SESQUICENTENNIAL STEPPING STONE SUMMITS

Summit Two

2

PHARMACY TECHNICIANS

May 9 – 10, 2002

Baltimore, Maryland

Council on Credentialing in Pharmacy

- Academy of Managed Care Pharmacy (AMCP)
- American Association of Colleges of Pharmacy (AACP)
- American College of Apothecaries (ACA)
- American College of Clinical Pharmacy (ACCP)
- American Council on Pharmaceutical Education (ACPE)
- American Pharmaceutical Association (APhA)
- American Society of Consultant Pharmacists (ASCP)
- American Society of Health-System Pharmacists (ASHP)
- Board of Pharmaceutical Specialties (BPS)
- Commission for Certification in Geriatric Pharmacy (CCGP)
- Pharmacy Technician Certification Board (PTCB)
- Pharmacy Technician Educators Council (PTEC)

National Association of Chain Drug Stores (NACDS)

National Community Pharmacists Association (NCPA)

Supported by an Educational Grant from the Pharmacy Technician Certification Board

Invitation

The Summit convening organizations are interested in your thoughts about the issues discussed at this Summit. Send your comments to: Summit Two: Pharmacy Technicians/ams, 2215 Constitution Ave., NW, Washington, DC 20037 or by e-mail to ashaughnessy@aphanet.org.

This report summarizes discussions at this Summit and reports recommendations supported by a majority of the participants. It is not intended to be a consensus document, nor does it necessarily present the positions or policies of any of the convening organizations.

Sesquicentennial Stepping Stone Summit Two Pharmacy Technicians

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This invitational Summit of 34 participants (see inside back cover for a list of participants) was convened for the purposes of reviewing the present status and use of pharmacy technicians in the practice of pharmacy and to develop recommendations that would lead to significant outcomes achievable *within three to five years.* It was hoped that, when achieved, these outcomes would result in major positive change in the efficiency and effectiveness of patient care in pharmacy practice.

Four presentations set the stage for discussion:

- A recap of previous pharmacy technician conferences, presented by Charles E. Myers, RPh, MS, MBA, of ASHP *(see pages 2–3)*
- A summary of current technician workforce data and of the Pharmacy Technician Certification Board's national certification program, presented by Melissa M. Murer, RPh, of PTCB *(see pages 4–5)*
- A description of a variety of positions and job responsibilities currently held by pharmacy technicians, presented by Miriam A. Mobley Smith, PharmD, of the University of Illinois at Chicago *(see biographical sketches throughout this report)*
- An overview of the 2002 White Paper on Pharmacy Technicians, presented by Michael J. Rouse, BPharm (Hons), MPS, of ACPE *(see pages 6–7)*

The following day was devoted to a discussion of unresolved issues identified in the White Paper:

- Vision for Pharmacy Technicians in Pharmacy Practice *(see page 8)*
- Roles, Responsibilities, and Competencies of Pharmacy Technicians *(see page 9)*
- Education and Training of Pharmacy Technicians *(see page 10)*
- Credentialing of Pharmacy Technicians and Accreditation of Training Programs *(see page 11)*
- Regulation of Pharmacy Technicians *(see page 12)*

Each issue was introduced to the group as a whole, followed by simultaneous breakout sessions, and concluded with discussion again in the entire group, leading to a series of key points agreed to by a majority of participants. Differing perspectives were presented and acknowledged. Full agreement was not achieved in some areas, and these are noted in the discussion of the recommendations.

Pharmacy Technicians: A Selected Chronology

Long leaders in the training, recognition, and utilization of pharmacy technicians, hospital and health-system pharmacists have blazed a trail for the profession in this part of practice. Charles E. Myers, RPh, MS, MBA, vice president at ASHP, shared a chronology of events that have shaped the current roles, responsibilities, and prospects for pharmacy technicians.

Mid-1940s
The U.S. Army established a training program for "pharmacy specialists."

1968
The U.S. Department of Health, Education and Welfare, Task Force on Prescription Drugs, in its second interim report, recommended that "the Bureau of Health Manpower should support … the development of a pharmacist aide curriculum in junior colleges and other educational institutions."

1969
An ASHP workshop noted: "The establishment of nationally recognized educational standards for pharmacy technicians would be of value.… Without such standards, there would result a conglomerate mixture of hospital pharmacy personnel with various levels of training and capabilities."

1969
An APhA task force delineated tasks that pharmacists and technicians may perform and noted that "nearly without exception these supporting personnel have been trained on the job by the pharmacist."

1973
NACDS supported greater use of pharmacy technicians and favored on-the-job training.

1975
ASHP created a set of training guidelines for hospital pharmacy supportive personnel.

1977
ACA suggested that education of pharmacy technicians be conducted exclusively by accredited colleges offering the Doctor of Pharmacy degree and that "sub-professional" programs allow capable students to proceed directly into the Doctor of Pharmacy program.

1977
ASHP created competency standards for pharmacy supportive personnel in organized health-care settings and defined the qualifications of entry-level hospital pharmacy supportive personnel.

1979
The Massachusetts College of Pharmacy and Allied Health Sciences initiated a hospital pharmacy technician training program.

1981
The Michigan Pharmacists Association initiated an examination-based certification program for pharmacy technicians.

1981
ASHP created a technical assistance bulletin on outcome competencies and training guidelines for institutional pharmacy technician training programs.

1982
ASHP created standards for accreditation of pharmacy technician training programs.

1987
The Illinois Council of Hospital Pharmacists initiated an examination-based certification program for pharmacy technicians.

1988
The APhA House of Delegates advocated training in programs under a pharmacist's guidance.

1988
The ASHP Research and Education Foundation sponsored an invitational conference on technical personnel in pharmacy *(see sidebar on page 3).*

1991

The Pharmacy Technician Educators Council (PTEC) was formed.

1994

The Scope of Pharmacy Practice Project was completed, including a task analysis of what technicians do.

1995

ASHP, APhA, the Illinois Council of Health-System Pharmacists, and the Michigan Pharmacists Association created PTCB.

1996

ASHP and APhA created a White Paper on Pharmacy Technicians, urging planning for uniform national standards for pharmacy technician training.

1997

ASHP, APhA, AACP, the American Association of Pharmacy Technicians (AAPT), and PTEC collaborated to create the Model Curriculum for Pharmacy Technician Training.

2000

PTCB conducted an updated task analysis of what pharmacy technicians do.

2001

Second edition of the *Model Curriculum for Pharmacy Technician Training* was published.

Source: *This chronology is based largely on material in: American Society of Hospital Pharmacists. Final Report of the ASHP Task Force on Technical Personnel in Pharmacy. Am J Hosp Pharm. 1989;46:1420–9.*

The 1988 Invitational Conference on Technical Personnel in Pharmacy

Before this Stepping Stone Summit, the most recent national meeting that addressed pharmacy technicians was the 1988 Invitational Conference on Technical Personnel in Pharmacy. Its participants identified the following major challenges and proposed several ideas that have been incorporated into pharmacy practice:

Identified challenges:

- A lack of uniform standards for technician education and training programs.
- An unwillingness of some pharmacists to recognize technicians as a critical component of the pharmacy work force.
- The profession's failure to define career adders for pharmacy technicians.
- Legal constraints on the use of pharmacy technicians.
- The lack of involvement of pharmacy technicians in pharmacy workforce planning.

Major ideas:

- Informal on-the-job programs are insufficient for the education and training of pharmacy technicians.
- Education and training programs should include a formal, standard core offered by either employers or academic institutions.
- The content and quality of that core should be determined by the profession.
- The voluntary certification of individual technicians would be a mechanism to help pharmacists ensure the competency of pharmacy technicians.
- The increased use of pharmacy technicians could increase the efficiency and quality of pharmaceutical care.
- The roles and responsibilities of pharmacists and pharmacy technicians should be better defined.

Source: *American Society of Hospital Pharmacists. Technical personnel in pharmacy: directions for the profession in society. Am J Hosp Pharm. 1989; 46:491–557.*

ROLES OF PHARMACY TECHNICIANS - *A PROFILE*

Medication and Inventory Control Systems

John Gargas, CPhT
Purchasing Officer 3
University of Illinois at Chicago Medical Center
Ambulatory Care Pharmacies
8 years in current position (11 years as a technician)

Responsible for the drug purchasing (contracts, invoice payments, wholesaler and direct purchase contacts, reports) for 5 pharmacies, 13 clinics, and various research accounts. Trained in accredited pharmacy technician program, advanced computer courses, and on-the-job.

Pharmacy Technician Certification: A Status Report

Since the inception of the Pharmacy Technician Certification Board (PTCB) in 1995, the organization has certified over 100,000 pharmacy technicians through the examination and transfer process. The goal of the PTCB national certification program is to enable pharmacy technicians to work more effectively with pharmacists to offer safe and effective patient care service. The potential universe of pharmacy technicians is estimated to be 200,000–250,000.

Melissa M. Murer, RPh, executive director of PTCB, shared the vision of this organization through striking sets of data that reflect just how far technicians have come in a very short period of time.
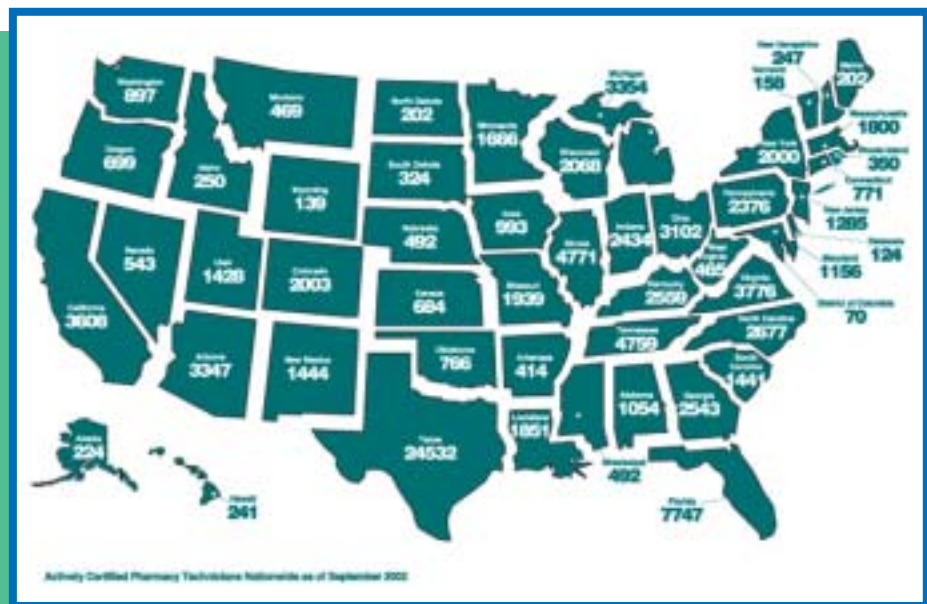

Technician Distribution: More than 100,000 Certified Pharmacy Technicians (CPhTs) are now certified by PTCB. Shown here are the state totals of CPhTs. Note the large number of technicians in Texas, where PTCB certification is required by the state board of pharmacy; other states with large numbers of CPhTs reflect support by major employers of pharmacy technicians and inclusion of the PTCB examination in state board regulations.
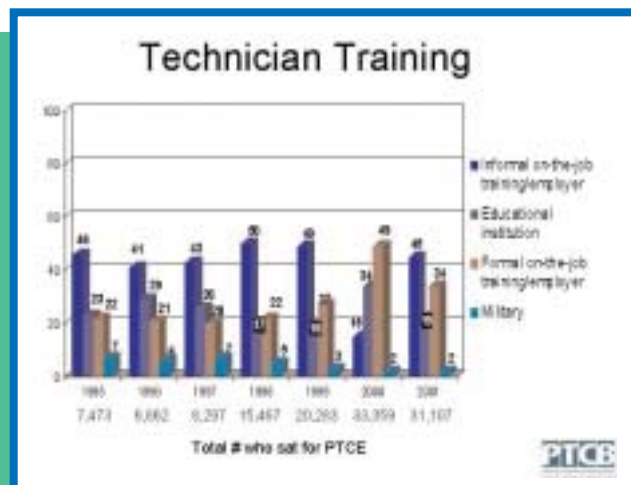

Technician Training: In recent years, PTCB has observed the trend of large numbers of pharmacy technicians receiving their training through "formal" on-the-job training programs instead of "informal" on-the-job training.

Primary Work Environment
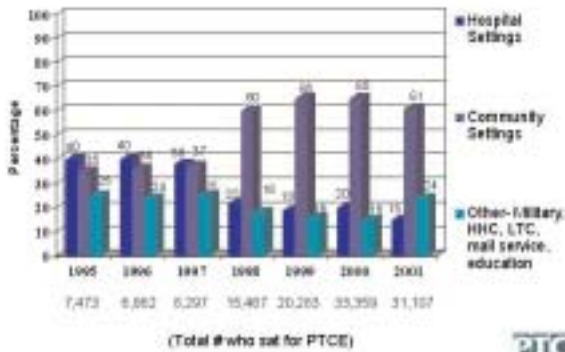
Higher Pay Rates for CPhTs: In the early years of PTCB certification, increased compensation for certification was not common. Over the past four years, the value of certification is reflected in higher pay rates for over 60% of CPhTs.
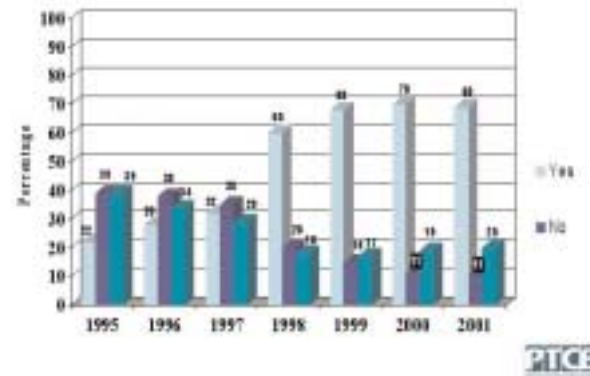
Primary Work Environment: Over the past 4 years, the growth in the number of technicians taking the PTCB examination has been fueled by the community pharmacy sector – especially chain pharmacy practice. When the examination was first offered, 60% of pharmacy technicians paid the required fees out of their own pockets, but today employers pay the fees about 60% of the time.

Higher Pay Rates for CPhTs

Length of career as a technician
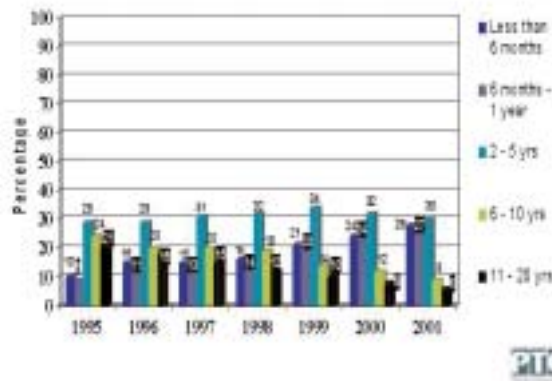
Length of Career: Due to support of major employers of pharmacy technicians and the exam being included in state board regulations, more technicians are taking the PTCB examination earlier in their careers. Many technicians are long-term employees, working 5+ years to 20 years.

In 2001, 68% of examination applicants were high school graduates with no other formal education, 78% were women, and 42% were between 21 and 30 years of age.

ROLES OF PHARMACY TECHNICIANS - *A PROFILE*

Education and Training

Ethel Arnold, CPhT
Pharmacy Technician Coordinator
Rush–Presbyterian–St. Luke's Medical Center, Chicago
13 years in current position (18 years as a technician)

Responsible for new technician and pharmacist training; drug preparation and distribution to cardiac transplant clinics, intensive care units, neurology, and child psychiatry; inventory management; narcotic control; floor drug storage inspections and reports; policy and procedure development; and continuing education programs. Trained on-the-job and through 12 years' experience as a medication administration technician.

Trends in State Laws and Regulations Governing Use of Technicians

Throughout state laws and regulations and in daily pharmacy practice, technicians are now recognized as important, integral parts of the prescription processing system. Michael J. Rouse, BPharm (Hons), MPS, executive assistant director of ACPE reviewed the implications of these changes for the future practice of pharmacy, and delved into needed revisions to model curricula that guide training and education programs for technicians.

- Increase in number of states using term "pharmacy technician" *(72% in 2001–2002, vs. 46% in 1996–97)*

- Increase in number of states registering or licensing technicians *(55% vs. 27%)*

- Increase in number of states requiring training *(49% vs. 37%)*

- Community and hospital: increase in number of states allowing technicians to reconstitute oral liquids, call physicians for refill authorization, accept call-in prescriptions from physicians' offices, and compound medication for dispensing The National Association of Boards of Pharmacy joins PTCB, indicating support for a certification-based recognition in state laws and regulations

Source: *NABP 1996–97 and 2001–2002 Surveys of Pharmacy Law*

Pharmacists' Changing Attitudes About Pharmacy Technicians

- More willing to work with pharmacy technicians

- More confident to delegate tasks to certified technicians

- Find technicians to be a great asset in their practice

- Call for better regulation of technicians

- Move toward more formal education and training for technicians *(hospitals and community settings)*

- Recognize limitations of on-the-job training

- Call for more standardized education and training

- Reduced perception of technicians as a threat to pharmacists

Source: *Schering Report XXIII*

Recommended Reading

2002 White Paper on Pharmacy Technicians: Needed Change Can No Longer Wait

Publication date January 2003 – *American Journal of Health-System Pharmacy (AJHP)* and the *Journal of the American Pharmaceutical Association (JAPhA)*

Unresolved Issues Addressed by Participants

Based on the facts and figures presented in the plenary sessions, attendees considered several unresolved issues that are central to the roles of pharmacy technicians. The following areas were discussed in breakout sessions:

- **Vision:** A partnership between pharmacists and technicians is evolving, making technicians an integral part of the vision and mission of the profession of pharmacy *(see page 8)*

- **Roles, responsibilities, and competencies:** Defining different levels of support personnel in pharmacy and addressing the requisite competencies needed for each level *(see page 9)*

- **Education and training:** Establish standards for training and requirements for maintenance of competence *(see page 10)*

- **Credentialing and accreditation:** Develop or enhance credentials, and determine optimal systems of accreditation for education and training programs *(see page 11)*

- **Regulation:** Identify and work toward needed changes in state laws and regulations *(see page 12)*

ROLES OF PHARMACY TECHNICIANS - *A PROFILE*

Patient Care and Disease State Management

Eric Smith, CPhT, and Mark Miller, CPhT
Lead Pharmacy Coordinators
University of Chicago Hospitals and Clinics
18 years in current position *(20 or more years as technicians)*

Responsible for drug preparation, distribution, and storage; purchasing and ordering; record-keeping and reports; administrative protocols; drug accountability; inspections; and personnel management for an investigational drug service, narcotics area, and operating room. Have 5 years of on-the-job training and education in an accredited technician training program.

Eric Smith pictured

Vision for Pharmacy Technicians in Pharmacy Practice

Attendees at the Stepping Stone Summit had this vision for pharmacy technicians in the daily practice of pharmacy:

- Pharmacists and pharmacy technicians will work as a team to provide patient care services through the mutual recognition of their roles and responsibilities and through the responsible and efficient use of technology and resources.

- Patient care, public safety, and organizational (company or institutional) goals will be maximized through the synergistic application of the knowledge, skills, and abilities of team members.

Achieving this vision requires clarification and standardization of practice models and educational preparation that incorporates both pharmacists and technicians. Both pharmacists and pharmacy technicians should be appropriately used and recognized for their contributions in the care of patients.

ROLES OF PHARMACY TECHNICIANS - *A PROFILE*

Patient Care and Disease State Management

Laura Mellado
Medication Assistance Program Technician
University of Illinois at Chicago Pharmaceutical Care Center
4 years in current position *(9 years as a technician)*

Responsible for all aspects of the Medication Assistance Program for English- and Spanish-speaking patients, including drug procurement and preparation, scheduling management, social services advocacy, recordkeeping, billing, and language interpretation. Trained on-the-job in hospital, outpatient, and community pharmacy positions. Plans to take the PTCB certification examination in late 2002.

Pharmacy Technician Roles, Responsibilities, and Competencies

The Summit participants identified several current categories of pharmacy support personnel, not all of which were types of "pharmacy technicians." Summit participants noted that cashiers, delivery personnel, inventory control, and customer service personnel are important support groups for pharmacy practice, but that they did not necessarily fall into any category of pharmacy technicians.

Summit participants also believed that a standard definition for "pharmacy technician" should be developed and adopted. Three existing categories of pharmacy technicians were outlined by the Summit participants:

Category 1

This category includes individuals performing pharmacy technician duties who are either trainees or persons who are not "certified" (i.e., who have not passed the PTCB or other state board recognized certification examination). The level of education, training, and the knowledge and skills set of all individuals in this category is not known. It may include as many as 150,000 persons.

Category 2

This category includes technicians who have passed the PTCB examination and thus are Certified Pharmacy Technicians (CPhTs) or hold other state board-recognized certification. As of May 2002, PTCB reported more than 100,000 PTCB-certified pharmacy technicians.

Category 3

This category includes pharmacy technicians who are certified and working in lead positions based upon experience or in specialty areas requiring specialty training and/or experience. Compared with categories 1 and 2, fewer pharmacy technicians are currently working in category 3 positions, but those who are represent an important trend for the future.

ROLES OF PHARMACY TECHNICIANS - *A PROFILE*

Pharmacy Administration and Management

Gloria Sporleder, CPhT
Technician II—Quality Assurance and Staff Development and Training
University of Illinois at Chicago Hospital
9 years in current position *(28 years as a technician)*

Responsible for all aspects of the Hospital Pharmacy Services Quality Assurance Program (e.g., data collections and audits, adverse drug reaction and medication error programs, monthly reports) and new technician and pharmacist training. Has 2 years of college courses plus 6 months of on-the-job training, substantial experience, and advanced computer courses.

Education and Training of Pharmacy Technicians

Summit participants discussed three possible future levels of education and training:

Level 1

- High School Graduate, GED, or currently enrolled in high school and making satisfactory progress toward graduation;

- Appropriate communication skills;

- Defined fundamental aptitudes and characteristics (e.g., honesty, people-oriented, responsible, basic math skills); and

- Currently enrolled or intending to enroll in the near future in a formal pharmacy technician training program (e.g., at an educational institution, on-line, at-home study in print, military program, in-house training program). These programs should voluntarily follow national guidelines for a technician training program. (Note: The participants articulated that training programs are not the same as orientation programs, noting that every new employee regardless of level of education and experience needs an orientation to his or her new position/job.)

It was suggested that this level of education and training would be appropriate for Category 1 Technicians as described on page 9.

Level 2

- The individual should meet the requirements of Level 1;

- The individual should complete an educational program that follows a voluntary national guideline for pharmacy technician training;

- The training program should be structured, flexible, and outcome-based;

- The training program should include practical experience;

- The training program should seek voluntary accreditation by a national group; and

- The individual should be qualified to sit for PTCB certification or other state board-recognized examination.

It was suggested that this level of education and training would be appropriate for Category 2 Technicians as described on page 9.

Level 3

- Additional specialty training or education beyond Level 2.

It was suggested that this level of education and training would be appropriate for Category 3 Technicians as described on page 9.

Credentialing of Pharmacy Technicians and Accreditation of Training Programs

Many Summit participants believed that in future years, candidates who sit for the PCTB certification examination should have completed education and training as described under Level 2 above. Although no formal consensus was reached, some participants suggested that ACPE would be the logical accrediting group to handle voluntary accreditation of education and training programs, if that became required.

Category 3 technicians would meet Category 2 requirements plus an as yet undefined additional set of criteria, probably local or organization specific. Category 3 provides for emerging opportunities and a career ladder for pharmacy technicians. Additional study on the role and function of these individuals along with the required education and training may be necessary as this category evolves.

Category 1 was the most difficult for the group. Some believed that, except for trainees, this category should be phased out, with noncertified technicians given a deadline by which they must become certified to continue in their positions. Others advocated "grandfathering" existing noncertified technicians. Still others believed there will always be a legitimate need for noncertified technicians.

All participants agreed that there should probably be a category for trainees, but that it should be limited to those enrolled or planning to enroll in a training or an educational program (perhaps at an educational institution, through on-line courses or at-home study, in a military program, or through in-house training program) and that an individual would be classified in this category only temporarily (i.e., for a defined number of years or while in a training program).

Further discussion ensued around the following:
- PTCB should require completion of a formal, standardized training or education program that is nationally recognized as a prerequisite to sit for the examination.
- PTCB should develop a written plan by 2005 to require a formal, standardized education or training program as a prerequisite to sit for the certification examination with implementation of this prerequisite no later than 2008.

Summit participants considered whether a PTCB examination prerequisite should include some method of assessing the competency of applicants. Although participants did not reach consensus on this issue, it was determined that additional study is needed before such a prerequisite could be recommended.

A core training curriculum should be developed by the profession that is based upon the existing *Model Curriculum For Pharmacy Technician Training.* (Note: The Second Edition of this document, published by ASHP in 2001, was developed collaboratively by the American Association of Pharmacy Technicians, APhA, ASHP, National Association of Chain Drug Stores, and Pharmacy Technician Educators Council.)

Many Summit participants believed that the current model curriculum may be too ambitious to serve as a guideline for those who develop technician education and training programs; however, portions of the model might serve as a guideline.

Regulation of Pharmacy Technicians

The Summit participants concluded that the most important immediate issue involving regulation was to set up a mechanism for defining and identifying who in the pharmacy is to be regulated. The majority of Summit participants believed that state boards of pharmacy should take immediate action to register (not license or certify) pharmacy technicians if they do not do so already.

The Summit participants did not support licensure of pharmacy technicians; however, they did believe that the boards of pharmacy should have the authority to hold registered pharmacy technicians accountable for their actions and the duties they are assigned. Some participants favored a shared database of pharmacy technician enforcement actions; however, consensus was not reached on this point. (Participants noted that the National Association of Boards of Pharmacy [NABP] has developed a disciplinary database to track actions against pharmacy technicians. The information for this database is supplied to NABP by the states.) Many participants believed that a higher level of registration – more than a simple listing of names, addresses, and place of employment that is the current practice in some states – is needed.

Technician registration would require resolving the issue of currently noncertified technicians. To focus attention on the issue, many Summit participants recommended that state boards of pharmacy immediately prepare action plans that will lead to registration of all pharmacy technicians no later than 2005. Some changes to NABP's Model Pharmacy Practice Act may also be needed.

Many of the Summit participants believed that pharmacy technician-to-pharmacist ratios were no longer needed and could be determined by the pharmacist in his or her own practice, but consensus on this issue was not reached.

ROLES OF PHARMACY TECHNICIANS - *A PROFILE*

Patient Care and Disease State Management

Diane Flider, CPhT
Dominicks Pharmacy
Buffalo Grove, Illinois
6 years in current position *(6.5 years as a technician)*

Responsible for management of pharmacy operations to allow more pharmacist–patient interaction. Handles patient care triage, care program patient identification, prescription intake, telephone triage, inventory control, refill requests, and insurance billing and problem resolution. Trained on the job and through self-directed study. Is the first pharmacy technician in this position.

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SESQUICENTENNIAL STEPPING STONE SUMMITS

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