

TECHtalk

SEPTEMBER/OCTOBER 2023

AWARD-WINNING TECH WEARS MANY HATS

WHETHER IT'S TRAINING AND SUPER-VISING assistants and support staff, managing the injection program, solving an IT problem, or performing a host of other duties, pharmacy technician Tracey McEachern is

known as the “go-to” person at Amherst Pharmasave in Nova Scotia.

McEachern’s ability—and enthusiasm—to fill many roles earned her the award “2022 Pharmacy Technician of the Year” from the Pharmacy Association of Nova Scotia (PANS).

Pharmacy manager Jenn O’Brien, who nominated McEachern for the award, notes that “Tracey is a huge support for our pharmacists and is a role model for our pharmacy assistants and pharmacy support members. Tracey takes on many roles and wears many hats. She does more than just her pharmacy technician duties in the dispensary; she also takes on a leadership role and supports me as the pharmacy manager.”

McEachern’s 20 years of experience have proven invaluable. After learning about a career as a pharmacy technician through her high school, she took a diploma program, graduating in 2003 and joining Amherst Pharmasave. She says she had always wanted to go into healthcare, but ironically chose pharmacy instead of nursing because “I wouldn’t give injections. Little did I know that 17 years later, that’s what I would be doing!” With the advent of regulation, she took bridging courses and became licensed in 2015.

As the senior technician, McEachern manages the eight pharmacy assistants and one support staff, including scheduling, training, reviews, pay increases, and other HR issues. She checks blister packs and prescriptions as time allows (pharmacists perform that role when McEachern is otherwise occupied). Other responsibilities include setting up new pharmacists with their paperwork for the Nova Scotia College of Pharmacists and PANS. “I have a very large role.”

Beyond the pharmacy, she is the mother of two teenage boys, and volunteers on committees for the Nova Scotia College of Pharmacy, PANS, and Nova Scotia Community College. Recently, she was elected as the Canadian Pharmacists Association’s representative on the pharmacy technician program committee for the Canadian Council for Accreditation of Pharmacy Programs.



While she cites working as part of a team helping patients as one of the greatest rewards of her job, staffing has become a major obstacle. “Pharmacy is not for everyone, so our staff turnaround can be fairly high at times,” she says. “We’re getting assistants who have no pharmacy background, so that can be a challenge.”

She notes that because Amherst Pharmasave is the only pharmacy in the community that does nonsterile compounding—McEachern does that too—it is very busy filling those orders. Further, some pharmacies have closed due to staffing challenges, so many customers have transferred to Amherst Pharmasave.

The staffing shortage extends to pharmacy technicians in many parts of the province and beyond. “A lot of stores are finally realizing the need for pharmacy technicians, but now there are not enough of them,” says McEachern.

She attributes the deficit in part to the cost of becoming a technician not being reflected in the pay. “Technicians are needed, but I’m not seeing the wage increase. It’s disheartening; a lot of students aren’t licensing because of the low starting wage.”

Still, enterprising technicians can thrive and McEachern is a case in point. She urges new technicians: “Do all the training you can get. Strive to learn more every day. Take every opportunity your boss ever gives you.”

Elected, awarded: tech accomplishments

PHARMACY TECHNICIAN NINA DUECK has been elected to the Alberta College of Pharmacy (ACP) Council in District B (Southern Alberta).

Dueck, who has been practising as a pharmacy technician in Alberta for 15 years, is a technical practice leader for Alberta Health Services and has been a preceptor in both hospital and community practice settings.

She began serving a three-year term on Council on July 1, 2023.

Pharmacy technician student Morgan Esquirol is the recipient of the Academic Excellence Award, given to the highest-achieving Saskatchewan Polytechnic student. She earned a grade average of 85.97 per cent. Upon completing her practicums, she will return to work at The Medicine Shoppe Pharmacy at Royal University Hospital in Saskatoon where she plans to pursue additional compounding-specific training.

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ACP laments pharmacy workforce shortage

THE ALBERTA COLLEGE OF PHARMACY (ACP) Council noted in a recent meeting that, even though there are more pharmacists and pharmacy technicians per 100,000 Albertans than ever before, the province is experiencing “a significant shortage of both.”

It says factors contributing to the shortage are “multiple and complex, the additional load that pharmacy teams have faced in addressing public and primary health needs is significant.”

Governments are attempting to address human resource demands through such initiatives as international and domestic mobility policies; encouragement of professionals to work to full scope of practice and, where appropriate, consideration of expanded scopes of practice; and growth in domestic educational and training programs (a longer-term strategy).

“The pharmacy human resource challenge has quickly become a priority amongst most national pharmacy organizations,” notes the Council report. “ACP will continue our engagement provincially and nationally with regulators, advocacy organizations, pharmacy team educators, and employers to build a path to a healthy future. After all, only healthy pharmacy teams can support the health of those they serve.”

NL Pharmacy Board approves tech-related MAID revisions

THE NEWFOUNDLAND & LABRADOR PHARMACY BOARD (NLPB) recently revised its Standards of Practice for Medical Assistance in Dying (MAID) to reflect a change relating to pharmacy technicians.

According to an NLPB board meeting update, the health authority requested a review of the role of pharmacy technicians in the hospital setting concerning the release of MAID medications. A jurisdictional scan revealed that in several other provinces with comparable documents, pharmacy technicians are permitted to release medications for MAID under certain conditions. Taking into consideration the standardized nature of the process, in particular the preparation of the kits, the Board approved the revision of the Standards to allow for the release of medications for MAID by a pharmacy technician collaborating with a pharmacist in a hospital setting. A pharmacist must provide all pertinent information to the prescribing physician or nurse practitioner prior to the release, and be available to answer any questions they might have when they are picking up the medications.

In accordance with section 241.31(2) of the Criminal Code, pharmacists (or pharmacy technicians collaborating with pharmacists) who have dispensed a substance in connection with the provision of MAID are required to report the information required by Health Canada via the Canadian MAID Data Collection Portal at [Progress: 0% - Privacy notice - Medical Assistance in Dying - Government of Canada Electronic collection \(statcan.gc.ca\)](https://www.progress.gc.ca) within 30 days of the day of dispensing.

The revised NLPB Standards have been posted at [SOPP-MAID-June2023.pdf \(nlpb.ca\)](https://www.nlpb.ca/SOPP-MAID-June2023.pdf).

CAPT names “Pharmacy Technician of the Year”

MELISSA BENOIT’S DEDICATION TO THE PROFESSION has earned her the Canadian Association of Pharmacy Technicians’ (CAPT) “Pharmacy Technician of the Year” award.

“Melissa Benoit has served her pharmacy community since 2000, when she was employed by Horizon Health Services in New Brunswick, first as a pharmacy assistant and now as a registered professional,” says Robert Solek, CAPT president. “Although her current full-time career is in education, she still maintains a casual position at the Moncton Hospital.”

She has always had a passion for education, notes Solek, “whether it was finding opportunities at the hospital to get involved in professional development or being seconded to the community college to help inspire future professionals.” She was one of the first two technicians to serve as an observer on the New Brunswick College of Pharmacists (NBCP) council, where she spent several years, retiring from that role in 2013. “That was the beginning of an incredible journey that has allowed her the opportunity to support pharmacy professionals both provincially and nationally,” notes Solek.

Benoit was the second pharmacy technician to serve as president of the board for the Pharmacy Examining Board of Canada (PEBC). She is currently the secretary for the Canadian Pharmacy Technicians Educators Association (CPTTEA), serves as a representative for PEBC on the Canadian Council for Accreditation of Pharmacy Programs (CCAPP) pharmacy technician program committee, and is a member of the NBCP registration committee and complaints committee.

“Melissa advocates for pharmacy technicians wherever possible, always taking the interest of the profession and public to heart,” says Solek. “Her passion to educate and to the profession has allowed her to partner with NBCP learners for almost 17 years to inspire new professionals to reach their full potential.”

OCP calls for expanded scope for techs

THE ONTARIO COLLEGE OF PHARMACISTS (OCP) board of directors has prepared regulatory amendments that would, if approved by government, expand the scope of pharmacy technicians and pharmacists. The changes recognize that the Ontario healthcare system continues to see additional pressures that may impact patient access to care, particularly in light of a potential surge of influenza, Respiratory Syncytial Virus (RSV), and COVID-19 later this fall.

Among the proposals affecting technicians:

- Give pharmacists and pharmacy technicians authority to administer the RSV vaccine.
- Give pharmacy technicians authority to administer vaccines from Schedule 3 of O. Reg. (202/94).
- Remove age restrictions for the administration of influenza and other Schedule 3 vaccines by pharmacists and pharmacy technicians.
- Transition authority for pharmacists and pharmacy technicians to administer the COVID-19 vaccine from the Regulated Health Professions Act, Controlled Acts Regulations (107/96) to the Pharmacy Act, General Regulation (202/94).

Following a public consultation period that ended August 12, OCP planned to submit the proposed regulatory amendments to the Ministry of Health.

“We wish to state our unequivocal support for the proposed amendments,” said Sandra Hanna, CEO of the Neighbourhood Pharmacy Association of Canada (NP), in a written response to OCP’s request for feedback. NP also recommended expanding the scope of pharmacy professionals to administer all immunizations.

CPhA provides top 10 strategies to improve 2SLGBTQIA+ healthcare

THE CANADIAN PHARMACISTS ASSOCIATION (CPhA) has a new practice resource that covers the top 10 actionable strategies to improve 2SLGBTQIA+ healthcare in pharmacy.

In the webinar “Practicing with PRIDE,” Dalhousie University pharmacy professor Kyle Wilby and pharmacy student Samuel Villemure discuss their cutting-edge research program, translating it into practical strategies that can be used by all pharmacy professionals to improve care for 2SLGBTQIA+ people in pharmacy practice.

A slide deck and a quick reference tool accompany the 37-minute video. Visit New resource - [Practicing with PRIDE: Top 10 actionable strategies to improve 2SLGBTQIA+ health in pharmacy - English \(pharmacists.ca\)](#).

CPhA also provides a round-up of pharmacy resources for LGBT2SQ+ patient health, at [Resource Round-up: LGBT2SQ+ patient health - English \(pharmacists.ca\)](#), while the Ontario College of Pharmacists has compiled resources for pharmacy professionals to support EDI (Equity, Diversity, and Inclusion), at [Resources for Pharmacy Professionals to Support EDI - OCPInfo.com](#).



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Manitoba techs required to view webinar on Indigenous health

PHARMACY TECHNICIANS IN MANITOBA must view a webinar on Indigenous health by May 31, 2024, says the College of Pharmacists of Manitoba (CPhM) Council, as part of their Annual Mandatory Professional Development Learning Activity.

CPhM Council collaborated with the Indigenous Pharmacy Professionals of Canada (IPPC) to approve two mandatory continuing education professional development webinars for all pharmacy professionals. The first webinar, "Indigenous Health," at <https://youtu.be/xvcAdY33ES8>, delves into the historical and ongoing impact of colonialism on Indigenous Peoples' health and culture, and offers practical insights to integrate Indigenous health into pharmacy practice. The second webinar, which will build on the first, will be offered in 2024.

For its part, the Ontario College of Pharmacists (OCP) has curated an extensive list of free resources for pharmacy professionals to support Indigenous Cultural Competency. Visit [Resources for Pharmacy Professionals to Support Indigenous Cultural Competency - OCPIInfo.com](https://www.ocpiinfo.com).

ISMP clarifies difference between vaccine expiry and beyond-use dates

AN INCIDENT THAT AROSE DUE TO CONFUSION BETWEEN VACCINE EXPIRY and beyond-use dates has prompted ISMP Canada to clarify the difference in a recent Safety Bulletin.

The expiry date on a pharmaceutical product is the last date the manufacturer can guarantee the potency and safety of the product. When a product must be manipulated for use by a healthcare provider—such as a COVID-19 vaccine that must be thawed and refrigerated—it is also given a beyond-use date (BUD), which reflects the latest date/time that the manipulated product can be used.

The vaccine product involved in the incident had three pertinent dates:

1. A manufacturer-assigned expiry date that was applicable as long as the product remained in the frozen state.
2. A BUD of 30 days once the product was placed in the refrigerator for thawing and storage.
3. A BUD of six hours once the vial was first punctured (i.e., when the diluent was added).

In this case, the vial label did not include instructions or space to document the BUD following placement of the product in the refrigerator for thawing and storage; it included only instructions for determining the BUD after first puncture of the vial for product dilution. As a result of the confusion, several patients received the vaccine between four and 31 days past the BUD and had to be re-vaccinated.

ISMP Canada recommends that healthcare providers managing COVID-19 vaccines consider the following strategies:

- Develop concise practice aids/work instructions to support nurses and other healthcare providers in vaccine health-administration (e.g., checklists, single-page information sheets).
- Develop a checklist for vaccine inventory management that includes, at a minimum, key information that healthcare providers

must check, such as BUD(s), and instructions for managing vaccine doses that are left over after a planned vaccine clinic.

- Ensure training and supporting materials clearly discuss the differences between expiry dates and BUDs, as well as the established protocols for inventory management and documentation (e.g., BUD on vial label).
- Implement a record system for tracking vaccine inventory. Ideally, provide a prepopulated vaccine log sheet that includes the expiry date and BUDs as a visual reminder of key elements to check.
- Implement an independent double-check process that includes a check of the BUDs during the vaccine selection, preparation, and administration steps.

For more information, visit [ISMPCSB2023-i6-Vaccine-Label-Dates \(ismpcanada.ca\)](https://ismpcanada.ca/i6-Vaccine-Label-Dates).

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Injecting techs into vaccination workflow

WITH FLU SEASON LOOMING, PHARMACIES CAN BENEFIT BY INCORPORATING

the growing numbers of pharmacy technicians authorized to administer injections into the vaccination workflow.

“Integrating pharmacy technicians into the injection workflow increases patient access to injections while allowing the pharmacist to focus on clinical responsibilities,” says Kymmberley Wright, a pharmacy technician at Shoppers Drug Mart Canarama in Saskatoon who spoke on this topic at the Pharmacy Association of Saskatchewan (PAS) Conference.

While pharmacy technician injection authority varies across the country—and is still not permitted in some provinces—Wright says that the Public Health Act in Saskatchewan was amended in 2021 to temporarily open the scope of practice for pharmacy technicians to obtain Advanced Method technical certification and begin injecting COVID-19 and seasonal influenza vaccines. The amendment has been extended through March 31, 2024.

Wright suggests several roles that pharmacy technicians can fill within the injection workflow:

- Organizing injection clinics
- Discussing vaccination needs
- Discussing vaccination hesitancy
- Vaccine ordering, handling, and storage
- Drawing up and administering vaccines
- Addressing emergency situations
- Completing required documentation and fulfilling accurate billing
- Assuring patient records are up to date

She illustrates how the workflow for pharmacy technicians can be maximized in the scenarios of a clinic day, a high-demand day, and a low-demand day.

Clinic day:

- All pharmacy staff can guide patients in the appointment-booking process
- Pharmacy technician is set up in the injection room
- Pharmacy assistant intakes patient consent forms and enters information into computer
- Pharmacist does clinical assessment and verifies vaccine eligibility
- Technician draws up vaccine inside injection room
- Pharmacist signs form when clinical verification is done, which indicates to the technician that the vaccine can be administered to the patient
- Technician takes patient into the injection room; confirms the patient and the injection the patient is there to receive, and verbally asks the patient for consent
- Technician follows proper injection technique as per training
- Technician completes all required documentation/paperwork
- Repeat every 10-15 minutes (patients must wait 15 minutes before leaving)

The steps would be similar on a high-demand day, with the exception that when the assistant informs the technician that there is an injection to be done, the technician finishes the task they are doing, then moves to the injection room to prepare and administer the vaccine. The technician can then resume previous tasks or complete the next vaccine as required.

Low-demand day:

- Patient presents to the pharmacy asking for COVID-19 vaccine. Technician is at intake and first point of contact.
- Technician verifies patient's eligibility and provides required consent forms
- While patient fills out their paperwork, technician sanitizes vaccine room and prepares vaccine for administration
- Pharmacy assistant enters consent form into the computer, verifying that all required parts are complete and patient has signed for consent
- Assistant gives form to pharmacist for clinical assessment
- Pharmacist signs form when clinical verification has been done, indicating to technician that vaccine can be administered.
- Technician takes patient into injection room, confirms patient and injection they are there to receive, and verbally asks for consent
- Technician follows proper injection technique and instructs patient to wait 15 minutes before leaving
- Technician completes all required documentation/paperwork, sanitizes injection room and returns to regular workflow

BY THE NUMBERS

Pharmacy technician injection authority^{1,2,3}

British Columbia: 1 (COVID-19 temporary authority under an emergency order)

Alberta: 0

Saskatchewan: 2 (influenza and COVID-19, both temporary authority under an emergency order)

Manitoba: 0

Ontario: 2 (influenza; COVID-19 temporary authority under an emergency order)

Quebec: 0

New Brunswick: 3⁴ (influenza, COVID-19, other drugs and vaccines under supervision of a pharmacist with injection authority)

Nova Scotia: 3⁴ (influenza, COVID-19, other drugs and vaccines under supervision of a pharmacist with injection authority)

Prince Edward Island: 3⁴ (influenza, COVID-19, other drugs and vaccines under supervision of a pharmacist with injection authority)

Newfoundland and Labrador: 0

1. Injection training, CPR, and application to regulatory authority required, along with other training depending on jurisdiction.

2. Under supervision of a pharmacist with injection authority.

3. Authority is limited to the technical functions of drug/vaccine administration.

4. Scope of injection authority varies by jurisdiction.

Source: Canadian Pharmacists Association, Injection Authority and Vaccine Administration in Pharmacies Across Canada, August 2023. Adapted with permission.

Technicians who are not administering injections but would like to do so should ask their manager if there is a need/demand for a PhT injector on their team, and discuss any hesitations either party may have about them injecting, says Wright. She also suggests inquiring about financial or other compensation for training and work.

“Have a ‘plan’ of how to integrate yourself into injection workflow,” she urges. “Research and acquire the competencies and training required. The pharmacist is the expert and technicians should always defer to them if they need help or have questions when it comes to injections. Know and understand your value within the role of an injector. Be open to feedback, and be confident.”