Impact of the Pharmacy Technician Stakeholder Consensus - Pharmacy Technician Education, Certification, Licensure and Workforce in Utah

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Disclosure

• I have no conflicts of interest to disclose.
• I will not be discussing any off-label use of drugs.
Learning Objectives

**Technician Objectives:**

• Identify generally expected pharmacy technician duties and responsibilities in the workplace.
• Compare the differences between the two national pharmacy certification exams accepted in Utah for technician licensure.
• Evaluate current workplace roles and responsibilities for opportunities to develop new skills, expand professional involvement and support the pharmacist’s patient care activities.

**Pharmacist Objectives:**

• Investigate sections in the Utah Pharmacy Practice Act Rules that allow for expansion of technician duties and responsibilities in the workplace.
• Examine the differences between the two national pharmacy certification exams accepted in Utah for technician licensure.
• Evaluate current workplace roles and responsibilities for opportunities to increase technician job satisfaction by expanding duties and responsibilities of technicians.
What is the Pharmacy Technician Stakeholder Consensus Conference?

• 3 day conference, 89 invited participants
• Pharmacists, technicians, educators employers, state and national pharmacy associations, state pharmacy boards, accreditors
• Definition, education, entry-level requirements, advanced practice, certification, regulation
• Live Webcast, over 350 participants
• Guiding statements, consensus voted by all
Background Information

• 2014 – Pharmacy Technician Accreditation Commission (PTAC) established joint collaboration
  • American Society Health System Pharmacists (ASHP) + Accreditation Council for Pharmacy Education (ACPE)
    ◦ Evaluate education, training programs seeking accreditation
    ◦ Evaluate accredited program seeking reaccreditation

• Make recommendations on standards, policies, procedures related to accreditation
Goal of ASHP-ACPE Collaboration

- Better qualified, trained workforce
- Improved patient safety
- Greater consistency in technician workforce
- Standards reflect expanding roles, responsibilities of technicians
- Ability to delegate technical tasks from pharmacists
- Less turnover in technician positions
PTCB Actions

2014 – Pharmacy Technicians Certification Board (PTCB) Statement:

• By 2020 PTCB will require all technician candidates seeking PTCB National Certification to successfully complete an ASHP/ACPE – accredited education program prior to sitting for PTCB certification.

What happened in Utah?

• 2015 – Utah Pharmacy Practice Act amended to require by 2020 all technician candidates complete a training program that is
  ◦ ASHP accredited OR
  ◦ Conducted by the National Pharmacy Technician Association OR
  ◦ Pharmacy Technicians University OR
  ◦ A branch of the Armed Forces of the United States

• Students enrolled in approved training program prior to December 31, 2018 exempt requirement.

• Similar statutes implemented elsewhere
Why is This Action Problematic Nationally?

• Guidelines created problems for
  ◦ Differing practice sites
  ◦ Other National Certification providers
  ◦ National organizations attempting to standardize technician employee training
  ◦ Technicians wanting to apply training or experience to other organizations, other states

• Result – push-back, chaos nationally
Why A Consensus Meeting?

• No national standardized education requirement
• Regulations vary governing entry, practice
• Focus on safety, allow innovation
• Evolving roles, scope of practice expanding
• Vital need to support pharmacists in all practice settings
• Provider status doesn’t work without technicians
• Greater expectations for technical, patient focus
• Enable, empower, educate all stakeholders
Current Status

January 26, 2017 – PTCB delayed implementation of required accredited education for pharmacy technicians seeking PTCB certification. “We have determined that additional deliberation and research are needed to address stakeholder input, develop supporting policy, and conduct further study of technician roles.”

- PTCB statement
“Further study of tech roles”

- PTCB + KRC Research - study 1000 adult perceptions\(^2\)
- 62% visit pharmacy monthly for prescriptions; talk to pharmacist
Public Perception of Pharmacy Technicians

- 85% - certification very important to prepare prescriptions
- 88% - training, certification very important to compound or mix custom medications
- 66% - nationally accredited training very important
- 83% - should maintain active skill certification
- 94% - training, certification increase public trust in technician’s work
- 74% - pharmacies should only hire certified technicians
- 76% - patients would seek out pharmacy with certified technicians
“Consumers are focused on safety, and a competent workforce is critical to the safety of our patients.”

-Everett B. McAllister, MPA, R.Ph.

PTCB Executive Director
Public Perception vs. Regulation Reality

PUBLIC PERCEPTION

77% very important for all states to require training

76% thought same standard existed across all states

77% required to be trained and certified before filling prescriptions

65% only pharmacists processed prescriptions

REGULATION REALITY

As of October 2016, less than half of states include mandatory certification in regulation

Currently no standard adopted by every state

5 states have NO regulation for pharmacy technicians

Public unaware of actual education, regulation or preparation of technicians
http://www.pharmacytimes.com/technician-news/pharmacy-technician-license-requirements-by-state
Study Conclusions

• Call for action to advance uniform standards for education, training and certification of pharmacy technicians.²

• Establish
  ◦ Entry-level practices
  ◦ Training and certification requirements
  ◦ Board of pharmacy regulations
  ◦ Recognize advanced competencies
  ◦ Minimize national variability
  ◦ Establish responsibility for implementation of changes
Joint Commission of Pharmacy Practitioners - Areas of General Agreement

• 1. Supportive personnel – encompass different types of workers (survey item #1)
• 2. Pharmacy obligation - education, training for greater public safety (survey item #2)
• 3. Pharmacy obligation – regulations to insure public safety (survey item #3)
• 4. Boards of pharmacy – establish scope of practice (survey item #4)
Seven Foundational Precepts for Collaborative Conference

Joint Commission of Pharmacy Practitioners - Areas of General Agreement

• 5. Boards of pharmacy – set minimum qualifications (survey item #5)
• 6. Entry-level knowledge, skills and abilities (KSAs) exist across practice sites (survey item #8)
• 7. Additional KSAs for some sectors, advanced duties (survey item #15)
Public Cry for Uniform Standards

• Numerous tragic incidents of pharmacy medication errors
• Third leading cause of death in US
• Likely to increase - introduction of new medications, individuals being prescribed more medications

“The pharmacy profession must develop uniform standards for pharmacy technicians, and then articulate them to state boards. State boards of pharmacy understand the importance of public safety but they need the collective support of the profession to be on the same page.”

--Christopher Jerry, President, CEO Emily Jerry Foundation
National Perspectives on Education

4 Contrasting points of view

Timothy R. Koch, pharmacy compliance, Walmart
• 2 separate training programs, different needs
  • **Satisfy business needs**
    • 160 hours didactic, 80 hours experiential, 3.5 hours simulated skills
  • **Satisfy clinical needs**
    • ASHP accredited 160 hours didactic, 160 hours experiential education, 80 hours simulated skills, additional 200 hours in a mixture of activities.

• “Because of the certification success rate of the shorter program, not feasible to justify accredited program for all technicians.”

• Supports certification, but full scope of knowledge covered in certification exam unnecessary
Rafael Saenz, pharmacy administrator, University of Virginia Health Systems

• “Pharmacist value lies primarily in their ability, time spent in direct patient care, touching patients, patient education and ensuring better patient outcomes.”

• Recognize technician “must have” and “like to have” knowledge categories.

• Fundamental concepts of sterile, non-sterile compounding, chemotherapy, hazardous material handling should be included.
National Perspectives on Education³

Matthew Osterhaus, owner independent Iowa community pharmacy

• Personal, interpersonal skills very important
• Processing, handling medication orders
• Not needed at entry level – anatomy, physiology, pharmacology, understanding of pharmacy issues, nontraditional roles, emerging therapies, sterile and non-sterile compounding

• Advanced skills- tech-check-tech, medication reconciliation, medication therapy management, compounding, DME handling

• Add-on credentialing, as need, interest arrises
National Perspectives on Education

Al Carter, Pharmacy Regulatory Affairs for CVS Health

• Variety of practice settings, tech opportunities
• Retail stores – dispensing
• Specialty pharmacies – dispensing, collaboration with pharmacies, and patients on clinical issues
• Home infusion – compounding
• Mail order – central processing and dispensing

One size does not fit all settings
Consensus Topic Recommendations

*Actual tabulations to be published September 1, 2017 AJHSP³*

- Defining pharmacy technicians
- Education of pharmacy technicians
- Entry-level knowledge, skills and abilities
- Certification of pharmacy technicians
- State laws and regulations on pharmacy technicians
- Advanced pharmacy technicians
- Moving forward
Consensus Recommendations

Defining pharmacy technicians - 78-98% agreement

- Different than supportive personnel
- Standardized terminology to define scope of practice
- Restrict the use of title to those with specific educational qualifications
- Technician task analysis basis for competency-based national standard
- 78% support separate task assessments for different sectors; 22% all-settings assessment
Consensus Recommendations

Pharmacy technician education - 75-97% agreement

- National standards for scope of practice technician education
- 3-5 year target, program completion 2 years
- Defensible outcome, innovation, flexibility focus
- Required hours based on core-level entry KSAs
- Nationally accredited education program required for entry-level
Consensus Recommendations

Entry-level knowledge, skills and abilities - 64-100% agreement

CONSENSUS OF REQUIRED SKILLS

• Personal, inter-professional knowledge, skills
• Calculations
• Basic pharmacology
• Processing orders, accuracy, completeness
• Patient, medication safety, quality
• USP standard sterile, non-sterile compounding
• Medication use process
• Information technology, inventory mgt
• Regulatory requirements, hazardous drugs
• Confidentiality

POOR CONSENSUS FOR REQUIRED SKILLS

• Understanding of nontraditional technician roles
• Billing
Consensus Recommendations

Certification of technicians - 78-89% agreement

- National certification for to state board registration or licensure
- Specified education required for national certification
- Maintenance of national certification for continued licensure
- PTCB evaluation of blueprint, level of compounding emphasis
- Recognition of advanced experience within basic competencies
Consensus Recommendations³

State laws and regulations on pharmacy technicians - 67-100% agreement

- Minimize variability in state regulations
- Standards should allow boards to expand technician roles
- Consistent regulations founded on public/patient safety
- Technician practice under the purview of the pharmacist
- Registration required to enter profession
- Continuing education required to keep technician status
- Pharmacy technician required on the state board.
Consensus Recommendations

• Advanced pharmacy technician practice - 89-99% agreement
• Articulate, communicate vision for advanced practices
• Prioritize education entry-level standards before advance skills
• Develop bridging programs to build competence
• Develop advanced roles, related education and credentials
• Develop pathways for continued advanced technician development
Consensus Recommendations

Moving forward on pharmacy technician issues – 77-100% agreement

The profession of pharmacy must be transparent in its message about pharmacy technicians, communicating the priority of public/patient safety, taking ownership of identified issues, assuming commitment to change, ensuring accountability, and reinforcing the positive contributions of pharmacy technicians to achieving optimal medication use.
Consensus Recommendations

Moving forward on pharmacy technician issues – 77-100% agreement (cond’t)

- Communication plan for buy-in from all stakeholders
- Advocate for removal of pharmacist-technician ratios
- Promote technician inclusion, representation, membership at all levels
- Establish broad representation coalition
- Accountability for follow-up of conference recommendations
- All participants work toward achieving consensus recommendations
How Do We Achieve Recommendations?

• Determine mission, vision of technician workforce?
• Desire to advance both professions for collaborative healthcare
• Demonstrate leadership from pharmacists, technicians

TEAMWORK

Coming together is a beginning
Keeping together is a process
Working together is success

-Henry Ford
ASHP Practice Model Entry Level Technician Skills

- Pharmacology for technicians
- Pharmacy law and regulations
- Compounding
  - Low or medium-risk level sterile compounding
  - Nonsterile compounding
- Basic safe medication practices
- Pharmacy quality assurance
- Medication order entry and distribution
- Pharmacy inventory management
- Pharmacy billing and reimbursement
- Medication use system technology
Current ASHP Standards Update
Currently 260 accredited or candidate

- ASHP/ACPE Standards Revisions - January 1, 2016
- “Should” have two different experiential sites, previously “must” have two different experiential sites (Standard 3.3.d)
- Simulation Options – Must have EITHER sterile or non-sterile compounding (or both) (Standard 3.6.b.(28), 3.6.b.(29), and 3.6.b.(30))
- Didactic training must include sterile, nonsterile compounding
- New standards expected June 2018
Questions with implementation

• How to develop career ladder progression for increased professional growth?
• Can compensation keep pace with responsibility?
• Will pharmacists support delegation of any non-judgmental tasks to technicians?
• If so, who holds ultimate liability for performance?
ASHP Practice Model Advanced Level Technician Skills

- Advanced medication systems, tech-check-tech programs
- Purchasing and fiscal management
- Management, supervision of other pharmacy technicians
- Medication history assistance
- Medication therapy management assistance
- Quality improvement
- Accepting, clarifying orders
- Immunization assistance
- Hazardous drug handling
- Patient assistance programs
- Pharmacy technicians education, training
- Community outreach, call center
- Drug utilization evaluation, adverse drug event monitoring
- Point of Care testing
- Informatics, industry
- CMS, Star ratings
Emphasis on leadership roles

- Eliminate perceived technician practice barriers
- Enhance educational opportunities
- Increase mentoring
- Specialized certification
  - Greater degree of complexity
  - Activities with greater risk
- Ongoing competence assessment
- Site-specific, task-specific training, validation
- Mandatory continuing education, maintenance of national certification
Utah Pharmacy Practice Act – Current Technician Licensing Requirements

- Technician in training license
- BCI Criminal Background check
- U.S. Citizen or lawful presence in the U.S.
- Approved training program
  - ASHP accredited Training
  - National Pharmacy Technician Association
  - Pharmacy Technicians University
  - Branch of the United States Armed Forces
  - Board approved training program enrolled prior to Dec 31, 2018
- 180 hours directly supervised experience
- Nationally certified by Pharmacy Technicians Certification Board (PTCB) or National Pharmacy Technician Association (ExCPT) within 2 years of training license
- OR 1000 hours practiced elsewhere within last 2 years, and passed and maintained national accreditation
Utah Pharmacy Practice Act Approved Technician Tasks¹

Physical preparation, processing of prescription and medication orders including:
- Receiving written prescriptions;
- Taking refill orders;
- Entering and retrieving information into and from a database or patient profile;
- Preparing labels;
- Retrieving medications from inventory;
- Counting and pouring into containers;
- Placing medications into patient storage containers;

- Affixing labels;
- Compounding;
- Counseling for over-the-counter drugs and dietary supplements under the direction of the supervising pharmacist;
- Accepting new prescription drug orders left on voicemail for a pharmacist to review;
- Performing checks of certain medications prepared for distribution, filled or prepared by another technician within a Class B hospital pharmacy;

- Very specific rules accompany this task for process, training, documentation.
Utah Pharmacy Practice Act Prohibited Technician Tasks\(^1\)

- Receive new prescriptions or orders
- Clarify prescriptions or orders
- Perform drug utilization review
Utah Pharmacy Practice Act – Current Technician CE Requirements

• 20 hours for technician
• Pro-rated based on original license date
• Institutes, seminars, lectures, conferences, workshops, various forms of mediated instruction, and programmed learning courses, presented by an institution, individual, organization, association, corporation or agency that has been approved by ACPE
• Education recognized by healthcare accrediting agency and related to practice of pharmacy
  • UPhA, USHP, another professional organization
  • 1 hour law or ethics
  • 8 hours live or technology enabled presentation
• Maintaining national accreditation qualifies as Utah CE
• Maintain records - 4 year after close of current licensing period
National Certification CE Requirements - Meets Utah Law for Technician CE

**PTCB CE Requirements**
- Recognized by all state boards of pharmacy
- 20 hours Technician specific courses, do not need to be ACPE accredited
- 1 hour of law, 1 hour patient safety
- 5 hours can be seminar or site specific projects until 2018, verified by supervising pharmacist
- Maximum 10 hours of qualifying college credits, passed with C or better, related to pharmacy topics or disciplines

**ExCPT CE Requirements**
- Recognized by Utah board of pharmacy
- 20 hours Technician specific courses, do not need to be ACPE accredited
- 1 hour of law
- 5 hours can be seminar or site specific projects verified by pharmacist form submission
- Maximum 10 hours of qualifying college credits, passed with C or better, related to pharmacy topics or disciplines
Support for CPE Monitor

• On-line documentation of ACPE-accredited CE
• National, collaborative effort by NABP and ACPE
• Electronic system for tracking pharmacy CE
• [https://nabp.pharmacy/cpe-monitor-service/](https://nabp.pharmacy/cpe-monitor-service/)
PTCE (PHARMACY TECH CERTIFICATION EXAM)

• Endorsed APhA, ASHP, ICHP (Illinois), MPA (Michigan), NABP
• Recognized by all state boards of pharmacy
• Administered by Pearson Vue, www.ptcb.org
• HS or GED, criminal background
• Suspended additional education requirement
• 100 questions, 10 are pre-test
• 9 components - Pharmacology, law/regulation, sterile & non-sterile compounding, med safety, quality assurance, medication order entry & fill process, inventory mgt, billing & reimbursement, information systems
• $129.00
National Exam Process, Comparisons

ExCPT (National Healthcare Association)
- Endorsed by NACDS (Chain Drug Stores), NCPA (Community Pharmacists)
- Recognized by Utah State Board of Pharmacy
- Administered by PSI Testing, www.nhanow.com
- HS or GED within 30 days, criminal background, accredited, state recognized, employer-based, military training program OR 1200 hours supervised work experience
- 120 questions, 20 are pre-test
- 25% regulations/duties, 25% drug therapy, 50% calculations, IV prep, dispensing
- $115.00
****Breaking News

• ExCPT just announced a new, updated version of the test to be released January, 2018
• No further details released

Shifting Responsibilities, Advancing Opportunities

• Technician employment expected to increase 9% by 2024
  ◦ Greater than national average

• Push to national certification puts more emphasis on training standards, lifelong learning

• ?? Increase in direct patient care
  ◦ Details of allergy reaction
  ◦ Medication history, Med reconciliation, immunizations?
  ◦ State law will govern specifics of what techs can and cannot do
  ◦ Utah Board of Pharmacy will be looking at possibilities
Workforce and job outlook – “war for talent”

• Slim pickings for qualified applicants
• Lack of qualified technical talent
• Indeed.com ranks top 10 jobs with most postings that went unfilled > 30 days\(^7\)
  ◦ Increased time to fill openings
  ◦ Open job for 2-6 months
• Current Salt Lake open postings 92
References

1. Utah Pharmacy Practice Act Rule, Subsection R156-17b-303a(3).


Assessment Questions

Which statement is true of the National Certification Exams used to complete Utah Pharmacy Technician licensure?

a) Both exam results are recognized by all boards of pharmacy.

b) The same criteria is used to develop questions for both exams.

c) There is currently no requirement for standardized education prior to taking either exam.

d) Both exams include “pre-test” questions that are used to validate future versions of the test.
Assessment Questions

Pharmacists can develop technician tasks that expand specific duties of technicians

a) By providing clear guidelines, direct supervision, checking of final outcome of technician tasks detailed in Utah Pharmacy Practice Act.

b) By writing specific rules for use of tech-check-tech use in a retail pharmacy environment.

c) In remote areas where tele-pharmacy is practiced.

d) If a unique continuing education about drug utilization review by technicians is administered.
Assessment Questions

Advanced practice levels of technician skills

a) Can only be developed if ASHP has defined a practice model for the specific skill.

b) Were not supported by the Pharmacy Technician Consortium recommendations.

c) May contribute to the expected increase in technician employment opportunities by 2024.

d) Are not supported by most national pharmacy professional organizations.
Assessment Questions

Continuing Education for pharmacy technicians

a) Is only required if an advanced practice-type skill is the desired outcome.

b) Can include up to 5 hours of site-specific or “in-service” activities or projects verified by a pharmacist.

c) Must be related to the practice site of the technician.

d) Is more difficult when maintaining national certification.
Questions?