



# The Pharmacy Examining Board of Canada

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## Le Bureau des examinateurs en pharmacie du Canada

### **Licensed Pharmacists and Pharmacy Technicians Invitation to Participate in the PEBC Qualifying Examination – Part II (OSCE / PhT-OSPE)**

The Pharmacy Examining Board of Canada (PEBC) invites qualified pharmacists and pharmacy technicians to consider participating in the PEBC Qualifying Examination ó Part II (OSCE and/or PhT-OSPE).

Since 2001, the **PEBC Qualifying Examination for pharmacists** has consisted of two components: Part I, the multiple-choice question examination given in two half-day sessions; and Part II, a performance assessment, approximately 3 hours in length, given on a third day. Part II is known as an **Objective Structured Clinical Examination (OSCE)**. It is designed to assess communications/interpersonal skills, the application of knowledge to simulations of commonly encountered patient scenarios and other aspects of professional competence that do not lend well to written examinations. The competencies to be assessed through both the written and practice-based exams are those adopted (or adapted) by all member provinces of the National Association of Pharmacy Regulatory Authorities (NAPRA).

In 2010, PEBC implemented the new **PEBC Qualifying Examination for pharmacy technicians**, also consisting of a multiple-choice examination (Part I) and performance-based examination (Part II), the **Objective Structured Performance Examination (PhT-OSPE)**. The examination will be implemented in provinces as they move forward with regulation of pharmacy technicians. Once licensed in their own province, pharmacy technicians will be integrated into all PEBC examination administration and assessment processes.

### **PEBC Assessors**

Many assessors find that involvement as an assessor is both personally and professionally rewarding. Although many return year after year there is always a need for new assessors. Each year, PEBC invites interested pharmacists who have been licensed in Canada for at least two years and who are currently providing or directly supervising patient care services (including dispensing, clinical and/or drug information services) to apply as assessors for both the OSCE and the PhT-OSPE. PEBC also invites interested pharmacy technicians who are currently licensed in their province to apply as assessors for the PhT-OSPE.

**Please refer to the PEBC Assessor Application Form (attached) for further eligibility details.**

It is particularly important that licensed pharmacists be involved in assessing candidates for pharmacist licensure as the examination reflects both the health care needs of the public and the standards of the profession. Likewise, it is important that licensed pharmacy technicians be involved as assessors in the PhT-OSPE.

The complete list of interested assessors is submitted for annual review by the licensing bodies, for confirmation that all assessors are members in good standing on an active register and are not under investigation.

## Professional Competencies for Pharmacy Technicians

PEBC very much appreciates the interest shown by practicing pharmacists and pharmacy technicians in PEBC's Pharmacy Technician Qualifying Examination Part II (PhT-OSPE). As this is an emerging new profession, it is important that all participants in the examination support the vision for the new profession and the expanded role of the regulated pharmacy technician in the pharmacy and in the health care system as a whole.

PEBC has based the examination on the NAPRA competencies, as outlined in the document: [www.napra.org/Content\\_Files/Files/Professional\\_Competencies\\_for\\_Canadian\\_Pharmacy\\_Technicians2007.pdf](http://www.napra.org/Content_Files/Files/Professional_Competencies_for_Canadian_Pharmacy_Technicians2007.pdf). More information about the role and regulation of pharmacy technicians is available on the provincial regulatory bodies' websites. If you have questions about the PEBC examination, the competencies being assessed or your eligibility to be an assessor, please contact Jane Cassidy, [j.cassidy@usask.ca](mailto:j.cassidy@usask.ca) or Dawn Rietdijk, [rdawn@sasktel.net](mailto:rdawn@sasktel.net).

### 2014 Examination Dates & Locations

Pharmacist OSCE	
Date:	Locations:
Sunday, May 25	Vancouver, Edmonton, Calgary, Saskatoon, Winnipeg, Toronto, Kingston, London, Hamilton, Ottawa, Kitchener-Waterloo, Montreal (bilingual), Halifax and St. John's
Saturday, November 8	Vancouver, Edmonton, Calgary, Toronto, Kingston, London, Hamilton, Ottawa, Kitchener-Waterloo and Montreal (bilingual)
Pharmacy Technician OSPE	
Date:	Locations:
Saturday, March 22	Vancouver, Kelowna, Edmonton, Calgary, Toronto, London, Hamilton, Ottawa (bilingual), Waterloo, Welland and Halifax
Sunday, September 7	Vancouver, Kelowna, Edmonton, Calgary, Toronto, London, Hamilton and Ottawa (bilingual), Waterloo and Welland

*tbc = to be confirmed.*

*Locations may change or be added at a later date; if so, this information will be updated at that time.*

**PEBC ASSESSOR APPLICATION FORM – PAGE 1 OF 3**

**If you are eligible and interested in participating as an assessor or in any other aspect of the OSCE or PhT-OSPE, or if you have previously participated but have moved to a different city, please complete and return all three pages of this application form in full and submit by mail, fax or email to:**

Attention: Jane Cassidy  
 University of Saskatchewan  
 2200 Health Sciences Building  
 104 Clinic Place  
 Saskatoon, Saskatchewan S7N 5E5  
 Fax: 306-966-5881  
 E-mail: [j.cassidy@usask.ca](mailto:j.cassidy@usask.ca)

You may also submit an application online at [www.pebc.ca](http://www.pebc.ca).

Assessor qualifications are listed on the "Assessor Eligibility & Selection Criteria" found on page 3 of this application form. Assessors are trained prior to the examination, so it is not necessary to have experience as an assessor. The most important qualification is current practice experience:

- performing or directly supervising patient care activities such as dispensing, compounding, clinical and drug information services (for both OSCE and PhT-OSPE assessors)
- working with and/or directly supervising beginning pharmacists (for OSCE assessors) or pharmacy technicians (for PhT-OSPE assessors)

The examination day is approximately 11 hours long. A service fee of \$430 for pharmacists / \$295 for pharmacy technicians is offered for participating in a full-day examination. Eligible travel expenses are reimbursed (at the most economical travel rates) with receipts and/or documented mileage, up to a maximum as designated by the examination centre.

**Please Note: Your application is not considered to be a commitment to or confirmation of participation, but is an indication of your interest. You will be contacted by the Chief Administrator or Chief Examiner of the nearest examination centre, to follow up with you about participating in an examination.**

*\*Examination Centre to retain Application Form for a period of 5 years from date of submission\**

**Please check the appropriate YES or NO responses and provide the information requested:**

Based on NAPRA's professional competencies for pharmacists and pharmacy technicians:	<b>YES</b>	<b>NO</b>
<ul style="list-style-type: none"> <li>• I fully support the expanded scope of practice for regulated <b>pharmacists</b></li> <li>• I fully support the expanded scope of practice for regulated <b>pharmacy technicians</b></li> </ul>		
I am interested in participating in the:	<b>YES</b>	<b>NO</b>
<ul style="list-style-type: none"> <li>• <b>Pharmacist</b> PEBC Qualifying Examination . Part II (OSCE)</li> <li>• <b>Pharmacy Technician</b> PEBC Qualifying Examination . Part II (OSPE)</li> </ul>		
I meet the qualifications indicated (checked) on the "Assessor Eligibility and Selection Criteria" (on page 3)		
I am currently involved in additional professional activities (in addition to my regular work), as follows (describe briefly if applicable):		

**PEBC ASSESSOR APPLICATION FORM – PAGE 2 OF 3**

<b>CONTACT INFORMATION</b>					
Salutation: <input type="checkbox"/> Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr.					
First Name:			Last Name:		
Home Address:			Business Address:		
City:			City:		
Province:		Postal Code:	Province:		Postal Code:
			Workplace Name:		
<b>Phone Numbers</b>					
Home:		Cell:	Business:	Fax:	
Email 1:			Email 2:		
<b>QUALIFICATIONS</b>					
		Month/Year Registered	Province	PRA License #	
<input type="checkbox"/> I am a Licensed <b>Pharmacist</b> with a PRA		mm	yy		
<b>OR</b> <input type="checkbox"/> I am a Licensed <b>Pharmacy Technician</b> with a PRA		mm	yy		
I currently practise in a patient care setting:		YES	NO		
Current Practice Setting(s) (please check all that apply): <input type="checkbox"/> Community <input type="checkbox"/> Hospital <input type="checkbox"/> Faculty <input type="checkbox"/> Other					
<b>ELIGIBILITY AND INTERESTS</b>					
Have you ever worked at a Pharmacy Examining Board of Canada examination or other similar examinations?		YES – <u>where</u> and <u>when</u> and in what <u>role</u> ?:		NO	
Are you aware of any family, friends, acquaintances, or colleagues who plan to take a PEBC examination?		YES – list name(s) and relationship(s):		NO	
Have you ever been or plan to be a candidate in a PEBC or similar examination?		YES – please explain:		NO	
Have you ever been or plan to be involved in an examination preparation program?		YES – please explain:		NO	
Are you able and willing to sign the assessor confidentiality agreement?		YES	NO – please explain:		
Why are you interested in participating in a PEBC examination?					
What was your source of information about the PEBC examination?					
<b>REFERENCES</b>					
<i>Please list two references: a pharmacist, pharmacy faculty member, senior exam centre staff, SP program staff or participant.</i>					
Name	Relationship	Email	Telephone	Position	
1.					
2.					
<b>SIGNATURES</b>					
Applicant Signature:			Date:		
Chief Administrator Signature (reviewed and accepted):			Date:		

## Assessor Eligibility & Selection Criteria

### Objectives are to:

- Ensure that assessors have current practice experience in a patient care setting, working along with or directly supervising pharmacists (OSCE) or pharmacy technicians (PhT-OSPE).
- Ensure that assessors are well-equipped to assess candidates' performance.
- Avoid perceived or actual conflict of interest or bias.
- Protect the security of the examination, avoiding intentional or unintentional use or distribution of PEBC exam information other than for actual administration of the PEBC examination.

### Eligibility - Assessor Qualifications - please check all that apply:

- Is a member in good standing of one or more provincial regulatory authorities, where applicable.
- Is a pharmacist, fully licensed in a Canadian jurisdiction for at least **two years**  
- OR -
- Is a pharmacy technician, **currently** licensed in a Canadian jurisdiction.
- Is not, or has not been in the past **three years**, a subject of disciplinary action or unresolved investigation by any pharmacy or other professional body.
- Currently practices in a patient care environment, providing or supervising pharmacy services on a regular basis, either full- or part-time. Such services may include: dispensing, compounding, patient teaching, medication reconciliation, responding to patients' requests, consulting with other health professionals regarding patients' needs (e.g., drug information), etc.
- Currently works along with and/or directly supervises pharmacy technicians (for the Pharmacy Technician OSPE).**
- Currently works along with and/or directly supervises recently licensed pharmacists (for the Pharmacist OSCE).**
- Is willing to sign and committed to complying with the assessor confidentiality, security, conflict of interest and code of conduct agreements (*sample enclosed*).
- Is NOT involved in practice exams or coaching current or prospective candidates to pass or perform well on any PEBC examination.**
- Has no limitations that would impair the ability to accurately observe, hear, record and assess candidates' performances over a 10 to 12 hour period.
- Is willing to participate on the basis of the offered service fee and limited remuneration for travel (NOT accommodation) to the nearest examination centre.

In specific locations, the examination is offered in both French and English. Standardized patients and exam staff respond to the candidate in the candidate's preferred language; assessors record performance in the same language. For these examinations assessors and standardized patients must be fully bilingual. Please indicate (check) the language(s) in which you are fully fluent, verbally and in writing:

- English
- French

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**If you are regularly involved in teaching pharmacy or pharmacy technician students in an academic setting or bridging program you may not be eligible.**

**NOTE: the following are NOT eligible due to potential or perceived conflict of interest; please check all that apply to you:**

- Undergraduate or graduate student in a faculty of pharmacy or pharmacy technician training program.
- A potential candidate OR an immediate family member/close associate of a potential candidate.
- Person involved in the development of the curriculum for or involved in the training/assessment of practical/professional skills of *groups* of students or candidates (e.g., professional practice labs, bridging programs or other small group sessions involving the use of standardized patients, role-playing scenarios or simulations).
- Person involved in the development, review, administration or dissemination of practice exams, cases or preparatory courses or materials (designed to specifically prepare candidates for the examination).



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## Le Bureau des examinateurs en pharmacie du Canada

717 Church Street, Toronto, ON M4W 2M4 · Tel (416) 979-2431 · Fax (416) 260-5013 · www.pebc.ca

### **PEBC QUALIFYING EXAMINATION - PART II (OSCE/OSPE) CONFIDENTIALITY AGREEMENT ASSESSORS, MARKERS, TRACK COORDINATORS (OSCE / OSPE)**

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In consideration of my appointment as an Assessor for the Qualifying Examination - Part II (QE-II), I agree to be bound by the following:

- I understand that all exam materials/data and personal data related to the QE-II are confidential and that the copyright of all exam materials belongs exclusively to the Pharmacy Examining Board of Canada (PEBC).
- I, therefore, agree to maintain at all times, the confidentiality, security and integrity of all examination content, materials and other information which have been provided to me and/or to which I have access in the course of my involvement in PEBC examination activities, including but not limited to:
  - a) examination content, examination procedures or any other examination-related information and materials obtained prior to and in the course of the examinations;
  - b) candidate identification, personal information, performance and/or results of any test or examination carried out by the PEBC
- I agree to discuss the content of the exam case(s) only with PEBC examination staff members (including Chief Examiners and/or Standardized Patient Trainers), relevant standardized patients and Assessors who are involved in the particular case(s).
- I agree to take responsibility for and keep secure any copy and content of the exam cases, scoring criteria and other exam materials given to me in any form. I will not copy, record, divulge or disseminate that information in any form at any time. Before leaving the exam site, I agree to return to the PEBC all printed exam materials given to me prior to and during the examination.
- I agree that I will not participate in the development, administration or dissemination of preparatory practice exams, cases, educational courses or other materials and activities which are specifically designed to help candidates prepare for any PEBC examination, or to review educational or case materials for such preparatory activities from the time of my initial appointment until three years after the completion of my service, without the prior express written authorization by PEBC on each occasion.

- I agree that, prior to taking part in the examination, I will declare my involvement in any similar assessments for teaching/assessing pharmacy students, pharmacy technician students or potential candidates for PEBC certification and will not use or discuss any of the QE-II stations (or analogous scenarios), performance criteria or rating scales to which I have been exposed at any time.
- I further agree to inform PEBC of any potential conflict of interest (e.g. employer-employee, personal or family relationships with eligible candidates) or any breach of confidentiality, security or integrity of the examination of which I am aware, in order that the PEBC may take such action as is necessary to maintain the fairness and validity of the examination and uphold the public interest.
- I also understand that the objective of this performance examination is evaluation of candidates for PEBC certification and I agree to being videotaped in this capacity for educational, quality assurance or program evaluation purposes only. I understand that I will always be informed prior to being videotaped.
- I confirm that I am not a pharmacy student, pharmacy technician student or future candidate for a PEBC examination.
- I confirm that I hold a current pharmacist or pharmacy technician license to provide patient care, that I am a member in good standing of the regulatory body(ies) having jurisdiction and that I am not currently under professional or criminal investigation.
- I have read and understand this agreement and attached Assessor's responsibilities and I agree to abide by the terms and spirit of these agreements at all times, during and after my participation in the PEBC examination processes.
- I acknowledge that any deliberate or negligent breach of any of the foregoing conditions would irreparably damage PEBC and would entitle PEBC to an immediate injunction to prevent any continuation of such breach and to enforce any of the foregoing conditions as well as to entitle PEBC to complete indemnity for any and all costs, losses and damages associated with such breach. A report may be made to the registrar of the regulatory authority(ies), legal authority or educational institution, as appropriate, of infringement of copyright and/or other breach of this binding agreement.

**Name:** \_\_\_\_\_ **Witness:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Exam City:** \_\_\_\_\_  
**Date** \_\_\_\_\_ **Workplace:** \_\_\_\_\_