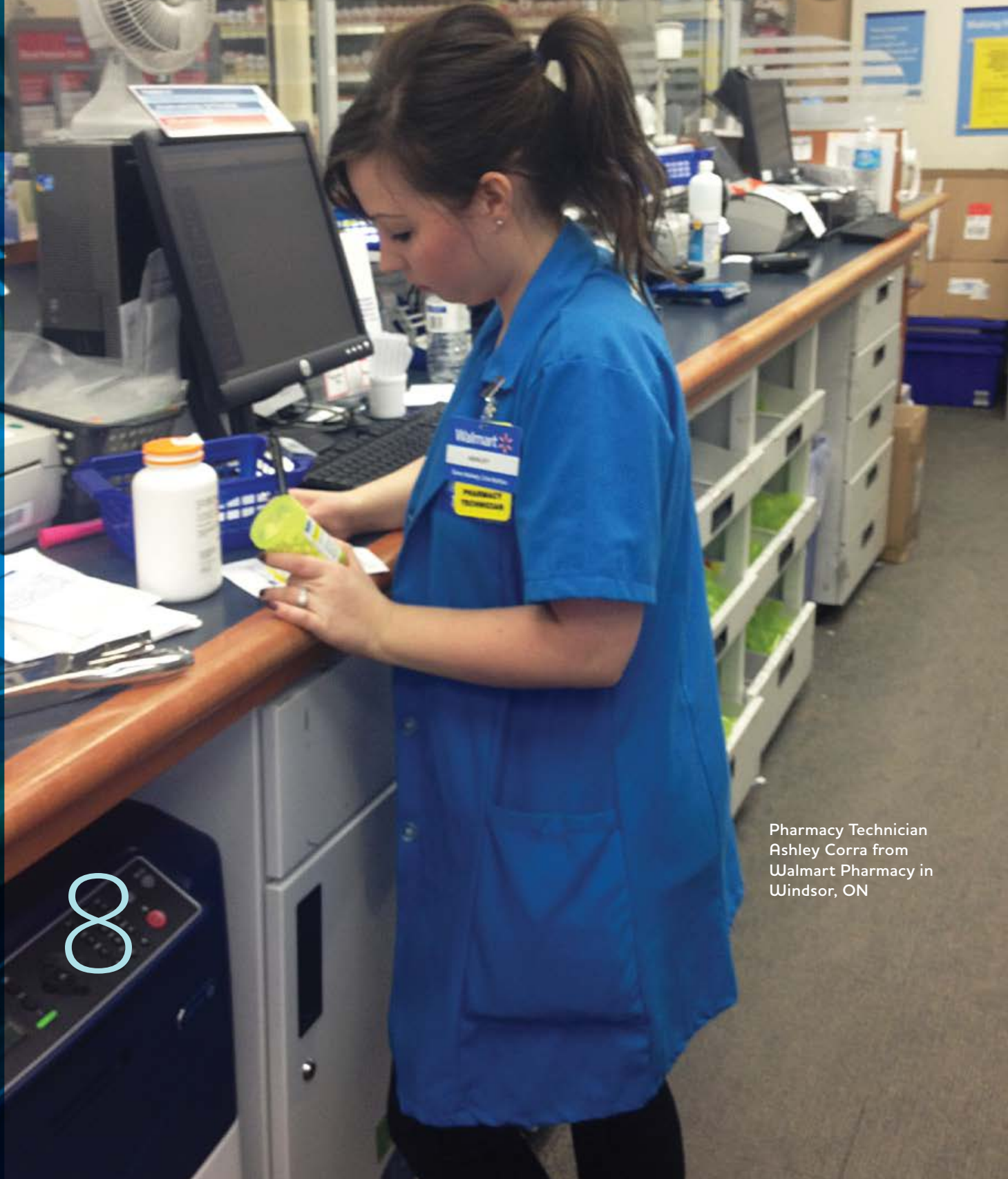


DIFFERENT SETTINGS, SHARED REWARDS



Pharmacy Technician
Ashley Corra from
Walmart Pharmacy in
Windsor, ON

COLLEGE MARKS 1,000 REGISTERED PHARMACY TECHNICIANS, AND COUNTING

By Stuart Foxman

Goran Petrovic, R.Ph.T. has enjoyed working in the pharmacy of Kitchener's Grand River Hospital, since starting there in 2001. Yet, he acknowledges that December 2010 was a turning point. "Before it was a job; now it's a career," says Petrovic.

What changed? Petrovic became registered as a pharmacy technician, one of the first in Ontario to fulfill all of the College requirements. Recently, the College reached the milestone of 1,000 registered pharmacy technicians. *Pharmacy Connection* spoke to three – Petrovic, Ashley Corra, R.Ph.T. and Laura Bruyere, R.Ph.T. – about what regulation has meant to them, the pharmacists they work with and the growth of the profession.

IMPORTANT TO BE ACCOUNTABLE FOR ACTIONS

Petrovic waited patiently to practice as a registered pharmacy technician. He actually had that designation in Serbia. But in 1994, a few months before turning 20, the native of Bosnia emigrated to Canada. He found work in a diabetic specialty store, training people on blood glucose meters and selling sugar-free food. He joined a pharmacy in 1997, and moved to Grand River Hospital in 2001.

The inpatient pharmacy at Grand River Hospital includes 33 pharmacists; 19 pharmacy technicians; 10 technician applicants who have completed their education and who are preparing to write the PEBC qualifying exam; and 12 assistants who are in the process of completing the bridging program.

"I like the recognition that people are accountable for their actions," says Petrovic about becoming regulated.

He registered for the pilot bridging program courses offered by Sheridan College in Brampton in 2008, teaming with four other assistants to do it at the same time, so they could share the driving. The

course material was so new that Petrovic's instructors were sometimes printing information that came earlier that day.

Currently, Petrovic works with the critical care program. He enters medication orders in the pharmacy system, supports the ICU pharmacist to address issues or discrepancies, deals with any missing medications, and triages patient medication transfers. Petrovic also interacts closely with the RNs, adjusting IV bag sizes due to drip rate changes, and preparing IV meds in Code Blue situations.

Part of his job now involves inventory management. Along with monitoring expiry dates, he moves drugs from inert medication usage areas to hospital areas with high usage ("drug staging"). As well, he works as a pharmacy systems administrator assistant as part of the Pharmacy Informatics Team, helping to ensure that all pharmacy systems work better for the hospital's end users.

Petrovic has also become very involved with the College, as a preceptor in the Structured Practical Training (SPT) program, an evaluator for the Structured Practical Evaluation (SPE) component of the bridging program, and as a member of the College's Discipline Committee.

His range of duties at the hospital is highly rewarding, and valued by his colleagues. As Grand River pharmacist Terry Dean said, "Trained responsible technicians are the biggest asset a clinical pharmacist can have. This is the best thing that has happened in our profession in decades."

When Petrovic arrived in Canada, he was disappointed that Canada wasn't yet regulating pharmacy technicians. Now, he's grateful for the chance to apply his skills and knowledge more broadly. "It means higher self-esteem and accomplishment as an individual," he says, "and feeling that someone is steering us in the right direction to serve the public."



ICU Pharmacy Team at The Grand River Hospital in Kitchener, ON.
Left to Right: Julia Groenestege ICU R.Ph., Goran Petrovic ICU R.Ph.T., Anders Foss ICU R.Ph. and Sharon Morris ICU R.Ph.T.

THE NEXT BIG STEP

Ashley Corra decided to become a pharmacy technician early on, graduating from the pharmacy technician program at St. Clair College in Windsor. "They kept saying one day you might have this opportunity," she says. So when it came, having graduated from an accredited post-secondary program, she wasn't required to do the bridging program, but was eligible to just write the first PEBC qualifying exam.

She has worked at a Walmart pharmacy in Windsor for five years, and like Petrovic has been registered since December 2010. Her motivation? "There's not much room for advancement when you're an assistant, so this was the next big step."

Corra works alongside two pharmacists and four assistants; she's the only pharmacy technician. Her first days as a technician were a little anxious, realizing that a prescription may now be going from her directly into the patient's hands. "The buffer was gone," she said, referring to the pharmacist's check.

That apprehension faded quickly, and Corra takes great satisfaction not only from her role but from her ability to give her pharmacists more time for one-on-one counseling.

Last summer, her district manager selected her to work for a day at several other Walmart pharmacies, to expose their pharmacists to what it's like to have a pharmacy technician added to their workflow.

During one of those visits, Corra recalls a woman who came in overwhelmed by her new diagnosis of diabetes. While Corra checked prescriptions, the pharmacist spent 45 minutes with the woman. Later, the pharmacist said that if Corra wasn't there, she would only have been able to spend 10 minutes with the patient because of the traffic in the store. It reminded Corra of a big part of her impact: "I keep the workflow going."

She's a strong advocate for the pharmacy technician role, speaking at a Breaking Barriers conference on the topic in 2012, and becoming a preceptor with the College. For assistants who are still wondering about becoming technicians, Corra's message is clear: "If you don't go through with it now, you'll be sitting back later saying you wish you would have done it. I'm proud to be a licensed professional."



Pharmacy Technician Laura Bruyere from Rainy Lake First Nations Pharmacy in Fort Frances, ON

SENSE OF TEAMWORK

Looking back, Laura Bruyere realizes that the spark to work in pharmacy came when she was five or six. "I was very close with my grandparents, and they both had diabetes and took tons of medications. I looked at the colours and shapes of the pills, and that really interested me. Then it made me wonder what they did and why so many."

Bruyere was born and raised in the northwestern Ontario town of Fort Frances, population 8,100, part way between Thunder Bay and Winnipeg on the Minnesota border. Though she studied at Fanshawe College in London, Bruyere knew she would return home to work. "I love the feeling of being somewhere where you know everybody by first name," she says.

Today Bruyere works in the Rainy Lake First Nations Pharmacy, part of a Health Access Centre. She is from the Couchiching First Nation, one of the communities that the pharmacy services.

Bruyere has been registered as a technician since October 2012, after taking bridging courses online and some evening classes. The pharmacy is staffed by her and one pharmacist, who she says offers her “immense support” – from embracing her role to providing on-the-job training – to work in every way possible to her fullest potential.

She longed to be regulated. Doing the entries and filling before, Bruyere always felt “if only I could go that one step further”. Especially in a pharmacy with only two staff, her expanded role has helped to eliminate bottlenecks in the practice.

“Now I’m checking the prescriptions, taking more interest in what the meds do and the interactions, and getting deeper into the practice,” says Bruyere. “In the community, people look at the pharmacist and me as a team.”

MAKING A DIFFERENCE

The first 1,000 pharmacy technicians in Ontario each have their own tales of renewed satisfaction for serving their pharmacies and their patients. Their settings differ across the province, and their experiences and rewards are their own. Yet they often express similar sentiments in describing what becoming a technician has meant.

When asked the question, Petrovic rattles off a dozen benefits, from being able to work outside a delegated model to heightened expectations of knowledge. It’s a detailed list, but to him it comes down to feeling more a part of the circle of care. “Every day I try to make a difference,” he says.

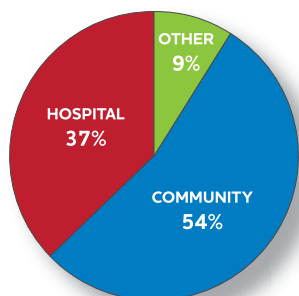
To Bruyere, that’s the key too. “I have the connections with the patients,” she says, “where I feel like I make a difference to them.”

TECHNICIANS BY THE NUMBERS

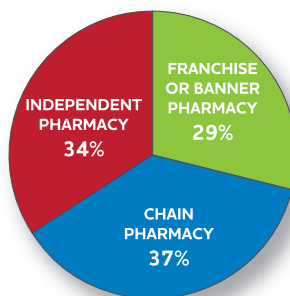
Who are the College’s 1,000-plus pharmacy technicians?

- o 95% female, average age 39
- o 67% work in an urban setting, 16% in a suburban, and 17% in a rural, with London, Mississauga, Barrie, Brampton and Kitchener being the five areas outside of Toronto with the most technicians
- o The charts below breakdown pharmacy technicians by workplace

PHARMACY TECHNICIANS BY WORKPLACE



PHARMACY TECHNICIANS WORKING IN COMMUNITY PHARMACY



Understanding What a Technician Can Do . . .

KEY TO INTEGRATION

As more and more pharmacists embrace their expanded role they are discovering that changes to their current workflow may be required in order to maximize the time necessary for them to focus on the delivery of these clinical services.

Integrating a registered pharmacy technician into practice offers a viable solution, particularly when maximizing the technician's scope. In order to do this however we must clearly understand what a pharmacy technician can do under their own authority as a regulated health care professional.

In general terms the division of responsibilities can be defined as:

- **TECHNICIANS** are accountable and responsible for the **technical aspects** of both new and refill prescriptions. (i.e. the correct patient, drug dosage form/route, dose, doctor) and;
- **PHARMACISTS** remain accountable and responsible for the **therapeutic/clinical appropriateness** of all new and refill prescriptions and all **therapeutic consultation**.

Each completed prescription must contain the signature, or some other identifying mechanism, of both the technician (for the technical functions) and the pharmacist (for the therapeutic functions).

Pharmacy technicians are also permitted to accept **verbal prescriptions** (with the exception of narcotics and controlled drug substances) and once legislative changes to the *Food and Drug Act* regulations are in place, will also be able to independently receive and provide **prescription transfers**.


While the objective of integration is to optimize the role of the technician and pharmacist, workflow will be dependent on a number of individual variables: physical layout, resources/staffing, patient population/characteristics etc. There is no 'one size fits all' approach and it is understood that pharmacies may face a number of barriers.

The College's initial requirement to have an 'independent double check', as an example, may have been a barrier to the integration of technicians in some practice settings. The introduction of the Standards of Practice for technicians however allowed for more flexibility, positioning the 'independent double check' as a best practice rather than a requirement.

Standards stipulate that whenever possible, a final check should be performed by a pharmacy technician (or a pharmacist) who did not enter the prescription into



the pharmacy software system or who did not select the drug from stock. However, if another member of the team is not available, all technical aspects, including the final check, can be completed by the same technician. Remembering of course that a prescription cannot be released to the patient until a pharmacist has performed the therapeutic check.

Clearly understanding technician's scope of practice and standards of practice is a key step in identifying the best way to integrate these valuable members of the health care team into your pharmacy practice. 

DEFINING EACH ROLE

A **pharmacy technician** can ensure that this bottle contains 100 tablets of drug 'x', and that the information on the label including; name of patient, prescriber, drug and directions are correct, as per the prescription.



The **pharmacist** must have assessed the patient and authorized that drug 'x' is the appropriate medication to take, and counselled the patient on how to take it.