



06 January 2011

Peter Gdyczynski B.Sc. (Pharm), R.PEBC
President
Pharmacy Examining Board of Canada
717 Church Street
Toronto ON Canada M4W 2M4

Dear Mr. Gdyczynski,

We are writing on behalf of the Canadian Health Professionals Secretariat (CHPS) to share our concerns about some of the requirements and steps to regulation for pharmacy technicians, as developed by the Pharmacy Examining Board of Canada.

CHPS is a national advocacy body that represents more than 70,000 unionized health science professionals who deliver the diagnostic, clinical, rehabilitation and preventive services that are essential to timely and quality health care. Some of the highly trained professionals represented by CHPS include pharmacists, pharmacy technicians, occupational therapists, respiratory therapists, physiotherapists, medical lab technologists, social workers, medical radiation technologists, dietitians and psychologists.

The provincial health science unions which are members of CHPS include:

- Health Sciences Association of BC (HSABC)
- BC Government and Service Employees' Union (BCGEU)
- Health Sciences Association of Alberta (HSAA)
- Saskatchewan Government and General Employees' Union (SGEU)
- Health Sciences Association of Saskatchewan (HSAS)
- Manitoba Government and General Employees' Union (MGEU)
- Manitoba Association of Health Care Professionals (MAHCP)
- Ontario Public Service Employees Union (OPSEU)
- New Brunswick Union of Public and Private Employees (NBU)
- Nova Scotia Government and General Employees Union (NSGEU)
- PEI Union of Public Sector Employees (PEIUPSE)
- Newfoundland & Labrador Association of Public and Private Employees (NAPE)
- Association of Allied Health Professionals Newfoundland & Labrador (AAHP)

We represent about 2,500 pharmacy technicians across the country. While they are primarily employed in hospital settings, a small number are employees at retail and private outpatient pharmacies.

CHPS supports regulation of the pharmacy technician profession. We agree that standards of practice and accountability are important aspects of the provision of safe and effective health care to Canadians. We are fully cognizant of the invaluable role, but also the potential danger posed by the myriad of pharmaceutical products available to patients. A safe and effective delivery system for prescription drugs is a critical component of quality health care.

- **Canadian Health Professionals Secretariat (CHPS)**
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We support most of the framework for pharmacy technician regulation that is being put in place nationally and provincially. However, our pharmacy technician members have raised with us a number of specific concerns about the requirements and steps to regulation. We would like to share those concerns with the Pharmacy Examining Board of Canada and urge the Board to take steps to address these concerns.

Our pharmacy technician members have five major concerns:

1. They are not deemed qualified for registration because they graduated prior to the arbitrary date that has been set for the accreditation of pharmacy technician education programs in their province;
2. They have to “re-qualify” to do a job they have been doing for years;
3. The lack of a ‘grandparenting’ process for current technicians;
4. The high personal costs of the bridging program, in terms of time and money;
5. The lack of job security if they do not pursue registration.

Our members are concerned that provincial Colleges are saying they will only “recognize pharmacy technician programs that have received accreditation from the Canadian Council for Accreditation of Pharmacy Programs (CCAPP)”. The first accreditation of Pharmacy Programs did not occur until 2008. Yet the vast majority of our members are graduates of programs that have been considered the ‘gold standard’ including the program at Red Deer College in Alberta and the program at the Michener Institute in Ontario. These members are being told they are not qualified for registration simply because they obtained their education prior to the arbitrary date of 2008. They are being advised by the provincial Colleges that they will have to complete an extensive and expensive “bridging” program.

We recognize that pharmacy technician education programs have evolved, as have those of every other profession, health or otherwise. Without question, a technician graduating today will have more knowledge than a technician graduating in 1990. However, like other professions, pharmacy technicians, regulated or not, have engaged in ongoing education and training.

In the hospital setting, this has been demanded of them by employers due to rapid developments in the field. In other settings the specialized services being provided demand that such ongoing training occurs. Indeed, we argue that innovations that have become commonplace practice often began in clinical settings long before they became part of a formal curriculum. These innovations were driven by needs identified by clinicians of various professions and by the needs of patients taking the medications.

The bridging process proposed by the provincial Colleges is very costly for our members in terms of time and money. For example, a technician who has practiced her profession for the past 15 years in a hospital setting, who has been mentoring students, supervising other staff and even teaching the practice of pharmacy technician, will be required, at minimum, to take one course, write four subject exams and two comprehensive exams, and spend approximately \$3,000 to do so – just to be able to continue practicing the profession and call herself a pharmacy technician.

If the technician fails to complete this bridging process she will be prohibited, as of the date determined by each province, to use the title ‘Pharmacy Technician’, or to perform many duties and tasks that she has capably done for years, and duties she has taught the very students who have now graduated from an ‘accredited program’. Indeed, she will be prohibited from teaching her profession to the next generation of professionals.

We are aware of no other profession that, on moving from unregulated to regulated status, required its members to effectively re-qualify to practice. Our experience and information indicate that the usual practice has been for prospective members to verify, within a specific time period, that they have been practicing the profession, and then they have been permitted to register. New entrants to the profession were then required to meet whatever standards the profession determined to be appropriate. Of the pharmacy technicians represented by CHPS, the vast majority believe that some form of 'grandparenting' should be extended to them. Most of them have, after all, demonstrated the competencies to practice safely and effectively within the scope of their profession for many years.

We are mindful of the range of education programs and practice models among those who have used the title 'Pharmacy Technician', and we appreciate that the determination of competence and safety for the public are paramount. However, we also note that many professionals, including pharmacy technicians, after successful completion of their general core program, work in a particular, or specialized, setting. Their knowledge and expertise in such a setting will be sound and often far exceeds the level they achieved at graduation.

It is trite to say that practice makes perfect. By the same token, lack of exposure to certain areas of practice will invariably result in a deterioration of skills. It is for this reason that most, if not all, professions require their members to engage in continuing education and to complete a re-entry program after absences exceeding a pre-determined time. In some provinces, continuing competence is a legislated requirement.

Pharmacy technicians are no different. Their practice is commonly confined to a hospital or retail setting, where different skills and competencies are required. Thus a retail pharmacy technician will be unlikely to participate in sterile preparation, for example, and would not be expected, nor would it be practical, to maintain that competence. Nevertheless, he or she is quite competent to practice within the retail environment.

Our members suggest that a practice permit that would restrict a technician to the setting in which he or she has been working would adequately meet the needs of the profession and protect the public. Such conditional practice permits are authorized in various provincial legislative Acts regulating health professionals. At most, an evaluation process that covers their practice setting would more effectively and efficiently determine competence without jeopardizing public health.

Our members suggest that such a circumscribed evaluation, coupled with a practice permit that would restrict them to that setting, would be much more appropriate than the comprehensive evaluation. Should a technician then elect to change to a practice setting not covered by the conditional permit, then additional evaluation or education would be appropriate.

Finally, some of our members who have been competently practicing the profession for years are concerned about their job security if they do not pursue registration. In fact, some of them have indicated they will simply leave the profession rather spend thousands of dollars and many hours, and take on the additional stress and demands, in pursuing registration for a job they've already been doing for years.

This would be a tremendous loss for patients and the overall health care system. Our members who choose not to participate in a bridging program or to pursue registration would lose the ability to contribute their full skills, knowledge and expertise to patients, new technicians entering the workforce and the health care system to which they have devoted themselves their entire career.

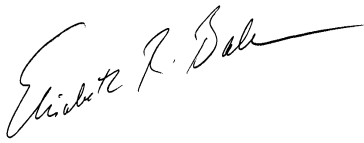
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In conclusion, while CHPS and its pharmacy technician members support and understand the concept and the purpose of regulating professionals, we believe the proposed process is unnecessarily heavy handed.

We urge the Pharmacy Examining Board of Canada to work with the provincial Colleges to develop a new registration process which finds a more reasonable balance between ensuring public safety and minimizing the time and costs to our members who have been working as pharmacy technicians for many years.

We would appreciate an opportunity to discuss our concerns further with you and to learn more about the positions of the Pharmacy Examining Board of Canada.

Sincerely,



Elisabeth Ballermann, BScPT, LLB
CHPS Co-Chair



Mike Luff
CHPS Co-Chair

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