can increase patients’ risk of heat-related conditions, as they can raise the core body temperature by increasing heat production, impairing heat dissipation, or accelerating metabolic rate, says Wong.

Common medications to be aware of include diuretics (e.g., furosemide, indapamide), medications with anticholinergic properties (e.g., antihistamines, tricyclic antidepressants),

amphetamines (e.g., ADHD medications), certain blood pressure medications (e.g., beta blockers, calcium channel blockers), benzodiazepines, thyroid agonists, sympathomimetics (e.g., decongestants), salicylates, antipsychotics, and the antiepileptic topiramate.

Again, pharmacy technicians have a role to play. “Registered technicians are very well positioned, with their expertise in drug distribution, compiling best possible medication histories and patient care, to identify patients who are taking medications that can increase their risk of heat-related conditions,” says Wong. “Patients taking these medications should be flagged for further therapeutic counselling by the pharmacist to prevent heat-related illness during the hot summer months.”

Protecting medications from heat

Another important aspect of patient care is ensuring safe drug distribution and maintaining drug stability and integrity of a patient’s medication, particularly for medications that are sensitive to heat, notes Wong.

These include refrigerated medications (e.g., insulin, biologics, vaccines), as well as antibiotics, chemotherapy medications, hormones, nitroglycerin, oral suspensions/solutions, creams/ointments, and some capsules. “Registered technicians should ensure that patients have a safe way of transporting these medications to their destination,” he says. For example, using an insulated container or ice packs, avoiding direct sunlight, and not storing them in the trunk.

Pharmacy technicians can also help patients watch for signs that a medication may

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life effects



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Most vulnerable

These patients have a higher chance of presenting to the pharmacy with heat exhaustion:

- Young children and older adults
- Pregnant women
- Athletes and people who are active in heat, such as outdoor workers
- People who are obese or in poor physical condition
- People who do not have air-conditioning, or are socially isolated
- People with certain chronic medical conditions, such as cardiovascular disease, diabetes, heavy alcohol use, illicit substance abuse.

Techs lead sessions at CSHP conference

WITH PHARMACY TECHNICIANS NOW full members of the Canadian Society of Hospital Pharmacists (CSHP), they played a role in leading two education sessions at “Together 2022,” CSHP’s hospital pharmacy conference.

Pharmacy technician Laura Miskimins, pharmacy operations manager, Corrections Healthcare, Alberta Health Services, spoke on “Becoming Indispensable: How Technicians can Demonstrate Leadership, Accountability and Ownership of Distribution Activities.” The session focused on lateral (informal) leadership skills and behaviours associated with accountability and ownership that technicians can develop and leverage as autonomous professionals and distribution experts.

In another session, Sonja Baettig, a faculty member in the pharmacy technician program at the Nova Scotia Community College, teamed up with colleague Vicki Paddick of the practical nursing program to discuss inter-professional collaboration (IPC) between the pharmacy technician and practical nursing programs. By implementing an IPC lab, practical nursing and pharmacy technician students in pairs met learning outcomes through skills demonstrations, gaining a better understanding of how each profession plays a part in patient-centred care.

The nine-day virtual conference attracted 927 attendees and 28 exhibitors.

>> CONTINUED FROM PAGE 5

have been compromised by heat, such as a change of colour, a change of smell or taste, if it loses form (e.g., if capsules melt/stick together, tablets crumple more easily), or if liquids/creams start to separate.

FOR MORE INFORMATION

Health Canada resources for consumers:

- [Keep children cool! Protect your child from extreme heat - Canada.ca](#)
- [CCOHS: Heat-Related Illness: Watch for Signs \(free downloadable poster\)](#)
- [CCOHS: Working in the Heat Infographic \(free downloadable poster\)](#)
- [Fact Sheet: Staying Healthy in the Heat - Canada.ca](#)

Many more resources for healthcare professionals and consumers:
[Basic search - Canada.ca](#)

Notes