



**PROPOSED *PHARMACY PROFESSION
REGULATIONS UNDER THE HEALTH AND
SOCIAL SERVICES PROFESSIONS ACT***
DISCUSSION PAPER

July 2024



OVERVIEW

Objective:

The Department of Health and Social Services (the Department) is seeking feedback on the proposed key elements for the regulation of pharmacists under the *Health and Social Services Professions Act* (HSSPA), including an expanded scope of practice for pharmacists in the Northwest Territories (NWT).

We encourage you to review the proposed key elements and welcome any comments, suggestions, and questions by August 30, 2024.

Contact:

Attention: Comments on Proposed *Pharmacy Profession Regulations*
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INTRODUCTION

Pharmacists and pharmacy technicians are highly skilled and trusted medication experts that undergo extensive training and education to understand the role that drugs and substances play in different medical situations. As integral members of the health care team, pharmacists and pharmacy technicians ensure that the medications prescribed for their clients are safe, appropriate, and effective and provide education, guidance, and treatment to optimize their clients' health outcomes.

The Northwest Territories' (NWT) *Pharmacy Act* (Act) came into force in 2007. It is the law in the NWT that sets out the registration and practice requirements for NWT pharmacists and the mechanism by which complaints regarding unprofessional conduct are handled. Some amendments have been made since the Act first came into force; however, few of these changes modernized the regulatory framework. As a result, the scope of practice for pharmacists in the NWT, alongside Nunavut, is the least comprehensive in Canada. NWT pharmacists are currently authorized to:

- Sell, distribute, compound, dispense, and repackage medications and other health products.
- Provide information (counsel) on the appropriate use of medications and health products, including monitoring and evaluating use.
- Issue continued care prescriptions (for existing prescriptions only) for a maximum duration of one month.
- Substitute pharmaceutically equivalent drugs (in accordance with an interchangeability formulary adopted by the Minister).

The scope of practice for pharmacists in Canada has grown significantly over the last two decades and has improved public access to, and quality of, health services. Across the provinces, not only do pharmacists dispense and sell drugs and substances, but they may also initiate prescription drug therapy, provide emergency prescription refills, renew prescriptions, adapt prescriptions (i.e., change dose, formulation, or regime), prescribe for minor ailments, order and interpret laboratory tests, conduct and interpret point of care tests, and administer certain medications and vaccinations via injection and inhalation. Further, nine (9) provinces have moved to regulate pharmacy technicians – skilled professionals that support by performing the technical aspects of prescription dispensing and drug administration, enabling pharmacists to dedicate more time to their unique and increasingly advanced clinical roles. The result is enhanced pharmacy services that improve overall public access to healthcare.

As of April 24, 2024, there were 63 pharmacists actively licensed to practice in the NWT. Pharmacy technicians are currently unregulated in the NWT.

For a snapshot of the scope of practice for pharmacists and pharmacy technicians in Canada, as developed by the National Association of Pharmacy Regulatory Authorities (NAPRA), please see *Appendix A* (Scope of Practice for Pharmacists in Canadian Jurisdictions) and *Appendix B* (Scope of Practice for Pharmacy Technicians in Canadian Jurisdictions).

For engagement purposes, there are questions included throughout the document on each specific proposed key element. All questions are included in *Appendix C*.

WHAT WE ARE PROPOSING

To ensure that NWT residents have greater access to health services, enable NWT pharmacists to practice to their full scope, improve efforts around the recruitment and retention of health professionals, and to better align with the regulation of pharmacists in the rest of Canada, it is necessary to update the existing regulatory framework for pharmacists in the NWT, primarily by expanding the scope of practice of pharmacists. Further, for pharmacists to expand their services, they need additional assistance within the pharmacy. A viable solution that the Department is proposing is the regulation of pharmacy technicians. Pharmacy technicians have the expertise to support effective pharmacy operations and play a key role in serving patients and providing quality patient care.

The practice of the profession of pharmacy will be regulated through the new proposed *Pharmacy Profession Regulations* (Regulations) under the HSSPA – the Department’s “umbrella” legislation that intends to support a comprehensive and consistent framework for the regulation of all health and social services professionals in the NWT. The HSSPA sets out general requirements that apply to each profession regulated under it, such as the responsibilities of the Registrar of Health and Social Services Profession, registration and renewal procedures, appeal processes, and the handling of complaints and discipline.

The profession-specific regulations will address details associated with licensed pharmacy professionals. These regulations would update registration and renewal criteria and requirements, protect professional titles, ensure public safety by requiring that registrants meet training standards, establish a code of ethics and standards of practice, and require registrants to complete continuing competency requirements. These requirements will align with requirements set out by pharmacy regulators across Canada.

Regulating the pharmacy profession under the HSSPA will modernize the framework for pharmacists generally, introduce the regulation of pharmacy technicians in the NWT, and most significantly, expand the scope of practice for pharmacists to include:

- Initiating prescriptions;
- Issuing emergency prescription refills and continued care prescriptions;
- Adapting prescriptions (including therapeutic substitutions);
- Ordering and interpreting laboratory and point of care (POC) tests; and
- Administering certain vaccines and medications via injection and inhalation.

The Department had originally anticipated that bringing pharmacists under the HSSPA would result in a complete repeal of the *Pharmacy Act*, like has been done for professions already brought under HSSPA (i.e., psychologists); however, the *Pharmacy Act* is unique in that it regulates both the practice of the profession of pharmacy as well as the sale of pharmaceuticals, which is covered in Part 3 of the current *Pharmacy Act* and associated regulations. Provisions related to the sale of pharmaceuticals, such as those that adopt NAPRA drug schedules, set out requirements for the sale and storage of drugs, and set out requirements for prescriptions, cannot be carried over to the proposed *Pharmacy Profession Regulations* since they are intended to apply not only to pharmacists, but to other retail outlets, health and social professions, and

the public. The Department is proposing to repeal and replace the current *Pharmacy Act* with a new Act (likely renamed to clearly distinguish it from the practice of pharmacists) that only includes the necessary Part 3 provisions and associated regulations. (e.g., varying drug schedules). This aspect of the project will be addressed as part of the project to amend the HSSPA. The HSSPA amendments, new *Pharmacy Profession Regulations*, and new *Pharmacy Act* (renamed) would all come into force at the same time.

The remainder of this discussion paper focuses on expanding the scope of practice of pharmacists, as this is the area that would result in the most significant changes to the practice of pharmacy and have the greatest impact on the public.

This proposal has been developed in collaboration with the NWT Pharmaceutical Association, and the Registrar, Chief of Profession Regulation at the Professional Licensing Office, and is informed by extensive cross-jurisdictional research.

Regulating Pharmacy Technicians

Pharmacy Technicians are highly trained professionals that assist pharmacists in daily operations, helping to enhance pharmacy service delivery and improving the public's access to pharmacy services. Pharmacy technicians are not currently regulated in the NWT but are regulated in nine (9) other Canadian jurisdictions.

Pharmacy technicians have the necessary training and responsibility for certain pharmacy duties, including but not limited to, preparing medication, affixing medication labels, developing compound formulations, compounding medications, completing the final technical check on prescriptions, and instructing on the use of medical devices. Pharmacy technicians who have taken the required training may administer vaccines and medication via injection or inhalation (subject to limitations).

Questions:

1. Do you think there is value in regulating pharmacy technicians in the NWT?
 - a. If yes, why?
 - b. If no, why not?

Initiating Prescriptions

Currently, pharmacists in the NWT cannot initiate prescriptions (write a prescription and dispense a medication or drug, without the client first seeing a physician). Pharmacists that are trained in Canada, however, gain the knowledge and skills required to initiate prescriptions. As the health system's medication experts, allowing pharmacists to initiate prescriptions can help alleviate the number of appointments at medical clinics, reducing health system wait times and providing NWT residents with more options to access health services. Some provinces only allow pharmacists to write prescriptions for specific minor ailments and conditions.

Like in the rest of Canada, pharmacists in the NWT would not be permitted to initiate prescriptions for any controlled drugs and substances. Pharmacists would also be required to communicate the initiation of any prescription to their client's primary health care provider.

For the purpose of this Discussion Paper, the following definition applies:

“Minor Ailment” means a disease, disorder or condition, in the form indicated by the individual's signs and symptoms that:

- presents a low risk of masking an underlying disease, disorder or condition, and
- can be readily diagnosed without the need for laboratory or imaging tests; and
- the individual's signs or symptoms can be reasonably expected to resolve with only short-term or episodic treatment.

Examples of minor ailments include conditions such as eczema, acne, and lice.

Questions:

1. Do you think Pharmacists in the NWT should be authorized to initiate prescriptions (excluding the prescribing of controlled substances)?
 - a. If yes, why?
 - b. If no, why not?
2. Do you think pharmacists should be authorized to initiate prescriptions for minor ailments only (minor ailments are non-life threatening and include conditions such as eczema, acne, and lice)?
 - a. If yes, why?
 - b. If no, why not?

Adapting Prescriptions

Pharmacists in the NWT can currently substitute a pharmaceutically equivalent drug for the original drug prescribed by the practitioner, if it is listed in the formulary adopted by the Minister of Health and Social Services. NWT pharmacists may also modify or include instructions for the use of medical devices and with respect to prescription packaging.

Canadian pharmacists are trained to modify the dosage, formulation, regime (how to take), and quantity of a drug prescribed, to substitute a prescribed drug for one that has the same intended treatment effect, to complete missing information on a prescription, and to renew a prescription. Generally, this scope of practice is referred to as adapting prescriptions and is intended to ensure that clients receive the most appropriate medication at the most appropriate dosage to address their health condition(s) or achieve their health goals. Pharmacists would not be permitted to adapt any controlled drug prescriptions. A controlled drug is any type of drug that the federal government has categorized as having a higher-than-average potential for abuse or addiction. Some examples of controlled drugs are alcohol and opioids (fentanyl, oxycodone, Benzodiazepines, Amphetamines).

Questions:

1. Do you think pharmacists in the NWT should be authorized to adapt prescriptions?
 - a. If yes, why?
 - b. If no, why not?

Ordering and Interpreting Laboratory Tests and Conducting and Interpreting Point of Care Tests

In those provinces that allow pharmacists to order and interpret laboratory tests and conduct point of care testing, pharmacists can better determine the safety and efficacy of their client's prescription treatment regimens and prescribe appropriate treatment. Laboratory and point of care test data may be used by pharmacists to ensure a prescription is appropriate for an individual, monitor a patient's response to therapy (e.g., diabetes, cholesterol) to ensure patient safety and optimal outcomes, screen for infectious disease (e.g., COVID-19, influenza, strep throat); and to screen for possible untreated health conditions prevalent in patients existing medical conditions.

Questions

1. Do you think pharmacists in the NWT should be authorized to order and interpret laboratory tests?
 - a. If yes, why?
 - b. If no, why not?
2. Do you think pharmacists in the NWT should be authorized to conduct and interpret point of care tests?
 - a. If yes, why?
 - b. If no, why not?

Administering Vaccines and Medications via Injection and Inhalation

Authorizing pharmacists and pharmacy technicians to administer vaccines and medications via injection and inhalation has significantly improved public access to such services in those provinces and territories that have enabled this expanded scope. In each of these jurisdictions, pharmacists and pharmacy technicians must undergo additional training to be permitted to practice this scope and are only permitted to administer certain vaccines and medications.

Pharmacists in the NWT are not currently authorized to administer vaccines or any other medication, even if they have undergone the additional training to be competent in this area. Authorizing them to administer vaccines would support enhanced public outreach and offer additional options for vaccine distribution and administration.

Questions

1. Do you think pharmacists in the NWT should be authorized to administer vaccinations?
 - a. If yes, why?
 - b. If yes, which ones?
 - c. If no, why not?

2. Do you think pharmacists in the NWT should be authorized to administer other medications by injection (e.g., Humira for autoimmune conditions) or inhalation (e.g., inhalers for asthma or COPD)?

- a. If yes, why?
- b. If yes, which ones?
- c. If no, why not?

APPENDIX A ¹

Scope of Practice for Pharmacists in Canadian Jurisdictions

Table One: Pan-Canadian Overview, Effective August 2023



	Prescribing in the absence of an existing prescription				Prescribing when there is an existing prescription			Administer: includes parenteral and non-parenteral	Tests			KEY
	Initiate a prescription	Initiate a Rx under delegation/collective Rx	Initiate a Rx for specified conditions/circumstances	Prescribe in emergency circumstances	Adapt: change dose, formulation, regimen, duration, route	Therapeutic substitution	Renew/continue a Rx for continuing care		Order lab tests	Perform tests	Interpret tests	
AB	✓ ¹	✓ ¹	✓ ¹	✓	✓	✓	✓	✓ ^{1,3}	✓	✓	✓	KEY ✓ Established in legislation and regulation or Canadian Armed Forces policy P Pending – Legal authorization received, but infrastructure/framework required to fully implement this activity not yet in place 1 Additional formal training/ authorization from regulator required 2 Additional formal training/ authorization from regulator required in certain circumstances only 3 Further limitations on types/ classes of medication, patient groups or circumstances exist 4 Activity can only be conducted within the terms of a formal collaborative practice agreement or approved collaborative setting/ environment 5 Under delegation for the Canadian Armed Forces (CF) Health Services 6 Hospital practice only 7 Currently being phased-in Rx Prescription
BC			✓ ¹		✓ ³	✓ ³	✓ ³	✓ ^{1,3}		✓ ³	✓	
CF		✓	✓	✓	✓	✓	✓		✓ ⁵		✓ ⁵	
MB	✓ ^{1,3,4}		✓ ¹	✓ ³	✓	✓ ⁶	✓ ³	✓ ^{2,3}	✓ ^{1,3,7}	✓ ³	✓ ³	
NB	✓ ⁴		✓ ¹	✓	✓	✓	✓	✓ ^{2,3}	P	✓ ³	✓	
NL			✓ ¹		✓ ¹	✓ ¹	✓ ¹	✓ ^{1,3}		✓ ³	✓ ³	
NS	✓ ⁴		✓	✓	✓ ³	✓	✓ ³	✓ ^{2,3}	✓	✓ ³	✓	
NT							✓ ³					
NU												
ON		✓	✓		✓		✓	✓ ^{1,3}	✓ ³	✓ ³	✓ ³	
PE			✓ ²	✓	✓		✓ ²	✓ ^{2,3}	✓ ⁶	✓ ³	✓	
QC	✓ ⁴	✓	✓ ²	✓ ³	✓	✓	✓	✓ ^{1,3}	✓	✓ ³	✓	
SK	✓ ^{2,3}		✓ ^{2,3}	✓	✓ ³	✓ ^{2,3}	✓	✓ ^{1,3}	✓ ⁶	✓ ³	✓ ³	
YT			✓ ¹		✓	✓	✓	✓ ^{2,3}			✓	

Note: This chart is a summary only for the purpose of comparing jurisdictions and is not meant to replace provincial/territorial-specific information. Pharmacy professionals are expected to consult all relevant jurisdictional laws, regulations, standards and other rules and requirements related to scope of practice in their particular jurisdiction.

Note: This chart outlines the scope of practice for pharmacists when providing care for human patients. Readers are referred to provincial/territorial legislation for more information on the scope of practice when providing care for animal patients.

¹ The National Association of Pharmacy Regulatory Authorities (NAPRA) - charts summarizing the current scope of practice for pharmacists in each province and territory - <https://www.napra.ca/wp-content/uploads/2021/12/NAPRA-Scope-of-Practice-Pharmacists-EN-2023-08.pdf>

APPENDIX A ²

Scope of Practice for Pharmacists in Canadian Jurisdictions

Table Two: Definitions used to describe the pharmacist scope of practice

*Note: Authorized prescriber includes any regulated health professional who is authorized to prescribe and is practising within their professional scope of practice.



Group	Category	Term and Definition
Prescribing in the absence of an existing prescription		Prescribing that is based on assessment of the patient's condition and judgment by the pharmacist. The pharmacist is not in possession of an original prescription from an authorized prescriber. The pharmacist is responsible for decisions about the clinical management including prescribing a drug, but ensures collaboration with the patient's other healthcare providers. The pharmacist has met and practises in accordance with the requirements set by the pharmacy regulatory authority (PRA). Requirements may include but are not limited to registration with the PRA for additional prescribing authorization or prescribing in a collaborative practice or prescribing for specified conditions/circumstances, etc.
	Initiate a prescription	Generating a new prescription for a prescription drug where the pharmacist is responsible for the assessment of patients and the decisions made about the drug and the clinical management required. Prescribing authority may be restricted by the pharmacist's specialty and competency, but not to specific medical conditions/circumstances outlined in legislation or PRA standards/directives/guidelines. While it is always expected that pharmacists will only prescribe within a collaborative practice relationship/environment, a formal written agreement or approval of the practice environment/setting by the PRA is only required when indicated with a footnote.
	Initiate a prescription under delegation/collective Rx	The pharmacist is authorized to generate a new prescription for a prescription drug only through delegation or in accordance with a collective prescription. The delegation/collective prescription provides the pharmacist with authorization to prescribe according to the conditions of the delegation/collective prescription, but this activity is not considered part of the independent scope of practice of the pharmacist.
	Initiate a prescription for specified conditions/circumstances	Generating a new prescription for a prescription drug for medical conditions or circumstances which have been approved by the PRA and are outlined in legislation or PRA standards/directives/guidelines. These may include but are not limited to emergency contraception, smoking cessation, minor/common ailments, self-diagnosed conditions, previously diagnosed conditions, conditions that do not require a diagnosis, prevention of diseases.
	Prescribe in emergency circumstances	Prescribing a prescription drug, in the absence of an existing prescription, when there is an immediate need for drug therapy and in the professional judgment of the pharmacist, it is not reasonable for the patient to seek emergency health care elsewhere and there is a risk to the patient's health if immediate treatment is not provided (e.g., asthma attack).
Prescribing where there is an existing prescription		Prescribing for the purpose of optimizing care or continuing care based on assessment of the patient and judgment by the pharmacist. The pharmacist is responsible for the prescribing, but ensures collaboration with the patient's primary and other healthcare providers. The pharmacist has met and practises in accordance with the requirements set by the PRA.
	Adapt a prescription	Modifying or altering an existing prescription with respect to the dose, formulation/dosage form, dosage regimen, route of administration, or duration to optimize therapy.
	Therapeutic substitution	Substituting a prescribed drug with a different chemical entity that has or is expected to have an equivalent therapeutic effect.
	Renew/continue a prescription for continuing care	Prescribing a prescription drug that has been previously prescribed for the purpose of continuing therapy based on assessment of the patient and judgment by the pharmacist.
Administer		Administering a drug (substance) by parenteral or non-parenteral routes of administration.
Tests	Order lab tests	Ordering a laboratory analysis within the practice of pharmacy.
	Perform tests	Performing a laboratory test or point of care test (POCT) within the practice of pharmacy.
	Interpret tests	Interpreting test results within the practice of pharmacy.
1 Additional formal training/ authorization from regulator required		The pharmacist is required by the PRA to undergo and demonstrate completion of a training program approved by the PRA and/or must receive additional authorization from the PRA prior to undertaking these activities. This could include additional requirements for approved injection training program, additional prescribing authority, extended or advanced practice designations, or an indication on the licence that additional training has been completed. This only includes training over and above that required for licensure. In other words, if training is mandatory for licensure, it is not noted in the chart.
3 Further limitations on types/classes of medication, patient groups or circumstances exist		The pharmacist's ability to perform the activity is restricted to certain patient groups, certain types/classes of medications, certain medical conditions or certain situations (e.g., restrictions on age for administration of vaccines in most provinces, etc.). Note: This footnote is only used for further restrictions beyond those indicated by the title of the column as defined above.
4 Activity can only be conducted within the terms of a formal collaborative practice agreement or approved collaborative setting or environment		The activity can only be conducted within a collaborative practice setting or environment that has been approved by the PRA and/or within the terms of a written formal collaborative agreement. The pharmacist is responsible for the assessment of patients and the decisions made about the drug and the clinical management required in collaboration with an authorized prescriber. The prescribing may be restricted by the parameters of the collaborative agreement or the protocols of the collaborative setting/environment, but not to specific medical conditions/circumstances outlined in legislation or PRA standards, directives or guidelines.

² The National Association of Pharmacy Regulatory Authorities (NAPRA) - charts summarizing the current scope of practice for pharmacists in each province and territory - <https://www.napra.ca/wp-content/uploads/2021/12/NAPRA-Scope-of-Practice-Pharmacists-EN-2023-08.pdf>

APPENDIX B ³

Scope of Practice for Pharmacy Technicians in Canadian Jurisdictions

Table One: Pan-Canadian Overview, Effective August 2023



	Compounding			Dispensing and Receiving Prescriptions			Provide instructions on how to operate medical devices	Provide medication information to patients that does not require application of therapeutic knowledge	Conduct tests	Supervise a remote dispensing location under the supervision of a pharmacist who is not physically present	Administer: includes parenteral and non-parenteral
	Develop a Master Formula or Compounding Protocol	Compound drugs according to a Master Formula or Compounding Protocol	Determine a beyond use date	Receive a verbal order (except for controlled substances)	Perform a technical check (new, refill or controlled substance Rx)	Transfer prescriptions					
AB	✓ ²	✓	✓ ²	✓	✓	✓	✓	✓	✓ ²		
BC	✓ ²	✓	✓ ²	✓	✓	✓	✓	✓	✓ ²	✓	
MB	✓ ²	✓	✓ ²	✓ ²	✓ ²		✓			✓	
NB	✓	✓	✓ ²	✓	✓	✓	✓	✓	✓	n/a	✓ ^{1,2}
NL	✓	✓	✓ ²	✓	✓	✓	✓	✓		✓ ²	
NS		✓		✓	✓ ²	✓	✓	✓	✓ ²	n/a	✓ ^{1,2}
ON		✓		✓	✓	✓	✓	✓	✓ ²	✓	✓ ^{1,2}
PE	✓	✓	✓	✓	✓	✓	✓				✓ ^{1,2}
SK	✓	✓	✓	✓	✓	✓	✓	✓			
CF	●	●	●	●	●	●	●	●	●	●	●
NT	●	●	●	●	●	●	●	●	●	●	●
NU	●	●	●	●	●	●	●	●	●	●	●
QC	●	●	●	●	●	●	●	●	●	●	●
YT	●	●	●	●	●	●	●	●	●	●	●

KEY

- ✓ Established in legislation and regulation or DND policy
- The jurisdiction does not currently regulate pharmacy technicians
- ⊘ Not applicable

¹ Additional formal training/ authorization from regulator required

² Further limitations on types/ classes of medication, patient groups or circumstances exist

Rx Prescription

Note: This chart is a summary only for the purpose of comparing jurisdictions and is not meant to replace provincial/territorial-specific information. Pharmacy professionals are expected to consult all relevant jurisdictional laws, regulations, standards and other rules and requirements related to scope of practice in their particular jurisdiction.

³ The National Association of Pharmacy Regulatory Authorities (NAPRA) - updated charts summarizing the current scope of practice for pharmacy technicians in each province and territory. <https://www.napra.ca/wp-content/uploads/2023/12/NAPRA-Scope-of-Practice-Pharmacy-Technicians-EN-2023-08.pdf>

APPENDIX B ⁴

Scope of Practice for Pharmacy Technicians in Canadian Jurisdictions

Table Two: Definitions used to describe the pharmacy technician scope of practice

Note: Pharmacy technicians are generally only allowed to carry out the activities listed below when a pharmacist is present.



Group	Category	Term and Definition
Compounding		The combining or mixing together of two or more ingredients (of which at least one is a drug or pharmacologically active component) to create a final compounded preparation in an appropriate form for dosing, within the context of a prescriber-patient-pharmacy professional relationship. Compounding does not include mixing, reconstituting, or any other manipulation that is performed in accordance with the directions for use on the label of a drug approved by Health Canada. Compounding-like activities performed outside of a prescriber-patient-pharmacy professional relationship generally fall under the realm of manufacturing under the federal legislative framework and would not be considered pharmacy compounding. (HC Policy 0051 and NAPRA compounding standards – non-sterile and sterile)
	Develop a Master Formula or Compounding Protocol	Generating a new Master Formula or Compounding Protocol (as defined in the NAPRA compounding standards and guidance document) that describes the formula to be used and all of the steps to be followed in the compounding of a specific preparation, with which the compounder must comply. The formula or protocol must include all of the information required to prepare a particular compound. The development of a new Master Formula or Compounding Protocol is based on scientific data and includes appropriate references. (NAPRA compounding standards and guidance document)
	Compound drugs according to a Master Formula or Compounding Protocol	Combining or mixing ingredients in accordance with a previously established Master Formula or Compounding Protocol to create a final compounded preparation.
	Determine a beyond use date	Establishing the date and time after which a compounded preparation cannot be used (beyond-use date) based on stability data and, where applicable, sterility data sourced from the available, recognized scientific literature, when one has not already been established. (NAPRA compounding standards and guidance document)
Dispensing and receiving prescriptions	Receive a verbal order (except for controlled substances) from a prescriber for a drug	Receiving and transcribing a verbal order for a drug or product from an authorized prescriber through verbal communication. Note: Federal legislation and regulations do not currently allow pharmacy technicians to receive verbal orders for controlled substance prescriptions.
	Perform a technical check (new, refill or controlled substance prescription)	Determining the validity, clarity, completeness and authenticity of a new or refill prescription (including new or refill prescriptions for controlled substances), and verifying the product and its prescription label against the original prescription using a systematic approach, including a verification of the patient, drug, dosage form, strength, route of administration, directions for use, prescriber, quantity, refill authorizations and auxiliary labels. A technical check DOES NOT include an assessment of the patient, verification of the clinical and therapeutic appropriateness of the prescription and/or suitability of the drug for the particular patient for its intended use, which can only be undertaken by the pharmacist.
	Transfer prescriptions	Transfer of prescriptions that are legally allowed to be transferred from the pharmacy currently dispensing that medication to another licenced pharmacy. The pharmacy technician must ensure that the prescription can legally be transferred, is still current, is the most recent prescription available for the drug and that the prescription is inactivated following transfer to the other pharmacy.
Provide instructions on how to operate medical devices		Providing instructions on how to use, operate, and maintain drug administration devices, monitoring devices, health aids and other medical devices, but not an explanation involving the interpretation of the results or value of the device or other information that requires patient assessment, clinical analysis or application of therapeutic knowledge.
Provide medication information to patients that does not require application of therapeutic knowledge		Providing information on medications that does not require patient assessment, clinical analysis or application of therapeutic knowledge, as defined in the NAPRA Model Standards of Practice for Pharmacists and Pharmacy Technicians in Canada.
Conduct tests		Conducting tests within the scope of practice in the pharmacy technician's jurisdiction in accordance with all applicable laws, regulations, standards of practice and other rules. Depending on the jurisdiction, this can include: <ul style="list-style-type: none"> • With the consent of the patient or his or her authorized agent, piercing a patient's dermis to demonstrate the proper use of lancet-type devices for the patient's self-care and education or for the patient's self-monitoring of his or her chronic disease. • Conducting tests needed to properly manage drug therapy if delegated by a pharmacist who is authorized to order, receive, conduct and interpret tests to manage drug therapy. • Conducting tests does NOT include determining the appropriateness of conducting a test for a particular patient, which can only be undertaken by a pharmacist or another authorized health professional.
Supervise a remote dispensing location under the supervision of a pharmacist who is not physically present		"Remote dispensing location" means a place where drugs are dispensed or sold by retail to the public under the supervision of a pharmacist who is not physically present, and may be staffed with a pharmacy technician.
Administer: includes parenteral and non-parenteral		Administering a drug (substance) by parenteral or non-parenteral routes of administration. Administering does NOT include determining the appropriateness of administering a drug to a particular patient, which can only be undertaken by a pharmacist or another authorized health professional.
1 Additional formal training/authorization from regulator required		The pharmacy technician is required by the PRA to undergo and demonstrate completion of a training program approved by the PRA and/or must receive additional authorization from the PRA prior to undertaking these activities. This could include additional requirements for completing an approved injection training program, an additional permit or an indication on the licence that additional training has been completed. This only includes training over and above that required for licensure. In other words, if training is mandatory for licensure, it is not noted in the chart.
2 Further limitations on types/classes of medication, patient groups or circumstances exist		The pharmacy technician's ability to perform the activity is restricted to certain circumstances set out by the pharmacy regulatory authority, such as patient groups, certain types/classes of medications, certain medical conditions or certain situations (e.g., accepting verbal prescriptions only if there has been no change in the prescription).

⁴ The National Association of Pharmacy Regulatory Authorities (NAPRA) - updated charts summarizing the current scope of practice for pharmacy technicians in each province and territory. <https://www.napra.ca/wp-content/uploads/2023/12/NAPRA-Scope-of-Practice-Pharmacy-Technicians-EN-2023-08.pdf>

APPENDIX C

Regulating Pharmacy Technicians

1. Do you think there is value in regulating pharmacy technicians in the NWT?
 - a. If yes, why?
 - b. If no, why not?

Initiating Prescription Drug Therapy

1. Do you think Pharmacists in the NWT should be authorized to initiate prescriptions (excluding the prescribing of controlled substances)?
 - a. If yes, why?
 - b. If no, why not?
2. Do you think pharmacists should be authorized to initiate prescriptions for minor ailments only (minor ailments are non-life threatening and include conditions such as eczema, acne, and lice)?
 - a. If yes, why?
 - b. If no, why not?

Adapting Prescriptions

1. Do you think pharmacists in the NWT should be authorized to adapt prescriptions?
 - a. If yes, why?
 - b. If no, why not?

Ordering and Interpreting Laboratory Tests and Conducting and Interpreting Point of Care Tests

1. Do you think pharmacists in the NWT should be authorized to order and interpret laboratory tests?
 - a. If yes, why?
 - b. If no, why not?
2. Do you think pharmacists in the NWT should be authorized to conduct and interpret point of care tests?
 - a. If yes, why?
 - b. If no, why not?

Administering Vaccines and Medications via Injection and Inhalation

1. Do you think pharmacists in the NWT should be authorized to administer vaccinations?

d. If yes, why?

e. If yes, which ones?

f. If no, why not?

2. Do you think pharmacists in the NWT should be authorized to administer other medications by injection (e.g., Humira for autoimmune conditions) or inhalation (e.g., inhalers for asthma or COPD)?

d. If yes, why?

e. If yes, which ones?

f. If no, why not?

Thank you for your interest in this work. Your feedback is valuable.

Please submit comments and suggestions to dhsregs_feedback@gov.nt.ca by August 30, 2024.

Your contributions will be considered in the development of the proposed NWT's *Pharmacy Profession Regulations* and included in a summary of *What We Heard*, which will be publicly available on the Government of the Northwest Territories' Have Your Say [webpage](#).