

Demonstration of Proficiency of Product Release Instructions and Forms

Prior to beginning the Demonstration of Proficiency of Product Release

The following must be completed:

- registered on the ACP Provisional Pharmacy Technician Register
- submit a Demonstration of Proficiency of Product Release Notification Form (see page 2) signed by both the provisional pharmacy technician and the preceptor

The preceptor must not be in a close personal relationship with the provisional pharmacy technician and must either be:

- a pharmacist on the ACP clinical register who has a minimum of 2 years of direct patient care
- a pharmacy technician who has been on the ACP pharmacy technician register for a minimum of 2 years.

An evaluation site is either

- a licensed Alberta community pharmacy, or
- an institutional (hospital) pharmacy in Alberta.

Requirements of Demonstration of Proficiency of Product Release

The provisional pharmacy technician must demonstrate proficiency in completing a final check to the satisfaction of the preceptor by completing a **minimum** of 100 final checks with 100% accuracy. If the preceptor is not satisfied that the provisional pharmacy technician has demonstrated the required proficiency additional checks may be required prior to completion of the program.

Final checks must be completed as outlined in Standard 7.14 of the Standards of Practice for Pharmacists and Pharmacy Technicians, which states:

A pharmacist or a pharmacy technician who dispenses a drug must perform a final check in order to be satisfied that each step in the dispensing process has been completed properly by verifying that:

- a) the drug dosage form, manufacturer, and quantity dispensed are correct according to the prescription**
- b) the prescription label is accurate according to the prescription and contains the information required under this standard and under federal and provincial legislation**
- c) appropriate auxiliary labels are affixed**

Daily Tracking Log

A new Daily Tracking Log must be used each day to record items checked and any errors identified.

The Daily Tracking Logs are not required to be submitted to ACP but must be made available upon request. Therefore the logs must be retained for a period of two years after completion.

Rules for Completion of Demonstration of Proficiency of Product Release

- Learners must complete a minimum of 20 checks per day.
- There is no maximum number of checks per day.
- The 100 required checks must be completed 100% error free.
- If an error is detected by the preceptor the process must begin again at zero.
- The learner may be given a maximum of 3 attempts to attain the minimum 100 final checks with 100% accuracy.
- If the learner is unable to complete the process in 3 attempts the preceptor must notify ACP. Each case will be reviewed individually to determine whether additional learning is required prior to authorizing further attempts.
- The Demonstration of Proficiency of Product Release must be completed within 3 months of the start date.
- Those provisional pharmacy technicians who have completed the AHS Technician Checking Validation Procedure within the previous 2 years may apply this training as equivalent to completion of the Demonstration of Proficiency of Product Release. Submission of the completion form (page 3) must be signed by the provisional pharmacy technician and the preceptor and submitted to the ACP office.

Following successful Demonstration of Proficiency of Product Release

- The provisional pharmacy technician must submit to the ACP office the Demonstration of Proficiency of Product Release Completion Form signed by the preceptor
- The Demonstration of Proficiency of Product Release is valid for a period of 2 years from the date of completion.

Demonstration of Proficiency of Product Release by Provisional Pharmacy Technician

Notification Form

Provisional Pharmacy Technician Information

I, _____ hereby declare that I
Name of Provisional Pharmacy Technician – PLEASE PRINT

will begin the Demonstration of Proficiency of Product Release on _____
Date

I hereby declare that I:

- am not in a close personal relationship with the preceptor named below, am not related to the preceptor, and do not reside in the same residence as the preceptor
- understand that a minimum of 20 checks per days must be completed
- understand that the Demonstration of Proficiency of Product Release must be completed within 3 months of date on this form

Signature of Provisional Pharmacy Technician

Provision Technician Registration Number

Date

Preceptor and Site Information

Name of Preceptor – PLEASE PRINT

Name of Pharmacy: _____ ACP License Number: _____

Address: _____

Town/City: _____ Postal Code: _____

I hereby declare that I:

- have been a licensed pharmacist or pharmacy technician either in Alberta or another Canadian jurisdiction for a minimum of 2 years
- am not in a close personal relationship, related to, or reside in the same residence as the above listed provisional pharmacy technician
- understand that a minimum of 20 checks per day must be completed
- am aware that the above provisional pharmacy technician does not have personal professional liability insurance coverage and that I am responsible and accountable for all restricted activities performed under my supervision

Signature of Preceptor

Preceptor Registration Number

Date

Return this form to the ACP office via email (registrationinfo@abpharmacy.ca) or fax.

Demonstration of Proficiency of Product Release by Provisional Pharmacy Technician

Completion Form

Provisional Pharmacy Technician Information

I, _____ hereby declare that I
Name of Provisional Pharmacy Technician – PLEASE PRINT

Successfully completed the Demonstration of Proficiency of Product Release on _____
Date

Provisional Technician Signature Provisional Technician Registration Number Date

Preceptor and Site Information

Name of Preceptor – PLEASE PRINT

Name of Pharmacy: _____ ACP License Number: _____

Address: _____

Town/City: _____ Postal Code: _____

I hereby declare that

- The participant has successfully completed a minimum of 100 final checks with 100% accuracy.
- The participant completed a minimum of 20 checks per day over a period not exceeding 3 months.
- No more than 3 separate attempts were initiated to complete the demonstration of proficiency of product release requirement.

OR

I attest that

- The provisional pharmacy technician has successfully completed the AHS checking verification program within the past 2 years.

Signature of Preceptor Preceptors ACP Registration Number Date

Return this form to the ACP office via email (registrationinfo@abpharmacy.ca) or fax.

Daily Tracking Log

Provisional Pharmacy Technicians Name: _____ ACP Reg Number: _____ Date: _____

Participant's Records				Evaluator's Records		
Check #	Rx # or type of items checked	Error identified	Check complete (initials)	No error missed (initial)	Error missed (initial)	Type of error missed by participant