

TECHtalk

MAY/JUNE 2023

BY THE NUMBERS

Total pharmacy technicians registered/
licensed to practise in Canada: **10,502**

Alberta: **1,827**

British Columbia: **1,755**

Manitoba: **228****

New Brunswick: **253**

Newfoundland and Labrador: **261**

Nova Scotia: **248**

Ontario: **5,688**

Prince Edward Island: **79**

Saskatchewan: **391**

*As of January 1, 2023. There are no licensed pharmacy technicians in Quebec or the Territories. Source: National Association of Pharmacy Regulatory Authorities.

**Pharmacy technicians in Manitoba are regulated by the College of Pharmacists of Manitoba; however, they are listed as a regulated pharmacy technician but not licensed. Their number is therefore not reflected in the total number of licensed pharmacy technicians practising in Canada and is provided for information purposes only.

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TECH FORGES LINK BETWEEN CLINICAL AND TECHNOLOGY

WHEN PHARMACY TECHNICIAN Shelley Dellamattia suggests that recent graduates “try different areas within the pharmacy, and take all the learning opportunities offered,” she practises what she preaches.

Along the path that led to her current position as a clinical informatics specialist (CIS) at BC Cancer, she performed a wide variety of roles. Her journey began when she was looking to change careers and decided that being a pharmacy technician suited her for several reasons, namely a keen attention to detail. In 2006, she earned what was then called a pharmacy technician diploma. With the advent of regulation in B.C., she took bridging courses and became licensed in 2015.

Since joining BC Cancer in 2007, she has worked in many capacities, including outpatient dispensary, inventory/purchasing, mixing chemotherapy drugs, order entry, drug access navigator (a program she started at the site in Abbotsford), and clinical trials. Before that, she did all the rotations in a hospital pharmacy. “That was a great experience as well because it gave me inpatient experience, since BC Cancer is, for the most part, ambulatory; only one of our centres has a small inpatient ward,” she says.

In January 2021, she landed the CIS position, which she describes as “the link between clinical and technology to improve patient outcomes.” In this capacity, she interacts with pharmacy frontline staff to lead and support the clinical workflow design within an IT system. “Even though BC Cancer has many different sites, each one will have its own workflow,” she explains. “We use the knowledge of our frontline staff to communicate to the team responsible for creating and maintaining the information in the system—so we’re the go-between.”

It’s all part of the Clinical & Systems Transformation project, a large-scale multi-year initiative of the Provincial Health Services Authority, Vancouver Coastal



Health, and Providence Health Care to deliver streamlined care through standardized clinical practices and a fully integrated clinical information system.

Currently, Dellamattia is responsible for spearheading change requests for new initiatives, such as a pilot project for nicotine replacement therapy by the nurses—as well as ongoing sustainment work. “I will interact with oncologists, nurses, pharmacists, clerical staff, leadership, and then specific roles within each of those groups,” such as medication safety, drug information, purchasing, and database support, she explains.

While her portfolio is currently within clinical trials, working specifically with the pharmacist of the clinical trials team, she also covers more general duties. Recently, she travelled to Prince George with the two pharmacists on her team to walk through the workflow design in preparation for activating a new site, “all while supporting our clinical trials pharmacy team for sustainment in Vancouver. So, it’s a little bit of everything.” The team has since expanded to three pharmacists and two technicians, all performing the same role. “The leadership decided that technicians had a value to add to this role,” she says.

>> **CONTINUED ON PAGE 5**

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TECH talk

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Saskatchewan expands opportunities for tech training

PHARMACY TECHNICIAN IS ONE OF EIGHT healthcare training programs that will expand in Saskatchewan this fall. The additional opportunities are the result of an immediate initial investment of \$5.5 million that will help create more than 550 new post-secondary training seats across 18 healthcare training programs.

Expanding health training programs is one of four pillars—recruit, train, incentivize and retain—in the province's Health Human Resources Action Plan, announced last September.

Post-secondary institutions across the province (i.e., technical schools, regional colleges, Indigenous institutions and universities) will support the expansion so that students can study and work closer to home. Students will also be able to access a variety of financial aid options.

The Saskatchewan College of Pharmacy Professionals had noted in a recent newsletter that it was looking to address the chronic shortage of pharmacy technicians, particularly in the province's hospital pharmacies.

OCP warns against providing pharmacy services to spouses

THE ONTARIO COLLEGE OF PHARMACISTS (OCP), in its "Pharmacy Connection," says it is important for pharmacy technicians and pharmacists to know that defining who is a patient for the purpose of sexual abuse is guided by legislation, and that no legislative exemption currently exists for the spouses or other intimate relationship partners of registrants.

That means that a registrant who provides pharmacy services to their spouse could potentially face a finding of professional misconduct and disciplinary action, with a significant risk of revocation of their certificate of registration.

The reasoning is that within the registrant–patient relationship, registrants hold a position of power. Treating a spouse—or any family member—gives rise to an inherent conflict of interest, and could potentially compromise a registrant's ability to be objective and unbiased in their professional judgment. Because of this power imbalance, any sexual or romantic relationship a registrant has with a patient is considered an act of professional misconduct and possible sexual abuse, regardless of whether the relationship is consensual.

NLPB urges registrants to review new SOPO—Community

THE NEWFOUNDLAND AND LABRADOR PHARMACY BOARD (NLPB) is encouraging pharmacy technicians and pharmacists to review the revised Standards of Pharmacy Operation for Community Pharmacy (SOPO—Community) at their earliest convenience. It recommends that the requirements be met as soon as possible but no later than September 1, 2023.

Among the changes:

- More information regarding pharmacy security expectations has been added.
- The requirement to retain physical paper patient records for three years after they have been scanned has been removed. Processes must be in place to ensure electronic records are complete and secure prior to destroying original documents.
- Language has been added in relation to the registrant's responsibility for validation and authentication of all prescriptions, regardless of the source of the prescription.
- Language has been added regarding prescription release, including the expectation for informed consent when releasing to someone other than the patient, positive identification and documentation requirements.
- More detail has been added regarding technical and clinical checks and the information that should be utilized and documented during these checks.
- More information regarding pharmacy security expectations has been added.

"Pharmacy professionals should also note that, in addition to written prescriptions and written copies of verbal prescriptions, patient records include any other records related to the provision of patient care," notes the NLPB's Spring 2023 newsletter, *The Apothecary*. "This includes documents such as patient assessment records, clinical documentation forms, compounding records, consultation records and packaging records."

To read the new SOPO—Community, visit [Standards-Pharmacy-Operation-Community-Aug2022-for-imp-Sept2023.pdf](https://www.nlpb.ca/Standards-Pharmacy-Operation-Community-Aug2022-for-imp-Sept2023.pdf) (nlpb.ca).

ACP develops Standards of Practice for Continuing Competence

THE ALBERTA COLLEGE OF PHARMACY (ACP) recently developed Standards of Practice for Continuing Competence that came into force on March 31. Development of the Standards became necessary when the Government of Alberta passed the Health Statutes Amendment Act, 2020 (No. 2), also known as Bill 46, which amended the Health Professions Act.

While there are no changes to the continuing competence programs (CCPs) themselves, the amendments move authority for regulatory colleges' CCPs from regulations to standards of practice, giving the colleges more flexibility to ensure the CCPs remain relevant to contemporary practice. The former CCP rules and guide documents for pharmacy technicians and pharmacists are replaced by CCP manuals for each profession.

ACP invited regulated members to review the Standards in the summer of 2022. After considering the feedback received, it

made minor revisions to the Standards, and Council approved them at its September 2022 meeting.

The Advocacy Committee of the Pharmacy Technician Society of Alberta (PTSA) reviewed the proposed amendments and provided written feedback, making several recommendations regarding the application of "direction" compared with "supervision," as well as the opportunity to provide greater clarity surrounding appropriate roles for non-regulated pharmacy employees.

Based on this feedback, "further changes were made to the Standards that became effective March 2023," says Teresa Hennessey, administrator, PTSA. "We are pleased with that outcome but believe further

amendments to the practice framework, including Standards of Practice, are still needed to reflect modern pharmacy technician practice and to clarify the roles of unregulated pharmacy assistants." She says several PTSA board members have been involved in focus groups facilitated by the Alberta College of Pharmacy regarding additional amendments to the Standards. "We look forward to reviewing the next iteration," she says. "The version of the Standards that became effective March 2023 included consequential amendments as a result of general changes to health professions regulations. ACP has been actively working on other changes, so we expect another Standards version to be available for consultation later this year."

Techs to complete EDI learning activity: ACP

THE ALBERTA COLLEGE OF PHARMACY (ACP) says pharmacy technicians may now join pharmacists in completing the 2023 prescribed learning activity, which focuses on equity, diversity, and inclusion (EDI), specifically as they relate to Indigenous communities.

This learning experience was developed by Continuing Professional Development for Pharmacy Professionals (CPDPP) in collaboration with ACP, the Saskatchewan College of Pharmacy Professionals, and the College of Pharmacists of Manitoba. In the EDI prescribed learning, regulated members are encouraged to continue their education in this area and become peer ambassadors, supporting fellow co-workers and colleagues in their learnings.

There are also EDI continuing education resources available to help regulated members identify next steps in their learning journey. They can be found on the CPDPP website at <https://pharmacy-nutrition.usask.ca/cpdpp/external-resources/edi-resources-page.php>.

Creating culturally safe environments is one strategy pharmacy professionals can incorporate into their workplace and daily practice to combat the causes and effects of disparities and inequalities, says ACP.

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College of Pharmacists of B.C. commits to cultural safety for Indigenous peoples

AS PART OF UPDATES TO ITS 2022/23 – 2027/28 STRATEGIC PLAN, the College of Pharmacists of British Columbia has introduced a new Commitment Statement, Organizational Values and logo.

The Commitment Statement reflects the College's ongoing dedication to improving cultural safety and humility for Indigenous peoples when accessing pharmacy services in B.C. It reads: "We are committed to being an inclusive and collaborative regulator, dedicated to regulating pharmacies and pharmacy professionals in support of public safety, optimal health, and culturally safe, equitable care—free from Indigenous-specific and other forms of racism."

The Organizational Values are built around Accountability, Integrity, Indigenous Cultural Safety and Humility, and Respect. For more information, visit [CPBC-Strategic-Plan-21-26-v5 \(bcpharmacists.org\)](https://www.cpbc.ca/CPBC-Strategic-Plan-21-26-v5)

To tie everything together, the College also introduced a new logo, which features a simple wordmark along with four coloured dots.

Notes



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Eliminating weight bias in the pharmacy

PHARMACY PROFESSIONALS NEED TO GUARD AGAINST WEIGHT BIAS if they are to provide optimal care to patients living in larger bodies. That was the message that Sandra Thies delivered in a live webinar hosted by the Pharmacy Technician Society of British Columbia on the subject of “Intuitive Eating, Weight Stigma, and Developing Inclusive Care.”

Weight bias is defined as “negative attitudes and views about obesity and about people with obesity,” and it’s a fundamental cause of health inequities. A whopping 69 per cent of adults living with obesity report experiences of stigmatization from healthcare professionals, noted Thies, a registered dietician and certified intuitive eating counsellor, and a clinical instructor at the University of British Columbia. That increases the risk of eating disorders and leads to avoidance of health care.

Thies suggested several steps pharmacy professionals can take to provide unbiased care to patients with obesity:

- Listen without making assumptions.
- Don’t diagnose patients based on body size; treat the condition rather than the weight.
- Ask all patients about lifestyle behaviours, exercise habits, and dietary patterns to determine what might be having an impact.
- Create an inclusive and welcoming environment. Educate staff not to comment on weight. Have chairs that fit a variety of body sizes. Ensure that equipment (such as blood pressure cuffs) fits. Discard magazines with weightloss messaging that fuels shame around body image.
- Encourage small changes and introduce some intuitive eating principles (see sidebar) as an alternative to prescribing a diet.
- Avoid stigmatizing language. Instead of saying “an obese patient,” say “a patient in a larger body” or “a patient with obesity.” Similarly, instead of saying “a diabetic,” say “a patient with diabetes.”

“As healthcare providers, it’s important to examine your own beliefs and biases and be aware of how those are being translated when you’re speaking to patients,” said Thies.

When working with clients with diabetes, Thies ensures they are incorporating regular movement, eating adequate protein, getting fibre in their diet, and eating healthy fats, “because we know that weight isn’t the only thing that makes diabetes worse,” she noted. “I don’t say, ‘you can’t have any sweets or sugar anymore.’” Instead, she discusses what the patient can add to meals or snacks to make them more blood-sugar friendly. “I call that approach ‘nutrition by addition.’ Instead of looking at what we can take out, what can we add to that plate?”

Practising intuitive eating

Thies is an advocate of “intuitive eating,” finding foods that make you feel good, mentally and physically. As defined by two dieticians in 1995, intuitive eating is “a self-care eating framework that integrates instinct, emotion and rational thought.” Unlike diet culture, which is a system of beliefs that worships thinness and promotes weight loss. The 10 principles of intuitive eating:

- Reject the diet mentality.
- Honour your hunger: what does hunger feel like?
- Make peace with food: stop telling yourself you should or should not eat certain foods.
- Challenge the food police: recognize and let go of food rules.
- Discover the satisfaction factor: what do you really feel like eating?
- Feel your fullness: listen to your body for when you start to feel full.
- Cope with your emotions with kindness: sometimes we use food or restriction to evade those messages about our true needs.
- Respect your body: thank it for all the wonderful things it does for you.
- Movement: shift away from feeling like you “should” work out and re-evaluate what counts as movement for you.
- Honour your health: healthful eating habits will both feel good and do your health good in the long-term.

For more information, visit www.embracingintuition.ca.

Key takeaways for implementing weight-neutral care

- Assess your own weight bias. How does weight impact your decisions about care? (Take the weight bias assessment at <https://implicit.harvard.edu/implicit/canada/selectatest.jsp>).
- Find the root cause of an issue instead of placing blame on weight. Ask yourself: would your decisions be the same for a person in a smaller body?
- If a person needs to be weighed for some reason, first ask permission. Offer to take a blind weight, and in a private environment.

>> TECH FORGES LINK CONTINUED FROM PAGE 1

While her past work experience qualified Dellamattia for this position, she has since taken courses in informatics, clinical trials and other relevant areas. She also enrolled in a project management course, since her job entails gathering information from the subject matter experts to relay to those who are monitoring and adding to the system.

What Dellamattia finds most rewarding is the sense of accomplishment every time she completes a project or a step of a project, “especially if it’ll positively impact our patients and our staff; the frontline staff need to feel confident in their system.”

Having found her niche, Dellamattia looks forward to the future. With more sites to go live and new centres to come on board, there is no shortage of work ahead. “It’s such a huge project and it’s always changing,” she says. For someone who thrives on change, that suits Dellamattia just fine.