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# readlinks

## BC Pharmacists Making a Difference



*As of the end of November over 300 pharmacists from across the province had been granted their authorization to administer injections.*

With the H1N1 vaccine finally available to all authorized healthcare professionals, pharmacists, who have received their authorization to administer injections, are now actively participating in the largest immunization campaign in the history of BC. The H1N1 vaccine, along with all other publically funded vaccines, is available to authorized pharmacists through their Local Health Unit. Pharmacists are advised to inquire in advance whether stock is available and for further information, including the ordering process, should visit [www.gov.bc.ca/h1n1/healthcareproviders](http://www.gov.bc.ca/h1n1/healthcareproviders).

On October 16, 2009, the College began processing pharmacist's applications for authorization to administer injections and as of the end of November, over 300 pharmacists had been granted their authorization. While the distribution of authorized pharmacists is throughout BC, the majority are located in the lower mainland and are practicing in community pharmacy. The Pharmacists Directory on the College website indicates those pharmacists who have received their authorization.

In order to apply to the College for authorization to administer injections pharmacists must:

- Be registered on the College's Full Pharmacist register
- Have successfully completed the training from a College approved accredited training program
- Possess current certification in CPR and first-aid from a recognized provider such as St. John Ambulance or the Canadian Red Cross

Once pharmacists have successfully fulfilled the requirements listed above, they may apply to the College for authorization to administer injections by completing the 'Application for Certification – Injection Drug Administration' form found on the College website. Applications will be reviewed by the College as they are received and qualified applicants will be notified of their authorization. Pharmacists must receive this authorization prior to providing injection services.

For more information please visit the Key Initiatives – Medication Management (Administering Injections) section found on the homepage of the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org) and to register for a BCPhA accredited training program visit [www.bcpharmacy.ca](http://www.bcpharmacy.ca).

# A Time to Reflect...



Marshall Moleschi,  
Registrar

Although the College's fiscal year runs from March to February, the Annual General Meeting (AGM), which takes place in November, always feels like the time to reflect... and this year there has been a lot to reflect on!

It is not every day, week, month, year or even decade that a healthcare profession expands their scope of practice. Yet in this past year, pharmacists in BC, who choose to, can now adapt prescriptions and administer injections. These are significant enhancements to a pharmacist's scope of practice and deserve further appreciation and reflection.

In fact, at a joint meeting of the BC Pharmacy Association (BCPhA) and the College of Pharmacists of BC (CPBC) Board members, which took place just prior to the College's AGM, the only agenda item was a discussion on pharmacists' enhanced scope of practice.

Following a brief presentation, from both the College and Association's perspective regarding where we are now and how we got here, Board members were asked to reflect on how it was going and then challenged to think about where we go from here?

The dialogue was deep and diverse and given the make-up of the two Boards, would likely mirror the thoughts of pharmacists throughout the province and from various practice settings. On the extremes were those who thought we had moved too quickly and others who thought we weren't moving quickly enough, with the majority somewhere in the middle.

In the end, we all agreed that a lot has been accomplished in a very short period of time and although we want to ensure that our long term goals continue to support an expanded scope of practice for pharmacists, in the short term it might be a good idea to collectively catch our breath.

Peter F. Druker, a famous 20th century American educator and writer, once said, *"follow effective action with quiet reflection... from the quiet reflection will come even more effective action"*.

There is much that we still have to do with respect to the new authorities that have already been granted to us and those that will likely come as pharmacists continue to take a more active role in patient centered care.

Current statistics on prescription adaptations indicate that the number of pharmacists adapting has remained relatively consistent since authorization began at the beginning of the year and although the initial uptake by pharmacists to administer injections, with over 300 to date, seems strong it is only the beginning.

As things inevitably move forward we need to make sure that we are taking the time to understand and learn from what is happening now. This is our time to reflect, so that as Professor Druker so wisely stated, we will ensure *"even more effective action"* in the future.



# Rigorous Process will Ensure Regulated Technicians Have the Skills to do Their New Job!

With the target date for the first regulated pharmacy technicians set for the fall of 2010, the development of the regulation process, which will ensure that “Regulated Pharmacy Technicians” have acquired the necessary knowledge, skills and abilities to safely and effectively take on their new role, is well underway.

As approved by the Board, the College is following the national process for the regulation of pharmacy technicians. Although this process includes a path for both future and current technicians all candidates must demonstrate that they have acquired the necessary competencies by successfully completing the same entry to practice (*PEBC – Qualifying Exam*) exam (refer to diagram).

The Jul-Aug-Sep 09 edition of *ReadLinks* included a Special Pullout (available on the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org))

which highlighted the steps to regulation for current technicians. This article will focus on the steps to regulation for new or future technicians.

## Step 1 – CCAPP – Accredited Program (Currently Available):

In order for someone new to become a “Regulated Pharmacy Technician” they must successfully complete a Canadian Council for Accreditation of Pharmacy Programs (CCAPP) accredited pharmacy technician program. Although there are currently a number of private and public colleges in BC offering various ‘pharmacy technician’ programs these are not CCAPP accredited programs. Within the coming months, non-CCAPP accredited programs will be restricted from calling themselves ‘pharmacy technician’ programs and renamed ‘pharmacy assistant’ programs. Given that the regulation of pharmacy

technicians is not mandatory, it is anticipated that pharmacy assistants will continue to be valuable members of the pharmacy team.

In order for a program to become CCAPP accredited they must apply to CCAPP, the same organization responsible for accrediting pharmacist programs. CCAPP’s accreditation process ensures that the school’s program curriculum meets the competencies necessary to provide graduates with the knowledge, skills and abilities to do their new job as a ‘regulated’ pharmacy technician.

Currently, there is one CCAPP accredited pharmacy technician program being offered in BC at Thompson Career College. A number of other private and public colleges have indicated their intention to apply to CCAPP for accreditation and are hoping to have a CCAPP accredited Pharmacy Technician program available early next year (2010). A continuously updated list of accredited programs is available on the CCAPP website at [www.ccapp-accredit.ca](http://www.ccapp-accredit.ca).

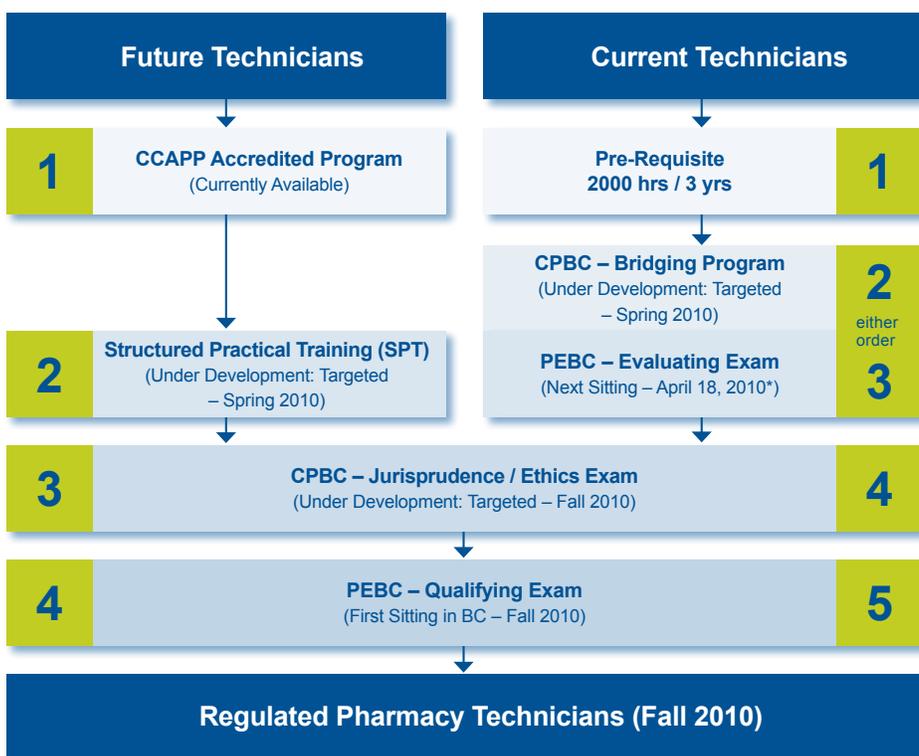
## Step 2 – Structured Practical Training (SPT) (Under Development: Targeted – Spring 2010)

Following graduation from an accredited pharmacy technician program, candidates must complete a Structured Practical Training (SPT) program. SPT is a supervised competency based training period within a pharmacy that includes regular assessment by a pharmacist or another regulated technician. The purpose of the SPT component is to provide, soon to be regulated technicians, with the opportunity to practice their skill-set in a supervised practical environment prior to assuming sole responsibility.

## Step 3 – Jurisprudence / Ethics Exam (Under Development: Targeted – Fall 2010)

The requirement to successfully complete a Jurisprudence / Ethics Exam is consistent with the registration process for pharmacists and is designed to test relevant provincial legislation and ethics which is not included on the national Pharmacy Education Board of Canada (PEBC) - Qualifying Exam.

## Summary of Steps to Regulation



Note: Some components are still under development and subject to change. Timelines are tentative.

\* Application deadline is January 29, 2010 for the April 18, 2010 PEBC Evaluating Exam. Visit [www.pebc.ca](http://www.pebc.ca) for application information.

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# 2009 Board Election Results Are In!

As a result of the College's transition to the Health Professions Act (HPA), all 7 electoral districts were required to participate in the 2009 Board Election. Previously, elections were done on a rotation basis with odd numbered districts one year and even numbered districts the next. The odd/even rotation will return to the fall 2010 election as a result of even numbered districts (2, 4 & 6) being elected this fall to a 1-year term and odd numbered districts (1, 3, 5 & 7) to a 2-year term.

The election tally took place on October 23, 2009 with the following results:

District 1 – Metropolitan Vancouver  
(elected to a 2-year term)

• **Randy Konrad (Chair)**

District 2 – Fraser Valley  
(re-elected to a 1-year term)

• **Bev Harris**

District 3 – Vancouver Island/Coastal  
(elected by acclamation to a 2-year term)

• **Allan Greene**

District 4 – Kootenay/Okanagan  
(re-elected to a 1-year term)

• **Doug Kipp**

District 5 – Northern BC  
(re-elected to a 2-year term)

• **Chris Hunter**

District 6 – Urban Hospitals  
(elected by acclamation to a 1-year term)

• **John Hope (Vice-Chair)**

District 7 – Community Hospitals  
(elected by acclamation to a 2-year term)

• **Bruce Beley**

Each of the elected Board members' term commenced on October 23, 2009 and will end with the start of the November Board meeting in either 2010 or 2011 (even districts – 2010, odd districts – 2011).

Rounding out the 11 member College Board are the previously existing government appointees, whose terms conclude on October 1, 2010:

**Margaret Cleaveley** – Kamloops

**Penny Denton** – Prince Rupert

**Michael MacDougall** – West Vancouver

**John Scholtens** – Langley

On Friday November 20, 2009, at the first regularly scheduled Board meeting following the election, the Board elected Randy Konrad as Board Chair and John Hope as Vice-Chair.

Board Members clockwise from top left: Bruce Beley, Michael MacDougall, Allan Greene, John Scholtens, John Hope (Vice-Chair), Doug Kipp, Randy Konrad (Chair), Chris Hunter, Margaret Cleaveley, Penny Denton, Bev Harris



## Meet the Board's New Members



**Randy Konrad (Chair)** – Randy graduated from the University of British Columbia and has been a registered pharmacist in BC since 1986. He has experience in independent and chain community pharmacy and in hospital pharmacy. In his current position as a regional pharmacy manager, he oversees 18 community pharmacies and is involved in all aspects of pharmacy operations, including professional programs, human resources and policy and procedure. He served previously as a College Board member for District 1 and as the President of the College Board. Randy has also contributed to our profession as a member of numerous College committees including the PharmaNet Users Group, the Continuing Education Committee and the Drug Advisory Committee.



**Allan Greene** – For the past 25 years, Allan has been involved in community pharmacy holding a 2 year term as a staff pharmacist, an 8 year pharmacy managerial position, developing and growing a new pharmacy and 11 years in a senior pharmacist position leading a 5 store pharmacy chain (Murphy Pharmacies) as the Director of Operations. Since moving to BC 4 years ago, he has been working as the pharmacy manager at Courtenay Rexall. Allan is seeking to resume his pharmacy involvement at the provincial level out of a personal desire *“to be actively involved in the life of the profession”*.



**John Hope (Vice-Chair)** – John graduated from the University of British Columbia in 1972 and accepted his first job at the Royal Inland Hospital in Kamloops, BC. John has been the Director of Pharmacy at Burnaby Hospital (1992-2002) and a Pharmacy Operation Manager in Fraser Health Authority (2002-2007) with a major focus on pharmacy computer information systems and technology. As an extension of his interest in computer technology, John is currently a member of the BC Health Authorities eHealth committee working on the integration of health authority drug information to the provincial PharmaNet system. John moved to Children's hospital as Director in 2007.



**Bruce Beley** – Bruce graduated from the University of British Columbia in 1975, and upon graduation moved to Vernon, where he worked 4 years in retail, and then moved to hospital pharmacy in 1979. He is a past president of the BC Pharmacy Association (1985) and was a member of the Panel of Examiners for several years. He is enjoying a very rewarding career in Pharmacy, and has watched the profession progress both in hospital, and retail pharmacy. Bruce is *“open to all points of view, not afraid of change and acutely aware of how the profession can effect patient care”*.



## On Call



As the process for the regulation of pharmacy technicians continues to evolve, it is understandable that more questions arise. To help address some of the more common questions coming from pharmacists, this edition of On Call will focus exclusively on this significant initiative.

**Q: Why is the College pursuing the regulation of pharmacy technicians?**

A: The role of the College of Pharmacists of BC, as the regulatory body for the profession, is to protect the public by ensuring that pharmacists have the knowledge, skills and abilities to provide safe and effective pharmacy care. One of the ways that the College does this is through its authority to set 'entry to practice' standards which establish the minimum educational requirements for pharmacists. The College does not currently have this authority for pharmacy technicians.

By regulating pharmacy technicians, the College can be assured that as pharmacists spend more time delivering cognitive care services (medication management, prescription adaptation, immunization etc.), regulated pharmacy technicians who will be taking on more responsibility within the dispensing function, have met the 'entry to practice' standard and have the knowledge, skills and abilities to safely and effectively fulfill their expanded role.

**Q: Will current technicians simply be 'grandfathered' into becoming regulated pharmacy technicians?**

A: No. The regulation of pharmacy technicians is the creation of a brand new regulated healthcare profession – in other words, it's the creation of a new job. Current technicians who wish to pursue regulation, regardless of their years on the job or initial education, will be required to successfully complete a comprehensive training program and sit a national Pharmacy Education Board of Canada (PEBC) Qualifying Exam.

For more details on the process to regulation please visit the Key Initiatives section 'Pharmacy Technician Regulation' of the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org).

**Q: What will a regulated pharmacy technician be able to do (scope of practice)?**

A: Regulated pharmacy technicians will be responsible, accountable and liable for a specific scope of practice. Their general duties are divided into two areas:

**Prescription Preparation:**

- Check pharmaceutical products
- Confirm accuracy and completeness of products for release (final check)

**Prescription Processing:**

- Receive new and repeat Rx (*with the stipulation that further guidelines (to be approved by the College Board) be established regarding the receipt of verbal orders*)
- Transfer Rx to and receive Rx from other pharmacies
- Copying Rx for authorized recipients

It's important to note that although regulated pharmacy technicians will have the authority to fulfill the dispensing function, pharmacists will continue to be responsible for ensuring the appropriateness of the medication and for consultation with patients.

**Q: Will I be required to hire regulated pharmacy technicians?**

A: No. The regulation of pharmacy technicians is on a voluntary basis. Just as it is up to each individual technician to determine if they would like to pursue regulation, it is up to each pharmacist or pharmacy to decide whether or not they would like to include regulated pharmacy technicians in their business model.

This is an evolution, not a revolution and it is anticipated that a variety of business models will exist within pharmacies for many years to come.

**Option One:**

- Pharmacist does it all

**Option Two:**

- Pharmacist supervising unregulated 'assistants' (*likely new term for current technicians*)

**Option Three:**

- Pharmacist and Regulated Pharmacy Technicians

**Option Four:**

- Pharmacist and Regulated Pharmacy Technicians supervising unregulated 'assistants'

Pharmacists are encouraged to read the information, which is continuously being updated, available on the Key Initiatives section 'Pharmacy Technician Regulation' of the College website: [www.bcpharmacists.org](http://www.bcpharmacists.org). Should you have any additional questions please email us at [pharmacytech@bcpharmacists.org](mailto:pharmacytech@bcpharmacists.org).



# Practice Matters

## Revision to HPA Bylaws Regarding Patient Choice

The College wishes to advise pharmacists of recent changes, approved by the College Board, to sections of the HPA bylaws Schedule F – Part 1 – Community Pharmacy Standards of Practice which relate to ‘Patient Choice’. The primary principle that these College bylaws are meant to uphold is the concept that patients should be able to freely choose their pharmacy with the only exceptions being in rare circumstances, such as Residential Care Facilities, where it is in fact in the ‘best interest of the patient’ to restrict that choice.

Recent complaints to the College however, illustrate that there may be pharmacy practices currently taking place that do not support the principle of ‘patient choice’. The revision to these bylaws are intended to more clearly communicate registrants’ requirements in this regard (Section 3) and define the limited circumstances in which it would be appropriate to allow sole pharmacy service providers (Section 13). These revisions were done in consultation with the College’s Residential Care Advisory Committee and as per government procedure, publicly posted for comment.

**The current HPA bylaws are as follows:**

**HPA Bylaws Schedule F – Part 1 – Community Pharmacy Standards of Practice:**

### Section 3 – Patient Choice

Pharmacists, owners and directors must not enter into agreements with patients, patient’s representatives, practitioners, corporations, partnerships, or any other person or entity, that limit a patient’s choice of pharmacy, except as required or permitted under the bylaws.

### Section 13 – Sole Pharmacy Service Provider

The manager of a pharmacy may enter into an agreement with another person to be the sole provider of pharmacy services in a premise or part of a premise, if

- (a) pharmacy services are provided in a manner that is consistent with the Residential Care Facilities and Homes Standards of Practice,
- (b) patient therapeutic outcomes are monitored to enhance patient safety, and
- (c) appropriate provision has been made for safe and effective distribution, administration and control of drugs.

These HPA bylaws are now in effect and any registrant who is currently engaged in a pharmacy practice that violates these bylaws must cease this activity immediately. These bylaws will be enforced by the College of Pharmacists of BC and any registrant found in violation will be subject to the College’s inquiry and disciplinary process.

## Botox 100 and 200 Unit Vial Sizes

### Potential for Dosing Errors – Update to Correct Quantity for Claims

Botox vials from Allergan, Inc. are now available in 100 units per vial and 200 units per vial sizes. Because they contain the same concentration of active ingredient, both sizes are identified with the same DIN (1981501) and appear in the PharmaNet system by default as 100 units per vial.

This could lead to dosing errors. Other practitioners, especially Emergency Department physicians and hospital pharmacists, rely on the information in the PharmaNet profile when determining what doses the patient has already had and what doses to re-prescribe.

#### Preventing one-DIN-per-drug-entity dosing errors

To prevent dosing errors, pharmacists should:

Restate the dose (including concentration) in the SIG field for display on PharmaNet, for example, “inject one 200 unit vial.”

#### Ensuring the dosage information displays properly

The display size of the SIG field on PharmaNet is only 80 characters long, which may be much smaller than a pharmacy’s local system. To ensure the dosage information appears on everyone’s display, place the information at the beginning of the field.

#### Correct Quantity for Submitting Claims

To facilitate coordination of benefits, the basis for reimbursing Botox has been changed in PharmaNet. It is now based on the cost per unit (rather than per vial). To ensure appropriate coverage:

- for a 100 units per vial, enter the quantity as 100
- for a 200 units per vial, enter the quantity as 200

*Note: Health Canada’s one DIN-per-drug-entity policy may affect other drugs marketed in unit dose syringes, vials or packs of the same concentration but varying volumes. Pharmacists should follow the same best practice of always:*

- *re-stating the exact dose in the SIG field for other affected DINs*
- *ensuring doses are confirmed in hospital and clinical settings before new orders are written and filled.*

## Rigorous Process will Ensure Regulated Technicians Have the Skills to do Their New Job!

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### Step 4 – PEBC Qualifying Exam (First Sitting in BC – Fall 2010)

The PEBC Qualifying Exam is the same format as the pharmacists' exam and consists of two parts – a written multiple choice question exam (MCQ) and a performance based exam called an Objective Structured Performance Exam (OSPE). It is expected that PEBC will administer the exam, just as they do with the pharmacists' exam, twice a year (Spring and Fall) at key locations across the country. The first sitting in BC is expected in the Fall 2010.

It is only once a candidate has successfully completed all of these steps and registered with the College of Pharmacists of BC that they will be in fact a "Regulated Pharmacy Technician" and able to practice to the full scope of their profession.

For more details and to keep updated on the regulation process for future or current technicians check out the Pharmacy Technician Regulation page under the Key Initiatives section on the College website at [www.bcpharmacists.org](http://www.bcpharmacists.org).

## College AGM held on November 21st, 2009

Chaired by newly elected Board member and Chair, Randy Konrad, the College held their 118th Annual General meeting at the Morris J. Wosk Centre for Dialogue on Saturday November 21st. With over 75 registrants in attendance, the meeting began with a presentation of the College's 2008 – 2009 financial statements by a representative of Grant Thornton LLP Chartered Accountants followed by remarks by Past-President Michael MacDougall and Registrar Marshall Moleschi.

Each year the College awards a Gold Certificate to a College volunteer who has made an outstanding contribution to the profession and this year's recipient was Lorna Kroll of Kroll's Pharmacy. Lorna was recognized for her years of service as a member of the Quality Assurance Committee, formally the Board of Examiners and in particular for her enormous contribution



of time and effort in the development of the various iterations of the Learning and Practice Portfolio (LPP).

The AGM concluded with a respectful debate and then vote, which was defeated, on the single resolution presented: *"That incentives for prescription services in the form of Airmiles/Points/Cash-backs are unprofessional and counter-productive to patient health and should be disallowed."*

Prior to the vote, registrants were reminded that the College Board will give careful consideration, at their next scheduled Board meeting, to resolutions brought forward at an AGM. However, the Board cannot be bound by the outcome of the resolution due to the potential for conflict with the Board's overriding duty to serve and protect the public.

Above: College Board Members enjoying the AGM reception (left to right): Margaret Cleaveley, Randy Konrad, Penny Denton, Chris Hunter and Allan Greene

Left: Marshall Moleschi, Registrar (left) with newly elected Board Chair Randy Konrad and Past President Michael MacDougall

# readlinks

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The ReadLinks newsletter provides important college and pharmacy practice information. All pharmacists are expected to be aware of these matters.



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Safe and Effective Pharmacy Care

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Registrar – Marshall Moleschi

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