

TECH talk

SEPTEMBER 2010

THE SURVEY SAYS . . .

- Pharmacy technicians are in great demand, according to statistics in the recently released *2010 Trends & Insights Survey of Retail Pharmacists*. For the first time since 2001, more pharmacy owners and managers said they had a shortage of technicians (42%) in their pharmacy than a shortage of pharmacists (33%).
- Pharmacy owners and managers would most like technicians to increase their levels of activity in the management of third-party payer issues (78%), followed by inventory management (67%), managing cash and prescription intake (66%), and the preparation of adherence packs and support for expanded services (62%).
- When it comes to the regulation of technicians, three out of four pharmacists (78%) support tech regulation as a separate health profession. Half are in favour of mandatory regulation, while half prefer it to be voluntary. Forty-two percent of staff pharmacists support mandatory regulation, versus only 29% of owners and managers.
- With regulation for existing technicians estimated to cost between \$2,000 and \$3,000, less than half of retail pharmacists (39%) say they are willing to cover more than half or all of the costs. Nineteen per cent say they will cover half the costs, while 17% say they will contribute nothing and 38% are not sure yet.

Source: Trends & Insights 2010 Survey of Retail Pharmacists the Trends & Insights surveys are sponsored by Teva Canada and Pfizer. To purchase the complete report, contact Michelle Iliescu at 416-764-1441 or michelle.iliescu@rci.rogers.com

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MAKING THE GRADE

Tech takes on teaching duties

EVERY FRIDAY FOR SEVERAL MONTHS

a year, pharmacy technician Jodie Drury goes back to college—not as a student, but as a member of the teaching staff. For the past six years, Drury has been instructing students on community and hospital lab dispensing, compounding and aseptic technique at her alma mater, Humber College. She spends the remaining weekdays at Brampton Civic Hospital, part of William Osler Health Centre, where she has been employed since graduating from the Toronto-based college in 1987.

She landed the teaching job after responding to an advertisement to mark correspondence courses. Although she missed that particular deadline, the College asked if she would be interested in teaching. While reluctant at first, she accepted the challenge, and hasn't looked back since. "I really enjoy it," she says, "for me, it's a sense of learning too. I have to keep my knowledge up to date to help them out." At the same time, she marks a Humber correspondence course.

While Drury says the College provides all the materials she needs for teaching, she chose to invest some additional time by working one evening a week at a community pharmacy to gain the retail experience that she was lacking. Billing, drug plans, government legislation and front-shop products were all areas she had not encountered in the hospital pharmacy.

Not only did the additional experience help in her teaching, she notes, but also in becoming regulated. Drury has now completed all the requirements for regulation, fitting them in between teaching, working at both the hospital and a community pharmacy and raising her two teenage daughters! "Since Humber is a regulated college, I felt better being regulated as a teacher," she explains. "I started in September 2008 with the first course and just kept going. It was huge going back to school," she chuckles, "but I really enjoyed it.



Pharmacy technician Jodie Drury

I found the courses interesting."

In particular, she liked the Professional Practice and Pharmacology courses, the former because it covered areas, such as legal requirements and jurisprudence, that hospital pharmacy technicians are not as familiar with, and the latter because of the in-depth information it provided about the drugs and how they work.

In her job at Brampton Civic, techs rotate through a number of roles, including ADU (automatic dispensing units) on the hospital floors, order entry, patient-specific bin filling, receiving and more. While not all of the 55 techs are trained in every area, she says the hospital "is striving to get everybody trained so that everybody will rotate through." She performs every role except running the dispensing/filling/packaging robot and chemotherapy preparation and says she enjoys the variety. "You get to utilize everything you know, and there are opportunities to learn more. You just have to say: 'I'm interested in going into this area.'"

While she found the new technologies that greeted the techs upon moving to the new Brampton Civic Hospital a few years ago somewhat daunting, she tackled that challenge with her typical positive attitude. "It's great because the control is better for the meds and the safety is better," she enthuses. For Drury, learning is a lifelong pursuit.

—Sally Praskey

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QUEBEC NEWS

Pharmacy technician training: A Quebec college certificate?

MONTREAL-BASED DAWSON COLLEGE is working with various partners on a new continuing education (CE) program for pharmacy technician training.

The college certification program would primarily address technical assistants working in hospitals with an aim to standardize the delegation of medication container verification. The courses would be taught in English as all Dawson's programs are in English. The Association des pharmaciens des établissements de santé du Québec (APES), Ordre des pharmaciens du Québec (OPQ), Association québécoise des pharmaciens propriétaires (AQPP) and Association québécoise des assis-

tants techniques en pharmacie (AQATP) are all part of the Dawson College advisory committee.

Dawson College is not the first school to offer a pharmacy technician program in Quebec. For the 2004-2005 school year, Cégep de Rivière-du-Loup had offered a 1,500-hour course program to a group of Emploi Québec students.

Dawson College is also working closely with the Cégep de Rivière-du-Loup and its other partners to develop the CE program, although it's still too early to tell if the training project will receive the necessary accreditation from the Ministère de l'Éducation, du Loisir et du Sport.

—Christian Leduc

ONTARIO NEWS

Dealing with grievances under new regulations

WITH ADDED PROFESSIONALISM comes added responsibility. Such is the case with technician regulation in Ontario. With regulation, expected to come into effect late-summer/early fall, techs will be held to the same standards pharmacists are accustomed to and will be accountable to the Ontario College of Pharmacists (OCP).

"The College's mandate is to serve and protect the public," said OCP's Patti Clayton at the annual conference of the Canadian Association of Pharmacy Technicians (CAPT) in Mississauga, Ont. "The public has high trust in pharmacy and we want to maintain that trust."

Clayton, a lead investigator for the College, admitted "To Err is Human" and that it's important to accept responsibility for mistakes and learn from them. She added that occasionally parties file complaints about members to the College and that every grievance must be looked into. Clayton then outlined the review process for conference attendees.

Complainants must be submitted in writing, and the College must have consent from the affected patient to investigate. In order to preserve the integrity of the investigation, the College asks the complainant and the implicated member to refrain from any communication with each other about the matter.

The College opens a file and the complainant receives an acknowledgement letter. The plaintiff may also be asked for additional details or documentation. The member is notified of the complaint, sent a copy of the grievance and then has 30 days to provide the College with a written response and any records requested. The plaintiff is shown the member's response and can send follow up comments to the College based on that reply.

After the investigation is completed and all of the supporting documentation is received, a panel of the member's peers reviews the report of the investigation. The panel can choose to: make a referral to the discipline committee; take no action; caution the member; refer the complaint to another panel for a health inquiry; or require remediation. If the member is disciplined, their case is published in the *Pharmacy Connection* newsletter.

Few complaints are referred to the disciplinary committee. The review panel recommends this step when: they feel the member may have been dishonest or breached trust; shows a willful disregard of professional values; and/or appears to be unable to practise professionally or competently.

"Only in extreme cases will a member's licence be revoked," said Clayton. More often, the disciplined member is reprimanded, ordered to complete training, temporarily suspended, and/or fined (up to \$35,000 per individual, \$100,000 per pharmacy).

—Brett Ruffell

WHAT CAN THE ICRC DO?

There are a number of options available to a panel of the Inquiries, Complaints and Reports Committee. Depending on the nature of the complaint, the panel can:

- Make a referral to the discipline committee
- Take no action
- Issue an oral or written caution to the member
- Refer to another panel for a health inquiry
- Require the member to take Specified Continuing Education Remediation Program
- Take other action not inconsistent with the act

Easing the pain of migraine

ANYONE WHO SUFFERS FROM MIGRAINE knows how debilitating it can be. More than a headache, migraine attacks are often accompanied by nausea and vomiting, as well as sensitivity to light and sound.

The more pharmacy technicians know about this chronic condition, the more likely they are to be able to identify patients who could benefit from consulting with the pharmacist.

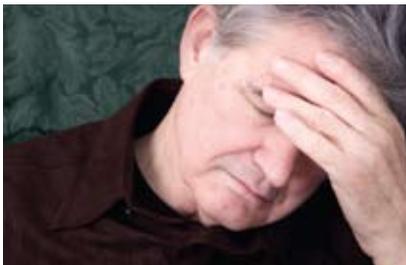
Migraine differs from tension-type or cluster (in which attacks occur in cyclical patterns, or clusters) headaches. People suffer from migraine attacks because there is something different about their biochemistry, not because they have psychological problems or they can't handle stress, notes the website Headache Network Canada. There are no blood tests or x-rays to diagnose migraine; rather, it is a clinical diagnosis based on the patient's description, although doctors must rule out other possible causes.

There are many acute medications, both over-the-counter and prescription, available to treat migraine as it occurs. OTC drugs include ASA (aspirin), acetaminophen, ibuprofen and naproxem sodium. "One of the best OTC drugs for migraine, which many people don't realize, is Alka-Seltzer (1000 mg), because it gets absorbed much more quickly than tablets," says Irene Worthington, a drug information pharmacist and a member of the Board of Directors of Headache Network Canada. She warns, however, that Alka-Seltzer contains sodium, so is not suitable for those who have salt restrictions.

There are also medications that patients can take every day to reduce the frequency of migraine attack. Called "preventive" or "prophylactic" medications, they are usually prescribed for patients who have five or more migraine attacks per month.

Patients who take acute headache medications too often may develop a syndrome called "medication overuse headache" (MOH), in which the overuse of these medications actually causes more frequent headaches. MOH is usually characterized by a constant, dull headache that occurs more than 15 days per month for at least three months, necessitating complete withdrawal of the overused medication. Generally, all acute medications should be restricted to a maximum of 10 or 15 days per month. Pharmacists can advise patients on appropriate use of acute medications and explain the risks of overuse. They can also assist patients in identifying their triggers and implementing lifestyle changes.

Pharmacy technicians can play a role in this process, says Worthington. "A technician can identify patients who are having problems,"



istockphoto

she says. "Maybe someone comes up to the counter and is buying something for their headache. The technician can ask: 'Is this helping your headache? How frequently are you taking it?' They can try to identify those patients who may not be responding to the over-the-counter medications, or who are taking them frequently—more than 15 days a month for drugs such as ASA, acetaminophen or ibuprofen, or 10 days a month for combination products containing codeine. If they're taking it more often than that, technicians might refer those people to the pharmacist."

—Sally Prasky

Useful Migraine Resources

WEBSITES:

Headache Network Canada
www.headachenetwork.ca

American Headache Society
www.americanheadachesociety.org

Help for Headaches (Ontario Non-Profit)
www.headache-help.org

International Headache Society
www.i-h-s.org

World Headache Alliance
www.w-h-a.org

HOT OFF THE PRESS:

Patient Self-Care: Helping Your Patients Make Therapeutic Choices

This newly revised edition, available through the Canadian Pharmacists Association, features a chapter on headache, authored by Irene Worthington. Visit www.pharmacists.ca/content/products/patient_selfcare.cfm for details.

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As regulatory systems change across the country, we are committed to supporting you, the technician—a vital part of the patient care team.

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*Source: Teva & Inaghty (2007), Tech Talk readership survey (2008), private research (2008)