

Applicant Name:	
-----------------	--

Applicant eServices ID: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

## Pharmacy Technician Structured Practical Training Program Package

Administered by:

College of Pharmacists of B.C. Email: registration@bcpharmacists.org



#### PHARMACY TECHNICIAN STRUCTURED PRACTICAL TRAINING

#### Goals/Overview

The Structured Practical Training (SPT) program is intended to ensure applicants understand and meet the competencies and standards of practice for pharmacy technicians as outlined in the National Association of Pharmacy Regulatory Authority's (NAPRA) <u>Professional Competencies for Canadian</u> <u>Pharmacy Technicians at Entry-to-Practice</u>. Learning activities have been established in this program to ensure that applicants achieve a satisfactory degree of competence in these nine areas:

- Legal, Ethical and Professional Responsibilities (LEP)
- Professional Collaboration and Team Work (PCT)
- Drug Distribution: Prescription and Patient Information (DD-PPI)
- Drug Distribution: Product Preparation (DD-PP)
- Drug Distribution: Product Release (DD-PR)
- Drug Distribution: System and Inventory Controls (DD-SIC)
- Communication and Education (CE)
- Management Knowledge and Skills (MKS)
- Quality Assurance (QA)

Not all competency elements in NAPRA's *Professional Competencies for Canadian Pharmacy Technicians at Entry-to-Practice* are included but the applicant is expected to be familiar with all competency elements.

The SPT program consists of the following sections:

- **Pre-Assessment** Provides an opportunity for applicants to assess their own knowledge, skills and abilities using the rating scale prior to beginning the activities.
- **Part I and II Learning Activities** The applicant is to perform the activities and provide documentation and examples that support their achievement of each activity. Using the rating scale, applicants provide a self-rating of their performance, and preceptors provide a rating of the applicant's performance for each activity.
- **Independent Double Check (IDC)** The applicant is to complete and document 500 consecutive prescription checks without error (competency element 5.1.1).

#### Program Management

The pharmacy technician SPT program is administered by the College of Pharmacists of BC (CPBC). The SPT requirements are outlined in <u>Registration Committee Policy-8 (RCP-8) - Structured Practical Training</u> <u>Requirements for Pharmacy Technicians</u>.

New pharmacy technician graduates must meet the following SPT requirements:

- a. 160 hours of SPT, if graduated within the last 3 years preceding the start date of their SPT, or
- b. 500 hours of SPT, if graduated 3 years or greater preceding the start date of their SPT;

Applicants reinstating through the "6 years or more in the non-practising and/or former pharmacy technician category" path should refer to <u>RCP-8</u> for the SPT requirements.

Applicants required to complete 160 hours are permitted up to 3 months to complete their SPT; applicants required to complete 500 hours are permitted up to 6 months to complete their SPT.

The SPT must be completed at a single site to facilitate continuous learning, therefore applicants are not permitted to change their site midway through the SPT. Any change of the primary preceptor or deadline extension requests must have prior approval by CPBC.



The SPT hours, learning activities, and IDC must be successfully completed to demonstrate your competency to the preceptor's satisfaction. All SPT work must be submitted to CPBC via email to: registration@bcpharmacists.org no later than 7 days after the mid-evaluation and final evaluation dates.

At any time, if the preceptor has concerns about the applicant's readiness to practice as a pharmacy technician, the preceptor must contact CPBC as soon as possible, before the SPT is completed.

SPT results are valid for three years from date of program completion.

#### **Preceptor Qualifications and Responsibilities**

A preceptor must supervise the SPT activities. The preceptor's role is that of a learning facilitator. Preceptors are required to be available and stimulate learning, and applicants are expected to respect their time as busy professionals with a large number of responsibilities (to their patients, colleagues and practice).

A preceptor must have the following qualifications:

- Be a registered pharmacist or pharmacy technician in good standing with CPBC.
- Must not have any limits/conditions on their registration imposed by CPBC that restricts them from being a preceptor.
- Have at least six months of community or hospital pharmacy practice experience.
- Not have a conflict of interest with regards to the applicant (e.g. family relation or personal relationship). This criterion applies to all pharmacists, pharmacy staff & managers at the site.
- Be able to review the applicant's answers to the assignments to ensure accuracy and completeness.

A **Primary Preceptor** must be identified at each site and must comply with the above stated criteria and must:

- Provide the applicant with an orientation to the facility and pharmacy staff.
- Be responsible for and be present with the applicant for a majority of the applicant's hours.
- Ensure appropriate patient care opportunities are provided to the applicant to complete the required learning activities.
- Set expectations and ensure ongoing formative feedback is provided to the applicant on a daily basis to improve the applicant's knowledge and skills.
- Provide regularly scheduled weekly meetings to discuss and review the mandatory learning activities and the applicant's progress on achieving these.
- Complete mid-rotation and summative final evaluations for the applicant as required.
- Communicate any difficulties with the program or applicant with the CPBC as soon as they arise.

#### **Applicant Expectations:**

Each applicant is expected to be motivated and self-directed. Each applicant must also safely practice within the boundaries of their knowledge, skills and abilities and understand CPBC's Policies and Guidelines as laid out in the Pharmacy Technician SPT Package:

- Be familiar with the goals and learning objectives of the SPT.
- Sign the <u>Confidentiality Undertaking Form</u> available on the CPBC website and submit to the
  preceptor on the first day of the program.
- Contact the preceptor prior to the start date to re-confirm the SPT. Enquire about pre-readings or preparatory materials.
- Bring a printout of the SPT course materials or a laptop to the site each day.
- Complete the pre-assessment prior to the start of the SPT; identify learning goals and take appropriate action to address learning needs.
- Discuss any issues or barriers to learning with the preceptor and CPBC in a timeframe that allows for supportive action to be taken.



- Be mindful of the demands placed on the preceptor's time and be willing to assist them when possible.
- Always maintain professionalism. Applicants are expected to follow the site's dress code, be punctual & complete assignments on time.

#### Late submissions

Failure to submit the documents by the due date may result in having to reapply for the SPT. Applicants who cannot meet submission deadlines must notify CPBC immediately and prior to the submission deadlines. If you are unable to meet the stated deadlines you must contact: registration@bcpharmacists.org.

#### The SPT Process

#### Using the Rating scale

In the Pre-Assessment and Part I and II Learning Activities, applicants and preceptors must rate the achievement of the competency element/activity based the following rating scale:

1	2	3	4
Unsatisfactory/*No Opportunity	Needs Improvement	Satisfactory	Exceptional
Applicant's knowledge to perform the task is below expectations. Applicant requires assistance and extensive intervention to complete the task. Sometimes the preceptor must complete the task.	Applicant has the knowledge and understands process. But does not always apply them consistently and independently without supervision. Requires more than a single prompt from preceptor.	Student can perform task independently. Requires only occasional questioning consisting of a single limited prompt.	Applicant can perform in an independent fashion. Never requires any intervention. No improvement needed. Always above expectations.
Demonstrates objective < 60% of the time	Demonstrates objective 60% to < 75% of the time	Demonstrates objective > 75% of the time	Demonstrates objective > 90% of the time

\* **No Opportunity** - No opportunity is only valid for the applicant's Pre-Assessment as they may not have experienced all competency elements in their previous work experience.

#### Independent Double Check (IDC)

The IDC is a process where an applicant's ability to accurately and consistently perform a final check of prepared product in the workplace is verified your SPT preceptor. The IDC of 500 consecutive checks is competency element 5.1.1. The IDC can be started at any time during the SPT program, however it must be completed within the SPT program.

- Using the <u>IDC Daily Tracking Log</u>, an applicant is to complete checking of a full complement of the various types of prescriptions including new and repeat prescriptions, compounds, sterile preparations (if applicable), different types of unit dose packages, blister cards and dossettes.
- The daily tracking log does **NOT** need to be submitted to CPBC. The applicant should retain it for their own records.
- The maximum number of prescriptions/orders checked each day **must not exceed 50**, therefore the entire IDC must not take less than 10 days.
- If a checking error occurs, the preceptor must inform the applicant to review and discuss the error made. The checking process must then be restarted at zero (for example: if an applicant makes an error after accurately completing 495 checks, they must begin at zero).
- An applicant must not exceed three attempts at the IDC. If an error occurs during the 3<sup>rd</sup> attempt, the preceptor must inform CPBC for further review.
- Review the <u>IDC Orientation Presentation</u>.



- Use the <u>IDC Daily Tracking Log</u> to record the prescriptions checked each day.
- Successful completion of the IDC should be declared by the preceptor in the Declaration of Completion form to be submitted in the final submission.

#### Step 1: Pre-assessment

The pre-assessment provides an opportunity for applicants to assess their own knowledge, skills and abilities based on NAPRA's competency elements **prior to beginning the activities**. This is baseline information for both the applicant and preceptor to raise awareness of any areas of strength and/or areas for improvement and help guide where to focus the SPT.

- Pre-assessment must be completed by the applicant prior to starting the learning activities. This section is **not** to be submitted to CPBC.
- Based on the description of the competency elements, the applicant is to rate their own ability to perform each competency element using the 1 to 4 rating scale.
- Applicant and preceptor are to review the completed pre-assessment together. The information gathered is to be used as a guide to better familiarize and understand each competency element.

#### **Step 2: Part I Learning Activities**

- There are 15 learning activities in Part I that must be completed in the first two weeks of the SPT and submitted to CPBC for review. CPBC will review these activities to monitor the applicant's progress in the program.
- The applicant must perform each activity and provide documentation, examples, and/or explanations that support the achievement of each activity **on a separate piece of paper or digital document** (do not record your work in the preceptor's comments box).
- Once the applicant has performed the activity, they are to rate their own performance of the competency element based on the scale of 1 to 4.
- The preceptor must rate and comment on the applicant's performance for each of the competency elements. The preceptor's rating may or may not be the same as the applicants.
- If the applicant receives a **1 or 2 rating** from the preceptor, the preceptor and applicant must develop and document an action plan to help the applicant achieve a rating of 3 or 4. The applicant will have the opportunity to use the action plan to achieve a 3 or 4 when they repeat the activity in Part II.
- Part I submission requirements:
  - Ensure that your submission includes:
    - Part 1 learning activities (pages 13-28) with the applicant and preceptor ratings recorded, and
    - Answers (documentation, examples, and/or explanations) for each Part I learning activity recorded on separate paper. Ensure that each of your answers clearly indicates the corresponding activity.
  - Submissions should be sent as PDF and/or Word document by email to: registration@bcpharmacists.org or faxed to 604-733-2493 within 7 days of the midevaluation submission date. Email your documents in as few attachments as possible.
  - Once your Part I submission has been reviewed by CPBC, you will be notified by email.

#### Step 3: Part II Learning Activities (All activities to be completed for the final submission)

- Part II consists of ALL the learning activities, including a repeat of the activities in Part I, which are considered core competencies. You may build upon your research completed in your part I submission however you must submit new examples, scenarios or calculations where prompted.
- Applicant and preceptor are to continue with completing all the learning activities in this section, as they did in Part I.
- Preceptor to continue to rate the applicant's ability to demonstrate each of the competency elements.
- If an applicant receives a 1 or 2 rating from the preceptor, it will be considered standard not met, and they must repeat the learning activity to achieve a 3 or 4 rating.



#### **Step 4: Declaration of Completion**

The Declaration of Completion form is to be completed by the preceptor once the applicant has finished all sections of the SPT: Pre-assessment, Part I Learning Activities, Part II Learning Activities, and the IDC.

- Preceptor to evaluate the overall ability of the applicant to demonstrate the nine competency areas, including the completion of 500 checks of prescriptions/orders.
- Preceptor to indicate the number of SPT hours completed by the applicant.
- Preceptor to indicate whether the standard has been met, not met, or incomplete/not demonstrated. If the applicant has received a final evaluation of standard not met or incomplete/not demonstrated, include an explanation of why and the steps required to improve.
- Preceptor to provide a brief summary statement of their evaluation of the applicant's performance, including comments on demonstrated strengths and/or areas of improvement.
- Applicant may also provide comments on the Declaration of Completion Form in response to the preceptor's evaluation.

#### Step 5: Feedback Form

Applicant and preceptor to each complete the feedback form upon completion of the SPT program. Information from the feedback form will be used to help improve the program.

#### **Step 6: Final Document Submission to CPBC**

- Part II submission requirements:
  - Ensure that your submission includes:
    - Part II learning activities (pages 29-64) with the applicant and preceptor ratings recorded,
    - Answers (documentation, examples, or explanations) for each Part II learning activity recorded on separate paper, and
    - Declaration of Completion
    - > Feedback forms completed by the applicant and preceptor
  - Ensure that each of your answers clearly indicates the corresponding activity.
  - Submissions should be sent as PDF and/or Word document by email to: registration@bcpharmacists.org or faxed to 604-733-2493 within 7 days of completing your SPT. Email your documents in as few attachments as possible.
- Once the SPT package has been reviewed by CPBC, applicants will be notified by email of their final status.

For any questions regarding the Pharmacy Technician SPT Program, contact CPBC at: registration@bcpharmacists.org.



## **Pre-Assessment**

- Must be completed prior to starting the learning activities Does NOT need to be submitted to CPBC  $\succ$
- $\succ$



#### PHARMACY TECHNICIAN STRUCTURED PRACTICAL TRAINING (SPT) PRE-ASSESSMENT

RATING SCALE		
1	Unsatisfactory/No Opportunity	Demonstrates objective < 60% of the time or No opportunity
2	Needs Improvement	Demonstrates objective 60% to < 75% of the time
3	Satisfactory	Demonstrates objective > 75% of the time
4	Exceptional	Demonstrates objective > 90% of the time

COMPETENCY UNIT	COMPETENCY ELEMENTS*	ACTIVITIES		RAT	ſING	
1. LEGAL, ETHICAL	AND PROFESSIONAL RESPO	DNSIBILITIES (LEP)	1	2	3	4
1.1 Meet Legal Requirements	<b>1.1.1</b> Comply with legal requirements.	Throughout the various stages of the dispensing process that you are involved with at your practice site, identify the corresponding legislation (i.e. specific sections that are relevant to each of these stages.)				
	<b>1.1.2</b> Protect patient confidentiality.	Describe TWO situations you encountered during your rotation that demonstrates adherence to or application of confidentiality legislation. Identify the corresponding components under this legislation and the College of Pharmacists of B.C.'s (CPBC) Code of Ethics that is relevant to these two situations.				
1.2 Uphold and Act on Ethical Principles	<b>1.2.3</b> Demonstrate personal and professional integrity.	Review the CPBC's Code of Ethics. Discuss with your preceptor your obligation as a pharmacy technician to uphold each principle and your primary accountability to the patient. Discuss various scenarios regarding how a pharmacy technician can contribute to upholding each principle.				
1.3 Demonstrate Professionalism	<b>1.3.1</b> Accept responsibility and accountability for own actions and decisions including the safety of patient, self and others.	Discuss with your preceptor your professional obligation to inform CPBC of incapacity, incompetence and professional misconduct of registrants. What should you do if you become aware of, or suspect abuse of more vulnerable members of the public? What is your obligation to exercise professional judgment as a healthcare practitioner?				
	<b>1.3.4</b> Promote understanding of the pharmacy technician role and its relationship to other healthcare providers.	To promote the understanding of the role of the pharmacy technician, differentiate your scope from that of a pharmacist, versus the rest of the pharmacy team members or health care team, and discuss your findings with your preceptor. What is your responsibility as a pharmacy technician with respect to collaboration during prescription processing and the final product release? How will you verify that the pharmacist has completed the therapeutic and clinical assessment of the prescription prior to release of the final product?				
2. PROFESSIONAL C	OLLABORATION AND TEAN	I WORK (PCT)	1	2	3	4
2.1 Collaborate to Meet Patient Healthcare Needs, Goals and Outcomes	<b>2.1.1</b> Develop collaborative relations with and show respect for all members of the inter- professional team.	List the types of healthcare professionals that you interacted with during your rotation, and describe the nature of these interactions. Visit the Ministry of Health (MOH) Professional Regulation website at: <u>www.health.gov.bc.ca/leg/</u> to determine which of these health care professional (HCPs) are regulated. The MOH website has links to individual college websites. Find out which HCP's have prescribing authority. What types of drugs (within the scope of practice) can be prescribed by these HCP's?				



COMPETENCY UNIT	COMPETENCY ELEMENTS*	ACTIVITIES		RAT	ING	
	<b>2.1.4</b> Seek guidance from another pharmacy	Discuss with your preceptor TWO situations where you needed to make referrals to pharmacists at your	1	2	3	4
	technician or pharmacist when uncertain about own knowledge, skills and/or abilities. Seek out and use appropriate information or resources. Refer patients to other HCPs when required.	practice site, or to other HCPs. Why was guidance needed for each of these circumstances?				
3. DRUG DISTRIBUT	ION: PRESCRIPTION AND PA	TIENT INFORMATION (DD-PPI)	1	2	3	4
3.1 Receive a Prescription	<b>3.1.1</b> Create and/or maintain a patient record (i.e. confirm identity, gather, review and update patient information, medication history, third party payment information).	<b>Community Pharmacy Site:</b> Practice receiving prescriptions and updating patient records under staff supervision. What questions should you be asking patients during this process? Identify challenges that you encounter and how these are resolved. <b>Hospital Site:</b> Observe how incoming orders are reviewed, and what to watch for (e.g. weight for pediatric patients). How does hospital pharmacy staff contribute to the updating or maintenance of patient records?				
	<b>3.1.2 / 3.1.3</b> Assess prescription for clarity, completeness, authenticity and legal requirements. Consult with the patient, pharmacist or prescriber when required.	Note situations when prescriptions do not meet legislative requirements and need further clarification. What are the issues and how are they resolved? Where can you find prescription requirement information for each of the following: narcotic drug, controlled drug, targeted substance, prescription received by fax, prescription written outside of BC, and methadone?				
3.2 Process the Prescription	<b>3.2.1</b> Assess the prescription and determine processing priority.	Discuss with your preceptor regarding how incoming prescriptions are prioritized. What are the various considerations?				
	<b>3.2.2</b> Interpret the prescription including abbreviations, numerals and symbols.	Note prescriptions you've received that you find confusing or difficult to interpret. What common factors contribute to these occurrences? How are these prescriptions handled? Where can you find a list of confusing abbreviations for reference?				
	<b>3.2.3</b> Perform pharmaceutical calculations.	Carry out pharmaceutical calculations as part of the drug distribution process at your practice site. What types of calculations are performed?				
	<b>3.2.4</b> Ensure the prescription information is recorded accurately on patient records.	Assist in the preparation of materials for medication reconciliation in community and/or hospital practice. Review their medication profiles after the medication reconciliation along with your preceptor (e.g. purpose of each of the drugs being used for the corresponding patient such as a cascade drug to treat a side-effect from another medication being used), and discuss any identified discrepancies (e.g. chronic medications stopped by patient).				
	<b>3.2.5</b> Alert the pharmacist to actual and potential drug therapy related problems.	What drug therapy related problems (e.g. drug interactions or duplicate therapy flagged by the local software system or PharmaNet) did you notice? What system or process exists to alert the pharmacist of these potential problems?				
3.3 Transfer Prescription Authorizations to Another Pharmacy at Patients' Requests	<b>3.3.1 / 3.3.2</b> Determine the legality and appropriateness of the request. Document transfers.	Under the supervision of a pharmacist, receive TWO verbal or faxed prescription transfers from another pharmacy, and transfer TWO fax or verbal prescriptions to another pharmacy. How do these prescriptions comply with the required legislation? What issues were encountered during the process, and how should they be addressed?				



COMPETENCY UNIT	COMPETENCY ELEMENTS*	ACTIVITIES		RAT	ING	
4. DRUG DISTRIBUT	ION: PRODUCT PREPARATIO	DN (DD-PP)	1	2	3	4
4.1 Select, Prepare and Package Products for Release	<b>4.1.1</b> Select appropriate products/brands.	Throughout your participation in the drug distribution activities, identify recently marketed drugs, or drugs that you are not too familiar with, and document pertinent information on these drugs such as classification. <b>Community Pharmacy Site:</b> Use classification under B.C.'s Provincial Drug Schedules, interchangeability status according to B.C. legislation and Pharmacare's interchangeability policies. <b>Hospital Pharmacy Site:</b> Other classifications include automatic substitution status, therapeutic class, indications, contraindications, dosage and administration (e.g. take with food), strengths and dosage format, and manufacturer and non- manufacturer references used.				
	<b>4.1.3</b> Prepare non-sterile and sterile products.	Prepare non-sterile and/or sterile compounding products at your practice site. What are the legal labeling requirements for compounded products that you have made? What system is in place to standardize documentation for quality assurance (QA) purpose for these products? What reference sources are being used in establishing QA criteria such as expiration dates?				
	<b>4.1.4</b> Package products to maintain integrity. Label according to legislative requirements.	Participate in repackaging activities at your practice site. What QA process is in place for the various types of repackaging that you have done? Why is it necessary to repackage medications in each of these cases? Discuss with your preceptor potential implications of missing or improper use of auxiliary labels (e.g. Take with Meals, Keep Refrigerated), using specific drugs or drug classes as examples.				
5. DRUG DISTRIBUT	ION: PRODUCT RELEASE (D	D-PR)	1	2	3	4
5.1 Ensure Accuracy and Quality of the Final Product	<b>5.1.1</b> Independent double check, documentation.	A definition of Independent Double Check (IDC) is available on the Institute for Safe Medication Practices Canada website at: <u>www.ismp-</u> <u>canada.org/definitions.htm</u> . Perform independent double checks of 500 doses/prescriptions in no less than 10 days. The maximum number of doses/prescriptions checked each day must not exceed 50.				
5.2 Collaborate with the Pharmacist in the Release of the Product	*5.2.1 Confirm that the pharmacist has reviewed the prescription and the patient record.	Discuss with your preceptor what processes are in place at your practice site to confirm that the pharmacist has reviewed the prescription and patient record, ensure that pharmacist counseling is provided to those patients, and that prescriptions are released to the correct patient or agent?				
5.3 Document all Aspects of Drug Distribution Activities		As you familiarize yourself with the process of drug distribution, note how documentation is auditable and traceable for the various aspects of drug distribution (i.e. what documentation system is in place for accountability purpose?)				
6. DRUG DISTRIBUT	ION: SYSTEM AND INVENTO	RY CONTROLS (DD-SIC)	1	2	3	4
6.1 Manage the Drug Distribution System	<b>6.1.2</b> Contribute to the implementation and maintenance of safe and effective systems of drug supply and distribution.	Identify specific drug distribution areas or processes at your practice site that you are less familiar with (e.g. compounding, inventory control, computerized order entry, automated dispensing machine etc.) Schedule more training time for these areas (on-site or off-site) during your SPT rotation, in consultation with your preceptor.				



COMPETENCY UNIT	COMPETENCY ELEMENTS*	ACTIVITIES		RAT	ſING	
	<b>6.1.4</b> Recognize and respond to unusual	Identify THREE drugs (excluding narcotics, controlled drugs, benzodiazepines or targeted substances) that	1	2	3	4
	patterns of drug distribution including diversion, drug misuse and fluctuations in utilization.	may have potential for dependence or misuse. For each of these drugs, consider why they may be targets for misuse and reasons to suspect misuse/diversion. Discuss with your preceptor how various situations that actually (or may have potentially) occurred were detected and handled during his/her practice (such as prescription forgery in community practice, or ward stock diversion in hospitals). Also discuss how a pharmacy technician should manage the referral of these issues to the pharmacist.				
6.2 Manage Inventory	<b>6.2.2</b> Determine and maintain inventory requirements sufficient for patient safety and efficient operations using an inventory information system.	Identify various situations pertaining to ordering issues at your practice site (e.g. pharmacy shortage, recalls, manufacturer back-order, raw ingredient shortage, etc.) and communicate to patients regarding these short- supply issues. How were these issues addressed? What options were offered to patients? Prepare an algorithm that can be used by other pharmacy staff regarding ordering issues for different types of suppliers or different types of products.				
	<b>6.2.3</b> Audit inventory and report any discrepancies.	Perform inventory count for narcotics, controlled drugs, and targeted substances. Discuss with your preceptor the legislation and steps on how narcotic discrepancies should be identified, investigated and reported to the pharmacist. What documentation system is in place for narcotic discrepancies?				
	<b>6.2.5</b> Complete all documentation pertaining to inventory management.	Participate in the procurement of narcotic (in community) or Special Access drugs (in hospital), including the documentation required. Record at least one issue that you encountered, and how this was addressed. Where can you find information on the relevant legislation (i.e. specific sections) to assist you in regards to the procurement, storage, disposal, and record keeping of either of these drugs?				
7. COMMUNICATION	AND EDUCATION (CE)		1	2	3	4
7.1 Establish and Maintain Effective Communication	<b>7.1.1 / 7.1.2</b> Use effective communication skills in developing professional relationships with patients and HCPs.	Reflect on a positive situation that occurred during your rotation when the relationship between you and another HCP was collaborative. What effective communication skills were demonstrated? Also, reflect on a situation where the interaction was not ideal between you and a patient or a HCP. What issues need to be addressed under this circumstance and what improvement is needed?				
7.2 Provide Information and Education	<b>7.2.2</b> Coordinate or participate in health promotion and education for individuals and groups.	Assist in the preparation of a health promotion event (e.g. flu vaccine clinic, Pharmacy Awareness Week), or give a 5 to 10 minute presentation to your preceptor or staff on a health promotion topic that is to be determined by your preceptor (e.g. flu prevention and infection control).				
	<b>7.2.4</b> Assist patients to select and use drug administration devices, diagnostic and monitoring devices, home health aides and other non-drug measures.	Demonstrate the use of at least TWO devices (to be determined by your preceptor) to patients or staff. What special advice or precautions specific to each device should be mentioned during these demonstrations?				



COMPETENCY UNIT	COMPETENCY ELEMENTS*	ACTIVITIES		RAT	ING	
7.3 Document, in	7.3.1 Document information, procedures	Describe TWO situations where your clear, accurate and timely documentation contribute to quality patient	1	2	3	4
Compliance with Legislation, Standards, Policies and Procedures	and actions accurately, clearly and in a timely manner.	care. What information should be documented under these two circumstances, and why accurate and timely documentation is important?				
8. MANAGEMENT KN	IOWLEDGE AND SKILLS (MI	(S)	1	2	3	4
8.1 / 8.2 Manage Operational and Administrative Activities Occurring Within the Practice		Describe some of the tasks or projects the pharmacy technicians perform at your practice site that you find innovative and interesting (e.g. staff scheduling, meeting with pharmaceutical representatives). What skills are necessary to be effective in these roles?				
8.3 Manage Financial Elements Associated with Prescription Processing		<b>Community Pharmacy Site:</b> Enter at least THREE different third party plans in the system, under the supervision of a pharmacy staff member. What challenges did you encounter and how did you resolve them? Where can you find information on plans that are publicly funded by the BC government? <b>Hospital Pharmacy Site:</b> Research THREE different categories for Pharmacare coverage, i.e. Low Cost Alternative Program, Reference Drug Program, Special Authority approval. Define each category and give examples of THREE medications in each. See: <u>http://www2.gov.bc.ca/gov/content/health/health-drug- coverage/pharmacare-for-bc-residents/what-we- cover/general-coverage-policies</u>				
9. QUALITY ASSURA	NCE (QA)		1	2	3	4
9.1 Participate in Quality Assurance Processes	<b>9.1.1</b> Identify and respond to actual or potential problems within the drug distribution system.	Describe TWO or THREE situations pertaining to medication errors or near misses that you encountered at your practice site. Document these occurrences (e.g. using tools such as the Institute of Safe Medication Practices Canada (ISMPC) reporting program available at: <u>www.ismp-canada.org</u> ) and discuss with your preceptor regarding how the collected information is processed for the purpose of error prevention?				
9.2 Ensure the Safety and Integrity of Pharmaceutical Products	<b>9.2.1</b> Ensure the cleanliness, functionality and integrity of compounding, packaging, dispensing and storage equipment.	Participate in the regular cleaning and maintenance of various dispensary supplies and equipment. Reflect on TWO situations where the proper maintenance of equipment or the proper storage condition contributes to product safety.				
9.3 Contribute to the Creation and Maintenance of a Safe Working Environment and Conditions		Describe TWO or THREE measures and initiatives that are in place at your practice site to ensure workplace safety. Where can you find information and standards regarding workplace safety at your practice site and online?				

\* Note: Not all competency elements as described in NAPRA's *Professional Competencies for Canadian Pharmacy Technicians at Entry* to *Practice* are included but the applicant and preceptor are expected to be familiar with all competency elements.



Applicant Name:\_\_\_\_\_

CPBC eServices ID:\_\_\_\_\_

Preceptor Name:\_\_\_\_\_

# Part I Learning Activities

Must be completed within the first 2 weeks of starting the SPT and submitted to CPBC for an interim evaluation within 7 days after the 2-week mark.



#### **PHARMACY TECHNICIAN SPT - PART I LEARNING ACTIVITIES**

#### 1. LEGAL, ETHICAL AND PROFESSIONAL RESPONSIBILITIES (LEP)

1.1 Meet Legal Requirements	Арр	olicant	's Rat	ing
1.1.1 Comply with legal requirements including federal and	1	2	3	4
1.1.1 Comply with legal requirements including federal and provincial/territorial legislation, policies, by-laws, and standards applicable to pharmacy practice.				
Throughout the various stages of the dispensing process that you are	Pre	ceptoi	r's Rat	ing
involved with at your practice site, identify the corresponding legislation (i.e. specific sections that are relevant to each of these stages.)	1	2	3	4
Examples of stages of the dispensing process include, but not limited to, receipt of prescription, order entry, drug dispensing, release of product, etc.				
Headings should include, but not limited to, tasks and specific sections of corresponding legislation.				



#### **1.1 Meet Legal Requirements Applicant's Rating** 1 3 2 4 Protect patient confidentiality according to federal and 1.1.2 provincial/territorial privacy legislation. Describe TWO situations you encountered during your rotation that demonstrates adherence to or application of confidentiality legislation. **Preceptor's Rating** Identify the corresponding components under this legislation and the College 1 2 3 4 of Pharmacists of B.C.'s (CPBC) Code of Ethics that is relevant to these two situations. Examples of situations include, but not limited to, request of confidential information from someone other than the patient, routine disposal of patient labels and profiles, accessing patient records etc.

Identify which components of the legislation apply to these two situations.



#### 1.3 Demonstrate Professionalism

### **1.3.4** Promote understanding of the pharmacy technician role and its relationship to the roles of other health care providers.

To promote the understanding of the role of the pharmacy technician, differentiate your scope from that of a pharmacist versus the rest of the pharmacy team members or health care team, and discuss your findings with your preceptor.

What is your responsibility as a pharmacy technician with respect to collaboration during prescription processing and the final product release? How will you verify that the pharmacist has completed the therapeutic and clinical assessment of the prescription prior to release of the final product?

Summarize your discussion.

Ар	plicant	t's Rat	ing
1	2	3	4
Pre	cepto	r's Rat	ing
1	2	3	4



#### 2. PROFESSIONAL COLLABORATION AND TEAM WORK (PCT)

2.1 Collaborate to Meet Patient Health Care Needs, Goals and Applicant's Rating Outcomes 1 2 3 4 2.1.4 Seek guidance from another pharmacy technician or pharmacist when uncertain about own knowledge, skills and/or abilities. Seek out and use appropriate information and/or resources. Refer patients to other HCPs when required. **Preceptor's Rating** Discuss with your preceptor TWO situations where you needed to make 1 2 3 4 referrals to pharmacists at your practice site, or to other healthcare professionals. Why was guidance needed for each of these circumstances? Summarize your discussion.



#### 3. DRUG DISTRIBUTION: PRESCRIPTION AND PATIENT INFORMATION (DD-PPI)

#### 3.1 Receive a Prescription

3.1.1 Create and/or maintain a patient record (i.e. confirm identity, gather, review, and update patient information, medication history, and third party payment information).

**Community Pharmacy Site:** Practice receiving prescriptions, and updating patient records under staff supervision. What questions should you be asking patients during this process? Identify challenges that you encounter and how these are resolved.

**Hospital Pharmacy Site:** Observe how incoming orders are reviewed, and what to watch for (e.g. weight for pediatric patients). How does hospital pharmacy staff contribute to the updating or maintenance of patient records?

Summarize your findings

Ар	plicant	t's Rat	ing
1	2	3	4
Pre	cepto	r's Rat	ing
Pre 1	ceptor 2	r's Rat 3	ing 4



#### 3.1 Receive a Prescription

## 3.1.2 / 3.1.3 Assess prescription for clarity, completeness, authenticity and legal requirements. Consult with the patient, pharmacist or prescriber when required.

Note situations when prescriptions do not meet legislative requirements and need further clarification. What are the issues and how are they resolved? Where can you find prescription requirement information for each of the following: narcotic drug, controlled drug, targeted substance, prescription received by fax, prescription written outside of BC and methadone?

State at least TWO situations where prescriptions do not meet legislative requirements, and how the issues were resolved.

Record a summary of discussion.

Ар	olicant	's Rat	ing
1	2	3	4
Pre	cento	r's Rat	ina
	oopto		
1	2	3	4
1			



3.2 Process the Prescription	Арр	olican	t's Rat	ling
3.2.3 Perform pharmaceutical calculations	1	2	3	4
3.2.3 Perform pharmaceutical calculations				
Carry out pharmaceutical calculations as part of the drug distribution process at your practice site. What types of calculations are performed?				
	Pre	cepto	r's Rat	ting
Examples of pharmaceutical calculations include, but not limited to, pediatric dosing, insulin dosing, etc.	1	2	3	4
Perform, document, and review at least THREE calculations (different types)				
with your preceptor.				



#### **3.2 Process the Prescription**

## 3.2.5 Alert the pharmacist to actual and potential drug therapy related problems.

What drug therapy related problems (e.g. drug interactions or duplicate therapy flagged by the local software system or PharmaNet) did you notice? What system or process exists at the practice site to alert the pharmacist of these potential problems?

Identify at least THREE situations and summarize your findings.

Ар	olicant	t's Rat	ing
1	2	3	4
Pre	cepto	r's Rat	ting
1	2	3	4



#### 4. DRUG DISTRIBUTION: PRODUCT PREPARATION (DD-PP)

#### 4.1 Select, Prepare and Package Products for Release

#### 4.1.3 Prepare non-sterile and sterile products

Prepare non-sterile and/or sterile compounding products at your practice site. What are the legal labelling requirements for compounded products that you have made? What system is in place to standardize documentation for quality assurance (QA) purpose for these products? What reference sources are being used in establishing QA criteria such as expiration dates?

Summarize your findings, and list at least TWO compounds that you have prepared at your practice site.

Applicant's Rating					
1	2	3	4		
Pre	cepto	r's Ra	ting		
Pre 1	cepto 2	or's Ra 3	ting 4		



#### 5. DRUG DISTRIBUTION: PRODUCT RELEASE (DD-PR)

5.2 Collaborate with the Pharmacist in the Release of the Product	Ар	olican	ť's Ra	ting
5.2.1 Confirm that the pharmacist has reviewed the prescription and the	1	2	3	4
batient record.				
Discuss with your preceptor what processes are in place at your practice site to confirm that the pharmacist has reviewed the prescription and patient record,	Pre	cepto	r's Ra	ting _
ensure that pharmacist counselling is provided to those patients, and that prescriptions are released to the correct patient or agent?	1	2	3	4
Record date of discussion and summarize.				



5.3 Document all Aspects of Drug Distribution Activities.	Арј	olican	ť's Ra	ting
As you formiliaring yourself with the process of dryp distribution, note how	1	2	3	4
As you familiarize yourself with the process of drug distribution, note how documentation is auditable and traceable for the various aspects of drug distribution (i.e. what documentation system is in place for accountability purpose?)				
pulpose ()	Pre	cepto	r's Ra	ting
Examples of various aspects of drug distribution include, but not limited to physician's office call backs, product release, etc.	1	2	3	4
Summarize your findings.				



#### 7. COMMUNICATION AND EDUCATION (CE)

7.3 Document, in Compliance with Legislation, Standards, Policies, and **Applicant's Rating** Procedures 1 2 3 4 7.3.1 Document information, procedures and actions accurately, clearly and in a timely manner. Describe TWO situations where your clear, accurate and timely documentation **Preceptor's Rating** contribute to quality patient care. What information should be documented under these two circumstances, and why accurate and timely documentation is 1 2 3 4 important? Examples of scenarios include, but not limited to, destruction of narcotics, shift change-over, faxing physicians for clarifications, refusal of refills, etc. Record your summary.



#### 8. MANAGEMENT KNOWLEDGE AND SKILLS (MKS)

8.3 Manage Financial Elements Associated with Prescription Processing	Ap	plicar	nt's Ra	ting	
	1	2	3	4	
<b>Community Pharmacy Site:</b> Enter at least THREE different third party plans in the system, under the supervision of a pharmacy staff member. What challenges did you encounter and how did you resolve them? Where can you find					
information on plans that are publicly funded by the BC government?	Preceptor's Rating				
	1	2	3	4	
*Hospital Pharmacy Site: Research THREE different categories for Pharmacare coverage, i.e. Low Cost Alternative Program, Reference Drug Program, Special Authority approval. Define each category and give examples of THREE					
medications in each. See: <u>http://www2.gov.bc.ca/gov/content/health/health-drug-</u> coverage/pharmacare-for-bc-residents/what-we-cover/general-coverage-policies.					
Summarize your findings.					



#### 9. QUALITY ASSURANCE (QA)

9.2 Ensure the Safety and Integrity of Pharmaceutical Products.	Ар	plicar	nt's Ra	ting				
9.2.1 Ensure the cleanliness, functionality and integrity of compounding.	1	2	3	4				
9.2.1 Ensure the cleanliness, functionality and integrity of compounding, packaging, dispensing and storage equipment.								
articipate in the regular cleaning and maintenance of various dispensary upplies and equipment. Reflect on TWO situations where the proper		Preceptor's Rating						
maintenance of equipment or the proper storage condition contributes to product safety.	1	2	3	4				
Examples of situations include, but not limited to, possibility of a patient reacting to the residue of another drug left on the counting tray, proper maintenance and								
calibration of electronic balances, danger of contaminated sterile preparations, etc.								

Record your summary.

Applicant 5 Rating						
1	2	3	4			
Dre						
Pre	cepto	r's Ra	ting			
Pre 1	cepto 2	r's Ra 3	ting 4			



9.3 Contribute to the Creation and Maintenance of a Safe Working Environment and Conditions	Арј	olican	ť's Ra	ting
Describe TWO or THREE measures and initiatives that are in place at your		2	3	4
Describe TWO or THREE measures and initiatives that are in place at your practice site to ensure workplace safety. Where can you find information and standards regarding workplace safety at your practice site and online? Summarize your findings.				
Summanze your minungs.	Pre	cepto	r's Ra	ting
	1	2	3	4



Applicant Name.\_

CPBC eServices ID:\_\_\_\_\_

Preceptor Name:\_\_\_\_\_

# Part II Learning Activities

Must be submitted to CPBC for a final evaluation within 7 days after the completion of the SPT



#### PHARMACY TECHNICIAN SPT - PART II LEARNING ACTIVITIES

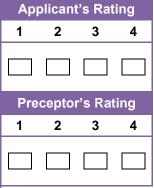
#### 1. LEGAL, ETHICAL AND PROFESSIONAL RESPONSIBILITIES (LEP)

1.1 Meet Legal Requirements	Apj	plicant	t's Rai	ting
1.1.1 Comply with logal requirements including federal and	1	2	3	4
1.1.1 Comply with legal requirements including federal and provincial/territorial legislation, policies, by-laws, and standards applicable to pharmacy practice.				
Throughout the various stages of the dispensing process that you are	Pre	cepto	r's Ra	ting
involved with at your practice site, identify the corresponding legislation (i.e. specific sections that are relevant to each of these stages.)	1	2	3	4
Examples of stages of the dispensing process include, but not limited to, receipt of prescription, order entry, drug dispensing, release of product, etc.				
Headings should include, but not limited to, tasks and specific sections of corresponding legislation.				



#### **1.1 Meet Legal Requirements** 1 3 2 1.1.2 Protect patient confidentiality according to federal and provincial/territorial privacy legislation. Describe TWO situations you encountered during your rotation that demonstrates adherence to or application of confidentiality legislation. **Preceptor's Rating** Identify the corresponding components under this legislation and the College 1 2 3 of Pharmacists of B.C.'s (CPBC) Code of Ethics that is relevant to these two situations. Examples of situations include, but not limited to, request of confidential information from someone other than the patient, routine disposal of patient labels and profiles, accessing patient records etc.

Identify which components of the legislation apply to these two situations.





1.2 Uphold and Act on Ethical Principles	App	olican	t's Ra	ting		
1.2.2 Demonstrate personal and professional integrity	1	2	3	4		
<b>1.2.3</b> Demonstrate personal and professional integrity.Review the CPBC's Code of Ethics. Discuss with your preceptor your						
on as a pharmacy technician to uphold each principle and your primary tability to the patient. Discuss various scenarios regarding how a	Preceptor's Rating					
pharmacy technician can contribute to upholding each principle.	1	2	3	4		
Summarize your discussion including at least THREE of the scenarios and Code of Ethics principles discussed and the considerations used to determine possible options for patient care.						
Video tutorial is available at:						
http://www.bcpharmacists.org/professional-development-and-assessment- program-pdap -> select <b>Code of Ethics: Educational Tutorial</b> and expand section.						

**Examples**: What is your obligation to exercise professional judgement as a health care practitioner? Discuss your obligation as a pharmacy technician to uphold each principle, and your primary accountability to the patient. Discuss with your preceptor how you maintain your professional integrity outside of working hours if you do, or were to, participate in social media opportunities including Facebook, Blogs, YouTube, Twitter, Instagram, etc.



#### **1.3 Demonstrate Professionalism**

### **1.3.1** Accept responsibility and accountability for own actions and decisions including the safety of patient, self and others.

Discuss with your preceptor your professional obligation to inform CPBC of incapacity, incompetence and professional misconduct of registrants. What should you do if you become aware of, or suspect abuse of more vulnerable members of the public? What is your obligation to exercise professional judgment as a healthcare practitioner?

Summarize your discussion

2	3	4
cepto	r's Rat	ing
2	3	4
	ceptor	ceptor's Rat



#### **1.3 Demonstrate Professionalism**

### **1.3.4** Promote understanding of the pharmacy technician role and its relationship to the roles of other health care providers.

To promote the understanding of the role of the pharmacy technician, differentiate your scope from that of a pharmacist verses the rest of the pharmacy team members or health care team, and discuss your findings with your preceptor.

What is your responsibility as a pharmacy technician with respect to collaboration during prescription processing and the final product release? How will you verify that the pharmacist has completed the therapeutic and clinical assessment of the prescription prior to release of the final product?

Summarize your discussion.

Applicant's Rating							
1	2	3	4				
Preceptor's Rating							
1	2	3	4				
		•	-				



#### 2. PROFESSIONAL COLLABORATION AND TEAM WORK (PCT)

2.1 Collaborate to Meet Patient Health Care Needs, Goals and Outcomes	and Outcomes Applicant's Rating					
2.1.1 Develop collaborative relationships with and show respect for all	1	2	3	4		
members of the inter-professional team						
List the types of health care professionals (HCPs) that you interacted with during your rotation, and describe the nature of these interactions. Visit the		Preceptor's Rating				
Ministry of Health (MOH) Professional Regulation website at: <u>www.health.gov.bc.ca/leg/</u> to determine which of these HCPs are regulated.	1	2	3	4		
The MOH website has links to individual college websites. Find out which HCP's have prescribing authority. What types of drugs (within the scope of						
practice) can be prescribed by these HCP's?						



2.1 Collaborate to Meet Patient Health Care Needs, Goals an Outcomes	nd	Applicant's Rating			
2.1.4 Seek guidance from another pharmacy technician or pharmacist when uncertain about own knowledge, skills and/or abilities. Seek out and use appropriate information and/or resources. Refer patients to other HCPs when required.		1	2	3	4
other HCFS when required.		Preceptor's Rating			
Discuss with your preceptor TWO situations where you needed to make		1	2	3	4
referrals to pharmacists at your practice site, or to other hear professionals. Why was guidance needed for each of these Summarize your discussion.					



### 3. DRUG DISTRIBUTION: PRESCRIPTION AND PATIENT INFORMATION (DD-PPI)

#### 3.1 Receive a Prescription

3.1.1 Create and/or maintain a patient record (i.e. confirm identity, gather, review, and update patient information, medication history, and third party payment information).

**Community Pharmacy Site:** Practice receiving prescriptions, and updating patient records under staff supervision. What questions should you be asking patients during this process? Identify challenges that you encounter and how these are resolved.

**Hospital Pharmacy Site:** Observe how incoming orders are reviewed, and what to watch for (e.g. weight for pediatric patients). How does hospital pharmacy staff contribute to the updating or maintenance of patient records?

Summarize your findings



Applicant's Rating					
1	2	3	4		
Pre	cepto	r's Rat	ing		
Pre 1	ceptor 2	r's Rat 3	ing 4		



### 3.1 Receive a Prescription

## 3.1.2/ 3.1.3 Assess prescription for clarity, completeness, authenticity and legal requirements. Consult with the patient, pharmacist or prescriber when required.

Note situations when prescriptions do not meet legislative requirements and need further clarification. What are the issues and how are they resolved? Where can you find prescription requirement information for each of the following: narcotic drug, controlled drug, targeted substance, prescription received by fax, prescription written outside of BC and methadone?

State at least TWO situations where prescriptions do not meet legislative requirements, and how the issues were resolved.

Record a summary of discussion.

Ар	olicant	's Rat	ing
1	2	3	4
Pre	cepto	r's Rat	ing
1	2	3	4
<b>1</b>	2	3	4



3.2 Process the Prescription	Арр	olicant	t's Rat	ing
2.2.4 Access the preservintion and determine preserving priority	1	2	3	4
3.2.1 Assess the prescription and determine processing priority				
Discuss with your preceptor regarding how incoming prescriptions are prioritized. What are the various considerations?				
	Pre	cepto	r's Rat	ing
Summarize your discussions.	1	2	3	4



### **3.2 Process the Prescription**

### **3.2.2** Interpret the prescription including abbreviations, numerals, and symbols.

Note prescriptions you've received at your practice site that you find confusing or difficult to interpret. What common factors contribute to these occurrences? How are these prescriptions handled? Where can you find a list of confusing abbreviations for future reference?

Record your findings and give at least FIVE examples of such problem prescriptions.

olicant	t's Rat	ing
2	3	4
cepto	r's Rat	ing
2	3	4
	2	ceptor's Rat



	1			
3.2 Process the Prescription		olicant	t's Rat	ing
		2	3	4
<b>3.2.3 Perform pharmaceutical calculations</b> Carry out pharmaceutical calculations as part of the drug distribution process at your practice site. What types of calculations are performed?				
your practice site. What types of baloarations are performed.	Pre	cepto	r's Rat	ing
Examples of pharmaceutical calculations include, but not limited to, pediatric dosing, insulin dosing, etc.	1	2	3	4
Perform, document, and review at least THREE calculations (different types) with your preceptor.				



### **3.2 Process the Prescription**

### 3.2.4 Ensure the prescription information is recorded accurately on patient records.

Assist in the preparation of materials for medication reconciliation in community and/or hospital practice. Review their medication profiles after the medication reconciliation along with your preceptor (e.g. purpose of each of the drugs being used for the corresponding patient such as a cascade drug to treat a side-effect from another medication being used).

Discuss any identified discrepancies (e.g. chronic medications stopped by patient).

Report the summary of findings for each patient.

Арр	olicant	t's Rat	ing
1	2	3	4
Pre	cepto	r's Rat	ing
- 10			
1	2	3	4



### **3.2 Process the Prescription**

### 3.2.5 Alert the pharmacist to actual and potential drug therapy related problems.

What drug therapy related problems (e.g. drug interactions or duplicate therapy flagged by the local software system or PharmaNet) did you notice? What system or process exists at the practice site to alert the pharmacist of these potential problems?

Identify at least THREE situations and summarize your findings.

Ар	olicant	t's Rat	ing
1	2	3	4
Pre	cepto	r's Rat	ting
1	2	3	4



3.3 Transfer Prescription Authorizations to Another Pharmacy Provider at Patients' Requests.	Ар	olicant	t's Rat	ing
<b>3.3.1 / 3.3.2 Determine the legality and appropriateness of the request.</b> <b>Document transfers.</b>	1	2	3	4
Under the supervision of a pharmacist, receive TWO verbal or faxed prescription transfers from another pharmacy, and transfer TWO faxed or verbal prescriptions to another pharmacy. How do these prescriptions comply with the required legal legislation? What issues were encountered during the process, and how should they be addressed?		ceptor 2	r's Rat 3	ing 4
Summarize your findings.				



### 4. DRUG DISTRIBUTION: PRODUCT PREPARATION (DD-PP)

### 4.1 Select, Prepare and Package Products for Release

### 4.1.1 Select appropriate products/brands

Throughout your participation in the drug distribution activities, identify recently marketed drugs, or drugs that you are not too familiar with, and document pertinent information on these drugs such as classification.

**Community Pharmacy Site:** Use classification under B.C.'s Provincial Drug Schedules, interchangeability status according to B.C. legislation and Pharmacare's interchangeability policies.

**Hospital Pharmacy Site:** Other classifications include automatic substitution status, therapeutic class, indications, contraindications, dosage and administration (e.g. take with food), strength and dosage format, and manufacturer and non-manufacturer references used.

Document summaries for FIVE drugs.

Ар	plican	t's Ra	ting
1	2	3	4
Pre	cepto	r's Ra	ting
Pre 1	ecepto 2	or's Ra 3	ting 4



#### 4.1 Select, Prepare and Package Products for Release **Applicant's Rating** 1 2 3 4 4.1.3 Prepare non-sterile and sterile products Prepare non-sterile and/or sterile compounding products at your practice site. What are the legal labelling requirements for compounded products that you have made? What system is in place to standardize documentation for quality **Preceptor's Rating** assurance (QA) purpose for these products? What reference sources are being 1 2 3 4 used in establishing QA criteria such as expiration dates? Summarize your findings, and list at least TWO compounds that you have

prepared at your practice site.



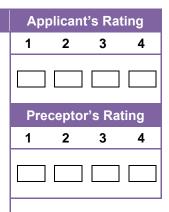
### 4.1 Select, Prepare and Package Products for Release

### 4.1.4 Package products to maintain integrity. Label according to legislative requirements.

Participate in repackaging activities at your practice site. What QA process is in place for the various types of repackaging that you have done? Why is it necessary to repackage medications in each of these cases? Discuss with your preceptor potential implications of missing or improper use of auxiliary labels (e.g. Take with Meals, Keep Refrigerated), using specific drugs or drug classes as examples.

Examples of types of repackaging include, but not limited to, unit-dose, blister packs, IV admixture.

Summarize findings, and list at least THREE items that you have repackaged.





### 5. DRUG DISTRIBUTION: PRODUCT RELEASE (DD-PR)

### 5.1 Ensure Accuracy and Quality of the Final Product 5.1.1 Independent Double Check, Documentation A definition of Independent Double Check (IDC) is available on the Institute for Safe Medication Practices Canada website at: www.ismpcanada.org/definitions.htm . Perform independent double checks of 500 prescriptions/orders in no less than 10 days. The maximum number of doses/prescriptions checked each day must not exceed 50. A full complement of the various types of prescriptions should be checked, including new and repeat prescriptions, compounds, sterile preparation (if applicable), different types of unit dose packages, cards and dossettes. No errors are permitted during the checking process. If an error occurs, the preceptor must inform you and review and discuss the error made. The process will then be restarted at zero (for example: if an applicant makes an error after accurately checking 495 checks, they must begin at zero). For an orientation to the IDC process, see: http://library.bcpharmacists.org/3\_Registration\_Licensure/5275-500 IDC\_Orientation.pdf IDC Daily Tracking Log can be found at: http://library.bcpharmacists.org/7 Forms/7-2 Pharmacy Technician/9068-

PT IDC Tracking Log.pdf

Ap	plican	it's Ra	ting
1	2	3	4
Pre	cepto	or's Ra	ting
1	2	3	4



5.2 Collaborate with the Pharmacist in the Release of the Product	Арј	olican	ťs Ra	ting		
5.2.1 Confirm that the pharmacist has reviewed the prescription and the		2	3	4		
5.2.1 Confirm that the pharmacist has reviewed the prescription and the patient record.						
Discuss with your preceptor what processes are in place at your practice site to confirm that the pharmacist has reviewed the prescription and patient record, ensure that pharmacist counselling is provided to those patients, and that prescriptions are released to the correct patient or agent?		Preceptor's Rating				
		2	3	4		
Record date of discussion, and summarize.						



5.3 Document all Aspects of Drug Distribution Activities.	Арр	olican	ťs Ra	ting
As you familiarize yourself with the process of drug distribution, note how documentation is auditable and traceable for the various aspects of drug distribution (i.e. what documentation system is in place for accountability purpose?)	1	2	3	4
halbose:)	Pre	cepto	r's Ra	ting
Examples of various aspects of drug distribution include, but not limited to physician's office call backs, product release, etc.	1	2	3	4
physician's office call backs, product release, etc. Summarize your findings.				



### 6. DRUG DISTRIBUTION: SYSTEM AND INVENTORY CONTROLS (DD-SIC)

#### 6.1 Manage the Drug Distribution System **Applicant's Rating** 1 2 3 4 6.1.2 Contribute to the implementation and maintenance of safe and effective systems of drug supply and distribution. Identify specific drug distribution areas or processes at your practice site that you **Preceptor's Rating** are less familiar with (e.g. compounding, inventory control, computerized order entry, automated dispensing machine etc.) Schedule more training time for these 1 2 3 4 areas (on-site or off-site) during your SPT rotation, in consultation with your preceptor. Summarize your learning outcome.



### 6.1 Manage the Drug Distribution System

### 6.1.4 Recognize and respond to unusual patterns of drug distribution including drug misuse, and fluctuations in utilization.

Identify THREE drugs (excluding narcotics, controlled drugs, benzodiazepines or targeted substances) that may have potential for dependence or misuse. For each of these drugs, consider why they may be targets for misuse and reasons to suspect misuse/diversion.

Discuss with your preceptor how various situations that actually (or may have potentially) occurred were detected and handled during his/her practice (such as prescription forgery in community practice, or ward stock diversion in hospitals). Also discuss how a technician should manage the referral of these issues to the pharmacist.

Summarize your findings.

Ар	plican	ť's Ra	ting
1	2	3	4
Pre	cepto	r's Ra	ting
		-	
1	2	3	4



### 6.2 Manage Inventory

### 6.2.2 Determine and maintain inventory requirements sufficient for patient safety and efficient operations using an inventory information system.

Identify various situations pertaining to ordering issues at your practice site (e.g. pharmacy shortage, recalls, manufacturer back-order, raw ingredient shortage, etc.) and communicate to patients regarding these short-supply issues. How were these issues addressed? What options were offered to patients?

Prepare an algorithm that can be used by other pharmacy staff regarding ordering issues for different types of suppliers or different types of products.

Арј	plican	t's Ra	ting
1	2	3	4
Pre	cepto	r's Ra	ting
Pre 1	cepto 2	r's Ra 3	ting 4

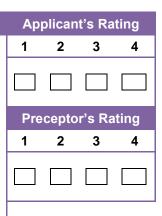


### 6.2 Manage Inventory

### 6.2.3 Audit inventory and report any discrepancies.

Perform inventory count for narcotics, controlled drugs, and targeted substances. Discuss with your preceptor the legislation and steps on how narcotic discrepancies should be identified, investigated and reported to the pharmacist. What documentation system is in place for narcotic discrepancies?

Summarize your discussions.



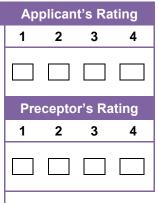


### 6.2 Manage Inventory

### 6.2.5 Complete all documentation pertaining to inventory management.

Participate in the procurement of narcotic (in community) or Special Access drugs (in hospital), including the documentation required. Record at least one issue that you encountered, and how this was addressed. Where can you find information on the relevant legislation (i.e. specific sections) to assist you in regards to the procurement, storage, disposal, and record keeping of either of these drugs?

Record your summary.





### 7. COMMUNICATION AND EDUCATION (CE)

7.1 Establish and Maintain Effective Communications	Appl	icant	's Rati	ng
7.1.1./7.1.2 Lice offective communication skills in developing professional		2	3	4
1.1 / 7.1.2 Use effective communication skills in developing professional lationships with patients and HCPs.				
relationship between you and another health care professional (HCP) was collaborative. What effective communication skills were demonstrated? Also, reflect on a situation where the interaction was not ideal between you and a	Pre	cepto	or's Ra	ting
	1	2	3	4
patient or a HCP.				
What issues need to be addressed under this circumstance, and what improvement is needed?				
Record your summary.				



### 7.2 Provide Education and Training

### 7.2.2 Coordinate or participate in health promotion and education for individuals and groups.

Assist in the preparation of a health promotion event (e.g. flu vaccine clinic, Pharmacy Awareness Week), or give a 5 to 10 minute presentation to your preceptor or staff on a health promotion topic that is to be determined by your preceptor (e.g. flu prevention and infection control).

Reflect on your learning from this activity.

	. 12	(I- D-	()
Ар	plican	ť's Ra	ting
1	2	3	4
Pre	cepto	r's Ra	ting
1	2	3	4



7.2 Provide Education and Training			ťs Ra	ting		
7.2.4 Assist patients to select and use drug administration devices, diagnostic and monitoring devices, home health aides, and other non-drug measures.		2	3	4		
Demonstrate the use of at least TWO devices (to be determined by your		Preceptor's Rating				
preceptor) to patients or staff. What special advice or precautions specific to each device should be mentioned during these demonstrations?	1	2	3	4		
Log a list of devices demonstrated.						



7.3 Documen Procedures	t, in Compliance with Legislation, Standards, Policies, and	Ap	olican	it's Ra	ting
7 2 1 Docum	721 Decument information, precedures and estions accurately, clearly		2	3	4
	7.3.1 Document information, procedures and actions accurately, clearly and in a timely manner.				
	D situations where your clear, accurate and timely documentation quality patient care. What information should be documented under	Pre	cepto	or's Ra	ting
	umstances, and why accurate and timely documentation is	1	2	3	4
Examples of s	cenarios include, but not limited to, destruction of narcotics, shift faxing physicians for clarifications, refusal of refills, etc.				
Record your s					



### 8. MANAGEMENT KNOWLEDGE AND SKILLS (MKS)

8.1 / 8.2 Manage Operational and Administrative Activities Occurring within the Practice	Арј	olican	ť's Ra	ting
	1	2	3	4
Describe some of the tasks or projects the pharmacy technicians perform at you practice site that you find innovative and interesting (e.g. staff scheduling, meet with pharmacautical representatives)				
with pharmaceutical representatives).	Pre	cepto	r's Ra	ting
What skills are necessary to be effective in these roles?	1	2	3	4
Record your summary.				



8.3 Manage Financial Elements Associated with Prescription Processing	Ар	plicar	nt's Ra	ting
	1	2	3	4
<b>Community Pharmacy Site:</b> Enter at least THREE different third party plans in the system, under the supervision of a pharmacy staff member. What challenges did you encounter and how did you resolve them? Where can you find				
information on plans that are publicly funded by the BC government?	Pre	cepto	or's Ra	ting
	1	2	3	4
*Hospital Pharmacy Site: Research THREE different categories for Pharmacare coverage, i.e. Low Cost Alternative Program, Reference Drug Program, Special Authority approval. Define each category and give examples of THREE				
medications in each. See: <u>http://www2.gov.bc.ca/gov/content/health/health-drug-</u> coverage/pharmacare-for-bc-residents/what-we-cover/general-coverage-policies.				
Summarize your findings.				



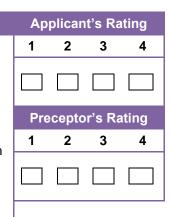
### 9. QUALITY ASSURANCE (QA)

9.1 Participate in Quality Assurance Processes.

9.1.1 Identify and respond to actual or potential problems within the drug distribution system.

Describe TWO or THREE situations pertaining to medication errors or near misses that you encountered at your practice site. Document these occurrences (e.g. using tools such as the Institute of Safe Medication Practices Canada (ISMPC) reporting program available at: <u>www.ismp-canada.org</u>) and discuss with your preceptor regarding how the collected information is processed for the purpose of error prevention?

Record your summary.





## 9.2 Ensure the Safety and Integrity of Pharmaceutical Products.Applicant's Rating1234

### 9.2.1 Ensure the cleanliness, functionality and integrity of compounding, packaging, dispensing and storage equipment.

Participate in the regular cleaning and maintenance of various dispensary supplies and equipment. Reflect on TWO situations where the proper maintenance of equipment or the proper storage condition contributes to product safety.

Examples of situations include, but not limited to, possibility of a patient reacting to the residue of another drug left on the counting tray, proper maintenance and calibration of electronic balances, danger of contaminated sterile preparations, etc.

Record your summary.

Ap	plican	t's Ra	ting
1	2	3	4
Pre	cepto	r's Ra	ting
Pre 1	cepto 2	r's Ra 3	ting 4



ì					
	9.3 Contribute to the Creation and Maintenance of a Safe Working Environment and Conditions	Арј	olican	ť's Ra	ting
	Describe TWO as TUDEE resources and initiatives that are in place at your	1	2	3	4
	Describe TWO or THREE measures and initiatives that are in place at your practice site to ensure workplace safety. Where can you find information and standards regarding workplace safety at your practice site and online? Summarize your findings.				
	Summanze your minungs.	Pre	cepto	r's Ra	ting
		1	2	3	4



# Resources



COMPETENCY ELEMENTS	RESOURCES	LINK
GENERAL	NAPRA Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice	https://napra.ca/pharmacy-technicians/professional-competencies-canadian- pharmacy-technicians-entry-practice
	NAPRA Model Standards of Practice for Canadian Pharmacy Technicians 2011	https://napra.ca/sites/default/files/documents/Model_Standards_of_Practice_for_Can adian_Pharmacy_Technicians_FINAL-June2018.pdf
	NAPRA - National Drug Schedules	https://napra.ca/national-drug-schedules
	HPA Bylaws	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5076- HPA_Bylaws.pdf
	HPA Bylaws Schedule F - Standards of Practice	http://www.bcpharmacists.org/acts-and-bylaws
	HPA Bylaws Schedule F, Part 1 - Community Pharmacy	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5078- HPA_Bylaws_Community.pdf
	HPA Bylaws Schedule F, Part 2 - Hospital Pharmacy	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5079- HPA_Bylaws_Hospital.pdf
	HPA Bylaws Schedule F, Part 3 - Residential Care Facilities and Homes	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5080- HPA_Bylaws_Residential_Care.pdf
	PODSA Bylaws	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5082- PODSA_Bylaws.pdf
	CPBC Code of Ethics	http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5019- Code_of_Ethics_Detailed.pdf
	Controlled Drugs and Substances Act	http://laws-lois.justice.gc.ca/PDF/C-38.8.pdf
LEP 1.1.1	See General	
LEP 1.1.2	HPA Bylaws, Part VII - Registrant Records, section 64-80	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5076- HPA_Bylaws.pdf
	PODSA Bylaws, Part VI, Section 18-22, PharmaNet	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5082- PODSA_Bylaws.pdf
	CPBC PPP-54 - Identifying Patients for PharmaNet Purposes	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP54.pdf
	CPBC Obtaining a PharmaNet Patient Record	http://www.bcpharmacists.org/pharmanet
	Freedom of Information and Protection of Privacy (BC) (FOIPA)	http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/96165_00
	Personal Information Protection Act (BC) (PIPA)	http://www.cio.gov.bc.ca/local/cio/priv_leg/documents/pipa/guidepipaview.pdf
LEP 1.2.3	CPBC Code of Ethics	http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5019- Code_of_Ethics_Detailed.pdf
	The second secon	
LEP 1.3.1	HPA, section 32.2, 32.3, 32.4 & 32.5 - Duty to Report	http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01# section32.2
LEP 1.3.1	32.4 & 32.5 - Duty to	
LEP 1.3.1 LEP 1.3.4	32.4 & 32.5 - Duty to Report HPA Bylaws, section 54 -	section32.2 http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5076-
	32.4 & 32.5 - Duty to Report HPA Bylaws, section 54 - Registrant Information	section32.2 http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5076-



COMPETENCY		
ELEMENTS	RESOURCES	LINK
	HPA Bylaws Schedule F,	
DD-PPI 3.1.1	Part 1 - Community Pharmacy, section 11	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5078- HPA_Bylaws_Community.pdf
	HPA Bylaws Schedule F, Part 2 - Hospital Pharmacy, section 12	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5079- HPA_Bylaws_Hospital.pdf
	HPA Bylaws Schedule F, Part 3 - Residential Care Facilities and Homes, section 13	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5080- HPA_Bylaws_Residential_Care.pdf
	PODSA Bylaws, section 21 - Data Collection, Transmission of and Access to PharmaNet Data	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5082- PODSA_Bylaws.pdf
	Nerrestia Control	
DD-PPI 3.1.2 /	Narcotic Control Regulations, section 31-40	http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.%2C_c_1041/page- 13.html#docCont
3.1.3	Food and Drugs Regulations, Part C	http://laws-lois.justice.gc.ca/eng/regulations/C.R.C., c. 870/page-87.html#h-147
	Benzodiazepines and Other Targeted Substances Regulations, section 50-54	http://laws.justice.gc.ca/PDF/SOR-2000-217.pdf
	HPA Bylaws Schedule F, Part 1 - Community Pharmacy, section 7	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5078- HPA_Bylaws_Community.pdf
	Benzodiazepines and Other Targeted Substances Regulation	https://laws-lois.justice.gc.ca/eng/regulations/SOR-2000-217/index.html
	CPBC Pharmacy Methadone Maintenance Guide	http://library.bcpharmacists.org/6_Resources/6-2_PPP/1029- PPP66_Policy_Guide_MMT.pdf
DD-PPI 3.2.1	See General	
DD-PPI 3.2.2	Eliminate Use of Dangerous Abbreviations, Symbols, and Dose Designations	www.ismp-canada.org/download/safetyBulletins/ISMPCSB2006-04Abbr.pdf
DD-PPI 3.2.3	See General	
DD-PPI 3.2.4	Getting Started Kit: Medication Reconciliation Prevention of Adverse Drug Events How-to Guide 2007	http://www.ismp-canada.org/download/MedicationReconciliationGettingStartedKit- Version2.pdf
	Health Canada -	
DD-PPI 3.2.5	Advisories, Warnings and Recalls	http://www.hc-sc.gc.ca/ahc-asc/media/advisories-avis/index-eng.php
	CPBC PPP-3 - Pharmacy References	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP3.pdf
DD-PPI 3.3.1 / 3.3.2	HPA Bylaws Schedule F, Part 1 - Community Pharmacy, section 7 and 8	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5078- HPA_Bylaws_Community.pdf
DD-PP 4.1.1	Health Canada's Drug Product Database online query	http://www.hc-sc.gc.ca/dhp-mps/prodpharma/databasdon/index-eng.php
	Health Canada's Licensed Natural Health Products Database	http://www.hc-sc.gc.ca/dhp-mps/prodnatur/applications/licen-prod/lnhpd-bdpsnh- eng.php
	HPA, section 25.91 - Interchangeability	http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/00_96183_01# section25.91



COMPETENCY		
ELEMENTS	RESOURCES	LINK
	PODSA Bylaws, section 6 -Interchangeability	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5082- PODSA_Bylaws.pdf
DD-PP 4.1.3	CPBC PPP-64 - Guidelines to Pharmacy Compounding	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP64.pdf
	Pharmacy Department, Hospital for Sick Children. Compounding Recipes Index	http://www.sickkids.ca/Pharmacy/Compounding-Service/index.html
	Remington - The Science and Practice of Pharmacy Martindale - The Complete	
	Drug Reference	
	Medisca Website	www.medisca.com
	International Journal of Pharmaceutical Compounding	https://ijpc.com
	IV admixture volume and compatibility summary charts at practice site	
DD-PP 4.1.4	HPA Bylaws Schedule F, Part 1 - Community Pharmacy, section 9	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5078- HPA_Bylaws_Community.pdf
	HPA Bylaws Schedule F, Part 2 - Hospital Pharmacy, section 4	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5079- HPA_Bylaws_Hospital.pdf
	HPA Bylaws Schedule F, Part 3 - Residential Care Facilities and Homes, section 7 and 12	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5080- HPA_Bylaws_Residential_Care.pdf
	CPBC PPP-64 - Guidelines to Pharmacy Compounding	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP64.pdf
DD-PR 5.1.1	CPBC PPP-56 Standards for Pharmacy Assistant Verification of Non-Sterile Products in Hospital Pharmacy Practice	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP56.pdf
	CPBC PPP-57 Standards for Pharmacy Assistant Verification of Sterile Products in Hospital Pharmacy Practice	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP57.pdf
	ISMP Canada - Lowering the Risk of Medication Errors - Independent Double Checks	http://www.ismp-canada.org/download/safetyBulletins/ISMPCSB2005-01.pdf
	ISMP Canada - Definition of Terms - Independent Double Check	http://www.ismp-canada.org/definitions.htm
	CJHP - Medication Safety Alerts - Double-Checking: Does It Work?	http://www.ismp-canada.org/download/cjhp/cjhp0306.pdf
DD-PR 5.2.1	See General	
DD-PR 5.3	PODSA Bylaws, section 1- 16	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5082- PODSA_Bylaws.pdf
	PODSA bylaws, section 23	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5082- PODSA_Bylaws.pdf
	CPBC PPP-24 - Depot Shipment of Prescriptions	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP24.pdf



		of British Columbia
COMPETENCY ELEMENTS	RESOURCES	LINK
	CPBC PPP-43 - Automated Pharmacy Dispensing System	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP43.pdf
	CPBC PPP-50 - Centralized Prescription Processing	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP50.pdf
	CPBC PPP-65 - Narcotic Counts and Reconciliations	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP65.pdf
DD-SIC 6.1.2	See General	
DD-SIC 6.1.4	Benzodiazepines and Other Targeted Substances Regulations, section 7	http://laws.justice.gc.ca/eng/regulations/SOR-2000-217/page-2.html#h-5
	TechTalk CE - Misuse of OTC Products	http://www.canadianhealthcarenetwork.ca/files/2009/10/tt_ce_e_apr_may07.pdf
DD-SIC 6.2.2	Narcotic Control Regulations, section 45	http://laws-lois.justice.gc.ca/eng/regulations/C.R.C., c. 1041/page-9.html#docCont
	Benzodiazepines and Other Targeted Substances Regulations, section 55	http://laws.justice.gc.ca/eng/regulations/SOR-2000-217/page-10.html#docCont
	Canadian Pharmacists' Association. Drug Shortages - A Guide for Patient Assessment and Management	http://www.pharmacists.ca/cpha-ca/assets/File/cpha-on-the- issues/DrugShortagesGuide.pdf
	CPhA - Administrative Burden on Canadian Pharmacists Due to Drug Shortages	http://www.pharmacists.ca/content/hcp/resource_centre/practice_resources/pdf/Drug ShortageReport-Final.pdf
	Health Canada - MedEffect Canada's Advisories, Warnings and Recalls	http://www.hc-sc.gc.ca/dhp-mps/medeff/advisories-avis/index-eng.php
DD-SIC 6.2.3	Narcotic Control Regulations, section 41-43	http://laws-lois.justice.gc.ca/eng/regulations/C.R.C., c. 1041/page-8.html#docCont
	Precursor Control Regulations	https://laws-lois.justice.gc.ca/eng/regulations/sor-2002-359/index.html
	Benzodiazepine and Other Targeted Substances Regulation	https://laws-lois.justice.gc.ca/eng/regulations/SOR-2000-217/index.html
	CPBC PPP-65 - Narcotic Counts and Reconciliations	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP65.pdf
DD-SIC 6.2.5	Narcotic Control Regulations, section 24- 27, 30	http://laws-lois.justice.gc.ca/eng/regulations/C.R.C.%2C_c. 1041/page- 6.html#docCont
	Benzodiazepines and Other Targeted Substances Regulations, section 7, 9, 15-17, 50	http://laws.justice.gc.ca/eng/regulations/SOR-2000-217/page-2.html#h-5
	Health Canada > Drugs & Health Products > Special Access to Drugs & Health Products	http://www.hc-sc.gc.ca/dhp-mps/acces/index-eng.php
	NAPRA - "Recycling" and Disposal of Dispensed Drugs	https://napra.ca/sites/default/files/2018-01/Resources_for_Pharmacy_Operators.pdf
	CPBC PPP-65 - Narcotic Counts and Reconciliations	http://www.bcpharmacists.org/library/6_Resources/6-2_PPP/5003-PGP-PPP65.pdf



COMPETENCY ELEMENTS	RESOURCES	LINK
CE 7.1.1 / 7.1.2	CPBC Code of Ethics, Value 3	http://library.bcpharmacists.org/6_Resources/6-1_Provincial_Legislation/5019- Code_of_Ethics_Detailed.pdf
CE 7.2.2	University of Toronto - Resources - Writing and Speaking	https://www.sgs.utoronto.ca/resources-supports/gcac/additional-resources-writing- speaking/
	University of Toronto - Presentation Skills Resources	www.psych.utoronto.ca/users/reingold/courses/resources/presentskills.html
	University of Toronto - Oral Presentations On- Line Handbook	http://www.writing.utoronto.ca/advice/specific-types-of-writing/oral-presentations
CE 7.2.4	See General	
CE 7.3.1	HPA Bylaws Schedule F, Part 1 - Community Pharmacy, section 6(4)	http://www.bcpharmacists.org/library/6_Resources/6-1_Provincial_Legislation/5078- HPA_Bylaws_Community.pdf
MKS 8.1 / 8.2	See General	
MKS 8.3	Ministry of Health PharmaCare	https://www2.gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc- residents
QA 9.1.1	ISMP Canada Safety Bulletins	www.ismp-canada.org/ISMPCSafetyBulletins.htm
	ISMP Canada - Near Miss Identification and Reporting, Mart Apr:35-36	http://www.ismp-canada.org/download/safetyBulletins/ISMPCSB2007- 07NearMiss.pdf
QA 9.2.1	NAPRA - Facilities, Equipment, Supplies, Workflow & Facility Re- design	https://napra.ca/sites/default/files/2018-01/Resources_for_Pharmacy_Operators.pdf
	TechTalk CE - The Vaccine Cold-Chain	https://www.canadianhealthcarenetwork.ca/files/2009/10/tt_ce_e_jan_feb07.pdf
QA 9.3	Pharmacy Practice, TechTalk - Preventing Occupational Exposure to Hazardous Drugs	https://www.canadianhealthcarenetwork.ca/files/2009/10/TT_Jul_CE_03.pdf
	WHMIS - Workplace Hazardous Materials Information System	http://www.hc-sc.gc.ca/ewh-semt/occup-travail/whmis-simdut/index-eng.php
	Medisca - MSDS search	www.medisca.com



Applicant Name:\_\_\_\_\_

CPBC eServices ID:\_\_\_\_\_

Preceptor Name:

# Declaration of Completion and Feedback Form

- > Declaration of Completion form to be completed by preceptor
- > Feedback form to be completed separately by both the applicant and preceptor
- Declaration of Completion and Feedback forms to be submitted with the Part II Learning Activities in the final submission to CPBC



### PHARMACY TECHNICIAN SPT DECLARATION OF COMPLETION

Applicant name:	Applicant eServices ID:		
Preceptor name:	Preceptor Reg #:		
Pharmacy site:	Start date:	End date:	

### Upon the completion of the SPT Activities the applicant should be able to demonstrate all nine NAPRA competencies.

Indicate below the number of practical training hours completed by the applicant during the SPT (mark one):

At least 160 hours
At least 320 hours
500 hours or more

Indicate below the overall rating of the applicant's performance during the SPT, including completion of 500 checks of prescriptions/orders (IDC):

Standard Met
Standard Not Met
Incomplete/Not Demonstrated

#### **Preceptor's Comments**

Provide a summary statement of your overall evaluation of the applicant's performance. Comment on demonstrated strengths and/or areas of improvement. Use a separate page if more space is needed.

#### **Applicant's Comments**

Provide a response to your preceptor's evaluation and/or ratings. Use a separate page if more space is needed.

Preceptor Signature: D	Date:
------------------------	-------

Applicant Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

9102-PT\_SPT\_Program\_Form v2021.1 (Revised 2021-06-04)



In order to continuously improve the program, we are asking for valuable feedback from both the applicant's and the preceptor's perspective. Applicants and preceptors are to complete separate forms. These comments are anonymous and for information purposes only.

	Indicate whether you are the preceptor or the applicant:		Preceptor		Applicant
--	--	--	-----------	--	-----------

Please check off your response to each question using the following scale:

- 0 Strongly Disagree
- 1 Disagree
- 2 Neutral/No Opinion
- 3 Agree
- 4 Strongly Agree

	Strongly Disagree	Disagree	Neutral/No Opinion	Agree	Strongly Agree		
1.	The SPT Program technician.	n is an effective tool to	o help transition applica	ants to become a	regulated pharmacy		
	0	1	2	3	4		
2.		mance of NAPRA's P	PT Program is an accurrofessional Competend				
	0	1	2	3	4		
3.	The process of the SPT Program was easy to follow.						
	0	1	2	3	4		
4.	The pre-assessment was helpful in evaluating previous knowledge, skills and abilities, and for identifying areas for improvement.						
	0	1	2	3	4		
5.	The SPT activities	s are informative and	relevant to current pha	rmacy practice.			
	0	1	2	3	4		



	Strongly Disagree	Disagree	Neutral/No Opinion	Agree	Strongly Agree		
6.		s demonstrate a good acy Technicians at Ei	representation of NAI	PRA's Profession	al Competencies for		
	0	1	2	3	4		
7.			e to the applicant's lea ian Pharmacy Technici				
	0	1	2	3	4		
8.	The evaluation pr preceptor.	ocess of the activities	s is an effective collabo	pration between th	ne applicant and the		
	0	1	2	3	4		
9.	The Independent Double Check of 500 prescriptions/orders sufficiently prepares the applicant for entry to practice, ensuring accuracy and quality of the final product.						
	0	1	2	3	4		
10.	<b>0.</b> The SPT program allows significant time for completion ensuring the applicant demonstrates and understands all nine areas of NAPRA's Professional Competencies for Canadian Pharmacy Technicians at Entry to Practice.						
	0	1	2	3	4		
P	rovide any additiona	I feedback, comments c	r suggestions that could	help improve the S	PT process. Comment if		

Provide any additional feedback, comments or suggestions that could help improve the SPT process. Comment if any questions were answered "Disagree" or "Strongly Disagree".