

SPT

Structured Practical Training

**Demonstration
of proficiency of
product release**

Instructions and forms

Table of contents

Instructions	1
Notification form	3
Completion form	4
Daily tracking log	5

Preparation

Prior to beginning the demonstration of proficiency of product release, participants must

- be registered on the ACP provisional pharmacy technician register,
- have initiated SPT Level III, and
- have submitted a notification form 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 two years of direct patient care, or
- a pharmacy technician who has been on the ACP pharmacy technician register for a minimum of two years.

An evaluation site is either a licensed Alberta community pharmacy or institutional (hospital) pharmacy in Alberta.

Requirements

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 per cent 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, but must be retained for a period of two years after completion and made available to ACP upon request.

Rules for completion

- 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 per cent 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 three attempts to attain the minimum 100 final checks with 100 per cent accuracy.
- If the learner is unable to complete the process in three 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 three months of the date indicated on the notification form submitted to ACP.

Following successful demonstration of proficiency of product release

- The provisional pharmacy technician must submit the completion form signed by the preceptor to ACP within 30 days of completion.
- The demonstration of proficiency of product release is valid for a period of two years from the date of completion.

Demonstration of proficiency of product release 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 three months of date on this form

Signature of provisional pharmacy technician Provision technician registration # Date

Preceptor and site information

(Name of preceptor – PLEASE PRINT)

Name of Pharmacy _____ License # _____
 Address _____
 Town/City _____ Postal Code _____

I hereby declare that I:

- have been a licensed pharmacist or pharmacy technician in Alberta for a minimum of two 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

If the provisional pharmacy technician is an internationally educated pharmacy professional, you must also meet one of the following:

- I am a pharmacy technician; OR
- I am a pharmacist who has precepted at least two pharmacy technician students in a CCAPP accredited pharmacy technician program within the last three years. For each student, provide their name, the college they attended, and the date you precepted the student:
 Student 1 _____
 Student 2 _____

Signature of preceptor Preceptor registration # Date

Return this form to the ACP office via email (registrationinfo@abpharmacy.ca) or fax (780-990-0328).

Demonstration of proficiency of product release 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 pharmacy technician signature

Provisional pharmacy technician registration #

Date

Preceptor and site information

(Name of Preceptor – PLEASE PRINT)

Name of Pharmacy _____ License # _____

Address _____

Town/City _____ Postal Code _____

I hereby declare that

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

Signature of preceptor

Preceptor registration #

Date

Return this form to the ACP office via email (registrationinfo@abpharmacy.ca) or fax (780-990-0328).

