

# TECHtalk

NOVEMBER 2016

## BY THE NUMBERS

Should the College of Pharmacists in BC change its name to reflect its role in regulating both pharmacists and pharmacy technicians?

### Overall response:

Yes **63%** (971); No **37%** (568)

### By respondent group:

Pharmacy technician: **Yes 95%**

Pharmacist: **Yes 50%**

Pharmacy student: **Yes 69%**

Other health professional: **Yes 81%**

Public or patient: **Yes 65%**

### Choices for consideration:

College of Pharmacy Professionals of British Columbia: **58%** (pharmacy techs 66%)

College of Pharmacists and Pharmacy Technicians of British Columbia: **33%** (pharmacy techs 39%)

Other: **9%**

“Changing the College name...fully integrates pharmacy technicians into the College and closes the six-year loop from when we first became regulated. It reinforces our key role in the profession, and lets the public know that both pharmacists and pharmacy technicians are regulated health professionals who are held equally accountable.”

—*Bai Dhillon, director, Pharmacy Technician Society of BC*

Source: College Name Change, Results of Online Engagement, College of Pharmacists of British Columbia, September 2016.

## TECH FINDS FULFILLMENT IN THE ER DEPARTMENT

### FOR EMERGENCY DEPARTMENT

pharmacy technician Marc-André Fougère, the workday is never boring. Employed at the MUHC Montreal General Hospital since graduating in 2013 from the École de formation professionnelle de Châteauguay, he is assigned to the ER approximately five days a week to serve the specific needs of the department.

“All things considered, this is my favourite assignment. I’m so busy that time goes by very quickly. I get to do all kinds of different tasks and I have great contacts with the emergency department doctors, nurses and pharmacist,” he says. “I feel like a full member of the medical staff.”

### A typical day at the ER

At 7 a.m., Fougère starts entering the new prescriptions written by doctors at the end of the previous day or during the night. While waiting for the pharmacist to approve each prescription, he goes around the emergency department to spot and reallocate misplaced medication, as well as retrieve those drugs left by patients who were discharged or transferred to other units.

“I am also in charge of procuring specific drugs that are kept in the refrigerator, and of ensuring that the resuscitation cart and the trauma narcotics cabinet are properly supplied,” says Fougère.

Once the new prescriptions are approved, this pharmacy tech checks the container/content of the first medication doses prepared by the distribution technicians before taking them to the emergency department—and for urgent medications like antibiotics, directly to the nurses. He then goes back to the main pharmacy and spends the rest of the morning entering new prescriptions written earlier in the day, and helping his technician colleagues prepare the required medications.



At the end of each month, Fougère checks expiry dates for all the drugs available at the ER in order to ensure their validity. He spends his afternoons restocking the automatic distribution cabinet, which helps the nurses to quickly access medications. On occasion, he also performs medication reconciliations for patients visiting the emergency department.

### On call to answer requests

With his cell phone always handy, Fougère is on call to quickly answer the many requests from the ER nurses, especially when they lack the required medication for a patient. For example, they will often call him to troubleshoot when there’s a problem with the AcuDose-Rx machine. “I’m quite computer savvy, so I usually find a solution, which saves me the trouble of calling the company for support,” he says.

He also collaborates with the ER pharmacist on various tasks, such as supplying medications used in the trauma rooms.

## ACCREDITED CE LESSON INCLUDED:

### The Role of the Pharmacy Technician in Hypertension

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### Colleges start to phase in new compounding standards

**THE ALBERTA COLLEGE OF PHARMACISTS** (ACP), among other provincial regulatory authorities, has approved the National Association of Pharmacy Regulatory Authorities' (NAPRA) "Model Standards for Pharmacy Compounding of Non-Hazardous Sterile Preparations" for adoption.

This is the first of three model standards related to compounding that the Council is addressing. NAPRA has developed all three standards nationally, modelling them after existing ones in Quebec. They include many of the same safety and quality-assurance requirements as in the current standards, but have some additional requirements, including an on-site quality-assurance program, increased oversight, beyond-use dates, and recall procedures. In December, ACP Council will consider the adoption of the

second document, "Model Standards for Pharmacy Compounding of Hazardous Sterile Preparations." The final document, now in the public consultation phase, addresses non-sterile preparations.

The first set of standards comes into effect in Alberta on October 1, 2017, and Council is advising pharmacies currently engaged in sterile compounding to review the new standards, identify any gaps in current practice, and establish an action plan to ensure full compliance on or before the deadline. Meanwhile, the Ontario College of Pharmacists has approved implementation of the first two sets of standards by January 1, 2019.

The implementation of the new standards falls under the authority of the provincial regulatory bodies, each of which will establish its own timetable and process.

### Manitoba reminds pharmacy assistants of pending deadline

**THE COLLEGE OF PHARMACISTS OF** Manitoba is reminding the province's pharmacy assistants who are currently in the profession and wish to become regulated that they must pass the Pharmacy Examining Board of Canada's (PEBC) Pharmacy Technician Evaluating Examination by December 31, 2018, in order to be eligible to apply for the PEBC Qualifying Examination.

While that date may seem like a long way off, the College says there are only a limited number of opportunities remaining to write the exam before the deadline. After

that point, only Canadian graduates of a program accredited by the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) will be eligible to apply for the Qualifying Examination.

The deadline to apply for the Spring Qualifying Exam in Winnipeg on April 23 is January 13, 2017. Candidates can visit [www.pebc.ca](http://www.pebc.ca) for details.

Regulated pharmacy technicians in Manitoba are now listed in the Pharmacy Technician Directory on the College's website, at [www.cphm.ca](http://www.cphm.ca).

### News from the CE front

**AS THE PROVINCIAL REGULATORY** bodies specify their continuing education (CE) requirements for pharmacy technicians, here are some recent developments.

- The Ontario College of Pharmacists has released another in its series of e-learning modules to help pharmacy technicians understand and apply the new Code of Ethics in everyday practice. The latest one focuses on the principle of beneficence (to benefit), and highlights some of the key standards found in the Code.
- The College of Pharmacists of Manitoba clarifies that courses accredited by the Canadian Council on Continuing Education in Pharmacy (CCCEP) for pharmacy technicians have an accreditation number ending in "T," while those accredited for both pharmacy technicians and pharmacists have

two numbers, one ending in a "T" and one in a "P." Programs that the College accredits will clearly indicate if they are for pharmacy technicians only.

- The OCP has agreed to partner with the University of Waterloo on a multimodal teaching tool called "Pharmacy 5in5." The interactive educational tool is designed to help pharmacy technicians and pharmacists develop their skills. Potential topics include changes to the scope of practice, implementation of new services, and clinical management.
- The University of Saskatchewan College of Pharmacy and Nutrition develops, implements, supports, and evaluates continuing education and continuing professional development opportunities for pharmacy technicians and pharmacists. Visit [www.usask.ca/cpdpp/](http://www.usask.ca/cpdpp/).

## Helping COPD patients breathe easier

**WHILE MOST OF US TAKE FOR GRANTED** daily activities such as getting dressed or walking, patients with chronic obstructive pulmonary disease (COPD) can find even simple tasks extremely difficult.

The leading cause of death in this country, according to Statistics Canada, COPD is characterized by shortness of breath, cough, and excess production of mucus. It includes two main conditions: chronic bronchitis and emphysema. Over time, the airways of those suffering from COPD become permanently obstructed or blocked, and gradually lose their ability to function. Lung attacks (also known as “exacerbations”) cause a permanent decline in lung function, and are just as serious as heart attacks, with similar mortality rates.

Smoking is the primary cause of COPD, but others include second-hand smoke, air pollution, and a history of childhood lung infections.

While there is no cure for COPD, it can be treated. Current treatments consist of both pharmacotherapy and non-medicinal interventions.

Pharmacological treatments include bronchodilators, which relax the muscles surrounding the small airways to open the airways; corticosteroids, which reduce inflammation in the airways; anticholinergics, which stop the muscles around the large airways from tightening; and mucolytics, which help make mucus thinner so it is easier to cough up.

Non-medicinal treatments involve exercise and airway clearance using one of several types of devices. One of the most effective techniques for chronic bronchitis is Oscillating Positive Expiratory Pressure (OPEP) therapy, in which the patient actively exhales through the device against an adjustable resistance level that creates back pressure in the lungs. OPEP basically shakes up the mucus to make it easier to remove. It’s similar to chest physiotherapy, but clients can do it at home when convenient.

There are a variety of OPEP devices available, but easy, hand-held versions may offer better patient compliance and acceptance, says Kristine Petrasko, Regional Pulmonary Educator, Regional Pulmonary Rehabilitation Program, Winnipeg Regional Health Authority. The devices are drug-free and designed as add-on therapy to existing medications. They can be purchased through retail pharmacies, and do not require a prescription.

Pharmacy technicians and assistants can help pharmacists identify patients who may benefit from the removal of excess mucus, says Petrasko. “Watch for patients who mention a cough that lasts a long time; a cough with mucus; feeling short of breath; lung infections; difficulty walking long distances; and challenges performing daily tasks.” Often, she says, patients believe this is simply a “normal” part of aging, so many cases go undiagnosed.

Pharmacy technicians can suggest patients see their doctor for a simple spirometry test to ensure accurate diagnosis of COPD.

Once patients have been diagnosed, pharmacy technicians and assistants can help these patients, and the pharmacist, by gathering relevant information. For example, they can ask patients if they are suffering any unwanted effects from the medications that they are taking, and if so, report any problems to the pharmacist for counseling.

“They could also be asking if there is any change in the patient’s health status,” Petrasko suggests. “For example, more phlegm and/or changes in colour, along with any other possible adverse effects they may be experiencing.” She says follow-up calls could verify

that patients are using their meds as directed. “They need to use their inhalers as prescribed with appropriate technique in order for the medication to be fully effective.”

Petrasko also advises that device technique be checked at every visit. Pharmacy technicians may train to educate patients on the use of OPEP devices, and can identify if the patient is having any problems or has any questions for referral to the pharmacist.

“It would be great to have pharmacy technicians who are skilled in this area and able to point out ‘red flags’ to the pharmacist,” says Petrasko.

### FOR MORE INFORMATION

- Canadian Lung Association: [www.lung.ca](http://www.lung.ca)
- Canadian Network for Respiratory Care: <http://cnrchome.net/>
- Canadian Thoracic Society: <https://cts.lung.ca/>
- COPD Canada: [www.copdcanada.ca](http://www.copdcanada.ca)
- Public Health Agency of Canada: [www.phac-aspc.gc.ca/cd-mc/crd-mrc/copd-mpoc-eng.php](http://www.phac-aspc.gc.ca/cd-mc/crd-mrc/copd-mpoc-eng.php)




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