



## PHARMACY TECHNICIAN STRUCTURED PRACTICAL TRAINING (SPT) INFORMATION GUIDE

### Goals

This Structured Practical Training (SPT) program is intended to ensure that pharmacy technician applicants understand and meet the competencies and standards of practice as outlined in the National Association of Pharmacy Regulatory Authorities (NAPRA) [Professional Competencies for Canadian Pharmacy Technicians at Entry-to-Practice](#). Learning activities have been established in this program to ensure that applicants achieve a satisfactory degree of competence in these nine areas:

- Legal, Ethical and Professional Responsibilities (LEP)
- Professional Collaboration and Team Work (PCT)
- Drug Distribution: Prescription and Patient Information (DD-PPI)
- Drug Distribution: Product Preparation (DD-PP)
- Drug Distribution: Product Release (DD-PR)
- Drug Distribution: System and Inventory Controls (DD-SIC)
- Communication and Education (CE)
- Management Knowledge and Skills (MKS)
- Quality Assurance (QA)

### General Information/Overview

- The SPT program is administered by the College of Pharmacists of BC (CPBC). For questions, contact the Registration department at: [registration@bcpharmacists.org](mailto:registration@bcpharmacists.org).
- You are eligible to apply for the SPT program once your pre-registration application has completed processing, which takes up to 5 business days. Once processing is complete, you will receive a confirmation email with a link to the full SPT program package.
- SPT requirements are outlined in [Registration Committee Policy-8 \(RCP-8\) - Structured Practical Training Requirements for Pharmacy Technicians](#).
- SPT applicants are provided with WorkSafeBC coverage through CPBC.

### Program Requirements

New pharmacy technician graduates must meet the following SPT requirements:

- a. 160 hours of SPT, if graduated from a pharmacy technician program within the last 3 years preceding SPT application, or
- b. 500 hours of SPT, if graduated from a pharmacy technician program 3 years or greater preceding SPT application.

Applicants reinstating through the “6 years or more in the non-practising and/or former pharmacy technician category” path should refer to [RCP-8](#) for the SPT requirements.

Applicants who are required to complete 160 hours are permitted up to 3 months to complete their SPT; while applicants required to complete 500 hours are permitted up to 6 months to complete their SPT.

The SPT program consists of the following sections:

- **Pre-Assessment** - Provides an opportunity for applicants to assess their own knowledge, skills and abilities using the rating scale prior to beginning the activities.
- **Part I and II Learning Activities** - The applicant must perform the activities and provide documentation and examples that support their achievement of each activity. Using the rating scale, applicants must provide a self-rating of their performance, and preceptors must provide a rating of the applicant's performance for each activity.



- **Independent Double Check (IDC)** - The applicant must complete and document 500 consecutive prescription checks without error (competency element 5.1.1).

### Preceptor Qualifications and Responsibilities:

It is the responsibility of the applicant to locate a preceptor. A preceptor will supervise the SPT activities and act as a learning facilitator and coach. Preceptors must be available for the applicant and be able to stimulate learning. Applicants are expected to respect their preceptor's time as busy professionals with a large number of responsibilities (to their patients, colleagues, and practice).

A preceptor must have the following qualifications:

- Be a registered pharmacist or pharmacy technician in good standing with the College.
- Must not have any limits/conditions on their registration imposed by CPBC that restricts them from being a preceptor.
- Have at least 6 months of community or hospital pharmacy practice experience.
- Not have a conflict of interest with regard to the applicant (e.g. family or personal relationship). This criterion applies to the applicant's relationship all pharmacists, pharmacy staff & managers at the site.
- Be able to review the applicant's answers to the assignments to ensure accuracy and completeness.

A **Primary Preceptor** must be identified at each site and must comply with the above stated criteria and must:

- Provide the applicant with an orientation to the facility and pharmacy staff.
- Be responsible for and be present with the applicant for a majority of the applicant's hours.
- Ensure appropriate patient care opportunities are provided to the applicant to complete the required learning activities.
- Set expectations and ensure ongoing formative feedback is provided to the applicant on a daily basis to improve the applicant's knowledge and skills.
- Provide regularly scheduled weekly meetings to discuss and review the mandatory learning activities and the applicant's progress on achieving these.
- Complete mid-rotation and summative final evaluations for the applicant as required.

Communicate any difficulties with the program or applicant with the CPBC as soon as they arise.

### Application Process

1. To be eligible for SPT you must:

- be pre-registered with the College of Pharmacists of BC
- have authorization to work in Canada (i.e. Canadian citizenship, Canadian permanent residence, or valid work permit), and
- review and understand the following online resources for WorkSafe BC requirements:
  - [Young & New Worker – Rights and responsibilities for new and young workers](#)
  - [Bullying & Harassment – Fact sheets and frequently asked questions](#) (Worker, How to Recognize Workplace Bullying and Harassment, Frequently Asked Questions)
  - [Bullying and Harassment – Videos](#): 1). Worker-to-Worker Bullying and Harassment, 2) Employer Addresses a Bullying and Harassment Complaint, 3) When the Employer is the Bully, 4) What Does Bullying and Harassment Mean for You and Your Workplace)

2. Apply for the SPT program:

- SPT application can be found here: [http://www.bcpharmacists.org/library/7\\_Forms/7-2\\_Pharmacy\\_Technician/9070-App\\_PT\\_SPT.pdf](http://www.bcpharmacists.org/library/7_Forms/7-2_Pharmacy_Technician/9070-App_PT_SPT.pdf).
- Application fees are non-refundable and non-transferable. Applicants must begin the SPT program within 6 months of applying, otherwise they will be required to re-apply and pay the fee again.



- Your SPT start date must be on a Monday. Applications must be submitted a minimum 10 business days prior to your preferred start date.
- Applications may be emailed to: [registration@bcpharmacists.org](mailto:registration@bcpharmacists.org)
- Do not apply for the SPT program until your pre-registration application has completed processing.

## Learning Activities

COMPETENCY UNIT	COMPETENCY ELEMENTS*	ACTIVITIES	EXAMPLE/ACTION
<b>1. LEGAL, ETHICAL AND PROFESSIONAL RESPONSIBILITIES (LEP)</b>			
<b>1.1 Meet Legal Requirements</b>	<b>1.1.1</b> Comply with legal requirements.	Throughout the various stages of the dispensing process that you are involved with at your practice site, identify the corresponding legislation.	Receive prescriptions, order entry, dispensing, release of product.
	<b>1.1.2</b> Protect patient confidentiality.	Describe TWO situations that demonstrates adherence to patient confidentiality. Identify the corresponding components in legislation.	Request of confidential information from someone else, disposal of patient labels and profiles, accessing patient records.
<b>1.2 Uphold and Act on Ethical Principles</b>	<b>1.2.3</b> Demonstrate personal and professional integrity.	Review the CPBC Code of Ethics. Discuss your obligation as a pharmacy technician to uphold each principle and your primary accountability to the patient. Discuss various scenarios regarding how a pharmacy technician can contribute to upholding each principle.	Scenarios may include compromised service based on patient's religion or ethnic background, overstepping the scope of practice of a pharmacy technician.
	<b>1.3 Demonstrate Professionalism</b>	<b>1.3.1</b> Accept responsibility and accountability for own actions and decisions.	Discuss your professional obligation to inform CPBC of incapacity, incompetence and professional misconduct of registrants.
<b>1.3.4</b> Promote understanding of the pharmacy technician role and its relationship to other healthcare providers.		Differentiate your scope from that of a pharmacist and other members of the pharmacy team and healthcare team.	Discuss collaboration between pharmacist and technician during prescription processing.
<b>2. PROFESSIONAL COLLABORATION AND TEAM WORK (PCT)</b>			
<b>2.1 Collaborate to Meet Patient Healthcare Needs, Goals and Outcomes</b>	<b>2.1.1</b> Develop collaborative relations with and show respect for all members of the inter-professional team.	List the types of healthcare professionals (HCPs) you interact with during your rotation and describe the nature of these interactions. Visit the Ministry of Health (MOH) Professional Regulation website to determine which HCPs are regulated.	Find out which HCPs have prescribing authority. What types of drugs can be prescribed by them.
	<b>2.1.4</b> Seek guidance from another pharmacy technician or pharmacist when uncertain about own knowledge, skills and/or abilities.	Discuss with your preceptor TWO situations where you needed to make referrals to pharmacists or other HCPs. Why was guidance needed for each of these circumstances?	Summarize your discussion.
<b>3. DRUG DISTRIBUTION: PRESCRIPTION AND PATIENT INFORMATION (DD-PPI)</b>			
<b>3.1 Receive a Prescription</b>	<b>3.1.1</b> Create and/or maintain a patient record (i.e. Confirm identity, gather, review and update patient information).	<b>Community:</b> Practice receiving prescriptions, updating patient records. What questions should you be asking patients? <b>Hospital:</b> Observe how incoming orders are reviewed, and what to watch for. Identify challenges you encounter and how they are resolved.	Summarize your findings.
	<b>3.1.2/3.1.3</b> Assess prescription for clarity, completeness, authenticity	Note situations when prescriptions do not meet legislative requirements and need further clarification. What are the issues, and how are these resolved?	State at least TWO situations when prescriptions do not meet



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	and legal requirements. Consult with the patient, pharmacist or prescriber when required.	Where can you find legal prescription requirement information for: a narcotic drug, controlled drug, targeted substance, a prescription received via fax, a prescription written outside of BC and methadone?	legislative requirements, and how the issues were resolved.
<b>3.2 Process the Prescription</b>	<b>3.2.1</b> Assess the prescription and determine processing priority.	Discuss with your preceptor regarding how incoming prescriptions are prioritized. What are the various considerations?	Summarize your discussions.
	<b>3.2.2</b> Interpret the prescription including abbreviations, numerals and symbols.	Note prescriptions you've received that you find confusing or difficult to interpret. What common factors contribute to these occurrences? How are these prescriptions handled? Where can you find a list of confusing abbreviations for reference?	Record your findings and give at least 5 examples of such problem prescriptions.
	<b>3.2.3</b> Perform pharmaceutical calculations.	Carry out pharmaceutical calculations as part of the drug distribution process at your practice site. What types of calculations are performed?	Pediatric dosing, insulin dosing
	<b>3.2.4</b> Ensure the prescription information is recorded accurately on patient records.	Assist in the preparation of materials for medication reconciliation. Review medication profiles after the medication reconciliation process indicating the purpose of each of the drugs such as a cascade drug to treat a side effect from another drug being used. Discuss any identified discrepancies.	Report the summary of findings for each patient.
	<b>3.2.5</b> Alert the pharmacist to actual and potential drug therapy related problems.	What drug therapy related problems (e.g. drug interactions or duplicate therapy flagged by the local software system or PharmaNet) did you notice? What system or process exists to alert the pharmacist of these potential problems?	Identify at least THREE situations and summarize your findings.
<b>3.3 Transfer Prescription Authorizations to Another Pharmacy at Patients' Requests</b>	<b>3.3.1/3.3.2</b> Transfer prescription authorizations to another pharmacy provider at patients' request.	Under the supervision of a pharmacist, receive TWO verbal or fax prescription transfers from another pharmacy, and transfer TWO faxed or verbal prescriptions to another pharmacy. How do these prescriptions comply with legislation? What issues were encountered and how should they be addressed?	Summarize your findings.
<b>4. DRUG DISTRIBUTION: PRODUCT PREPARATION (DD-PP)</b>			
<b>4.1 Select, Prepare and Package Products for Release</b>	<b>4.1.1</b> Select appropriate products/brands.	Throughout the drug distribution activities, identify recently marketed drugs or drugs that you are not too familiar with and document pertinent information such as classification under BC's Provincial Drug Schedules, interchangeability status, automatic substitution status, therapeutic class, indications, etc.	Document summary for FIVE drugs.
	<b>4.1.3</b> Prepare non-sterile and sterile products.	Prepare non-sterile and/or sterile products. What are the labelling requirements for compounded products that you have made? What system is in place to standardize documentation for QA of these products? What reference sources are being used to establish QA criteria such as expiration dates?	Summarize your findings and list at least TWO compounds that you have prepared.
	<b>4.1.4</b> Package products to maintain integrity. Label according to legislative requirements.	Participate in repackaging activities. What QA process is in place for various types of repackaging that you have done? Why is it necessary to repackage medications in each of these cases? Discuss the potential implications of missing or improper use of auxiliary labels.	Examples include unit-dose, blister packs, IV admixture. Summarize findings and list at least THREE items that you have repackaged.
<b>5. DRUG DISTRIBUTION: PRODUCT RELEASE (DD-PR)</b>			
<b>5.1 Ensure the Accuracy and Quality of the Final Product</b>	<b>5.1.1</b> Independent double check, documentation.	A definition of Independent Double Check (IDC) is available on the ISMP Canada website. Perform IDC of 500 doses in no less than 10 days and no more than 3 months. The maximum number of does checked each day must not exceed 50 doses.	See CPBC website for information and orientation presentation.



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<b>5.2 Collaborate with the Pharmacist in the Release of the Product</b>	<b>5.2.1</b> Confirm that the pharmacist has reviewed the prescription and the patient record.	Discuss with your preceptor what processes are in place to confirm that the pharmacist has reviewed the prescription and patient record, ensure that pharmacist counselling is provided to those patients and that prescriptions are released to the correct patient or agent.	Record date of discussion, and summarize.
<b>5.3 Document all Aspects of Drug Distribution Activities</b>		As you familiarize yourself with the process of drug distribution, note how documentation is auditable and traceable for the various aspects of drug distribution (i.e. what documentation system is in place for accountability purpose)?	Examples include physician's office call backs, product release, etc. Summarize your findings.
<b>6. DRUG DISTRIBUTION: SYSTEM AND INVENTORY CONTROLS (DD-SIC)</b>			
<b>6.1 Manage the Drug Distribution System</b>	<b>6.1.2</b> Contribute to the implementation and maintenance of safe and effective systems of drug distribution.	Identify specific drug distribution areas or processes that you are less familiar with (e.g. compounding, inventory control, computerized order entry, automated dispensing machines etc.). Schedule more training for these areas.	Summarize your learning outcome.
	<b>6.1.4</b> Recognize and respond to unusual patterns of drug distribution including drug misuse and fluctuations in utilization.	Identify THREE drugs (excluding controlled drug substances) that may have potential for dependence or misuse. For each, consider why they may be targets for misuse and reasons to suspect misuse/diversion. Discuss how various situations that actually (or may have potentially) occurred were detected and handled. Discuss how a technician should manage the referral of these issues to the pharmacist.	Summarize your findings.
<b>6.2 Manage Inventory</b>	<b>6.2.2</b> Determine and maintain inventory requirements sufficient for patient safety and efficient operations using an inventory information system.	Identify various situations pertaining to ordering issues (e.g. pharmacy shortage, recalls, manufacturer back-order, raw ingredient shortage, etc.) and communicate to patients regarding these short-supply issues. How were these issues addressed? What options were offered to patients?	Prepare an algorithm that can be used by other pharmacy staff regarding ordering issues for different types of supplies or products.
	<b>6.2.3</b> Audit inventory and report any discrepancies.	Perform inventory counts for narcotics, controlled drugs and targeted substances. Discuss the legislation and steps on how narcotic discrepancies should be identified, investigated and reported to the pharmacist. What documentation system is in place for discrepancies?	Summarize your discussions.
	<b>6.2.5</b> Complete all documentation pertaining to inventory management.	Participate in the procurement of narcotic (in community) or Special Access drugs (in hospital), including the documentation required. Record at least one issue that you have encountered and how this was addressed. Where can you find information on the relevant legislation to assist you in regards to the procurement, storage, disposal and record keeping of these drugs?	Record your summary.
<b>7. COMMUNICATION AND EDUCATION (CE)</b>			
<b>7.1 Establish and Maintain Effective Communication</b>	<b>7.1.1/7.1.2</b> Use effective communication skills in developing professional relationships with patients and HCPs.	Reflect on a positive situation that occurred during your rotation when the relationship between you and another HCP was collaborative. What effective communications skills were demonstrated? Reflect on a situation where the interaction was not ideal between you and a patient or a HCP. What issues need to be addressed and what improvement is needed?	Record your summary.
<b>7.2 Provide Information and Education</b>	<b>7.2.2</b> Coordinate or participate in health promotion and education for individuals and groups.	Assist in the preparation of a health promotion event (e.g. flu vaccine clinic, Pharmacy Awareness Week) or give a 5-10 minute presentation to your preceptor or staff on a health promotion topic that is to be determined by your preceptor.	Reflect on your learning from this activity.



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	<b>7.2.4</b> Assist patients to select and use drug administration devices, diagnostic and monitoring devices, home health aides and other non-drug measures.	Demonstrate the use of at least TWO devices to patients or staff. What special advice or precautions specific to each device should be mentioned during these demonstrations?	Log a list of devices demonstrated.
<b>7.3 Document, in Compliance with Legislation, Standards, Policies and Procedures</b>	<b>7.3.1</b> Document information, procedures and actions accurately, clearly and in a timely manner.	Describe TWO situations where your clear, accurate and timely documentation contribute to quality patient care. What information should be documented under these two circumstances, and why accurate and timely documentation is important?	Examples include destruction of narcotics, shift change-over, faxing physicians for clarification, refusal of refills. Record your summary.
<b>8. MANAGEMENT KNOWLEDGE AND SKILLS (MKS)</b>			
<b>8.1 /8.2 Manage Operations Occurring Within Their Practice Environment</b>		Describe some of the tasks or projects the pharmacy technicians perform at your practice site that you find innovative and interesting (e.g. staff scheduling, meeting with pharmaceutical representatives). What skills are necessary to be effective in these roles?	Record your summary.
<b>8.3 Manage Financial Elements Associated with Prescription Processing</b>		<b>Community:</b> Enter at least THREE different third party plans in the system, under the supervision of a pharmacy staff member. What challenges did you encounter and how did you resolve them? Where can you find information on plans that are publicly funded by the BC government? <b>Hospital:</b> Research THREE different categories for Pharmacare coverage, i.e. Low Cost Alternative Program, Reference Drug Program, Special Authority approval. Define each category and give examples of THREE medications in each.	Summarize your findings.
<b>9. QUALITY ASSURANCE (QA)</b>			
<b>9.1 Participate in QA Processes</b>	<b>9.1.1</b> Identify and respond to actual or potential problems within the drug distribution system.	Describe TWO or THREE situations pertaining to medication errors or near misses that you encountered at your practice site. Document these occurrences and discuss with your preceptor regarding how the collected information is processed for the purpose of error prevention.	Record your summary.
<b>9.2 Ensure the Safety and Integrity of Pharmaceutical Products</b>	<b>9.2.1</b> Ensure the safety and integrity of pharmaceutical products.	Participate in the regular cleaning and maintenance of various dispensary supplies and equipment. Reflect on 2 situations where the proper maintenance of equipment or the proper storage condition contributes to product safety.	Record your summary.
<b>9.3 Contribute to the Creation and Maintenance of a Safe Working Environment and Conditions</b>		Describe TWO or THREE measures and initiatives that are in place at your practice site to ensure workplace safety. Where can you find information and standards regarding workplace safety at your practice site and online?	Summarize your findings.

\* Note: Not all competency elements as described in NAPRA's *Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice* are included but the applicant and preceptor are expected to be familiar with all competency elements.