

“Making Everyone Better”

Technicians talk about progress and embracing the role

By Stuart Foxman

Sarah-Lynn Dunlop, RPhT, loves practicing to her full scope – so that the pharmacists she works with can practice to theirs.

Dunlop is a pharmacy technician at Stuart Ellis IDA Pharmacy in Collingwood, and at Collingwood General & Marine Hospital. At the community pharmacy, she conducts the final check on prescriptions, especially blister packs, and takes verbal prescription orders over the phone. At the hospital, she reviews the technical accuracy of prescriptions (one technician checks another’s work), and helps to manage the drug distribution system.

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How does her role ultimately benefit patients? “It frees the pharmacist,” says Dunlop. “In retail pharmacy for sure it allows the pharmacist to spend more time answering the patient’s questions, and checking the therapeutic appropriateness.”

Becoming a regulated healthcare professional was essential to Dunlop. “It validates what we do,” she says. “Having professional and ethical standards pushes us and makes everyone better.”

How are regulated pharmacy technicians making an impact and using their full scope? How can pharmacy colleagues understand and welcome what technicians bring to the pharmacy

team? Three technicians who registered at different points – spring 2011 (Dunlop), spring 2013 (Bonnie Dickson) and summer 2014 (Tracey Beaupre) – share their views.

ACCOUNTABILITY IS KEY

Dunlop never had a master plan to make pharmacy her field. At university, she studied psychology and health sciences, and got a part-time job in a pharmacy. After graduating she returned to her hometown of Wasaga Beach, unsure of her next academic or career move. So she began working at a compounding pharmacy in nearby Collingwood.

"I loved everything – the science behind it, collaborating with the pharmacists, and the actual compounding," says Dunlop. When did she know this would be her profession? "When I found out technicians would be regulated, that we'd have greater scope of practice," she says. "That's when I decided on technician as a career path."

Tracey Beaupre, RPhT, has enjoyed many rewarding opportunities throughout her career in pharmacy. She has been at Lennox and Addington County General Hospital in Napanee for just over 15 years. For the



Pharmacy Technician Sarah-Lynn Dunlop

first 10, her name badge said "technician". When the College began to regulate technicians, her badge changed to "assistant". It was only in October that she was again able to wear the "technician" title proudly.

What has changed for Beaupre? "I am more accountable for my actions," she says. "I always felt responsible, but now I am legally."

As one of five technicians in the pharmacy (along with two pharmacists), Beaupre handles inventory management, drug distribution and order entry. "We're the frontline and see the orders first, and we bring any issues to the pharmacist," says Beaupre. "I take a best possible medication history from each patient and the physicians use this information to generate their medication orders. I have to make sure that I am very accurate and precise."

Beaupre adds that in a hospital the pharmacists already tend to focus on the clinical aspects and the technicians tend to focus on the technical aspects, so the regulation of pharmacy technicians has the opportunity to play a bigger role in the community pharmacy setting. Dunlop, who has experience in both settings, agrees. So does Bonnie Dickson, RPhT, who works at Boggio Pharmacy at Port Colborne and is casual on-call at the Welland County Hospital Pharmacy.

At the community pharmacy, Dickson works with three pharmacists, another technician and eight assistants. Since registering as a pharmacy technicians, her role

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Pharmacy Technician Tracey Beaupre

at Boggio has evolved. Before, she spent much of her work day entering prescriptions into the computer system with another assistant. “Since registration, I’ve started checking blister packaging. We have a large clientele for that, about 340 a week. One of our pharmacists was just doing that. Now the other registered technician and I do it,” says Dickson.

How do the pharmacists view the scope of technicians and the professional relationship with them? Dunlop, one of six technicians at her hospital but the only one at the community pharmacy, knows there has been a learning curve for some pharmacists.

She mentions one pharmacist at her community pharmacy who still does a technical check on Dunlop’s work. “I’m liable for technical accuracy and she is for therapeutic accuracy,” says Dunlop. Yet this pharmacist worries about being accountable for errors on the technical side. Dunlop has discussed the separation of responsibilities. But as she suggests, some pharmacists are searching for that comfort level about where their accountability stops and a technician’s starts. “It’s letting go of what you’ve done for years,” says Dunlop.

Dickson says that some pharmacists simply don’t fully realize what technicians can do. Having the support of

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her pharmacists has been critical to her ability to not just practice to her full scope but feel confident in doing so. “They knew they could rely on my knowledge and skill set,” says Dickson. “Letting go is a lot easier when you know you can trust someone else to do the right thing.”

EDUCATE THE TEAM

Why might some pharmacists not see the full potential of technicians? “Some pharmacists have embraced regulated technicians and have wanted them for a long time, and some don’t see the value,” says Dunlop. “They may think they have to pay us more, or maybe they haven’t yet figured out a good workflow to use the technician and free themselves up.”

What advice does she have for her fellow technicians who may not yet be practicing to their full scope? Check the College website for information on technician roles, and educate your team. (The College has a practice tool about pharmacy technicians; see <http://www.ocpinfo.com/practice-education/practice-tools/collection/technicians/>.)

Connect to other technicians too, says Dunlop, and learn how they’re dealing with issues like the logistics of daily operations. Some pharmacists need help adopting the right structure to use the technician position most efficiently – and technicians can offer it. “You can’t just say there’s a problem, you need to propose a solution,” says Dunlop.

Beaupre says that clarifying roles can help to remove barriers technicians might face in practicing to their full scope. She suggests fine-tuning your responsibilities and job description with your employer, but

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Pharmacy Technician Bonnie Dickson

recommends being patient when it comes to taking on new tasks. “Knowledge comes with experience. Continue to learn from people around you,” says Dickson.

All three technicians say that educational opportunities, in many forms, are important to help them to grow professionally. Beaupre often attends conferences, and enjoys “Tech Talk” (from the pharmaceutical firm Teva) and the “Pharmacy Technician’s Letter” (from the Therapeutic Research Center).

Dickson follows “Tech Talk” as well. She says that her time on the College’s pharmacy technician working group, and as the first pharmacy technician appointed to serve as a member of Council, were instructive. “It made me appreciate the title even more,” she says.

For her part, Dunlop recently began studying natural products and vitamins, and is pursuing her Masters in education. She is also the Program Coordinator/ Lead Faculty at CTS Canadian Career College in Barrie, shaping the education of future pharmacy technicians. It’s another way that she hopes to support technicians in practicing to their full scope, for the benefit of patients first and foremost, and of the pharmacy. “I want to help drive the profession forward,” she says. 



DEFINING EACH ROLE

PHARMACIST

(cognitive functions)

Assesses the patient and authorizes that drug “X” is the appropriate medication to take. Counsels the patient on how to take the medication and monitor for best possible health outcomes.

PHARMACY TECHNICIAN

(technical functions)

Ensures that the bottle contains 100 tablets of drug “X” and that the information on the label (patient’s name, prescriber, drug and directions) are correct, as per the prescription.