

WHITE PAPER ON PHARMACY TECHNICIANS

A DISCUSSION FOR COUNCIL

PREPARED BY THE PHARMACY TECHNICIAN TASK FORCE

MARCH 2006

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The pharmacy technician task force comprised of community pharmacists, hospital pharmacists, pharmacy technicians, and pharmacy technician educators reviewed the issues regarding the regulation of pharmacy technicians and support personnel in other provinces and countries. Members identified current trends, potential advances in pharmacy practice, pharmacists' needs in British Columbia and considered the expanded roles for pharmacy technicians. The task force did a thoughtful analysis of the pros and cons for the regulation of pharmacy technicians. Pharmacy technician task force members and those who assisted are:

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March 23, 2006

EXECUTIVE SUMMARY

The evolution of pharmacy practice is driven by changing patient demographics and advances in medical care that draw on our profession's drug expertise. Pharmacists, who face greater demands on their time and medication knowledge, are more and more dependent on pharmacy technicians to help meet increasing prescription drug volumes and growing administrative needs. As pharmacy technicians grow in number and importance, the need for standardized training and regulation has become apparent.

The role of pharmacy technicians has undergone substantial change over the years. In the past, pharmacists have been reluctant to delegate certain tasks to technicians because of limitations and variations in training, and concern for public safety. Today, technicians have gained greater acceptance in both community and hospital pharmacies, and their responsibilities are expanding based on their training, experience, and qualifications. However, their primary function is still to assist with the dispensing of prescriptions. Despite this, new roles for pharmacy technicians continue to emerge as a result of changing patient demographics, increased use of prescription drugs, practice innovation, and new technologies.¹

Originally, pharmacy technicians received informal, on-the-job training. Many are still trained in this way, but there are now numerous colleges and career schools offering a wide variety of programs that differ in instructional hours, curriculum, entrance requirements, and on-site practicums. At the end of these programs students receive diplomas or certificates, but a student from one program may develop a different skill set than a peer who attended another school. The popularity of these programs and the growing number of graduates points to a pressing need for standardized curriculum and accreditation processes. Furthermore, consideration needs to be given to whether there should be more than one level of pharmacy technician practice. The definition of pharmacy technician (to differentiate them from a pharmacy assistant or pharmacy clerk) also needs to be established.

It is estimated that there are between 10,000 – 12,000 pharmacy technicians in the work force in British Columbia. It is not known how many have received formal training and possess a diploma or certificate. It is predicted that pharmacy technician employment will grow in order to fill vacancies in community pharmacies, clinic pharmacies, hospital pharmacies, and long-term care facilities. In order to protect the public, some form of regulation of pharmacy technicians is required. Once pharmacy technicians are regulated, they will be subject to a greater degree of responsibility.²

The lack of regulation for pharmacy technicians makes it difficult to:

- Mandate minimum standards for educational institutions;
- Establish a competency assessment process;
- Clarify roles and responsibilities;
- Identify the supervising pharmacist's responsibility/liability for functions performed by pharmacy technicians; and
- Discipline in the event of misconduct, such as drug diversion. Pharmacy technicians can move from site to site or province to province without being traced or held accountable.

The College of Pharmacists of British Columbia pharmacy technician task force, after reviewing the regulations in other jurisdictions, examining the state of pharmacy practice, and anticipating changes to provincial health-care legislation, recommends the following: that the College of Pharmacists of British Columbia regulate the practice of pharmacy technicians by establishing a new class of licensure for registered pharmacy technicians.

In regulating pharmacy technicians, the college will need to:

- Define the roles, responsibilities, and competencies for pharmacy technicians;
- Establish education and training standards for pharmacy technicians;
- Develop a credentialing system for pharmacy technicians;
- Develop a registration process and procedure;
- Develop a complaints and discipline procedure;
- Develop a quality assurance program;
- Develop a governance structure;
- Determine the regulatory framework for pharmacy technicians;
- Develop a code of ethics; and
- Work with the provincial government to bring about related legislation

1.0 THE PRACTICE OF PHARMACY

The mission of the College of Pharmacists of British Columbia is to ensure British Columbia pharmacists provide safe and effective pharmacy care to help people achieve better health. Pharmacists do this by providing current, rational, safe, and cost-effective pharmaceutical services, information, and products, in collaboration with patients and others in the health-care community.

The role of the College of Pharmacists of British Columbia is to focus on patient safety. Pharmacists are expected to meet the *Framework of Professional Practice* standards and ensure safe and effective pharmacy practice outcomes for the people of British Columbia. Pharmacy's transition to a more patient-centered practice model will only be achieved with increased reliance on a highly trained workforce of technicians.

Under the college's auspices, 3,750 pharmacists are licensed to practice in British Columbia. The majority of pharmacists (2,500) practice in community pharmacies, and as required by legislation must:

- Dispense a drug in accordance with the bylaws;
- Maintain a patient profile, including patient history;
- Review the patient profile before releasing the drug;
- Counsel the patient on the proper use of the drug; and
- Take appropriate action when a drug-related problem is identified.

Pharmacists spend a great deal of time and effort on the mechanics of dispensing.³ This activity may take precedence over the demands of patient care, but there is growing recognition of a need for improved prescribing and medication management. The shift of pharmacists away from the mechanics of dispensing toward developing and maintaining patient care plans requires the delegation of technical tasks to pharmacy technicians.

However, there are no federal/provincial/territorial standards for training and regulating pharmacy technicians. Assigning increased responsibilities upon unregulated pharmacy technicians poses a potential risk to the public. In addition, the current lack of standards for pharmacy technician education and training inhibits the extent to which pharmacists are willing to delegate tasks to technicians.

2.0 PHARMACY HUMAN RESOURCES IN CANADA - A STUDY OF PHARMACISTS AND PHARMACY TECHNICIANS

A new federally funded human resources study is seeking answers to the following questions:

- What factors are contributing to the reported shortage of pharmacists in Canada?
- Why do some pharmacists leave the profession?
- How many pharmacy technicians are there in Canada? Is this workforce experiencing shortages?
- How is the pharmacy workforce responding to and preparing for changes in primary health care, leadership in drug management, and integration of technology?
- To what extent are the issues that shape pharmacy human resources (HR) planning similar to those affecting other workforces? What opportunities are there for integrated planning across the health workforce?

This pharmacy HR study will be led by the Canadian Pharmacists Association (CPhA), and conducted over 30 months. The final report is due March 2008, and it aims to:

- Develop a comprehensive understanding of the pharmacy workforce in Canada, and the factors that influence its structure and the skills and competencies of its members.
- Identify short-and long-term human resource challenges facing the pharmacy sector.
- Identify challenges facing the pharmacy sector that might be specific to individual provinces and territories.
- Offer recommendations that will help ensure a pharmacy workforce fit for future needs.

The CPhA study will provide an evaluation of the introduction of certification for pharmacy technicians. An analysis will also be undertaken of the feasibility of introducing national certification for pharmacy technicians.⁴

3.0 CURRENT STATUS OF PHARMACY TECHNICIANS IN CANADA

Pharmacy technicians are unregulated and work under the supervision of licensed pharmacists. It is estimated that there are 40,000–80,000 pharmacy technicians in Canada.⁵ The roles and responsibilities of pharmacy technicians vary widely and are dependent upon their place of practice. Most provincial regulatory pharmacy bodies have not addressed comprehensive pharmacy technician regulation, with the exception of Ontario, Alberta, and now British Columbia. There is a national voluntary association of pharmacy technicians, the Canadian Association of Pharmacy Technicians (CAPT), with branches across Canada. The British Columbia branch, CAPT–Vancouver, provides leadership to and supports the professional development of pharmacy technicians in the pursuit of providing optimal pharmaceutical care in collaboration with pharmacists.

3.1 Newfoundland

Pharmacy technician guidelines have been drafted by the Newfoundland & Labrador Pharmacy Board (NLPB) for pharmacists to follow. These guidelines outline which tasks a technician can perform to assist the pharmacists in preparation of prescriptions, clerical activities, inventory management, and communication. NLPB has also suggested a pharmacist:pharmacy technician ratio of 1:1+1 to allow an acceptable level of supervision. Current guidelines are 10 years old and work is underway to reexamine the role of pharmacy technicians.⁶

3.2 Nova Scotia

For the most part, the duties of pharmacy technicians are interpreted by what is not present in the Pharmacy Act: tasks that must be performed by a pharmacist are stated, and any tasks not listed are assumed to be appropriate for pharmacy support staff to do. The Nova Scotia Pharmaceutical Society (NSPS) and the Pharmacy Association of Nova Scotia (PANS) have been approached by the provincial chapter of CAPT to set up a certification program. However, a decision on this request hasn't been made. PANS and NSPS are waiting for another body, such as the Canadian Pharmacists Association (CPhA) to take a lead on the issue. Nova Scotia supports the idea of a voluntary certification program, with expansion as the program grows. Anyone can be trained at the store level or through an accredited course and work as a pharmacy technician in Nova Scotia.⁷

3.3 New Brunswick

The council of the New Brunswick Pharmaceutical Society (NBPhS) is discussing the role of pharmacy technicians and the option of self-regulation or regulation under the NBPhS. In hospitals, pharmacy managers train and certify pharmacy technicians in various activities within their own hospital.⁸

3.4 Prince Edward Island

The Pharmacy Act of P.E.I. only outlines what a pharmacist must do, and has no provisions for what appropriate tasks are for support personnel.⁹

3.5 Quebec

There is no provision for pharmacy technicians in Quebec. There is a list of technical functions appropriate for delegation included in the standards of practice (November 2005). In hospitals, pharmacy technicians can perform some activities such as “tech-check-tech” without the direct supervision of a pharmacist. There is no “tech-check-tech” in community practice.¹⁰

3.6 Ontario

The Health Professions Review and Advisory Council (HPRAC) of Ontario is currently reviewing the Ontario College of Pharmacist's (OCP) request to regulate pharmacy technicians. The OCP has been working on the regulation of pharmacy technicians since 2002. It decided to pursue pharmacy technician regulation in the context of providing better pharmacy services to the public. The idea is to have an accountable professional who is responsible for working with pharmacists, so that they can provide more patient-oriented services. The OCP is proposing that technicians be regulated within the Pharmacy Act as members of the college under a pharmacy technician classification and designated as a registered pharmacy technician (RPhT).

Under the college's proposal, RPhT's would assume authority over certain technical aspects of dispensing prescriptions, including:

- Receiving new or repeat prescriptions from health-care providers;
- Transferring and receiving prescriptions from other pharmacists; and
- Checking pharmaceutical products prepared by another RPhT or unregulated pharmacy personnel.¹¹

The OCP is recommending that regulation of pharmacy technicians be voluntary. The OCP opted for voluntary regulation because going the mandatory route could have too big an impact on how pharmacies operate. It is estimated that there are 20,000 to 30,000 pharmacy technicians in Ontario and they could not all meet the proposed standards. If government approval is granted this year, it may take three to five years before all necessary legislation is in place to license technicians.¹²

3.7 Manitoba

As the legislation in Manitoba currently stands, there is only provision for tasks that may be carried out by a person other than a licensed pharmacist. There is also a ratio of pharmacist to such persons (1:1+1 in community settings, and 1:1+2 in institutions), so that a pharmacist is not supervising too many people at once. The regulations do not identify that other person as “assistant” or “technician.” The current regulations have no restrictions on who may call himself or herself a pharmacy technician. In 2001 the Manitoba Pharmaceutical Association passed a motion to allow pharmacists to delegate technical duties to another person in an institutional setting. This change is yet to be passed into law.¹³

3.8 Saskatchewan

Under the Pharmacy Act (1996), the Saskatchewan College of Pharmacists (SCP) has the authority to make bylaws governing the delegation of tasks to technicians. However, this delegation is described in the standards that were in place at the time the revised act was proclaimed. Since then, the SCP has begun an incremental adoption of NAPRA standards of practice. The current list of functions outlined by SCP primarily distinguishes between technical and cognitive, and pharmacists must still supervise the technical functions. All of this will be replaced by the NAPRA standards when finalized under the authority of the new bylaws.¹⁴

Technicians are accounted for in a ratio in the current standards. For admission to a pharmacy technician program in Saskatchewan, an applicant must have a minimum of high school training with math and science courses. Technicians must have training, but this may also include on-the-job training.¹³

3.9 Alberta

The Alberta College of Pharmacists (ACP) has submitted a draft to the Health Professions Council defining a qualified pharmacy technician. Through its bylaws, ACP intends to provide a register for qualified technicians. This means that ACP may register technicians, but it will not regulate them. Pharmacy technicians are seeking to be self-regulated. The council of the ACP will decide whether the college has a role in this process.

The process towards regulation of pharmacy technicians will be lengthy and will not occur prior to the Health Professions Act (HPA) regulations for pharmacy come into affect. As a result, any requirements regarding pharmacy technicians will be dealt with under the standards of practice and responsibilities of proprietors, licensees, and supervising clinical pharmacists.²

Pharmacist licensees will be responsible for ensuring staff members have the appropriate training, written policies, and procedures prior to implementing protocols such as the tech-check-tech. Monitoring of the system will also be required. This shift will not remove all responsibility from employee pharmacists. Rather, they will have to contribute to the development of effective systems, and help develop solutions to challenges.²

CAPT-Alberta is currently working toward the creation of a pharmacy technician regulatory body for the self-governance of pharmacy technicians, to oversee technician regulation. CAPT-Alberta wants regulation to be mandatory to ensure equitable standards are being met.¹⁵ The Pharmacy Technician Certification Board of Alberta (PTCB), which evolved from a subcommittee of CAPT-Alberta in 1998, is a non-profit organization that functions as the only pharmacy technician examining board in Western Canada. PTCB-Alberta offers pharmacy technician program reviews as well as continuing education for all pharmacy technicians. While functioning as an examining board, PTCB is championing the creation of legislation for accreditation of pharmacy technician education programs and a governing agency with regulatory responsibilities.¹⁶

3.10 British Columbia

There is no legislation that provides professional status for pharmacy technicians in British Columbia. The College of Pharmacists has established Standards for Pharmacy Technician Verification of Non-Sterile and Sterile Products in Hospital Practice (tech-check-tech) and has published *TechWise Hiring Smart* to assist pharmacists with:

- Hiring qualified pharmacy technicians to meet the needs of the profession;
- Assessing the qualifications and skills of pharmacy technician candidates; and
- Appropriately utilizing pharmacy technicians for non-professional duties.

The college bylaws contain statements regarding:

- Community pharmacy support persons – bylaw 37
- Functions of hospital pharmacy support persons – bylaw 83

CAPT-Vancouver was formed in January 2005 to promote the recognition of pharmacy technicians as vital components in the delivery of health care, to provide continuing education, communication and networking. At this time, CAPT-Vancouver is not involved in the self-regulation of pharmacy technicians

3.11 Northwest Territories

There is no legislation for pharmacy technicians.¹⁷

3.12 Yukon Territories

There is no legislation for pharmacy technicians.¹⁸

3.13 Nunavut Territories

There is no legislation for pharmacy technicians.¹⁹

4.0 CURRENT STATUS OF PHARMACY TECHNICIANS IN OTHER COUNTRIES

4.1 United States

The National Association of Boards of Pharmacy (NABP) supports the development of standards for educational and training programs for certified pharmacy technicians and pharmacy technicians, as defined in their Model Act. State boards of pharmacy determine the scope of practice for technicians, and the standards and accreditation processes for uniform training programs.²⁰ Twenty-five state boards of pharmacy have the authority to discipline technicians, thirty states require pharmacy technicians to be registered, twenty-six states require pharmacies to have a training manual specific to their practice setting, and maintain records of their technicians' completion of the training program. (September 2001 data).¹³

4.2 Great Britain

In January 2005 the Royal Pharmaceutical Society (RPS) opened a voluntary register for pharmacy technicians. At the end of 2005 the number of pharmacy technicians who had registered was just over 2,000. Interestingly for hospital pharmacy, an area of the profession which has previously prided itself in supporting and developing its technician workforce, the number of registered pharmacy technicians is fewer than that from the community sector. Section 60 of the Health Act, which relates to the new regulatory arrangements for pharmacists and pharmacy technicians, is expected to be published shortly.²¹

5.0 BRITISH COLUMBIA HEALTH PROFESSIONS POLICY

The BC provincial government is working with all health professions to have them regulated under the Health Professions Act. Part of this process has included a review of each of the professions, and the role they should play in health care in BC. Some of the goals of this review include reducing exclusivity in order to enhance interdisciplinary practice, improve accessibility for population groups to health-care services, and increase consumer choice, while at the same time maintaining the fundamental objective of protecting the public. Government has the responsibility to ensure that health-care services take place within a regulatory framework that protects the public from incompetent, impaired, or unethical practitioners. At the same time, the regulatory framework should not reserve exclusive areas of practice simply to enhance professional status and control.

Amendments made by the Health Professions Amendment Act, 2003, provide flexibility for a broad range of approaches for the regulation of assistants, the delegation of aspects of practice, and the activities of assistants or other non-registrants performing aspects of practice under the supervision of a registrant. The Act provides a framework in which classes of non-registrants may be established. While the term "assistants" is not used in the Act, colleges may wish to use other terms in the bylaws to designate a class of non-registrant who is to be made subject of the bylaws and the Act.²² It is important to know that the process to allow the College of Pharmacists of British Columbia to regulate pharmacy technicians will not occur until the HPA regulations are proclaimed for pharmacy

6.0 PHARMACY TECHNICIAN TRAINING ACCREDITATION

There is a need to develop standards for the educational and training programs of pharmacy technicians. The absence of national training standards and the resultant variations in program content, length, and quality are barriers to the regulation and certification of pharmacy technicians. The Canadian Council for Accreditation of Pharmacy Programs (CCAPP) evaluates the quality of pharmacy professional degree programs in Canadian universities and promotes continued improvement of such programs. CCAPP is the most appropriate organization to create a process for developing standards and establishing an accreditation process for pharmacy technicians acceptable to the regulatory bodies.

Ray Joubert, registrar of the Saskatchewan College of Pharmacists, is chairing a CCAPP committee to determine how this body will accredit pharmacy technician programs. It is expected that the report from this committee will be approved by the CCAPP board in June 2006.

7.0 POTENTIAL SCOPE OF PRACTICE FOR PHARMACY TECHNICIANS

Legislation would allow pharmacy technicians to independently perform a limited number of dispensing activities that are currently included solely within the scope of practice of pharmacists, such as:

- Checking pharmaceutical products prepared by another registered pharmacy technician or by unregulated pharmacy personnel;
- Receiving a new or repeat prescription from healthcare providers;
- Transferring prescriptions to, and receiving prescriptions from, other pharmacies;
- Copying prescriptions for authorized recipients; and
- Confirming the accuracy and completeness of pharmaceutical products prepared for release.

8.0 CHALLENGES

In the opinion of the pharmacy technician task force, the following issues, with respect to legislation, liability and resources, present a number of challenges:

1. Pharmacy technicians may seek increased compensation for any job expansion.
2. Pharmacists may want an increase in compensation for expanded cognitive roles, especially if the wage gap is decreased.
3. Not all pharmacy technicians are equal. Should there be different categories in the scope of practice in both hospital and community pharmacy practice?
4. As the requirements for technicians are enhanced, a system will have to be developed to enable technicians currently in the field to meet the new requirements and to maintain competency.
5. Union structure may decrease flexibility (protecting jobs). Job description restrictions for pharmacy technician training may limit access to qualified technicians.
6. Pharmacy technicians may be reluctant to take on new responsibilities.
7. Pharmacists may be unwilling to delegate tasks and take responsibility for the enhanced role of pharmacy technicians.
8. Accreditation process for pharmacy technician educational and training programs.
9. Accreditation of preceptors to avoid substandard practicum rotations.
10. Defining pharmacist-specific functions.
11. Pharmacy technicians may expect assurance of effective individual, provincial, and national representation as it applies to professional practice matters.
12. Engaging the current pharmacy technician workforce to ensure that they have the necessary information for registration, etc.
13. Federal regulations restricting the role of pharmacy technicians in managing narcotic control.
14. Liability concerns for pharmacy managers, staff pharmacists and pharmacy technicians.
15. Who will take the lead in developing a framework for the changing role of pharmacy technicians?
16. Pharmacists would be the minority in a "College of Pharmacy."
17. In hospital practice, the senior technician/department manager could be paid more than a junior clinical pharmacist.
18. The provincial government's acceptance of the movement to recognize and regulate pharmacy technicians as health professionals.
19. Determining adequate pharmacy staffing levels and responsibilities before introducing expanded roles for pharmacy technicians.
20. Involving stakeholders including the provincial government, regional health authorities, Canadian Association of Chain Drugstores, B.C. Pharmacy Association, CAPT-Vancouver, and other associated bodies.

9.0 THE NEED FOR REGULATION

The practice of pharmacy must ensure the best use of medications for patients and in order for this to happen; pharmacists' priorities must shift from the traditional product-focused dispensing role to that of a patient-focused service provider in medication management. Pharmacists need to orient themselves to a philosophy of pharmaceutical care and adopt this as the new model for practice.

There is much debate about the shortage of pharmacists. Re-engineering the practice of pharmacy free pharmacists for a more clinically active role will require pharmacists' time be moved away from technical functions and toward cognitive services and activities. The control of medication distribution will be increasingly exercised by pharmacy technicians and the use of automated medication storage and distribution devices. Research on error rates tells us pharmacy technicians do as well, and often better, in purchasing, inventory management, preparation, and distribution of pharmaceuticals than pharmacists.

Although the control of distribution may be done by pharmacy technicians, the ultimate responsibility remains with pharmacists.

The difficulties stemming from a lack of regulation of pharmacy technicians are significant. If regulations do not recognize pharmacy technicians it is difficult to discipline such personnel in the event of misconduct in the absence of adequate controls, pharmacy technicians who have committed an act of misconduct, such as drug diversion, can move from site to site without being traced or held accountable. It is important to define the roles and responsibilities of pharmacy support personnel and the titles they are assigned. There needs to be a way to determine their roles, functions, competencies, education, training, and the levels of supervision.

10.0 OPTIONS

Technicians are an integral part of the day-to-day functioning of pharmacies, and an expansion of their role and responsibilities would allow pharmacists to transfer some of their technical workload, freeing time for pharmacists to devote more time to cognitive functions and direct patient care. There is a need to regulate pharmacy technicians. The question is, who is going to do it?

There are five options for consideration:

1. Pharmacy Technicians should not be a regulated health professional.

This is the current situation. It does not allow pharmacy technicians to take on a more independent role in the dispensing process, compromising pharmacists' ability to work with patients to achieve better medication management and optimal drug use.

Impact to the College of Pharmacists of British Columbia:

- No governance structure to oversee the conduct of pharmacy technicians.
- Failure to regulate pharmacy technician's compromises pharmacists' ability to consult with practitioners and patients, monitor patients' use of drugs, and provide better information on prescription drugs.

2. Registration by the College of Pharmacists of British Columbia

This would permit a register of pharmacy technicians but would not regulate them.

Impact to the College of Pharmacists of British Columbia:

- Would permit the tracking of pharmacy technicians.
- Minimal cost to the college to provide registration.

3. Self-regulation by pharmacy technicians.

Self-regulation would provide entry to practice guidelines, standards of practice, code of ethics, investigation, and discipline and pharmacy technicians would be accountable and managed by their own membership. This is a self-governance model.

Impact to the College of Pharmacists of British Columbia:

- Potential for conflict between the "College of Pharmacy Technicians of British Columbia" and the College of Pharmacists of British Columbia.
- Permitted tasks may be very restrictive.

4. Voluntary regulation by the College of Pharmacists of British Columbia

This would demonstrate knowledge and a standardized skill set that is recognized by the college.

Impact to the College of Pharmacists of British Columbia:

- May result in a two-tier system: one level will be regulated technicians who have met all of the competency criteria to perform at a more advanced level, and the other level will be pharmacy technicians which have not met the criteria.

5. Regulation by the College of Pharmacists of British Columbia.

Regulation by the College of Pharmacists of British Columbia would integrate the practice of pharmacy technicians and pharmacists under one governance structure.

Impact to the College of Pharmacists of British Columbia:

- The medication-use process would be best served by a single regulatory body.
- It would provide a foundation to support pharmacists in the provision of pharmaceutical care.
- It is a costly process and will take time.

11.0 RECOMMENDATION

The pharmacy task force recommends that the College of Pharmacists of B.C. establish a new class of licensure for pharmacy technicians.

The development of a class of registration for pharmacy technicians will support the role of the pharmacist in the new model of health-outcomes practice – pharmaceutical care (Role 1, *Framework of Professional Practice*). It will allow pharmacists to practice to the full extent of their skill and knowledge and provide the public with greater access to this service. The college must respond to the changes that are already taking place and be sufficiently creative and flexible to anticipate and accommodate future developments. The need to address the issues surrounding pharmacy technicians in a timely manner cannot be overemphasized.

Establishing a new class of licensure for pharmacy technicians will involve many steps that must be presented to council, then to external organizations for comment, and eventually to the provincial government. As with all college initiatives, council will require consultation with stakeholders and will review and approve each step toward regulation.

In regulating pharmacy technicians, the college will need to:

- Define the roles, responsibilities, and competencies for pharmacy technicians.
- Establish standards for the education and training of pharmacy technicians, and determine the most appropriate system for the accreditation of the education and training programs.
- Develop the credentialing system for pharmacy technicians.
- Develop a registration process and procedure.
- Develop a complaints and discipline procedure.
- Develop a quality assurance program.
- Develop a governance structure.
- Determine the regulatory framework for pharmacy technicians.
- Develop a code of ethics
- Recommend legislative changes.

APPENDIX A

Definitions

1. Accreditation:

The process of endorsing or approving a program that meets predetermined qualifications or standards.

2. Canadian Association of Pharmacy Technicians (CAPT):

CAPT is the national voluntary association providing leadership to and supporting the professional development of pharmacy technicians in pursuit of providing optimal pharmaceutical services in collaboration with pharmacists.

3. Certification:

Is the recognition of defined knowledge, skills and abilities, granted by a non-governmental agency to an individual who has met certain predetermined qualifications specified by the agency.

4. Credentialing:

Is the process of obtaining, verifying, and assessing the qualifications of a health care practitioner to provide specific patient care services.

5. Licensure:

Granting of permission to carry on a profession, encompasses, the continuum of accredited knowledge/training, certified skills, standards of practice and ongoing competency assessments.

6. Pharmacy's Reserved Act Pharmacists: (Health Professions Council, (Government of British Columbia):

Compounding or dispensing a drug listed in Schedule I or II of the *Pharmacists, Pharmacy Operations and Drug Scheduling Act* or as prescribed by regulation.

7. Pharmacy Technician:

7.1 Alberta

The proposed protected titles: Registered Pharmacy Technician (RPhT); Pharmacy Technician; Registered Pharmacy Technologist (RPhT); Pharmacy Technologist.

A pharmacy technician means a health professional who works in collaboration with other regulated health professionals to provide pharmaceutical care by:

- Compounding, preparing and dispensing medications,
- Managing drug acquisition and distribution systems,
- Participating in drug-related research and health-related programs,
- Providing restricted activities in accordance with the regulation.

7.2 Ontario:

A pharmacy technician is a health care professional who, under the supervision of a pharmacist or designated personnel, is able to dispense and compound medications; receive, order, and manage inventory; interact with patients and a variety of health-care providers; and assist the pharmacist in the provision of pharmaceutical care and pharmacy services.

8.0 Registration:

A listing of individuals performing the defined functions.

9.0 Regulation:

Authority to control or govern conduct.

10.0 Reserved Acts: (Health Professions Council, Government of British Columbia):

Reserved acts are defined as those tasks and services involving a significant risk of harm, need to be restricted, and may be performed by professions to whom they are, on a non-exclusive basis, assigned, and so long as those performing them are acting within the scope of practice of the profession. Can only be performed by members of a regulated profession who are authorized to perform the act under their professional legislation.

For the purposes of this reserved act, the following definitions shall apply:

"compounding": mixing ingredients, at least one of which is a drug.

"dispensing": preparing or filling a prescription for drugs.

11.0 Scope of Practice:

Scope of practice statements describe in general terms what a professional does and how it does it.

REFERENCES:

1. Rouse Michael J, et al. White Paper on pharmacy technician 2002: Needed changes can no longer wait. *Am J Health-Syst Pharm* 2003; 60:37-51.
2. Alberta College of Pharmacists: acp news addendum. Headsup! Q & A; January/February 2006.
3. Zellmer William A. Unresolved issues in pharmacy. *Am J Health-Syst Pharm* 2005; 62:2005; 62:262.
4. Pharmacy Human Resources in Canada, A study of Pharmacists and Pharmacy Technicians. Canadian Pharmacists Association; October 2005.
5. Cooper Janet, et al. Pharmacy Human Resources Study – Presentation by Canadian Pharmacists Association and Canadian Association of Chain Drug Stores on behalf of the Pharmacy Sector; June 2005.
6. Communication. Newfoundland & Labrador Pharmacy Board; January 2006.
7. Communication. Nova Scotia College of Pharmacists; January 2006.
8. Communication. New Brunswick Pharmaceutical Society; January 2006.
9. Communication. Prince Edward Island Pharmacy Board. January 2006.
10. Communication. Ordre des pharmaciens du Quebec; January 2006.
11. Health Professions Regulatory Advisory Council (HPRAC), Ontario. A Brief Summary of the College of Pharmacists' Proposal for Regulation of Pharmacy Technicians. August 2005.
12. Tech regulation revisited Jan/Feb 2006. Tech Talk website. Available: <http://www.pharmacyconnects.com>
13. MacInnis Melanie, et al. Environmental Scan of Pharmacy Technicians. Canadian Pharmacists Association, September 2001.
14. Communication. Saskatchewan College of Pharmacists; February 2006.
15. Communication. CAPT-Alberta – proposal for self-governance of pharmacy technicians under the Health Professions Act; August 2005.
16. Pharmacy Technician Certification Board of Alberta. Available: www.ptcbalberta.com
17. Communication. Northwest Territories Regulatory Authority. February 2006.
18. Communication. Yukon Regulatory Authority. February 2006.
19. Communication. Nunavut Governmental Affairs. February 2006.
20. National Association Boards of Pharmacy: NABP Comments on ACPE Pharmacy Technician Accreditation Plan: Newsletter, February 2004.
21. First year of registration – the challenges ahead for technicians; *Hospital Pharmacist*; January 2006; 13: 27-28.
22. Delegation, Authorization and Supervision, Model Bylaw (*Health Professions Act – British Columbia*). February 2004 draft.