SASKATCHEWAN
COLLEGE OF
PHARMACISTS

PHARMACY TECHNICIAN
REGULATION IN SASKATCHEWAN

CONCEPT PAPER FOR REGULATORY FRAMEWORK

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EXECUTIVE SUMMARY

Pharmacy is one of the professions at the center of an evolution of health care in Saskatchewan. It is an evolution driven by patient need, demographics and increasing medication use, all within the context of the need to better utilize the pharmacist's knowledge and skills. Such change will be supported by freeing pharmacists from the technical and administrative tasks that currently make up great portions of a practitioner's day, transferring them instead to pharmacy technicians and assistants.

Pharmacists are experts in drug therapy. This mode of treatment prolongs life, increases quality of life, and in many cases is still the most cost-effective way to treat acute or chronic illness or disease. Pharmacists will need to continue to oversee the mechanics of a safe and efficient drug distribution system, but if they are to fully utilize their training, they will need to play a more active role in the choice of medication for a patient and in the safe monitoring of medication use outcomes and treatment goals. A new supportive infrastructure is needed to allow for this.

In the past, pharmacists have been reluctant to delegate certain tasks to technicians because of limitations and variations in training, and concern for public safety. For instance, some technicians receive formal training from accredited sites, while others attain training on-the-job. Pharmacy's transition to a more patient-centered practice model will only be achieved with increased reliance on a highly trained workforce of technicians. Relieving the pharmacist of the technical elements of dispensing will provide a cost effective model for enhancement of public health and wellness by establishing greater opportunity for the pharmacist to interact with patients and other health care professionals. Conversely, assigning increased responsibilities to unregulated pharmacy technicians poses a potential risk to the public.

Current practice models in Canada have demonstrated the use of pharmacy technicians to improve efficiency and safety of medication delivery to patients in both hospital and community practices.[1] Regulation of pharmacy technicians in other jurisdictions has been developed based upon the need to improve the health care system and the use of health human resources. The philosophy is that the technician must be accountable for their practice through regulation. Pharmacists will need to be sure they can safely transfer the technical aspects of dispensing to the pharmacy technician(s) on their team. As pharmacy technicians grow in number and importance, the need for standardized training and regulation has become apparent. The pharmacy technician curriculum, entrance requirements, and on-site practicums have been designed to teach the skills that will be required to fill this new role. Furthermore, competencies have been defined, as well as liability and continuing professional development requirements have been discussed, all in an effort to support such a transition of roles.

To ensure positive patient outcomes, to facilitate evolving pharmacy practice in Saskatchewan, and to keep pace with national trends in pharmacy technician regulation, it is necessary to make certain changes. The Council of the Saskatchewan College of Pharmacists (SCP) was asked to consider what process and steps to take to achieve these ends, and in so doing, considered four options:

    1) Status quo
    2) Self-regulation by pharmacy technicians' own regulatory body
    3) Registration of pharmacy technicians by the SCP
    4) Regulation of pharmacy technicians by the SCP

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[1] Innovative Pharmacy Practices" March 2007 http://www.pharmacyhr.ca/ResearchAndReports.aspx ;Ambrose PJ, Saya FG, Lovett LT, Tan S, Adams DW, Shane R. Evaluating the accuracy of technicians and pharmacists in checking unit dose medication cassettes. *Am J health Syst Pharm*. 2002 Jun 15;59(12):1183-8.

The SCP Council elected to review the feasibility of the SCP to regulate pharmacy technicians. In December of 2008, the Council made a motion to develop a regulatory framework to meet the needs of regulation of pharmacy technicians. The Pharmacy Technician Regulation Advisory Working Group, as appointed by the Professional Practice Committee of SCP in March 2009, has developed this document to facilitate these requirements. The Working Group assumes that the College:

- adopt NAPRA (National Association of Pharmacy Regulatory Authorities)Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice
- adopt PEBC (Pharmacy Examining Board of Canada) examinations for regulation of pharmacy technicians (evaluating and qualifying)
- adopt CPTEA (Canadian Pharmacy Technician Educators' Association) Educational Outcomes for Pharmacy Technician Programs in Canada
- accept graduates only from CCAPP (Canadian Council for the Accreditation of Pharmacy Programs) accredited program or successful completion of bridging program
- adopt NAPRA language proficiencies

THE NEED FOR REGULATION

Current pharmacy practice involves duties that are carried out by both the pharmacist and pharmacy technician. For example, there are two main components to filling a prescription. The first is largely technical in nature – that of counting or preparing a medication, affixing a label, and making it ready for a patient. The second component is cognitive in nature – making sure there are no drug interactions, checking patient profiles for duplications / contraindications / allergies, asking patients how they are dealing with side effects (if any), and so on. Historically, pharmacists have spent a great deal of time and effort on the mechanics of dispensing and related administrative tasks (e.g. billing drug plans). The shift away from the mechanics of dispensing requires the delegation of technical tasks to pharmacy technicians. While technical in nature, these duties should not be written off as unimportant; they are critical to drug distribution and patient safety. With the formal regulation of pharmacy technicians, there will be an opportunity to adhere to practice requirements that until recently have been lacking, but are necessary for safe pharmacy practice. These include, but are not limited to, national competencies, a process for competency assessment, standards of practice for pharmacy technicians, national certification, and continuing professional development requirements. Recent activities have made great strides on these fronts - CPTEA Educational Outcomes, CCAPP Accreditation Standards, and the PEBC Examinations are all based on the NAPRA Entry to Practice Competencies.

Pharmacists have been identified as a high-priority health human resource with a key role to play in delivering health care now and in the future. Ensuring the availability of an appropriately skilled pharmacy workforce, deployed where and when it is most needed, continues to be a challenge for Canada. Canada's 31,000 licensed pharmacists make up the third largest segment of health care professionals in Canada. Pharmacists are the only health care providers whose education focuses on medications and their use and, as such, they are critical for optimal drug therapy outcomes for patients. Complicating matters further is a reported shortage of pharmacists in Canada.

In the future, pharmacists will take more responsibility for, and gain more accountability in, managing drug therapy in collaboration with patients, physicians, and other health care providers, thereby playing more prominent roles in health promotion, disease prevention, and chronic disease management. Pharmacists will spend more of their time focusing on these clinical aspects of their profession. While pharmacists will continue to have a leadership or oversight role in the dispensing process, specially trained and regulated and/or certified pharmacy technicians will take on more responsibilities in the technical and administrative aspects of dispensing. Many

actions are required to ensure the availability, appropriate education, compensation and deployment of the necessary pharmacy human resources.

Moving Forward: Pharmacy Human Resources for the Future Final Report (September 2008) notes that, " ….. If pharmacists are to successfully extend their role, an increased reliance on pharmacy technicians will be critical. …. This advancement of the pharmacy technician must proceed in parallel with changes in the role of the pharmacist."

Regulation of pharmacy technicians will be a positive step towards addressing recommendations made in *Caring for Medicare Sustaining a Quality System Commission on Medicare (Fyke, April 2001)*. With the regulation of technicians, pharmacists could work more closely with patients and prescribers to make sure drug therapies work as intended, allow all providers to be used to their maximum scope and facilitate the enhanced role of the pharmacist as part of Primary Health Care teams, allowing them to apply their knowledge as full participants in prescribing decisions therefore improving quality related to drugs.

Building on Values The Future of Health Care in Canada (Romanow, November 2002) recommended a focus on primary health care multidisciplinary teams suggesting that this was likely to have a direct impact on the role of pharmacists and make it possible for them to play an increasingly important role as members of the health care team. The role of the pharmacist would include working with patients to ensure they are using medications appropriately and providing information to both physicians and patients about the effectiveness and appropriateness of certain drugs for certain conditions. This expanded role would allow pharmacists to consult with physicians and patients, monitor patients' use of drugs and provide better information and communication on prescription drugs. In the future, there may also be a role for pharmacists who are not engaged in the retail sale of prescription drugs to prescribe certain drugs under specific, limited conditions.

The Action Plan for Saskatchewan Health Care also supported the role of the pharmacist on a multidisciplinary team.

ENVIRONMENTAL SCAN

CANADIAN SCENE

The status of pharmacy technician regulation initiatives varies among provinces in Canada. In this section the provinces are listed in order of those most advanced in their initiatives to those least advanced at the time of document submission.

Ontario

- 2002 - the Ontario College of Pharmacists (OCP) made a decision to pursue regulation of pharmacy technicians
- Health Professions Review and Advisory Council (HPRAC) of Ontario approved the OCP's 2005 request to regulate pharmacy technicians
- June 4, 2007 - Health Systems Improvement Act, 2007 (Bill 171) passed by the Ontario Legislature
- OCP proposed that technicians be regulated within their legislation as members of the college under a pharmacy technician classification and designated as a registered pharmacy technician (RPhT)
- OCP Policy is that regulation of pharmacy technicians be voluntary
- Summer 2009 - bridging program started
- 2010 - proposed implementation date

Alberta

- April 2007 - the Alberta College of Pharmacists (ACP) defined pharmacy technician
- January 2008 - established voluntary register
    - This will end Dec. 31, 2010 – at this time a provisional register will be created in the regulations for candidates who have completed educational programs but have not yet completed all the other requirements for licensure (technicians enrolled in bridging programs, those awaiting results of national exams and those who were on the voluntary register)
- Summer 2008 – two technician observers appointed to council
- October 2008 – request for amendment to the *Health Professions Act* (HPA) Act for addition of pharmacy technicians to Schedule 19. This will allow for the amendment of regulations to include technicians as regulated health professionals with protected titles
- Fall 2010 – expected enactment of HPA amendment

British Columbia

- April 2006 - the College of Pharmacists of British Columbia approved a White Paper on pharmacy technicians
- November 2008 - approved Business Case Analysis
- Fall 2008 – conducted pharmacy technician focus groups
- June 12, 2009 - approved moving forward with pharmacy technician regulation

Manitoba

- September 2008 - Manitoba Pharmaceutical Association Pharmacy Technician sub-committee recommended that "Pharmacy Technicians should be regulated under the *Pharmaceutical Act* as Regulated Pharmacy Technicians (R.PH.T.), members of the College of Pharmacists of Manitoba, in the pharmacy technician class." Recommendations concerning the modification of Part 7 – Duties and Delegations in the Draft Regulations on Pharmacy Technicians and Other Persons were put forward as well as Qualifications and Duties of a Regulated Pharmacy Technician.
- October 28, 2008 - the Council of the Manitoba Pharmaceutical Association accepted the report for information

Newfoundland

- In Newfoundland, the intent of the Newfoundland and Labrador Pharmacy Board is to develop Standards of Pharmacy Practice that will first recognize and build structure around the current practice of employing "pharmacy assistants" and will eventually enable either those assistants currently in the workforce or those entering the profession from an accredited program to become a registered "pharmacy technician".

Nova Scotia

- 2009 - Pharmacy Technician Task Force established to develop a plan to achieve regulation of pharmacy technicians. District meetings have been held to educate pharmacists and pharmacy technicians about the process. Opening of the act would need to occur to allow regulation of pharmacy technicians as either members or registrants.

New Brunswick

- 2007 – New Brunswick Pharmaceutical Society (NBPhS) considering options for self regulation or regulation under NBPhS.

Prince Edward Island
- November 2008 - the Prince Edward Island Pharmacy Board will participate in the Nova Scotia College of Pharmacists' Task Force on Pharmacy Technicians.

Quebec

- No plans at this time to pursue regulation of pharmacy technicians.

INTERNATIONAL SCENE

Great Britain

- January 2005 - voluntary register of pharmacy technicians opened in anticipation of new legislation concerning registration and regulation of pharmacy technicians.
- February 7, 2007 - The Pharmacists and Pharmacy Technicians Order 2007 was enacted, giving the Royal Pharmaceutical Society of Great Britain powers to establish a new statutory register, thereby creating a new regulated profession.

United States
- National initiatives noted as pharmacy technician practice requirements vary among states .
- Feb. 26, 2008 - H.R.5491, *Pharmacy Technician Training and Registration Act* (also known as Emily's Act) introduced at 2D Session of the 110 Congress at which time it was referred to the Subcommittee on Health. The Bill aims to amend the *Public Health Service Act* to authorize grants to States to establish and implement programs for the registration of pharmaceutical technicians by the State Boards of Pharmacy.
- May 2008 - National Association of Boards of Pharmacy (NABP) accepted recommendations of the Task Force on Standardized Pharmacy Technician Education and Training including "The task force recommends that NABP continue to support its position that states should license or register pharmacy technicians in the interest of the public health and improved patient care and safety, and to address the growing problem of diversion by unlicensed pharmacy personnel."
- 2008 - American Society of Health-System Pharmacists (ASHP) Policy 0815: Uniform State Laws and Regulations Regarding Pharmacy Technician states ASHP "...advocate that pharmacy move toward the following model with respect to technicians as the optimal approach to protecting public health and safety: (1) development and adoption of uniform state laws and regulations regarding pharmacy technicians, (2) mandatory completion of an ASHP-accredited program of education and training as a prerequisite to pharmacy technician certification, and (3) mandatory certification by the Pharmacy Technician Certification Board as a prerequisite to the state board of pharmacy granting the technician permission to engage in the full scope of responsibilities authorized by the state..."

EDUCATIONAL SUPPORTS

Pharmacy Technician Training Programs

The SIAST (Saskatchewan Institute of Applied Science and Technology) Pharmacy Technician program is currently the only Saskatchewan program accredited by both CCAPP and the Saskatchewan Ministry of Education. There are programs in both Manitoba and Alberta that are accredited by CCAPP. Graduates of those programs would meet registration and licensure requirements in Saskatchewan. Both SIAST and Red Deer College (Red Deer, Alberta) offer their programs by distance.

Bridging Programs

It will be necessary to pursue on-line bridging programs for persons who do not meet criteria for national certification and licensing. Licensing, sharing and/or brokering of bridging programs already in existence should be investigated. This will serve to reduce development costs and times. It is necessary that the bridging programs are developed and delivered by CCAPP accredited pharmacy technician programs.

Ontario is currently the only province offering pharmacy technician bridging programs, with the direction and support of CON*NECT (Colleges of Ontario Network for Education and Training) Strategic Alliances. The bridging programs are mandatory for licensure of pharmacy technicians in Ontario. The bridging programs consist of four courses, totalling 162 hours of classroom instruction. Eight accredited full-time and publicly funded colleges have been approved by the Ontario College of Pharmacists to provide the bridging programs.

Alberta and British Columbia are in contract negotiations with CON*NECT to deliver their pharmacy technician bridging programs with a similar model.

CON*NECT offers the curriculum which can be altered and further developed to suit each province. On-line versions of the courses are under development and should be completed by the end of 2009, and could be provided to Saskatchewan. A proposal from CON*NECT would include the on-line components as well as the adaptation to the individual province's needs, quality assurance and the updating of modules. It is suggested that a request be made by SCP to the Ministry of Education for development/delivery of a bridging program(s) by CCAPP accredited Pharmacy Technician programs and that this request be copied to the Saskatchewan Institute of Applied Science and Technology (SIAST). An on-site laboratory program for product preparation will need to be developed to suit Saskatchewan pharmacy technician needs. This will have a significant cost factor, both for development and for participants. PLAR (Prior Learning Assessment and Recognition) of course work should be considered with the exception of the product preparation course. There may be a possibility for PLAR of practicum components as a method to decrease placement needs (already difficult for pharmacy technician and pharmacy students). This is different than the Ontario bridging program which offers PLAR for all courses with the exception of the Professional Practice course (curriculum includes jurisprudence, ethics and professionalism). It is suggested that the needs of the Saskatchewan Health Regions be considered and not what other provinces establish. It was deemed not necessary to require a structured practicum experience at the end of the bridging program (such as will be required in Ontario). Instead, the preceptor should determine the amount of supervision needed to meet a checklist of requirements. Delivery of the programs at SIAST would be cost recovery, so no additional cost to SCP would be incurred.

A continuing education requirement similar to that required of practising pharmacists will be included in the Bylaws to *The Pharmacy Act, 1996*. This could be facilitated by advocacy groups such as PAS, CSHP, CAPT and educational institutes.

CRITERIA FOR SELF-REGULATION TO ENSURE PUBLIC SAFETY

1. Self-regulation is in the best interest of the public.
2. The College plays a role in protecting public interest.
3. The pharmacy technician group represents persons with an identifiable scope of practice.
4. There is a sufficient number of persons engaged in an identifiable category of membership to warrant the exclusive use of the title Pharmacy Technician.
5. The College is the appropriate regulatory body to represent the pharmacy technicians.
6. The academic and experience requirements have been established and the competencies are verifiable by examination.
7. The granting of self-regulating status will not unduly hinder service to the public.
8. The services provided by the pharmacy technician are complimentary to the pharmacist's clinical role.

1. Self-regulation is in the best interest of the public.

Current practice models in Canada have demonstrated the use of pharmacy technicians to improve efficiency and safety of medication delivery to patients in both hospital and community practices. Comparative studies also support the use of pharmacy technicians for equivalent, accurate delivery of medications when compared to pharmacists.[2]

The *Blueprint for Pharmacy Implementation Plan April 2009* notes that "There are a number of interconnected factors that make it difficult to accurately plan for the pharmacy human resources (HR) that will be needed to meet the future health care needs of Canadians, including: Changes in scope of practice of pharmacists, pharmacy technicians and other health care professionals; inconsistencies in roles of unregulated assistants or aides working in pharmacies" and "The increasing skill level of pharmacy technicians and the use of their skills". Pharmacists will spend more time on clinical aspects of their profession (managing drug therapy in collaboration with patients, physicians and other health care providers); will play prominent roles in health promotion, disease prevention and chronic disease management. "While pharmacists will continue to have a leadership or oversight role in the dispensing process, specially trained and regulated/or certified pharmacy technicians will take on more responsibilities in the technical aspects of dispensing." The regulated pharmacy technician will have been appropriately trained to fulfill these roles.

SCP's Discussion Paper on the Regulation of Pharmacy Technician in Saskatchewan, January 28, 2008 notes that "Research on error rates tells us pharmacy technicians do as well, and often better, in purchasing, inventory management, preparation, and distribution of pharmaceuticals than pharmacists."

A regulated pharmacy technician will have graduated from a CCAPP accredited program or successfully completed a bridging program, met the national competencies required for entry to practice, achieved national certification, be accountable for acts contrary to those set out in provincial and federal legislation, and practice within prescribed standards of practice and code of ethics.

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[2] "Innovative Pharmacy Practices" March 2007 http://www.pharmacyhr.ca/ResearchAndReports.aspx ;Ambrose PJ, Saya FG, Lovett LT, Tan S, Adams DW, Shane R. Evaluating the accuracy of technicians and pharmacists in checking unit dose medication cassettes. *Am J health Syst Pharm.* 2002 Jun 15;59(12):1183-8.

The Pharmacy Examining Board of Canada (PEBC) is the national certification body for the pharmacy profession in Canada. This national, standardized assessment process ensures that entry-level pharmacists and pharmacy technicians have the necessary professional knowledge, skills, and abilities to practise safely and effectively. The regulated technician in Saskatchewan will be required to achieve certification by PEBC.

The CCAPP accreditation process for pharmacy technician programs is designed to evaluate programs against nationally-defined educational, regulatory, and professional standards for programmatic goals, curriculum structure and content, instructional resources, student admissions eligibility, and continuous quality improvement. These standards are focused on educating the pharmacy technician to practice with a patient safety focus.

CPTEA Educational Outcomes for Pharmacy Technician Programs in Canada state that "…. learners in pharmacy technician programs must demonstrate that they can safely and competently perform the technical, distributive, and information-gathering aspects related to the preparation and release of pharmaceutical products in practice settings in the community, hospitals, and other organized health care facilities. ….. The seven outcomes synthesize the knowledge, skills, and attitudes underlying safe and competent practice…."

The NAPRA Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice were developed in 2007 as a response to changing pharmacist and technician roles and greater complexity in the pharmacy practice environment and set out minimum requirements for safe pharmacy practice by a pharmacy technician.

Liability is a key issue for pharmacists, pharmacy technicians and for other health professionals as roles evolve and collaborative care is emphasized. All health care professionals involved in working with other health care professionals need to ensure that they clearly understand their roles and responsibilities when providing and transferring care, as well as those of the other professionals with whom they work. Regulation would establish the roles and responsibilities of the pharmacy technician, ensuring responsibility for their actions, which is in the interest of the public.

With changing roles for pharmacists and pharmacy technicians, and the shift towards collaborative practice teams, there may be new concerns about liability that need to be addressed. As legislation and regulation for health care professionals change, the balance of liability may shift, depending on the role of and services provided by the individual health care professional. As more individual responsibility is accepted there is the potential for more liability; however, this liability can be mitigated by compliance with professional standards, codes of ethics and the application of professional judgement based on good evidence.

2. The College plays a role in protecting public interest.

The SCP's vision and mission statements illustrate how public interest is placed above self-interest. The vision of the Saskatchewan College of Pharmacists is Quality Pharmacy Care in Saskatchewan. The mission includes public safety, standardized pharmacy services, a self-regulated profession, positive image and essential members of the health care team, public policy supporting health, optimum public use of pharmacy services and priority and resource allocation.

The Saskatchewan Pharmaceutical Association (SPhA) was established in 1911 with the passage of the first Pharmacy Act. It has 98 years of experience in protecting the public interest. Since that time the SPhA has demonstrated this ability, has developed and updated standards for pharmacists and continues to do so. In 1998, the association was split to form separate advocacy and regulatory groups. In 1996, the name of the association was changed to Saskatchewan College of Pharmacists.

Pharmacy Technicians, as a new category of membership in the College, would abide by the current set of regulations and code of ethics for the College. The College would define roles, responsibilities; determine responsibilities and competencies; establish all required educational requirements for entry to practice and continuing professional development; establish the standards of practice; define the requirements for registration; develop a process and procedure and develop and implement a complaints and discipline procedure.

It is recommended that pharmacy technicians as a membership class would have designated seats on Council which will ensure that they have the ability to contribute to discussions and revisions concerning their regulations.

As pharmacy technicians would be a new regulated health profession, there will need to be specific, targeted information sessions for the public. The "public" includes pharmacists, pharmacy assistants, other health care professionals, employers as well as the public at large. It is our intent that we deliver the message that the pharmacist and pharmacy technician will be working individually within a team to provide patient care. This reflects the opening line from the Canadian Pharmacists Association's (CPhA) document, *Moving Forward: Pharmacy Human Resources for the Future* Final Report:

> *"One of the most urgent crises facing Canada's health system today is the appropriate management of health human resources – that is ensuring that the right health care providers with the right skills are available at the right place at the right time."*

Although there is no national or provincial regulatory body for pharmacy technicians, there is a voluntary advocacy group, the Canadian Association of Pharmacy Technicians (CAPT).   CAPT is a national voluntary association providing leadership to and supporting the professional development of pharmacy technicians in the pursuit of providing optimal pharmaceutical services in collaboration with pharmacists. They do not currently envision a future role in regulation of pharmacy technicians.

3. The pharmacy technician group represents persons with an identifiable scope of practice.

The SCP's *SaskTech Guidance Document* provides definitions of pharmacy assistants and technicians and defines both technical and expanded roles for these positions. The document was developed to assist pharmacists in the hiring of persons to assist in the pharmacy and assure competence of those persons.

The National Occupation Classification 2006 (NOC) provides a standardized language for describing the work performed by Canadians in the labour market. Pharmacy technicians are listed in NOC group 3414, Other Assisting Occupations in Support of Health Services.

Saskatchewan Regional Health Authorities utilize standardized job descriptions for Senior Pharmacy Technician, Pharmacy Technician and Pharmacy Clerk.

A Pharmacy Technician confirms the accuracy and completeness of a prescription prepared for release while the pharmacist is responsible for the appropriateness of the entity and the provision of information and instruction. **Appendix A** illustrates the scope of practice for the pharmacist, the regulated pharmacy technician and the pharmacy assistant. This is not a complete inventory, but provides an adequate comparison of roles for the purposes of this document.

4. There are a sufficient number of persons engaged in an identifiable category of membership to warrant the exclusive use of the title Pharmacy Technician.

The term "pharmacy technician" is currently used to refer to any person assisting in the pharmacy.

The Pharmacists' Association of Saskatchewan (PAS) conducted a *Technician Wage & Benefit Survey*. The July 2009 Summary indicated that 423 full time pharmacy assistants and 306 part time pharmacy assistants are employed by the 343 responding community pharmacies. The respondents represent 98.56 % of community practice sites. As of April 4, 2009, there were 179 pharmacy technicians and 3 pharmacy assistants employed in Saskatchewan Health Regions. [numbers received from Saskatchewan Association of Health Organizations (SAHO) and category distinctions are SAHO's]. This information indicates that there are close to 1000 persons employed as pharmacy technicians and assistants in Saskatchewan.

Moving Forward: Pharmacy Human Resources for the Future Final Report September 2008: "Estimates suggest there are approximately 30,000 licensed pharmacists in Canada, and possibly more than double that number of pharmacy technicians." This document references both in "The pharmacy Technician Workforce in Canada : Roles, Demographics and Attitudes Part I: Responses to National Survey of Pharmacy Technicians and Assistants".

CAPT estimates there are 100,000 pharmacy technicians across Canada. OCP estimates there are 20,000 pharmacy technicians in Ontario; of these, 5,100 have completed voluntary certification with OCP and more than 1,000 of this 5,100 have started the bridging program (reference, Susan James, Project Director of Pharmacy Technician Regulation, OCP)

To provide perspective on the numbers that other groups represent and have since gone on to be regulated; there are currently 6 registered midwives with the Saskatchewan College of Midwives, with an anticipated eventual number approximately 45; and at initial registration with the Saskatchewan College of Respiratory Therapists there were 126 members (April 1, 2009). As of August 27, 2009 there are 158 members registered with that College.

5. The College is the appropriate regulatory body to represent the pharmacy technicians.

As noted in the executive summary, the Council of SCP explored four options regarding the regulation of pharmacy technicians and is investigating the feasibility of moving forward as the regulating body. As signatories to the Blueprint for Pharmacy, CAPT National is committed to supporting change that moves the profession forward. Four CAPT members are part of The Pharmacy Technician Regulation Advisory Working Group in Saskatchewan.

The Council of SCP met with a representative of the Canadian Association of Pharmacy Technicians (CAPT) in December of 2008 to further explore the desires of pharmacy assistants with regard to regulation. Council was advised that CAPT has no vision for self-regulation, but is willing to collaborate with SCP on the selection and development of a regulatory model.

Other provincial pharmacy regulatory bodies have determined it appropriate to regulate pharmacy technicians as noted previously in the Environmental Scan section.

6. The academic and experience requirements have been established and the competencies are verifiable by examination.
The academic and experience requirements for registration as a pharmacy technician will be based on the following established national requirements (date of implementation is in brackets for each):

- CPTEA – "Educational Outcomes for Pharmacy Technician Program in Canada" – June 2006
- NAPRA – "Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice" - September 2007
- CCAPP – "CCAPP Standards for Accreditation of Pharmacy Technician Programs" – November 2007
- PEBC – Pharmacy Technician Evaluating Examination - October 2009 (available nationally), second exam spring 2010
- PEBC - Pharmacy Technician Qualifying Examination – pilot in Ontario August 2009, second pilot spring 2010

PEBC, the national certification body for the pharmacy profession in Canada, has more than 40 years of experience in assessing the qualifications and competence of candidates for licensing by pharmacy provincial regulatory authorities. This national standardized assessment process ensures that entry-level pharmacists and pharmacy technicians have the necessary professional knowledge, skills, and abilities to practise safely and effectively. The Qualifying Examination is available to graduates of CCAPP accredited programs. Pharmacy technicians who are currently in the profession must successfully complete the PEBC Evaluating Examination by December 31, 2015, to be eligible to apply for the Qualifying Examination. After this time, only Canadian graduates of a CCAPP accredited program will be eligible to apply for the Qualifying Examination.

The requirements for Practising member status will be noted in *The Pharmacy Act, 1996* and the Bylaws. Continuing education requirements will be included.

7. The granting of self-regulating status will not unduly hinder service to the public.

The anticipated result of regulation of pharmacy technicians is that service to the public will be improved.

There may be bottlenecks at the beginning of the regulation process. Those persons who wish to become regulated and have not graduated from a CCAPP accredited program will need time to meet registration and licensure criteria. Bridging programs will be developed to assist those currently in the practice to meet the new requirements and prepare them for PEBC examination. Those that meet the requirements will be registered as per the *The Pharmacy Act, 1996* and Bylaws.

The regulated pharmacy technician will not perform tasks that are restricted to pharmacists. The statutes set out in *The Pharmacy Act, 1996* and Bylaws state the consequences of such action.

The non-regulated pharmacy assistant will continue to play an important role in pharmacy practice. The functions of the non-regulated assistant are clearly set out in the *SaskTech* Document and are noted in **Appendix A**.

Granting of self-regulated status to pharmacy technicians in Saskatchewan will be of benefit to the regulated pharmacy technician moving to the province.

8. The services provided by the pharmacy technician are complimentary to the pharmacist's clinical role.

As pharmacists transition to the clinical role, the support of the technician in accepting the technical functions of pharmacy practice highlights the complementary nature of the two roles, allowing each profession to work to their optimum potential. There will be shared responsibilities. The chart included in **Appendix A** illustrates the scope of practice for pharmacists, regulated pharmacy technicians and pharmacy assistants.

In Saskatchewan, there are other professionals with complementary roles that are currently regulated. Two pieces of legislation regulating more than one category of membership with complementary functions are *The Dental Professions Act,* which regulates the six dental professions, and *The Speech-Language Pathologists and Audiologists Act,* which regulates the professions of audiologist and speech-language pathologist.
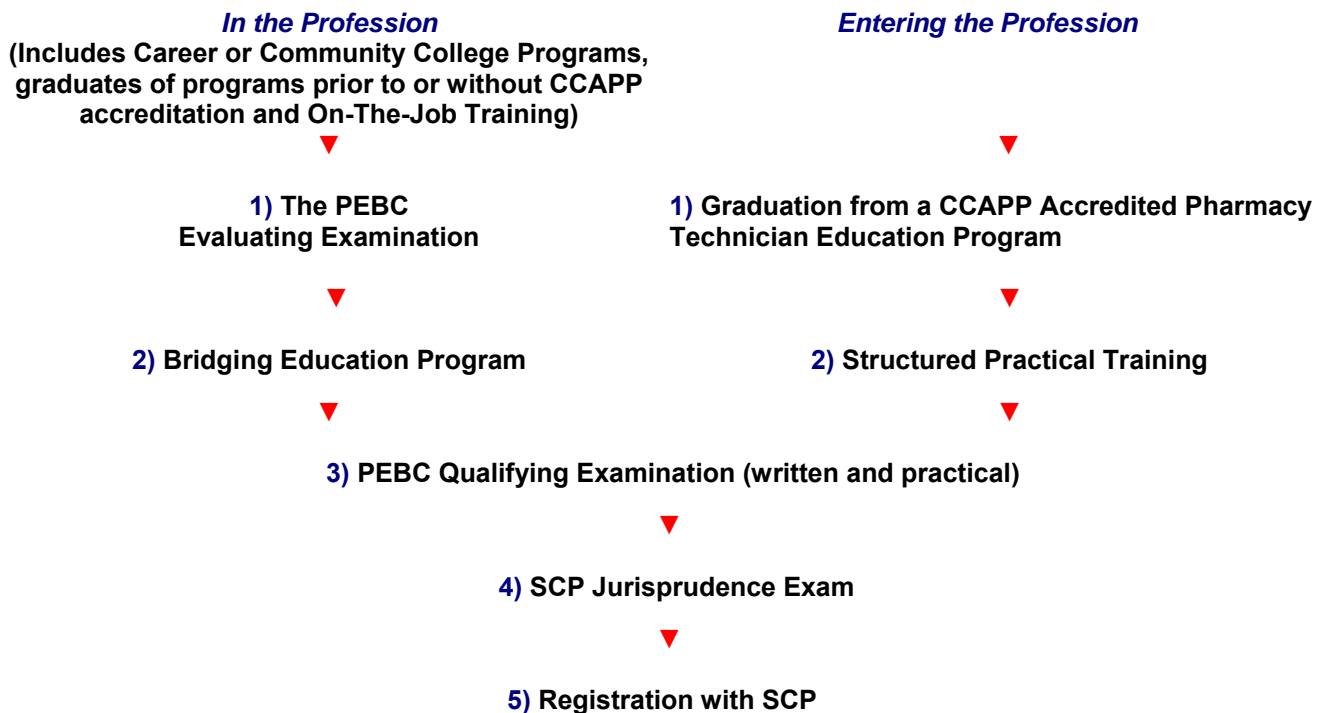
RECOMMENDATIONS

The Pharmacy Technician Regulation Advisory Working Group supports the regulation of pharmacy technicians in Saskatchewan and recommends that:

1. The SCP pursue regulation of pharmacy technicians following the Ontario model.

2. A register of persons in Saskatchewan currently practising as "pharmacy technicians" be established by SCP to enable the communication of relevant information to the technicians. The linked form[3] (powered by Google Docs) can be provided to pharmacies and hospitals, to facilitate this recommendation with replies collected and collated by SCP.

3. The outlined process for regulation of a pharmacy technician be followed. The process is similar to that followed/proposed in other provinces and provides a process for pharmacy technicians who are currently in the profession and graduates of programs prior to, or without CCAPP accreditation, to become regulated

Process for Regulation as a Pharmacy Technician

The Process for Regulation as a Pharmacy Technician

In the Profession **(Includes Career or Community College Programs, graduates of programs prior to or without CCAPP accreditation and On-The-Job Training)**	*Entering the Profession*
▼	▼
1) The PEBC Evaluating Examination	**1) Graduation from a CCAPP Accredited Pharmacy Technician Education Program**
▼	▼
2) Bridging Education Program	**2) Structured Practical Training**
▼	▼

3) PEBC Qualifying Examination (written and practical)

▼

4) SCP Jurisprudence Exam

▼

5) Registration with SCP

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[3] http://spreadsheets.google.com/viewform?formkey=dHQzTTI2QjltbjVfQzVnYVhLeUdhRmc6MA

4. Legislative changes to *The Pharmacy Act, 1996* and the Bylaws, located in **Appendix B**, are recommended. The advisory working group felt that certain areas of the Act and Bylaws, as outlined following these recommendations, merit greater consideration.

5. An Implementation Plan for regulation of the pharmacy technician be developed and include reasonable and appropriate time lines and communication strategies. The development of bridging programs and the length of time it will take for candidates to complete the registration process must consider the fact that PEBC will not offer the Evaluating Examination beyond December 31, 2015.

6. Standards of practice be developed for the regulated pharmacy technician using **Appendix A** as a template.

7. SCP review recommendations from the "Patient First" initiative of Saskatchewan Health as those recommendations become available to further support this document.

8. Pharmacy Technician members be required to have one million dollars liability insurance.

CONSIDERATIONS

The Pharmacy Technician Regulation Advisory Working Group felt that further discussion by stakeholders is necessary in some instances.

1. Considerable funds will be required to develop technician regulation process and procedures (see accompanying Business Plan). The working group asks that the SCP share with its members the allocation of SCP dollars for this purpose and seek other means of funding wherever possible.

2. The Working Group requests that the Professional Practice Committee or the Council of SCP:

  a) review the need for mandatory patient counselling. The working group noted the importance of this, but at the same time realized that this may not be feasible in all practice sites.

  b) determine whether there must be a pharmacist physically in attendance in the pharmacy at all times when the pharmacy is open as is currently required, i.e. whether or not a pharmacy technician could remain in an open pharmacy when the pharmacist has left to join a collaborative practice site or attend rounds at a hospital or long term care facility. All members of the group (pharmacist and pharmacy technician) were uncomfortable with the pharmacist not being there. The group made recommendations for changes to Sections 14.2.4, 14.3.1.2 and 14.3.3.4 of the Bylaws that could provide a method to enable the pharmacist to not be physically present in the pharmacy and still be available to counsel the patient and to monitor the patient's drug therapy.

  c) consider restricting the ratio of pharmacists to pharmacy technicians and provide a guideline on the ratio of assistants to pharmacists/pharmacy technicians that will serve to meet the objective of better patient care. There could be an issue of employers replacing pharmacists with pharmacy technicians (is this being driven due to economic pressures or professional enhancement?). It is important not to shift the ratio of pharmacist to pharmacy technician. It was noted that many employers will retain unregulated assistants and may only employ one pharmacist and one pharmacy technician with many assistants.

    d) consider patient safety and accessible care in discussions with respect to
     items b) and c) above.

3. Code of Ethics: While not unanimous, it was recommended that there be two separate
Codes: one for pharmacists and one for pharmacy technicians. An argument in favour of one
code was that both pharmacists and pharmacy technicians strive to achieve the same ends,
thereby likely following the same code of ethics.

APPENDIX A

SCOPE OF PRACTICE
       Includes Two Charts:
           1. Technical Roles
           2. Clinical Roles

1. Technical Roles

Pharmacy Services and Competencies	Pharmacists	Regulated Pharmacy Technician	Pharmacy Assistant
Technical Roles			
obtain patient consent, where required	Yes	Yes	Yes
protect patient confidentiality	Yes	Yes	Yes
respect diversity	Yes	Yes	Yes
accept responsibility and accountability for actions	Yes	Yes	Yes
accept written prescriptions or refill requests from the patient or the patient's representative	Yes	Yes	Yes
receiving repeat prescriptions from health-care providers	Yes	Yes	No
input patient, third-party insurance, and prescription information into the computer	Yes	Yes	Yes
prioritize prescription processing	Yes	Yes	Yes
with the assistance of information software, identify potential interactions, therapeutic duplications and incompatibilities within patient profiles	Yes	Yes	No
confirm that the pharmacist has had the opportunity to review the prescription and patient profile or health record	Yes	Yes	Yes
refer therapeutic issues and questions to the pharmacist	---	Yes	Yes
select the product(s) needed	Yes	Yes	Yes
ensure integrity and stability of product(s) including expiry dates, colour, odour, etc.	Yes	Yes	Yes
take the medication from the shelf to the work area	Yes	Yes	Yes
calculate, convert, and document the result of dosage calculations	Yes	Yes	Yes

Pharmacy Services and Competencies	Pharmacists	Regulated Pharmacy Technician	Pharmacy Assistant
perform compounding calculations	Yes	Yes	Yes
verify calculations with the pharmacist		Yes	Yes
count, measure, weigh and / or pour medications	Yes	Yes	Yes
reconstitute medications	Yes	Yes	Yes
adhere to clean, or where required, aseptic techniques	Yes	Yes	Yes
verify accuracy and appropriateness of ingredients and quantities, including weights and volumes	Yes	Yes	Yes
verify the accuracy and completeness of a pharmaceutical product prepared for release	Yes	Yes	No
select type of prescription container	Yes	Yes	Yes
label container, including relevant auxiliary labels	Yes	Yes	Yes
pre-package pharmaceuticals including replenishment of stock bottles	Yes	Yes	Yes
prepare non-sterile compounds	Yes	Yes	Yes
prepare sterile compounds (including IVs, TPNs)	Yes	Yes	No
handle and prepare hazardous products appropriately	Yes	Yes	No
prepare bulk manufactured products	Yes	Yes	Yes
fill unit dose carts from a fill list	Yes	Yes	Yes
check filled unit dose carts	Yes	Yes	No
check and restock emergency boxes, cardiac arrest kits, nursing unit cupboards and carts and night cupboard supplies from an approved list	Yes	Yes	Yes
confirm that the pharmaceutical product has been checked and signed off by a pharmacist	---	Yes	Yes
provide appropriate patient information materials as	---	Yes	Yes

Pharmacy Services and Competencies	Pharmacists	Regulated Pharmacy Technician	Pharmacy Assistant
specified by the pharmacist			
confirm that the patient or patient's representative has received or has been offered counselling by the pharmacist	---	Yes	Yes
comply with federal and provincial legislation, policies and standards applicable to pharmacy practice	Yes	Yes	Yes
follow procedures for the proper storage, handling, preparation, distribution, removal, and disposal of drugs	Yes	Yes	Yes
ensure the cleanliness, functionality, and integrity of compounding, packaging, dispensing and storage equipment	Yes	Yes	Yes
perform routine equipment maintenance	Yes	Yes	Yes
store and transport pharmaceutical products appropriately	Yes	Yes	Yes
manage inventory	Yes	Yes	Yes
question, report and assist in the resolution of potential and actual unsafe, illegal, unethical, or unprofessional actions or situations	Yes	Yes	Yes
use appropriate pharmacy reference material	Yes	Yes	Yes
direct patients to the location of non-prescription medications	Yes	Yes	Yes
act as a role model and mentor to new staff and students	Yes	Yes	Yes
collect and verify accuracy of patient demographics and known allergies	Yes	Yes	Yes
transferring and receiving prescriptions from other pharmacists	Yes	Yes	No
checking pharmaceutical products prepared by an RPhT or unregulated pharmacy personnel	Yes	Yes	No
perform quality assurance audits/checks on technical	Yes	Yes	No

Pharmacy Services and Competencies	Pharmacists	Regulated Pharmacy Technician	Pharmacy Assistant
functions and activities			
initiate billing, verify, and assist in the adjudication for payment	Yes	Yes	Yes
assist patients and health care team members in understanding the scope, limitations and exceptions to third-party insurance coverage	Yes	Yes	No
compliance packaging	Yes	Yes	Yes
fax prescription renewals to physician	Yes	Yes	Yes
medication reconciliation	Yes	Yes	No
document drug distribution processes and outcomes i.e. medication errors, missing meds, etc	Yes	Yes	No
prepare reports and documents	Yes	Yes	No
use health information systems (e.g. PIP)	Yes	Yes	No
manage workflow	Yes	Yes	Yes

2. Clinical Roles

Pharmacy Services and Competencies	Pharmacists	Regulated Pharmacy Technician	Pharmacy Assistant
Clinical Roles			
be accountable to patients	Yes	Yes	Yes
interprofessional collaboration	Yes	Yes	No
call-back programs	Yes	No	No
certifying written drug orders	Yes	Yes	No
Chronic Disease Management	Yes	No	No
collaborative Primary Health Care Teams	Yes	With pharmacist supervision technicians could be used for innovative services like	No

Pharmacy Services and Competencies	Pharmacists	Regulated Pharmacy Technician	Pharmacy Assistant
		triage, or booking appointments, etc.	
Continuity of Care	Yes	With pharmacist supervision	No
distribution, dispensing, and administration of drug products with appropriate patient advice	Yes	With pharmacist supervision	No
documentation and communication of information and decisions	Yes	Yes	No
ensure appropriate prescribing for explicit objectives	Yes	No	No
ensure safe, accessible and cost-effective medicines are available	Yes	Yes	No
contribute to the implementation and maintenance of safe and effective systems of drug supply and distribution	Yes	Yes	No
health promotion and disease prevention	Yes	With pharmacist supervision	No
identify and resolve drug-related problems	Yes	No	No
recognize and respond to unusual patterns of drug distribution (including diversion, misuse, and fluctuations in utilization)	Yes	Yes	No
immunizations	Yes	No	No
non-prescription selection and counselling	Yes	No	No
med assessment for compliance packaging	Yes		No

Pharmacy Services and Competencies	Pharmacists	Regulated Pharmacy Technician	Pharmacy Assistant
		No	
medication adherence programs	Yes	With pharmacist supervision- collect data and alert pharmacist to discrepancies or high-risk situations	No
medication reviews	Yes	No	No
minor ailment management	Yes	No	No
monitoring (detection and resolution of problems)	Yes	No	No
participation of patients in their own care (Intelligent Adherence)	Yes	No	No
understand, participate in, and promote patient safety initiatives	Yes	Yes	No
pharmaceutical care/ medication management	Yes	No	No
Prescriptive Authority	Yes	No	No
Therapeutic Drug Monitoring	Yes	No	No
timely recognition of drug indication and other signs and symptoms relevant to drug use, along with accurate identification of underlying disease	Yes	No	No

APPENDIX B

RECOMMENDED LEGISLATIVE CHANGES

LEGISLATION	SECTION	RECOMMENDATION
The Pharmacy Act, 1996	Interpretation - 2	Add licensed pharmacy technician Add dispense
The Pharmacy Act, 1996	Bylaws - 14(1)(j)	Number of elected councillors change to include pharmacy technician(s)
The Pharmacy Act, 1996	Registration of members -18	Add section with respect to pharmacy technician members
The Pharmacy Act, 1996	Application for permit – 19 Permits – 20	Where the Act states 'member(s)" this may in future include pharmacy technicians. Will a pharmacy technician be allowed to "operate" a proprietary pharmacy permit?
The Pharmacy Act, 1996	Protection of title - 22	Add section with respect to protection of pharmacy technician title
The Pharmacy Act, 1996	Prohibited practice and exceptions -23	The group discussed problems with "dispense or sell". The group felt that two statements might be best in this section.
The Pharmacy Act, 1996	Complaints committee – 27	No consensus arrived at between: Option A: A joint committee consisting of both pharmacy technicians and pharmacists (with one public member). In this instance add, … *and one licensed pharmacy technician who is not a councillor* Option B: Separate pools of members: - a pool of pharmacists to sit on the Pharmacist's Complaints Committee - a pool of pharmacists to sit on the Pharmacist's Discipline Committee - a pool of pharmacy technicians to sit on the Pharmacy Technician's Complaints Committee - a pool of pharmacy technicians to sit on the Pharmacy Technician's Discipline Committee

The Pharmacy Act, 1996	Discipline – 31	As noted for Section 27 above. For Option A suggest minimum of 2 licensed pharmacy technicians on discipline committee
Bylaws	Preamble	Remove references to "Mutual Recognition Agreement" here and wherever else this term appears in the Bylaws
Bylaws	Constitution and Election of Council – 1.1	Add two divisions for pharmacy technicians: #9 – Pharmacy Technician Urban #10 – Pharmacy Technician Rural
Bylaws	Registration, Membership, Licence and Reinstatement Fees Registration Fees - 3.1.1	Add "On registration as a member who is a pharmacy technician $255.00" AND "On registration as a member who is a pharmacy technician from a jurisdiction other than Saskatchewan $685.00."
Bylaws	Registration, Membership, Licence and Reinstatement Fees Membership and license Fees - 3.1.2	It was felt that fee should be between 60% and 75% of the pharmacist fees since the cost of administration is the same (acknowledging that pharmacists earn a higher income). Add categories identical as for pharmacists
Bylaws	Registration Requirements – 4.1	Add pharmacy technician section that mirrors other registration requirements. Include the successful completion of the national examinations given by PEBC.
Bylaws	Membership and Licence Categories - 4.2	Add pharmacy technician sections (Practising and Non-practising) that mirror other membership and licence categories. "Conditional Practising members" - Because of the differences to the educational programs and examinations for pharmacy technicians it was decided not to pursue "conditional practising" status for pharmacy technicians.

Bylaws	Meetings – 8.1.4	Change the word pharmacist to "member" as both pharmacists and pharmacy technicians would be included in quorum. It was suggested that with an increase in members the number required for quorum should be increased to 120 rather than the "10% of pharmacists" as it now states.
Bylaws	Pharmacist in Charge – 12.0	Delete "therein"
Bylaws	Code of Ethics -13.0	Add separate section as 13.2 (or number as appropriate) "The Practice of Pharmacy Technician is a Profession Dedicated to the Service of Public Health" and use "A pharmacy technician shall…" throughout. This will provide opportunity for future changes for both pharmacists and pharmacy technicians as needed.
Bylaws	Conditions of Sale for Drugs and Related Requirements for Pharmacists and Pharmacies – 14.2.4	Add restriction as 14.2.4.1 to address specific exceptions such as may arise when pharmacist is at nursing home – or – may be able to address this issue under 14.2 Lock and Leave section 14.3.1.2 and 14.3.3.4
Bylaws	Conditions of Sale for Drugs and Related Requirements for Pharmacists and Pharmacies - 14.3.1.2	See recommendation under Section 14.2.4 Reword to remove "selling" as this is something pharmacy technician may do when pharmacist is away
Bylaws	Conditions of Sale for Drugs and Related Requirements for Pharmacists and Pharmacies - -14.3.3.4	See recommendation under Section 14.2.4 There is an opportunity here to include pharmacy technician as professional staff
Bylaws	Prescription Labelling Requirements - 14.7	Refer to label recommendations put forward by Professional Practice Committee
	Safety Closure Containers - 14.8	Change "pharmacist" to "member" in introductory statement and in 14.8 b)
	No pharmacist shall accept….. - 14.9	Change "pharmacist" to "member"
	14.10 and 14.11	Previously repealed sections should be removed from document
	Advertising - 14.12.1	Change "pharmacist" to "member"
	Schedule I Drugs - 14.13.4 through 14.13.9	Change "pharmacist" to "member". Add restriction that pharmacy technician shall not transfer or receive a transfer verbally
Drug Schedule Regulations	No sections identified	

APPENDIX C

DEFINITIONS

Accreditation - the process whereby an association or agency grants public recognition to an organization, site or program that meets certain established qualifications or standards, as determined through initial and periodic evaluations.

Bridging Program - a program designed to fill the gap between a student's existing knowledge and skills and the assumed knowledge or skills required to meet specific professional requirements.

Clinical - relating to the observation and treatment of patients.

Competency - the distinct set of knowledge, skills, attitudes and values that is essential to the practice of a profession.

Dispensing - interpretation and evaluation of a prescription, selection and manipulation or compounding of a pharmaceutical product, labelling and supply of the product in an appropriate container according to legal and regulatory requirements, and the provision of information and instructions by a pharmacists to ensure the safe and effective use by the patient.

Interprofessional Collaboration - when health professionals from different disciplines (for example, nurses, physicians, physiotherapists, psychologists, pharmacists) work and learn together to provide patient care.

Medication Distribution - **"Distribute"** means the delivery of a drug or device other than by administering or dispensing.[4]

Medication Management - the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimize the contribution that medicines make to producing informed and desired outcomes of patient care. Medication management services are pharmacist-provided services that include, but are not limited to, prescription reviews, medication monitoring, management of repeat prescribing, services to nursing and residential homes and patient education.

Patient-Centered Care - the approach to medical care in which the practitioner respects the patient's needs, wants and preferences. The patient is treated as a partner in care planning and the ultimate decision maker. Adapted by PAS from J Am Pharm Assoc. 2007:47(5):602-628 American Pharmacists Association).

Patient-Focused Care - (Patient Centered Care) - the emerging of several models of health care practice including patient education, self-care, and evidence-based care into four broad areas of intervention: communication with patients, partnership with patients, health promotion, and delivery of care.

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[4] NAPRA
http://www.napra.org/pages/Practice_Resources/information_for_pharmacists_about_vipps_certification.aspx?id=2122

Pharmaceutical Care - the provision of patient-centered practice in which the practitioner assumes responsibility for a patient's medication-related needs and is held accountable for this commitment for the purpose of achieving definite outcomes through designing, implementing, or monitoring of a therapeutic plan. Medication therapy management is a structure in which to provide pharmaceutical care. J Am Pharm Assoc. 2007:47(5):620-628 American Pharmacists Association.

Pharmacy Assistant - is defined as a person who is not a pharmacist or intern, and who is employed in a pharmacy to assist the pharmacist in performing functions.

Pharmacy Technician - **(today)** - unregulated, with a limited scope of practice where all activities are under the supervision and responsibility of a pharmacist. An individual who, under the supervision of a licensed pharmacist, assists to pharmacy activities not requiring the professional judgment of the pharmacist. (**future**) - regulated, registered with an authoritative body in each province, will have a protected title and will have an expanded scope of practice that will assume responsibility for limited and defined functions.

Pharmacy Workforce - the workforce involved in the delivery of pharmacy services. This can include students, interns, pharmacy assistants, pharmacy technicians and pharmacists. (same reference as above).

Primary Health Care - (Sask Health 1977) generally the first point of contact with the system and provides the basis to address the main health needs of individuals and communities. It encompasses preventive, promotive, curative, supportive and rehabilitative services; is provided by a range of professionals; serves to enhance people's physical, mental, emotional and spiritual well-being; works to address the factors which influence health (determinants of health); and is designed and delivered in conjunction with the public and community service providers.

Scope of Practice - scope of practice statements describe in general terms what a professional does and how it does it.[5]

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[5] BC White Paper http://www.bcpharmacists.org/library/A-About_Us/A-8_Key_Initiatives/5072-White_Paper_Ptech.pdf

APPENDIX D

PHARMACY TECHNICIAN REGULATION ADVISORY WORKING GROUP MEMBERS

Bonnie J. Meier, Professional Practice Committee, Saskatchewan College of Pharmacists

Jeanne Eriksen, Assistant Registrar, Saskatchewan College of Pharmacists

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Karen McDermaid, Canadian Society of Hospital Pharmacists, Saskatchewan Branch Representative

Jonina Code, independent pharmacy, Canadian Association of Pharmacy Technicians

Cathy Dawes, retail pharmacy chain, Canadian Association of Pharmacy Technicians

Lyndsay Ratzlaff, small hospital, Canadian Association of Pharmacy Technicians

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Mike Davis, advisory member - Saskatchewan College of Pharmacists

APPENDIX E

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