

Pharmacy Technician Sub-committee

**Report to the Manitoba Pharmaceutical Association
Council**

September 15, 2008

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Summary of Meetings

1. Meeting 1- July 7, 2008 at the Victoria Inn from 7-9pm.

Nancy Remillard acted as chair along with Kristine Petrasko as co-chair/recorder and Sharon Bettess agreed to assist in writing the final report. The sub-committee members agreed to allow Debra Chartier, president of the Canadian Association of Pharmacy Technician's (CAPT)-Manitoba Chapter to join the sub-committee as well as to present at the next meeting. The committee also agreed to invite pharmacist Sheri Dyck to present on the tech-check-tech program at the St. Boniface General Hospital.

2. Meeting 2- July 16th, 2008 at the MSP office from 7-9pm.

Debra Chartier presented regulations and legislative changes regarding technicians, occurring across Canada, namely in Ontario. She discussed a letter from the Minister of Health dated June 19, 2008 which suggested that CAPT work with MPhA to submit a proposal for regulation of pharmacy technicians once the new "umbrella health professions act" is in place. The sub-committee members agreed that most community pharmacists were unwilling to take legal responsibility for a pharmacy technician's final check and that final check should only be done by a regulated pharmacy technician who carries liability insurance of their own.

Sheri Dyck presented her involvement with the tech-check-tech program at the SBGH. The technician training and certification process of "validating" technicians was outlined. The delegation of the final check was seen as simply 'a delegation of technical functions, not clinical judgement or assessment' as the WRHA and possibly other regions have adopted a pharmacist data entry system. This was seen as a critical difference between hospital and community practice where in community practice, pharmacy technicians are interpreting physician's orders and performing data entry.

Nancy prepared work sheets on the various issues pertaining to pharmacy technicians for the purpose of gaining consensus on the proposed draft regulations. They would be discussed at the next meeting to prepare for the final report to Council.

3. Meeting 3- August 21st, 2008 at the Norwood Hotel from 7-9pm.

The goal of the meeting was to finalize our recommendations to MPhA. The majority of our time was spent discussing the need for regulated technicians. Without regulated technicians the sub-committee felt that the majority of pharmacists would not accept the tech-check-tech role for technicians. As well, some members were concerned with the potential for the loss of pharmacist jobs with this new expanded role. At the same time, others felt it was important not to take the tech-check-tech function out of the regulations entirely as this may have the potential to limit pharmacists' practice in the future. Many options were discussed on how to make this addition to the regulations feasible. Along with regulated technicians, it was also discussed if we could define what a "final check" really meant. It was felt that regulations should exist so that pharmacists would be

required to review the prescription sometime after it was labelled and before it was dispensed.

It came to the attention of the sub-committee that our discussion of including the addition of a regulated technician in the regulations was not possible due to the wording of the new Pharmaceutical Act. It was decided that the technician function of final check would have to be removed in order to have the regulations pass.

The final recommendation would also include our belief that a regulated technician would need to be defined in the regulations in order for expanded technician functions to occur. It was also decided that an exclusion for hospital practice should be included in order for them to continue their tech-check-tech program.

4. Meeting 4- September 11, 2008 at the Norwood Hotel from 7-9pm.

The purpose of the final meeting was to vote on the draft report on pharmacy technicians to the MPhA Council. The terms of reference for voting were established at the beginning of the meeting. Quorum would be 50% plus 1, voting members would include those in good standing with the MPhA and who had attended at least one sub-committee meeting prior to the last meeting. The chair would refrain from voting except to break a tie. The sub-committee unanimously agreed to the written recommendations with two amendments. The sub-committee defined the duties and delegations of unregulated pharmacy technicians and other persons and removed sections of the regulations- Part 7 which they felt were responsibilities for regulated pharmacy technicians. Some discussion evolved from the Health Professions Regulatory Advisory Council (HPRAC) recommendations to the Ontario's Minister of Health and Long-Term Care on Regulation of Pharmacy Technicians (April 2006) regarding the role of the Regulated Pharmacy Technician (R.Ph.T). The sub-committee assumed that regulated pharmacy technicians would likely be defined as a new health care professional and would require a new set of qualifications and duties relating to their profession.

Respectfully submitted,

Vicki Perron, B.Sc.Pharm

Recommendations concerning Draft Regulations on Pharmacy Technicians and Other Persons

The sub-committee was charged with reviewing **Part 7 – Duties and Delegation of the Draft Regulations – December 3rd, 2007** and to revise them as needed to make them acceptable to the majority of pharmacists.

The sub-committee reviewed pertinent national and provincial documents and heard presentations from Sheri Dyck, pharmacist at St. Boniface General Hospital, and Debra Chartier, President of the Canadian Association of Pharmacy Technicians (CAPT) Manitoba Chapter.

While patient safety was the primary focus, the sub-committee sought to ensure that the regulations did not prevent expanded pharmacist roles and associated technician roles. The need for “tech-check-tech” pilot projects in the community setting, once regulated technicians become a reality, is paramount to understanding how to maximize patient safety while expanding the services to patients in order to improve patient care. An additional goal was to ensure that Manitoba hospital pharmacy practice can continue to evolve toward separate product-provision roles for technicians and cognitive patient service roles for pharmacists.

A majority of community practice pharmacists are opposed to allowing technicians to perform the final product check while pharmacists still retain legal liability for the product. Community pharmacists, in general, will continue to vote against any regulation that allows technician final check until technicians are recognized as a regulated health professional with their own legal liability.

The sub-committee recommends that technicians should become regulated health professionals, as is the recent trend in those provinces that have moved forward on this issue. If this step must wait until the new umbrella legislation is prepared, then, in the interim, to ensure passage of the regulations, Sections 52 and 54 would require modification. The sub-committee has proposed amendments (see attachment) to these sections for Council’s consideration.

Thus the subcommittee recommends, “Pharmacy technicians should be regulated under the Pharmaceutical Act as Regulated Pharmacy Technicians (R.Ph.T), members of the College of Pharmacists of Manitoba, in the pharmacy technician class”.

CAPT has prepared a list of qualifications and duties that it believes should be required for a regulated pharmacy technician and is included in the final report. Sheri Dyck has included a summary of the training and assessment of the “tech-check-tech” hospital pharmacy technicians program, which the sub-committee supports and wishes be allowed to develop further.

The sub-committee's recommendations may be summarized as follows:

1. Pharmacy technicians should be regulated, preferably by MPhA, with their own competency requirements, discipline process and liability insurance.
2. Final check of the product should only be permitted to pharmacy technicians who have passed the Pharmacy Examining Board of Canada (PEBC) examinations, undergone retraining programs and are registered, regulated and possess liability insurance.
3. Only regulated pharmacy technicians should operate a tele-pharmacy remote site or satellite pharmacy.
4. Pharmacy technicians in hospitals should be exempt from the requirements of the Regulations to the Pharmaceutical Act.

Submitted by:

Nancy Remillard, sub-committee chair

Kristine Petrasko, sub-committee co-chair

Sharron Bettess

Debra Chartier, representing CAPT

Janice Coates

Bill Couling

Sheri Dyck

Al Eros

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Jen March

Scott McFeetors

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Vicki Perron

Marilyn Sidhu

Kelson Stevenson

Documents reviewed

Environmental Scan of Pharmacy Technicians, Canadian Pharmacists Association, 2006

Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice, NAPRA, 2007

Proposed Standards of Practice for Registered Pharmacy Technicians, OCP, 2005

An Update on Pharmacy Technician Regulation in Canada, Tech Talk, Pharmacy Practice June/July 2008

Dinosaurs, dodo birds, and dispensing pharmacists, Canadian Pharmacists' Journal, May/June 2008, Guest Editorial by Farid Wassef

Draft Regulations to Manitoba Pharmaceutical Act

MSP Position Statement on Bill 41 Regulations regarding Pharmacy Technicians

Bill 41 Regulations, MSP Questionnaire to determine pharmacists' opinions, summer 2007

Letter from CAPT to MPhA, February 2007

Letter from CAPT to MPhA, June 2007

Letter from CAPT to Minister of Health, April 2008 and attachment, *Opening the Door*

Letter from Minister of Health to CAPT, June 2008-08-22

Part 7- Duties and Delegation

Delegation to **unregulated***pharmacy technicians

52(1) A member may not delegate any task to a person under this section unless the person is qualified as a pharmacy technician.

Qualification of pharmacy technicians

52(2) A person is qualified as a pharmacy technician if the person is at least 18 years of age, and:

- (a) has graduated from a program of pharmacy technician training approved by council;
- (b) has passed any examinations approved by council; or
- (c) has work experience and passed a competency assessment acceptable to council;
- (d) is fluent in an official Canadian language.**

Continuing qualification of pharmacy technicians

52(2.1) A person qualifying under section 52(2) is entitled to have his or her qualification continue upon:

- (a) continued work in a pharmacy under the supervisions of a member; and
- (b) participation in professional development and quality assurance programs as determined by council.

Limits on delegation to pharmacy technicians

52(3) A pharmacy technician may engage in the following aspects of the practice of pharmacy, under the supervision of a member:

- (a) compounding, **including preparation of sterile products;**
- (b) dispensing, subject to approval under s50(d) and any standards related to counselling the patient;
- (c) ~~operating a tele-pharmacy remote site;~~ and
- (d) identifying and assessing when ~~drug-related problems~~ **potential drug interactions, medication adherence issues, or any other situation** requires referral to the member.

Duties of pharmacy technicians

52(4) In addition to the duties described in 54(2), the following duties supporting the practice of pharmacy may be performed by a pharmacy technician, under supervision of a member and in accordance with applicable practice directions:

- (a) reviewing the information on the prescription for legibility and compliance with federal and provincial regulations;
- (b) replenishing drug storage containers and dispensing machines;
- ~~(c) performing a final check on the packaging or pre-packaging of drugs, container selection, and labelling performed by another technician, student or intern, prior to dispensing;~~

- (d) entering prescription information into a pharmacy database;
- (e) providing instruction to a person on how to operate a medical device (e.g. blood glucose monitors, blood pressure monitors) but not provide any explanation involving the interpretation of the results or value of the device;
- (f) inquiring of the practitioner, and receiving the instruction, of whether an existing prescription can be refilled as previously prescribed and without any changes to the prescription;
- (g) collecting information from a patient for a patient profile;
- (h) remove-entering the pharmacy when it is closed and, with the exception of (e), (f) & (g), perform the duties listed under this section; and
- (i) preparing a prescription label and affixing auxiliary labels to the prescription containers.

Duties of other persons

54(1) A member may permit a person other than a member, intern, pharmacy technician or student, to do the following duties provided they are performed under supervision and in accordance with applicable practice directions;

- (a) preparing and pre-packaging a drug for dispensing;
- (b) selecting an appropriate container;
- (c) attaching the prescription label to the container;
- (d) recording and retrieving data regarding a patient or prescription;
- (e) collecting demographic information from a patient; and
- (f) managing drug inventory.

* highlighted sections are additions to Part 7

Qualifications of a Regulated Pharmacy Technician (R.Ph.T)

- Will have a certificate from a recognized and/or accredited school for Pharmacy Technicians.
- Grade XII graduate
- 18 years of age
- Fluent in an official Canadian language
- Will be required to complete additional education (which will be made available through various mediums: (i.e. correspondence courses, tutorials, evening and/or day classes) in order to write the National Exam, plus future additional education or training as necessitated by future expanded duties that are not apparent presently and will be determined in concert with Pharmacist's expanding roles.
- Successful completion of the National Examination (Presently being developed by PEBC and should be ready within two years)
- Upon completion of exam will be eligible to become **registered** and regulated **members** of the MPhA under its own separate Pharmacy Technician class. Like other separate classes of registration, (students, interns) they will practice under the same statement of authorized acts with parallel terms, conditions and limitations. There will be need for representation of Registered Pharmacy Technicians on the existing MPhA council and disciplinary board.
- R.Ph.T. credentialing (Professional title to be protected by legislation)
- Continuing Education Units would be required.
- Recognition of Active Professional membership in good standing with a Pharmacy Technician Association.
- Annual registration with MPhA and evidence of work hours would be required.
- Would be obligated to have professional liability insurance and would be professionally accountable to the Manitoba Pharmaceutical Association for a limited number of the technical pharmacy dispensing services.
- Would be able to do expanded duties as developed through an approved process (to be developed jointly by Pharmacists and Technicians) and which receives approval from MPhA (i.e. pilot projects)
- Will be able to communicate clearly with patients, peers, management, and other health care professionals through a variety of media using effective and appropriate communication skills

They would have no legal authority to perform any of these services separate from or outside of a pharmacy or its service area, or without a Pharmacist's indirect or direct supervision.

Duties of a Regulated Pharmacy Technician (R.Ph.T)

- Initiate and receive verbal repeat prescriptions from healthcare providers, with the exception of prescriptions new to the pharmacy and/or those containing changes.
- Independently double check repackaged and labeled medications. Independently double check volumes for reconstituting preparations.
- Operate a tele-pharmacy remote site.
- Confirm the accuracy and completeness of pharmaceutical products prepared by another authorized individual (i.e. tech check tech or independent double check for bulk packaging, blister cards, stock vials and strip packaging for automated dispensing machines)
- Confirm the accuracy and completeness of individual patient prescriptions requiring a directive label prepared for release to patients or patient's agent, ensuring that a pharmacist has had the opportunity to review the prescription and the patient profile or health record and has signed off on the authorization record. (i.e. tech check tech or independent double check)
- Transferring and receiving a prescription to and from another pharmacy upon request and where allowed using proper documentation, excluding verbal transfers
- Provide prescription copies to the patient named therein or a trustee acting on behalf of the patient
- Educate patients on technical aspects of appropriate use of drug delivery devices (e.g. insulin pens, Metered Dose Inhaler spacing chamber).
- Clarify the technical aspects of the prescription with the prescriber's office.
- Expanded duties that may yet be developed following specific guidelines, policies and procedures.

Independent Double Check (according to NAPRA)

An independent double check is a process in which a second authorized individual conducts a verification. Such verification can be performed in the presence or absence of the first authorized individual. In either case, the most critical aspect is to maximize the independence of the double check by ensuring that the first authorized individual does not communicate what he or she expects the second authorized individual to see, which would create bias and reduce the visibility of an error. (adapted from Institute for Safe Medications Practices Canada, 2005)

Respectfully submitted,

Debra Chartier, pharmacy technician
President of CAPT

Tech Check Tech Program at St Boniface General Hospital

Note: The process being used at St Boniface was the first one developed and approved by MPhA. Other hospitals within the WRHA and province have implemented similar processes but may have changed specific details based on their departmental procedures and needs.

General Principles:

1. It is the goal of the Department of Pharmacy to validate all pharmacy technicians to perform checking duties
2. There are different areas of the department that the technicians work in and each technician is only validated to perform checking duties in their area of work.
3. Items that are checked by validated pharmacy technicians are:
 - a. Unit dose packaging of oral solids
 - b. Restocking of the Documented night cupboard
 - c. Prepacked containers of medications that are stocked in the Emergency Department and pre-op area
 - d. Refills for the automated Pyxis cabinets
 - e. Daily CIVA (Centralized IV Admixture Service) cart doses (24 hour supply of meds sent to nursing units daily)
 - f. Interim CIVA doses that must be sent to the ward prior to the cart delivery
 - g. Sterile batch compounding using standardized formula cards for the following products:
 - i. CIVA medications – antibiotics, antiemetics, etc
 - ii. Epidural analgesic solutions
 - iii. Patient Controlled analgesic solutions
 - h. Unit dose oral liquid narcotics
4. For all of the items listed above the pharmacy technician is NOT checking against an original prescription. The pharmacists are responsible for reviewing and entering all prescriptions into the department's computer system. Technicians then fill and check from the label or in the cases of batch compounding, Pyxis cabinet refills are not working off of a prescription at all.

Note: All technicians employed at St Boniface Hospital are required to have completed a Pharmacy Technician course.

Criteria for Tech Check Tech Validation:

1. Technicians will be eligible for validation once they have been employed in the department full time for 6 months and have worked a minimum of 3 months in the area where they will be validated
2. Completion of both the didactic and practical training portions of validation
3. Accuracy rate of 99.8% during the validation period
4. Satisfactory completion of the written test

Validation Program Includes:

1. One on one training with a pharmacist (goal is to transfer training functions to a validated technician).

2. Review of didactic material that includes:
 - a. Review of Tech Check Tech policies and procedures
 - b. Discussion about the importance of developing checking techniques/habits
 - c. Discussion about providing constructive feedback effectively
 - d. Procedures for handling errors
 - e. Reading selected ISMP newsletters to increase awareness of potential errors and impacts
 - f. Example scenarios related to implications of errors and the importance of accuracy
3. Practical training including observing the trainer perform the checking duty and then practicing checking
4. The validation process is specific for each area:
 - a. The technician will successfully check a minimum number of doses in each product category
 - b. The trainer will intentionally introduce errors into the products in order to prevent the technician from achieving validation due to the accuracy of the fillers.
 - c. The trainer checks all items that the technician checked
 - d. An accuracy rate of 99.8% must be attained in order to become validated

Maintaining Validation:

1. Validation will be revoked if an individual has not worked in the area for 6 months
2. If technicians return to the area (post maternity leave for example) they will be required to complete the revalidation process which is similar to the original validation process

Quality Assurance

1. Random quality assurance audits will be performed on each validated technician a minimum of once per quarter and results documented on a QA log.
2. All occurrences (errors) that involve a checking error with a validated technician will be documented on the QA log.
3. QA logs for each technician will be reviewed quarterly and revalidation initiated if a technician has an unacceptable error rate.

Respectfully submitted,

Sheri Dyck, B.Sc.Pharm
September 10, 2008