

# TECH talk

JUNE 2012

## CAPT CONFERENCE A HIT IN HALIFAX

"It was one of the most successful we've had," enthuses Mary Bozoian, president of the Canadian Association of Pharmacy Technicians (CAPT), of the organization's recent Professional Development Conference (PDC), held in Halifax.

The PDC attracted some 90 delegates, from British Columbia to Newfoundland—and most provinces in between—to network, visit a variety of exhibitors, and, of course, hear a wide range of informative presentations.

For example, a panel session featuring Dr. John Pugsley, registrar-treasurer of The Pharmacy Examining Board of Canada; Sue Sampson, project director of the Nova Scotia College of Pharmacists; and Kamran Nisar, talent sourcing manager, eastern Canada, for Walmart, updated attendees on technician regulation and the emerging role of the pharmacy technician.

"I thought that was a key message to get out to technicians and assistants, to understand that we have a really great opportunity in the next couple of years to attain regulation and move forward in our profession," says Bozoian.

Other topics included wound management, diabetes management, compounding, and the critical role of pharmacy technicians in medication safety, among others. A hands-on session on insulin pump therapy gave delegates a chance to learn first-hand about the devices.

CAPT is in the process of confirming the location and date of next year's PDC. Stay tuned for details.

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## REGISTERED TECH ELECTED TO ACP COUNCIL

**WHEN TECH TALK SPOKE WITH KELLY BOPARAI EARLY ONE MORNING IN APRIL,** she was about to leave for Banff to attend the Annual General Meeting of the Alberta College of Pharmacists (ACP).

As the newly elected pharmacy technician on the ACP Council, an inaugural position that she assumes July 1 for a three-year term, she was looking forward to attending the event for the first time and learning more about how she could contribute. "As an ACP Council member, I hope to be an integral part of the decision-making process as it pertains to public safety and the well-being of Albertans," says Boparai. "Together, we will be able to ensure that the new role of regulated techs is further enhanced to provide optimal care to patients."

Her new position is in addition to her full-time job as a technician at Canada Safeway Pharmacy in Edmonton, where she has worked for the past 17 years. During that time, she also spent nearly a decade as the Safeway Pharmacy trainer, providing two-day orientation sessions to new pharmacists, technicians, and pharmacy students at the company's head office. "It kept me really, really busy," she says.

And that's just the way she likes it. Boparai jumped at the chance to pursue regulation, becoming a registered technician in January of this year. "It was very challenging because it was a lot of steps," she admits. "Trying to juggle that with your full-time job and your family life"—she has two children—"was quite a process. But it was really rewarding. It was a goal I knew I wanted to achieve because I feel I have a lot of expertise in this field, and I love it. It's a passion, so there was no doubt in my mind that this was something I intended to complete."

She is thrilled with the additional job responsibilities she has assumed as a result, noting that she has "the opportunity to use the knowledge I've gained and actually apply it."

Whereas prior to regulation, Boparai's duties consisted primarily of inputting prescriptions, counting, and pouring, she is now

authorized to check her own work, as well as that of the pharmacy assistants, and sign off on the prescriptions. "So the pharmacists are freed up to offer their expertise in counselling and whatever else they may



Kelly Boparai

do, such as immunizations," she says. In many cases, she explains, the pharmacists do the inputting so that they can perform a therapeutic check at the same time. Then Boparai and the assistants prepare the script, and she checks it; the pharmacists do not have to deal with it again unless counselling is required at the give-out point.

### A perfect fit

While Boparai did not initially pursue a career in pharmacy—she has a business management diploma—her interest was sparked by her brother, who is a pharmacist. "I thought I'd dabble in pharmacy, and it's a perfect fit," she enthuses. After completing her pharmacy technician diploma in Vancouver, she immediately joined Canada Safeway Pharmacy in Edmonton, and has never looked back. She has always worked in retail pharmacy "mostly because I enjoy that one-on-one," she explains. "I've always loved interacting with people and meeting new people. Sometimes you just know that what you're doing is what you were destined to do. And this is one of those things."

Boparai encourages pharmacy assistants "not to be scared off" by the regulation process. After all, she adds, they have worked hard to earn what was then the title of pharmacy technician. "You've done the education already. Why not push yourself a little bit more? Go to that next level," she urges.

Advice she takes to heart. Although she has completed regulation, Boparai continues her quest for knowledge. "I'm constantly trying to excel," she says. "I always want to learn new things. So as new guidelines appear for regulated technicians, whatever I'm able to do to extend my scope of practice, I'm all over it."

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# A prescription for medication safety

**PHARMACY TECHNICIANS AND ASSISTANTS** have a critical role to play in medication safety, says Dr. Neil MacKinnon, professor, University of Arizona, College of Public Health.

In a presentation at the Professional Development Conference of the Canadian Association of Pharmacy Technicians (CAPT), MacKinnon noted that medication errors are a widespread problem; based on a 2007 survey by the Commonwealth Fund of adult patients in seven countries, including Canada, an estimated 4.2 million adult Canadians believed they had experienced an error in the past two years.

In Canadian community pharmacies, where 483 million prescriptions were dispensed in 2009, it is estimated that the incidence of errors could range from 193,000 to 8,211,000 per year.

To address this problem, the Nova Scotia College of Pharmacists implemented Standards of Practice for “Continuous Quality Assurance Programs in Community Pharmacies” in 2010. All community pharmacies in that province are now required to follow those standards, and 80 pharmacies are participating in SafetyNET-Rx, a continuous quality improvement program that helps pharmacies meet those standards.

The purpose of SafetyNET-Rx is to encourage and support an open dialogue on medication errors and near misses, collectively called Quality Related Events (QREs), in order to formulate strategies to reduce future occurrences. Pharmacy staff report these events online—and anonymously—to the Institute for Safe Medication Practices (ISMP) Canada, which identifies trends and provides feedback to participating pharmacies.

From March 2011 to February 2012, community pharmacies in Nova Scotia reported 16,294 QREs. The top events were incorrect dose/frequency (4,207), incorrect quantity

(3,621), and incorrect drug (2,258).

While pharmacies in Nova Scotia are mandated to follow a quality assurance program, many pharmacy technicians and assistants across the country are voluntarily reporting their errors and near misses in order to obtain feedback. “We’ve found that it’s often the techs who are the champions of this,” says MacKinnon. “They really see the value in it, and they can report the errors and near misses as well as the pharmacist can. They certainly have a key role in ensuring the safety of medication use in pharmacies.”

Once a pharmacy signs up (there is a \$325 annual fee), staff can use the online reporting tool, receive training on how to use it, and get customized feedback. Each store selects two in-store facilitators—ideally a pharmacist and a technician or assistant—who are responsible for training the rest of the staff. Quarterly meetings allow staff to discuss trends and errors, and devise solutions.

SafetyNET-Rx recognizes that mistakes are bound to happen. “No one wants to make an error, but at least when one happens, it is more open and employees don’t feel like they’re going to get fired on the spot,” says MacKinnon.

One technician, for example, had gone home crying after making a mistake. But by participating in SafetyNET-Rx, she realized that others also have mishaps. “It’s not just me,” she said. “And the fact that I can actually write it down and talk about it to [other team members], I don’t need to feel bad.”

With the focus removed from “blame and shame” to a systems approach that acknowledges that human errors are an expected part of any working environment, technicians and assistants can make great strides towards improving patient safety. For more information, visit [www.safetynetrx.ca](http://www.safetynetrx.ca).

