

External Stakeholder Consultation

Accreditation Standards for Canadian Pharmacy Technician Programs DFTv3

Instructions

Thank you for providing your constructive feedback. To facilitate collation of feedback, please use the columns in the Word template below (see instructions). Please add more lines to the table as required.

Column 1: Indicate the section or subsection of the document for which you are providing comments.

Column 2: Indicate, for ease of reference, the page number, paragraph and line number for comments related to the Preface. For comments related to a Standard, reference the **Standard Number, the Criterion Number, which Required Evidence bullet point, or which Appendix column/row** your comment pertains to.

Column 3: Indicate the text for which you have provided suggested changes; include new or amended text.

Column 4: Indicate the rationale for your suggested change(s). Please keep your explanations as brief as possible.

Example:

Section or Subsection	Paragraph & Line # or Criterion #	Comment (provide current and new text when applicable)	Rationale
Preface	Para 4 last line	Since registration and licensure of a pharmacy technician by a provincial regulatory authorityReword to "where applicable"	Though we agree with this sentiment, pharmacy technicians are not registered/regulated in all provinces.
Standard 3	Criterion 3.3	Each graduate attains at least (minimum) 140 hours of full-time (35 hours per week minimum) practice experience in an institutional setting and at least (minimum) 140 hours of full-time (35 hours per week minimum) practice experience in a community pharmacy setting, <i>as the culminating practice experiences at the end of the program.</i>	Agree with increase in placement hours requirement but a program should be required to put a specific number of hours at the end of the program similar to what is required for pharmacy students (e.g., EPE vs APPE).

Please reserve the "General Comments" section at the end of the document for feedback that does not pertain to a specific section (e.g., support for DFTv3).

PLEASE RETURN COMMENTS TO CCAPP c/o Dr. Wayne Hindmarsh wayne.hindmarsh@utoronto.ca NO LATER THAN MAY 20, 2017

Stakeholder Comments

Section, Standard or Appendix	Paragraph & Line # Criterion # or Appendix Row/Column	Comment (provide current and new text when applicable)	Rationale
Preface	Para 3	The curriculum of a Pharmacy Technician Program is expected to embrace the current scope of practice as well as emerging roles.	(examples of emerging roles, definition?) Clinical Technician Roles, Technicians are starting assessment care plans (med review), are schools talking about CPOE, Leadership, Technical Practice Leaders. Public speaking, report writing, Cleanroom management.
Preface	Para 4 last line	Since registration and licensure of a pharmacy technician by a provincial regulatory authority relies on the educational outcomes of graduates, it is important for the Pharmacy Technician Program and the provincial regulatory authority to have a close working relationship	Suggest a requirement to be formalized – how do they determine the level of the relationship when reviewing a program. Suggest that at a minimum a technician representative from the College (board or council member) be on each advisory committee.
Part I: Academic Program B. Learning Environment	Criterion 2.1	Colleges or Programs should also demonstrate that there is a Code of Conduct for staff and instructors	Professional behavior and harmonious relationships are responsibility of all parties, not just the students
Part I: Academic Program B. Learning Environment	Criterion 2.2	The College introduces students to provincial regulatory and local, regional and national pharmacy, and other professional organizations and activities – provide clarity as to whether “pharmacy organizations” includes only technician organizations, or technician and pharmacist organizations. Could be done through use of a definition in the definition section	Requires clarity
Part I: Academic Program B. Learning Environment	Criterion 2.2 Required Evidence	“List (description) of activities...” Brief description of activities with or about...”	Adds clarity to what information should be provided.
Part I: Academic Program C. Curriculum	Criterion 3.3	The academic program leading to the Pharmacy Technician credential includes a total of 16 weeks (minimum) (640 hours) of practice experiences. The total	Current standard is written in a much clearer fashion. 140 hours is not enough, with two year programs there is an opportunity to add an additional practice

		hours of practice experiences provide the opportunity to develop proficiency in all competencies required for pharmacy technicians at entry to practice. Each graduate attains at least (minimum) 140 hours of full-time (35 hours per week minimum) practice experience in an institutional setting and at least (minimum) 140 hours of full-time (35 hours per week minimum) practice experience in a community pharmacy setting.	site in the community and institutional environment. Would like to see a minimum of 200 hours. Can be flexible can be done over the course of the two years? Like the Pharmacist program we need to give technicians more time in the environment. In particular hospital where many complexities are occurring. Would also like to see a project completion as well in the environment.
Part I: Academic Program C. Curriculum	Criterion 3.4	Describe a simulation and how it compares and contrasts to a laboratory setting.	
Part I: Academic Program C. Curriculum	Criterion 3.4	Appropriate simulation hours comprise not more than 110 hours (maximum) of the required total hours of practice experiences (640 hours).	Added clarity
Part I: Academic Program C. Curriculum	Criterion 3.4 Section d)	I, II, III – are these mutually exclusive or are they in combination. Word “limited”.	Need to clarify how this is obtained (simulation). Students for hazardous drugs should be simulating the cleanup of a spill using inert substances like baby powder etc. and learn to clean it up according to NAPRA model standards.
Part I: Academic Program C. Curriculum	Criterion 4.1.2	K: Add something around basic research and writing skills (so we add to the literature)	Technicians should be adding to the distribution research, and compounding research evidence and practice research, however educational programs lack this component. It must be more robust. Every student should learn how to write a tech talk for example.
Part I: Academic Program C. Curriculum	Criterion 4.1.2	C: Calculations A description should be added to ensure that the skills in performing calculations correspond with the responsibilities expected of a pharmacy technician upon entry to practice.	What matters most are the types of calculations the students are learning to perform, and the ability to do so competently.
Part I: Academic Program C. Curriculum	Criterion 4.1.3	Add microbiology to the list	An understanding of microbiology is needed to pharmacy students learn the pharmacology of antimicrobials, but also

			how to control and detect microorganisms in their work environment (e.g., cleanroom) and prevent microbial contamination of products (or people).
Part I: Academic Program C. Curriculum	Criterion 4.1.3 Required Evidence (second bullet)	"For each course, the outline or syllabus indicating the competencies and educational outcomes" that are expected to be met by the student.	Revised text to add clarity. (Despite the competencies and outcomes being listed, the students will not necessarily meet them, though they are expected to upon completion.)
Part I: Academic Program C. Curriculum	Standard 5	High quality practice setting	Define and create criteria on what a high quality practice setting would be. There needs to be more accountability to practice settings. Right now as long as the tech has a placement that seems "good enough" – inadequate.
Part I: Academic Program C. Curriculum	Standard 5	Standard 5: Practice experiences are of adequate intensity, breadth, structure, duration and variety so as to achieve educational outcomes. Practice experiences are acquired in high quality practice settings in a variety of care sectors, involving patients with a variety of healthcare service needs. Experiences integrate, reinforce and advance the knowledge, skills, attitudes and values developed through the other components of the professional program, including collaboration and teamwork.	Is there a checklist or a standard that the practice experience needs to meet. Would like to see this asked for in a more structured way. Many of the schools if not all have opportunity to work with other health programs.
Part I: Academic Program D. Teaching, Learning, Standard 7	Criterion 7.2	Calculations are taught with a zero-tolerance assessment.	The intent of this sentence is not clear. Is it that the knowledge and skills of students are assessed according to a zero-tolerance policy? Is CCAPP interested in knowing the content of the policy and how it is applied?
Part I: Academic Program D. Teaching, Learning, Standard 7	Criterion 7.3	Required evidence only includes "Procedures used to document students' progressive achievement of the educational Outcomes...", but does not include requirement to demonstrate policies/ procedures for academic probation,	

		dismissal, withdrawal, and readmission, and non-academic misconduct, or student responsibilities and rights to due process.	
Part II: Governance and Program Management A. Governance Structure and Commitment	Criterion 10.3	Required evidence- suggest change to 'Policy to guide <i>Program and</i> student body relationships with the pharmaceutical industry with respect to the receipt of gifts or other benefits"	Both the program (College/ institution) should have guidelines regarding conflict of interest and relationships with industry
Part II: Governance and Program Management A. Governance Structure and Commitment	Standard 11	The program has a plan to transition the lead role to a technicians	
Part II: Governance and Program Management A. Governance Structure and Commitment	Standard 11	Need to add that the person responsible for the sterile compounding must be taught by someone who is currently training or certified.	
Part II: Governance and Program Management A. Governance Structure and Commitment	Criterion 11.2	The individual(s) designated the Program Coordinator/Program Lead has successfully completed the applicable Qualifying Examinations of the Pharmacy Examining Board of Canada and is recognized (e.g., through registration and/or licensure) as a pharmacy technician or a pharmacist in the province where the Program operates.	In provinces where technicians are completed the regulation process – there should be a strategic priority to have technicians run the tech program. Who knows best how to educate the technician practice? Unless this is written in the accreditation process this could take decades to change. Much like Pharmacist education is taught largely by Pharmacists, Technicians should be granted the same responsibility. Suggest a transition of 5 years once tech regulation is in place that the program lead be a pharm tech.
Part II: Governance and Program Management A. Governance Structure and Commitment	Criterion 12.1	The majority of the PTPAC should be pharmacy technicians. At least ONE pharmacist. The chair of this committee should be transitioned to a pharm tech.	Representatives should include 1 public member and one from community and one from institution, one from College and a second year student. I have seen advisory committee's influence based on the industry (asking college to educate students on particular computer systems for example). The committee should have to attend one training session on how to participate in advisory capacity.

			Chair should be for two years, members for three.
Part II: Governance and Program Management A. Governance Structure and Commitment	Criterion 12.1	List pharmacy technicians before pharmacists. Add that a member of the public should be a voting member of PTPAC. Remove "federal" pharmacy regulatory authority as one does not exist: NAPRA is not a pharmacy regulatory authority.	The document is for pharmacy technician programs, not pharmacists.
Part II: Governance and Program Management A. Governance Structure and Commitment	Criterion 12.1 (second bullet)	Program administrator, coordinator/lead and instructional staff, all of whom are ex-officio (non-voting)", or change to "Program administrator, coordinator/lead and instructional staff, all of whom are ex-officio but non-voting."	Ex-officio does NOT mean non-voting- it means by virtue of an office or position held, and ex-officio members of a group have all rights and obligations of other members of a group, including voting. If these members are to be non-voting, then that must be stated separately, or more properly should not be referred to as ex-officio (Ref: RONR (11th ed.), pp. 483-84; p. 497, ll. 20-29.)
Part II: Governance and Program Management A. Governance Structure and Commitment	Criterion 12.2	The committee should be subject to the college's conflict of interest policy. In the absence of such a policy, one should be developed for the committee.	Appointments and decisions should be made in consideration of a conflict of interest policy. Regardless of whether the program is publicly or privately funded, the PTPAC's members have a fiduciary responsibility to produce graduates who are well prepared to meet the needs of the public. For example, a member should not request a change that is better for the economic position of his/her pharmacy if it comes at the expense of producing high caliber graduates.

Part II: Governance and Program Management C. Admissions	Criterion 16.1	What is meant by “upper level mathematics”? Is it university entrance or grade 12 trades math?	Add clarity and direction.
Part II: Governance and Program Management C. Admissions	Criterion 16.2 (b and c)	Is there a minimum required mark / score in the classes, or is obtaining credit sufficient?	Clarity
Part II: Governance and Program Management D. Continuous Quality Assurance of the Program	Standard 18	The Program conducts regular systematic reviews of curricular content, structure, process and outcomes to ensure that educational outcomes required for the program leading to a pharmacy technician credential are met.	Review should be included as part of advisory role and a report submitted to the advisory on this review and outcomes from the review.
Part II: Resources B. Human Resources	Criterion 20.1.1.	Where regulation has been met the plan should be made to transition this to regulated pharmacy technicians.	
Part II: Resources B. Human Resources	Criterion 20.1.1	<p>The Program employs a pharmacist with recent experience in providing direct patient care to contribute to....</p> <p>Ideally, a pharmacy technician would lead the development, review, revision, and delivery of the program, and do so while working with a pharmacist (as described above).</p>	<p>The term “direct patient care practicing pharmacist” is an officially recognized term. The program might hire a full-time pharmacist, rendering it very difficult for a pharmacist to have a second job.</p> <p>Pharmacy technician programs are producing graduates who become regulated pharmacy technicians. Their programs should be directed by pharmacy technicians, and supported by pharmacists, and other health care professionals. Pharmacists would expect that for its programs; why would it be different for pharmacy technician programs?</p>
Part II: Resources B. Human Resources	Criterion 20.1.3	The Program uses a direct patient care practicing pharmacist, appropriately credentialed in the province where the Program operates, to contribute to the development, review, revision and delivery of program content. If the role is shared between two or more pharmacists, procedures are available	This should be a regulated pharm tech. Transitioning from pharmacists to techs.

		<p>that describe individual duties, governance structures for effective and efficient collaborative decision-making, and coverage during absences.</p> <p>Public and private schools within the SAME province should be mandated to standardize SPT forms and work together for the benefit of the profession and the student. This is a complex system with both types of Colleges in any province, and it goes unaddressed and should be addressed in the Accreditation process.</p>	
Part II: Resources B. Human Resources	Criterion 20.1.4	Strike out the pharmacist (include non-aseptic compounding, sterile, and must meet NAPRA)	
Part II: Resources B. Human Resources	Criterion 20.1.4	Include reference to nonaseptic compounding practices, and reference NAPRA's model standards for nonsterile compounding once that document is released.	
Part II: Resources B. Human Resources	Criterion 20.3	Is this for program preceptors or those in the practicums, is there training provided for the preceptors. Model after the pharmacists	
Part II: Governance and Program Management C. Practice Site Resources	Criterion 22	What does adequately managed mean? Please clarify.	
Part II: Governance and Program Management C. Practice Site Resources	Criterion 22.2	The program should be required to work with other colleagues and also to provide support or dedicated person to help facilitate practicums. Universities for pharmacist programs have dedicated student placement coordinators. In Alberta for example there is dedicated pharmacists that the university provides funding for. This is not occurring for technicians and should be. It is more complex with multiple schools releasing students at different times – this should be looked at.	

Part II: Governance and Program Management C. Practice Site Resources		The colleagues have yearly meetings that include stakeholders from health regions, and community practice. To provide input....Practice placements, capacity, and emerging roles.	Colleges are working in silo – collaboration with key stakeholders regularly should be in place.
Part II: Governance and Program Management D. Physical Facilities and Infrastructure	Criterion 23.2	Include: Environmental sampling equipment including fingertip samples.	Colleagues are falling down on the training of technicians to properly manage and support the aseptic compounding rooms and processes. They should be providing hands on experience in cleanroom management. Standards in Canada regarding aseptic compounding has been lagging. With the NAPRA Model Standards for Sterile Compounding now being adopted across many provinces (so far 5 have adopted), this should be what schools are teaching to. IT should be robust education around this. Pharmacists do not receive this training and it is well within the scope of a pharm tech. Schools should be required to meet this technical requirement.
Part II: Governance and Program Management D. Physical Facilities and Infrastructure	Criterion 24.1	To include a ratio of one hood to 4 students type of example. Equipment should include sterile gloves, all proper PPE, N95 masks, supplies in general.	It is costly for colleges to provide equip, disposable supplies etc. However, this must be provided and used in order to produce capable students. We must not allow Colleges to provide anything less than what industry standards allow. Techs are running dispensaries, running operations in hospitals – we need to do a better job of preparing them.
Part II: Governance and Program Management D. Physical Facilities and Infrastructure	Criterion 24.1	Recon pumps, PN pumps, CSTD,	CSTD is a closed system transfer device for hazardous drug prep.
Part II: Governance and Program Management D. Physical Facilities and Infrastructure	Criterion 24.3	Finger-tip testing e.g validation is a requirement.	
Part II: Governance and Program Management E. Information Resources		Minimum requirements of college PRA	

	Criterion 25.1	Instructional staff should include all preceptors.	The proposed revision is consistent with the standard and required evidence.
Appendix A	Table 2: PEBC Qualifying Examination Pass Rates (%) (Criteria 1.2)	What is denominator for this calculation- should clarify that it is number of graduates who have taken the exam (comment also relevant for Standard 1, criterion 1.2, required evidence)	Using number of graduates not appropriate- we know many do not undertake the PEBC exams within the first year, for a variety of reasons.
Appendix A	Table 2: Program Structure	Redesign the layout with 3 main headers that are further subdivided <ul style="list-style-type: none"> 1. Didactic hours (with 2 main subsections: classroom, laboratory) 2. Practice Experience (with the subsections: simulation [further subdivided by type), institutional, community, other) 3. Total Duration of Program See example provided	Easier to understand how the parts fit together.

General Comments
<p>There is ways to get around portions of this document where specific requirements or clarity is missing. (Simulated drugs). Learning how to do checking etc. Pharm Tech education should include a leadership framework such as LEADS. We need to start growing leaders within this profession and it should start at the College level.</p> <p>Education for pharm techs is heavily run by Pharmacists, this includes advisory committees and there should be goals and strategies in place to move techs into these roles within defined timelines.</p> <p>Colleges need to continuously advance the technology and equipment to meet basic industry standards. In Alberta Colleges are still teaching syringe pull back and students have limited technology such as pumps or microbial sampling equipment. Even when a College teaches USP 797 – is it the entire chapter including environmental sampling or are Colleges picking and choosing based on cost. Cost is high for equipment but it is a basic need of our students to have solid skills on this.</p> <p>Collaboration with nursing, and other healthcare professional should be a requirement in labs.</p> <p>Accreditation should be based on NAPRA Entry to Practice for Pharm Techs. Whiles this is largely true, there is room for improvement to strengthen this program.</p>

Review of these draft standards was sent to largely pharmacist organizations. In Alberta The Pharmacy Technician Society of Alberta did not receive this opportunity and currently we have the largest membership in all of Canada exceeding Capt National. We have over 1200 members. When feedback to stakeholders goes out in future a robust selection of stakeholders should be included. Every member of an advisory committee for each college should also be offered this opportunity.

I really have nothing else to add for comments on the standards. It looks very thorough and detailed. I even pulled up the standards for the pharmacy programs and I can see a lot of the content mirrors the pharmacy programs standards.

Comments submitted by:	
Name of individual	Cathy Lyder (on behalf of the CSHP members who submitted feedback)
Name of organization	Canadian Society of Hospital Pharmacists
Date	2017 May 19