



The profession-wide dialog concerning the development of national standards and an accreditation process for pharmacy technician education and training. Initiated by ACPE at the request of the Council on Credentialing in Pharmacy.

**Compilation of written submissions and summaries of the ten open hearings.
2003**

Please click on the Bookmark tab [at left] to open up a linked index.



ACCREDITATION COUNCIL FOR PHARMACY EDUCATION
20 North Clark Street, Suite 2500 • Chicago, Illinois 60602-5109 • www.acpe-accredit.org
312/664-3575 • FAX 312/664-4652 • E-mail: pvlases@acpe-accredit.org

Peter H. Vlasses, Pharm.D., BCPS
Executive Director

March 3, 2004

Richard J. Bertin, PhD
President
The Council on Credentialing in Pharmacy

Dear Dr. Bertin

As requested by the Council on Credentialing in Pharmacy (CCP) in November 2002, the Accreditation Council for Pharmacy Education carried out a profession-wide dialog concerning the possible development of national standards and an accreditation process for pharmacy technician education and training. Following an "Invitation to Comment" issued by ACPE in February 2003, over 100 written and emailed comments were submitted to ACPE. In addition, ACPE convened ten open hearings at national pharmacy meetings during 2003.

ACPE is pleased to provide CCP with a compilation of the comments received and a brief summary of each of the open hearings. The summaries of the hearings were prepared by ACPE staff based on notes taken during the hearings and reviews of the tape recordings of the hearings.

You will see from the background material included on the CD-ROM (news release, invitation to comment, etc.) that disclosure was made that comments and statements submitted to ACPE, during the course of the investigations, would be regarded as public record, and may be disclosed where and when deemed appropriate by ACPE. ACPE documentation noted that open hearings may be recorded to ensure accurate capture of communications. At each open hearing, ACPE announced that the hearing was being recorded.

Documentation also indicated that ACPE would accept anonymous submissions, or conceal the identity of respondents if requested. ACPE only received one anonymous submission, and no other respondent requested ACPE to conceal their identity and/or to exclude their comment from any form of public disclosure.

Yours truly,

A handwritten signature in black ink that reads "Peter H. Vlasses, Pharm.D." in a cursive script.

Peter H. Vlasses, PharmD, BCPS, FCCP



Peter H. Vlasses, PharmD
Executive Director
American Council on Pharmaceutical Education
20 North Clark Street Suite 2500
Chicago, IL 60602-5109

Dear Dr. Vlasses:

Pursuant to discussion at the Council on Credentialing in Pharmacy meetings on August 2 and October 4, 2002, we request that ACPE initiate a profession-wide dialog concerning the development of national standards and an accreditation process for pharmacy technician education and training. As you are aware, pharmacy technicians have become an important component of the pharmaceutical care process in the United States, and their preparation and credentialing is a subject of increasing interest and concern at many levels across the profession.

A number of member organizations of the Council on Credentialing in Pharmacy have in-depth experience with respect to technician education and training, technician certification, and technician training program accreditation. They are prepared to work with you as the profession becomes involved in the quality assurance process for technician education and training.

The members of the Council on Credentialing in Pharmacy recognize the significant contributions of ACPE to pharmacist education over the years and believe that yours is the appropriate body to initiate the critical profession-wide discussion of issues related to technician education and training that face pharmacy at this time.

Sincerely,

Henri R. Manasse, Jr., Ph.D., Sc.D.
President

**Member Organizations: AACP – ACA – ACCP – ACPE – AMCP
APhA – ASCP – ASHP – BPS – CCGP – PTCB – PTEC**



NEWS RELEASE

The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, Illinois 60602
United States of America
Tel: (312) 664-3575 Fax: (312) 664-4652
Contact: Peter H. Vlasses pvlasses@acpe-accredit.org

FOR IMMEDIATE RELEASE

January 28, 2003

ACPE responds to CCP request regarding national standards for pharmacy technician education and training

Chicago, Illinois – In response to a request from the Council on Credentialing in Pharmacy (CCP), the Board of Directors of the American Council on Pharmaceutical Education (ACPE) agreed to initiate a profession-wide dialog concerning the development of national standards and an accreditation process for pharmacy technician education and training. The decision was taken at the Council's board meeting held in Fort Myers, Florida earlier this month.

In a letter sent to ACPE in November, 2002, outgoing CCP President Henri R. Manasse, Jr., Ph.D., Sc.D., stated "The members of the Council on Credentialing in Pharmacy recognize the significant contributions of ACPE to pharmacists' education over the years and believe that yours is the appropriate body to initiate the critical profession-wide discussion of issues related to technician education and training that face pharmacy at this time." Many of the 12 CCP member organizations are involved in some activities with pharmacy technicians. Their endorsement of the recently published white paper on pharmacy technicians (*Am J Health-Syst Pharm.* 2003; 60:37-51) emphasizes their interest in addressing the unresolved issues noted in the paper through a profession-wide process.

In announcing the Board's decision to CCP's recently elected President, Richard J. Bertin, Ph.D., RPh, ACPE President Dennis K. Helling, PharmD, FCCP, FASHP, said "ACPE recognizes the important role being played by pharmacy technicians in the delivery of pharmacy services and the need for dialog on greater standardization of education and training for pharmacy technicians as their role and scope of practice continues to expand. ACPE will work closely with all stakeholders in envisioning the proper quality assurance process for technician education and training."

Based on previous experience in the development and implementation of new education standards for the profession of pharmacy, ACPE believes that, should a decision be taken to develop national standards, the whole process will take several years. Prior to any drafting, input will be requested from pharmacy organizations and interested stakeholders. The process will include a series of open hearings at national pharmacy meetings during 2003 to allow widespread input from the profession on this important issue. The first open hearing will take place at the Annual Meeting of the American Pharmaceutical Association (APhA) in New Orleans, LA on Monday 31st March, 2003. In its formal request for comment, ACPE will issue further details of the projected process. It is anticipated that standards for continuing education for pharmacy technicians will also be addressed.

The Council on Credentialing in Pharmacy was founded in 1999 to provide leadership, standards, public information, and coordination for the profession's voluntary credentialing programs. Its vision is for credentialing programs in pharmacy that meet established standards of quality to contribute to significant improvement in the pharmaceutical care of patients and the overall public health. It is composed of twelve pharmacy organizations. Information about CCP is available at www.pharmacycredentialing.org.

The American Council on Pharmaceutical Education (ACPE) is the national agency for the accreditation of professional degree programs in pharmacy and providers of continuing pharmaceutical education. ACPE was established in 1932 for the accreditation of pre-service education, and in 1975 its scope of activity was broadened to include accreditation of providers of continuing pharmaceutical education. Its core purpose is to assure excellence in education for the profession of pharmacy. ACPE currently accredits the doctor of pharmacy programs of 87 schools and colleges of pharmacy, and over 390 providers of continuing pharmaceutical education, including 36 who conduct certificate programs. The ACPE website is at www.acpe-accredit.org.

[Ends]



THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

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February 28, 2003

Dear Colleague:

As you have been notified, in response to a request from the Council on Credentialing in Pharmacy (CCP), the Board of Directors of the American Council on Pharmaceutical Education (ACPE) has agreed to initiate **a profession-wide dialog concerning the possible development of national standards and an accreditation process for pharmacy technician education and training**. The decision was taken at the Council's board meeting held this January. ACPE is the national agency for the accreditation of professional degree programs in pharmacy, and providers of continuing pharmaceutical education. Further information about ACPE and its operations can be found on our website www.acpe-accredit.org. ACPE is asking for your feedback on this important process. The current diversity of qualifications, knowledge, responsibilities and regulation of pharmacy technicians will create both challenges and opportunities as the profession seeks to envision the proper quality assurance process for technician education and training. **ACPE recognizes the need to initiate the dialog with no pre-conceived ideas regarding the final outcome**. For the details on providing ACPE your thoughts on this issue, please continue...

Invitation to Comment

ACPE invites your organization to submit written comments and suggestions that you feel should be taken into consideration as the profession explores the issue of pharmacy technician education and training. We would also request that you publicize this request for comment to your relevant constituencies. We are seeking input from as wide an audience as possible. This invitation to comment has been sent to pharmacy organizations and foundations, colleges and institutes offering pharmacy technician training programs, schools and colleges of pharmacy, providers of continuing pharmacy education, and credentialing and accreditation agencies involved with pharmacy technicians. Individuals are also invited to comment.

For the purposes of the initial comment period, we request that written comments be submitted **as soon as possible but no later than October 31, 2003** to allow adequate time for the compilation of a summary before ACPE's January 2004 board meeting.

Open Hearings

The first in a series of open hearings is scheduled to take place at the annual meeting of the American Pharmaceutical Association in New Orleans, LA on Monday March 31, 2003. If you would like ACPE to convene an open hearing at one of your meetings, please contact us so that we discuss this further with you. Details of future open hearings will be publicized as and when arrangements are finalized.

Background Materials

The recently published White Paper on Pharmacy Technicians, endorsed by the 12 pharmacy organizations of CCP, identified several outstanding issues relating to pharmacy technicians. Many of the issues raised in the White Paper were further discussed at a summit on pharmacy technicians in May 2002. Along with the White Paper, the summit report is recommended reading. The references for these documents are on the enclosure.

On behalf of ACPE, we thank you for your contribution to this important exercise. We look forward, with your help and input, to identifying the best course of action, not only for the profession of pharmacy, but also for the promotion of public health and the better use of medications.

Please contact us if we can be of further assistance.

Yours truly,



Peter H. Vlasses, PharmD, BCPS, FACCP
Executive Director



Mike Rouse, BPharm (Hons), MPS
Assistant Executive Director
International & Professional Affairs

Enclosed: ACPE Invitation to Comment: Education and Training of Pharmacy Technicians



The American Council on Pharmaceutical Education

Invitation to Comment: Education and Training of Pharmacy Technicians

Following a request from the Council on Credentialing in Pharmacy (CCP), the American Council on Pharmaceutical Education (ACPE) has agreed to initiate a profession-wide dialog concerning the possible development of national standards and an accreditation process for pharmacy technician education and training.

Outline of the Process

Subject to a decision on whether or not to proceed with the development of national standards (*a decision which is expected to be taken in January 2004*), ACPE believes that the whole process, from initiation to implementation, could take about three years. In broad terms the process will be as follows:

Year 1 (2003) ACPE will solicit written comments from pharmacy organizations and individuals and convene a series of open hearings. Comments submitted will be analyzed and summarized.

Year 2 (2004) *If warranted based on the feedback of the previous year*, ACPE will develop and publish a draft set of competency-based standards for pharmacy technician education and training. ACPE will solicit comments on the draft standards from pharmacy organizations and individuals in written form and in open hearings meetings, and re-draft the standards based on feedback received.

Year 3 (2005) ACPE will invite final review of the revised standards by the professional organizations, adopt the standards and initiate the process to accredit pharmacy education and training programs. ACPE will initiate a process for the development of “distinctive standards” for continuing education providers that wish to conduct accredited continuing education programs for pharmacy technicians.

Invitation to Comment

ACPE is hereby inviting organizations and individuals to submit written comments and suggestions that they feel should be taken into consideration as the profession discusses this issue. Official documents and policy statements are also welcome. Comments may cover any area relevant to pharmacy technicians, but ACPE requests that respondents focus on the questions and areas listed below. It is anticipated that other discussions, which are outside of ACPE’s specific terms of reference, may also be required. When compiling your comments, please consider the future of pharmacy technicians, not only the present.

Questions to be Considered

1. Definition

The 2002 White Paper¹ lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

4. Education

*Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.*¹

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

5. Training

*Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.*¹

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

Format for Comments

It would assist ACPE to compile and summarize responses if:

- Responses are submitted electronically (Other than at open hearings, ACPE will not accept verbal comments, but will respond to verbal questions regarding the process);
- Responses are submitted using the above framework and numbering;
- Responses (to this initial invitation to comment) are submitted **as soon as possible but no later than October 31, 2003**. (ACPE will accept comments throughout the above-described process);
- Respondents include their name, organization and/or area of practice, and contact details in case follow-up is required. (ACPE will accept anonymous submissions, or conceal the identity of respondents if requested, but would prefer respondents to identify themselves.)

Disclosure

- Comments and statements submitted to ACPE, during the course of these investigations, will be regarded as public record, and may be disclosed where and when deemed appropriate by ACPE;
- Open hearings may be recorded to ensure accurate capture of communications.

Please submit comments by mail, fax or email to the following address:

The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109
Tel: (312) 664-3575 (Questions only)
Fax: (312) 664-4652
Email: techinfo@acpe-accredit.org

Recommended reading and references:

1. White paper on pharmacy technicians 2002: Needed changes can no longer wait. *Am J Health-Syst Pharm.* 2003; 60:37-51
<http://www.ashp.org/technician/TechnicianWhitePaper.pdf>
2. Sesquicentennial Stepping Stone Summits; Summit Two: Pharmacy Technicians. Summit Report http://www.aphanet.org/stat/summit_broch.pdf
3. Barrow W, Milburn G, eds. A critical dictionary of educational concepts. 2nd ed. New York, NY: Teachers College Press; 1970. (or request extract from techinfo@acpe-accredit.org)
4. American Society of Health-System Pharmacists. Model curriculum for pharmacy technician training. http://www.ashp.org/technician/model_curriculum/index.cfm
5. Muenzen PM, Greenberg S, Murer MM. PTCB task analysis identifies roles of certified pharmacy technicians in pharmaceutical care. *J Am Pharm Assoc.* 1999; 39:857-64.



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Mike Rouse, B.Pharm (Hons), MPS
Assistant Executive Director
International and Professional Affairs

October 1, 2003

Dear Colleague:

Earlier this year, ACPE distributed an "Invitation to Comment" in response to a request from the Council on Credentialing in Pharmacy (CCP) to initiate a **profession-wide dialog concerning the possible development of national standards and an accreditation process for pharmacy technician education and training**. As an interested stakeholder in this subject you should have received documentation in this regard.

In the invitation, comments were requested by October 31, 2003. ACPE has already received a number of comments, both in writing and at the seven open hearings that have been held this year. We realize, however, that many individuals and organizations who wish to comment may not have been able to make their submission within the requested timeframe. To facilitate the compilation of the report that will be considered by ACPE's Board of Directors at its January 2004 meeting, we still request that comments be submitted as soon as possible, however, all comments received by **Friday, December 12, 2003** will be included in the report. We trust that this extension will assist those who still wish to comment.

If you have not seen the information that was originally distributed, I would encourage you to download the following documents from the "Publications" section of our web site www.acpe-accredit.org, or contact me and I will gladly send you copies:

- Technicians News Release (Adobe Acrobat File, 81 KB)
- Invitation to Comment: Education and Training of Pharmacy Technicians (Adobe Acrobat File, 120 KB or Word File, 69KB)

There are a number of other documents related to this subject that can also be downloaded from our web site, including the 2002 White Paper on Pharmacy Technicians, the Schedule of Open Hearings, and the Open Hearings Presentation.

Please feel free to contact me if I can provide any additional information or assistance.

Yours truly,

A handwritten signature in black ink, appearing to read 'Mike Rouse', with a large, stylized initial 'M'.

Mike Rouse
Assistant Executive Director
International and Professional Affairs



The Accreditation Council for Pharmacy Education

Comments Submitted in Response to ACPE's "Invitation to Comment" February 2003

Categories of Respondents and Number of Respondents by Category

- A. Certified Pharmacy Technician (17)
- B. Pharmacy Technician (3)
- C. Pharmacist (4)
- D. Educator - Pharmacy Technician Training (20)
- E. Educator - School or College of Pharmacy (3)
- F. Accreditation Agency - Individual Response (6)
- G. Organization – Pharmacy (20)
- H. Organization – Accreditation (2)
- I. Organization – Other (1)
- J. State Board of Pharmacy (9)
- K. Chain (Pharmacy/Supermarket) (7)
- L. Organization – Pharmacy Technician (3)
- M. Organization – Trade (1)
- N. Pharmacy Technician Training Program (5)
- O. School/College of Pharmacy (3)
- P. Pharmacy Technician Student (3)
- Q. Federal Government (3)
- R. Certification Board (1)
- Z. Not Specified (1)



The Accreditation Council for Pharmacy Education

Written Comments Submitted in Response to ACPE's "Invitation to Comment" February 2003

List of Respondents by Category

A. Certified Pharmacy Technician (17)

- 1 Jolene Schuetter, CPhT
- 2 Virginia Porcell, CPhT
- 3 Emman Evbadaloyi, CPhT
- 4 Sharon Price, CPhT
- 5 Kim Durben, CPhT
- 6 Kelly Fash, CPhT
- 7 Peggy Janiszewski, MPS, MLT(ASCP), CPhT
- 8 Timothy Yost, CPhT
- 11 Ina Upshaw, CPhT
- 50 Jonathan Charuk, CPhT
- 54 Shawn Habedank, CPhT
- 64 Sandra Cannon-Greer, CPhT
- 73 Verender Brown, CPhT
- 82 Liesl S. Carney, CPhT
- 86 Christine Bishop, CPhT
- 89 Barry Marshall, CPhT
- 108 Leon Valdez, CPhT (South Suburban College graduates and students)

B. Pharmacy Technician (3)

- 9 Anonymous
- 10 Marissa Abbott
- 12 David

C. Pharmacist (4)

- 13 Roy Guharoy, Pharm.D., FCP, FCCP, FASHP
- 14 Emory Martin, Pharm.D.
- 81 Mark Steinbeck, RPh, MBA
- 106 Iqbal Atcha, RPh, BS

D. Educator - Pharmacy Technician Training (20)

- 15 Teresa Moore
- 16 Kathy Warren, CPhT
- 17 Mary Laughlin, PharmD, Med, BS

- 18 Larry Nesmith
- 19 Ray Vellenga, R.Ph., BS, MS
- 21 Don Ballington
- 22 Jeanie Barkett
- 23 Gail Askew
- 24 Jeannie Pappas, CPhT
- 49 Robbie Ramoutar, CPhT, LPT
- 75 Jan Keresztes
- 76 Renee Acosta
- 79 Cynthia J. Steffen, RPh
- 88 Nancy V. Watts, PharmD
- 96 Barbara Lacher, BS, RPhTech, CPhT
- 99 Kathy Moscou
- 103 Jeanetta Mastron, CPhT, BS
- 104 Marsha M. Sanders, RPh
- 107 Gwyn Collier
- 110 Raechelle Kay

E. Educator - School or College of Pharmacy (3)

- 25 Ron Nickel
- 26 Frank Abbott
- 27 Anita Young, M.Ed., R.Ph

F. Accreditation Agency - Individual Response (6)

- 28 Sue Graves
- 29 Karen O'Brien
- 30 Nan Bayster
- 31 Ron Leighton
- 32 Judy Jondahl
- 33 Rick Coscarelli

G. Organization – Pharmacy (20)

- 34 Illinois Council of Health-System Pharmacists
- 35 Pennsylvania Society of Health-System Pharmacists
- 36 Louisiana Pharmacist Association
- 37 National Association of Nuclear Pharmacies
- 59 Ohio Pharmacists Association
- 60 American Pharmacists Association
- 61 National Community Pharmacists Association
- 63 American College of Clinical Pharmacy
- 65 American Association of Colleges of Pharmacy
- 66 Wisconsin Pharmacy Forum
- 77 Washington State Pharmacy Association

- 78 Institute for Safe Medication Practices (ISMP)
- 90 University HealthSystem Consortium (UHC)
- 92 Michigan Pharmacists Association
- 93 American Society of Health-System Pharmacists
- 97 Virginia Pharmacists Association
- 100 National Association of Boards of Pharmacy
- 101 Oregon State Pharmacists Association
- 102 Pharmacy Technician Educators Council
- 111 California Pharmacists Association

H. Organization – Accreditation (2)

- 52 Accrediting Bureau of Health Education Schools
- 112 The Canadian Council for Accreditation of Pharmacy Programs

I. Organization – Other (1)

- 109 The National Quality Forum

J. State Board of Pharmacy (9)

- 38 Maryland Board of Pharmacy
- 39 Commonwealth of Pennsylvania State Board of Pharmacy
- 40 Commonwealth of Massachusetts Board of Registration in Pharmacy
- 41 North Dakota Board of Pharmacy
- 42 Virginia Board of Pharmacy
- 51 New Mexico Board of Pharmacy
- 55 California State Board of Pharmacy
- 56 Washington State Board of Pharmacy
- 83 North Carolina Board of Pharmacy

K. Chain (Pharmacy/Supermarket) (7)

- 43 Ahold USA
- 44 See Walgreen Co. (K62)
- 45 Eckerd Corporation
- 46 Raley's
- 58 Happy Harry's
- 62 Walgreen Co.
- 69 Wal-Mart Pharmacy Department

L. Organization – Pharmacy Technician (3)

- 68 Indiana Academy of Pharmacy Technicians
- 84 National Pharmacy Technician Association
- 87 American Association of Pharmacy Technicians

M. Organization – Trade (1)

48 NACDS

N. Pharmacy Technician Training Program (5)

20 St. Joseph Medical Center
57 Weatherford College
67 South Suburban College
72 Apollo College
98 Allied Medical and Technical Careers

O. School/College of Pharmacy (3)

47 University of Toledo College of Pharmacy
85 University of Nebraska Medical Center College of Pharmacy
105 Lebanese American University School of Pharmacy

P. Pharmacy Technician Student (3)

70 Rhoda Maglaya
71 Brian Reynolds
95 D C Harvey

Q. Federal Government (3)

74 Department of Health and Human Services, Public Health Service
91 Department of the Navy
94 Department of the Army

R. Certification Board (1)

80 Pharmacy Technician Certification Board

Z. Not Specified (1)

53 Rashmi Ganatra



The Accreditation Council for Pharmacy Education

Written Comments Submitted in Response to ACPE's "Invitation to Comment" February 2003

List of Respondents by Name

10	Marissa Abbott
26	Frank Abbott
52	Accrediting Bureau of Health Education Schools
76	Renee Acosta
43	Ahold USA
98	Allied Medical and Technical Careers
65	American Association of Colleges of Pharmacy
87	American Association of Pharmacy Technicians
63	American College of Clinical Pharmacy
60	American Pharmacists Association
93	American Society of Health-System Pharmacists
9	Anonymous
72	Apollo College
94	Department of the Army
23	Gail Askew
106	Iqbal Atcha, RPh, BS
21	Don Ballington
22	Jeanie Barkett
30	Nan Bayster
86	Christine Bishop, CPhT
73	Verender Brown, CPhT
111	California Pharmacists Association
55	California State Board of Pharmacy
112	Canadian Council for Accreditation of Pharmacy Programs
64	Sandra Cannon-Greer, CPhT
82	Liesl S. Carney
50	Jonathan Charuk, CPhT
107	Gwyn Collier
33	Rick Coscarelli
12	David
5	Kim Durben, CPhT
45	Eckerd Corporation
3	Emman Evbadaloyi, CPhT
6	Kelly Fash, CPhT

53 Rashmi Ganatra
 28 Sue Graves
 13 Roy Guharoy, Pharm.D., FCP, FCCP, FASHP

 54 Shawn Habedank, CPhT
 58 Happy Harry's
 95 D C Harvey
 74 Department of Health and Human Services, Public Health Service

 34 Illinois Council of Health-System Pharmacists
 68 Indiana Academy of Pharmacy Technicians
 78 Institute for Safe Medication Practices (ISMP)

 7 Peggy Janiszewski, MPS, MLT(ASCP), CPhT
 32 Judy Jondahl

 110 Raechelle Kay
 75 Jan Keresztes

 96 Barbara Lacher, BS, RPhTech, CPhT
 17 Mary Laughlin, PharmD, Med, BS
 105 Lebanese American University School of Pharmacy
 31 Ron Leighton
 36 Louisiana Pharmacist Association

 70 Rhoda Maglaya
 89 Barry Marshall, CPhT
 14 Emory Martin, Pharm.D.
 38 Maryland Board of Pharmacy
 40 Commonwealth of Massachusetts Board of Registration in Pharmacy
 103 Jeanetta Mastron, CPhT, BS
 92 Michigan Pharmacists Association
 15 Teresa Moore
 99 Kathy Moscou

 100 National Association of Boards of Pharmacy
 48 National Association of Chain Drug Stores
 37 National Association of Nuclear Pharmacies
 61 National Community Pharmacists Association
 84 National Pharmacy Technician Association
 110 National Quality Forum
 91 Department of the Navy
 85 University of Nebraska Medical Center College of Pharmacy
 18 Larry Nesmith
 51 New Mexico Board of Pharmacy
 25 Ron Nickel
 83 North Carolina Board of Pharmacy
 41 North Dakota Board of Pharmacy

29 Karen O'Brien
59 Ohio Pharmacists Association
101 Oregon State Pharmacists Association

24 Jeannie Pappas, CPhT
35 Pennsylvania Society of Health-System Pharmacists
39 Commonwealth of Pennsylvania State Board of Pharmacy
80 Pharmacy Technician Certification Board
102 Pharmacy Technician Educators Council
2 Virginia Porcell, CPhT
4 Sharon Price, CPhT

46 Raley's
49 Robbie Ramoutar, CPht, LPT
71 Brian Reynolds

20 St. Joseph Medical Center
104 Marsha M. Sanders, RPh
1 Jolene Schuetter, CPhT
67 South Suburban College
79 Cynthia J. Steffen, RPh
81 Mark Steinbeck, RPh, MBA

47 University of Toledo College of Pharmacy

90 University HealthSystem Consortium (UHC)
11 Ina Upshaw, CPhT

108 Leon Valdez (South Suburban College graduates and students)
19 Ray Vellenga, R.Ph., BS, MS
97 Virginia Pharmacists Association
42 Virginia Board of Pharmacy

62 Walgreen Co.
44 Walgreens (See Walgreen Co.)
69 Wal-Mart Pharmacy Department
16 Kathy Warren, CPhT
77 Washington State Pharmacy Association
56 Washington State Board of Pharmacy
88 Nancy V. Watts, PharmD
57 Weatherford College
66 Wisconsin Pharmacy Forum

8 Timothy Yost, CPhT
27 Anita Young, M.Ed., R.Ph

Mike Rouse

From: JSchuetter@nabp.net
Sent: Wednesday, August 20, 2003 9:17 AM
To: Peter Vlasses
Cc: Mike Rouse
Subject: RE: ACPE Accreditation for Technicians

Peter -

If you need anything further from me, please let me know. I'd be happy to help! This decision is extremely important to me, too, and many other pharmacy techs (I'd like to say "all" pharmacy techs, but they might not agree with me).

I work in a store where many techs are trained and in my experience, 90% of those who are certified work out wonderfully in comparison to only about 40-50% of those who are not. Those who are not certified are usually drawn to working in the pharmacy because the pay is better than that in the front of the store. They don't realize that when we get busy, it isn't just long lines and complaining customers we have to deal with like it is up front. It's dosage checks and Lamisil vs Lamictal and why did that 7-year-old come in with a prescription for methadone? and there's a doctor on line 4 who wants to speak to the pharmacist NOW but the pharmacist is counseling an elderly patient on a new prescription for a Coumadin increase and the patient is hard of hearing but the pharmacist doesn't want to speak too loudly because of HIPAA.....

whew!

Thank you again for your time and consideration!
 Jolene Schuetter, CPhT

<p>"Peter Vlasses" <pvlasses@acpe-ac credit.org> accredit.org> Technicians</p>	<p>To: <JSchuetter@nabp.net> cc: "Mike Rouse" <mrouse@acpe- Subject: RE: ACPE Accreditation for</p>
<p>08/19/2003 04:50 PM</p>	

Jolene
 Thank you for your response. We will be sure it is considered by our Board of Directors as it deliberates on this important decision.
 Sincerely,
 Peter H. Vlasses, PharmD, BCPS, FCCP
 Executive Director
 American Council on Pharmaceutical Education
 20 North Clark Street, Suite 2500
 Chicago, IL 60602-5109
 Phone: 312 664 3575
 Fax: 312 664 4652
 email: pvlasses@acpe-accredit.org

-----Original Message-----

From: JSchuetter@nabp.net [mailto:JSchuetter@nabp.net]
Sent: Tuesday, August 19, 2003 10:36 AM
To: Peter Vlasses
Subject: ACPE Accreditation for Technicians

Peter -

My name is Jolene Schuetter and I've been a technician here in Illinois for 15 years. I also worked for a year at Loyd's Pharmacy as a pharmacist's assistant in Oxford, England. Currently, I work full time at the NABP in the testing department (with Avery Spunt). I work part time at CVS Pharmacy.

I want to thank you, first of all, for sharing your time with us at the NPTA Pharmacy Technician Conventian in Las Vegas last month. Your presence was greatly appreciated!

I have been pondering your questions as to what role ACPE should play (if any) in the regulation of pharmacy technicians. I strongly believe that uniformity is a necessity across state lines. All techs should be certified and registered with the state they work in.

Until they are certified, technicians should spend time training in the pharmacy they are to be working in as well as taking a course. Hands-on training, in my opinion, is crucial to the position, so I believe the time spent in the pharmacy should be exponentially higher than that spent in a classroom. Additionally, the more formal, classroom education required for the position, the more potential technicians will be turned off to the position. We already have a shortage of pharmacists, a shortage of good technicians would be devastating.

After a technician is certified, the options for CE credit should be more valuable. When I was certified the first time in 1995, there were no options for CE credits for pharmacy technicians. I had to use pharmacist CE. Now there are more CE credits available specifically for technicians, but many of these are valueless. A representative for a drug company throwing a dinner to pitch his or her product for 2 CE credits, for example, is not valuable. A 1 credit CE that has a set of 10 questions at the end that can be found in sequence through the reading, making actually reading the article merely optional, is also useless. Thankfully, organizations like NPTA and PTCB have made it easier to find CE for technicians, and I'm finding more and more of it to be substantial and valuable.

Thank you for your time! Please let me know if I can be of any further assistance.

Jolene Schuetter

Mike Rouse

From: Azangelrx@aol.com
Sent: Thursday, October 09, 2003 7:11 AM
To: Mike Rouse
Subject: National Standards for Technicians

To Whom it May Concern: I read with great interest,APhA'a publication for Pharmacy Techs dated Sept/Oct. 2003 with regard to Certification and possible registration with the States' Boards of Pharmacy. I have been a Pharmacy Tech for 30yrs. and have been Certified since 1995. I have worked in New York, Hawaii and Arizona, mostly in retail but have some hosptial experience. Hearings on drafting national standards for tech education training.....yes, yes.....please yes I think one of the major problems is that all these big corporations, eg. CVS, Walgreens, Rite-Aid, Eckerds, to name a few, hire people that are not experienced or who have very little experience and put them behind the pharmacy counter.....they have no idea what they're doing, yet they are counting drugs, mixing powdered meds for kids, etc. Give me a break, these people have no business touching anything but the register and filling in vials and bottles and cleaning shelves.....with all the mistakes that are made throughout the United States, how can we let people like this work in a pharmacy??? I feel that in order to work in the pharmacy, one must either go to school for at least 6 months or work as a clerk and go to classes that the corporation sets up for at least 3 months, then have that person work along side an experienced technician to see if they really know what they have learned and can put in into practice. In my experiences, I have seen so many people bringing back meds that were wrong, it is a very sad situation. One of the problems is that these corporations don't want to pay a decent salary.....after 30yrs....Rite-Aid offerred me \$7.50/hr.....I can work at Burger King for \$9.00/hr.....If these corporations paid what a person was worth, pharmacies would run alot better and they would keep their employees. When a person gets out of pharmacy school, they start at about \$40/hour, and they have no experience, just the degree.....I have had many new pharmacists ask me what drug is this, is it in the safe, what's it for, etc.....these people should start at a lower salary and work their way up by proving their worth..... Yes, there should be National Standards for anyone working in a pharmacy and each technician should be registered with the States' Board of Pharmacy and be held accountable as the pharmacists are. Thank you. Virginia Porcell,CPht.

10/9/2003

Mike Rouse

From: Emmanuel OO Evbadoloyi [emmandoloyis@juno.com]
ent: Wednesday, August 27, 2003 1:06 PM
fo: Mike Rouse
Subject: Tech Training and Education Standards Discussion ongoing



Letter to Pharmacy
technician_...

In my response towards the improvement of pharmacy technician education and training program, I would suggest that , first of all, pharmacy technician curriculum should be incorporated into colleges and universities as a two or more years study program,after which one may either obtain Associate of Applied Science or Diploma degree; instead of it being a kind of six to nine-month store-based training program. Because being so, pharmacy technician profession suffers some kinds of setbacks, among which are lack of broad knowledge in all pharmacy related courses, pharmacy technician not trained by a particular pharmacy like: CVS, Rite Aid, Walgreen, and other chain stores, finds it very difficult to find a job with such companies because he or she was not trained by them and more.,

Secondly, any potential pharmacy technology student should be allowed to study it in any colleges or universities offering it. Right now, I am a victim of some of the above circumstances: I attended a college of health sciences in San Diego, California and became a Certified Pharmacy Technician since March, 2002. Unfortunately, since then I have been applying for a pharmacy technician position in so many places but all in vain due to not to have been trained by one of their chain stores, and of course, none of them had ever known me as their one time trainees. However, Mckesson Medical Management Company, Rite Aid, both in Richmond VA are some of those places I have since applied for a pharmacy technician position.

Thus, to avoid this kind of prejudices and professional drawbacks in the pharmacy arena, the above points should be adhered to accordingly. The chain stores or the pharmacies should only be where the students may undergo their internship before graduation. By this, I am quite sure that the standard of pharmacy technician education

Emman Evbadoloyi - 2

and training program will be upgraded and improved into a far reaching height.

Emman Evbadoloyi, C.Ph.T

P.S. Presently, I work as certified Nursing Assistant (C.N.A) at HCR-Manor Care Health Services(Stratford hall), Richmond, VA 23228 Phone: 804-266-9666 and my email address is : emmandoloyis@juno.com or Phone: 804-321-1432 or 804-901-0444 (cell)

Mike Rouse

From: Slpcpht@aol.com
Sent: Wednesday, June 04, 2003 9:14 AM
To: Mike Rouse
Subject: The debate on tech training and education.

To whom it may concern:

I have been a certified pharmacy technician for over fifteen years working in the hospital setting. I believe there needs to be a standard that must be met to become a pharmacy technician. Many of the healthcare settings do not have proper "on-the-job" training programs set up to make competent and professional personnel. For example, I have a thorough understanding of aseptic technique in the I.V. room; however, a new employee coming in will not get the understanding of working six inches within the hood and why it is so important. I graduated from a community college that taught these vital pieces of information and now I cringe when a new recruit comes in to be trained by another new employee that does not have these basic pieces of knowledge. Unfortunately, the pharmacist does not get this type of education from the university either, so they are unaware of what they are seeing while watching the technician make I.V.'s and can not make suggestions on how to improve.

If we are to be certified, we must be educated and a lot of facilities that we work for are not equipped to do the type of education technicians need.

Thank you for the opportunity to make my statement,
Sharon Price, CPhT

Aug. 9, 2003

the meeting place

Dear Mr. Vlasses,

I am a C.P.H.T. working in North Dakota for 20 years. In 1991 I worked to establish a working relationship with our state Board. I was able to testify before our state Legislature on behalf of allowing Technicians to be defined in our Pharmacy Practice Act. I worked with our local College and State Pharmaceutical Association to begin an education program for Pharm. Techs. I am pleased to say the program is in its 5th year and is ACPE accredited.

I am writing to indicate my enthusiasm for required, uniform education for Pharmacy Technicians prior to the application for the PTCB. I believe in the vital importance of education prior to employment. I am pleased to support this process to develop education standards!

Sincerely,

Kim Durben

Kim Durben,
3907 17th St. So.
Fargo, ND 58104

(701) 293-7916

Mike Rouse

From: Kelly Fash [KFash@pccarx.com]
Sent: Friday, August 15, 2003 2:24 PM
To: Mike Rouse
Subject: ACPE NPTA Task Force Letter
Follow Up Flag: Follow up
Flag Status: Flagged

ACPE and NPTA Invitation to Comment

Education and Training of Pharmacy Technicians, Task Force Team Member.

Kelly M. Fash, CPhT

13002 Leader Street

Townhouse 907

Houston, Texas 77072

281-568-887 home and fax

832-875-887 cell phone

1-800-331-2498 x 1028 work

kellyf@pccarx.com

Questions to be Considered:

1. On the White Paper definition: A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

My response is: Yes, this definition is appropriate, but I suggest this phrase:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a

8/21/2003

licensed pharmacist, delegates to the pharmacy technician any nonjudgmental technical duties.

This needs to be required in practice due to liability issues. And also conveyed in lay language to the public for full explanation and understanding.

2. Levels of Pharmacy Support Personnel: This is a very good question!

My response is: *Yes, different levels of pharmacy support personnel needs to be defined! But first, we need to have a national terminology to be all equal.*

Certified Pharmacy Technician to those who are nationally certified with 10 plus years experience, be noted as Senior CPhT's.

Certified Pharmacy Technician to those who are nationally certified with less than 10 years experience as Junior CPhT's. (but more than 3 years)

Entry level, pharmacy technician trainees, new in pharmacy 1 to 2 years experience.

You could also have a Team Leader Certified Pharmacy Technician with 10 plus years experience. To me this gives individuals goals to work towards. Pay scale is another factor and is usually is based on experience. A good pay scale is a major incentive to convince the individual that you are willing to make a strong investment in them to make the motion of keeping them on board for the long hall.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

My response is: *This is a very hot topic for a majority of technicians! In my professional point of view, on the first two titles from question 2, I feel that these technicians can and are able to do all functions as designated by the pharmacist-in-charge with confidence, accuracy, dedication and the well being of the patient being the primary goal! As for competencies, one WHO KNOWS THEIR LIMITS!*

As for the trainee, learning the roles and responsibilities which will come from on-the-job, day to day experience and time. Just like working with pharmacy students in their first 2 to 3 years of college.

4. Education:

My response is: *This is the most critical question to be answered! And a very hot topic with room for controversy. In my professional judgment, all levels need to be equal! Meaning, that we all must start from somewhere, right? Let's start out right, have a plan to follow and just do it! In other words, KISS (keep it simple, sweetie)*

Address as an investment! This will be time and money well spent. As a co-worker states, "My belief is that no one should even be considered a CPhT unless they have completed an associates degree, course from a community college or satellite program! Working in a pharmacy definitely teaches the "how," but a college, etc teaches the "why" aspects. Also, limitations need to be learned!"

These programs also needs to be affordable, as for pharmacists, grants could be issued or won via a contest. But for the technician, there are not enough grants available, and a majority are on minimum wage to start!

Eligibility:

1. high school graduate or GED
2. some sort of accredited course (6 months plus) or associates degree
3. allotted hours of hands on experience, mandated
4. State exam
5. National exam
6. Pharmacy setting in house exam (testing of knowledge and skill)
7. all levels, all pharmacy settings must require 20 hours of continuing education hours every 2 years with perhaps 2 hours of law, instead of 1 hour
8. the CE does not have to be ACPE approved!!

My opinion on this is Pharmacist CE is in their terminology, upon which CPhT's have difficulty understanding.

And for the statement: Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching. I agree with this statement, just enforce it!

5. Training: Training involves learning through specialized instructions, repetition and practice of a task, or series of tasks, until proficiency is achieved.

My response is: On this, I feel that this is on-the-job requirements. Example, start with basic pharmacy instruction. A book is written by NARD that has 8 chapters with quizzes at the end of each chapter. The technician needs to read the chapter, take the test and master a 100% before moving on to the next chapter. After this is completed, move on to the next level, a book, entitled, "Certification Review for Pharmacy Technicians." This book has practice problems and quizzes throughout to test on how well the technician is doing and also covers everything necessary to know for the national exam.

The one thing we must keep in mind is the end result, "the patient!" In all forms of training, emphasis must be made on professionalism, accuracy, compassion, and understanding of the patients needs and well-being.

6. Quality Assurance of Pharmacy Technicians Education and Training:

My opinion: Quality means, grade of excellence and assurance means, a positive declaration intended to give confidence.

The most appropriate system of QA is, "TEAMWORK!!" What I am saying is, as long as the pharmacist and the technician, certified, or about to be, "communicate" and practice together, this is your best source of QA!

Computers are great until they crash or the power goes out, etc.. but who does most of the in putting? Your Technicians, and who is the go to person when the computer does throw up a red flag? The Pharmacist. Teamwork, you can't go wrong with this!

Modern equipment can only do so much. It is the human side and the warm touch that will achieve so much more Q & A!

Thank you on behalf of all pharmacy technicians, past, present and our future,

Kelly Fash, CPhT

A very caring technician for 24 years and counting!

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Mike Rouse

From: PJaniszewski [PJaniszewski@msn.com]
Sent: Sunday, September 28, 2003 5:37 PM
To: Mike Rouse
Subject: Standardization for Pharmacy Technician Education and Training

I attended the open hearing on the standardization of pharmacy technician training and education at the NPTA Signature Event in Mount Prospect, IL. I found the discussion very interesting and informative and would like to take the opportunity to summarize the comments I made during the hearing as well as add some additional ones.

With respect to the definition of a pharmacy technician, it is my contention that any such definition should emphasize the professional judgment that pharmacy technicians must exercise in order to responsibly and competently perform their duties. I also contend that there needs to exist a standardized knowledge base for which every pharmacy technician should be held responsible. This knowledge base could ultimately serve as the foundation for learning the specific skills pharmacy technicians need to master. I would like to close my comments by adding that determinations concerning the standardization of pharmacy technician training and education should emphasize patient safety. A better trained and better educated pharmacy technician would surely contribute to the realization of a higher degree of patient safety. It is my fear that some employers will not support standardized training and education because they might be concerned about economic issues. Specifically, that a better trained and educated pharmacy technician might have to be paid accordingly. It is also my fear that there exists a significant number of pharmacy technicians who might resist changes in education and training, because these changes will necessitate that pharmacy technicians assume even greater responsibilities. I would suggest that these individuals should recognize that becoming a pharmacy technician is a career choice and that pharmacy technicians are professionals who are already an integral part of the healthcare delivery system. Thank you for your time and consideration. Respectfully, Peggy Janiszewski, MPS, MLT(ASCP), CPhT PJaniszewski@msn.com

Mike Rouse

From: Timothy Yost [tyost22@hotmail.com]
ent: Saturday, September 27, 2003 11:41 PM
To: Mike Rouse
Cc: rxjm2002@hotmail.com
Subject: technician education

I would like to voice my opinion on stardarizing formal education for pharmacy technicians. The role of the pharmacy technician is getting more and more significant everyday and with the growing demand for medication, the pharmacists need our help. At the same time, not just anyone should be allowed to become a pharmacy technician. In some states, technicians have to pass numerous state conducted exams, as well as have background checks done. On the other hand, some states require, no training, no background check, no registration, and no certification. In most jobs in the medical field, there is some kind of standardized education or certification in place, for pharmacy, our standards are all over the board, varying from state to state. What I would like to see, to start, is an entry-level formal education in place for techs before they enter a pharmacy. Many pharmacies lose business or long time customers because of lack of familiar faces, uneducated staff, or untrained staff, which can all be attributed to large amounts of turnover. If techs were formally trained and educated they would be prepared to perform their daily tasks and also be helpful to the customer, which in the end, what all of us are here to accomplish. Please consider this for discussion, it is an area that needs to be addressed.

Thank you,
Timothy J. Yost, CPhT
NPTA-NLC Michigan State Coordinator

High-speed Internet access as low as \$29.95/month (depending on the local service providers in your area). Click here. <https://broadband.msn.com>

ACPE Hearing on Technician Education
Philadelphia Convention Center
Saturday, August 23rd, 2003

Good afternoon, my name is Ina Upshaw and I am a pharmacy technician at the CVS Center City Philadelphia store. I have worked at this store for 3 years but I have been a pharmacy technician for 10 years starting the summer after my high school graduation.

Previously, I worked at Thrift Drugs (which became Eckerd Drugs), Independent Pharmacies, Rite Aid and Walgreens. In the spring of 1999, after my son was born, I attended a 4 to 6 week program at Pierce College and became PTCB certified. I have since been recertified.

I love my job as a technician because I learn something new every day, I love working with people and there is never a dull moment. I feel appreciated by the pharmacy staff, by my company and by our customers.

The point I would like to make today is that I learned more from the pharmacists I have worked with than in the course I took to prepare for certification. Because I had 6 years of practical experience before I attended the class, I was probably over-prepared for the class. **Please take people like me into consideration when you think about requiring educational programs for all technicians when they may not be necessary, affordable or productive.**

In my case, being certified has helped me in my career track. CVS places a high value on the fact that I am certified. I make a decent salary and can take care of myself and my son and for that I am very grateful. My schedule allows me to spend enough time with my son, who is now 5 years old, and I'm appreciative of that. Had I been forced to take classes at 18 years old before becoming a technician, I probably would never have pursued this career that I have come to love.

I am sure there are others like me who would make excellent pharmacy technicians, providing the requirements to enter this field are realistic and attainable. If they voluntarily choose to take classes or become certified later like I did, that is fine but **don't deny them the opportunity to learn what a wonderful career this is in the first place.**

Once my son is raised and on his own, my dream is to go to pharmacy school and become a pharmacist myself but right now I need to focus on being the best mother and the best technician that I can be.

Thank you for your time today.

Mike Rouse

From: Jscharuk@aol.com
ent: Monday, October 20, 2003 7:42 PM
To: Mike Rouse
Subject: Education and Training of Pharmacy Technicians



pharmtech.doc

Jonathan Charuk
Elliot Hospital
Manchester, New Hampshire
Contact information: jcharuk@juno.com

October 20, 2003

The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

RE: Education and Training of Pharmacy Technicians

1. **Definition.** I agree with the given definition but feel it is incomplete. While it is true that technicians work under the supervision of pharmacists, they are required to use professional judgment similar to that of a pharmacist. In the hospital setting where I work as a technician, I am responsible for a number of duties at which I work independently. As an example, I am responsible for making IVs, including those for the Neonatal Intensive Care Unit, narcotic drips and TPNs. While it is true that the pharmacist will check the final work and preparation, there is no one watching over my shoulder as I prepare these critical formulas. Therefore, I feel technicians are not given due acknowledgement for the important work they do. Also, there does not appear to be enough concern for the problems that could be caused by inadequate education and lack of training.
2. **Levels of Pharmacy Support Personnel.** I think people would be very surprised to know (in fact some with whom I have spoken were shocked) that basically untrained and uneducated individuals are preparing drugs and IVs that are going to be put in to their bodies or the bodies of their young babies. Therefore, the definition needs to be redefined to include that pharmacy technicians are professionals trained to use good judgment and, of course, this needs to be not just in definition but this training and education need to be implemented.
3. **Roles, Responsibilities and Competencies of Pharmacy Support Personnel.** There should be perhaps either technician levels I, II and III or perhaps pharmacy technicians and pharmacy assistants or, as in some hospitals, pharmacy technicians and senior pharmacy technicians. Perhaps in hospital settings, those who are unaccredited pharmacy technicians could be responsible for answering telephones, making deliveries to nursing units, filling daily carts and things such as taking inventory and outdating of medications. Then, those who have more education, or who are accredited, could be responsible for such things as IV admixture, NICU oral solutions, narcotic drips, chemotherapy IVs and TPNs, as well as the supervision of lower level technicians.
4. **Education.** I feel a pharmacy technician could be an individual without advanced education (to include a high school diploma or equivalent) since their responsibilities will not be critical to a patient's health care. However, those senior technicians responsible for such things as IV admixture should be required to attain a two-year associates' degree similar to that of a radiology technician. It is interesting that generally, individuals who are manicurists and hair dressers are required by the state to be licensed, while those who mix drugs that will be put into a person's body and which could do lasting harm, can be individuals hired off the street and trained in a

October 20, 2003

The American Council on Pharmaceutical Education

RE: Education and Training of Pharmacy Technicians

Page 2

matter of weeks. The requirements for pharmacy technician certification are 20 hours of continuing education per every two years and I think this is adequate for those who complete an accredited program.

5. **Training.** I feel the majority of the two-year associates' degree should involve clinical training, such as with nurses and pharmacists, working in various settings to include hospital and retail arenas. Thus, these ones would get hands-on experience under the oversight of experienced pharmacists and technicians. Then, of course, after being hired, such ones should continue for a number of months to receive personalized training specific to that particular institution's guidelines or procedures. I cannot emphasize enough that this training is vital, since some institutions, after training an individual for only a few short weeks, have them preparing the medications that will be used in life or death situations.
6. **Quality Assurance.** Just as in any area of the hospital, pharmacy technicians not only need to be supervised but also need to be reviewed and tested regularly and randomly to make sure that they are using aseptic technique in the IV room and to make sure that they understand their role in the pharmacy.

Thank you for your consideration.

Sincerely,

Jonathan Charuk, CPhT

August 26, 2003



ACPE
20 North Clark St., Ste. 2500
Chicago, Illinois 606-5109

RE: Education and Training of Pharmacy Technicians

I wish to submit my responses to the ACPE questions regarding the future of pharmacy technicians and subsequent minimum training, credentialing and roles of pharmacy technicians.

1) The definition described in the 2002 White Paper is fairly vague-- it was appropriate for the purposes of the White Paper as it was a generalized overview of technician duties. In today's work environment the pharmacy technician job duties can vary greatly depending on what setting they are employed in, i.e., retail, hospital, nuclear pharmacy or managed care. Even each of these employment settings have unique sets of duties performed by technicians depending on the scope of each employer's practice. Examples would be technicians that are allowed to mix chemotherapy agents versus technician who do not because the pharmacists choose to do them; this same idea can apply to compounding of medications. In the retail setting I have seen technicians that do all the filling of medications and affix a label to the container to have it checked by a pharmacist, yet have also seen techs that are only allowed to simply place the bulk container on the counter with the paperwork and labels for the pharmacist to complete. In essence, it would be very difficult to try and pinpoint exactly what technician duties in the pharmacy setting would be in regards to Question #1 but perhaps a more detailed example could be, "A pharmacy technician is an individual, who, after completing the requirements to be registered, works in the pharmaceutical field in direct partnership with a pharmacist. Duties may include, depending on the particular pharmacy setting: preparing IV admixtures, filling patient medication carts, compounding medications, assisting patients with insurance issues, delivery of medications to nursing floors, filling new or refill medication requests, answering telephones and assisting allied staff. All work completed must be checked by a licensed pharmacist for accuracy and completeness before delivery to patients and/or nursing staff."

2) Yes, the different levels do need to be defined. Definition of "support personnel" other than a pharmacy technician is simply a "Pharmacy Clerk". My opinion is this: you are either a pharmacy technician or you are not. There needs to be a definite, clear distinction between the two levels. I do not agree with 'support personnel', 'ancillary personnel', 'pharmacy aide', etc. These previous titles are rather ambiguous and vague as to potential job duties and a nationwide titling criteria needs to be established. An individual working in the pharmacy setting is titled a "Pharmacy Technician" and meets the requirements set forth to be titled as such or you are simply a "Pharmacy Clerk" and you do not perform technician designated job duties. As far as additional definitions that would be applicable, I would like to see in the pharmacy setting incentives brought forth by employers for advancement to a higher level status such as "Technician Coordinator", "Tech II" or "Senior Tech". These higher levels indicate more supervisory duties and more specialized job functions than a regular technician, i.e., technician scheduling, advanced inventory functions, overseeing other technician duties or training other technicians. I believe this will allow each employment setting the ability to offer internal incentive for advancement and should be left to the individual employer to set its own unique criteria for technicians to obtain these higher level status.

3) In regards to roles, responsibilities and competencies I would like to mention that the PTCB has done a very good job of setting forth example 'definitions' of different technician job responsibilities within the workplace. The listing of responsibilities are accessible on the PTCB web site at www.ptcb.org. It should be noted that whatever job responsibilities the ACPE sets forth should be considered guidelines or overview job responsibilities performed and as time goes by these will need to be revised to reflect the constant changes in pharmacy technician duties. My definition of pharmacy personnel are:

Pharmacy Clerk: May answer phones and refer necessary calls to technician or pharmacist, stock shelves, cashier duties where applicable, perform various duties such as stocking vials, photocopying duties where needed, dusting medication shelves, being backup to technician in taking routine refill requests from patients, performing minor clerical duties such as filing prescriptions and other necessary paperwork. Must be at least 18 years of age, high school diploma or GED, must be able to pass background check or other means to determine if the applicant has been in trouble with the law (felonies, shoplifting, history of run-ins with the law, drugs or DUI).

Pharmacy Technician: Duties can vary depending on the job setting (perhaps can use PTCB definitions as described above). Must be at least 18 years of age, high school diploma or GED, have successfully attended and passed (graduated) from a certified pharmacy technician course and have successfully passed the PTCB exam. Must have no criminal history (as described in Pharmacy Clerk, above).

4) Education of pharmacy personnel: Pharmacy Clerk: An individual wishing to become a pharmacy clerk must have at least a high school diploma or GED. A clerk can learn their duties by being trained on the job by the supervising technician and pharmacist. If a clerk wishes to advance to a Pharmacy Technician they must attend and successfully pass a certified pharmacy technician course and successfully pass the PTCB exam. I do not believe there needs to be a minimum timeframe in which a clerk can qualify as a technician, they must simply meet the above requirements to become a technician.

Pharmacy Technician: I believe any individual that wishes to become a Pharmacy Technician must attend and successfully pass a certified pharmacy technician course and then successfully pass the PTCB exam. The White Paper mentioned the important fact that there are dozens of "pharmacy technician courses" yet there is no established criteria of education to be covered by each of these courses. If you compare these courses you will probably find that each of these have some similarities but many with varying depth of the material covered or noticeable gaps in the educational material covered. You will also see large variances in the timeframe given to complete these courses. I have observed courses that are only a few weeks long, some that can take up to a year and others that are 'learn as you go' style and depend on how fast the student completes each module. This is a very large issue that needs to be addressed by the governing bodies to narrow down all these 'pharmacy technician courses' and establish a competent educational criteria. I am sure that establishing the competency of these pharmacy technician courses will be addressed in Year 2 of the study so I will wait until that time to list what I feel are suitable competencies and good, useful educational material to be covered in these courses. An important side note that I would like to mention is that I would like to see all pharmacy technicians nationwide having to become uniformly licensed through their individual state board of pharmacy. I believe once a nationwide set of standards is set into place for

education, training and responsibility of technicians that they will qualify for licensure within their state. Currently only a few states even require registration within their state. Registration is simply being placed on a list...it does nothing to assure the competency of the individual on the list. Licensure shows that these individuals have met the minimum requirements and training in their field of employment and this is something that I feel is very important in the pharmacy technician profession.

I also feel very strongly that any and all pharmacy technicians currently working as a technician should not be 'grandfathered' as a pharmacy technician once the ACPE has established acceptable technician education and criteria. I believe all pharmacy technicians currently practicing as such should be made to at least pass the PTCB exam to continue to be employed as a pharmacy technician, if they have not already done so. If no criteria such as this is not put into place then there is no establishment of minimum education for the individuals currently practicing as pharmacy technicians. Believe me, I have seen great variances of this lack of education from individuals who are allowed to practice as a "Pharmacy Technician". This will bring forth quality assurance in technicians currently working. There should be a maximum time frame established for current pharmacy technicians to complete the PTCB exam, which should be two years. When the two year time frame has passed and not each and every technician has successfully passed the PTCB exam, they shall be demoted to a Pharmacy Clerk and their pay scale should reflect such until they have successfully completed the PTCB exam and are designated a Certified Pharmacy Technician.

5) Pharmacy Clerk: Depending on the employment setting I believe that training of a pharmacy clerk can be completed on the job by either a qualified pharmacy technician or a pharmacist. Pharmacy Technician: Once an individual meets the above mentioned requirements to become a Pharmacy Technician, I believe a new technician can be trained in their particular job responsibilities by either a supervising technician or a pharmacist. I strongly feel that each and every employment facility must be required to create a Standard Training Checklist that a trainer (either Senior Tech, Tech II, Tech Coordinator or a Pharmacist) completes and checks off when proficiency of each job duty and responsibility is completed by the trainee. The Standard Training Checklist must list the duties performed by the individual technician in that particular pharmacy setting and list a brief description of each duty or responsibility and a place to put initials of the trainer and trainee when acceptable achievement of each task is obtained. This should be kept in the personnel file of the employee. I strongly feel that this is an important step in covering any liability issue that may arise. It provides the employer with a means of showing competency training of their employee and a means of showing an employee specifically what is expected in the way of duties and responsibilities.

6) In regards to quality assurance in education and training, I believe that any schools or programs for pharmacy technicians must be required to meet criteria of education established by the ACPE or the PTCB. Schools or programs should be taught by individuals knowledgeable in the profession who actively stay abreast of pharmacy trends who can tailor their programs to meet a changing industry. Standards must be set in place by a governing body such as the ACPE for schools to meet in order to operate a program or school for pharmacy technician education and allow recognizable graduation requirements. Continuing education of pharmacy technicians I believe has been well established by the PTCB and individual training on the job for pharmacy technicians or clerks can be completed with Standard Training Checklists with the individual job responsibilities and duties being established by the individual employment setting.

I would like to take this opportunity to applaud the CCP, ACPE and the author(s) of the White Paper for bringing forth and supporting the long overdue changes needed in the pharmacy technician profession. The vagueness of titles and duties, the inconsistency in requirements of technicians and the lack of established standards of education and training for pharmacy technicians has been a problem in this industry for a long time. I look forward to these changes and am hopeful that with nationwide standards set in place that the designation of "Pharmacy Technician" can finally become the profession so many of us have long sought to have recognized. If you have any questions or if I can in any way be of further service to the ACPE or governing bodies please don't hesitate to contact me and I will gladly participate in any way possible to help bring about these changes.

Respectfully,

Shawn Habedank, CPhT
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(503) 390-5650
e-mail: ShawnCPhT@aol.com

Practice: Inpatient pharmacy technician at
Salem Hospital, Salem, Oregon

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Telephone / Fax 704-3981802

Andrew Brier, Capt

Forward Please to Mrs. Craddock

Pharmacy Support Personnel

1. Agreed

2. Yes there should be levels, Pharmacy Tech should have the opportunity for further training in speciality areas, tested and moved to the designated area to qualify for the said position, ex, Chemo, Compounding, IV and leadership roles,

3.

Chemo - efficient in Basic IV setting
a strong math background, willing to attend classes various time per year. Most work in the area for 6 mos - 1 yr before allowed
'Compounding' efficient in Gen. Chemistry and a strong math background, must be certificate from place of employment and pass a basic class of this subject. Most work in the area 6 mos - 1 yr - before allowed to apply. Must have a certificate from an accredited given class. Most work in the Pharmacy

IV's - strong math background take tests several times to keep the certificate for this position. Most work comes -ly- before applying

4. All Pharmacy must have a formal pharmacy basic education from an accredited school, and must work as an apprentice before full employment is given especially in a hospital setting. No less than 9 months of this type of setting.

5. Agree

6. Standardize all Pharmacy Tech programs. All Technicians must have the basic background in education to move from job to job or state to state just like a pharmacist.

Mike Rouse

From: V G Brown [brownvgrx4304@hotmail.com]
Sent: Friday, December 12, 2003 10:59 PM
To: Mike Rouse
Subject: Invitation to Comment: Education & Training of Pharmacy Technicians
Follow Up Flag: Follow up
Flag Status: Flagged

from : Verender G. Brown, CPhT, B.S. Compliance Officer/Patient Care Coordinator Pharmacy Specialists Compounding Pharmacy email: brownvgrx4304@hotmail.com

1. Definition: "pharmacy activities that do not require the *professional judgment* of a pharmacist" seems vague.
2. Levels of Pharmacy Support Personnel: Different levels of pharmacy support personnel should be defined. Techs with training and/or certification should be ranked higher in title, pay and responsibility than new "clerks" without credentialed training/certification. Higher levels of training/education should be ranked higher. The incentive should be towards more education/credentialed training/certification.
3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel: "Clerks" should handle the least technical and legally liable information. As education/credentialed training and certification increase the level of "risk" increases with responsibility. More education and credentialed technicians will take their responsibilities more seriously than not as they have more invested and more at stake than do those with "nothing to lose" who can move on to another position somewhere else in the event of major problems. Accountability is key.
4. Education: Minimal instruction for clerks should be a 9 month course with certification as such. AS degree with internship, certification and registration would be the next level for technicians, with the highest level being a BS degree with internship, certification, registration and licensing. Technicians can do the work with out the counseling aspects required of a pharmacist. Technician levels should exist just as there are different levels of nursing with corresponding training, responsibility and pay. BS Degreed techs should be registered and licensed.
5. Training: Clerks should have basic education which should include an internship. Completion of high school/GED should be minimal requirement with letters of recommendation and transcripts showing adequate math and composition scores or demonstration upon testing at time of application. Lower level techs should be recognized after 1 1/2 to 2 years experience in a given field of pharmacy, with their education, etc. If pay is commensurate with education and training more quality techs will be developed.
6. Quality Assurance of Pharmacy Technician Education and Training: The PTCB is great for initial certification. For techs who specialize (compounding, IV, nuclear medicine, regulatory/legal, hospital, retail, insurance/PBM's etc.) specialized training and corresponding tests should be developed. Either general registration and licensing or registration and licensing in the specialty would be awarded based on tests passed.

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A 82

Mike Rouse

From: Carney, Liesl S [liesl.carney@Vanderbilt.Edu]**Sent:** Tuesday, November 11, 2003 7:46 AM**To:** Mike Rouse**Subject:** Technicians

I am a lead technician with a large university based hospital pharmacy. Because of the size of this facility, this place can be extremely overwhelming for a new employee. My organization is turning more and more to hiring employees that have graduated from some sort of "tech school" program, combined with a minimum one year experience in a pharmacy setting. By raising our bar we are attracting more qualified personnel.

Personally, I attended the School of Hard Knocks, and was trained on the job in a retail setting. This was before technicians really did anything technical. I consider myself lucky; the profession has grown with me. I am 100% for standardizing curriculums and raising the bar across the board to require pharmacy technician schooling. I feel the curriculum should include the following: math, keyboarding, interpersonal relations, pharmacy operations, sterile product preparation, medical terminology, top 200 drugs, law and ethics, 3rd party reimbursement, basic pharmacology, safety the technicians' role in error prevention, and clinical training.

Sincerely,

Liesl Carney, CPhT.

Vanderbilt University Medical Center

Technician Training and Scheduling Coordinator

615-322-6873

11/13/2003

Christine Bishop, CPhT
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DEC 1 2003

CHICAGO, ILLINOIS

ACPE: Education and Training of Pharmacy Technicians

1. The 2002 White Paper definition of a pharmacy technician is too general. Yes, the definition is true, however, pharmacy is becoming a more specialized field everyday. We have techs that dispense po meds, techs that dispense IV meds, techs that are in charge of insurance billing and claims, techs in charge of purchasing, etc. Yes, these things are done under the supervision of a Pharmacist; however, some of these tasks do not require a Pharmacist. This is what we need to agree and define. A pharmacy tech does so much more within the confines of pharmacy than count pills. Pharmacists rely on the professional judgment of their techs and visa versa. Both now and in the future, as this field grows, there needs to be a more specialized definition of what pharmacy techs are responsible for and actually carry out. Especially Certified Technicians simply because they have a license to maintain and protect. Just like a Pharmacist.
2. Yes, there should be clearly defined levels of pharmacy personnel. There should be a lead tech and a technician that oversees all the technicians- such as a Team Leader. The lead tech is naturally the most proficient with the software and mechanics of filling and processing prescriptions, but the Team Leader is responsible for all. Possibly, a customer service person that fields calls and complaints and is able to resolve issues without additional supervision.
3. Lead tech- Responsible for data entry, filling or mixing meds, inventory control and customer service. The team leader is responsible for administrative work, purchasing (control purposes), and has a clear understanding and working knowledge of all the positions within the pharmacy setting. The customer service person is responsible for returning calls, handling complaints and directing calls to the appropriate people.
4. I believe that for any person to work in a pharmacy setting, they need to attend some kind of formal training. I can honestly say that an AA degree is almost a necessity for our profession. There are too many variables when working in

pharmacy that can cause mistakes, hospitalization and even death. The liability increases dramatically when non-educated people enter our profession. All potential employees need to understand pharmacological issues and simple mechanics of pharmacy. Math, speech and communication skills are a must and I see too many "pharmacy techs" that cannot do simple mathematical equations. That will equal death and a huge liability for Pharmacists and companies.

5. See my response in #4.
6. The most appropriate system of quality assurance is continuing education. Possibly a state or federal program that requires CPhTs to attend a live seminar every 2 years. Doing Ces through the Internet and mail is fine, but there are many other issues that can be covered in a live session.

Thank You For the opportunity to respond.

Christine Bishop, CPhT

A 89**Mike Rouse**

From: Barry Marshall [barrycphT@yahoo.com]
Sent: Thursday, December 11, 2003 12:07 PM
To: Mike Rouse
Subject: Invitation to comment

Hi Michael, Thank you for the opportunity to comment at the ASHP MCM in New Orleans. As an involved CPhT (Chair of the ASHP Technician Advisory Group, Vice-Chair of the Florida Society of Health-System Pharmacists) and having been a technician for more than 25 years, the creation and implementation of national standards for technician education and training remains paramount to the pharmacy profession. ACPE should "pick up the ball and run with it"; I am sure you realize what you're getting into. Michael, the most important comment I can make now is to please only adopt one set of standards for pharmacy technician education and training. Do not give in to those that have commented on the necessity to "fragment" technician education and training into, i.e., retail and hospital. This would be detrimental to the pharmacy technician profession. One set of educational standards for the entire pharmacy technician profession is the only realistic choice to truly continue the respect and professionalism of our profession. As a pharmacist, you can understand that pharmacists do not have a choice for what type of education and training is required of them, nor do they have a choice as to what examination to take to be licensed. Technicians and the pharmacy profession need one set of standards as technicians decide to move from one specialized area of pharmacy to another during their careers. And this truly is my career. Another important comment presented at this ACPE open forum was the definition of "pharmacy technician". Please listen to the comments presented, realize that the current definition does not show the professionalism of the pharmacy technician profession nor truly indicate our role. We work side-by-side with pharmacists (under their supervision); please revise the definition. Thank you, Dr. Rouse Barry M. Marshall, CPhT

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(12-12-03)

Accreditation Council on Pharmacy Education (ACPE)
20 North Clark Street
Suite 2500
Chicago, IL 60602-5109

Dear Accreditation Council on Pharmacy Education Administrators:

During the summer and fall 2003 semesters at South Suburban College, I was chosen as the Project Leader to gather as many pharmacy technician graduates/students as possible to respond to ACPE's request for comments on pharmacy technician education and training in the future. Enclosed you will find the information that the graduates and students compiled and would like to submit.

Thank you very much for the opportunity to be part of this important process. Please feel free to contact me at any time. We look forward to the changes you are going to make.

In appreciation,

Leon Valdez, CPhT
SSC PHT Program Graduate
Project Leader
ACPE Request for Comments
Phone: (219) 397-1982
Email: mrgower59@aol.com

Response to ACPE Request
Re: Education and Training for Pharmacy Technicians
From: South Suburban College Pharmacy Technician Graduates and Interns
Collected By: Leon Valdez, Project Leader
Summer/Fall 2003

1.) Definition of a Pharmacy Technician

A pharmacy technician is an individual with proven skills and knowledge in the profession of pharmacy working in cooperation with a licensed pharmacist to provide quality pharmaceutical services.

2.) Levels of pharmacy technician

Level 1:

Trainee (maximum of 1 year)

Level 2:

This level is limited to pharmacy technicians who have graduated from a ACPE accredited program and passed the PTCB certification examination.

Level 3:

This level includes those individuals who have all the met all the criteria for level 2 and are working in supervisory positions, administration, or a specialty area requiring specialty training and/or experience.

Questions 3, 4, and 5; Roles, Responsibilities and Competencies of Pharmacy Technicians on following page.

6) Quality Assurance of Pharmacy Technicians Education and Training

Will be maintained by 20 hours of ACPE accredited continuing education every two years to remain PTCB certified.

Table: Roles/Education/Training

	Level 1	Level 2	Level 3
<p>Question 3</p> <p>Roles, Responsibilities, and Competencies of the Pharmacy Technician</p>	<p>Trade/Generic Names Medical Terminology Calculations (elementary algebra) Basic computer literacy Professional communication skills Reading Order interpretation Fill orders Proper storage techniques</p>	<p>Pharmacology classification Dosage Parenterals Data entry Compounding Repackaging Law Automated technology Time management skills Narcotic Troubleshooting Insurance and Third party paying</p>	<p>Technicians checking technicians Quality assurance Preparation of: Chemotherapy Special parenterals Inventory and budget Administrative Responsibilities Management Supervisory skills</p>
<p>Question 4</p> <p>Education Requirements</p>	<p>Enrolled in an ACPE accredited pharmacy technician program which will establish baseline English, reading and math skills.</p>	<p>Graduate of an ACPE accredited program. Successful completion of PTCB examination</p>	<p>Pass specialty exams e.g. inventory, IV preparation Associated degree in pharmacy</p>
<p>Question 5</p> <p>Training required</p>	<p>“Practice” labs in training program computer</p>	<p>Experiential training Automation</p>	<p>Work experience as a level 2 Trainer skills</p>

Mike Rouse

From: Mike Johnston [mikej@pharmacytechnician.org]
Sent: Tuesday, September 30, 2003 6:10 PM
To: Mike Rouse
Subject: Pharm. Tech Comment
Importance: High
Follow Up Flag: Follow up
Flag Status: Flagged

Mike:

One of our members, who has requested to remain anonymous, wishes to submit these comments regarding the future of pharmacy technician education and training.

"I strongly agree that Pharmacy Technicians need to have the education that goes along with the training in order to perform our jobs correctly. I also strongly agree that no pharmacy technician should be grandfathered in with regards to our education. Everyone needs to be on the same level with education in doing our jobs. I also feel that a competency test should be given to a person applying in the field of a pharmacy technician to show that they do and have retained that knowledge.

Technicians are missing a vital part of being able to perform their jobs. For those of us that mainly recieved on the job training. That training consisted of training to be able to perform a particular task. We were not given any type of education in regards to compounding, mixing of suspensions, or pharmacology. This is vital to what we do and yet the retail technicians are missing this information. I was once told that anyone could be hired off the streets to become a pharmacy technician. In the retail chain pharmacies, this may be true. They could hire anyone that walked off the street to do the tasked they are trained to do. But they will always miss the knowledge. I have seen that retail pharmacies are being given accredited pharmacy technician programs. After going thru one of these programs myself I need to express my concern in this matter. The training I recieved, was just that, training to do pacific tasks for a particular pharmacy. I was told that there was certain functions that we were unable to perform regardless of us being certified. Yet, in certain stores these same functions are being done by technicians not even certified. Then there were times when a Tech Trainer was unable to go out and do follow-ups from there classes. The pharmacist would then do the follow-ups for them. I have witnessed a pharmacist question a technician about doing a particular task, asking them if they have done them, then the pharmacist would make a notation that the technician has completed that task and could move on to the next. When I was working with my Tech trainer, should would have the person actually perform the duty she would be there to certify that they could do. I have seen where a pharmaist attempted to state that a technician had taken a class and was now able to be stated that she should move forward to being considered a Lead Tech, for this company. When in fact, the technician in question had never taken the class for this position or was the technician a certified technician. Being nationally certified and taking the class that went along with the job description were both requirements for this position. If not for the tech. trainer for the district, the technician would have been promoted, without the proper training and education.

The education that a technician needs is vital in performing there job as well as the training. Both go hand in hand in our daily lives as being a pharmacy technician.

Mr Johnston, Im not sure whether or not what I have written will help, I can only hope that it does. Please just remember that I wish to keep my identity unknown. And thank you in advance for allowing me to help out."

10/14/2003

-----This comment [in quotations] is direct from one of our members. Again, I appreciate you understanding his/her request for confidentiality.

Thanks

- Mike Johnston, CPhT

=====

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Mike Rouse

From: Marissa Abbott [marissa_abbott@lycos.com]
ent: Tuesday, October 07, 2003 12:39 PM
To: Mike Rouse
Subject: should pharm techs be certified

I believe that with the increase in media's attention toward's mistakes in pharmacy, it is increasingly more important for technicians to be certified. I believe that it should be a requirement for all technicians to strive towards. I think this should be enforced with time requirements. I believe that technicians whom are not certified should have specific job restraints.

Marissa R. Abbott
Pharmacy Technician

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Mike Rouse

From: David [david42254@entermail.net]
ent: Monday, July 07, 2003 12:22 AM
To: Mike Rouse
Subject: technician comments

Greetings!

I've been a pharmacy technician for over 25 years, working in the hospital setting. I have NO intention of ever becoming certified, registered, licensed, etc. The work I do does not require me to know temperature conversions, retail procedures, pharmacy law, purchasing policies, and whatever else is asked to the cert exam. It does require me to use computers, robots, pneumatic tube systems, pyxis machines, and telephones. I strongly suggest national standard education programs be initiated for the "newbies" and then take the cert exam. (very similiar to nursing school). We've had several certified techs who had the letters behind their name but were totally useless in the workplace because they no knowledge of how to WORK. Yet they were certified! Thanks! David

Regards, David

April 23, 2003

Roy Guharoy, Pharm.D., FCP, FCCP, FASHP
Director of Pharmacy Services
Associate Chief, Section of Clinical Pharmacology
Department of Medicine
President, Central New York Society of Health-System Pharmacists

The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

Subject: Education and Training of Pharmacy Technicians

I am glad that the ACPE is considering to address the most critical issue we are facing today. In order to achieve optimal pharmaceutical care, it is mandatory that we have well qualified and competent pharmacy technicians to ensure patient safety. The following are my comments:

- a. Definition okay in view of the current State Board regulations
- b. Levels:
Can be 4 levels
 - Entry level involved in drug stocking/delivery
 - Level II involved in order processing, compounding
 - Level III involved in drug usage audit, compilation of clinical data for patient monitoring, medication error management
 - Level IV to include supervisory level technicians to train others, leading QI management groups
- c. Training/Education:
 - Level I: High school diploma + national certification + requirement to have 15 hours of continuing education per year
 - Level II: Above + 1 year hospital experience
 - Level III: as level I + min 2 yr hospital experience + 15 hr CE/year
 - Level IV: Associate degree + 5 yr hospital experience (can be 5 years for those w/o associate degree) + 15 hr CE/year

Page 2

- d. Quality assurance: As above + successful completion of departmental competence tests on specific job tasks

Thank you,

Mike Rouse

From: Mike Rouse
Sent: Friday, April 04, 2003 1:13 PM
To: 'Emory Martin'
Subject: RE: comments on tech paper

Thanks, Emory.

This information is most helpful.

Mike Rouse

-----Original Message-----

From: Emory Martin [mailto:emartin@SWMAIL.SW.ORG]
Sent: Friday, April 04, 2003 1:10 PM
To: Mike Rouse
Subject: RE: comments on tech paper

I have heard that some big pharmacy departments have an internal "pharmacy auditor" for drug control (narcotics) and accounting. This person would not be required to be a certified Pharmacy technician.

Also, I'd add "Pharmacy I.S. technician". This is not a pharmacy technical job, but rather an "information system" technical job. This person would not be required to be a certified Pharmacy technician.

Emory S. Martin III, PharmD
Administrative Director
Department of Pharmacy

TEL: 254-724-6387
EMAIL: emartin@swmail.sw.org

Scott & White Health System
2401 South 31st Street
Temple, Texas 76508

>>> "Mike Rouse" <mrouse@acpe-accredit.org> 04/04/03 01:01PM >>>
Thanks, Emory, for this clarification.

Can you explain what you mean by a "pharmacy auditor"? How would they be classified i.e. should they be included with "pharmacy technicians"?

Mike Rouse

-----Original Message-----

From: Emory Martin [mailto:emartin@swmail.sw.org]
Sent: Friday, April 04, 2003 12:23 PM
To: Mike Rouse
Subject: RE: comments on tech paper

I recommend we clarify that their are "non-technical" support personnel and "technical" support...related to Pharmacy Practice.

Staff performing the following non-technical functions would be expected to know some basics about drug control, security, & record

keeping, but would not be considered technicians, because they do not assist in the preparation of medications in response to a physician's order.

They would include

"Pharmacy administrative assistant" (those assisting with departmental functions such as payroll, filing, communications, etc., but not involved with preparation or compounding)

"Pharmacy materials support staff" (those ordering medications and supplies, but not involved with preparation or compounding)

"Pharmacy billing clerk" (those charging medications and supplies, but not involved with preparation or compounding)

Emory S. Martin III, PharmD.
Administrative Director
Department of Pharmacy

TEL: 254-724-6387
EMAIL: emartin@swwmail.sw.org

Scott & White Health System
2401 South 31st Street
Temple, Texas 76508

>>> "Mike Rouse" <mrouse@acpe-accredit.org> 04/04/03 11:07AM >>>

Emory

Thank you for your comment.

Can you please provide additional information about the categories you have described.

Do you have suggestions as to how these mentioned categories should be classified?

Thank you

Mike Rouse

Mike Rouse B.Pharm (Hons); MPS
Assistant Executive Director
International & Professional Affairs
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Website: www.acpe-accredit.org

-----Original Message-----

From: Emory Martin [mailto:EMARTIN@SWMAIL.SW.ORG]
Sent: Monday, March 24, 2003 5:27 PM
To: Mike Rouse
Subject: comments on tech paper

2. Levels of support personnel need to include "pharmacy auditors", "pharmacy materials support staff", "pharmacy billing staff"...and

clarify which of these are "technicians".

Emory S. Martin III, PharmD
Administrative Director
Department of Pharmacy

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Temple, Texas 76508

Mike Rouse

From: Steinbeck, Mark [msteinbeck@saint-lukes.org]
ent: Wednesday, November 12, 2003 1:06 PM
ro: Mike Rouse
Subject: comments

Sensitivity: Confidential

I would like to submit my comments to the questions ACPE has posed.

Questions to be Considered

1. Definition

The 2002 White Paper¹ lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

This definition is fine with me.

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

There should be defined levels for pharmacy technicians. These definitions should be written by each respective institution that include job functions and competencies that assess/confirm the technicians ability to perform those functions. This idea resembles a career ladder format and could/should be tied into a merit pay system for the organization(which ACPE has no controll over I understand). By defining the levels and establishing the competencies with each level, States may sooner come to formally recognize/allow technicians a higher level role in the distribution of medications.

Examples:

Technician I - Entry level technician with less than 2 years of pharmacy technician experience or have not completed required internal and external competencies for technician I. (Internal competencies would be specific for the pharmacy for which the technician is employed and the external competencies would be those produced by an accredited pharmacy body. These technicians would have more limited responsibilities defined, in part, by the competencies completed.

Technician II - Technicians with 2 to 5 years experience and have completed the required competencies, both internal and external and completed the CPhT exam. These technicians would have the ability to perform more duties that would be defined, in part, by the competencies completed.

Technician III - Technicians with more than 5 years experience and have completed the required competencies and the CPhT exam. These technicians would have the ability to perform all functions of a technician. Under technician III these could include the ability/authority to perform tech-check-tech for restocking/refilling medications (ie checking automated dispensing machine refills, floorstock inventory, repackaging, etc with an audit process for continuous affirmation of ability).

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

Technician I - Fill U/D orals, injectables, liquids.

Process simple billing functions, check outdates, answer phones, deliver medications, fill floorstock requests, repackage drugs. Competencies: Basic pharmacy law, generic/brand name conversion, routes of administration, medication error information (sound-alike, look-alike drugs, etc)

Technician II - All of tech I in addition to mixing IV, chemo, and TPNs, compounding topical products, purchase of replacement stock from distributors/wholesalers/vendors. Competencies: All tech I, pharmacy calculations, nonsterile compounding, sterile IV compounding, chemo compounding, and confirmation of aseptic technique observation.

Technician III - All of tech I & II, order/prescription processing, checking medications, and training technician staff. Competencies: Interpreting medication orders and prescriptions, medication error information involving medication orders/prescriptions, Drug Information (resources available and where to find information), Training and Mentoring Staff, and technician geared pharmacology.

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.1

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

Technician I - High School or GED equivalent along with competencies above.

Technician II - High School or GED equivalent, two to five years experience, and CPhT along with competencies above.

Technician III - High School or GED equivalent, five or more years experience, and CPhT along with competencies above.

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved .1

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

Each pharmacy will need to draft their own training guide.

Eligibility to train in certain areas of the pharmacy should be dictated by the level of technician and the competencies established. We need to avoid training an individual before he or she has shown educational competence to perform the task.

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

The most appropriate quality assurance system is one that measures objective quality data. Not every competence can be measured with objective data, but many can. If a state approves tech-check-tech, then a sound quality program needs to exist to show accuracy of filling for all technicians performing this task as well as to show the accuracy of final checked product by the tech IIIs to establish that it meets the national standard accuracy rate. A quality assurance system could be optional for those medications for which a pharmacist has last look/check of the product. All new orders and any nonsterile or sterile IV compounded

medications should be checked by a pharmacist. If a technician is performing order entry, a pharmacist

should verify that the order was processed correctly and that the information checked includes allergies, drug-drug interactions, dose check and other pertinent monitoring information.

The educational requirement was stated in #4. Verification of such is easy with a highschool diploma, GED

certificate, CPhT certificate and completed and graded competency assessment modules. These competency

assessment modules should serve as CE credit for maintenance of the technicians CPhT.

Thanks,

Mark Steinbeck R.Ph., MBA

Pharmacy Supervisor

Saint Luke's Hospital

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Saint Luke's Health System Confidentiality Notice

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Mike Rouse

From: Iqbal Atcha R.Ph., B.S. [imirxinc@yahoo.com]
Sent: Thursday, September 18, 2003 11:38 PM
To: Mike Rouse
Subject: Opinions on Pharmacy Tech

Hello. My name is Iqbal Atcha and I am the administrator for IMIRx Inc. I would like to respond to the request for input regarding pharmacy technicians and education/ training. Until May of this year, I served as co-founder, CEO, and Dir. of Marketing MRxI Corporation, a private company that created and offers pharmacy technician training programs at community colleges throughout Illinois. Currently, IMIRx Inc. functions as a company that offers educational seminars and continuing education lectures to various healthcare professionals.

1. The definition of a pharmacy technician is not complete, though it does apply to the great majority of technicians. Aside from hospital and community settings, pharmacy technicians also serve in administrative positions for clinical, educational, and consulting firms. My wife, who received her certification 3 years ago, is currently working as my vice-president and presides over human resources and operations management. It is my opinion to remove the term "pharmacy setting" as this portrays a stereotype which many professionals (both employers and technicians) will not appreciate and will not encompass all technicians.

2. Yes, different levels of technicians should be classified and defined, both for the employers and technician' sake. Just like pharmacists, pharmacy technicians possess a general database of knowledge (theoretically) which allow the individual to enter any setting that corresponds to pharmacy or medication analysis. The aspiration is that they will acquire some "on-the-job" experience that will allow them to focus their skills and utilize their training/ knowledge for that specific purpose(s). Of course, like pharmacists, they also run the inevitable risk of losing some knowledge due to lack of use (i.e. a pharmacist who monitors, dispenses, counsels and is intimately involved in medication that focus on cardiac drugs will be less likely to lend his expertise in the oncology sector). It is also fair to assume that a technician who has honed his/ her experiences in the community sector would find it challenging to adapt to a hospital setting, let alone participate in the compounding of a chemotherapy IV admixture.

The levels of technicians must be defined based on area of practice (i.e. community, outpatient vs. inpatient hospital, clinical) and must be based on experience in addition to training. For example, the following classification would serve

well as a means of aspiration and role definition for each category:

Community:

Level 1 = Basic Duties (defined as clerical, accounting, housekeep)
Level 2 = Level 1 + Computer Skills
Level 3 = Level 2 + Inventory Management
Level 4 = Level 3 + Training Capability + Human Resource Mgmt

Hospital:

Level 1 = Basic Duties
Level 2 = Level 1 + Computer Skills
Level 3 = Level 2 + Inventory Mgmt
Level 4 = Level 3 + Compounding/ Aseptic Procedures + Human Resource Mgmt

3. I believe the following would satisfy the responsibilities for each role:

Community:

Level 1 = Clerical, Accounting, Housekeeping
Level 2 = Level 1 + Prescription/ Refill Processing + Refill authorization + Resolve 3rd party billing issues
Level 3 = Level 2 + Inventory Management/ Control
Level 4 = Level 3 + Training Capability + Technician Supervisory + Hiring + Scheduling Issues

Hospital:

Level 1 = Basic Duties
Level 2 = Level 1 + Computer Skills
Level 3 = Level 2 + Inventory Mgmt
Level 4 = Level 3 + Compounding/ Aseptic Procedures + Human Resource Mgmt

It is more difficult to define the competencies for each role, but I believe the best solution to this issue is a combination of hands-on experience and sanctioned training. A potential framework may include something like the following:

Level 1 = An individuals with no experience but meets the current guidelines for their state

Level 2 = An individual with 0-6 months of full-time experience in a setting similar to the current setting OR someone who has just graduated from an accredited technician training program

Level 3 = An individual with 6 months -1 year of full-time experience in a setting similar to the current setting AND has graduated from an accredited technician training program AND has been working in a pharmacy setting under the supervision or as an assistant to

the PIC.

Level 4 = An individual with over 1 year of full-time experience in a setting similar to the current setting AND has graduated from an accredited technician training program AND has been working in a pharmacy setting under the supervision or as an assistant to the PIC AND has learned/ assumed certain responsibilities under the watchful eye of administrative personnel

4. The levels of education have been described above, but it should be noted that continuing education for all levels described above are mandatory.

5. All technicians should enroll and graduate from a training program that provides a general curriculum and incorporates computer technology, legal, and compounding in addition to what is currently being asked on the PTCB exam.

6. Unsure

If you have any questions, please feel free to contact me at 630-965-6303. Thank you.

=====
Iqbal I. Atcha B.S., R.Ph., MBA (candidate)
Administrator

=====
IMIRx Inc.
118 English Oak Ln.
Streamwood, IL 60107
Tel: 630-497-8605
Mobile: 630-965-6303
Fax: 630-497-8606

Do you Yahoo!?
Yahoo! SiteBuilder - Free, easy-to-use web site design software
<http://sitebuilder.yahoo.com>

Mike Rouse

From: Moore, Teresa [TMoore@albanytech.org]

Sent: Monday, October 13, 2003 3:02 PM

To: Mike Rouse

Yes, I am in favor of the development of national standards and accreditation process for pharmacy technician education and training. A standardized level of training would ensure that all techs are trained on the same competency level. I do feel that somehow we need to encourage state boards to require certification for technicians mandatorily. If we develop national standards, we need to ensure that all technicians will get this level of training. The only way to do that is to require mandatory certification at the state level. It is time for the PROFESSION of PHARMACY, to have educationally trained staff.

Teresa Moore, Pharm.D.
Pharmacist Instructor
Director of the Pharmacy Technician Program
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Albany, GA 31701
(229) 430-3596
tmoore@albanytech.org
www.albanytech.org



Mike Rouse

From: Kathy Warren [kathyw@unitekcollege.com]
Sent: Wednesday, October 08, 2003 3:27 PM
To: Mike Rouse
Subject: RE: Supplement to Invitation to Comment response

Hi Mike, No. My response to the *Invitation to Comment* was not preapproved by the Association. I was advised to let you know that it had not been endorsed by CPhA. I apologize if this has caused an inconvenience or problem for you. On the other hand, though, I have been approached to suggest this as a proposed policy, which I will do. Kathy ***Katherine Warren, CPhT Externship Coordinator Unitek College 39465 Paseo Padre Pkwy #2900 Fremont, CA. 94538 (510) 249-1060 Ext: 291 Kathyw@unitekcollege.com***

-----Original Message-----

From: Mike Rouse [mailto:mrouse@acpe-accredit.org]
Sent: Tuesday, October 07, 2003 5:51 PM
To: Kathy Warren
Subject: RE: Supplement to Invitation to Comment response

Hi Kathy Was there meant to be an attachment? I will note that they are your personal comments when I receive them. Mike

-----Original Message-----

From: Kathy Warren [mailto:kathyw@unitekcollege.com]
Sent: Tuesday, October 07, 2003 5:10 PM
To: Mike Rouse
Cc: 'John Cronin'
Subject: Supplement to Invitation to Comment response

Mike, Respectively, I would like to submit a supplemental addendum to the response from APT I gave you last week. The comments made are my own and do not reflect the official position of either CPhA or its Academy of Pharmacy Technicians. If I can be of further assistance, please do not hesitate to contact me. Sincerely, Kathy Warren ***Katherine Warren, CPhT Externship Coordinator Unitek College 39465 Paseo Padre Pkwy #2900 Fremont, CA. 94538 (510) 249-1060 Ext: 291 Kathyw@unitek.com***



Building Careers Together

39465 Paseo Padre Pkwy #2900
Fremont, Ca 94538
Tel. 510-249-1060 Fax 510-249-9125

Fax

To: ACPE From: Kathy Warren

Fax: (312) 664-4652 Pages: 3

Company _____ Date: 10-3-03

Re: _____ CC: _____

- Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

APT comments for
"INVitation to Comment"

APT Response to ACPE

APT, the Academy of Pharmacy Technicians, within the California Pharmacist Association, wishes to respond to the following questions.

1. Definition

A Pharmacy Technician is an individual that possesses knowledge and skills necessary to perform non-discretionary tasks, to assist the pharmacist in enabling and promoting quality healthcare to the patient.

2 & 3. Levels of Pharmacy Support Personnel

APT supports two different classifications of technicians:

- Pharmacy Technologist-requirements for Technologist level technician would be a minimum of an A.S. degree/PTCB Certified and the duties would carry more responsibility than that of a Pharmacy Technician. The Technologist would be involved in Tech check Tech, the Bio-Med industry, or work in an IV room in a hospital setting and partake in Chemo preparation.
- Pharmacy Technician – requirements would be graduation from an accredited school and PTCB Certified; duties would be inclusive of all retail Pharmacy Technicians, Inventory Control Techs, Insurance Technicians and those whose job duties carry less responsibility than the Technologist.

4. Education

With regards to # 2 & 3

- Eligibility requirements would be set on a National Level instead of leaving this up to each individual state, as all the State Boards of Pharmacy are overburdened and understaffed. Eligibility requirements would include a high school diploma and an entrance exam for any student going into an Accredited Pharmacy Technician Program. The entrance exam would be used as a tool to screen out those that do not possess written communication skills, math and reasoning skills. The student would have the choice upon completion of the Pharmacy technician program to further their education by getting an A.S. degree and becoming a Technologist.
- Continuing Education: 20 CE units for Technicians and 30CE units for Technologists

5. Training

Answered above

6. Quality Assurance of Pharmacy Technician Education and Training

- accreditation either through ASHP or ACPE – just as the PTCB is approved and accepted nation wide, so should an accrediting body for all education of Pharmacy Support Personnel, whether that be Technicians or Technologists.
- Pharmacists have a NAPLEX exam that is nationally accepted and there needs to be one large organization that can track technician nation wide, especially for those techs that get themselves into trouble in one state and then go to another

APT Response to ACPE

state and hence have the same problems there, especially where narcotics are concerned. Currently there is no tracking system to prevent technicians who have lost their registration in one state from going to another state.

- The answer to this is 2-fold: a National Accrediting Body for all technician Programs and a National Entity that tracks the history of all technicians.

Submitted by:

Katherine Warren, CPhT, AS, APT Board Chair, CPhA Board of Trustee Member

Submitted on behalf of:

APT (Academy of Pharmacy Technicians, CPhA)
1112 I Street, Suite 300
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or

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Fax: (510) 249-9125

Mike Rouse

From: MLaughllin@aol.com
Sent: Tuesday, October 14, 2003 8:12 AM
To: Mike Rouse
Subject: Invitation to Comment

Thank you very much for including me in this process. I hope I have correctly followed the format provided.

Definition

The definition presented by the White Paper is adequate and appropriate.

Levels of Pharmacy Support Personnel

There will need to be different levels depending on the setting and responsibilities. I feel it would be very difficult to identify, as well as premature, these on a national basis. Just as we now have dispensing and clinical pharmacists we will have technicians who specialize in one area or another. This will be very site specific. (I expect the development of the technician work force to very much follow the development of the pharmacist work force. I also feel strongly that PTCB certification should be handled in the same way the NABPLEX is handled for the pharmacist. There is a process already in place which can serve as a model. The states do not need to re-invent the wheel.) Just as pharmacists freely gave and still give advice and went above and beyond without compensation for many years, I see the technicians in my state voluntarily becoming certified and maintaining CE. Once they have proved the value of this it will become the standard and compensation will follow. It is already happening. Most employers pay the CPhT more than the non-certified technician, because the return on the investment is very high.

I had a law professor who once said that the pharmacist must

- (1) verify the final product against the original order or prescription
- (2) counsel the patient
- (3) view the patient profile.

It was his opinion that technicians can do everything else. When you think of all the things pharmacists do, each could probably fit into one of the above categories. The objective now is to make the best use of one of our most overlooked assets, *the technician work force*.

I will list twelve specialties that could develop, but I am confident there can be others.

There will always need to be at least a brief on the job training period to familiarize the employee with the organization. The fact that the technicians

are certified insures the employer that they are competent in areas such as math, brand and generic recognition, drug classes, etc. This consistently decreases the on the job training period.

Nuclear Automated Dispensing	Compounding IV room	Chemo TPN
Buyer Safety	Homeland Defense Missing Doses	Indigent Care Disease Specific

The definition provided by the White Paper is broad enough to cover these roles. They are going to be very site specific, therefore it would be very difficult to come up with a definition for each, unless we see one role emerging that would require separate identification.

Roles, Responsibilities and Competencies of Pharmacy Support Personnel

Most of the areas listed above should cover, certainly the basics, in a technician training program. An exception would be the nuclear technician.

Nuclear – This area would require very specialized training with an accompanying certificate of competency. Rigid testing would be required. There are already some of these programs in place. This is one specialty which exists at this time and may warrant a specialists designation.

Compounding – This area also has some programs in place across the country. The basics should be covered in a technician training program, but if a technician is going to specifically work in a compounding pharmacy further training could be required. Competency testing would be required at the program and practice site.

Chemo – Some aspects of this training should be a part of the training program. Certainly containing spills and basic safety precautions should be included. This is going to require a good bit of “on hands” training most likely at the site. Testing would be a practical exam at the site.

Automated Dispensing – This a whole new area and in most situations the operation is run by technicians. The companies that manufacture the devices

provide both on site and off site training. The technicians work under the supervision of a pharmacist but they are the ones with the most “hands on experience” and usually are the experts here, especially when it comes to trouble shooting. The basic principles involved should be included in a basic technician training program, but the specific setting and the type of automation used will determine the training. A specific skills competency should be administered before the technician is “turned loose” to the machines. Most of these will have to be site specific.

IV Room – This should certainly be covered in any training program, but real expertise is only acquired when “hands on” experience is obtained. The technician must experience and feel the responsibility that goes with this task. A skills check, preferably a practical as well as pyrogen testing should occur before the technician assumes the full responsibility of this role.

TPN can be manufactured by technicians. Again the basics should be covered in a program, but site specific training will be very important. Often the companies who provide the mixing machines, etc., will provide training. Again skills checks as well as pyrogen testing should occur before the technicians assume their full responsibilities.

Buyer – For many years technicians have assumed this role. Even the reps are beginning to recognize this and many are supporting the technician organizations with CE and meetings. They have figured out who really pushes those buttons. Some wholesalers will provide training for these technicians. Training would be very site specific. Some training in accounting would be helpful.

Homeland Defense – Drug caches can be maintained by a technician under the supervision of a pharmacist. Training would come from various sources. The fire departments would provide the list which they get from the national program. The firemen would work with this technician. The basic training regarding these drugs should be included in any program. The technician would then oversee the drugs checking them for dates, etc. A knowledge of these drugs and how they are to be stored should be exhibited through a written test.

Indigent Care – Programs can be operated by a technician under the supervision of a pharmacist. Training would come from various sources. The basic understanding of the drugs, disease states, etc., should be included

in a training program. The success of the program would attest to the competency of the technician.

Safety – Technicians can be trained to play a big role in safety and medication error. A big emphasis should be placed on this in any training program, but there is definitely a specific role for the technician to play in conjunction with the pharmacist specialist. A written competency should be in place and passed before a technician would assume this role.

Missing Doses – Technicians could play a big part in alleviating the nursing shortage. They could be placed on the floors and assist the nurses in preparing the meds to be administered. They could identify missing doses and secure them for nursing. (Just think how much more time a nurse could devote to a patient, if they did not have to chase down missing doses.) Training would be a joint venture between nursing and pharmacy. They could work with nursing under the supervision of a pharmacist. This tech would have to demonstrate a basic knowledge of drug use and should have a good background in pharmacology. A basic written test should be administered before the technician assumes this role.

Disease Specific – Technicians could assist clinical pharmacists in areas such as diabetes and asthma. They could demonstrate the use of inhalers and glucometers. They could help monitor patient progress. Competencies must require a basic knowledge of the disease state.

Education

Nuclear – attend and pass a recognized program
Competency – every two years

Compounding – attend and pass a recognized program
Competency – every two years

Chemo – basic background, plus on the job training
Skills checks yearly
Competency - every two years

Automated Dispensing – basic background plus on the job training

Reports generated by these systems determine accuracy – each system will provide skills – errors are easily identified – tech should be able to identify and correct own errors

Competency every two years

IV Room – basic background, plus on job training

Skill checks yearly – written and practical

Competency every two years

TPN – basic background, plus on job training

Skill checks yearly – written and practical

Competency every two years

Buyer – Institutional specific training – must maintain the ability to stay within budget, keep inventory under control and maintain an availability of drugs. Should have expertise in interpreting contracts and making sure they are met. \$\$\$ will speak for themselves. Besides things change so rapidly it would be difficult to prepare skills, etc.

Homeland Defense – Need to demonstrate an understanding of the drugs, this can be done through a written test.

Skills yearly

Competency every two years

Indigent Care – On job and seminar training – program will speak for itself. This too is an area that changes rapidly.

Safety - Basic and seminar training, probably should have an extra course that would emphasize drug safety

Skills checks yearly

Competency every two years

Missing Doses – Good understanding of pharmacology and disease states as well as familiarity of drug shape, form, IV admixture, etc.

Skills checks yearly

Competency every two years

Disease Specific – Demonstrate ability to work with devices used to treat disease state also understanding of disease state

Skills checks yearly

Competency every two years

Training

This section is repetitive, even using the same words as # 4 (eligibility requirements). It is a little hard to differentiate between education and training. I assume training would be on the job or hands on and education to be didactic. The two often overlap. If the above section did not address both issues, I apologize.

Quality Assurance of Pharmacy Technician Education and Training

I think it only makes sense for ACPE to accredit these training institutions and oversee the quality of CE that will be accepted to re-certify. Again why re-invent the wheel. However, a very definite concern at this time, *and more important than the specialist issue*, is the quality of CE. There should be specific approved programs. The cost for these programs as well as the accreditation of the institutions should be much less than those charged for the pharmacists. If the same cost is maintained this will kill the programs. The money just isn't there.

I also strongly feel that each site should have regular skills checks in place. The performance of these checks should be monitored by the state boards. CE should also be monitored and required by the accrediting organization as well as the state boards.

At this time, I feel we need to concentrate more on CE than specialist roles. CE is now, specialist roles will evolve.

I hope I have followed the format you requested.

Respectfully Submitted

Mary M. Laughlin, PharmD, MEd, BS
Assistant Director of Pharmacy
Regional Medical Center
Memphis, TN
901-545-7839

Supervise and Train Technicians

Started the technician training program at *Concorde Career Institute*

On technician board at *Tennessee Technological Institute*

Presented to State Board and got passed the following

1. Ratio changed from 1:2 to 1:3 if one technician is certified
2. CPhT make take a prescription from Dr. or Dr. representative over the phone

Written for NABPLEX and PTCB (twice each)

Co-author Pharmacology for Technicians
Pharmacy Calculations

Mike Rouse

From: Peter Vlasses
Sent: Friday, February 14, 2003 8:12 AM
To: Mike Rouse
Subject: FW: PRESS RELEASE

fyi...

-----Original Message-----

From: Nesmith, Larry C Mr AMEDDCS [mailto:Larry.Nesmith@CEN.AMEDD.ARMY.MIL]
Sent: Friday, February 14, 2003 8:03 AM
To: Peter Vlasses
Subject: RE: PRESS RELEASE

Pete,

Thanks for the updated information and I would like to "Thank" ACPE for addressing the technician issue of "Standards for Education and Training ."

Thanks again,

Larry

-----Original Message-----

From: Peter Vlasses [mailto:pvllasses@acpe-accredit.org]
Sent: Thursday, February 13, 2003 10:14 AM
To: Quentin Srnka; Rebecca P. Snead; Carmen A. Catizone; Lucinda L. Maine; Judith A. Cahill; Bruce T. Roberts; Henri R. Manasse, Jr.; R. Timothy Webster; John A. Gans; Robert M. Elenbaas; D C Huffman; Edwin Webb; Melissa Murer; Richard Bertin; William Zellmer; David Witmer; Linda Gainey; Janet L. Teeters; Mitchell Rothholz; Mary Beth O'Connell; Susan Meyer; Arlene Flynn; Phylliss Moret; wells@olemiss.edu; eleni.anagnostiadis@ncpanet.org; marlad@ashp.org; mmartin@ccgp.org; Mike Rouse; larry.nesmith@amedd.army.mil; rprice@amcp.org; sandres@amcp.org
Subject: FW: PRESS RELEASE

Dear JCCP and CCP colleagues:

The press release below describes activities related to continuing professional development of physicians. I send it as an FYI to demonstrate the timeliness of our discussions.

Best regards,
Pete

Peter H. Vlasses, PharmD, BCPS, FCCP
Executive Director
American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500



Questions to be Considered

1. Definition

The 2002 White Paper¹ lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.¹

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.¹

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

Pharmacy Technician Education

1. **Definition-** Okay
2. **Levels-** The Pharmacy Technician should be separated from the other staff.
3. **Roles -** Appendix A
The Pharmacy Technician role should be clearly defined, others as appropriate.
4. **Education-** Appendix B
 - A. **Eligibility-** Competency levels in English, Math, and comprehension.
 - B. **Continuing Education-** Pharmacist and Technician continuing education programs as well as technician training programs.
5. **Training-** Unit dose, Outpatient, compounding, and Intra Venous. Experientials in each area UD, OP, and IV.
6. **Quality-** Quality Assurance, continuous Quality improvement, and risk level management, and other appropriate assessment.

APPENDIX A

Technician Duties

Receiving the Prescription:

- Receive written prescription from the patient or his/her agent.
- Receive in person and telephone refill requests.
- Assess the prescription for completeness.
- Obtain patient demographic data and third-party.
- Inquire whether that patient has allergies, medical conditions or diagnoses or is taking any other medications.
- Determine if the patient has any special packaging requirements.
- Explain to the patient what a generic product is if they do not already understand.

Filling the Prescription:

- Enter information into the computer to generate a label and maintain the patient profile.
- Select the product from stock and count or measure the medication.
- Choose the container for dispensing (the container may be a blister package where applicable).
- Place the counted or measured product into the dispensing container.
- Place the prescription label onto the dispensing container.
- Place appropriate auxiliary labels onto the dispensing container that appear on the stock bottle.
- Verify the accuracy of the prescription label and the container contents (first check).
- Call patient to the counter, or place bag in drawer.

Releasing the Prescription:

- Release refill prescriptions.
- Release new prescriptions, where the patient has received this medication within the past two months.
- Perform activities involved with ringing the prescription into the cash register and accepting payment.

Compounding:

- Reconstitute oral liquid products.
- Compound topical products (creams ointments, emulsions and lotions).
- Compound capsules, powder, papers, solutions or suspensions for internal use and suppositories.
- Compound intravenous products for home IV programs.
- Compound other sterile products such as eye drops or ointments.
- Maintain stock of bulk compounded items.

OTC Sales:

- Direct and walk patients to the location of a requested OTC.
- Suggest a generic product to replace a product required by the patient.
- Offer pharmacist assistance to a patient for the selection of an OTC product.
- Notify pharmacist that a patient requires assistance to select an OTC product.
- Provide a restricted access OTC: to patient who has received the same product according to standards.
- Enter "restricted access" OTC sales into the patient profile.
- Enter information on chronic OTC use into the patient profile.

Sale of Medical Items:

- _____ Assist patients in locating a product within the store.
- _____ Assist with product selection.
- _____ Offer pharmacist assistance to all patients.
- _____ Fit appliances.
- _____ Teach or counsel proper use of the product.
- _____ Provide warranty or service information to clients.
- _____ Perform pregnancy tests.

Clerical Duties:

- _____ File prescriptions.
- _____ Maintain patient drug information files.
- _____ Maintain pharmacist drug information files.
- _____ Maintain general filing of reports, correspondence, etc.
- _____ Manage patient accounts for the dispensary.
- _____ Prepare receipts, invoices, letters and memos.
- _____ Perform third-party billing functions.
- _____ Prepare and file the narcotic report.
- _____ Enter rental information in patient video log.
- _____ Ensure the patient pamphlet display is well stocked and reorder pamphlets if needed.
- _____ Administratively organize monthly patient clinics (refreshments, etc.)
- _____ Perform administrative procedures associated with between store transfers.
- _____ Complete in-store forms (i.e.; transfer of front store stock to pharmacy consumable supplies).
- _____ Handle returns and check stock with pharmaceutical company representatives.
- _____ Train technicians.

General Housekeeping:

- _____ Stock prescription filing supplies (vials, labels, bags, etc.)
- _____ Keep counter tops clean, organized and neat.
- _____ maintain and clean packaging and dispensing equipment) blister pack machine, tablet counter, etc.)
- _____ Do dishes, empty garbage and sweep floor.

Telephone Duties:

- _____ Telephone patient for administrative matters.
- _____ Answer questions regarding front-store items, including sale items, giving prices, etc.
- _____ Answer general inquiry questions (what time do you close: what is your policy on returns? etc.)
- _____ Answer questions about prescriptions not related to drug use, or poison control.

Inventory Control:

- _____ Perform stock rotation to ensure the oldest stock is used first.
- _____ Determine the required inventory levels, based on predetermined formula.
- _____ Monitor stock levels to ensure sufficient quantities for optimal operation.
- _____ Initiate orders for direct order companies and wholesalers.
- _____ Authorize non-narcotic or non-controlled drug orders.
- _____ Place orders to direct and wholesaler companies.
- _____ Suggest automatic drug reorder quantities in the computer.

Receive non-narcotics, which includes such steps as checking the product, the dating, pricing, putting away, etc.

Receive narcotic products, which includes all the steps listed above, except the narcotics.

Maintain inventory records for non-narcotic and non-controlled drugs.

Identify outdated products for disposal, destruction, or return to manufacturer.

Return outdated products to the supplier.

Return overstocked items to the supplier.

Return to stock prescriptions not collected by patients.

Perform activities associated with accepting returns of blister-packed medications from outside institutions.

Computer Duties (not associated with data entry for prescription filling and clerical duties):

Generate daily sales reports.

Generate other reports as required by pharmacist owner.

Generate month-end reports.

Print and reconcile daily third-party billing reports.

Perform updates of computer software.

Generate correctional center reports.

Clean printer and CPU.

APPENDIX B

Pharmacy Technicians Learn the following:

1020 - 1. Pharmacy Introduction

2. Pharmacy Med Term
3. Pharmaceutical Calculations
4. Pharmacy Universal Precautions
5. Pharmacy Law
6. Pharmacy Chemistry

1030 - Pharmacology – Study of the action of medications

1040 - 1. Routes of administration & Anatomy

2. Pharmacy Medication orders
3. Pharmacy Communications
4. Inventory and billing
5. Pharmacy Reference books
6. Pharmacy Quality
7. Medication Misadventures
8. Generic Brand name

1050 - 1. Herbatology

2. Immunology
3. Toxicology

1060 - 1. Patient consultation

2. Ethics
3. PMA
4. Quality Assurance
5. Pharmacy Care
6. PTCB
7. Pyxis
8. 3 M
9. cardinal

1781 - 1. Compounding

2. Unit Dose
3. Outpatient

1784 - 1. Sterile Technique

2. LV
3. SV
4. TPN
5. Cytotoxic
6. IM
7. Irrigation
8. Ophthalmic
9. Inhalation

Thanks, Ray, for these additional comments. I will add them to your original submission.

Mike

Mike Rouse B.Pharm (Hons); MPS
Assistant Executive Director
International & Professional Affairs
Accreditation Council for Pharmacy Education (ACPE)
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USA
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Email: mrouse@acpe-accredit.org
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ACPE was founded in 1932 as the American Council on Pharmaceutical Education

-----Original Message-----

From: Ray Vellenga [<mailto:r.vellenga@century.mnscu.edu>]

Sent: Friday, December 12, 2003 11:43 AM

To: ptec@yahogroups.com

Subject: Re: [ptec] ACPE's Invitation to Comment: Pharmacy Technician Education and Training: Deadline for Submis

Mike

Professional judgement of the pharmacist involves

- Drug interaction,
- Adverse reactions
- Drug problems
- Medication Uses
- Medication Questions
- Clinical information
- Management issues
- Advisory & supervisory matters

So these are matters that must be addressed by the Pharmacist.

The education process No. Dakota uses should be the model of education and started as soon as possible. This is a strategy that has guidelines and conves the education question nicely

Ray

>>> mrouse@acpe-accredit.org 12/12/03 10:09AM >>>

Please note that after today, Friday December 12, comments received are still welcome but they are unlikely to be included in the report that will be submitted to ACPE's Board of Directors in January 2004, and considered by the Council on Credentialing in Pharmacy (CCP) in February 2004.

Thank you

Mike Rouse

Mike Rouse B.Pharm (Hons); MPS

Assistant Executive Director
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Please be advised that the "deadline" for submissions in response to ACPE's "Invitation to Comment" has been extended. Please refer to the attached letter for more details.

Thank you.

Mike Rouse

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QUESTIONS TO BE CONSIDERED FOR PHARMACY TECHNICIAN PROGRAM ACCREDITATION.

1. Definition

The definition is adequate. We do not need a definition that is restrictive especially with technician duties evolving.

2. Levels of Pharmacy Support Personnel

NO! Multiple levels are not necessary. State practice laws define the practice of pharmacy within the borders of each state, which includes responsibilities of pharmacy technicians. Technician responsibilities are therefore defined by credentials required state by state.

Pharmacy education does not produce multiple levels of pharmacists, neither should there be multiple levels of technician training. A standard approach insures a minimum level of competence as well as uniform, straight forward accreditation. Technicians decide the type of practice they desire to work in. Technicians prepared with broad based education and training programs allows practice in most pharmacy areas and they can move within the profession as need or desire dictates.

3. Roles Responsibilities and Competencies of Pharmacy Personnel

No additional roles, responsibilities or competencies.

4. Education

No additional description required.

5. Training

No additional description required.

6. Quality Assurance of Pharmacy Technician Education and Training.

An accreditation process that considers education and training competencies, educational resources, institutional support of the program, competence of instructors and a strong experiential component.

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An accreditation process that considers education and training competencies, educational resources, institutional support of the program, competence of instructors and a strong experiential component.

ASHP has done an outstanding job with the process to date. Consideration should be given to the model curriculum developed by ASHP. Consideration should be given to a less costly accreditation process. Two year colleges do not have the financial resources as do the universities. Many programs have not sought accreditation because of cost considerations. Support of a program, by the parent institution, should be part of the accreditation process. Currently this is not considered.

An independent agency providing accreditation (ACPE) would be well accepted by all of pharmacy practice areas, where as there is still a stigma attached to accreditation from ASHP as being institutional oriented. As a site visitor on ASHP accreditation teams I know this is not the case. However much of pharmacy, especially community pharmacy, still believes this to be true.

Don Ballington, Director
Pharmacy Technician Program
Midlands Technical College
Columbia, South Carolina
(803) 822-3591
ballingtond@midlandstech.com

ACPE Invitation to Comment
Education & Training of Pharmacy Technicians
Jeanie Barkett, RPh; Clark College, Vancouver, WA
March 29, 2003

Responses to Questions to be Considered:

1. Definition:

I would prefer a change from "...do not require the professional judgment of a pharmacist" to read "...do not require the *licensed* professional judgment of a pharmacist."

This may be an exercise in semantics, but its implication is important. Pharmacy technicians are professionals and make judgments all the time. In all states, pharmacists are licensed to engage in the practice of pharmacy. The terminology is quite different among states regarding technicians, but no organization should imply that pharmacy technicians are unprofessional.

2. Levels of Pharmacy Support Personnel.

Excluding cashier/clerical duties, there remain two separate levels of technicians: **Technicians** and **Certified Technicians**. The differences will be discussed in more detail in the next questions, but "**technicians**" will have a relatively short span of time until that category is phased out of pharmacy practice. "**Certified technicians**" will become the accepted standard of support personnel.

As pharmacist education has undergone a change from BS to PharmD curriculum standard, so too will pharmacy technician education change from on-the-job training to an accredited, competency based, college level standard of education and training.

3. Roles, Responsibilities, Competencies.

Technicians will be more fully responsible for the preparation and distribution of medications. The competency areas will include:

- a. Drug Knowledge: names, dosage forms, strengths, pharmacology.
- b. Drug Preparation: prescription interpretations, label production, repackaging, prescription generation for patient, all work excluding final check on new prescriptions.
- c. Documentation: Records and files of medication production process.
- d. Pharmacy Math: All arithmetic manipulations for pharmacy practice setting.
- e. Pharmacy Law.
- f. Inventory Management: Ordering, receiving, product selection, storage, reconciliation of all prescription, OTC and controlled substances, annual inventory responsibility,

- g. IV Admixtures: All intermittent, syringe, large volume, TPN, chemotherapeutic, epidural, etc compounding.
- h. Compounding: All sterile (other than IV) and nonsterile products or medications.

Certified Technicians will be responsible for "all of the above" but additional expectations will be part of their role. Their responsibilities must always include an evaluation of patient safety to a more stringent degree than general technicians.

- a. Patient Information: Compliance with HIPAA and confidentiality while generating and retrieving clinical data for the pharmacist.
- b. Tech-check-tech (TCT): Duties will expand beyond inpatient settings to include routine prescription refill medications in ambulatory and mail order settings. Pharmacists will still be expected to counsel patients.
- c. OTC product selection assistance: This will be challenging to orchestrate, but necessary. Certified Technicians certainly know more about OTC drugs than general store clerks who are not only untrained but expected to assist customers. This has to change.
- d. Immunizations: Certified Technicians can be educated and trained to administer immunizations as well as pharmacists. This requires statute issues and may be beyond the scope of this discussion.
- e. Ratios: Is there some rationale for allowing limits on the number of Certified Technicians and general Technicians? I don't think so, but some may.
- f. Certainly, capstone competency testing with the PTCE (Pharmacy Technician Certification Examination) would be expected.

4. Education:

Technicians may be exempt from formal education for a time. Training alone may be sufficient if competence and performance demonstration is standardized. However, formal education will result in **Certified Technicians** as the profession's standard.

Certified Technicians will be subject to formalized education in a college or technical school. Educational institutions are in the business of education. That may seem obvious, but I don't believe that hospital pharmacies are any better able than ambulatory pharmacies to adequately provide a strong curriculum of education. However, hospital, ambulatory, Long-term-care, mail order, clinic, and home service pharmacies are all invaluable as clinical rotation sites as partners with educational institutions.

What is the length of educational requirement? Unknown. What once could be handily accommodated in three quarters is now a struggle to adequately cover. Is an associate degree level appropriate? Will the market reward an associate level trained individual with appropriate salary? Would an associate degree be appropriate for all settings? If a

general technician works greater than one year, could some portions of a formal educational curriculum be exempted for a Certified Technician? My "guess" is that a standardized two-year associate degree will evolve from a competency based one-year certificate program. I have no idea how, nor by whom, nor when.

5. Training:

Technicians must be subject to a fixed number of training hours. My instincts always come back to 1040 hours, or six months as a full time trainee. The content of the training must be standardized and quantified to assure consistency throughout pharmacy practice. I believe that sole training without formal education is inadequate to the task of competent staff. I recommend an end to training alone.

Certified Technicians must be subject to a fixed number of training hours during clinical rotations. The application of learning and theory obtained in formal programs can be shorter than 1040 hours, but by how much? My instincts again settle on 320 hours, or approximately 1/3 that of a general technician. I have only my student's current curriculum plan to compare, but Clark College's current 240 hours seems too short. Students sometimes have only "observation and contact" time, rather than full supervised practice much less independent practice.

6. Quality Assurance:

First, this is critical to pharmacy practice and the utilization of **Certified Technicians**. Initially, I see quality assurance oversight being provided by a multifaceted body such as CCP. It will take significant political savvy to convince all pharmacy practice settings to accept formal education and competency standards of support personnel. I don't currently see any one body in position to do it well. The expertise of ACPE, ASHP, PTCB, PTEC, AACP etc. are all necessary to provide initial approval and set universal standards into acceptable language. ACPE has obviously taken the lead on this project and may in fact, be the logical organization to ultimately oversee technician education and training. I would hope that an open dialogue and wide representation of practitioners would always be accepted.

Conclusion:

Thank you for the opportunity to share my thoughts. I'll be keenly interested in the outcome of this project. Please call on me if you have questions or if I can be of service to the project.

Sincerely,
Jeanie Barkett, RPh
Clark College, Vancouver, WA; 360-992-2817

Mike Rouse

From: Askew, Gail [Askew_Gail@sac.edu]
ent: Sunday, June 15, 2003 11:08 PM
fo: Mike Rouse



ACPE response.doc

Hi, Mike,

As part of the preparation for the Stakeholders Policy Council meeting this week, PTCB asked us to prepare a written response to the ACPE call for comment regarding technician education and training. Attached is the document I've submitted to PTCB. I wanted to send a copy directly to you, also.

Gail

Stakeholder Policy Council
Pre-meeting assignment
Gail Askew
June 12, 2003

Questions to be considered for ACPE's response:

1. Definition

The 2002 White Paper lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

The definition as written applies equally to techs, clerks, and any other type of support personnel working in the pharmacy.

- Although the definition should remain brief, inserting the word "technical" would help to distinguish the technicians from the other personnel.
- While a technician does "assist", in most cases the assistance consists of the tech actually *performing the technical tasks* (as opposed to "assisting" by handing the pharmacist a stock bottle of drug for the pharmacist to count).
- As pharmacists move into practice sites other than a pharmacy, it is reasonable to think that the technicians will follow. Currently, there are techs who work outside the pharmacy in health-system settings, collecting data, etc. These types of tasks more truly represent "assisting in pharmacy activities".

A pharmacy technician is an individual ~~working in a pharmacy setting~~ who, under the supervision of a licensed pharmacist, performs technical pharmacy tasks and assists in pharmacy activities that do not require the professional judgment of a pharmacist.

2. Levels of Pharmacy Support Personnel

Should different levels of pharmacy support personnel (not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

The concept of "clerical" needs to be further explored as part of this process. In California, a pharmacy clerk can receive written prescriptions from the patient, input them into the computer (and thereby process the 3rd party claims and prepare the prescription label), and handle the drug inventory activities. In fact, in an outpatient setting, the clerk can do everything a tech can do, with the exception of taking drugs off

the shelf and counting them. California has no requirements for education or training for clerks. Legislation is being considered that would completely eliminate the ratio of clerks to pharmacists, currently set at 1:1.

Ideally, there should be two levels of pharmacy technicians. The terminology used to identify these two levels can be debated and refined. For simplicity, I'll refer to them as *Tech I* and *Tech II*.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

Tech I: This individual would work primarily in ambulatory care, handling the product-related tasks. These tasks would include:

- processing new and refill prescriptions
 - receiving the prescription (including electronic and verbal transmittals)
 - inputting prescription data and maintaining patient records
 - preparing the label
 - preparing the medication (including special packaging as may be required for patients receiving hospice or home health care and patients in long-term care facilities.)
 - managing automated and robotic outpatient dispensing equipment
- billing and 3rd party claims processing
- inventory control (including purchasing, drug defect reporting, handling drug recalls)
- [gathering data for the pharmacist to monitor patient compliance and therapeutic benefits]

Tech II: This individual would work primarily in acute care and home infusion areas. *In addition to the activities listed above*, these tasks would include:

- compounding non-sterile medications
- preparation of sterile products, including cancer chemotherapy
- maintaining drug delivery devices and pumps
- preparing and distributing medications in unit-dose form
- checking the accuracy of medications prepared by other technicians in the inpatient setting
- managing automated inpatient dispensing equipment, such as the Pyxis[®]
- assisting the pharmacist with drug information retrieval
- assisting the pharmacist with monitoring activities
- assisting the pharmacist with investigational drug protocols

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

Tech I: This individual should have a minimum of a high school diploma, plus completion of an accredited program that provides understanding of:

- the roles and responsibilities of the pharmacy technician in all practice settings
- the drug development and approval process for new molecular entities and generic equivalents
- the common systems of measurement
- pharmacy calculations methods
- the major body systems, including basic terminology used for structures, functions, and diseases
- the formulary system, including pharmacologic categories and therapeutic equivalents
- common drug dosage forms and routes of administration
- purchasing and inventory control methods
- drug storage and stability requirements
- prescription requirements and terminology
- prescription processing methods
- reimbursement methods
- quality assurance procedures for medication error reduction
- the importance of good customer service, including cross-cultural communication
- ethical considerations in pharmacy practice, including confidentiality

Tech II: This individual should have completed the training program for a Tech I, plus additional education in the principles of :

- anatomy and physiology
- pharmacology, including the mechanisms of action for common medication categories
- compounding methods
- Good Manufacturing Practices, including quality assurance and record-keeping
- laminar flow theory and sterile compounding methods
- parenteral therapy delivery systems

After the completion of the initial curriculum, pharmacy technicians should obtain continuing education to update their knowledge and skills. The current requirements of the PTCB for re-certification are appropriate.

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

For both levels, initial training should be done in lab simulations under controlled conditions in a classroom setting. The lab training should commence as soon as the theoretical background has been mastered by the student.

Once proficiency has been demonstrated in the simulated lab environment, the student should be placed for additional experiential training in a pharmacy. The experiential training should be done only in contracted facilities, under the supervision of a preceptor familiar with the competencies that the student must achieve. Care must be taken to assure that the experiential training requirements comply with state limitations, while allowing for individual variations in student progress.

Tech I:

- interpretation and transcription of prescription information
- pharmacy record keeping:
 - patient profiles
 - dispensing information
 - drug formulary management
 - [business transactions]
- ordering and stocking medications; performing storage area inspections
- selection of drugs from stock: correct drug, strength, dosage form
- accurate counting and pouring of medications
- appropriate packaging of medications
- proper labeling, including use of auxiliary warning labels
- accurate calculation of doses, days supply, prescription prices, etc.
- billing functions, including 3rd party claims processing
- communications and customer service skills

Tech II:

- weighing and measuring techniques for non-sterile medications
- bulk compounding techniques: trituration, levigation, filtration, etc.
- aseptic measurement and compounding techniques
- quality assurance testing of compounded products
- cleaning and calibrating parenteral delivery devices
- use of pharmacy references for drug information retrieval
- tracking patient lab data
- pre-packaging medications for unit-dose delivery
- inpatient drug distribution, using cassettes and automated delivery systems
- checking the accuracy of previously filled cassettes

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

A system of accreditation of the training programs, with both self-study reports from the training program and on-site evaluations by an accrediting team. In the case of multiple site programs, such as those administered by chain drug stores, the on-site evaluation should be done at the facility where students receive their simulated lab training.

The accreditation process should include a specific cycle, with at least one interim self-evaluation report submitted between on-site visits. The cycle should not exceed four years, although a shorter cycle should be used for programs making significant corrections.

The accreditation process should focus on the currency of the core curriculum, the comprehensiveness of the simulated lab activities, and the delivery of instruction. While the program's administrative procedures are important, documentation of these procedures should not be the main focus of the on-site visit.

The accreditation team should consist of at least two persons, one of whom is familiar with the individual state's regulations for pharmacy technician training.

Mike Rouse

From: Pappas, Jeannie [JPappas@ptec.pinellas.k12.fl.us]
ent: Tuesday, August 26, 2003 12:04 PM
fo: Mike Rouse
Subject: Invitation To Comment



FL State
Frameworks.doc

Mr. Vlases,

Thank you for the invitation to comment on the standardization of pharmacy technician education.

Attached is a copy of our state curriculum frameworks. All public pharmacy technician programs in the State of Florida are required to teach these frameworks. The frameworks will be revised in October and will be adding HIPPA as part of the curriculum.

Pinellas Technical Education Center is accredited by COE and our program is accredited by ASHP.

The pharmacy technician program is supported by an active advisory board with member representation from various pharmacy practices who advise the program on curriculum, externship training and methods that support student learning.

In addition to the requirements students are encouraged to join pharmacy organizations that support continuing education. Great emphasis is placed on ethics, teamwork, current events, patient and employee safety.

Our students have performed very well with the training they receive. They've been successful in the procurement of jobs as well as passing the PTCB exam.

I would highly recommend these state frameworks as standards for a comprehensive national standard of pharmacy technician training programs.

If I can help in any way, please contact me by email or at the address below.

Sincerely,

Jeannie Pappas, CPhT
Pharmacy Technician Instructor
Pinellas Technical Education Center
901 34th Street South
St. Petersburg, FL 33711

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Fax 727-893-2776
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<<FL State Frameworks.doc>>

Florida Department of Education
CURRICULUM FRAMEWORK

Program Title: Pharmacy Technician
Occupational Area: Health Science Education

PSAV

Program Numbers	H170507
CIP Number	0317.050700
Grade Level	30, 31
Standard Length	1050 hours
Certification	PHARMACY @7 G
Basic Skills	
Math	11
Language	10
Reading	10

- I. **MAJOR CONCEPTS/CONTENT:** The program is designed to prepare students for employment as pharmacy technicians 32518229 or SOC 292052 or **Community Pharmacy Technician (Industry Title) or SOC 31-9095 Pharmacy Aide..**

The content includes, but is not limited to, metric system, medical terminology, medicinal drugs, pharmaceutical compounding, sterile techniques, maintenance of inventory, IV preparation, preparing purchase orders, receiving and checking supplies purchased, printing labels, typing prescription labels, delivering medications, pricing prescription drug orders and supplies, repackaging unit dose packages, patient record systems, control records, data processing, computer application, employability skills, leadership and human relations skills, health and safety, including CPR. The Health Science Core must be taken by all students (secondary, postsecondary adult and postsecondary vocational) planning to complete any Health Science program. Once successfully completed, the core does not need to be repeated at any instructional level.

Reinforcement of basic skills in English, mathematics and science appropriate for the job preparatory programs occurs through vocational classroom instruction and applied laboratory procedures or practice.

This program focuses on broad, transferable skills and stresses understanding and demonstration of the following elements of the health care industry; planning, management, finance, technical and production skills, underlying principles of technology, labor issues, community issues and health, safety, and environmental issues.

- II. **LABORATORY ACTIVITIES:** Laboratory demonstration, practice and return demonstrations are essential in this program.

Clinical practicum experiences are an integral part of this program.

- III. **SPECIAL NOTE:** This program meets the Department of Health HIV/AIDS education requirements. Upon completion of this program,

the instructor will provide a certificate to the student verifying that the HIV/AIDS requirements have been met.

The Health Occupations Students of America (HOSA), Inc. is the appropriate Career/Technical Student Organization (CTSO) for providing leadership training experience and reinforcing specific career/technical skills. CTSOs, when provided, shall be an integral part of the vocational instructional program, and the activities of such organizations are defined as part of the curriculum in accordance with Rule 6A-6.064, FAC.

It is recommended that program completers take national pharmacy technician certification exam offered by the Pharmacy Technician Certification Board, 2215 Constitution Ave, Washington, DC 20037-2985, 202-429-7576. This certification is offered three times annually.

Cooperative training - OJT is appropriate for this program. When cooperative training is offered, the following is required for each student: a training plan, signed by the student, instructor and employer which includes instructional objectives and a list of on-the-job and in-school learning experiences; a workstation which reflects equipment, skills and tasks which are relevant to the occupations which the student has chosen as a career goal. Students must receive compensation for work performed

State credentialing will be done in accordance with Chapter 468 F.S. In accordance with Rule 6A-10.040 F.A.C., minimum basic skills grade level required for this postsecondary adult vocational program is: Mathematics 11.0, Language 10.0, and Reading 10.0. This grade level number corresponds to a grade equivalent score obtained on a State designated basic skills examination.

This program may be offered in courses. Vocational credit shall be awarded to the student on a transcript in accordance with Section 1001.44 F.S.

To be transferable statewide between institutions, this program/course must have been reviewed, and a "transfer value" assigned the curriculum content by the appropriate Statewide Course Numbering System discipline committee. This does not preclude institutions from developing specific program or course articulation agreements with each other.

SCANS Competencies: Instructional strategies for this program must include methods that require students to identify, organize, and use resources appropriately; to work with each other cooperatively and productively; to acquire and use information; to understand social, organizational, and technological systems; and to work with a variety of tools and equipment. Instructional strategies must also incorporate the methods to improve students' personal qualities and higher-order thinking skills.

Federal and state legislation requires the provision of accommodations for students with disabilities to meet individual needs and ensure equal access. Adult students with disabilities must self-identify and request such services. Students with disabilities may need accommodations in such areas as instructional methods and materials, assignments and assessments, time demands and schedules, learning environment, assistive

technology and special communication systems. Documentation of the accommodations requested and provided should be maintained in a confidential file.

- IV. **PROGRAM STRUCTURE:** The following diagram illustrates the structure of this program.

Pharmacy Technician

1050 hours

Pharmacy Technician- OCP B 32518 SOC 29-2052 600 hours
Community Pharmacy Technician- OCP A Industry Title SOC 31-9095 Pharmacy Aide 360 hours
Health Science Core 90 hours

V. **INTENDED OUTCOMES:**

Outcomes 01-11 are referred to as the Health Science Core and do not have to be completed if the student has previously completed the Core in another health occupations program. After successfully completing this program, the student will be able to:

HEALTH SCIENCE CORE (01-11)

- 01.0 Demonstrate knowledge of the health care delivery system and health occupations.
- 02.0 Demonstrate the ability to communicate and use interpersonal skills effectively.
- 03.0 Demonstrate legal and ethical responsibilities.
- 04.0 Demonstrate an understanding of and apply wellness and disease concepts.
- 05.0 Recognize and practice safety and security procedures.
- 06.0 Recognize and respond to emergency situations.
- 07.0 Recognize and practice infection control procedures.
- 08.0 Demonstrate computer literacy.
- 09.0 Demonstrate employability skills.
- 10.0 Demonstrate knowledge of blood borne diseases, including AIDS.
- 11.0 Apply basic math and science skills.

COMMUNITY PHARMACY TECHNICIAN (12.0 - 18.0) OCP-A (Industry Title)

- 12.0 Practice human relations.
- 13.0 Identify medical and legal considerations.
- 14.0 Identify pharmaceutical abbreviations and terminology as related to Community Pharmacy Practice.
- 15.0 Perform clerical duties.
- 16.0 Demonstrate knowledge of basic pharmaceutical chemistry and drug classification as it relates to the human physiology.
- 17.0 Demonstrate knowledge of inventory control.
- 18.0 Initiate measurement and calculating techniques as it relates to Community Practice.

PHARMACY TECHNICIAN (19.0 - 22.0) OCP-B (32518229)

- 19.0 Demonstrate a basic knowledge of pharmaceutical chemistry as it relates to the human physiology.
- 20.0 Prepare and deliver medications
- 21.0 Prepackage unit dose medications.
- 22.0 Prepare intravenous admixtures.

JULY 2003

Florida Department of Education
STUDENT PERFORMANCE STANDARDS

Program Title: Pharmacy Technician
Postsecondary Number: H170507

HEALTH SCIENCE CORE: The Health Science Core is a core of basic knowledge necessary for any health occupations career. Students who have previously completed the Health Science Core in any other health occupations program do not have to repeat intended outcomes 01-11.

01.0 DEMONSTRATE KNOWLEDGE OF THE HEALTH CARE DELIVERY SYSTEM AND HEALTH OCCUPATIONS -- The student will be able to:

- 01.01 Identify the basic components of the health care delivery system.
- 01.02 Describe the various types of health care providers and the range of services available including resources to victims of domestic violence.
- 01.03 Describe the composition and functions of a health care team.
- 01.04 Identify the general roles and responsibilities of the individual members of the health care team.
- 01.05 Develop a basic understanding of human needs throughout the lifespan.
- 01.06 Explain the importance of maintaining professional competence through continuing education.
- 01.07 Describe trends affecting the delivery system of health care.

02.0 DEMONSTRATE THE ABILITY TO COMMUNICATE AND USE INTERPERSONAL SKILLS EFFECTIVELY -- The student will be able to:

- 02.01 Develop basic listening skills.
- 02.02 Develop basic observational skills and related documentation strategies in written and oral form.
- 02.03 Identify characteristics of successful and unsuccessful communication including barriers.
- 02.04 Respond to verbal and non-verbal cues.
- 02.05 Compose written communication using correct spelling, grammar, and format.
- 02.06 Use appropriate medical terminology and abbreviations.
- 02.07 Recognize the importance of courtesy and respect for patients and other health care workers and maintain good interpersonal relationships.
- 02.08 Recognize the importance of patient/client education regarding health care.
- 02.09 Adapt communication skills to varied levels of understanding and cultural orientation.
- 02.10 Demonstrate telephone usage including taking messages.
- 02.11 Demonstrate ability to give and follow directions.
- 02.12 Distinguish between factual reports and personal opinion.
- 02.13 Read and discuss technical material.

03.0 DEMONSTRATE LEGAL AND ETHICAL RESPONSIBILITIES
-- The student will be able to:

- 03.01 Discuss the legal framework of the health care occupation.
- 03.02 Explain the medical liability of health care workers.
- 03.03 Explain the patients' "Bill of Rights."

- 03.04 Describe a Code of Ethics consistent with the health care occupation.
 - 03.05 Discuss the importance of maintaining confidentiality of information, including computer information.
 - 03.06 Recognize the limits of authority and responsibility of health care workers.
 - 03.07 Recognize and report illegal and unethical practices of health care workers.
 - 03.08 Recognize and report abuse and neglect.
 - 03.09 Recognize sexual harassment and domestic violence.
- 04.0 DEMONSTRATE AN UNDERSTANDING OF AND APPLY WELLNESS AND DISEASE CONCEPTS -- The student will be able to:
- 04.01 Develop a basic understanding of the structure and function of the body systems.
 - 04.02 Identify personal health practices and environmental factors which affect optimal function of each of the major body systems.
 - 04.03 Identify psychological reactions to illness including defense mechanisms.
 - 04.04 Recognize the steps in the grief process.
 - 04.05 Explain basic concepts of positive self image, wellness and stress.
 - 04.06 Develop a wellness and stress control plan that can be used in personal and professional life.
 - 04.07 Explain the nutrition pyramid.
- 05.0 RECOGNIZE AND PRACTICE SAFETY AND SECURITY PROCEDURES
-- The student will be able to:
- 05.01 Demonstrate the safe use of medical equipment.
 - 05.02 Recognize and report safety hazards.
 - 05.03 Identify and practice security procedures for medical supplies and equipment.
 - 05.04 Demonstrate proper body mechanics.
 - 05.05 Demonstrate the procedure for properly identifying patients.
 - 05.06 Demonstrate procedures for the safe transport and transfer of patients.
 - 05.07 Describe fire safety and evacuation procedures.
- 06.0 RECOGNIZE AND RESPOND TO EMERGENCY SITUATIONS
-- The student will be able to:
- 06.01 Monitor and record vital signs.
 - 06.02 Describe legal parameters relating to the administration of emergency care.
 - 06.03 Obtain and maintain CPR skills.
 - 06.04 Demonstrate basic understanding of first aid and emergency care.
 - 06.05 Recognize adverse drug related emergencies and take appropriate first aid action.
- 07.0 RECOGNIZE AND PRACTICE INFECTION CONTROL PROCEDURES
-- The student will be able to:
- 07.01 Demonstrate knowledge of medical asepsis and practice procedures such as handwashing and isolation.
 - 07.02 Demonstrate knowledge of surgical asepsis as utilized in sterilization.

- 07.03 Describe how to dispose correctly of biohazardous materials, according to appropriate government guidelines such as OSHA.
- 08.0 DEMONSTRATE COMPUTER LITERACY -- The student will be able to:
 - 08.01 Define terms and demonstrate basic computer skills.
 - 08.02 Describe the uses of computers in health care.
- 09.0 DEMONSTRATE EMPLOYABILITY SKILLS -- The student will be able to:
 - 09.01 Conduct a job search.
 - 09.02 Secure information about a job.
 - 09.03 Identify documents that may be required when applying for a job.
 - 09.04 Complete a job application form correctly.
 - 09.05 Demonstrate competence in job interview techniques.
 - 09.06 Identify or demonstrate appropriate responses to criticism from employer, supervisor, or other persons.
 - 09.07 Identify acceptable work habits.
 - 09.08 Demonstrate knowledge of how to make job changes appropriately.
 - 09.09 Demonstrate desirable health habits.
 - 09.10 Recognize appropriate affective/professional behavior.
 - 09.11 Write an appropriate resume.
- 10.0 DEMONSTRATE KNOWLEDGE OF BLOOD BORNE DISEASES, INCLUDING AIDS
-- The student will be able to:
 - 10.01 Distinguish between fact and fallacy about the transmission and treatment of diseases caused by blood borne pathogens including Hepatitis B.
 - 10.02 Identify community resources and services available to the individuals with diseases caused by blood borne pathogens.
 - 10.03 Identify "at risk" behaviors which promote the spread of diseases caused by blood borne pathogens and the public education necessary to combat the spread of these diseases.
 - 10.04 Apply infection control techniques designed to prevent the spread of diseases caused by blood borne pathogens to the care of all patients following Centers for Disease Control (CDC) guidelines.
 - 10.05 Demonstrate knowledge of the legal aspects of AIDS, including testing.
- 11.0 APPLY BASIC MATH AND SCIENCE SKILLS -- The student will be able to:
 - 11.01 Draw, read, and report on graphs, charts and tables.
 - 11.02 Measure time, temperature, distance, capacity, and mass/weight.
 - 11.03 Make and use measurements in both traditional and metric units.
 - 11.04 Make estimates and approximations and judge the reasonableness of the result.
 - 11.05 Convert from regular to 24 hour time.
 - 11.06 Demonstrate ability to evaluate and draw conclusions.
 - 11.07 Organize and communicate the results obtained by observation and experimentation.

- 11.08 Ask appropriate scientific questions and recognize what is involved in experimental approaches to the solution of such questions.
- 11.09 Calculate ratios.

COMMUNITY PHARMACY TECHNICIAN (12.0 - 20.0) OCP-A (Industry Title)

12.0 PRACTICE HUMAN RELATION SKILLS -- The student will be able to:

- 12.01 Identify the meaning and duties of a pharmacy technician.
- 12.02 Discuss the organizational flow of responsibilities within a pharmacy setting.
- 12.03 Establish and maintain a professional rapport with co-workers.
- 12.04 Identify the current trends and perspectives related to the management of pharmacy health care organizations.
- 12.05 Identify the means by which the application of team building can facilitate change within the pharmacy working environment.

13.0 IDENTIFY MEDICAL AND LEGAL CONSIDERATIONS -- The student will be able to:

- 13.01 Discuss the significance and scope of current national and Florida law and administrative rules as they relate to the practice of the pharmacy technician.
- 13.02 Discuss medical legal concepts as they relate to the practice of the pharmacy technician.
- 13.03 Discuss the need for accurate pharmacy documentation and recordkeeping.
- 13.04 State valid reasons for confidentiality of patient information.
- 13.05 Discuss the patient's Bill of Rights as it relates to pharmacy.
- 13.06 Discuss pertinent laws governing pharmacy practice such as false prescriptions and A impaired person.
- 13.07 Identify controlled substance and their applicable regulations.
- 13.08 Discuss the Florida Right to Know Act with respect to hazardous materials.

14.0 IDENTIFY PHARMACEUTICAL ABBREVIATIONS AND TERMINOLOGY AS RELATED TO COMMUNITY PHARMACY PRACTICE -- The student will be able to:

- 14.01 Use pharmaceutical medical terminology.
- 14.02 Define the major symbols and abbreviations used on prescriptions and state the meaning.

15.0 PERFORM CLERICAL DUTIES -- The student will be able to:

- 15.01 Identify computer applications used in pharmacy.
- 15.02 Demonstrate computer applications in processing pharmacy prescription data.
- 15.03 Identify the application of facsimile equipment in generating patient prescriptions.
- 15.04 Demonstrate the application of office equipment in duplicating patient prescriptions.
- 15.05 Maintain patient profiles.
- 15.06 Demonstrate telephone communication skills and routine inquiries.

- 15.07 Identifies appropriate practice standards pertaining to patient counseling.
- 15.08 Demonstrate the knowledge of systems used in maintaining pharmacy records.

- 16.0 DEMONSTRATE KNOWLEDGE OF BASIC PHARMACEUTICAL CHEMISTRY AND DRUG CLASSIFICATION AS IT RELATES TO THE HUMAN PHYSIOLOGY-- The student will be able to:
 - 16.01 Define the major classifications of pharmaceuticals.
 - 16.02 Identify the sources from which medications are produced.
 - 16.03 Define poison; define placebo.
 - 16.04 List the two official compendia of standards for quality and purity of drugs and authoritative information on dosage and administration and list six non-official reference manuals.
 - 16.05 Display knowledge of trade names and generic name equivalents, chemical names.
 - 16.06 Check all new orders with medications listed on profiles.

- 17.0 DEMONSTRATE KNOWLEDGE OF INVENTORY CONTROL -- The student will be able to:
 - 17.01 Display knowledge or prescription pricing systems used in pharmacy.
 - 17.02 Maintain stock inventory.
 - 17.03 Prepare electronic purchase orders.
 - 17.04 Receive, store and distribute pharmaceutical supplies.
 - 17.05 Define industry standards in purchasing pharmaceutical supplies.

- 18.0 INITIATE MEASUREMENT AND CALCULATING TECHNIQUES AS IT RELATES TO COMMUNITY PRACTICE --The student will be able to:
 - 18.01 Explain the difference between a cubic centimeter and a milliliter.
 - 18.02 Use common pharmaceutical weighing equipment.
 - 18.03 Use common pharmaceutical volume measurement equipment.
 - 18.04 Explain the technique of preparing a solution, a suspension, an elixir, and emulsion and an extract.
 - 18.05 Convert measurements within the apothecary, avoirdupois, and metric systems.
 - 18.06 Use the following arithmetic procedures: ratio and proportion; percentage.

PHARMACY TECHNICIAN (19.0 - 22.0) OCP-B (32518229)

- 19.0 DEMONSTRATE A BASIC KNOWLEDGE OF PHARMACEUTICAL CHEMISTRY AS IT RELATES TO THE HUMAN PHYSIOLOGY -- the student will be able to:
 - 19.01 Predict physical and chemical incompatibilities utilizing chemistry properties.
 - 19.02 Describe electrolyte balances.
 - 19.03 Relate the general classes, actions, routes, action and side effects of drugs.
 - 19.04 Identify a listing of usual adult doses of medications and respective contraindications.

- 20.0 PREPARE AND DELIVER MEDICATIONS -- The student will be able to:
 - 20.01 Read and prepare medication orders correctly.

- 20.02 Transport medications safely being aware of hazards: theft, legal implications of accidental loss, and other consequences.
- 20.03 Identify special precautions pertaining to children.
- 20.04 Maintain controlled substance inventory.
- 20.05 Demonstrate the proper technique of preparing pharmaceutical preparations.
- 20.06 Demonstrate the ability to correctly fill and deliver medication cassettes.
- 20.07 Collect data from medication administration record and drug use and evaluation form.
- 20.08 Identify automated medication dispensing equipment and its proper use.

21.0 PREPACKAGE UNIT DOSE MEDICATIONS -- The student will be able to:

- 21.01 Locate correct stock container.
- 21.02 Weigh measure, count required individual doses of medication.
- 21.03 Label with required information.
- 21.04 Operate unit dose pre-packet equipment.
- 21.05 Place individual dose in appropriate containers, repackage in predetermined quantities.
- 21.06 Record prepackage medication data correctly.
- 21.07 Define role of technician in quality assurance activities.

22.0 PREPARE INTRAVENOUS ADMIXTURES -- The student will be able to:

- 22.01 Compare medication order with label on vial and check expiration date of product.
- 22.02 Calculate drug dosage for parenteral use.
- 22.03 Identify common drug/drug incompatibilities.
- 22.04 Reconstitute parenteral medications.
- 22.05 Use aseptic techniques to withdraw medication from stock vial measure correct quantity as instructed, select and insert it into IV solution without error.
- 22.06 Use aseptic technique to withdraw medication from an ampule.
- 22.07 Prepare parenteral solutions.
- 22.08 Prepare Total Parenteral Nutrition solutions.
- 22.09 Prepare chemotherapeutic agents using proper safety techniques.
- 22.10 Demonstrate appropriate technique in the use of specialized equipment such as: laminar flow hoods, filters, pumps, and automated compounders.
- 22.11 Place label on IV solution container and keep records.
- 22.12 Perform quality control check.
- 22.13 Identify storage requirements of reconstituted IV solutions.

ACPE invitation to comment.

Robbie Ramoutar, CPhT, LPT
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1. Definition: Pharmacy Technician: A Pharmacy Technician is a vital part of the Pharmacy practice. The Pharmacy Technician performs duties under the supervision of a licensed pharmacist. Today's Pharmacy Technician is instrumental in the Pharmacy Setting assisting the Pharmacist, Physicians, Nurses and the public.
2. Levels of Pharmacy Support Personnel: I strongly believe there should be multi-levels of Pharmacy Support.
 - A. Level I- Retail Setting.
 - B. Level II- De-centralized institutional setting.
 - C. Level III- I.V. Room (IV compounding) institutional setting.
 - D. Level IV- Satellite Pharmacy (oncology, OR, ER, etc).
3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel:
 - A. Level I- Inventory Control, Prescription input, Filling Prescriptions, double-checking the Pharmacist, answering phones, filing prescription hard-copies, calling on refills any other duties required of the Technician with useful prioritizing. Competencies would include a formal training program with externship with HIPPA training.
 - B. Level II- Inventory Control, Cart filling, Unit dosing, floor stock on their specified units, filling patient drawers or cassettes, gathering orders and delivering them to the Pharmacist (or per institutional protocol). Competencies would include a formal training program with externship and extensive training on institutional procedures and HIPPA protocol.
 - C. Level III- I.V. Inventory control with emphasis on IV products, ability to batch frozen drugs and properly label lot numbers and calculate expiration dates and keep proper records as well. Competencies should include certification with proper aseptic technique procedures and laminar flow hood training for cleaning and recording certifications. Proper clean room procedures and how they differ from other important areas of the Pharmacy. The Level III and above Technician should also be fluent in dosage calculations as well as, Pediatric dosage calculations. (Rule of 6's, Rule of 0.6's, etc.)
 - D. Level IV- In the various Pharmacy satellites the Technician should have special training and certifications for what field that will be employed in. Examples may include: ER setting knowing the critical drips and the calculations for preparing them, how to handle diabetic emergencies, asthma, etc. if the Pharmacist is unavailable the Technician knows where

the drugs are located and how to ensure a quick and appropriate manner in getting the drug to the Physician and/or nurse. In the OR setting knowing the importance of narcotic control and inventory, the proper way to compound epidural drips. While working in the oncology setting, the Technician would need to know where to locate all of the protocols the proper storage and handling of the antineoplastic drugs and the calculations of body surface area and other important calculations that would be needed in those settings. Within the NICU satellite the Technician would need to know the importance of having a daily weight for the neonates and lab values before compounding the TPN's.

4. Education:

- A. Level I. A Pharmacy Technician Program with accreditation such as ABHES. It has a required amount of classroom hours as well as a required amount of externship hours. The ability to pass the Pharmacy Technician Certification Board and a State test if required.
- B. Level II. The same accreditation as above as well as the specific guidelines for working in an institutional setting, such as, hospital, prison, mental institution, etc.
- C. Level III. Also following the same guidelines for the program of an accredited program, the institutional setting and then the certification process for IV preparation. There should also be more IV specific Continuing Education available pertaining to drug stability, compatibility and filter sets. This Technician should be able to pass a Pharmacy Calculation test specific to an IV focus.
- D. Level IV. The same guidelines as above with the appropriate training in the specific field with the option of C.E. available in those areas for Technicians. For OR techs. There should be a greater focus on DEA guidelines for narcotic control and wastage.

5. Training:

The training should go hand in hand with the education as specified above with an appropriate amount of training in the certain areas for a 2-3 month period.

6. Technician Quality Assurance of Pharmacy Education and Training: Following the guidelines of the ABHES accreditation is a good source of training and a good fundamental basis. The Continuing Education needs to be of a focal point on a level that is focused toward Technicians, their duties, and their responsibilities. The most appropriate systems for quality assurance would be to cut down on allowing Technicians a "grace" period of getting their license. There are enough licensed Technicians and Pharmacy Technician Students and the jobs should go to those who are qualified and experienced.

D 75

Mike Rouse

From: Keresztes, Jan [JKeresztes@southsuburbancollege.edu]
Sent: Friday, December 12, 2003 5:11 PM
To: Mike Rouse
Cc: Keresztes, Jan
Subject: Pharmacy Technician Response

Hi Mike, Here is my personal response to the ACPE request on pharmacy technicians. I sure hope I met this deadline and some of what I had to say was important. I am going to turn this report into the 'highlights' you were looking for to condense my long winded response. If you would like any more information or help in the future, please let me know. Have a wonderful holiday season; it has been great working with you. Thanks for allowing me this input. I believe it is vital to the future of pharmacy. Just, Jan Keresztes

12/12/2003

**Response to ACPE on Pharmacy Technician Preparation
To Enter the Workforce**

**By Jan Keresztes, BS., Pharm.D.
Coordinator, Pharmacy Technician Program
South Suburban College
South Holland , IL**

“We show the public who we are by the choices we make.”

This is a statement that is usually verbalized by a parent to a child, or a teacher to a student, or a minister to a congregation. But this statement is especially applicable now coming from a practitioner to a profession.

I am very humbled by being given this opportunity to express my opinion on a topic, I believe, will so dramatically impact how pharmacists practice in the future. Pharmacy is a profession and with that responsibility comes the realization that decisions we make must be in the best interest of the public's safety and well-being.

I can remember sitting in a lecture hall in the college of pharmacy while a professor expounded on the importance of 'profession versus profits'. Although I am reluctant to admit it, almost 30 years has elapsed since that lecture. The professor explained that pharmacy is a profession but it was difficult for the public to believe that since all they were seeing at the time was pharmacists selling them a prescription. That in order to be valued by the public we must pull ourselves away from the physical prescription and sell the public a profession.

Some evolution in the pharmacy profession has made that happen. The movement to an all Pharm.D. curriculum where the emphasis is for pharmacists to be a valued member of a healthcare team concerned about the safety and well-being of the public's health and not how much money can be made in this business.

Every one of us has been put on this earth to make a difference. We have to be happy getting up in the morning, putting our feet on the floor and wanting to start the day, knowing we can make a difference in the job we do. Somehow we need to convey this to the new pharmacy practitioners. “Make a difference every day in what you do...make the right choices...know that what you have done has benefited someone today...and soon the todays are tomorrows and the tomorrows are our future..and the future is brighter because of the choices I made yesterday. Be proud that your choices made better future for others because if everyone felt that way, the world would be better place for all of us.”

The U.S. healthcare system has its flaws. Too many practitioners are concerned about their territory and will not communicate with professionals outside their own area of interest. If we could put the patient at the pinnacle of the goal and do whatever is best for the patient no matter what obstacles we encounter, the public would be much better served.

Pharmacy is at a crossroad. We must pick the path that allows us to meet our goals. If pharmacists are to meet their goal of an information based profession, who will provide the product. How will we be paid for consultative services? What part will automation play? Can we rely on pharmacy technicians to handle the day-to-day activities? How will pharmacists accept the pharmacy technicians' new roles as members of the healthcare team? More importantly, will pharmacists have shown other healthcare professionals how they can be valued members of the healthcare team as well.

It is amazing to me that nurse practitioners and physicians assistants can prescribe medications but pharmacists who have spent at least four years in a college of pharmacy (not counting the two years in the pre-pharmacy curriculum) are not legally given that responsibility. No wonder pharmacists have been recognized for the last ten years as #1 or #2 in the Gallup polls choice of the most respected professions: We are too nice and do not stand up for what we believe in or know is right.

I have been working in the 'trenches' of pharmacy for about 30 years. I believe some of my choices assisted in having pharmacy become what it is today. As a young practitioner, I wanted to be more involved clinically. Realizing that a spouse, a mortgage and a job pinned me in to a certain lifestyle, I struggled to find how a clinical degree could be part of my future. Luckily my alma mater was willing to gamble on an average student who wanted to make a difference. With Purdue University's vision and my persistence, I became the first non-traditional Pharm.D. graduate ever in the United States. Although I did not set that path ablaze, it was there for others to follow...and follow they did. For 20+ years, pharmacists have had the opportunity to return to school to expand their knowledge, to obtain a Pharm.D. degree and offer better services to the public because of choices I had made when I was younger.

Another choice I made was to be active in pharmacy organizations. I saw pharmacy leaders volunteering so much of their free time to make a difference in how our profession was practiced. There were so many projects that needed to be addressed often the organizations could only address the most pressing issues. We needed more volunteers or we would stress out the current individuals with all the work that we required of them. One organization, the Illinois Council of Health-System Pharmacists (ICHP), felt compelled to review how pharmacy recognized its other members of the pharmacy healthcare team, the pharmacy technicians. As a member of ICHP and a part-time coordinator of a community college pharmacy technician program, I was asked to be a member of the task force reviewing the topic of 'pharmacy technicians.' The task force included members of all avenues in pharmacy: state board members, college of pharmacy educators, hospital, retail, researchers, administrators, organizations, technician educators and even technicians. After two years of committee 'discussions', it appeared

that the best pharmacy could do at the time to recognize technicians was to establish an exam that proved to potential pharmacy employers that technicians that passed such an exam at least had the minimum background that it took to become a 'good' technician. Knowing that the ICHP leaders were willing to fund such a project, I waited to be asked to assist with the project...and I waited....and I waited...and I waited. Finally I contacted the then current chair of the exam committee and asked how I could help. No need I was told; there is no demand for a pharmacy technician exam and if I really felt strongly about this project, I could chair it myself. So in 1986, the pilot project to develop a validated, psychometrically-sound pharmacy technician exam funded through ICHP, began with the volunteer efforts of the technician educators employed at South Suburban College in South Holland, IL and I became the exam's first chair. After 1 ½ years in development and many thousands of dollars beyond budget, the exam was pilot tested in September 1988 in the state of Illinois. The following year (1989), the exam was administered on three occasions to those 'trailblazing pharmacy technicians' willing to show us what they knew. For four years, ICHP developed, modified, and improved upon the initial pharmacy technician exam encompassing more volunteers and better leaders that had a clearer vision of how this project could better pharmacy's future goals. The response was deafening. More states wanted to become involved with the exam process, either through Illinois or Michigan. (Michigan was the first state to offer a pharmacy technician exam in 1981. They were also the first state to develop pharmacy technician study materials. Illinois, a very litigious state, decided to develop its own pharmacy technician exam, after it was determined that Michigan had not yet validated its exam in 1987). In September 1993, ICHP and MPA met under the golden dome of Notre Dame in South Bend (actually it was in a bar/restaurant near campus), decided they would like to combine efforts to make one pharmacy technician exam for national use. Phoning ASHP, APhA and NABP, Illinois and Michigan gave these national organizations till the end of the bar's business day to respond positively that they would be willing to join the national process. ASHP and APhA responded positively and thus the birth of the Pharmacy Technician Certification Board with its original four founders was initiated. It took NABP until 2002 to support the use of the national pharmacy technician exam after approximately 115,000 technicians were already nationally certified. As of December 2003, there are 163,000 certified pharmacy technicians in the United States. And it all began with leaders who had a vision for pharmacy's future.

South Suburban College held another meeting at its campus in March 2000. Many national organizations, educators, state board members, pharmacists and technicians were present for the day long discussion on standards for pharmacy technicians. jPT published a summary of the session in January 2001. I believe this session brought to the forefront the issues facing standard education and training of pharmacy technicians at that time. By the end of 2002, twelve national pharmacy organizations agreed on the revised 'White Paper for Pharmacy Technicians' whose subtitle summarizes the feelings of the organizations: Needed Changes Can No Longer Wait.

With the stage set for possible changes in pharmacy technician education and training in the future, let me explain the current state of education and training from my perspective. I will do this through the 'eyes' of various groups:

- Public
- Employers
- Pharmacy organizations
- Practicing pharmacists
- Technicians
- Educators
 - College of pharmacy
 - Technician educators
- Educational administrators
 - State governing boards
 - Local governing boards
- Technician students
- Government
 - Workforce investment
 - Job Retraining
 - Pharmacy Manpower Issues

Public:

The public expects pharmacy to uphold its high standards. There is no need to expound on what those responsibilities are –only to state that the public expects us to answer all their questions correctly always, never make a mistake when filling a prescription or medication order, correctly calculate the dose they need, have everything they require in inventory, bill their third party insurance appropriately with minimal hassle, and on....and on...and on. The public naively believes that all pharmacy personnel behind a prescription counter have had the appropriate level of education and training and have earned their position as a member of the pharmacy team. The public is aghast when they realize that pharmacy technicians do not have to be high school graduates, did not receive any formal training, possibly received their technician license/registration application online, did not have a background felony check, and did not have to prove that they could perform this job. How much faith can the public have in a profession that continues to allow this to happen? What about the concern for patient safety?

Employers

Employers are either very supportive of technician education and training or very against this issue. Some employers do not care either way as long as it does not have any impact on them.

Let's take a look at those employers that are supportive.

Supportive: First of all, these employers are usually not the owners. They want to offer the best service possible and are willing to pay more for qualified technicians.

Not supportive: These employers have a stake in the profits of the company and are not willing to pay a higher salary to recognize any technician education or training. They will train the technician their way in their own time and hope there is longevity in their

service. I had a pharmacy owner comment to me after a speech I had given on technician education and training in Boston that he agreed with everything I had said but until someone legally forced him to hire a 'qualified' technician, he would rather hire someone inexperienced that he did not have to pay a lot for because he would rather have the money in his pocket than theirs. Enough said.

Practicing Pharmacists:

Unless the pharmacist is only performing glorified pharmacy technician duties and is fearful for his job, the pharmacist will support better trained technicians. I spoke to one chain pharmacist who was tired of sending every third prescription back to the technician to be redone. Too much time was involved with correcting mistakes that should not have happened in the first place. Time management is important if we intend to fill the huge increase in prescription numbers in the near future.

Technicians:

Most technicians today realize they are fortunate to have the responsible jobs they have today without any formal education. When I held my first hospital pharmacist job some 30 years ago, the technician I worked with on the evening shift stated she knew that the future would involve some education to do what she was currently doing. It has taken pharmacy much too long to demand more education and training for technicians. The time is now.

Graduates of the SSC Pharmacy Technician Program are very thankful they have been trained well, otherwise, their first pharmacy technician position would have been quite a challenge. One technician working at a downtown Chicago hospital recently joined the pharmacy technician math course at South Suburban College. At the onset, she was a poor math student despite the fact that she had been on-the-job for quite some time. (If my memory serves me correctly, I believe she stated she had been on the job for three years). After a semester's worth of tutoring and studying, she openly admitted to the class how much more confident she feels on the job, how her pharmacists can now rely on her to figure out some of the doses, and how she wants to learn more. She becomes a better example when I tell you that she is PTCB certified, completed a Walgreens training course and remained paranoid about any math calculations. She ended this last semester with a B in pharmacy math. (What an effort on both the instructor and the student!!)

Educators:

College of pharmacy educators: College of pharmacy education now highlights how future pharmacists will be more of a consultative profession. College of pharmacy students are anxious to prove their worth and show their patients as well as other healthcare providers how well they have been taught. They want their counseling skills

to make a difference in their patients' lives. A better question is to ask how pharmacists will be reimbursed if this is the primary future responsibility.

Technician educators: In my 20th year as a technician educator, I find it very rewarding to see the graduates obtain good positions, be recognized by their employers and their peers as having a solid knowledge base and apply good skills to product preparation. Many graduates receive a decent salary for their educational investment and for the most part are happy with their outcome.

The drawbacks of being an educator are: 1) competing with training programs that are not educationally sound. 2) trying to have students graduate even though there is not much financial incentive to do so, 3) not having potential employers recognize the difference between an accredited training program and one that is not following the national model curriculum, 4) requesting money from an already tight community college budget for the annual accreditation fee and having an administrator ask why we should continue to pay for accreditation when it appears to mean nothing to the pharmacy profession, 5) having graduates tell you that it made no difference when they were hired that they graduated and were certified, their salary is the same as an entry level trainee

It takes a dedicated educator to remain committed to the cause because the reward is not financial.

Educational administrators:

State Governing Boards: As stated previously, the Illinois Community College Board (ICCB) and the Illinois Board of Higher Education (IBHE) want to be assured that the taxpayer dollar is well spent for education. If pharmacy has no requirements for technician education and training, the money can be better spent on other professions.

Local Governing Boards: One community college (William Rainey Harper Community College in Palatine, IL) decided to discontinue their once-ASHP accredited pharmacy technician program because of low enrollment. Harper College had been developing a new allied health building which would house a new pharmacy technician lab and classroom. Blueprints were completed and equipment was ready to be purchased. However, a new administrator decided that the pharmacy technician program did not warrant that much of an investment. I acted as a consultant to this project and begged the administrator to find a pharmacy technician educator with a commitment to the project. Unfortunately, the program will graduate its last class this May 2004; no other potential students will be allowed to enroll. In a follow-up conversation, the administrator told me that '...maybe the south side of Chicago has different needs and can attract individuals into lower paying entry-level positions, but the north side cannot promote these type programs for individuals who want higher paying salaries.'

Technician Students:

In 1993, South Suburban College's Pharmacy Technician Program performed a student needs assessment survey to determine how many graduates of the certificate program (a one year full time ASHP accredited program) might be interested in an associates degree. From that survey, 97 of the 124 technicians (78%) stated they would enroll in the AAS degree for Pharmacy Technicians, assuming that the community college developed one. (jPT Vol 13, Nov/Dec. 1997, pg 233-234+) So I do think that students want to better themselves if we would give them that opportunity. Ultimately, the AAS degree was not approved by the Illinois Community College Board (ICCB) for a variety of reasons:

- 1) the minimum requirement of employment was on-the-job training or that no standards exist (It was important for ICCB to know how many employers would employ individuals with no experience, with a certificate, or with an associate degree or if employers would more readily advance individuals with formal training.)
- 2) even if an AAS degree was developed it appeared that the hiring requirements and wage rates would remain substantially the same
- 3) that unless the AAS degree could be articulated into a career ladder structure ICCB could not recommend the program for approval until this articulation was concluded.

(jPT, Vol 13, Nov/Dec. 1997, pg 233-34+)

It was the administration at South Suburban College that asked me to cease the attempt to have an AAS approved for pharmacy technicians. I was told by the college that my pharmacy profession was not supporting me. Those words were very difficult to hear after what was then my 12th year as a pharmacy technician educator.

Today, the SSC Pharmacy Technician Advisory Board and the graduates as well as the current students have requested that the Associates Degree in Applied Science be revisited for the pharmacy technicians. Hospitals, in particular, want better educated technicians. Directors would encourage their technicians to take courses, but their hospital will only offer tuition reimbursement if their employees are pursuing a 'degree' and not a certificate. Unfortunately, with the state educational boards refusing to approve the AAS degree, the hospitals could not revise their pharmacy technician job descriptions indicating that they would prefer hiring an individual with an associates degree in pharmacy technology---it doesn't exist.

Government:

Workforce Investment Act (WIA): Money will be invested in education by the government where it will do the most good. There are six requirements to have the WIA money increased. All you really need to know is that the first criteria is that .."the student must graduate." Most students enrolled in a pharmacy technician program, more often than not, will be hired before completing the program because they already have a course in math, sterile products, and operations and can be useful to a pharmacy or institution even though graduation has not been achieved. If the student doesn't graduate, the

college is not reimbursed by the WIA. Consequently, the college is reluctant to begin programs that cannot be profitable on their own.

Job Retraining: For the fall 2003, the Allied Health Department at South Suburban College had an increase of 41% in enrollment over the fall 2002. This was undoubtedly due to the increase in the unemployment rates. Companies were more than willing to fund their past employees to become retrained in another profession. Many of the unemployed wanted a 'profession' and not just a 'job'; a 'degree' instead of a 'certificate'. Therefore, nursing, radiologic technology, and occupational therapy assistant programs experienced an explosive enrollment while the pharmacy technician program increased by one extra course.

Potential students attending a job retraining orientation session were asked to identify what career they had decided to study. One of our pharmacy technician students stated she wanted to become a pharmacy technician. Three attendees sitting behind her, tapped her on the shoulder and told her not to waste her retraining money on the pharmacy technician program. They told her that her money could be better utilized in another profession because 'anyone could become a pharmacy technician, employers can train you on the job, and schooling is not required.' The student decided to remain enrolled in the pharmacy technician program. (Often I feel like those students that cannot be admitted to other degree career programs will settle for the pharmacy technician program as a last resort.)

Pharmacy Manpower Issues:

The reports have been written that indicate how short of staff the profession will be by 2020. Technicians will be asked to fill in the gaps and do more, if not most, of the day to day activities. There are some wonderful examples of how technicians have expanded their roles. Now we must prepare them for these roles.

Conclusion:

Please do what can be done as soon as possible to develop standards for pharmacy technician training. We must screen potential students for proper reading, English and math skills before training begins, because 20% of the population is illiterate and more than half cannot perform elementary algebra skills. We must place the students into programs that have an accreditation process to meet the established standards, otherwise anyone can establish a training program. (One of my students did that because I had trained her so well and now she felt confident that she could train others). We should offer the highest standards possible: we will not be sorry if we give the public the highest possible quality pharmacy service we can

Thank you for reading this long paper. I feel I have so much more to say and would be willing to assist in any way I can. Good luck with all the future decisions.

Jan Keresztes, Pharm.D., Coordinator, Pharmacy Technician Program at South Suburban College in South Holland, IL. Email: jkeresztes@southsuburbancollege.edu

Mike Rouse

From: Renee Acosta [racosta@austincc.edu]
Sent: Friday, December 12, 2003 2:25 PM
To: Mike Rouse
Subject: RE: Technician Education

Mike,

Those are my comments and do not reflect the views of the college. I also sit on ASHP's Commission on Credentialing, but I do not speak on their behalf. I will, however, be sharing my views and the topics discussed in New Orleans with them in March at our meeting.

It was good to see you in New Orleans. I wish you a lot of luck as you continue on in this project.

Renee'

Renee' Acosta, R.Ph., M.S.
Pharmacy Technician Department Chair
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-----Original Message-----

From: Mike Rouse [mailto:mrouse@acpe-accredit.org]
Sent: Friday, December 12, 2003 2:11 PM
To: Renee Acosta
Subject: RE: Technician Education

Renee

Thank you for these detailed comments. I will study them, and they will certainly be very helpful as ACPE compiles and analyzes the submitted comments.

Can I assume that, in view of your use of the first person ("I") these should be taken as your personal comments? Or do they officially represent the views of the college?

It was good to see you in New Orleans.

Best wishes

Mike

Mike Rouse B.Pharm (Hons); MPS
Assistant Executive Director
International & Professional Affairs
Accreditation Council for Pharmacy Education (ACPE)
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Tel: +1 (312) 664-3575
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Mike Rouse

From: Renee Acosta [racosta@austincc.edu]
Sent: Friday, December 12, 2003 2:05 PM
To: Mike Rouse
Subject: Technician Education

1. I agree that we need to establish national standards regarding education. I believe that the ASHP model is excellent and should be used by ACPE as a foundation to build upon. I am concerned about states, like Texas, who use "Board approved" in their laws/rules. As a former pharmacy manager, I understand what corporate training requirements are and how they are carried out in a store. Often times a training program looks good, but it is in reality not being carried out by the staff. I would like to see very specific national standards that would enable people trained on-the-job to receive legitimate training.

2. I feel that establishing national standards without requiring education prior to taking the PTCB exam is pointless. If a person can sit for the exam without any education/training, then what is the point? Basically, we are forcing education and training on those who are willing to receive it, but allowing a large number of people to enter the profession without it. Without closing this loop, the national standards are worthless.

3. I think that distance learning options need to be looked at. ACPE needs to determine how they are going to handle programs taught to and from multiple sites. How is quality assurance going to be ensured? Who is going to be held accountable program to program? How can the student be identified on-line (is it the student or someone else doing the work)? I would think that this is much bigger in the pharmacy technician world than in the pharmacy world.

4. I think there needs to be a distinction made between education and training and those courses designed to pass the national exam. Most ASHP accredited programs are so far above and beyond what the national exam tests for that the exam is basic for those students. I do not feel that the courses that simply prepare someone for the national exam should be considered as a technician training program.

5. I think we need to educate the profession of pharmacy about technicians. Pharmacists do not understand how to best utilize technicians because training is not standardized. If training becomes more concrete, then I think pharmacists will be more willing to release those duties that do not require a pharmacist. Also, I think we need to educate people regarding what is involved in education and training. Many pharmacists train technicians in a "trial by fire" situation, which can no longer be blindly accepted by the profession. We also need to educate that technicians should be "educated" (classroom) and "trained" (lab/on-the-job).

Thank you for your consideration of my thoughts. Please, contact me if you have any questions.

Renee'

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racosta@austincc.edu<mailto:racosta@austincc.edu>

Cindy

Thank you for your comprehensive response to ACPE's "Invitation to Comment."

My I ask if these comments are your personal comments, or official comments from MATC?

My I also request that, if you still have an electronic copy of the response, that it be emailed to me. This will save time when I am compiling the final report.

Many thanks

Mike Rouse

Mike Rouse B.Pharm (Hons); MPS
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Cynthia J Steffen, RPh
Program Coordinator
Pharmacy Technician Program
Milwaukee Area Technical College



Comments on the Education and Training of Pharmacy Technicians

1. Definition

The current definition is adequate but could be changed to reflect the profession's future and the technicians involvement in more of the dispensing process and clinical activities. For example:

Pharmacy technicians work under the supervision of a pharmacist in delivery of pharmaceutical care.

Associated with this basic statement, education and training should be addressed as well as some generalization of job requirements. As an example in our program description we list the following:

- Prepare/package medications under the supervision of a registered pharmacist
- Prepare inventory and receive and place supplies in stock
- Deliver medication orders accurately
- Label drugs, chemicals, and other pharmaceutical preparations as directed
- Clean and sterilize equipment and work areas as directed
- Communicate effectively with customers and members of the health care team
- Compute charges and perform basic record-keeping
- Follow detailed procedures with accuracy
- Apply mathematical concepts to dosage calculations
- Demonstrate computer skills (word processing, spreadsheet, and internet)
- Exhibit a high standard of personal discipline and responsibility
- Adhere to state and federal regulations governing the practice of pharmacy
- Understand and utilize the principles of aseptic technique for the preparation of sterile products

2. Levels of Pharmacy Support Personnel

Pharmacy technician levels of support personnel should follow closer to the current pharmacist model and have two levels, a trainee or intern level and pharmacy technician. The reason being that broad based training allows for movement between sites without re-educating and because the end site distinctions can be blurred with clinics in hospitals, long term care facilities, and so on.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

Trainee or intern – this would be a student, who, working under the supervision of another tech or pharmacist is in the process of completing educational/training requirements. This would be a temporary level maybe lasting up to 1 year.

Pharmacy Technician – this would be the standard educational level. The pharmacy tech would have completed an accredited program.

Individual job sites should be left to form career ladders within their own institution based on additional training, education, or experience (Pharmacy Tech I, II, II or clinical tech, inventory tech, narcotics tech, chemo tech).

4. Education

Graduates of our program have found there is a high level of responsibility required in the workplace. For example, anyone can be shown how to do the calculations and make a sterile product without any concept of the importance of handwashing, proper use of the hood, or quality assurance with sterile products. There are many other complex areas of pharmacy practice that technicians will be involved with in the future. More responsibility and education leads to retention in the career which will be necessary as we move forward.

Every pharmacy technician should complete an accredited training program.

Before entering a program the student should show basic competency in math, reading, and sentence skills through a placement exam or high school/ GED coursework. The student should have a high school diploma or GED.

Formalized classroom instruction should be part of the program as well as laboratory and clinical experience. Following the ASHP model curriculum is a good starting place.

Once the student has completed the program, some amount of continuing education should be required as is the case currently with certified technicians.

5. Training

A certain number of lab and clinical hours should be required as part of an accredited training program. Again I am in favor of broad-based training so all technicians receive standardized training.

Job site orientation and training would be independent of a training program and carried out by the specific employer who hires a technician.

6. Quality Assurance

The most appropriate system of quality assurance would be accreditation of programs by a national accrediting body like ACPE. This would assure consistency among programs with defined prerequisites, lab hours, clinical time, class time and defined learning objectives.

Once a student completed a program, the individual states should require registration and documentation of continuing education.

Mike Rouse

From: steffenc@milwaukee.tec.wi.us
Sent: Wednesday, October 22, 2003 8:36 AM
To: Mike Rouse
Subject: Re: Education and Training of Pharmacy Technicians



White Paper
Comments.doc



ATT01003.txt

I wrote the comments but they came about as a result of my personal opinions extensive discussion and the written comments of my part-time faculty (some pharmacists and some technicians), my education assistant who has been a technician for 30 years, and discussion by our advisory committee. I guess you could consider this our official comments. I'll attach the file for you.

Cindy

At 12:19 PM 10/21/2003 -0500, you wrote:

> Cindy Thank you for your comprehensive response to ACPE's
> Invitation to Comment. My I ask if these comments are
> your personal comments, or official comments from MATC? My I also
> request that, if you still have an electronic copy of the response, that it
> be emailed to me. This will save time when I am compiling the final report.
> Many thanks Mike Rouse Mike Rouse B.Pharm (Hons); MPS
> Assistant Executive Director & Professional Affairs The American Council
> on Pharmaceutical Education (ACPE) 20 North Clark Street, Suite 2500
> Chicago, Illinois 60602-5109 USA Tel: +1 (312) 664-3575 Fax: +1 (312)
> 664-4652 Email: mrouse@acpe-accredit.org Website: www.acpe-accredit.org
>

Mike Rouse

From: Nancy Watts [Nancy.Watts@chattanoogastate.edu]
ant: Tuesday, December 16, 2003 1:55 PM
To: Mike Rouse
Subject: RE: response

Mike:
Take the response from me personally. However; all points listed came from discussion with advisory committee. Thanks
nancy

Nancy V. Watts, Pharm.D.
Director Pharmacy Programs
Chattanooga State Technical Community College
4501 Amnicola Highway
Chattanooga, TN 37406
(423) 697-2568

-----Original Message-----
From: Mike Rouse [mailto:mrouse@acpe-accredit.org]
Sent: Thursday, December 11, 2003 12:04 PM
To: Nancy Watts
Subject: RE: response
Importance: High

Nancy

Thank you so much for your response.

As you mentioned that the subject was discussed by the advisory committee, should these comments be regarded as coming from the college or from you as an individual? Please advise, as this helps us to categorize the responders.

Thanks

Mike Rouse

Mike Rouse B.Pharm (Hons); MPS
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Website: www.acpe-accredit.org

ACPE was founded in 1932 as the American Council on Pharmaceutical Education

-----Original Message-----
From: Nancy Watts [mailto:Nancy.Watts@chattanoogastate.edu]
Sent: Wednesday, December 10, 2003 10:20 AM
To: Mike Rouse
Subject: response

As director of an ASHP accredited program, I would like to make a response to your survey. The discussion was held at our last adv

Mike Rouse

From: Nancy Watts [Nancy.Watts@chattanoogastate.edu]
ent: Wednesday, December 10, 2003 10:20 AM
to: Mike Rouse
Subject: response

As director of an ASHP accredited program, I would like to make a response to your survey. The discussion was held at our last advisory committee meeting held in September.

First, all previously ASHP accredited programs should be grandfathered with ACPE. Next regarding questions:

#1) Definition- some of the members of our committee stated that the word "assists" in pharmacy activities should be replaced with the word performs. Many technicians do duties that a pharmacist does not do.
#2)-#4 training-Also, many members felt that eventually there will need to be different levels and areas of specialty for technicians similar to the trend of pharmacists-such as specialty credentialing.

I hope this input will be useful. Please contact me if you need future assistance. We have a large and active advisory committee consisting of all area District Pharmacy Managers and Directors. Technicians also serve on this committee. Thank you.

Nancy Watts

Nancy V. Watts, Pharm.D.
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D 96

Mike Rouse

From: Barbara Lacher [Barbara.Lacher@ndscs.nodak.edu]
Sent: Thursday, December 11, 2003 2:25 PM
To: Mike Rouse
Subject: accreditation response

Mr. Rouse,

I have attended a couple of hearings, the latest in New Orleans. I was impressed with the support for Technician education voiced by the ASHP president, however, I feel that not all technician training programs should be accredited at the same level. I feel strongly that those that are "fast track" programs to get a warm body in a position should have a different rating than one for example in a college setting that spends two to three semesters training the student. We have proven in North Dakota that it is possible to train students on-the job in a standardized manner. We have been doing it for 6 years. So those that are fearful of OJT programs need not be, there is a way.

I feel we need to pattern technician training programs after pharmacist training programs. We do not train one dimensional pharmacists. Should we train one-dimensional technicians? (those utilizing an OJT program put out by a chain store)

If ACPE decides to begin accrediting technician training programs I hope they will look at standards to utilized by all. If it is felt that minimum standards are OK in some cases those programs should be differentiated in their Accreditation. I would hope that like the colleges of pharmacy have the same standards that the technician training programs will as well. I would also hope that this will culminate in National Exam - be it PTCB or another. But that the right to "practice" is granted to those that first graduate from an accredited program and secondly pass the national exam. Just like Registered Pharmacists.

Thank you for your support of technician education.

Barbara Lacher BS, R.Ph.Tech., CPhT
Assistant Program Director
North Dakota State College of Science
800 Sixth Street North, Wahpeton, ND 58075-0002
phone: 701-671-2114

12/11/2003

D 99

Mike Rouse

From: Moscou, Kathy [kmoscou@sccd.ctc.edu]
Sent: Friday, December 12, 2003 4:15 PM
To: Mike Rouse
Subject: RE: ACPE's Invitation to Comment: Pharmacy Technician Education and Training: Deadline for Submission of Comments Extended

Mike: Here are my comments. The delay has been in putting them in the desired format. As you can see I still have not had time to do this. I do want my comments to be included however. I am sending them now. If I am able I will reformat them and send additional commentary. Thanks for the eminder note. Kathy Moscou Director North Seattle Community College Pharmacy Technician Program

-----Original Message-----

From: Mike Rouse [mailto:mrouse@acpe-accredit.org]
Sent: Fri 12/12/2003 7:43 AM
To: Mike Rouse
Cc: Ronald Nickel Ph. D (E-mail); Christine Nimmo (E-mail 2); Linda Strand (E-mail); Jeff Goad (E-mail); Cindy Sheldon (E-mail); Al Klewin (E-mail); Stanley Shaw (E-mail); Evelyn Shannon (E-mail); Bruce Briggs (E-mail); Noah Reifman (E-mail); Earl McKinstry (E-mail); Phara Rodrigue (E-mail); Laura Miller (E-mail); Karla Dooley (E-mail); Kim Felt (E-mail); Peg Brownlee (E-mail); David Knapp (E-mail); Douglas Hoey (E-mail); Kathy Cielak (E-mail); April Shaughnessy (E-mail); Gail Askew (E-mail); Doug Ray (E-mail); Kathyrn Kuhn (E-mail); Jan Keresztes (E-mail); Joy Fickeisen (E-mail); Moscou, Kathy
Subject: ACPE's Invitation to Comment: Pharmacy Technician Education and Training: Deadline for Submission of Comments Extended

Please note that after today, **Friday December 12**, comments received are **still welcome** but they are **unlikely to be included in the report** that will be submitted to ACPE's Board of Directors in January 2004, and considered by the Council on Credentialing in Pharmacy (CCP) in February 2004.

Thank you

Mike Rouse

Mike Rouse B.Pharm (Hons); MPS

Assistant Executive Director

International & Professional Affairs

The American Council on Pharmaceutical Education (ACPE)

20 North Clark Street, Suite 2500

Chicago, Illinois 60602-5109

12/12/2003

Testimony for Washington State Board of Pharmacy Hearing on Standardization of Pharmacy Technician training- August 18, 2003

Submitted by: Kathy Moscou, RPh
Director
North Seattle Community College Pharmacy Technician Program, Seattle, WA

As I stand before you today I am reminded of a similar hearing held nearly 10 years ago. Back in 1994 the Washington State Board of Pharmacy put together a task force to discuss many of the issues we are discussing today. I note, with some concern the slow pace of change yet acknowledge that our presence today is indicative that many are finally ready to implement needed changes.

There are many challenges facing the practice of pharmacy today. Pharmacists are providing more cognitive services and DUR, to an increasingly mobile population. Medications and services will most likely continue to be paid for by third party insurance carriers. The number of prescriptions processed is projected to increase from 2.8 billion per year (1999) to 4 billion by the year 2005. The number of pharmacists is not projected to keep up with the demand. In fact, the number of prescriptions will increase by 36% while the number of pharmacists will only increase by 4.5%. How can pharmacy face of these challenges?

Pharmacists have relied on pharmacy technicians to perform duties since mid-1940.ⁱ Although pharmacy technicians are widely used, technicians receive varying degrees of training before being hired.ⁱⁱ Expanding the role of the pharmacy technician, thus enabling the pharmacist to play a greater role in patient care provision, may be the answer to the nations problems of growing volume of prescriptions, aging population, and pharmacist & pharmacy technician shortages.ⁱⁱⁱ However, the expansion of the role of pharmacy technicians must be in tandem with standardized training and the institution of a national examination to determine competency. Currently, pharmacy technicians receive training in community and junior colleges, universities, vocational-technical schools, and on-the-job training programs. The length and scope of training varies significantly between programs. Indeed program length of existing programs ranges between 540 hours and 2145 hours, the average length is approximate 970 hours.

Comprehensive training is crucial to the development of good pharmacy technicians. There are many arguments that can be given to justify the call for comprehensive standardized training. Well-educated pharmacy technicians perform their job more efficiently. They spend less time searching for drugs when they have good brand/generic name recognition and pharmacists are

interrupted less when technicians have been educated in appropriate warning label selection. Pharmacy technicians educated in pharmacology have the skills to identify the drug requested for refill when the patient can't remember the drug name. It is relatively common for a patient to request a refill of their "water pill." A pharmacy technician who has received comprehensive training would be able to select the diuretic listed in the patient profile and confirm it is the medication desired by the patient. Pharmacy technicians who have received comprehensive training are able to effectively assist pharmacists in the provision of quality patient care because she/he has an understanding about drug interactions, therapeutic duplication, and excessive dose alerts screened by the computer. Moreover, these technicians recognize the importance of notifying the supervising pharmacist. Furthermore, pharmacy technicians that have received comprehensive training are able to quickly step into any practice setting, as they have received education and skills to enable them to practice in institutional and ambulatory care settings. We do not train pharmacists to work in a single practice setting nor should we limit the education of pharmacy technicians. To do so does not serve the current needs of pharmacy profession and it does not serve pharmacy technicians.

Some would argue that on-the-job training must remain as a primary method of educating pharmacy technicians because no other opportunity for education exists in rural settings. The number of formal academic programs, however, has been rapidly expanding. According to the White Paper on Pharmacy Technicians: 2002, the number of academic programs in 2002 was approximately 247 schools in 42 states. This number continues to grow. When surveyed Pharmacy Technician Educator Council (PTEC), a national organization comprised of pharmacist, pharmacy technician, and other credentialed pharmacy technician educators, chose college/vocational training over OJT by more than 3:1 recommending 1) that college/vocational educational programs should replace on-the-job training programs, 2) that within 10 years, all technician-training programs evolve into 2-year associate degree programs and 3) the continued inclusion of hands-on training as a necessary component of all training programs. Comprehensive education requires didactic and experiential components. Experiential learning should be acquired in both classroom-laboratory and on-the-job settings. Pharmacy technicians must learn the skills required for employment in ambulatory care and in-patient practice settings and this training should be comprehensive, not job site specific.

Several questions must be answered if we are to move forward in our goal to advance to utilization of pharmacy technicians.

- 1. What are the underlying objectives and goals of the standardization of pharmacy technician education?**

To achieve the goal of well-educated pharmacy technicians capable of practicing efficiently and effectively in all practice settings.

2. What level of education is required to ensure competencies have been met?

Preferably 2 years of college education, however, entry-level pharmacy technicians, with reduced job functions may practice with 1-year education.

3. How does this translate to contact hours/ quarter credits/ semester credits?

Entry-level pharmacy technician: 3 quarters/2 semesters (970 clock hours)

Advanced-level pharmacy technician: 6 quarters/4 semesters (@2000 hours)

4. Who should be charged with certifying pharmacy technicians have satisfactorily met required competencies?

Preferably a national accrediting body e.g. ACPE, ASHP, NABP, or PTCB
This will facilitate reciprocity between states

5. What training should be required to sit for a competency exam?

Education/training in a formal, accredited, pharmacy technician program should be required to sit for the competency exam.

6. How do we facilitate transition to formal pharmacy technician training?

As Washington State, require formal training in order to obtain licensure/certification to practice. Establish a requirement that training must be obtained in an accredited program. Additionally, establish training standards and require all providers of pharmacy technician education to meet standards to be accredited.

7. How can we ensure pharmacy technicians receive comprehensive training, thus enabling them to work in all practice setting?

Include, in training standards, a provision requiring all training programs to provide training to provide skills needed for institutional and ambulatory care practice settings. All pharmacy technician programs must

demonstrate ability to provide comprehensive training in order to be accredited.

8. How do we ensure training programs meet recognized standards and teach to national training standards?

Require program review and periodic re-accreditation of pharmacy technician programs.

9. Who should be charged with accrediting training programs?

Preferably a national accrediting body e.g. ACPE, ASHP, NABP, or PTCB
This will facilitate reciprocity between states

10. How can National Association of Boards of Pharmacy (NABP) facilitate transition to national training standards?

Permit reciprocity for pharmacy technicians trained in other states, if, pharmacy technician education was obtained in a comprehensive, program meeting national training standards.

11. Will students certified under the national training standards be recognized by all states and what are the steps necessary to ensure this occurs?

If adopted by NABP, state boards of pharmacy should permit reciprocity for pharmacy technicians trained in other states, if, pharmacy technician education was obtained in a comprehensive, program meeting national training standards.

12. How can we facilitate collaboration between OJT and educational institutions to ensure adequate numbers of pharmacy technicians receive standardized training, until sufficient numbers of educational institutions have developed accredited pharmacy technician programs?

Encourage collaboration between On-the-Job Training programs, employers, and formal academic programs, to maximize utilization of training resources to ensure comprehensive training of pharmacy technicians. OJT in ambulatory practice settings could establish partnerships with academic institutions to provide sterile product preparation and aseptic technique to pharmacy technician trainees. Institutional care OJT trainers could establish partnerships with academic institutions to provide ambulatory prescription processing including 3rd party insurance billing and computer skills.

13. What adjustments would be required by existing colleges, technical schools, and employers providing pharmacy technician education to meet the new standardized program?

Review of existing resources and training facilities to determine need for expansion of existing resources may be necessary.

Review of program content to assure training standards and competencies are satisfied by existing program. Program expansion or revision may be needed.

14. If minimum standards are established, requiring core courses that must be covered by training programs to achieve accreditation, what adjustment period will be provided for programs not currently meeting these standards?

No more than 1-2 years

15. Will any programs be grand-fathered even though they do not meet the new standards?

Graduates of programs not meeting new standards might be grand-fathered , however, ALL training programs should be required to meet new standardized, comprehensive training requirements

16. What communication strategies and next steps are necessary to move forward on adoption of standardized pharmacy technician education?

Today's hearing is a first step in this process to facilitate communication and move forward in this process to adopt comprehensive, standardized pharmacy technician education. Continued work is required. Establishment of competencies needed to ensure safe, accurate, provision of pharmaceutical care is necessary to proceed. Review of competencies outlined in ASHP's Model Curriculum, created with the assistance of AAPT, PTEC, APhA, AACP, and NACDS will facilitate this process.

7/30/03 km

ⁱ Mott, D., Vanderpool, W., Smeenk, D., Ohio Institutional Pharmacy Technicians' Demographics and Attitudes Toward National Voluntary Pharmacy Technician Certification: An Exploratory Analysis, Journal of Pharmacy Technology January/February 1999 Vol. 15 p.18

ⁱⁱ ibid. p.18

ⁱⁱⁱ Schneider, J., Pharm D., M.S., Nancy Nickman, Ph.D., Improved use of time after structural and staffing changes to an ambulatory care pharmacy, Am J Health System Pharmacists, Vol. 55 Dec 1 1998

D103

Mike Rouse

From: Jeanetta Mastron [rxjm2002@yahoo.com]
Sent: Monday, December 22, 2003 2:15 AM
To: Mike Rouse
Subject: Response to Comment

Dear Mike As per your email I am emailing you with my response to the Invitation to Comment on Technician Education and Training. I emailed you 3 times after getting your last email confirming that you would accept my comments, but they returned without any comment from you. I do hope that you will get this. Please email me back with a notice that you got it. Most Respectfully, Jeanetta Mastron
CPhT BS Chem

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12/22/2003

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Current Editor and CE Author for NPTA's "Today's Technician" magazine

NPTA Pharmacy Technician Educator of the Year Award 2002

Self proclaimed National Advocate for Pharmacy Technicians since 1994

Self proclaimed National Advocate for minimum national standard of education and qualifications for Pharmacy Technicians since 1994

Founder/Owner of PTCB Study Group! on Delphi 1999 to 2002 And Jeanetta's PTCB Study Group since 2002 on Yahoo :

<http://health.groups.yahoo.com/group/JeanettasPTCBStudyGroup/>

Dear Mr. Mike Rouse,

I am responding in written form to the "Questions to be Considered" taken from the ACPE site "Invitation to Comment: Education and Training of Pharmacy Technicians". I shall follow the 'accepted format and then add my own thoughts thereafter:

1. **Definition**

I accept the definition that is listed in the The 2002 White Paper. :

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

If one would consider adding anything I would add:

"A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist." A pharmacy technician is an individual working in a pharmacy setting who under the supervision of a licensed pharmacist, assists in pharmacy activities that requires the expertise of a formally educated and skills trained pharmacy technician.

To combine the whole definition I would restructure the two sentences to:

'A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist, which do require the expertise of a formally educated and skills trained pharmacy technician.' Jeanetta Mastron CPhT

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

2. 1. I happen to believe that **ONLY Pharmacists and Pharmacy Technicians as well as Pharmacist Interns and Pharmacy Technician Interns should be the only personnel working in the pharmacy, handling money, prescriptions, insurance and drugs etc.** I do not believe that 'clerks' should be working in hospital or retail pharmacies, handling prescriptions or even 'cashing out' patients.

2. 1.a. The main reason that I do not believe that clerks should work in a pharmacy is the fact **that clerks do not have to go through any education to input prescriptions into a computer, yet they do this all the time. Further clerks do not know what drugs are in what classification, or side effects or drug interactions, but techs should know this and many do.** If a tech hears a patient say "I keep getting this headache", while cashing out the pt the tech should ask if the pt would like to speak to a pharmacist. It is possible that the medication (refill?) is causing the headache or the pt should not be on the medication if the pt experiences headaches. Clerks are not alerted to these possibilities. In fact non-educated techs are not alerted to these things, which can further help and deter medication errors. In addition, greeting a pt at a window can also stimulate a conversation that a well-educated tech will pay special attention to and listen for symptoms, which may be SE's or TE's or possible contraindications. An educated or trained tech would or should report this to the pharmacist. Only a pharmacist can determine whether or not the information is pertinent. But if the pharmacist is not informed a patient may suffer. **Clerks do not have enough knowledge or information to make the decision to inform the pharmacist.**

2.1.b. One more thing that really gripes me is the fact **that clerks do not get their criminal history checked out yet they are behind the counter with the drugs also!!!** What good is this if we require techs and pharmacists to get a criminal background check, but not clerks? **So everyone should have a criminal background check if they work a pharmacy. Even if that means that they only sweep the floors and clean the toilets!**

2.2. I do not believe that a category as clerk should exist. Instead **utilize techs who have gone to school in this entry level position to work their way up.** Do not take the food out of the mouths of those who went and should go to school.

To accept this one must accept the premise that only educated individuals should work behind the counter.

2.3. One of the biggest problems in pharmacy is that retail companies are continually hiring individuals who are untrained and uneducated as clerks and then training them to be techs. At least half of these companies 'promise' them that they will become techs and pay them more. Later the "new" tech is let go because of a ratio conflict. Then a new person is hired and trained as a clerk/tech, all over again. This further compounds and adds to the 'theory' (rather myth that some pharmacists believe) that clerks and techs are a dime a dozen and disposable. Many Pharmacists do not give much responsibility to technicians especially in retail, because they cannot keep them very long, not allowed to keep them very long or are not kept very long by the chain. Mainly because trained techs cost more to keep. And in turn this perpetuates the myth that store trained techs are not smart enough or trustworthy or dependable to take on more duties or responsibilities, and therefore do not deserve more pay or recognition. In many stores/chains around the country there is no difference between a clerk and a tech, only pay, length of time on the job and title. There is such a great turnaround; many pharmacists find it easier to do a clerk/tech job themselves rather than train someone (a tech) to do it, because they will not have the tech much longer anyway.

2.4. I do believe that there should be a definition of a retail pharmacy technician and a hospital technician only to differentiate the type of duties and responsibilities. However I do not think that it needs to be a 'law' binding definition, as there must be room to grow within the field as the role of the technician changes and evolves not only in over the next 20 years, but within a given company over a specific period of time.

2.4a. I do believe that every facility has the right to define levels of personnel within a specific department for the purposes of job definition and description for delineation, responsibility, pay scale and merit increases. I do not think it is necessary to legally define various types of technicians such as:

Nuclear Pharmacy Technician
IV Technician
Managed Care Technician
Diabetic Care Technician

at this time.

Not at this time!!! I think this subject should be revisited if ACPE accepts the task of developing national standards and an accreditation process for pharmacy technician education and training. After standard education is adopted and implemented then I think then we can add to the courses specific

training for specific types of work such as those listed above. When this happens we can then discuss legal definitions of specialized technicians at that time.

Definitely do not use the words: Pharmacy Assistants. This is a demotion to the title of pharmacy technician. At one time techs were called clerks, lipstick girls, delivery boys, typists, cashiers and assistants. We **WON** and **EARNED** the right to be called **TECHNICIANS!** “Assistants” are less than technologists or technicians. It means similar to ‘clerk’. The word assistant would be a demotion an insult to many like me who have worked hard to get the title ‘technician’. We do not call Xray technicians Xray assistants. We do technical work. Therefore the words technician or technologist apply.

I do think that PTCB should have Three (3) certifications and I was the First to put this in writing on the PTCB message board:

1. A Combination Certification which would require a PTCB Retail/Hospital Technician exam that would mean that the tech can work in either Hospital or Retail. This test would be similar to the current one, but much harder.
2. Retail Certification: Specific test that would have only retail technician related functions, knowledge and skills, but have questions much harder than the current exam.
3. Hospital Certification: Specific test that would have only hospital technician related functions, knowledge and skills, but have questions much harder than the current exam.

2.4.b. However I think if you look strongly at the definitions of Technician and Technician Student Intern (extern) that ASHP has outlined in its Model Curriculum that you can expect to use or develop a similar definition for support personnel. **However keep in mind that I do not want “clerks” as support personnel. I believe that the merry go round of not educating or training individuals to become technicians will continue if we continue to employ clerks, as untrained cheap labor.**

2.5. I will be referring to the current ASHP Model of curriculum many times. I personally think that it is time for a national standard for the education and training AND QUALIFICATIONS of pharmacy technicians is long over due. However, I think the standards that ASHP has set forth are usable and excellent and meet every current need. I do not see why we would want to spend time re-inventing the wheel. What must be done is to REQUIRE that all states require technicians to be formally educated and trained. Then once that is done we can accept or develop a standard of education and training. At that time I would be in favor of the adoption of the ASHP model curriculum and BY ACPE, instead of developing a new one, as the standard, with the exception of allowing tech to be trained on the job*. The only exception that I have to the standard is the length of time of a program. I believe it should be a minimum of 1000 hours, not 600.**

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

3. As a pharmacy technician educator who is a CPhT not a pharmacist I will respectfully leave the definition of a pharmacist and pharmacist intern to the ACPE and pharmacists of America. However, I will say that I believe that once one is a graduate of an accredited pharmacy technician formal program that one should be prepared for entry level positions that a specific facility would develop and that varying degrees of responsibility, training and knowledge would accompany higher positions or levels of pharmacy technician within a specific company and be reflected in title and job description changes and salary increases.

3.a. For example: a facility may hire someone just out of pharm tech program in an entry-level hospital tech position. Then within 6 months to 1 year or so, as long as they have passed 'house' competencies promote them to a higher (internal level) position. A pay raise would also follow. It is also possible that some new grads would also be able to hold a position of higher level because of their own savvy and ability. They should not be held back if the facility directors/pharmacists believe that the graduate is capable.

3.1 How many levels? That depends upon the facility.

Do I think we need to micromanage individual facilities by defining for them the specific duties of each or levels? **NO! Absolutely I do not.**

3.1a. As an educator and one who makes money on the side teaching seminars, Ce's and CPhT prep courses etc, it would be easy for me to say "Let's require techs to be certified in a specific area", so that I could make even MORE money by teaching these specific seminars and training sessions. An example is "IV certification". Across the nation we hear a lot about hospitals and some states wanting IV techs to be or have "IV certification". I say this is crap! (sorry!) If a tech goes to a formal Pharmacy Tech program there would be NO need to certify them 'specifically'. And therefore the techs would not be going to school, completing a program, only to have to pay more to be specifically IV certified. I looked into the programs that cost \$1000 to certify a tech to be a certified IV tech and it is exactly what we teach in an ASHP approved formal pharm tech program. The only reason the states or individual pharmacies are requiring this so called IV certification, is to be sure that the tech has a base or foundation of aseptic technique and IV making including math so that when the hospital personnel trains them they can cut all that out and go for the specifics. This insures a better tech and cuts out time. This is a good reason, but if all techs were required to go to a formalized

educational and training program the techs would graduate having had a rotation through both retail and hospital having performed IV's both in the classroom/lab and the hospital real world settings. There would be no need for further IV certification. Let's try this: **There is NO need for such in the states of Utah, Washington and California where formalized education is required. So if we then accept a new standard of education for techs then that standard of education should include IV training. After which one would not need further "IV certification".**

3.1.b. In addition there is no more 'clerk' to tech' grandfathering in, in the state of California as of year 2004. I wonder why that is? (I am being sarcastic here – sorry if I offend anyone, just passionate I guess). It is because California learned that OJT techs do not make good techs. Maybe they know some skill, the how's, but definitely they do not know the 'why's'. So the techs that are trained on the job only, just do not measure up. California Pharmacists desires to have educated techs in their facilities outweigh the commercial retail desires to cut costs by cutting out the pay for formalized techs.

3.2. You see the old definition of a tech as you have in item #1 only applied when techs did not need the expertise of a formally educated and trained technician. That time is gone and has passed us by. The pharmacist needs to have a technician who can assess a given situation and KNOW his or her limitations and also know what she or he CAN do to handle a situation without calling upon a pharmacist, because his or her education provided the means and expertise to do so. This is what California pharmacists want. Ca Pharmacists do not want a mindless, fact-less, task/duty-performing robot. They want pharmacy technicians who can think and base his or her thoughts on previously taught material to make the right choice, do the right thing and also one who can KNOW if it is in their field of expertise and/or a pharmacist must be called instead. They want someone who knows their limitations and can still work on their own with minimum supervision. This is what happens in California and Washington, because of the high standards of education.

3.3 The Role of the Pharmacy technician should not be limited to physical labor. The educated technician should lead the technician to do supervision of other technicians, perform control substance inventories with pharmacist supervision, make control substance IV syringes/pumps, do clinical pharmacy technical duties to flag potential problems for the pharmacist to review, fill cassettes and robotic dispensing equipment, order supplies, medications except controlled substances enter hospital orders into the computer, etc. Judgment calls regarding which devices to use while making IV's, the determination that one must call the doctor for a clarification or authorization etc should be left to the technician as routine decision-making and as part of the job description and 'expertise'. Any and everything that techs are allowed to do in the states of California, Washington and Utah where education is required should be accepted as routine tech work as part of the role of a pharmacy technician..

3.4. Technicians SHOULD NOT TAKE ORAL/VERBAL orders in person or over the phone. This task should be left for the pharmacist who is qualified to assess the

patient's disease state/condition, allergies, contraindications etc. while evaluating the patient's profile during the verbal order.

3.4.a. Techs should be allowed to take 'recorded' verbal/oral orders IF and only if the recording is then heard by the pharmacist BEFORE dispensing of the prescription to the patient or healthcare worker.

3.5. Technicians should be allowed to openly voice their opinions of how something may be done in a different way with out ridicule. It should be accepted and EXPECTED to have input as to potential prevention of medical errors and efficiency.

3.5a. Technicians should be allowed to openly discuss and be expected to ask questions pertaining to new drugs, CE's etc. in order to grow, with out ridicule by pharmacists. Pharmacists should not fear that techs are taking their jobs! Ratios and laws preventing the techs to perform pharmacist duties must prevail.

3.5b. Pharmacists should want and be expected to want better trained and educated technicians to better serve the patient and to help protect the patient and provide safe dispensing practices.

3.6. Technicians should be taught and expected to 'listen' to the patients' discussions about side effects or disease state symptoms and report all to the pharmacist without the pharmacist ridicule. Pharmacists should be expected to check out any and all potential problems pointed out by the technician. Pharmacists should be treating technicians with respect and giving them encouragement instead of demeaning them and laughing at their desire to do better and learn more.

3.7. Where am I getting this from? Well having been on the Internet for 6 years I have read complaint after complaint from retail technicians. It seems MOST (not all) retail techs in states other than Washington, California and Utah are taken for granted. Most are paid minimum wage. Most are trained by a pharmacist on only what that particular pharmacist wants them to learn. It is funny but some pharmacists actually allow their techs to do more than what they should be doing, like counseling patients! But they do not teach law to them. So the poor techs do not even know that they are breaking the law! YES this is happening! It happens less now that chain stores are providing some training. But it still happens, especially in the private retail pharmacy sector.

Retail technicians write and post on the Internet what they cannot say at work because of the fear loosing their jobs and income. Many email me personally. Funny how none of this seems to affect hospital techs.

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.¹

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

4. I believe that a technician student may be enrolled in a class as long as she or he is 16 yrs of age, in their senior year (as my high school students are). When they graduate the Rx program they should be able to begin an internship at 17 yrs old. But they should not be allowed to practice as a licensed or registered technician until they are 18 yrs old. This insures a level of maturity that is needed to work with the public, pharmacists and other healthcare workers.

4.a. Technician students must have a health screening and prove no communicable diseases and possibly have inoculations before interning. NO Hepatitis and NO Tuberculosis (TB), especially before interning, but I prefer the screening before entering the program.

4.1. Technicians should be registered meaning that there is a list of individuals who have met the minimum educational, training and other criteria for being a tech. The registration should be paid to the state, at the expense of the technician applicant and include:

1. Proof of age
2. Proof of Identification and citizenship, drivers license
3. Proof of no criminal background, includes fingerprints
4. Proof of graduation from an accredited school for pharmacy technicians or proof of education and training in a military branch of the US armed services; where graduation must include.
 - a. An internship
 - b. Specific numbers related to attendance (See ASHP model).
 - c. Grade 75% or higher of average grade score
5. Since I believe in having **ONLY pharmacy techs as support personnel** that would include pharmacy tech interns. Interns would have to comply with all of the accreditation standards set in place by ACPE (similar to what is in place by ASHP now)
6. **There should be at least 1000 hours required at a formal pharmacy tech program.** In this program 200 hrs = classroom didactics, 320 hrs = lab in a classroom setting, and 480 = internship (sometimes called externship).
7. **The pharmacy tech program should have its own finals. But the state should also require PTCB passing within 15 months of working as a technician, not necessarily before becoming a technician.** This would give the individual three tries at passing AFTER one has graduated from a program AND worked in the field for a while. Since the PTCB has questions that only an experienced tech would know, giving the individual extra time to acquire experience is important. This law would mimic a bit of Texas law.
8. Each state must have a **state law pharmacy technician exam**, like Utah and Washington have for technicians.
9. Each state must have a **test on AIDS** like Washington has.
10. Tests could be proctored on the **SAME** day and location as the PTCB.

4.2. **I do not believe that a 2-year Associate of Science is necessary to perform the job of a technician.** But I do think that going to school getting an AS will make a better well rounded person and one who may better relate/communicate with the pharmacist and other healthcare workers. I personally attended a junior college and was given a choice of AS or Certificate in Pharmacy Technician. I went for the Certificate of Completion, but I had already had a BS in Chemistry. Since the didactics (about 1000 hrs) of pharmacy tech is the SAME in a 2 yr program as it is in a private vocational school or other pharm tech program, the AS graduate does not know more about pharmacy teching than the voc school grad. Both of the programs in California and Washington require internships. The 2 yr public junior college AS program is cheaper but longer; while the private voc school is a shorter, more expensive program.

4.3. **I am totally against On the Job Training that is considered 'formal' or otherwise, as a 'sole' avenue.** Some chain stores (retail pharmacy) provide a 'formal' training with classes and a manual. These are designed to help the tech to learn trade generics and classifications, and a few computer or insurance adjudication processes. But the big problem with this method is that the training is purely skill, rarely with any didactic and it is provided only to train the tech to be a better 'company' employee not a totally educated or trained technician. It does not train the tech to be a hospital tech. There is very, very little 'education' if any. And the pay is not always increased after the training period. And what pay is there is very, very little in the first place. I have had many a complaint that the chain training is minimal. Still it is much better than 'none' at all or the miss-match training of private OJT training from a mom and pop pharmacy or some chain pharmacies that do not provide the 'same' training for all techs. When training is inconsistent because there is no standard or the pharmacist can choose just what he/she wants to teach or introduce the tech to it produces inconsistent results. That means that the tech from XYZ Pharmacy on the northwest corner of a particular street will have a different baseline or foundation of information and skills as the tech at ABC pharmacy at the southeast corner of the same intersection of the same City and State. Can anyone explain why a pharmacist would want a tech to work for him or her who would not have a basic foundation of pharmacy, to help prevent med errors and to alert him or her of any potential error????? Why is it that the medical assistant to the doctor has to go to school, and has to be certified but pharmacy technicians do not have to? (not sure about all states). What are pharmacists thinking? If pharmacists do not respond to this invitation to comment by finally approving and demanding that techs become better educated then they should be the only one, the sole person, responsible for medical errors in the pharmacy. There is no excuse for this mid-evil backwards way of thinking. Progress needs to be made. **NOW! ONLY** educated and trained technicians should be held responsible for errors that they make. **If the pharmacy profession does not want standardized education and training for the techs then they must accept full responsibility in a court of law. If a tech is educated and trained then the techs should be held accountable for any wrong doing, as she he would know their limitations as a technician. All is fair with education in practice! Without education we keep the technician in the dark. And that darkness can leave a patient permanently disabled or dead. Lets face it even educated doctors, nurses and**

pharmacists are capable of making medical errors. Why would we want to increase the odds?

Distance Learning –

I think that internet or distance learning is okay **ONLY** if the program provides sites for the student to practice and to have an internship which is twice as long as other formal educational programs with mock labs have. I used to be dead set against Distance learning, after all where are the labs. But after receiving email from one who lives in a rural area where the nearest formal education for pharmacy tech is about 150 miles away. Being a single mother she could not uproot and take the course. So I thought and thought about how we can get around this. I decided it must be with formal education via net or mail in didactics, yet the practical would be a much longer internship at a location that the learning institution sets up including malpractice insurance.

5. Training

*Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.*¹

5.1. For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

5.2. Since I believe that only pharmacy technicians and students on internship should be the only support personnel, no clerks, then training would be of technicians only. I have outlined that I believe each and every tech must go to a formalized pharm tech program in #4 above. In so doing part of that program must include training that is comprised of 200 of 1000 hours as mock labs in a classroom setting + 320 of the hours as an internship in a hospital (IV work) and retail. Also 480 of the 1000 hours would be for classroom didactics.

NO OJT “ONLY” training will be allowed to be substituted for didactics.

5.3. Individuals would not be allowed to become Technicians unless they had a classroom didactic course of a minimum of a minimum of 450hours. Didactics, goals and objectives would include the same as outlined by current ASHP model curriculum.

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

1. Quality assurance systems should be similar, if not exact, as those outlined by current ASHP model curriculum. Accreditation for 2 yrs, then 4 yrs then 6 yrs.
2. Competencies at the internship must be met and documented.
3. Sites must be visited and evaluated.
4. Preceptors must be interviewed and qualified to teach or train interns. All must be documented. Adopting similar methods as to what and how it is done for Pharmacy School would probably also suffice.
5. Lab tests, written exams during the education/training process as in any other educational program would prevail, along with a senior final at each institution of learning.
6. Periodic Continued Education in the field must be required, along with proof of attendance/passing. Current requirements of 20 CE, including 1 CE of Law per 2 yrs for PTCB is adequate/acceptable.
7. Each state must require the tech to show proof of CE or PTCB in order to keep registration current. Registration must be required in order to work or continue to work as a technician.

Dear ACPE and Pharmacists reading this:

It may sound as if I am against all pharmacists with a tone of anger. The reality is I have had a great experience as a technician with great pharmacists who taught me much, who even took the time to answer my questions about pharmacology. This is how I learned so much about drugs and therapy. It has helped me in my teaching of technicians. But I have had to read the anger of and frustration of retail technicians across the nation. Most have been taken advantage of with low pay, taught only what the pharmacist thinks is necessary and not allowed to move up and forward within the field. Then there is Tennessee that allows pharmacy techs to take oral/verbal orders over the phone, yet the state does not insist on education for these techs! I lived in a cocoon in California, believing that all states required tech education UNTIL 1995, when I found out differently, and in 1999 when I first went on the net and read such horrible things, and later when I met the authors of the posts at tech conventions and seminars. I don't live in a cocoon any more. It has been my personal mission to make everyone and any one aware that techs across the US are not educated and are abused financially. I have been touting the benefits of a minimum standard of education and qualifications for pharmacy technicians for 9 years. My goal has always been to get done what ACPE is now attempting to accomplish. I applaud you. And I offer my help in any way that I can. I am not a rebel, but an advocate. I was the FIRST to post about a minimum standard of education and qualifications on the net and specifically on the PTCB message board. I was the FIRST to outline the comparison of licensed/educated cosmetologists (hairdressers) and non-educated pharmacy technicians (check

the archives of PTCB message board, long before the 2002 White Paper). I was one of the FIRST to point out that here should be a physical lab component to the PTCB exam and the FIRST to request separate exams for retail and hospital technicians .

What has bothered me is the fact that the PTCB states that you must not have any felonies to take the exam. But there is no criminal check or fingerprint required and no enforcement of any kind to check each applicant background. I hope no state is banking or depending on “this is my word , I promise that I do not have a felony” bit. IF ACPE does accept the accreditation and standardization in education challenge, I expect them to crusade the states to accept this also and to require education, registration and certification as law.

Educators:

First of all I am against the attitude that only pharmacists should be teaching technicians. Technicians are certainly capable of teaching other techs. Many students feel more comfortable having techs do so. It is not about the letters behind ones name, but rather the ability to teach that matters and then knowledge and skills that one has to impart. A personal experience: I attended Cerritos Community College back in the 80's. The Pharmacist who taught the pharmacy math course just could not teach the class on a level that the tech students could identify with or understand. It was always ME who gave examples and provided 'rewording' of his statements so that the class could understand. I am sure he was a great pharmacist, but he was a horrible instructor. I am not against pharmacists teaching techs, but I am FOR technicians teaching techs. As long as the tech has experience of at least 5 years and the ability to teach. This includes pharmacology. Techs who teach should also be able to pass a test to prove they know the subject.

Secondly I do think that Program directors should have a BA or BS, or Pharm D. This means that pharmacy technicians can be Program Directors and Educators.

I think techs should definitely be allowed to teach labs. I think the program should be developed by pharmacists or techs and pharmacists. I believe that each institution should have an advisory board.

I want to see each state be required to hire only registered, PTCB certified, formally educated and trained technicians who have had a criminal background check.

Many technicians across the US need more pay, more respect, more recognition and more education and training. Many techs are just glorified clerks and should not be called techs at all. We need to standardize the requirements of being a tech in order to standardize and benefit health care. Techs have the right to go from state to state and expect similar salary and expect that co-workers know as much as the do and have equal or similar

educational backgrounds so that even they can communicate on the same level. Efficiency and safety issues would better be addressed with standardized and required education/training.

Well I have said much and I do hope that I have covered the basis. I want to go on written record that any thing that I have said in the open hearings may be used also by ACPE. NPTA also asked me to be on a task force in which I gave my opinions.

As a director of pharmacy of a school in California I support the above statements.

Most Respectfully,

Jeanetta Mastron CPhT BS Chemistry
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It would assist ACPE to compile and summarize responses if:

- Responses are submitted electronically (Other than at open hearings, ACPE will not accept verbal comments, but will respond to verbal questions regarding the process);
- Responses are submitted using the above framework and numbering;
- Responses (to this initial invitation to comment) are submitted **as soon as possible but no later than October 31, 2003**. (ACPE will accept comments throughout the above-described process);
- Respondents include their name, organization and/or area of practice, and contact details in case follow-up is required. (ACPE will accept anonymous submissions, or conceal the identity of respondents if requested, but would prefer respondents to identify themselves.)

Disclosure

- Comments and statements submitted to ACPE, during the course of these investigations, will be regarded as public record, and may be disclosed where and when deemed appropriate by ACPE;
- Open hearings may be recorded to ensure accurate capture of communications.

Please submit comments by mail, fax or email to the following address:

The American Council on Pharmaceutical Education

20 North Clark Street, Suite 2500
Chicago, IL 60602-5109
Tel: (312) 664-3575 (Questions only)
Fax: (312) 664-4652
Email: techinfo@acpe-accredit.org

Recommended reading and references:

1. White paper on pharmacy technicians 2002: Needed changes can no longer wait. *Am J Health-Syst Pharm.* 2003; 60:37-51
<http://www.ashp.org/technician/TechnicianWhitePaper.pdf>
2. Sesquicentennial Stepping Stone Summits; Summit Two: Pharmacy Technicians. Summit Report http://www.aphanet.org/stat/summit_broch.pdf
3. Barrow W, Milburn G, eds. A critical dictionary of educational concepts. 2nd ed. New York, NY: Teachers College Press; 1970. (*or request extract from techinfo@acpe-accredit.org*)
4. American Society of Health-System Pharmacists. Model curriculum for pharmacy technician training. http://www.ashp.org/technician/model_curriculum/index.cfm
5. Muenzen PM, Greenberg S, Murer MM. PTCB task analysis identifies roles of certified pharmacy technicians in pharmaceutical care. *J Am Pharm Assoc.* 1999; 39:857-64.

December 3, 2003

Mike Rouse B.Pharm (Hons); MPS
Accreditation Council for Pharmacy Education (ACPE)
North Clark Street, Suite 2500
Chicago, Illinois 60602-5109

Dear Mr. Rouse:

Thank you for the opportunity to comment on the development of National Standards for Pharmacy Technicians.

Healthcare is one of the fastest changing sectors of our economy. It has been estimated that by the year 2010, over 40% of the population of the United States will be 45 years old or older. This indicates a sharp increase. As we know, people need more medical attention as they age. Consequently, the number of prescriptions taken increases as the patient ages. The volume of prescriptions dispensed will rise exponentially as the percentage of older Americans magnifies. Prescriptions, whether purchases at the local pharmacy, on the Internet, or through mail-order must be processed by registered pharmacists.

According to the recently published Pharmacy Manpower Project, our country will experience a shortage in registered pharmacists at least through the year 2020. Couple this information with the rising increase in dispensed prescriptions and we are facing a scenario in which the workload of the pharmacist will be tremendous and the number of medication dispensing errors will also likely increase. Now is the time for pharmacy to consider the options available to handle this Amedical emergency.@

Pharmacists have traditionally utilized technicians which they have personally trained to work in their facility. As the number of prescriptions rise, pharmacists have less time to devote to the training of these personnel. It takes approximately three years to competently train a pharmacy technician. Both the increased workload and the time involved make the effort to train a technician difficult.

We are still left with the question of A What is a technician and what is their roll?@ The differentiation between classifications of technicians is very unclear. If asked, most pharmacists, technicians, and chain store managers as well as pharmacy customers do not know the difference between a technician being registered with the State Board of Pharmacy, holding a certificate of completion presented through a company, or being nationally certified with the PTCB. Those

certified through PTCB are required to complete twenty hours of continuing education, with one hour being law, every two years to maintain their certification. In addition, we also have a group of technicians who have completed an Associate Degree in Pharmacy Technology. These technicians have successfully passed a five semester program which includes academic courses, technical pharmacy courses, and clinical pharmacy rotations. This gives us three distinct groups of pharmacy technicians. The task facing us now is to coalesce these groups into one functional category. It is very important that we complete this effort in a manner which will be satisfactory to meet our current needs in pharmacy care as well as provide for the future needs to the best of our ability. I commend you for accepting this overwhelming role.

My response to your questions is as follows:

1. Definition. A pharmacy technician is a individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

A pharmacy technologist is a **competently trained, educated, and certified** individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

2. Level	3. Roles, Responsibilities, and Competencies of Pharmacy Support Personnel
Pharmacy Technician	Registered with the State Board of Pharmacy as a technician, but not yet trained, educated, or certified. Allowed to function as a technician with minimum duties with maximum supervision by a licensed pharmacist. Works with a licensed pharmacist on a ratio of 1:1 Allowed a specified amount of time prior to advancing to the next level The designated time frame should be determined by the accrediting agency.
Pharmacy Technologist	Registered with the State Board of Pharmacy as a technologist Nationally certified through the PTCB or ACPE Allowed to function in the delivery of pharmaceutical care with responsibilities primarily in the dispensing component of pharmacy. Allowed to perform dispensing duties that do not require the professional judgement of a pharmacist Works with a licensed pharmacist on a ratio of 2:1

2. Level	4. Education	5. Training
Pharmacy Technician	High School Diploma Minimum of 18 years of age Background check	On-the-job trained
Pharmacy Technologist	High School Diploma Minimum of 18 years of age Background check Holds an Associate Degree in Pharmacy Technology from a college accredited with ASHP or ACPE Be certified through the PTCB or ACPE through a national exam 10 Continuing education credits required per year.	Initial training obtained while receiving education Training continued by continuing education requirements

6. Quality assurance of pharmacy technician education and training can be accomplished if the ACPE sets guidelines that all education programs must adhere to. Periodic verification of the program's standards and success rates can be accomplished through a re-accreditation process. Not all pharmacy technician programs today are even accredited, and there are great differences in those that are accredited. I would suggest limiting accreditation to those programs which carefully follow the guidelines or model curriculum as set by the accrediting agency and which offer a minimum of an associate degree. I would also suggest that only those persons who have successfully completed an accredited program be allowed to sit for the certification exam. We could not envision a person taking the Pharmacy Boards without first successfully completing an accredited School of Pharmacy, so why should we allow technicians/technologists to take the certification exam if they do not have the proper knowledge base or education.

Marsha M. Sanders, R.Ph.
Pharmacy Technology Director
Jones County Junior College
900 S. Court Street
Ellisville, MS 39437
601-477-4230
marsha.sanders@jcc.edu

D107

Mike Rouse

From: SamsMandD@aol.com
Sent: Saturday, October 11, 2003 12:20 AM
To: Mike Rouse
Subject: Re: ACPE's Invitation to Comment: Pharmacy Technician Education and Training:...

Hi Mike,

Regarding your attachment, well, my computer has been acting strangely and I cannot open it up.

I hope you were writing in regard to the talk you shared in Las Vegas at NPTA's convention. Oddly enough, I finally had the chance to listen to it this week for the first time since the convention. I've been quite busy with school, work, etc.

My thoughts on the future of pharmacy technicians are:

1. Registration with the State Board of Pharmacy. Not just a list of names, but an actual background check, etc., to provide a safe environment in pharmacy for consumers and employees.
2. Certification nationally. Some states require it, and until we actually have a set of minimum standards for pharmacy technicians, we should have PTCB be the minimum requirement for pharmacy technicians now. This has been a good step in the right direction. Yet, I do now have some concerns regarding possible changes that PTCB might be making in the near future. I received a survey email (which I will try to attach) because one of the techs that I work with is sitting for the November exam. She does not have email, so I had her use mine, just in case. The survey asked about having the exam online...so I am a little worried about the credibility of the exam in the future.
3. Education and grandfather clause. Education should be a requirement for future pharmacy technicians. A minimum of a two year (Associate) degree with an accredited institution. Those technicians in "practice" should be grandfathered in, but must be nationally certified and take yearly practical exams, besides CEs until they reach a level of hours needed (to be decided) for "full" credit. This can be ACPE or another organization that would handle those requirements.
4. Pharmacy technicians should be allowed to further their careers after that with specialty programs, if they so desire. For example: diabetic specialist, IV specialist, etc.

Well, thanks again for everything. Hope to see you again next year in San Antonio.

Gwyn :)

PS: Here's the website of the survey:

<http://www.surveymonkey.com/s.asp?u=27112288460>

D 110

To: The American Council on Pharmaceutical Education

From: Raechelle Kay - Pharmacy Tech Instructor
Houston Allied Healthcareers
Houston, Texas
713-649-4242

I am writing you in regards to the development in the education process for the Pharmacy Tech programs. I feel that the students should be offered an Associates level program however the technical programs should also be an option. For instance set on the standards of the Nursing programs where they offer the CAN, The LVN and the 2 year RN program. I think that the Pharmacy Techs should also have options in their level of education and training this field is in demand and many of the responsibilities and roles have changed, and I think there is a need for modifications in the levels in which the tech can take their career and education- without being forced to go to Pharmacy School if that is not a desire for them.

Mike Rouse

From: Genevieve DiCola
Sent: Thursday, February 13, 2003 12:33 PM
To: Mike Rouse
Subject: FW: News Release re Technician Issue from CCP

FYI for you

-----Original Message-----

From: Ronald O. Nickel [mailto:nickelr@muscl.edu]
Sent: Thursday, February 13, 2003 12:39 PM
To: Genevieve DiCola
Subject: Re: News Release re Technician Issue from CCP

To whom it may concern:

I hope that during these discussions that PTEC, the Pharmacy Technician Educator Council, is having a full measure of input into the decisions. PTEC, which was "born" here in South Carolina as a result of the personal commitment and leadership of Mr Don Ballington, has consistently striven for ever-higher standards in the education and training of pharmacy technicians. Even while groups within our profession failed to support PTEC's valiant efforts through their silence or outright opposition, PTEC, in conjunction with the ASHP, continued to press for higher educational standards and for inclusion of a "education requirement" for individuals taking the PTCB exams. This small group of hard working and committed Pharmacy Tech educators should be acknowledged for their years of effort. Such recognition must include their leadership (including Don Ballington) playing a major role in the discussions now underway. To fail to include them would diminish the level of discussion and lessen the potential for good outcomes.

Genevieve DiCola wrote:

NEWS RELEASE

ACPE responds to CCP request regarding national standards for pharmacy technician education and training

If you are unable to open the attachment please let me know, and I can fax the News Release to your organization. Thanks
Gen Genevieve Marie DiCola
Program Assistant<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />

Professional Degree Program Accreditation

American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109
Phone: 312-664-3575

Mike Rouse

From: Ronald O. Nickel [nickelr@musc.edu]
Sent: Friday, December 12, 2003 5:33 PM
To: Mike Rouse
Subject: Re: ACPE Invitation to Comment: Pharmacy Technician Education & Training

These comments are probably somewhat redundant, but I will still share them. We continually hear about the "manpower shortage" in pharmacy. The primary emphasis of the "shortage" comments relates to a "shortage of pharmacists". In response, new Colleges of Pharmacy have been established and existing Colleges have increased enrollment. But was this the correct response to the "manpower need"? Perhaps only partially. Perhaps an emphasis nationally on significantly increasing the number of pharmacy technicians with formal academic education/training would more quickly address the "manpower need" at a lower cost to the health care system. More and better trained techs would allow the existing cadre of pharmacists to more fully utilize their more advanced education and training rather than often performing tech-level duties primarily associated with drug distribution.

A concerted effort by those with sufficient knowledge and authority should be mounted to hasten the day when sufficient well trained techs are a reality. The only agencies with "teeth" to bring this about are the Boards of Pharmacy. By determining the number and types of individuals permitted to function in pharmacies, they can literally "force" the upgrading of the pharmacy labor pool. Insisting that tech receive training/education from accredited programs and then continue to refresh their knowledge via continuing education will help. Organized pharmacy must advocate within their states for support of quality tech ed programs at state institutions. Similarly, organized pharmacy must work closely with these ed programs both on their advisory boards and in the provision of "clinical experience". In short, organized pharmacy must play a role in the full "birthing" of another profession, that of the Pharmacy Technician. Combined with the fuller use of automation, the more proper allocation of pharmacists and technicians to pharmacy functions may allow us to cope with the massive increases in "pharmacy work" envisioned by the demands of the Baby Boomers and the Medicare revisions. Simply creating more Colleges of Pharmacy is an expensive and ill-conceived method of addressing the "manpower" issue. The combined voice of American pharmacy must speak on behalf of the education and engagement of "the second pharmacy profession" the technicians.

Mike Rouse wrote:

Please note that after today, **Friday December 12**, comments received are **still welcome** but they are **unlikely to be included in the report** that will be submitted to ACPE's Board of Directors in January 2004, and considered by the Council on Credentialing in Pharmacy (CCP) in February 2004.

If you have already submitted comments, please ignore this email, and apologies for the interruption!

Thank you

Mike Rouse

Mike Rouse B.Pharm (Hons); MPS

Assistant Executive Director

12/15/2003

Mike Rouse

From: Frank Abbott [fabbott@telus.net]
Sent: Friday, July 25, 2003 11:42 PM
To: Peter Vlasses
Cc: Mike Rouse
Subject: Pharmacy Technician Education and Training

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Peter:

I thoroughly enjoyed attending the session at AACP regarding Technician Education and Training and I complement you on your initiative to bring broad input to the subject.

I have just received a copy of the recently approved Ontario College of Pharmacists Competency Profile for Pharmacy Technicians, a step towards establishing a separate class of registration for pharmacy technicians in Ontario. What appears evident in these competency profiles is that effective training to fulfill the competencies will require extensive education and training, perhaps a 2 year program.

Upon reflection of the discussion that took place at AACP, I think that there needed to be some discussion about how technician education and training could integrate with taking a pharmacy degree program. As a former Dean, I frequently recommended to students who had just missed the entrance cutoff, to enrich their chances of acceptance in the following year by gaining valuable work experience in a pharmacy. Many of our students over the years have had previous experience, or continued to work part time, as pharmacy technicians in a hospital. As the quality of pharmacy technician education and training grows, one might expect the technician pool to become a major source of future pharmacy degree applicants. Surely, some consideration should be given to recognizing the education and work experience of a pharmacy technician, not only to entrance to the entry level Pharm D but perhaps for some advanced credit hours as well. These are my thoughts on the issue.

Warmest regards,
Frank.

Frank S. Abbott, PhD
Executive Director of AFPC/ADPC
3919 West 13th Ave
Vancouver, BC
V6R 2T1
Ph: 604-222-0221
FAX: 604-222-2574
fabbott@telus.net
<http://afpc.info/index.html>

Mike Rouse

From: Anita Young [AYoung@mcp.edu]
Sent: Thursday, October 02, 2003 10:45 AM
To: Mike Rouse
Subject: training

My suggestion is to use the terminology "continuing technician education" not to be confused with or equated to "continuing pharmacy education". For most technicians the "training" has been on the job. Equating the "educational experience" of a pharmacist (PharmD) to the training process of a pharmacy technician is an injustice to the faculty, students and graduates of PharmD programs. There should be a definite distinction.

Studying to pass one test...the certification exam does not assume a baseline level of knowledge across the board for all technicians as it does for pharmacists who have graduated from an ACPE accredited program.

Please take this into consideration.

Anita Young, M.Ed., R.Ph.

Director of Continuing Education

Massachusetts College of Pharmacy and Health Sciences

179 Longwood Avenue

Boston, MA 02115

Telephone: 617-732-2962

Fax: 617-732-2220

www.mcp.edu

www.mcpce.com

Mike Rouse

From: Sue Graves [sgraves@aota.org]
Sent: Wednesday, October 15, 2003 9:57 AM
To: Mike Rouse
Subject: Re: Education & Training of Pharmacy Technicians: ACPE Invitation to Comment

Mike,

In response to your survey, I feel that an accreditation process for Pharmacy Technicians would be beneficial to the public, especially with respect to prescription safety. Therefore, my response to both questions #1 and #2 is "True".

Sue Graves
 Senior Program Manager, Accreditation
 American Occupational Therapy Association (AOTA)
 P.O. Box 31220
 Bethesda, MD 20824-1220
 301-652-6611 x2912
 301-652-1417 FAX
 sgraves@aota.org

AOTA Annual Conference & Expo
 May 20 - 23, 2004, Minneapolis, Minnesota

 Beginning January 1, 2007, occupational therapy educational programs will only be accredited at the postbaccalaureate degree level. Therefore, all OT educational programs should plan for admission of their last baccalaureate or certificate class to ensure that students can complete the program prior to that date.

>>> "Mike Rouse" <mrouse@acpe-accredit.org> 09/30/03 04:18PM >>>
 ACPE has been asked to initiate a profession-wide dialog on the education and training of pharmacy technicians, with a view to the possible development of national standards and a system of accreditation. ACPE's Board of Directors has agreed to take on this task, and has issued an "Invitation to Comment" that has been broadly distributed both within and outside of the pharmacy profession.

ACPE recognizes that many of the ASPA organizations and agencies have probably been through a similar experience, and if you feel that your agency may be able to provide some useful insights and comments to ACPE, please read on.

Pharmacy technicians are the major group of support personnel in pharmacy. They are playing an ever-expanding role in the delivery of pharmacy services. Some background information is:

* Although accurate figures are not known, it is estimated that the number of pharmacy technicians in employment could be over 350,000; many work part-time.

* About 70% are employed in community pharmacies; about 20% in hospitals.

* Pharmacy technicians are formally recognized in all but one of the states' pharmacy practice acts, but there are considerable inter-state differences in the requirements for entry-to-practice (including education and training), scope of practice and general regulation.

About 40% of states do not require pharmacy technicians to be registered or licensed, and the majority of states do not require an examination or certification.

* About 64% of a pharmacy technician's time is spent assisting the

Mike Rouse

From: Karen O'Brien [kobrien@ala.org]
ant: Wednesday, October 01, 2003 10:54 AM
ro: Mike Rouse
Subject: Re: Education & Training of Pharmacy Technicians: ACPE Invitation to Comment

This is an alarming statistic and certainly cannot stand if public safety is to be protected:

"* About 40% of states do not require pharmacy technicians to be registered or licensed, and the majority of states do not require an examination or certification."

I encourage you to work diligently to correct this. Please see my answers to your survey below (TRUE to both). Thank you for providing this means of input.

Karen O'Brien, Assistant Director
 Office for Accreditation
 American Library Association
 50 E. Huron, (4th Fl., 40 E.)
 Chicago, IL 60611-2795
 Phone 800-545-2433, ext. 2434
 Facsimile 312-280-2433
 kobrien@ala.org
<http://www.ala.org/accreditation>

It is better to know some of the questions
 than all of the answers. - James Thurber

>>> "Mike Rouse" <mrouse@acpe-accredit.org> 9/30/2003 3:18:30 PM >>>
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About 40% of states do not require pharmacy technicians to be registered or licensed, and the majority of states do not require an examination or certification.

* About 64% of a pharmacy technician's time is spent assisting the

pharmacist in serving patients.

Approximately 300 academic institutions (in 42 states) offer training programs, whose length, level and content vary significantly. Internet-based and other home-study programs are also available. While it is believed that the majority of pharmacy technicians are still trained "on the job," there is a trend towards more formalized training in many settings. Many of the pharmacy and supermarket chains have their own training programs. The American Society of Health-System Pharmacists (ASHP) has offered a voluntary system of accreditation since the early 1980s. Only approximately one-third of the institution-based programs are ASHP-accredited; none of the "in house" programs are accredited. Only one state requires pharmacy technicians to have completed an ASHP-accredited program (or equivalent) in order to be employed.

If you desire further information, a recent white paper on pharmacy technicians that thoroughly discusses these issues can be found at: www.acpe-accredit.org <<http://www.acpe-accredit.org/>> (see "Publications").

To date, ACPE has received a wide range of comments, both in writing and at a number of open hearings that have been convened for this purpose. While some in pharmacy favor national standardization of training, others believe that the current systems are adequate to protect the public.

Both as "consumers" of pharmacy services, and as members of accrediting bodies intimately involved in the quality assurance of education and training, we would welcome your comments. Please also respond to the following two questions:

1. Based on the information provided and my experience in the field of accreditation, I believe the development of national standards for the education and training of pharmacy technicians is warranted.

TRUE FALSE NO OPINION/UNDECIDED

2. As a consumer of pharmacy services, I would expect pharmacy technicians to have completed an accredited program of education and training.

TRUE FALSE NO OPINION/UNDECIDED

Please contact me if you require any additional information.

Thank you.

Mike Rouse
Assistant Executive Director
International & Professional Affairs
American Council on Pharmaceutical Education

Mike Rouse B.Pharm (Hons); MPS
Assistant Executive Director
International & Professional Affairs
The American Council on Pharmaceutical Education (ACPE)
20 North Clark Street, Suite 2500
Chicago, Illinois 60602-5109
SA
Tel: +1 (312) 664-3575
Fax: +1 (312) 664-4652
Email: mrouse@acpe-accredit.org

Website: www.acpe-accredit.org

Mike Rouse

From: Nan [bayster@his.com]
Sent: Wednesday, October 01, 2003 10:35 AM
To: Mike Rouse
Subject: Pharmacy technicians

Dear Mike,

I feel I might have some useful insight and comments regarding education and training of pharmacy technicians. I am currently employed by Council for Accreditation of Counseling and Related Educational Programs (CACREP) and also work part-time as a pharmacy technician for Giant Food. I have been a pharmacy technician for over ten years and have been involved with accreditation for over five years. Please feel free to contact me. I think I can bring a unique perspective to this process. Also, I have answered your questions below.

1. Based on the information provided and my experience in the field of accreditation, I believe the development of national standards for the education and training of pharmacy technicians is warranted.

TRUE

2. As a consumer of pharmacy services, I would expect pharmacy technicians to have completed an accredited program of education and training.

TRUE

Nan Bayster
CACREP
5999 Stevenson Avenue
Alexandria, VA 22304
phone: 703/823-9800 x301
fax: 703/823-1581
e-mail: bayster@his.com

Mike Rouse

From: LEIGHTON, RON [leighton@asla.org]
Sent: Wednesday, October 01, 2003 9:33 AM
To: Mike Rouse
Subject: RE: Education & Training of Pharmacy Technicians: ACPE Invitation to Comment

Mike, Thanks for additional info. That does make a difference and accreditation is certainly worth considering. My feeling is that most PTs don't make much of a salary and to put in too strong of educational requirements could prevent some people from obtaining jobs. So I would think improving the certification process and considering accreditation are both good avenues to pursue with the possibility that something in between might work. I was just thinking about those who criticize the proliferation of accreditation and also the possibility of education programs using accreditation (or their competitors lack of accreditation as a marketing tool). I'm sure you are going to have interesting discussions. We accredit programs that lead to bachelor's and master's degrees. But in California there are 2 certificate programs and graduates of those programs can take the licensing exam in California. At this stage we say they are not eligible to apply for accreditation but there are good arguments on both sides. Ron

-----Original Message-----

From: Mike Rouse [mailto:mrouse@acpe-accredit.org]
Sent: Wednesday, October 01, 2003 10:15 AM
To: LEIGHTON, RON
Subject: RE: Education & Training of Pharmacy Technicians: ACPE Invitation to Comment

Thanks for your quick response, Ron.

At the moment the pre-requisites to sit the certification exam are minimal (high school graduate; no criminal record). Many people have commented that it is too easy to study "to the test" and called for the bar to be raised, especially in terms of some minimum level of standardized, accredited education and training and/or practice experience prior to being allowed to sit the examination.

Mike

Mike Rouse B.Pharm (Hons); MPS

Assistant Executive Director

International & Professional Affairs

The American Council on Pharmaceutical Education (ACPE)

20 North Clark Street, Suite 2500

Chicago, Illinois 60602-5109

USA

10/1/2003

Tel: +1 (312) 664-3575

Fax: +1 (312) 664-4652

Email: mrouse@acpe-accredit.org

Website: www.acpe-accredit.org

-----Original Message-----

From: LEIGHTON, RON [<mailto:leighton@asla.org>]

Sent: Wednesday, October 01, 2003 6:49 AM

To: Mike Rouse

Subject: RE: Education & Training of Pharmacy Technicians: ACPE Invitation to Comment

Normal 0 DocumentEmail

Mike, Thanks for asking for comments. In general, I'm not sure if an accreditation system is needed for pharmacy technicians. I understand that there is a certification system for PTs. Unless that exam or other evidence points to problems with diverse education of PTs I don't think it would be necessary to develop an accreditation program. My experience with pharmacy techs has been good. Ron Leighton Education Director Landscape Architectural Accreditation Board 202-216-2338

-----Original Message-----

From: Mike Rouse [<mailto:mrouse@acpe-accredit.org>]

Sent: Tuesday, September 30, 2003 4:19 PM

To: aspa-list@aspa-usa.org

Subject: Education & Training of Pharmacy Technicians: ACPE Invitation to Comment

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Mike Rouse

From: Judy Jondahl [jjondahl@aama-ntl.org]
Sent: Wednesday, October 01, 2003 8:46 AM
To: Mike Rouse
Subject: RE: Education & Training of Pharmacy Technicians: ACPE Invitation to Comment

Judy A. Jondahl, MS, RN, CLNC

Director of Accreditation

AAMAE

20 North Wacker Drive, Suite 1575

Chicago, IL 60606

(800) 228-2262

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TRUE FALSE NO OPINION/UNDECIDED

Mike Rouse

From: rcoscarelli@nait.org [rcoscarelli@pop3.nait.org]
Sent: Wednesday, October 01, 2003 7:11 AM
To: Mike Rouse
Subject: Re: Education & Training of Pharmacy Technicians: ACPE Invitation to Comment

>>> Mike Rouse<mrouse@acpe-accredit.org> 9/30/2003 4:18:30 PM >>>

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- Pharmacy technicians are formally recognized in all but one of the states' pharmacy practice acts, but there are considerable inter-state differences in the requirements for entry-to-practice (including education and training), scope of practice and general regulation.
- About 40% of states do not require pharmacy technicians to be registered or licensed, and the majority of states do not require an examination or certification.
- About 64% of a pharmacy technician's time is spent assisting the pharmacist in serving patients.

Approximately 300 academic institutions (in 42 states) offer training programs, whose length, level and content vary significantly. Internet-based and other home-study programs are also available. While it is believed that the majority of pharmacy technicians are still trained "on the job," there is a trend towards more formalized training in many settings. Many of the pharmacy and supermarket chains have their own training programs. The American Society of Health-System Pharmacists (ASHP) has offered a voluntary system of accreditation since the early 1980s. Only approximately one-third of the institution-based programs are ASHP-accredited; none of the "in house" programs are accredited. Only one state requires pharmacy technicians to have completed an ASHP-accredited program (or equivalent) in order to be employed.

If you desire further information, a recent white paper on pharmacy technicians that thoroughly discusses these issues can be found at: www.acpe-accredit.org (see "Publications").

To date, ACPE has received a wide range of comments, both in writing and at a number of open hearings that have been convened for this purpose. While some in pharmacy favor national standardization of training, others believe that the current systems are adequate to protect the public.

Both as "consumers" of pharmacy services, and as members of accrediting bodies intimately involved in the quality assurance of education and training, we would welcome your comments. Please also respond to the following two questions:

1. Based on the information provided and my experience in the field of accreditation, I believe the development of national standards for the education and training of pharmacy technicians is warranted.

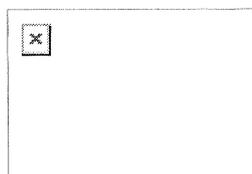
TRUE FALSE NO OPINION/UNDECIDED

2. As a consumer of pharmacy services, I would expect pharmacy technicians to have completed an accredited program of education and training.

TRUE FALSE NO OPINION/UNDECIDED

Please contact me if you require any additional information.

Thank you.



ILLINOIS COUNCIL OF HEALTH-SYSTEM PHARMACISTS

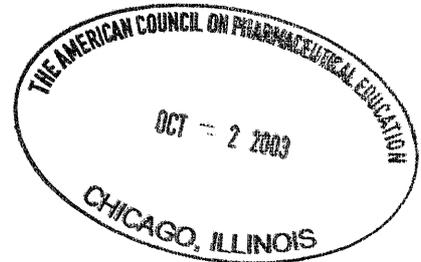
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September 30, 2003

The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109



Dear Council Members:

On behalf of the Board of Directors of the Illinois Council of Health-System Pharmacists, I am providing the attached comments to the proposed standards for the Education and Training of Pharmacy Technicians distributed early this year. The ICHP Board voted to approve the comments compiled by its Division of Educational Affairs over the course of the late spring and summer.

You will see that ICHP agrees in large part to the proposed standards with some significant recommendations. We applaud ACPE for taking on this effort and for allowing the pharmacy profession to provide constructive comments. The ICHP Board believes that moving forward with higher standards or in some cases establishing any standards with regard to the education and training of pharmacy technicians is timely and appropriate.

If you have any questions or need clarification of intent of any of these comments, please contact me at the ICHP office.

Sincerely,

Scott A. Meyers, MS, RPh
Executive Director

Report of the ICHP Educational Committee on the ACPE Invitation to Comment on the Education and Training of Pharmacy Technicians

Background: The Educational Committee has been charged by the ICHP Executive Committee to review the material provided by ACPE and develop a formal response to the questions posed by ACPE.

The questions to be addressed are as follows:

1. Definition

The 2002 White Paper¹ lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

The Committee Response

The committee felt that this definition was not adequate and proposes the following definition:

A pharmacy technician is an individual trained and/or educated to work in a pharmacy setting who is registered with the State Board, and performs delegated pharmacy activities that are supervised and determined by a licensed pharmacist.

The committee felt that it is imperative that pharmacy technicians have a base foundation of education and training. This will be necessary for pharmacists to meet the challenges of their expanded roles. Delegation of technical functions will be difficult without adequate education and training of the pharmacy technician work force. We believe it is time to make this mandatory.

The committee felt that the pharmacy technician should be registered with State Boards of Pharmacy. This person will have access to sensitive patient information as well as access to controlled medications. Therefore they should also be part of State registration processes, a system that helps protect the public.

Finally, the committee did not feel the wording "assists in pharmacy activities" accurately reflects pharmacy technicians' current or future activities. Many pharmacy technicians' roles are delegated where the pharmacy technician functions independently, yet under the supervision of the pharmacists.

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be?

What additional definition(s) would be applicable?

The Committee response

After review of the suggested reading material the committee agreed there should be different levels of pharmacy support personnel. The committee defined three levels of pharmacy technician practice. Education, training, responsibility increases with each level. Our thoughts were very similar to those outlined by the Sesquicentennial Stepping Stones Summit 2 on Pharmacy technicians May 2002. However, we recommend that Technician Level 1 is expected to proceed to certification testing and Technician Level 2 within a defined and limited time frame.

Please refer to question 3 for definitions of these levels.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

The Committee response

The committee used the goal statements of the Model Curriculum for Pharmacy Technician Training developed by ASHP to assist in determining the roles, responsibilities and necessary competencies for the three suggested levels of pharmacy technician practice.

Technician Level 1

Goal 3: Prepare medications for distribution or dispensing.

Goal 5: Distribute medications.

Part of Goal 8: Initiate, verify, and/or initiate billing for pharmacy services and goods.

Part of Goal 12: Maintain pharmacy equipment and facilities.

Goal 17: Demonstrate ethical conduct in all job-related activities.

Goal 18: Maintain an image appropriate for the profession of pharmacy.

Goal 22: Appreciate the benefits of active involvement in local, state, and national technician and other pharmacy organizations.

Goal 24: Understand the importance of and resources for staying current with changes in pharmacy practice.

Goal 25: Communicate clearly when speaking or writing.

- Goal 26: Maximize work efficiency through the use of technology.
- Goal 27: Efficiently solve problems commonly encountered in one's own work.
- Goal 28: Display a caring attitude toward patients in all aspects of job responsibilities.
- Goal 29: Maintain confidentiality of patient and proprietary business information.

Technician Level 1 in the Committee's view provides very basic pharmacy technician services and again we emphasize that this level is an introductory and temporary level. Technicians should move to Level 2 within a specific time frame to be determined by ACPE and other organizations. (Recommended maximum time at this level of 12-18 months.)

Technician Level 2

- Goal 2: Receive and screen prescription/medication orders for completeness and authenticity.
- Goal 6: Assist the pharmacist in the administration of immunizations.
- Goal 7: Assist the pharmacist in the identification of patients who desire/require counseling to optimize the use of medications, equipment, and devices
- Goal 9: Purchase pharmaceuticals, devices, and supplies according to an established purchasing program.
- Goal 10: Control the inventory of medications, equipment, and devices according to an established plan.
- Goal 13: Assist the pharmacist in preparing, storing, and distributing investigational medication products.
- Goal 17: Demonstrate ethical conduct in all job-related activities.
- Goal 18: Maintain an image appropriate for the profession of pharmacy.
- Goal 22: Appreciate the benefits of active involvement in local, state, and national technician and other pharmacy organizations.
- Goal 24: Understand the importance of and resources for staying current with changes in pharmacy practice.
- Goal 25: Communicate clearly when speaking or writing.
- Goal 26: Maximize work efficiency through the use of technology.
- Goal 27: Efficiently solve problems commonly encountered in one's own work.
- Goal 29: Maintain confidentiality of patient and proprietary business information.
- Goal 31: Efficiently manage one's work whether performed alone or as part of a team.
- Goal 34: Understand the use and side effects of prescription and nonprescription medications used to treat common disease states.

Technician Level 2 in the Committee's view has a higher set of skills and knowledge base. Technician Level 2 is competent in all of the goals set for Technician Level 1. The technician at this level must be able to perform some of their job duties independently.

Technician Level 3

- Goal 1: Assist the pharmacist in collecting, organizing, and evaluating information for direct patient care, medication use review, and departmental management.
- Goal 4: Verify the measurements, preparation, and/or packaging of medications produced by other technicians.
- Part of Goal 8: assist in the adjudication of, and collect payment for pharmacy services and goods
- Goal 11: Assist the pharmacist in monitoring the practice site and/or service area for compliance with federal, state, and local laws; regulations; and professional standards.
- Part of Goal 12: Maintain high technology equipment.
- Goal 14: Assist the pharmacist in the monitoring of medication therapy.
- Goal 15: Participate in the pharmacy department's process for preventing medication misadventures.
- Goal 16: Take personal responsibility for assisting the pharmacist in improving direct patient care.
- Goal 17: Demonstrate ethical conduct in all job-related activities.
- Goal 18: Maintain an image appropriate for the profession of pharmacy.
- Goal 19: Resolve conflicts through negotiation.
- Goal 22: Appreciate the benefits of active involvement in local, state, and national technician and other pharmacy organizations.
- Goal 24: Understand the importance of and resources for staying current with changes in pharmacy practice.
- Goal 25: Communicate clearly when speaking or writing.
- Goal 26: Maximize work efficiency through the use of technology.
- Goal 27: Efficiently solve problems commonly encountered in one's own work.
- Goal 28: Display a caring attitude toward patients in all aspects of job responsibilities.
- Goal 29: Maintain confidentiality of patient and proprietary business information.
- Goal 30: Understand direct patient care delivery systems in multiple practice settings.
- Goal 31: Efficiently manage one's work whether performed alone or as part of a team.
- Goal 32: Function effectively as a member of the health care team.
- Goal 33: Balance obligations to one's self, relationships, and work in a way that minimizes stress.
- Goal 34: Understand the use and side effects of prescription and nonprescription medications used to treat common disease states.
- Goal 35: Assist the pharmacist in assuring the quality of all pharmaceutical services.

Technician Level 3 in the Committee's view has the highest set of skills and knowledge base. Technician Level 3 is competent in all of the goals set for Technician Level 1 and level 2. The technician at this level must be able to perform most of their job duties independently.

4. Education

*Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.*¹

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

The Committee response

The committee feels the education requirements for the three levels of technicians identified as follows:

Level 1 Technician should have a high school diploma. The committee felt this was an entry level position and that this technician should be expected to be working towards their certification. A time frame in obtaining certification was discussed but not defined by the committee. It was felt however that all pharmacy technicians should be certified. Based on that expectation, Level 1 technicians should be a small workforce.

Level 2 Technician should have a high school diploma and achieved Pharmacy Technician certification. The committee felt this should be the major level and workforce of the pharmacy technician.

Level 3 Technician should have achieved Pharmacy Technician certification and have a two year associate's degree with education sufficient to perform functions as outlined in the previous question.

5. Training

*Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved .*¹

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

The Committee response

The committee felt that a major barrier to having an adequately trained technician force is that each organization is attempting to develop their own training program if they have one at all. Many organizations do not have formal training, and their technicians learn by observing other technicians. This results in inefficiency as each organization tries to "recreate the wheel" and inconsistencies in quality of training.

The committee would recommend that a third party develop a standardized modular pharmacy technician training program that utilizes current advances in technology such as the internet for training. The modules would cover the basic needs for each level of pharmacy technician and include such topics as

communication skills, math, writing and reading tests, customer service, pharmacy systems, pharmacy practice laws, drug names, pharmacy management, sterile technique, therapeutics, etc. An organization would be able to purchase or utilize the modules that would meet their particular organizational needs for their technicians. Potentially, depending on the content and process, a module may be used as transferable credit toward an associate's degree.

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

The Committee response

The committee recommends maintaining mandatory continuing education for certified technicians which as defined above is Technician levels 2 and 3. The committee however would also like to see development of a third party to provide periodic competency evaluations on certain key technician functions, for example sterile technique. The committee did not fully discuss exactly what those key functions were, or what period of time these evaluations should occur. A problem of bad habits developing in such areas of sterile techniques particularly in technicians with many years of experience was identified. It was discussed that a third party may be a better means of correcting such lapses in practice.

The Recommended reading and references:

1. White paper on pharmacy technicians 2002: Needed changes can no longer wait. *Am J Health-Syst Pharm.* 2003; 60:37-51
<http://www.ashp.org/technician/TechnicianWhitePaper.pdf>
2. Sesquicentennial Stepping Stone Summits; Summit Two: Pharmacy Technicians. Summit Report http://www.aphanet.org/stat/summit_broch.pdf
3. Barrow W, Milburn G, eds. A critical dictionary of educational concepts. 2nd ed. New York, NY: Teachers College Press; 1970. (or request extract from techinfo@acpeaccredit.org)
4. American Society of Health-System Pharmacists. Model curriculum for pharmacy technician training. http://www.ashp.org/technician/model_currlum/index.cfm
5. Muenzen PM, Greenberg S, Murer MM. PTCB task analysis identifies roles of certified pharmacy technicians in pharmaceutical care. *J Am Pharm Assoc.* 1999; 39:857-64.

Comments Approved by the ICHP Board of Directors September 30, 2003.

PSHP

**Pennsylvania Society of
Health-System Pharmacists**

Pharmacists dedicated to safe and proper medication use in organized health care settings

Dear ACPE,

The Pennsylvania Society of Health-System Pharmacists (PSHP) believes that well trained technicians are vital to the practice of pharmacy in the twenty-first century. Pharmacy practice in all settings is becoming increasingly complex. Additionally, technician responsibilities and tasks vary among the numerous settings in which technicians may be employed. One individual training program cannot possibly prepare a technician to work in all pharmacy settings. Therefore, PSHP opposes the development of a universal training program.

However, we do believe that an educational program that encompasses the major areas of responsibility for pharmacy technicians (such as those delineated in the ASHP *Curriculum for Pharmacy Technician Training*) is important for all technicians in all practice settings. In addition it is increasingly important when making the decision to hire a technician, to have a basis on which to measure their ability to perform in the designated position. For this reason, the PSHP encourages all technicians in the state of Pennsylvania to take the Pharmacy Technician Certification Examination. The key advantages to this certification examination are: (1) it is applicable to all settings in pharmacy; (2) requires that technicians complete continuing education programs in technician pharmacy practice to maintain certification; and (3) assures employers the certified technician has achieved a minimum level of knowledge in pharmacy-related activities for which they may eventually be responsible. Indeed, PTCB certified technicians are more desirable than non-trained technicians in institutions across the Commonwealth of Pennsylvania

Accompanying this letter is PSHP's response to The American Council on Pharmaceutical Education's invitation to comment on the proposed development of national standards and an accreditation process for pharmacy technician education and training. Please feel free to contact me with any questions or comments.

Respectfully yours,

Jean M. Scholtz, Pharm.D., BCPS
President
Pennsylvania Society of Health-System Pharmacists

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***PSHP's comments to the ACPE on the subject of Technicians.
Professional Practice Committee
June 2003***

Invitation to Comment

ACPE is hereby inviting organizations and individuals to submit written comments and suggestions that they feel should be taken into consideration as the profession discusses this issue. Official documents and policy statements are also welcome. Comments may cover any area relevant to Pharmacy Technicians, but ACPE requests that respondents focus on the questions and areas listed below. It is anticipated that other discussions, which are outside of ACPE's specific terms of reference, may also be required. When compiling your comments, please consider the future of Pharmacy Technicians, not only the present.

Questions to be considered

1. Definition - The 2002 White Paper lists the following definition:

“A Pharmacy Technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.”

Is this definition appropriate and adequate? How could it be improved to better define Pharmacy Technicians, and reflect what is happening and required in practice, both now and in the future?

PSHP's Response:

Currently a technicians' role or practice is not defined within the Pharmacy Act of Pennsylvania. We do believe that your definition does reflect the practice of technicians within the State of Pennsylvania, as defined via regulations of the Pennsylvania State Board of Pharmacy. In Pennsylvania, the State Board of Pharmacy limits the technicians' activities to those activities that do not require the professional judgment of the Pharmacist.

To improve your definition we have identified the following limitations that we feel can be changed:

- *The proposed definition does not comment on the education and training required to perform the activities that the technician performs (i.e. the definition should state that technicians need to be educated and trained).*
- *This definition also limits the practice of pharmacy technicians to practice within the “pharmacy setting”. Currently many practices utilize technicians in roles within the hospital but not within the confines of the walls of the pharmacy.*
- *This definition does not recognize the role or applicability of technician certification as it pertains to the actual practice of pharmacy. As such, it fails to reflect the varied responsibilities authorized from state to state per laws and regulations pertaining to pharmacy practice.*

PSHP believes that ultimately, the right to define a practice, if not clearly defined by Federal Legislation lies within the realm of the State Legislatures. We are proponents of identifying those practicing as technicians within the practice of pharmacy and believe that is necessary to outline the need for education and training of pharmacy technicians. However, we do not readily identify ACPE as having the authority to dictate the practice of pharmacy.

We do feel that ACPE could aid in delineating ongoing educational requirements for continued certification of those technicians who have taken and passed the National Pharmacy Technician Certification Examination, provided that CE is required by any given State Board of Pharmacy or legally or otherwise required for re-certification.

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be?

PSHP's Response:

No, we feel strongly that if a technicians' role is clearly defined (i.e. the activities and responsibilities that they participate in assisting the pharmacist – see Major Areas of Job Responsibility in the “ASHP Curriculum for Pharmacy Technician Training¹”) and the educational and training requirements are clearly outlined, there is no need to define the role of other employees or the specific activities that they perform.

Pharmacists practice pharmacy and technicians' assist pharmacists within the practice of pharmacy. Within the technical practice of pharmacy, specialization may occur, but in the end they are still technicians – aiding pharmacists in areas of pharmacy practice that do not require a pharmacist's judgment.

Additional employees whose job relates to the business aspect of the pharmacy and do not participate in the practice of pharmacy (i.e. assisting the pharmacist in the practice of pharmacy) do not require identification because they are irrelevant to the practice of pharmacy. These employees are not technicians, as they do not meet the definition of what a technician is or what a technician does.

What additional definition(s) would be applicable?

None

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

PSHP's Response: *None*

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.¹

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

PSHP's Response:

Due to the fact that one individual training program cannot possibly prepare a technician to work in all pharmacy settings, the PSHP opposes the development of a universal training program.

However, if the ACPE plans on developing an educational program for technicians, the PSHP suggests utilizing the basic responsibilities, skills and knowledge requirements that are outlined in the "ASHP Curriculum for Pharmacy Technician Training."¹ The educational knowledge and skills are prerequisites to enabling the technician to fulfill the responsibilities of assisting the pharmacist in the practice of pharmacy. Ultimately, the practice of pharmacy is of course subject to the laws and regulations that are applicable to the practice of pharmacy in each state.

Major Areas of Job Responsibility

Goal 1: Assist the pharmacist in collecting, organizing, and evaluating information for direct patient care, medication use review, and departmental management.

Goal 2: Receive and screen prescription/medication orders for completeness and authenticity.

Goal 3: Prepare medications for distribution.

Goal 4: Verify the measurements, preparation, and/or packaging of medications produced by other technicians.

Goal 5: Distribute medications.

Goal 6: Assist the pharmacist in the administration of immunizations.

Goal 7: Assist the pharmacist in the identification of patients who desire/require counseling to optimize the use of medications, equipment, and devices.

Goal 8: Initiate, verify, assist in the adjudication of, and collect payment and/or initiate billing for pharmacy services and goods.

Goal 9: Purchase pharmaceuticals, devices, and supplies according to an established purchasing program.

Goal 10: Control the inventory of medications, equipment, and devices according to an established plan.

Goal 11: Assist the pharmacist in monitoring the practice site and/or service area for compliance with federal, state, and local laws; regulations; and professional standards.

Goal 12: Maintain pharmacy equipment and facilities.

Goal 13: Assist the pharmacist in preparing, storing, and distributing investigational medication products.

Goal 14: Assist the pharmacist in the monitoring of medication therapy.

Goal 15: Participate in the pharmacy department's process for preventing medication misadventures.

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

PSHP's Response:

The specific training of a pharmacy technician should be left up to the practice setting in which a technician practices. The training required is dependent upon the area of practice and the specific technical skills required to practice in that particular setting. Each practice setting should have the flexibility to design, develop and implement the necessary training programs for their staff.

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of Pharmacy Technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

PSHP's Response:

In the absence of federal legislation in this area, it would be up to the individual state governments to determine the need for competency evaluations for a pharmacy's technical staff members. If states see the need to legislate the technical aspect of pharmacy practice, ultimately, an examination enabling licensure or certification could be utilized to define technical competency. Such an examination is currently available from the Pharmacy Technician Certification Board.

Alternatively, competency evaluations could be developed and utilized by individual practice settings to supplement their educational or training materials. Such materials could be developed to contain competency evaluations. These materials could support the technical practice of pharmacy.

Reference:

1. Model Curriculum for Pharmacy Technician Training: 2nd Edition. *Developed Collaboratively by: American Association of Pharmacy Technicians, American Pharmaceutical Association, American Society of Health-System Pharmacists, National Association of Chain Drug Stores, Pharmacy Technician Educators Council.* p. 8-9.



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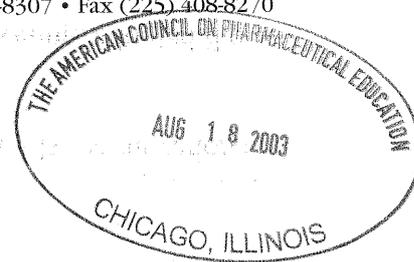
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Louisiana Pharmacist Association

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Phone (225) 408-2730 • Toll Free 800-611-8307 • Fax (225) 408-8270

August 13, 2003

Peter H. Vlasses, PharmD, BCPS, FACC
Executive Director
The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109



Dear Mr. Vlasses:

Thank you for the opportunity to provide comments to ACPE on the issue of pharmacy technician education and training. As pharmacy technicians become a more important part of our staff, it is critical for the pharmacy profession and for the public that professional standards for education and training be developed and required.

The LPA Board of Directors, at its 2003 Annual Meeting, adopted the following recommendations for your consideration:

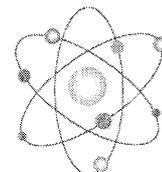
1. In an effort to promote professionalism, a technician should have a minimum of 3 contact hours as part of the continuing education requirement.
2. A component of the technician's continuing education should concern legal issues and pharmacy law, both national and state-specific.
3. A component of the technician's continuing education should concern professional ethics and standards.

If you have questions or want to follow up on any of these suggestions, please contact Donna Mayeux at our LPA office. Thank you.

Sincerely,

Peggy G. Van
President

NATIONAL ASSOCIATION OF NUCLEAR PHARMACIES



September 12, 2003

The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109



RE: Invitation to Comment: Education and Training of Pharmacy Technicians

This letter is written on behalf of the National Association of Nuclear Pharmacies ("NANP") to respond to ACPE's request for comment on Education and Training for Nuclear Pharmacies Technicians. NANP is a non-profit trade association of over one hundred nuclear pharmacies, and comprises virtually all of the pharmacies that prepare and distribute nuclear pharmaceuticals in the United States. In addition, the major manufacturers of nuclear pharmaceuticals are also members of NANP, and therefore NANP represents both pharmacy interests and manufacturing interest in the nuclear pharmaceutical market

While we understand the necessity of assuring minimum levels of competence within this large workforce, consideration of the diversity within specialty areas of practice is critical. A "one size fits all" approach to technician training or mandated requirement for PCTB certification will not meet the needs of the entire technician workforce, nor will it assure competency.

The following information is provided for background in support of our position:

Recognizing the need for specialized training, the APhA Section on Nuclear Pharmacy proactively developed a set of Nuclear Pharmacy Technician Training Program Guidelines. (hereafter called the "NPT Guidelines") In November 2000, the APhA Board of Trustees endorsed these NPT Guidelines, which follow the AHSP TAB on Outcome Competencies and Training Guidelines for Pharmacy Technicians. This endorsement provides the acknowledgement that nuclear pharmacy technicians have separate and distinct training needs that are different from those personnel practicing in more traditional settings. The NPT Guidelines detail specific outcomes and competencies for nuclear pharmacy technicians that parallel those from the ASHP TAB. There are nuclear pharmacy technician training programs at the University of Tennessee and Purdue University, which used the NPT Guidelines as the foundation for their original program

development. In some states, such as Kentucky, the Board of Pharmacy has formally recognized the University of Tennessee program as meeting the BOP requirements for nuclear pharmacy technician training.

It is our concern that ACPE, PTCB, NABP and other interested stakeholders are made aware of the existence of the NPT Training Guidelines and accredited programs, so that nuclear pharmacy technicians are not required to undergo a training or certification process that does not meet their specific needs. To assure competence, nuclear pharmacy technicians should be considered as a distinct group that requires certain minimal specialized training.

Using the template requested by ACPE's invitation to comment, the following additional information is provided regarding nuclear pharmacy technician personnel:

1. Definition: A nuclear pharmacy technician is an individual working in a nuclear pharmacy setting who, under the supervision of an authorized nuclear pharmacist, performs routine dispensing and other pharmacy tasks that do not require the professional judgment of a licensed pharmacist. Specific tasks may include dispensing of unit dose or bulk radiopharmaceuticals, elution of radionuclide generators, verification of activity of radiopharmaceutical doses by using appropriate decay calculations, verification of product quality with appropriate chromatography procedures, and performance of other quality assurance and radiation safety tasks. These duties are performed in accordance with applicable state or federal law.
2. Levels of Pharmacy Support Personnel: Nuclear Pharmacy Support Personnel may be defined as "pharmacy technicians," "dose drawing technicians," or "lab technicians."
3. Roles, Responsibilities and Competencies of Support Personnel: In nuclear pharmacy practice, those support personnel who assist the pharmacist in dispensing unit dose radiopharmaceuticals require a more formalized approach to training than other pharmacy personnel. In general, nuclear pharmacy personnel may be categorized into those that assist in the dispensing function and those that do not. In the vernacular, nuclear pharmacy technicians that assist in this process may be termed "dose drawing technicians." Note: Pharmacy support personnel within the nuclear pharmacy that perform health physics or radiation safety tasks, quality control procedures, but are not involved in dispensing, do not fit the general definitions of a "technician," promulgated by State Boards of Pharmacy. These tasks, which are not related to dispensing patient doses, do not generally require pharmacist oversight and are not considered "technician duties." Training to perform these duties is generally conducted "on the job" and the need for further formalized

training is minimal. For clarification sake, these nondispensing personnel are referred to as “lab technicians,” not pharmacy technicians or “dose drawing technicians.”

4. Education: For “lab technicians” as defined above, no formalized education is required. Hands on training during an orientation process is sufficient to assure competency.

For “dose drawing technicians” or “pharmacy technicians” involved in the preparation or dispensing of unit dose radiopharmaceuticals, training which meets the outcomes and competencies defined in the NPT Guidelines is desirable. This training and education may be through an accredited NPT training program or other program recognized by a state Board of Pharmacy.

Continuing education for nuclear pharmacy technicians should be specific to nuclear pharmacy and obtained from recognized providers or approved by a state Board of Pharmacy.

5. Training: The training outcomes and competencies from the NPT Program Guidelines are attached.

Entrance criteria may differ for a given NPT Training Program. However, a high school diploma or equivalent is considered a requirement, as is an understanding of mathematical concepts and the English language.

6. QA of Pharmacy Technician Education and Training

Training programs should conduct appropriate program review and follow-up to assess learning outcomes. The ACPE or ASHP accreditation process is certainly sufficient to assure quality of the training program. Other formal program review processes requiring outcome evaluation, learning assessment and continuous quality improvement may also be appropriate as long as state Board of Pharmacy requirements are met.

We hope that these comments serve as clarification of the specialized training requirements of technicians practicing in the nuclear pharmacy setting. To mandate that this group be certified as a pharmacy technician through PTCB (or other exam developed with retail or institutional pharmacy standards) would do little to assure competence or protect public safety.

We continue to support recognition of pharmacy technicians by state boards of pharmacy through registration and welcome the opportunity to discuss technician training. Please, feel free to contact our organization if you have further questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Norenberg', with a stylized flourish at the end.

Jeffrey P. Norenberg, MS, PharmD, BCNP, FASHP, FAPhA
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**GUIDELINES FOR
NUCLEAR PHARMACY TECHNICIAN
TRAINING PROGRAMS**

Prepared by Ad Hoc Committee on Nuclear Pharmacy Technicians
Nuclear Pharmacy Section
Academy of Pharmacy Practice and Management
American Pharmaceutical Association
Approved November, 2000

NUCLEAR PHARMACY TECHNICIAN TRAINING OBJECTIVES

Objective I

The nuclear pharmacy technician should demonstrate appropriate knowledge and understanding of the specific nuclear pharmacy site with emphasis on the technician duties and responsibilities, including standards of ethics governing pharmacy practice.

Competencies. The nuclear pharmacy technician should be able to:

1. Interpret the pharmacy's organizational chart in terms of general responsibilities and job status of personnel with whom the technician will have contact in carrying out assigned duties;
2. State the general employee performance standards of the pharmacy including reasons for initiation of disciplinary actions;
3. State all of the nuclear pharmacy technician's primary job responsibilities, the duties falling under each, and how these differ from the primary responsibility of the nuclear pharmacist;
4. State the pharmacy policies applicable to each of the primary job responsibilities and describe the procedures for each;
5. Define what is meant by a "decision requiring a pharmacist's judgement" and cite at least 10 examples;
6. Demonstrate the use of correct telephone communication technique and protocol in both receiving and in initiating calls;

7. Demonstrate the use of correct written skills by drafting a memorandum to the supervisor requesting a change in work schedule;
8. State the general requirements of any local, state, or federal laws that specifically affect any of the nuclear pharmacy technician's responsibilities; and
9. Demonstrate appropriate working knowledge of **any** additional training or safety requirements mandated by the pharmacy or by **any** local, state, or federal agency by successful completion of any required program (e.g. Notice and Instruction to Workers Frequenting a Restricted Area, Blood Born Pathogens Instruction).

Training Guidelines. Suggested topics include:

1. Organization, functions, and responsibilities of the pharmacy;
2. Pharmacy policies and procedures, including employee handbook;
3. Orientation of nuclear pharmacy technician duties (job description);
4. Relationship of technicians to pharmacists and other staff;
5. Communication principles and techniques;
6. Legal aspects of technician functions, such as:
 - a. Accountability and liability
 - b. Pharmacy regulations
7. Other aspects of regulatory compliance, such as:
 - a. Radiation Health regulations
 - b. OSHA regulations
 - c. Hazardous Materials management regulations

Objective II

The nuclear pharmacy technician should have a working knowledge of the radiopharmaceutical terms, abbreviations, and symbols commonly used in prescribing, compounding and dispensing radiopharmaceuticals.

Competencies. The technician should be able to:

1. Transcribe and generate computer labels without error for any 25

radiopharmaceutical orders selected at random from at least four different institutions serviced by the radiopharmacy;

2. Demonstrate a working knowledge of the multiple "names" and abbreviations of 10 radiopharmaceuticals (e.g. Cardiolite®, sestamibi, MIBI, C'lite, RP-30); and
3. Define the terms Curie, millicurie, microcurie using both decimals and scientific notation.

Training Guidelines. Suggested topics include:

1. Radiopharmaceutical-medical terminology; and
2. Radiopharmaceutical abbreviations and symbols, radioisotope abbreviations.

Objective III

The nuclear pharmacy technician should demonstrate an ability to perform the mathematical calculations required for the usual dosage determinations and solution preparations in the compounding and dispensing of radiopharmaceuticals.

Competencies. The technician should be able to:

1. Convert without error any given activity to pre and post calibration activity;
2. Perform the calculations necessary to prepare a standard cold kit from a generator elution;
3. Perform the calculations necessary to prepare a time-specific unit dose from a pre or post calibrated prepared radiopharmaceutical; and
4. Perform the calculations necessary to prepare weight-in-volume and volume-in-volume solutions.

Training Guidelines. Suggested topics include:

1. Review of fractions, decimals, scientific notation, ratios, and percentages;
2. Review of the Decay Equation;
3. Dosage calculations; and
4. Preparation of compounded solutions.

Objective IV

The nuclear pharmacy technician should demonstrate the ability to perform the essential functions relating to drug purchasing and inventory control.

Competencies. The technician should be able to :

1. Prepare a written report of a physical inventory of pharmacy drugs and supplies using prepared forms and records;
2. Determine from existing reorder levels which inventoried items should be ordered and in what quantity;
3. Demonstrate an ability to check in a drug shipment by using the packing list or invoice and purchase order, completing the receiving report, and adding the items to the inventory;
4. Demonstrate the ability to appropriately store and retrieve from storage at least ten randomly designated items; and
5. Describe the procedure for lost shipments and for shipments received short or over quantity ordered.

Training Guidelines. Suggested topics include:

1. Inventory and purchasing procedures and records;
2. Maintaining radioactive materials records; and
3. Use of computer terminals.

Objective V

The nuclear pharmacy technician should demonstrate a working knowledge of drug dosages by imaging procedure, routes of administration, dosage forms, and be able to distinguish therapeutic from diagnostic radiopharmaceutical utilization.

Competencies. The technician should be able to :

1. Distinguish unit-dose and multi-dose prescription amounts;
2. List the three most common routes of administration of radiopharmaceuticals;
3. Identify an appropriate radiopharmaceutical dosage for a specified imaging procedure for ten radiopharmaceuticals (e.g. Tc-99m dosage for thyroid scan, Meckel's diverticulum, red blood cell labeling, or testicular scan); and
4. Distinguish the dosage appropriate for diagnostic or therapeutic use of a given radiopharmaceutical (e.g. I-131 for uptake and scan, whole

body imaging, hyperthyroidism, or thyroid ablation).

Training Guidelines. Suggested topics include:

1. Sources of radioisotopes, radiopharmaceuticals and supplies;
2. Review of diagnostic procedures using radiopharmaceuticals;
3. Review of therapeutic procedures using radiopharmaceuticals;
4. Dosage forms (capsules, solutions, injectables, gases); and
5. Review of radiopharmaceutical dosages for specific procedures.

Objective VI

The nuclear pharmacy technician should have working knowledge of the procedures and operations relating to the reconstitution, packaging and labeling of radiopharmaceuticals.

Competencies. The technician should be able to:

1. Repackage and label 25 unit doses from bulk prepared radiopharmaceuticals and correctly complete all necessary records;
2. Demonstrate for each of five technetium labeled radiopharmaceuticals the reconstitution and unit or multi dose packaging of specified radiopharmaceuticals
 - a. Proper selection of each ingredient;
 - b. Correct selection of necessary equipment;
 - c. Proper assembly and use of the equipment;
 - d. Accurate calculation and measurement of each ingredient;
 - e. Proper completion of worksheet records and other required information;
 - f. Correct procedure for mixing and preparing radiopharmaceutical;
 - g. Correct procedure for quality control testing of the radiopharmaceutical;
 - h. Proper selection and preparation of dosage containers and closures;

- i. Proper packaging technique for both unit and multi dose prescriptions; and
- j. Correct selection and preparation of labels.

- 3. Identify from the pharmacy reconstitution procedure those functions that must be performed by a pharmacist only; and
- 4. Demonstrate proper completion of all record-keeping requirements for each formulation.

Training Guidelines. Suggested topics include:

- 1. Measurements of quantity (volume, weight, activity, and numbers);
- 2. Use, assembly, and maintenance of equipment and apparatus;
- 3. Control and recordkeeping procedures;
- 4. Packaging considerations;
- 5. Storage and inventory control;
- 6. Lot numbers and expiration dates and times;
- 7. Types of drug containers and packages; and
- 8. Labeling of drug containers and packages.

Objective VII

The nuclear pharmacy technician should have a working knowledge of the procedures and techniques relating to aseptic compounding and parenteral admixture operations.

Competencies. The technician should be able to:

- 1. List five different possibilities for contamination of an injectable solution during its preparation and for each possibility a precaution that would prevent the contamination;
- 2. Demonstrate the proper technique for using a syringe and needle for aseptic withdrawal of the contents of:
 - a. A rubber-capped vial, and
 - b. A glass ampul;

3. Demonstrate the proper technique for aseptic reconstitution of a cold kit;
4. Describe the occasions when hand washing is required and demonstrate the proper technique'
5. Demonstrate the correct technique and procedure for preparing at least three technetium radiopharmaceuticals, including the proper preparation of the label and completion of appropriate records;
6. Demonstrate the proper technique for cleaning a laminar air flow hood, including appropriate record keeping;
7. Identify the major components of a laminar air flow hood and state their functions;
8. Define or describe:
 - a. Microbial growth and transmission;
 - b. Origin, pharmacologic effect and prevention of pyrogens;
 - c. Sterility;
 - d. Heat sterilization; and
 - e. "Cold" sterilization;
9. Demonstrate the proper technique for visual inspection of parenteral solutions.

Training Guidelines. Suggested topics include:

1. Parenteral routes of administration common to nuclear pharmacy (rationale, precautions and problems);
2. Equipment and systems used in parenteral administration (needles and syringes, administration sets, containers, filters, and pumps);
3. Aseptic compounding techniques (specific to the system in use and including the prefilling of syringes);
4. Labeling and recordkeeping; and
5. Quality control (particulate matter inspections and monitoring of contamination).

Objective VIII

The nuclear pharmacy technician should demonstrate the ability to perform the usual technician functions associated with a specific radiopharmacy.

Competencies. The technician should be able to:

1. Demonstrate the proper technique for technetium generator elution, including appropriate record keeping;
2. Describe the specific dispensing and record keeping procedures that apply to the dispensing of :
 - a. Compounded radiopharmaceuticals;
 - b. Adaptive compounded radiopharmaceuticals;
 - c. Therapeutic radiopharmaceuticals;
 - d. Non radioactive drugs;
 - e. Investigational radiopharmaceuticals; and
3. List for each of 30 common radiopharmaceuticals;
 - a. The various tradenames;
 - b. The generic name;
 - c. The usual dose associated with a given procedure; and
 - d. The manufacturers and their calibration date/time, and expiration time;
4. Describe for at least ten technetium radiopharmaceuticals, as appropriate:
 - a. Quality control testing for radiochemical purity;
 - b. Quality control testing for radionuclidic purity;
 - c. Quality control testing for chemical purity; and
 - d. Procedural errors that result in substandard radiopharmaceuticals

Training Guidelines. Suggested topics include:

1. Setting up doses for patients;
2. Checking doses;
3. Equipment used to perform quality control testing;
4. Quality control techniques;
5. Review of prescription orders; and
6. Manufacturer package inserts

Objective IX

The nuclear pharmacy technician should demonstrate the ability to perform the manipulative and record keeping functions associated with the compounding and dispensing of radiopharmaceuticals.

Competencies. The technician should be able to:

1. Carry out the following functions for any 10 randomly selected radiopharmaceuticals:
 - a. Correctly type the label;
 - b. Select the proper drug and lot from dispensing stock;
 - c. Compound the proper drug if not in dispensing stock;
 - d. Accurately measure the product and place in the proper container;
 - e. Properly label the dose container and exterior shielding; and
 - f. Complete the necessary records and documents.
2. Correctly determine the availability of radiopharmaceuticals not in dispensing stock, including:
 - a. Manufacturer;
 - b. Calibration and expiration time;
 - c. Soonest availability; and
 - d. Appropriate order quantity.
3. Designate from of a list of 10 steps involved in radiopharmaceutical

dispensing those functions that only a pharmacist may carry out.

Training Guidelines. Suggested topics include:

1. Preparing prescription labels;
2. Manufacturer package inserts and information sheets; and
3. Measuring and assaying drugs.

Objective X

The nuclear pharmacy technician should demonstrate the manipulative and record keeping functions associated with quality control testing of radiopharmaceuticals.

Competencies. The technician should be able to:

1. Carry out the following functions for any ten randomly selected radiopharmaceuticals:
 - a. Select the appropriate solvents and media for the radiopharmaceutical chromatographic analysis;
 - b. Accurately perform the appropriate physical test;
 - c. Describe the species identified with the appropriate procedure; and
 - d. Complete the necessary records and documents.
2. Correctly carry out the following functions for any generator elution:
 - a. Select the equipment necessary to perform radionuclidic purity;
 - b. Accurately perform the purity test according to the equipment manufacturer's specification;
 - c. Determine the expiration time of the generator elution; and
 - d. Complete the necessary records and documentation; and
3. Correctly perform sterility testing of both radioactive and non radioactive products according to pharmacy protocols.

Training Guidelines. Suggested topics include:

1. Performing quality control testing;

2. Review of radiochemical and radionuclidic purity testing;
3. Review of sterility testing of radiopharmaceuticals; and
4. Review of USP and pharmacy standards of quality.



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Peter H. Vlasses, Pharm.D.
Executive Director
The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109
October 24, 2003



Dear Dr. Vlasses,

We are pleased to respond to ACPE's request for comment on the Education and Training of Pharmacy Technicians. I had hoped to attend the open hearing held on March 31st at the APhA meeting, but it was scheduled at the same time as the meeting of State Association Executives, so I don't believe any of our members had the opportunity of attending. Hopefully, some of our state execs were able to attend the NCPA meeting in Seattle.

Our Board has discussed this issue, and has asked me to generate this letter of response. Per instructions in your notice, I will respond to each of the 6 questions, then add a few comments.

1. Definition of pharmacy technician. Is the definition given appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

Answer: The definition is adequate. The definition makes clear that the individual is working in a pharmacy setting under the supervision of a licensed pharmacist, and that the technician is assisting only in those duties that do not require the professional judgment of a pharmacist. For patient protection, we strongly believe that the definition should not be expanded beyond that stated.

2. Levels of Pharmacy Support Personnel. The Ohio Pharmacists Association supports the concept of each pharmacy deciding whether they need to differentiate support personnel by level. There is no need for a national standard creating various levels of technician.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel. Again, the Ohio Pharmacists Association believes that the issue of roles, responsibilities and competencies should be determined at the level of the employer. Since the technician is serving under the supervision of a pharmacist, that individual can determine the roles and responsibilities of the technicians in their employ. Each state, of course,

determines the restrictions of its pharmacy practice act. The PTCB has methods for assessing changing educational needs of technicians, and that process seems to be working.

4. **Education.** Since we do not believe that a certain "level" of pharmacy support personnel should be determined nationally, we see no need to require national education standards. The pharmacist employer can determine what classes or education is necessary for their type of practice.

5. **Training.** The same answer as given in #4 applies to this question.

6. **Quality Assurance of Pharmacy Technician Education and Training.** Since pharmacies may choose to train using a wide variety of methods, including in-house education, quality assurance is up to that particular organization.

General Comments:

The role of the pharmacy technician varies widely from pharmacy to pharmacy. We believe that the regulation of the quality of the training, and the duties of the individual, are best left to the individual pharmacy. Each state can decide the level of regulation required of these individuals.

We would strongly recommend that ACPE should NOT develop national standards and an accrediting process for technician training.

Thank you for the opportunity to comment.

Sincerely,

A handwritten signature in black ink, appearing to read "Ernest Boyd", with a long horizontal flourish extending to the right.

Ernest E. Boyd, R.Ph., MBA
Executive Director



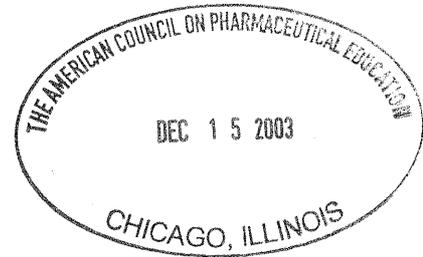
APhA

American Pharmacists Association

Improving medication use. Advancing patient care.

December 12, 2003

Accreditation Council for Pharmacy Education
c/o Michael Rouse
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109



Dear ACPE:

On behalf of the American Pharmacists Association (APhA), thank you for the opportunity to participate in the *Dialogue with the Profession on the Education and Training of Pharmacy Technicians*. APhA has a long history in the support of pharmacy technicians and the important part they play on the pharmacy team. The dialogue that the profession has started is one that is critically important for the profession as pharmacists continue to move to patient care/medication therapy management service-related roles.

Introduction

Over the last several months, APhA staff and leadership have attended many of the ACPE Open Hearings held as a part of the *Dialogue*. APhA has also held its own discussions with leadership, members, and with state pharmacy association executives at our recent Affiliated States meeting. We have heard a wide array of opinions and comments from individuals, as well as major employers of pharmacists and pharmacy technicians, and have experienced an obvious difficulty in reaching consensus on this issue that impacts pharmacy practice settings in such different ways. Considering the number of years it took the profession to reach consensus on a single entry-level degree, it is not surprising that a vision on the issues presented in the *Dialogue* is not clear after eight months of testimony. We have also heard a great deal of uneasiness with what is being perceived as a "rush" to complete this *Dialogue* and move forward to implementation of standards and accreditation program development.

This *Dialogue* is extremely important as the profession continues to examine its future place in health care. As such, we recommend that ACPE delay implementation of the published timeline for completion and continue a dialogue outside the Council's usual formal standards development process. As one of the three founding members of ACPE, APhA recommends that the next step in a dialogue include going back to each of ACPE's three founding organizations (American Association of Colleges of Pharmacy, National Association of Boards of Pharmacy, and APhA) to determine how best for the profession to work towards consensus on this issue.

A baseline foundation for further discussions could stem from the “Vision for Pharmacy Technicians” as outlined by the Sesquicentennial Stepping Stone Summit on Pharmacy Technicians¹:

Vision for Pharmacy Technicians in the Daily Practice of Pharmacy
(As defined by the Stepping Stone Summit 2: Pharmacy Technicians – 2002)

* *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 institution) goals will be maximized through the synergistic application of the knowledge, skills, and abilities of team members.*

The Invitation to Dialogue Questions & APhA Responses

In the spirit of the *Invitation to Dialogue*, APhA will address each of the questions posed. But because APhA firmly believes that the exploration of the issues should continue beyond the announced timeline, our responses often pose more questions for discussion than express a definitive position.

1. Definition

ACPE Question: The 2002 White Paper¹ lists the following definition: “A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.” Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

The importance of a standard definition of “pharmacy technician” cannot be overstated. By our observations, however, the necessary consensus around such a definition has not yet occurred. The APhA Board of Trustees adopted the *White Paper on Pharmacy Technicians 2002: Needed Changes Can No Longer Wait* in 2002. By this adoption, it agreed with the definition of a pharmacy technician as stated in the paper. During our recent discussion, our members and others had varying viewpoints on this published definition.

Viewpoint One

Some of our members observed that the *White Paper* definition was not forward-looking enough, that it did not look forward to practice five to ten years in the future. The commenters believe that pharmacy technicians may be asked to take on additional activities as practice and patient care become more complex.

¹ The Sesquicentennial Stepping Stone Summit Two: Pharmacy Technicians was held in the Spring of 2002. APhA along with the members of the Council on Credentialing in Pharmacy, the National Association of Chain Drug Stores, and the National Community Pharmacists Association, conducted the Summit by bringing together 25 invited participants from community and hospital practice, state boards of pharmacy, and pharmacy technician education programs to study pharmacy technicians’ roles, education, training, and regulation with a goal of developing recommendations for the profession that could be implemented within three-to-five years.

Viewpoint Two

Other members indicated that state board of pharmacy registration or licensure of all pharmacy technicians was critical and thus should be included in the definition of “pharmacy technician”. Specifically, these commenters supported the pharmacy technician definition as outlined in the *NABP Model State Pharmacy Practice Act* that includes this requirement. However, even with the NABP definition, there were some who were concerned about the vagueness in the definition’s phrasing of the “supervision of the pharmacy technician.”

Viewpoint Three

The Stepping Stone Summit Two: Pharmacy Technicians (See Footnote 1) called for the profession to develop and adopt a standard pharmacy technician definition. While the Summit participants understood that the *White Paper* had outlined a definition, it had not yet been adopted by the profession as a whole as evidenced by the fact that one state’s practice regulations still do not mention pharmacy technicians or any type of supportive personnel and 12 states still use the terms supportive personnel, ancillary personnel, unlicensed person, or non-pharmacist personnel. Even in this *Invitation to Dialogue* the definitions and use of terms have not been consistent, as questions are posed using the phrase “Pharmacy Support Personnel” – are we truly having a dialogue about “pharmacy support personnel” or is the dialogue supposed to be focused on “pharmacy technicians”?

Based on these differing viewpoints, APhA supports further examination of a pharmacy technician definition that yields a profession-wide consensus.

2. Level of Pharmacy Support Personnel

ACPE Question: Should different levels of pharmacy support personnel (not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

The Stepping Stone Summit participants noted that there are a number of individuals in the pharmacy who are not “pharmacy technicians.” They may be delivery personnel, inventory control clerks, cashiers, and customer service representatives, among others. As such, these individuals are “pharmacy support personnel” but should not be included in any level/category of pharmacy technician. We will focus on only those individuals who would have “responsibilities” assigned to a pharmacy technician.

Viewpoint One

The Stepping Stone Summit Two: Pharmacy Technicians identified three possible categories of pharmacy technicians:

Category One – 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 examinations).

Category Two – Pharmacy Technicians who have passed the PTCB examination and are Certified Pharmacy Technicians (CPhTs) or hold other state board-recognized certification.

Category Three – Pharmacy Technicians who have been certified and work in lead positions based upon experience or in specialty areas requiring specialty training and/or

experience. Compared to Categories One and Two, fewer pharmacy technicians are in this category, but they represent an important trend for the future.

Viewpoint Two

Some members who agreed with the Summit-defined categories suggested that pharmacy technicians in Category One should only be a transitional category, that pharmacy technicians should only occupy that category for a defined period of time while they are training or studying for certification. If neither of these (training/certification) is completed within that defined period of time, the individual should no longer be considered a pharmacy technician. The Summit did not define a time period for any of the categories.

Viewpoint Three

Others outlined four categories with one for training, the second for non-certified technicians (with no time limit – suggesting that there will always be a need for pharmacy technicians who do not seek certification), the third for certified pharmacy technicians, and the fourth for specialty pharmacy technicians.

While the levels of pharmacy technicians appear to be less controversial, profession-wide consensus should be developed. This cannot occur without further discussion.

3. Roles, Responsibilities, and Competencies of Pharmacy Support Personnel

ACPE Question: For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

Consensus Building

When the Council on Credentialing in Pharmacy (CCP) discussed a possible need for standards/guidelines for pharmacy technician training programs, it determined that ACPE could develop such standards through its established process, “if desired by the profession and endorsed by its three sponsors: AACP, APhA, and NABP.”² As a result, CCP requested that ACPE undertake a dialogue to determine if the proposed type of standards/guidelines was desired by the profession. It was also recognized by CCP that a “necessary prerequisite to accreditation standards would be a profession-wide consensus around the roles of the pharmacy technician and the amount and nature of the education and training needed to prepare individuals for those roles.”³ Unfortunately, it appears from the timeline in the *Invitation to Dialogue* as presented that such a consensus building process will not take place. Consensus building is a critical step to resolving many of the questions posed in the *Invitation*.

To begin this consensus building, a resource that may be of some use in determining the roles of pharmacy technician activities is the task analysis conducted by PTCB. This task analysis was conducted as part of PTCB’s due process to construct its certification examination. The 1999 task analysis measured current pharmacy technician duties within each of their practice sites. This task analysis was used to develop the PTCB certification examination’s test specifications, which along with the related roles and responsibilities, is available on its Website (www.ptcb.org). It is our understanding that PTCB will be conducting a new task analysis in 2004. As a PTCB governor, I would be willing to ask PTCB to include appropriate questions on this new task analysis survey that could benefit this dialogue.

² Taken from the Council on Credentialing in Pharmacy August 2002 Meeting Minutes.

³ Ibid.

Individual State Pharmacy Practice Acts

Each state board of pharmacy in the U.S. and the District of Columbia outlines pharmacy technician/support personnel roles and responsibilities differently. It is therefore difficult to obtain feedback that is broad enough in scope to address this issue from a national perspective. For example, our members developed their responses and opinions based on their own experiences, which may be limited to one or a few states in which they are licensed. As such, their knowledge of, and contributions to, this discussion can be limited.

In a review of current state pharmacy practice acts, definitions and limitations on pharmacy technician duties are vastly different – ranging from broad activity under the purview of “whatever” a pharmacist deems necessary via a written policy and procedure to only very basic functions of answering the phone and counting medication dosage forms. Without some national consensus on these roles, developing standards and competencies is at best a difficult task.

APhA again supports additional time for consensus on the roles and responsibilities to emerge. This is absolutely critical to any further discussion of education and training of pharmacy technicians.

4. Education

ACPE Question: Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching. For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

It is difficult to address pharmacy technician education and training requirements when the profession has not yet reached consensus on their roles and responsibilities. Education and training must be driven by what a person is expected to do on his/her job. This profession-wide consensus must be developed prior to the construction of education and training standards and/or accreditation of these programs.

Formal Education Definition

When the phrase “formal education” is used, it is confusing. Does this phrase refer only to academic-based programs such as those offered by a community college or vocational school? Does it mean a formal didactic and skills training program conducted by an employer? Does it address both? Or, does it refer to a prerequisite of a high school diploma or equivalent to work in the pharmacy? For purposes of our response, we will limit the definition of the term “education” to describe a formal academic-based pharmacy technician education program. Training will be discussed under the next section.

Formal Education Viewpoint

The notion of formal education (as defined above) for pharmacy technicians garnered the most concern and discussion in our comment-collection process. Most concerns stemmed from the fact that current economic models (for both the practice site and the individual) do not support mandatory formal education. Many pharmacy practices cannot support sending their pharmacy technicians to an academic-based education program. From the individual’s perspective, if (s)he chooses to attend a formal education program, after graduation (s)he would expect to have increased his/her ability to get a job as a pharmacy technician and to be offered a higher starting salary. Based on what we have heard from our members, neither is true in practice. The way in which the *Invitation to Dialogue* was announced, and the process outlined, led

individuals to the assumption that ACPE would develop standards for mandatory formal education. This assumption then led individuals to believe that eventual regulatory changes would mandate graduation from a formal education program for *all* pharmacy technicians.

Formal Education versus Accreditation Confusion

Attending a formal pharmacy technician education program and the accreditation of a formal education program are separate and distinct issues and should not be combined in the same discussion. Unfortunately, because people are more focused on mandatory formal education for pharmacy technicians, a discussion of the merits for accreditation of formal education programs has been lost. APhA does not believe that the *Dialogue* meant for this to occur. Unless the discussion of these two issues can be separated, a meaningful discussion of either is unlikely to occur.

Prerequisite Education Viewpoints - High School Diploma or Not?

During our discussions, we heard two differing viewpoints on the prerequisite level of education needed to be considered for a pharmacy technician position.

Viewpoint One: The Stepping Stone Summit determined that pharmacy technicians in all categories/levels should either be high school graduates, have a GED, or be currently enrolled in high school and making satisfactory progress toward graduation. The participants felt that it was important to recognize that there may be high school students who were enrolled in a pharmacy technician program at a vocational center.

Viewpoint Two: Others took a differing view. They believed that all pharmacy technicians should have their high school diploma or equivalent. When asked about high school students in vocational training programs, they indicated that these individuals would be titled “pharmacy technician students” or “pharmacy technicians in training” just as those in pharmacy school are titled “student pharmacists” but should not be considered pharmacy technicians while enrolled in high school.

APhA strongly supports a continuing profession-wide dialogue on appropriate education needed for defined levels and roles for pharmacy technicians.

5. Training

ACPE Question: Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved (from White Paper). For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

For this discussion, it is critical to note that formal training programs may be offered in a variety of settings, including directly in pharmacy practice. These programs can range from on-the-job didactic learning and skills training conducted by the pharmacist to a company/institution-based program incorporating live, video, and/or Internet didactics and on-the-job skills training. Some employers may grant pharmacy technicians increased levels of activities based on additional testing or evaluation by the employer. Formal training programs are not the same as orientation or preparation to take a certification examination. Orientation and exam preparation could be parts of a pharmacy technician training program.

Model Curriculum Guidelines

There was some agreement within our membership that a model guideline for training programs would be beneficial if the guideline was available to a pharmacist charged with developing a program.

It was noted by the Stepping Stone Summit that the *Model Curriculum for Pharmacy Technician Training*⁴ was more suited for academic-based education programs rather than typical training programs. The Summit did call for the profession to take portions of the *Model Curriculum* and develop core training modules so that individual practices could use the modules best suited for their practice. If, for example, a practice does not involve preparation or dispensing of sterile products, then its training program would not include sterile technique. If a pharmacy conducted a substantial amount of compounding, then a module specific to this area would be included in that practice's training program.

Training Program Viewpoint One

Some of our members indicated that if they were to purchase a self-contained training program for use in their practice, it would be reassuring to know that the program voluntarily followed a set of national guidelines. They were quick to add that because training programs are voluntarily conducted at practices, they did not believe that mandatory accreditation of practice-based training programs was necessary. Again, they cited that the economics (staffing and monetary resources) of pharmacy practice did not support mandatory accreditation of practice site-based training programs.

Training Program Viewpoint Two

We learned that many practices conduct structured training programs to develop a long-term pharmacy technician staff, to offer career ladders for pharmacy technicians, to enhance productivity and efficiency in their practices, and to enhance patient safety. These programs take precious resources from the pharmacy's practice in both money and staff time. Because the requirements for an accreditation process for this type of program are unclear at this time, the added burden of a formal accreditation process for these programs could be resource-prohibitive and could actually provide disincentives for conducting such programs. The lack of formal training at the practice-site could lead to a return to pharmacy technicians who begin interacting with patients after just an orientation.

APhA Proposed Policy

The timeliness of the *Dialogue* is readily apparent. The APhA Board of Trustees charged the Association's 2003-04 Policy Committee to review our current pharmacy technician policy statements – specifically looking at the education and training issues. These draft statements will be available in late January 2004 and debated by the APhA House of Delegates during our Annual Meeting March 27-30, 2004, in Seattle. At this time, APhA has no formal policy statements that specifically address pharmacy technician education and training.

⁴ The Model Curriculum for Pharmacy Technician Training, 2001, was developed collaboratively by the American Association of Pharmacy Technicians (AAPT), APhA, American Society of Health-System Pharmacists (ASHP), National Association of Chain Drug Stores (NACDS), and the Pharmacy Technician Educators Council (PTEC).

6. Quality Assurance of Pharmacy Technician Education and Training

ACPE Question: For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

The quality assurance question proposed in the *Invitation to Dialogue* presumes a consensus position on education and training and is difficult to answer when issues are outlined but a consensus has not yet been reached. Our members did indicate that it was important for each pharmacy practice to have a continuous quality assurance program to assess the performance of its pharmacy technicians along with assessing the performance of its pharmacists.

Accreditation of Formal Academic-based Programs Viewpoint

Accreditation is one mechanism that could assure quality of formal education programs. APhA heard from members who operate pharmacy technician education programs at community colleges and vocational schools who support accreditation as being beneficial to their programs. These members indicated that recognition by an accrediting body would provide assurance for their students (who pay tuition) that the program was legitimate and superior to a correspondence course advertised on television or in magazines.

Continuing Education as a Means to Assure Quality?

Some of our members support a mandatory continuing education requirement for all pharmacy technicians, expanding from the current system which is limited to those who are certified. This proposal met with substantial resistance from other members who cited the arduous process of changing state pharmacy practice acts, along with the absence of any proof that continuing education is a measure of quality. Many believe that mandatory continuing education has not worked to assure quality for pharmacists and, therefore, would have the same or little value for pharmacy technicians.

Certification as a Means to Assure Quality?

Some members believe that all pharmacy technicians should be certified by PTCB or an approved state board process. Others believe that certification should not be mandatory for all pharmacy technicians. They believe that certification only measures a level of didactic knowledge at a given point in time and it does not assure quality or a pharmacy technician's skills set. For those pharmacy technicians who opt to pursue certification, most pharmacists we spoke to strongly believe that completion of some type of training program should be a prerequisite to sitting for the pharmacy technician certification examination.

State Board Registration as a Quality Assurance Measure?

There are those in our membership who support a state board system to register all pharmacy technicians as a step to assuring quality, at least at the time of hire. However, they indicated that this registration must be more than a list. It should be a system that allows the state board to hold pharmacy technicians accountable for their actions "within the scope of their activities" and gives the board the ability to administer disciplinary action that would be reportable to future employers. This same type of state registration "with teeth" was recommended by the Stepping Stone Summit.

Conclusion

APhA is very supportive of pharmacy technicians functioning in roles that will enhance patient care and strongly recommends that more dialogue and strategic thinking occur in all areas

outlined in the *Invitation to Dialogue* – especially those related to defining pharmacy technician roles and responsibilities. It is critical that a positive environment for these on-going discussions be created, that it is not biased by the trepidation of a process intended to lead to regulations that may severely impact practice and patient care.

For the reasons outlined in this letter, APhA believes that it is too early in the dialogue for the profession to reach consensus and, therefore, the process outlined by ACPE should not move forward. The profession must continue to discuss these issues. In addition, ACPE should request that its three founding member organizations work with their constituencies to determine pharmacy technicians' roles and responsibilities and the corresponding education and training.

I have included two documents that may assist ACPE as you continue exploring these issues with the profession – 1) Proceedings from The Sesquicentennial Stepping Stone Summits: Summit 2 Pharmacy Technicians and 2) current APhA Policy Statements on pharmacy technicians.

If APhA – its leadership and staff – can be of any assistance to ACPE, please do not hesitate to contact me.

Sincerely,

John A. Gans, PharmD
Executive Vice President & CEO

Enclosures



Official Policy of the American Pharmacists Association

**American
Pharmacists
Association**

2215 Constitution Ave., NW
Washington, DC 20037-2985

Subject: Pharmacy Technicians

2001 Automation and Technical Assistance

APhA supports the use of automation for prescription preparation and supports technical and personnel assistance for performing administrative duties and facilitating pharmacist's provision of pharmaceutical care.

2001/ 1996 Control of Distribution System

The American Pharmaceutical Association supports the pharmacists' authority to control the distribution process and personnel involved and the responsibility for all completed medication orders regardless of practice setting.

(JAPhA. NS36(6):396. June 1996)

1996 Technician Licensure and Registration

1. APhA recognizes, for the purpose of these policies, the following definitions;

(a) Licensure: The process by which an agency of government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency necessary to ensure that the public health, safety, and welfare will be reasonably well protected.¹ Within pharmacy, a pharmacist is licensed by a State Board of Pharmacy.

(b) Registration: The process of making a list or being enrolled in an existing list.²

2. APhA supports the role of the State Boards of Pharmacy in protecting the public in its interaction with the profession, including the Boards' oversight of pharmacy technicians, through their control of pharmacists and pharmacy licenses.

3. In States where the Board of Pharmacy chooses to exercise some direct oversight of technicians, APhA recommends a registration system.

4. APhA reaffirms its opposition to licensure of pharmacy technicians by statute or regulation.

(JAPhA. NS36(6):396. June 1996)

1971 Subprofessionals: Functions, Standards and Supervision

The committee recommends that APhA endorse the use of properly supervised supportive personnel in pharmacy practice as a positive step toward improving the quality and quantity of pharmaceutical services provided by the profession.

(JAPhA NS11:277. May, 1971)

1966 Subprofessionals

The committee would be opposed to any assumption of the pharmacist's professional functions by subprofessionals or technicians. There is a need to determine exactly what these functions are and the relative position of the pharmacy intern. Under no circumstance should a subprofessional program in pharmacy create an individual such as the former "qualified assistant" still practicing in some states.

(JAPhA NS6:332. June, 1966)

1 Ref: Credentialing health manpower. U.S. Dept. of Health, Education and Welfare, July 1977; DHEW publication no. (OS)77-50057).

2 Ref: Black's Law Dictionary, 5th edition. St. Paul, MN: West Publishing



***SESQUICENTENNIAL
STEPPING
STONE
SUMMITS***

Summit Two

PHARMACY TECHNICIANS

May 9 - 10, 2002

Baltimore, Maryland

SPONSORING ORGANIZATIONS

Council on Credentialing in Pharmacy

- Academy of Managed Care Pharmacy (AMCP)
- American Association of Colleges of Pharmacy (AACCP)
- 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

MAY 9–10, 2002 • BALTIMORE, MARYLAND

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.

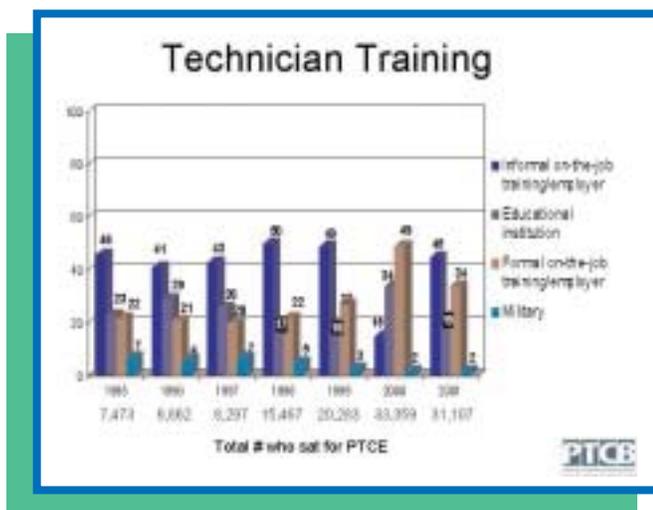
Pharmacy Technician Certification: A Status Report

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.

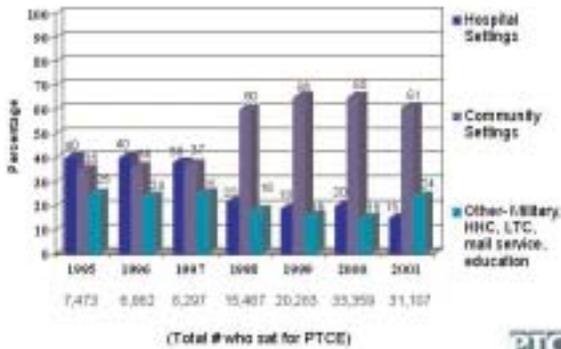


Technician Distribution: More than 100,000 Certified Pharmacy Technicians (CPhTs) are now certified by PTCB. Shown here are the state totals of CPhTs. Note the large number of technicians in Texas, where PTCB certification is required by the state board of pharmacy; other states with large numbers of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



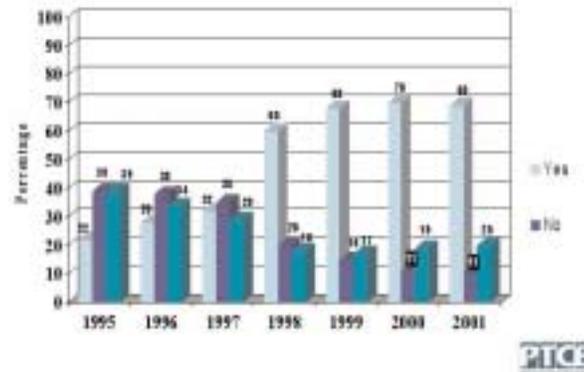
Technician Training: In recent years, PTCB has observed the trend of large numbers of pharmacy technicians receiving their training through “formal” on-the-job training programs instead of “informal” on-the-job training.

Primary Work Environment



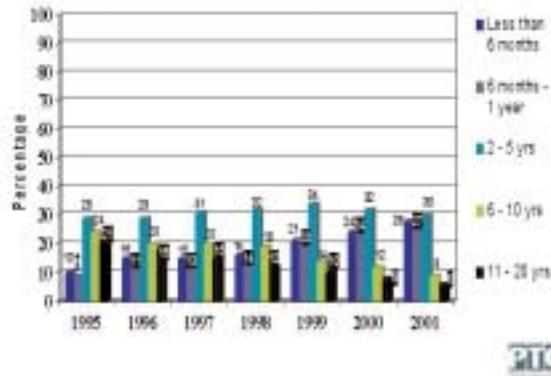
Higher Pay Rates for CPhTs: In the early years of PTCEB certification, increased compensation for certification was not common. Over the past four years, the value of certification is reflected in higher pay rates for over 60% of CPhTs.

Higher Pay Rates for CPhTs



Primary Work Environment: Over the past 4 years, the growth in the number of technicians taking the PTCEB 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.

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 PTCEB 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 PTCB 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

Pharmacy Technology, Pharmacy Technicians, and the New Role of the Pharmacist
2215 Constitution Avenue, NW • Washington, DC 20037 • 202-429-7536



**National
COMMUNITY
PHARMACISTS
Association**

*Formerly NARD, the
National Association of
Retail Druggists*

December 12, 2003

The Accreditation Council for Pharmacy Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

Via email: techinfo@acpe-accredit.org

Dear Comments Coordinator:

Please find attached a summary of comments expressed on behalf of the National Community Pharmacists Association (NCPA) at the ACPE open hearing which was held at the NCPA Annual Convention during October 2003.

We look forward to working with ACPE on a mutually agreeable resolution for pharmacy technician education and training.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathryn F. Kuhn". The signature is fluid and cursive.

Kathryn F. Kuhn, RPh
Senior Vice President, Pharmacy Programs
NCPA

N C P A

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NCPA Comments Based on the ACPE Open Hearing held at NCPA Annual
Convention, October 2003

We are concerned with ACPE's decision to explore the need for national standards for technician education and training. Please allow us to share with you some facts about technician education and training in independent pharmacies as well as some information we feel has been omitted or overlooked in ACPE's slide presentation that is particularly pertinent to community pharmacy technicians.

First, we have noted your comparison of pharmacy technicians' qualifications to that of other similar allied health occupations. The average rate of pay for a technician employed in an independent pharmacy is \$11.03 per hour. According to earnings data we found on the Department of Labor Bureau of Labor Statistics, this hourly pay is consistent with other allied health care professional assistants with similar qualifications described in your slide presentation. However, other allied health care professional assistants with additional qualifications described in your slide presentation are paid a considerably higher hourly rate. For example, occupational therapy assistants who are required to complete accredited education and training, in addition to a national certification examination, earn between over \$14 to nearly \$20 per hour. This pay increase will have a huge impact on the operating expenses for independent community pharmacy businesses.

Second, since the early 1990's, NCPA, together with NACDS, developed a community pharmacy technician education and training program. This program is now into its FOURTH printing. It is used by both independents and chains for education and training, and it is also recognized by state boards of pharmacy—which was *not* presented in your slide presentation.

Third, ACPE provides detailed information on the ASHP technician program and seems to point to the ASHP program as a "MODEL" program. This same level of detail is not included in ACPE's presentation on the NCPA-NACDS technician

program. Does this mean that the NCPA-NACDS program is not acceptable to ACPE or will not be an acceptable technician program? Based on prior review of the ASHP technician program, we do not believe it is applicable to pharmacy technicians working in a community pharmacy setting.

ACPE has also provided detailed information about PTCB certification. Many community pharmacists who have first-hand experience with PTCB certification feel it is beyond the scope of what is required for community pharmacy technicians.

We hope you will include the information we have suggested in your slide presentation whenever discussions take place regarding the need for a national pharmacy technician education process. We are certain that NCPA would gladly provide ACPE with any of the information that has not been included.

We understand that ACPE will be deciding in just *two months* whether or not to proceed with developing national education and training standards as well as an accreditation process for pharmacy technician education and training programs. However, we feel that there are many unanswered questions for which we need answers – *before* ACPE pursues a path of national educational standards for *our* pharmacy technician employees.

For example:

What will these national standards entail? How will they be developed? Will they be developed by ACPE staff or by an ACPE committee?

Will there be some minimum hourly education requirement for technician programs, like ACPE has specified for professional pharmacy education programs? How will this be determined?

Does ACPE envision that it will be a certificate-based or a degree process? How will ACPE make this determination?

Is ACPE equipped to answer what the *financial impact* will be as result of national standards for technician education on community pharmacy businesses? If so, how did ACPE determine what the financial impact will be? This is particularly relevant given that the majority of pharmacy technicians work in community pharmacies according to your statistics.

If national standards are adopted for technician education, in what timeframe will the current number of 250,000+ technicians be required to meet the ACPE educational standards? What is ACPE's vision for how it anticipates the pharmacy marketplace will handle this significant number of pharmacy technicians who will require education from accredited programs?

Does ACPE foresee any potential challenges in the independent pharmacy marketplace as a result of newly imposed technician education standards? Many independent pharmacies are located in rural areas. Has ACPE considered any potential problems with pharmacy access to pharmacy technician graduates of ACPE-accredited technician training programs in these areas? How will ACPE arrive at this answer?

Will some pharmacy technicians be "grandfathered" and if so, what educational requirements or competencies will be required for these "grandfathered" technicians?" How will this be determined?

If adopted, how will the national ACPE education standards be enforced since pharmacy technicians are governed by State Boards of Pharmacy? Does ACPE have unanimous support from State Boards of Pharmacy regarding adoption and enforcement of national standards and a national accreditation process?

Before moving forward, we believe that the answers to these questions should be carefully considered, and that this is a responsibility that should be jointly shared by ALL stakeholders in the pharmacy profession.

NCPA was asked to report on the results of a survey conducted in October by NCPA to its Committee Members regarding their views on national standards for pharmacy technician education and training and a national accreditation process. Pharmacy technicians were defined as technicians who work in the prescription department and who are involved in the handling of prescription drugs for dispensing.

The NCPA Committee Members who responded are all seasoned independent pharmacy owners and their pharmacy locations range from rural environments to very large metropolitan cities. As a whole, these NCPA Committee Members help comprise the 24,602 independent pharmacy locations nationwide, which represent 42% of all community retail pharmacies.

The majority of respondents use the *NCPA – NACDS Community Retail Pharmacy Technician Training Manual* to educate their pharmacy technicians. Since this Manual was launched in 1994, hundreds of thousands of copies have been distributed and sold by NCPA and NACDS. The Manual is now in its *fourth* edition and has been renamed *The Pharmacy Technician Training Program*. Like the former editions, the new edition is based on an objective, third-party job analysis of pharmacy technicians in community pharmacy settings--*specifically*.

The Program is designed to be used by the ‘pharmacy technician-in-training,’ in conjunction with a supervising pharmacist. *The Program*, which is now comprised of 10 chapters, also includes a new chapter on the latest federal health care privacy regulations. Each chapter contains educational competencies, numerous illustrations and examples, self-assessment questions for the technician, and a

competency assessment. All the information in *The Program* is *specific* to community pharmacy technicians.

When asked how many total hours of education and training these pharmacists provide their technicians, they reported an average of 112 hours or a median of 40 hours. They also said that education and training in their pharmacies is usually overseen by supervising pharmacists who also assess the competency of their pharmacy technicians.

An overwhelming majority of NCPA Committee Members were satisfied with their current method of training. A majority stated that individual pharmacies should oversee pharmacy technician education and training. This response was followed by State Boards of Pharmacy and NCPA.

ACPE has published that it will declare a decision on whether or not to pursue the development of national standards and a national accreditation process for pharmacy technician education and training at its January 2004 Board meeting. As ACPE has noted in its slide presentation, the majority of pharmacy technicians work in a community pharmacy setting. Hence, any decision by ACPE concerning pharmacy technicians will mostly impact community pharmacies. We, therefore, respectfully advise ACPE to involve NCPA in its decision-making process on this issue.

We appreciate the opportunity to express our views, and we appreciate the opportunity to 'dialog' face-to-face with ACPE staff and officers on this important issue. However, we are concerned about ACPE's open hearing process, in general. As with any other public opinion polling process involving convenience sampling in which persons are able to freely express their viewpoints, the prospect of bias is very large, versus a more well-constructed randomized survey process.

Therefore, in the interest of achieving an exhaustive and objective examination of pharmacy technician education and training, we would like to suggest that ACPE consider working with NCPA to develop an unbiased, nationwide study of pharmacy technician education and training. Such a study should also assess the impact of a national process for pharmacy technician education and training on community retail pharmacies. NCPA would like to assist ACPE with this study in 2004.

We thank you for the opportunity to share these insights with ACPE.

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December 3, 2003

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Peter H. Vlasses, Pharm.D.
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20 North Clark Street, Suite 2500
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Dear Pete:

The American College of Clinical Pharmacy (ACCP) is supportive of the efforts by ACPE, initiated at the request of the Council on Credentialing in Pharmacy, to foster profession-wide dialogue on the possible development of national standards and an accreditation process for pharmacy technician education and training. ACCP believes that such dialogue and, more importantly, efforts at reaching a broad professional consensus on the issue, are essential to pharmacy's continuing evolution as a clinical profession committed to providing and assuring the rational, safe, and effective use of medications in patient care.

In its 2000 White Paper entitled "A Vision of Pharmacy's Future Roles, Responsibilities, and Manpower Needs in the United States" (Pharmacotherapy 2000; 20:991-1022), ACCP noted the following:

"Observation No. 7:

Pharmacy technician training is not standardized and remains inconsistent across the profession. Given this potentially uneven preparation of technicians, a valid certification process is necessary to ensure that technicians possess the knowledge and skills required to perform competently. Although more than 54,000 [at the time of publication] pharmacy technicians currently are certified by the Pharmacy Technician Certification Board (PTCB), this represents a significant minority of the total workforce of more than 150,000 pharmacy technicians employed in the community or institutional setting. Even if it were universally permitted by law, many pharmacists would hesitate to delegate distributive functions to technicians due to a lack of confidence in the competence of some support personnel.

Implications:

Pharmacists must advocate the recruitment and utilization of well-trained, nationally certified pharmacy technicians who can be deployed in appropriate dispensing roles, under

pharmacist supervision. The term “pharmacy technician” should be applied only to those individuals who have completed minimum training requirements and who are certified by the PTCB. Standardized training of pharmacy technicians should be a high priority for the profession to ensure public safety, and pharmacy employers must be encouraged to employ only nationally-certified technicians.”

In the three years since the publication of these comments, there has been significant growth in the utilization of the PTCB’s voluntary national certification examination for pharmacy technicians. Currently, more than 100,000 technicians have received certification through PTCB. Several state boards and many large employers of pharmacy technicians have embraced the credential as an important element in assuring the capabilities and skills of pharmacy technicians.

However, despite this important progress, the question of what constitutes the appropriate educational preparation and training experiences of pharmacy technicians as they seek to enter practice and to possibly seek voluntary certification remains unanswered, and to some extent, ignored by the pharmacy profession. Current approaches include everything from “on the job” training in the practice setting (with essentially no prerequisite credentials or experience to begin the training) to 2-year degree programs based in community colleges. This “unevenness,” mentioned in the ACCP commentary cited above, poses a serious challenge to the acceptance of pharmacy technicians as an integral part of the increasingly complex and sophisticated medication use process.

ACCP acknowledges the important leadership and commitment of the American Society of Health-System Pharmacists (ASHP) over the past two decades in developing and making available an accreditation process for pharmacy technician training programs. The process provides an appropriate framework and guidance for the provision of technician education and training, particularly in the hospital and health-system setting, and could reasonably serve as a principal reference point for ongoing design and standardization of pharmacy technician education and training at the national level.

Given the substantial variation in “curricular length” of currently existing education and training programs, together with the evidence that technicians from a wide variety of training program experiences are successfully credentialed by PTCB, we would particularly encourage an “outcomes-based approach” to the design of the education and training standards. This could, in turn, assist and inform the profession’s deliberations in better determining the appropriate and necessary duration of the education and training experience.

In summary, ACCP encourages ACPE to collaborate with the full range of stakeholders in the development of a draft set of outcomes-based standards for pharmacy technician education and training. These draft standards could then serve as the stimulus for profession-wide discussion and consensus-building on the appropriate curricular content, training experiences, and credentialing mechanisms necessary to prepare qualified technical support personnel for the nation’s medication use system.

ACCP believes that the continued advancement of the pharmacist as a patient-centered provider of medication use and management services is linked, in part, to more effective and efficient use of appropriately educated and credentialed pharmacy technicians. We encourage ACPE in its efforts to foster dialogue and consensus on the issues surrounding pharmacy technician education and training and look forward to working collaboratively with all interested stakeholders in moving the issue forward as expeditiously as possible.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike", with a horizontal line underneath it.

Michael S. Maddux, Pharm.D., FCCP
Executive Director

AMERICAN ASSOCIATION
OF COLLEGES OF PHARMACY



December 5, 2003

Peter H. Vlasses, Pharm.D., BCPS, FACC
Executive Director
Accreditation Council for Pharmacy Education
20 North Clark Street, Suite 2500
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Dear Pete:

Thank you for the invitation to comment as part of the process that ACPE has undertaken to explore the possible development of national standards and an accreditation process for pharmacy technician education and training. As one of the sponsoring organizations of the Council, the organization whose members deliver the professional degree programs accredited by the Council, AACP recognizes its responsibility to participate in dialogue about Council mission, strategies and practices. Our highest priority expectation of ACPE remains quality assurance in the professional degree program. That being said, AACP, as a member organization of the Council on Credentialing in Pharmacy (CCP), endorsed the request to ACPE to initiate a profession-wide dialogue on issues related to technician education and training in pharmacy. As a neutral convener of dialogue in the profession around the feasibility of a national standard for technician education, ACPE has invested considerable effort in the open hearings phase. As a CCP member organization AACP looks forward to the report of the findings from the open hearing process that ACPE has undertaken. We are hopeful the data will provide a valuable resource to inform decisions concerning direction for further action.

The following comments reflect the disposition of the AACP Board of Directors and are provided on their behalf. I have also provided relevant AACP policy statements concerning pharmacy supportive personnel and included information our members have shared with us concerning the current level of involvement of AACP member institutions in pharmacy technician education.

General Comments

Technicians represent a critically important cohort of pharmacy personnel, who if properly trained, regulated and deployed in the practice setting, can enable the pharmacists our member institutions are graduating today to assume the practice roles in patient care that our curricula prepare them to assume. The invitation to comment in this process accurately describes the challenges—diversity of qualifications, knowledge, responsibilities and regulation of technicians. While the open hearings process that ACPE has undertaken will provide valuable information, there remains a need for staged discussion and consensus building prior to developing uniform national training standards for education and a program of accreditation. We suggest that the proposed timeline leading to draft standards in 2004 be adjusted to allow for the profession-wide dialogue that still needs to occur. We feel strongly that profession-wide consensus (i.e., a common understanding) around roles, responsibilities and required competencies (question #3) and levels of pharmacy support personnel (question #2) must be established before the profession can determine the appropriate educational preparation and subsequent accreditation process, if warranted.

Role definition of the occupation is the logical first step in the progression to the process of determining quality assurance for education and training. AACP policy supports competency-based education and training for supportive personnel. However, AACP policy also holds that "Training for technicians in pharmacy must be based on competencies derived from tasks which are deemed appropriate by the profession and currently performed by technical personnel" (see policies below). Following consensus on competency-based educational preparation for the roles and responsibilities technicians assume, the profession can move to address questions of quality, consistency and a national standard for technician education and training.

It is AACP's understanding that the findings from the open hearings and written comments will be reported to the CCP at the 2004 winter meeting for profession-wide consideration and affirmation for further action. Technician utilization/education has been an item of major concern for the CCP and the CCP member organizations which represent a broad range of professional interests. The CCP might consider continuing its role as a convener for future steps in a consensus-building process. The CCP commissioned the 2002 White Paper on Technicians and was a co-convener of the Sesquicentennial Stepping Stone Summit on Pharmacy Technicians (2002). This summit reviewed the present status and use of pharmacy technicians. Roles, responsibilities, and competencies; education and training; credentialing and regulation were unresolved issues considered at the summit and remain unresolved. The discussion and recommendations did not result in a consensus document, but provide a resource and platform for further consideration.

In the event that the CCP affirms further action, AACP would like to offer an historical perspective and a model process used by the Commission to Implement Change in Pharmaceutical Education that could be followed. For a parallel purpose in the evolution of pharmacy education, the Commission to Implement Change in Pharmaceutical Education (Commission) undertook a process to determine the appropriate competency-based educational program for pharmacists. After identifying the mission of pharmacy practice (pharmaceutical care), the role of the pharmacist was defined. Necessary competencies were identified and an educational program was recommended (Doctor of Pharmacy) to prepare practitioners for this role. At each step consensus was sought and obtained in the academy before proceeding. Next AACP convened the Center for the Advancement of Pharmaceutical Education (CAPE) advisory panel to construct the Educational Outcomes that serve as a guide for pharmacy curriculum. Accreditation standards for the Doctor of Pharmacy program followed. A similar process, albeit potentially in a more compressed timeframe given discussions and hearings that have already been held, could serve the profession and this process well.

Data

1. Involvement of Colleges and Schools of Pharmacy in Technician Education and Training

There appears to be a low level of involvement and participation of our member colleges and schools of pharmacy in pharmacy technician education and training. It is more common for institutions with professional pharmacy degree programs to defer formal academic technician training programs to community colleges. There is evidence of pharmacy faculty participating in instruction, assessment or program development as collaborators with technician training programs and faculty, but by and large this occurs on an individual rather than institutional level. At an institutional level, there is evidence of some statewide partnerships, consultation and shared facilities.

Training Doctor of Pharmacy students with pharmacy technicians occurs almost exclusively in the practice site during practice experience rotations, however a small number of pharmacy programs partner with technician training programs to bring technicians-in-training to the pharmaceutical care lab for joint instruction. The pharmacy practice acts in some states (e.g., Texas) allow student interns to supervise technicians under the supervision of the pharmacist with the goal of providing pharmacy students opportunities for learning experiences in practice personnel management and team-based health care delivery.

At present we have no evidence of articulation agreements for matriculation of graduates of technician education programs to the professional degree programs. While AACP does not currently collect data on technician certification in the Doctor of Pharmacy degree applicant pool, this may be possible in the future through our centralized pharmacy application service (PharmCAS) which was launched in May 2003.

The role for colleges and schools of pharmacy in technician education and training is an area that may evolve in the future, dependent on the agreed-upon roles and education of technicians that may be reached by the consensus process we have suggested.

2. AACP Policies on Supportive Personnel

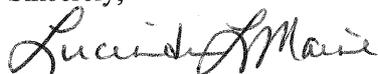
The following policy statements were drawn from "Cumulative Policies of the American Association of Colleges of Pharmacy House of Delegates" 1980-2003 (available at <http://www.aacp.org/site/tertiary.asp?TRACKID=&VID=2&CID=53&DID=4963>)

- AACP supports inclusion in the professional pharmacy curriculum of didactic and experiential material related to the supervision and management of supportive personnel in pharmacy practices. (Source: Professional Affairs Committee, 1990)
- Training for technicians in pharmacy must be based on competencies derived from tasks which are deemed appropriate by the profession and currently performed by technical personnel. (Source: Professional Affairs Committee, 1989)
- Pharmacy schools should offer their assistance to supportive personnel training programs to assure that programs meet appropriate educational objectives. (Source: Professional Affairs Committee, 1987)
- Training for supportive personnel in pharmacy must be based on sound educational principles with clearly established competency objectives. (Source: Professional Affairs Committee, 1987)

In closing, let me reiterate that AACP supports opportunities for a profession-wide dialogue to establish consensus on technician role definition, preparation, and quality and consistency of technician education. We support a step-wise process like that of the AACP Commission that builds upon profession-wide consensus on roles, responsibilities, and competencies prior to defining the education and training program(s), quality standards and accreditation process. We appreciate this opportunity to respond to the invitation for comment and look forward to your report of the findings from this initial comment period to the CCP at the 2004 winter meeting. The data will provide a platform for serious discussion in the profession on the best way to proceed.

I look forward to continuing to work with you and our CCP colleagues on this important issue.

Sincerely,



Lucinda L. Maine, Ph.D.
Executive Vice President

cc: AACP Board of Directors

Mike Rouse

From: Rick Hayney [rickh@pswi.org]
ent: Friday, December 12, 2003 2:46 PM
ro: Mike Rouse
Subject: ACPE Response: Rx Technician Education/Training



WPFresponse22Fe. ATT01022.txt
doc

Please find our response attached to this e-mail.

We have also faxed a copy of the document to your office as well as sending the original via USPS.

Thank you.

"Leading Our Profession in a Changing Health Care Environment"



PHARMACY SOCIETY OF WISCONSIN

Date: 12-12-2003
To: Mike Rouse, Assistant Executive Director, International and Professional Affairs
Fax #: ACPE
From: 312-664-4652

- Chris Decker, Dawn Fargen, Annette Esser, Jeanne Rosen, Tom Engels, Rick Hayney, Chad Nechvatal, Maria Davis

of pages (including cover sheet) 7

- For your review, As you requested, Please reply

SPRING SENIOR CARE CONFERENCE April 15-16, '03 Country Inn Waukesha

EDUCATIONAL CONFERENCE April 22-23, '03 Monona Terrace Madison

ANNUAL MEETING September 11-13, '03 La Crosse Center La Crosse

FALL SENIOR CARE CONFERENCE October 21-22, '03 Radisson Paper Valley Appleton

TECHNICIAN FORUM October 25, '03 Madison Marriott West Madison

December 12, 2003



**PHARMACY
SOCIETY OF
WISCONSIN**

*"Leading Our Profession
in a Changing
Health Care Environment"*

Wisconsin Pharmacy Forum
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608-827-9292 (Fax)
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The Accreditation Council for Pharmacy Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109
Tel: (312) 664-3575 (Questions only)
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Email: techinfo@acpe-accredit.org

The Wisconsin Pharmacy Forum is a group comprised of representatives from the University of Wisconsin School of Pharmacy, the Pharmacy Society of Wisconsin and the Wisconsin Pharmacy Examining Board.

We appreciate the opportunity to respond to ACPE's invitation to comment regarding the possible development of national standards and an accreditation process for pharmacy technician education and training. Although your questions to be considered are appropriate discussion topics, it is our belief that four core principles must be accepted by all parties involved in the discussion as they answer these six primary questions.

The principles that we believe should be a foundation and guide in any deliberation regarding national standards and accreditation are listed below.

- Any national program must address the development of consistent standards for education and training programs for pharmacy technicians that all organizations, employers, and others involved can use as "the models" for training programs.
- Any national educational program standard should be voluntary, and a formal training program should not be required to work as a pharmacy technician at this time.
- Any national training standard should endorse "off-campus" training procedures that are flexible in duration, time and location to accommodate technicians and employers work schedules.

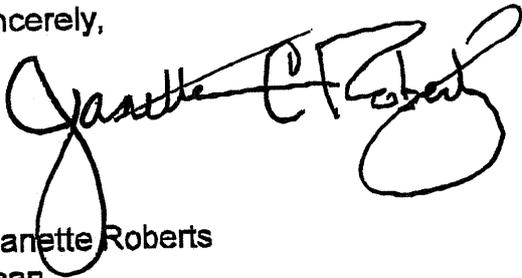
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- All national training requirements should include carefully constructed competencies taking into account the specialty functions and emerging roles that technicians are contributing as well as the varying practice sites of pharmacy practice.

We have also enclosed a response from the Technician Board of the Pharmacy Society of Wisconsin regarding the questions to be considered. We have chosen to add these comments to our response because this group represents the very individuals that will be affected by ACPE's deliberations. We believe that these comments effectively supplement those core principles listed above.

We thank you again for allowing us the opportunity to comment on this topic that is so vital to the health and future of pharmacy. We look forward to providing further input as the process evolves.

Sincerely,



Jeanette Roberts
Dean
University of Wisconsin School of Pharmacy



Paul Pisarzewicz
President
Pharmacy Society of Wisconsin



Susan Sutter
Chairperson
Wisconsin Pharmacy Examining Board

enclosure

December 12, 2003

Technician Board
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Questions to be Considered

1. Definition

The 2002 White Paper lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

The prescribed definition is adequate for now. It may change as the role of the technician changes. Perhaps one day the technician will be delegated responsibilities that will necessitate licensure. The definition will need to be addressed again at that time.

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

Options

A. Practice Site

1. Institutional
2. Community
3. Long Term Care
4. Managed Care
5. Manufacturer

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Options (continued)

B. Role or Employment Responsibility

1. Data Entry
2. Cart Fill
3. IV Tech
4. Narcotic Tech
5. Production Packaging
6. Inventory Control Purchaser

C. Levels, Basic and Advanced

1. Basic (non-certified)
2. Advanced (certified)

D. Levels, Numerical

1. I (basic, non-certified)
2. II (basic, certified)
3. III (advanced, certified)

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

In any practice setting, the technician would assume a role or multiple roles based upon the necessity of staffing requirements. The more roles one must assume, the more numerous the responsibilities and a higher demand for additional competencies.

In a large practice setting where a single role is specifically assigned, the focus of responsibilities is narrow, but the level of competency may be greater or more encompassing.

Levels, whether identified under certification or a combination of certified and non-certified, again depend on the role or roles the technician assumes. Each level will require a set of responsibilities and competencies that identify it.

December 12, 2003

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4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

All levels will require a minimum of a high school diploma or GED. Additional basic skills should include computer training, medical terminology and algebra. A basic introductory course in pharmacy emphasizing the practice, i.e. prescription basics, drug names, inter-personal relationships (customers, co-workers), telephone etiquette, confidentiality, professionalism, etc., should be required.

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

The training of any pharmacy technician can occur through on-the-job programs, vocational education, or home study (on-line or written education programs). There must be some form of accountability for this training like a standardized exam. As one ascends the responsibility or role levels, a technician must pass one exam or prove competency before taking the next exam (step process).

December 12, 2003

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6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

In order to provide for quality assurance, there must be a recognized, central body that establishes the requirements necessary for recognition of knowledge (diploma) and application of knowledge (certification). Quality can only be measured if every employer, technical college or educational resource has a standard set of guidelines to establish their educational programming. Standardization in education should also allow the technician to move freely among employers and give employers the assurance that the technician will perform at a minimum level of competency without excessive re-training.

December 12, 2003

Peter H. Vlasses, Pharm.D., BCPS, Executive Director
The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109



Dear Dr. Vlasses:

On behalf of the membership of the Washington State Pharmacy Association I would like to thank ACPE for the opportunity to participate in the open dialogue concerning the development of national standards and an accreditation process for pharmacy technician education and training. Washington State has a 25 year history of requiring education, and licensure for pharmacy technicians that puts us a unique position to provide feedback on this issue.

In a time when demand for medication delivery and management is increasing, the pharmacy profession is experiencing a pharmacists shortage, and the consuming public is demanding improved quality assurance programs to reduce the chance of medical errors and improved health outcomes, it would seem natural that we would look to ancillary personnel and/or technology to help us address these issues. With increased reliance on ancillary personnel to accomplish our mission, the next step would be to evaluate the education and training of those individuals to assure competency and quality.

The Washington State Pharmacy Association supports the development of minimum standards for technician training, accreditation of those training sites and a mechanism to measure the competency of those individuals being educated in these facilities. We also support licensure of technicians who have completed the approved training and passed the standardized competency exam. In addition, we support mandatory continuing education as a requirement of re-licensure.

It is our opinion that both institutional or "on the job" training sites are equally capable of providing the training. The training should incorporate innovative educational tools, such as web based distance learning, to adequately address geographic or personal issues that would preclude an individual from attending formal training sites. Also, all training programs should include a practicum or internship component.

Since the practice of pharmacy is regulated at the state level, it is our suggestion that the mechanism of licensure and development of a standardized competency exam be the responsibility of the State Board of Pharmacy.

Our 25 years of experience in the technician arena supports the concept that required training and training standards, even without a standardized competency exam (which we are encouraging the Board to adopt), improves the quality of ancillary personnel. It is also our experience that



WASHINGTON STATE PHARMACY ASSOCIATION

technology does not reduce the need for competent ancillary personnel, but in fact increases the need for competent support personnel. We also support various levels of support personnel that would require additional education or training depending upon the role or function that they provide.

We appreciate the opportunity to provide our input and share our experience with ACPE on this issue and look forward to the report of your findings at the conclusion of this important first step.

Sincerely,

A handwritten signature in black ink that reads 'Michael L. Brandt'. The signature is written in a cursive, flowing style.

Michael Brandt, Pharm.D.
President

Mike Rouse

From: Allen Vaida [avaida@ismp.org]
ent: Monday, December 15, 2003 3:23 PM
To: Mike Rouse
Subject: Comment



ACPE Technician
Letter.doc

Mike,

Please see attached comments from ISMP.

Allen
<<ACPE Technician Letter.doc>>

Allen J. Vaida, PharmD, FASHP
Executive Director
Institute for Safe Medication Practices
1800 Byberry Road
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Have you seen our new ISMP Medication Safety Alert!® Community/Ambulatory Care Edition?
<<http://www.ismp.org/communityarticles/>>

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Version: 6.0.547 / Virus Database: 340 - Release Date: 12/2/2003



Institute for Safe Medication Practices

a nonprofit organization

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E-mail: ismpinfo@ismp.org
Web Site: www.ismp.org

December 15, 2003

Mike Rouse, B.Pharm (Hons), MPS
Assistant Executive Director
International and Professional Affairs
The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, Illinois 60602-5109

Dear Mr. Rouse,

Thank you for extending the Institute for Safe Medication Practices (ISMP) an opportunity to participate in dialogue regarding the development of national standards and accreditation process for the education and training of pharmacy technicians. I am responding to a request sent to Michael Cohen, President of ISMP.

Let me begin by saying that ISMP values the role that pharmacy technicians offer in providing for the safe use of medications in our health care system. Not only because they provide pharmacists with additional time to play a more active role in the clinical aspects of medication management such as; drug selection, clinical monitoring and patient education, but also because they have been key in discovering medication errors and "near misses", with ambiguous manufacturer packaging and providing or allowing an independent double check for products before they are dispensed. ISMP frequently receive reports through the USP-ISMP Medication Errors Reporting Program where technicians are cited as the source for discovering errors prior to drug administration to the patient.

ISMP supports standardized education with an accreditation process for pharmacy technicians. We believe that, since technicians are involved in various drug preparation and distribution tasks, which require different skills and training, a tiered approach to required competencies may be required. For example, technicians that are involved with only distributive functions such as; packaging of medications, batch preparation of some parenteral products, etc. may require a separate education requirement versus those involved in more specialized activities such as; the preparation of complex sterile products and informatics support. We believe this approach would best prepare the technician to perform his or her duties in the safest manner possible and place that person in the best position to produce a quality product and to prevent medication errors before they cause harm, which is the ultimate goal of every medication delivery system. It would also offer pharmacists the ability to better utilize support staff in positions they are best trained.

Along with completing an initial accredited education program, ISMP also believes that pharmacy technicians should be required to regularly participate in continuing education programs that are suited for their field of expertise.

In terms of how to regulate the initial and ongoing standardized education process, whether it is with pharmacy technician registration or licensure, this is not our area of expertise and would defer to the national professional and licensure organizations you have involved in this process for specific comment.

We appreciate the opportunity to comment on this very important issue and if you have any question please do not hesitate to contact me.

Sincerely,

Allen J.Vaida, PharmD.
Executive Director
Institute for Safe Medication Practices

cc: Michael R. Cohen, RPh, MS, DSc, President ISMP

Mike Rouse

From: Stencel, Lynda [stencel@uhc.edu]
Sent: Friday, December 12, 2003 10:52 AM
To: Mike Rouse
Subject: Comments on Pharm Tech Education & Training



UHC response to
ACPE.doc

Attached is the response from the University HealthSystem Consortium (UHC) Pharmacy Council to the Invitation to Comment: Education and Training of Pharmacy Technicians.

If you have any questions, please feel free to contact us.

Doug Smith
Senior Director
Pharmacy & Contract Services
630/954-1737
smith@uhc.edu

Lynda Stencel
Assistant Director
Clinical Services & Pharmacy
630/954-3427
stencel@uhc.edu

<<UHC response to ACPE.doc>>

UHC Response to the ACPE Invitation to Comment: Education and Training of Pharmacy Technicians

Questions:

1. **Definition:** The 2002 White Paper lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

Response: The definition should somehow state that technicians work as a team with pharmacists and other patient care providers to provide patient care services. A statement that their roles and responsibilities vary depending on practice setting and with their level of training, education, and experience may also help to reflect what is happening now and in the future.

2. **Levels of Pharmacy Support Personnel**

Should different levels of pharmacy support personnel (not including clerical, accounting, and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

Response: Yes based on the recent published dialogue and the state of current practice, it seems the pharmacy technician profession lends itself to three to four “tiers” or “levels” of pharmacy technicians - basic, mid-level, and advanced-level technicians (other terms may also be used), with progressively more autonomy and responsibility associated with each advancing level. It seems the definitions would be derived as the roles and responsibilities for each level become more clearly defined, and would constitute something like the following:

Basic: Involved with technical duties that facilitate the drug distribution process and capable of performing basic aseptic techniques.

Mid-level: Involved with activities requiring a more advanced skill set and requiring an understanding of the role of the pharmacist and the operations of the pharmacy or pharmacy department.

Advanced: Competent in functions of basic and mid-level technicians but also involved with training and leadership or advanced (specialized) operational activities.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

Response:

The following are examples and suggestions for the types of activities that may be assigned to technicians at progressive levels. However these suggestions are not all-inclusive, and institutions should have the flexibility to define their own roles and responsibilities, commensurate with the level of their technicians' training and experience, as well as their own institutions' needs. Also, these responsibilities reflect current pharmacy practice, but responsibilities are likely to evolve over time as the practice of pharmacy changes. For example, pharmacy technicians could have a future role in administering medications and would need training in drug administration techniques.

Level 1 (Basic): Entry or basic-level pharmacy technician roles and responsibilities:

- Activities associated with prescription preparation (selecting medication from stock, counting and pouring, packaging, labeling, reconstituting, compounding)
- Inventory maintenance
- Prescription pricing and cashiering functions
- Basic aseptic technique and pharmaceutical calculations
- Restocking activities (robot, clinics, automated dispensing machines)

Competencies: Basic mathematical calculations, basic aseptic techniques, familiarity with drug nomenclature and dosage forms, knowledge of reading and interpreting orders and prescriptions, knowledge of federal and state laws governing the practice of pharmacy technicians, basic computer skills.

Level 2 (Mid-level): Mid-level pharmacy technician roles and responsibilities:

- Prepares and labels IV admixtures, reconstitutes injectables
- Prepares parenteral nutrition and chemotherapy
- Checks for dispensing errors (cart check activities including tech check tech)
- Checks the work of other technical personnel
- Conducts insurance-related inquiries
- Inventory management
- Computer medication order entry
- Prepares medication administration aids
- Assists with preparation of medication administration records
- Billing and crediting activities
- Maintains narcotic records
- Purchasing, contracting, stocking, receiving, invoice problems
- Drug shortages
- Drug database management
- Conducting patient care area inspections

In addition to above responsibilities such as medication preparation, dispensing, and order entry, mid-level technicians may engage (under pharmacist supervision) in activities requiring limited judgment such as:

- Assisting with patients' clinical laboratory data assessment (ex. reviewing serum creatinine values and notifying pharmacists of patients whose medications may need to be dose adjusted) and medication management (recognizing patients on medications that could be converted from IV to PO formulations)
- Maintaining patient demographical and diagnoses data within pharmacy computer systems

Competencies: Medication order entry, advanced aseptic techniques

Level 3 (Advanced): Advanced-level pharmacy technician roles and responsibilities:

- Experience in performing above activities
- Staffing coordination and personnel management (recruiting, interviewing, hiring, training, disciplinary processes, scheduling)
- Leadership activities (meeting management, communication, committee representation)
- Specialized operational activities (data management, purchasing, etc.)
- Policy and procedure development

Competencies: Same as above

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

Response:

Level 1: Basic level pharmacy technician education requirements:

- High school graduate
- Math and reading comprehension

Level 2: Mid-level pharmacy technician education requirements:

- Meet the requirements of level 1
- Complete an educational program that follows a nationally developed standard for pharmacy technician education or be enrolled in an accredited school of pharmacy. A nationally developed standard should be created so that technician programs in both public and private colleges are equal in didactic and experiential requirements and content.
- Qualified to sit for PTCB certification or other state board-recognized examination. Must become a certified technician.
- Some college training preferred.

Level 3: Advanced level pharmacy technician education requirements:

- Meet the requirements of level 2
- Additional specialty training as required by type of position

Requiring formal technician education and certification will dictate a need for a larger number of training programs, so there will need to be a phase-in period prior to enacting these requirements, to allow time for the training programs to be developed.

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved .

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

Response: Training will be dependent on the setting (outpatient retail/community pharmacy, hospital central pharmacy, hospital decentral pharmacy, managed care pharmacy, long term care pharmacy, etc.) in which the pharmacy technicians work.

6. Quality Assurance of Pharmacy Technicians Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

Response: Quality assurance of pharmacy technician training would continue to happen via competency examinations, while QA of pharmacy technician education would happen via accreditation of educational programs.

In addition, each state Board of Pharmacy should register all technical personnel who are working in pharmacies in that state. New technicians who wish to be registered should pass a jurisprudence exam for technicians in the state in which they want to practice.

Additional comments:

In addition to the considerations above, the cost implications and human resource implications to employers of requiring pharmacy technicians to be formally educated and certified should be part of the professional dialogue on the issue of standardizing education and certification requirements for pharmacy technicians.



December 11, 2003

Peter H. Vlasses, Pharm D
The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
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Response to ACPE Invitation to Comment on Education & Training of Technicians

Dear Peter:

The Michigan Pharmacists Association (MPA) is pleased to provide comments on the possible development of national standards and accreditation process for pharmacy technicians.

The MPA has a long history of being involved with advancing the role of pharmacy technicians. In 1978, MPA established the Michigan Pharmacy Technician Council (now the Michigan Society of Pharmacy Technicians). In 1983, MPA published the first *Pharmacy Certified Technician Training Manual*, the first training book of its type to assist in the education and training of pharmacy technicians, and began the voluntary certification of pharmacy technicians in 1985. In 1995, MPA merged its pharmacy technician certification activities with the Illinois Council of Health-System Pharmacists, APhA and ASHP to create the Pharmacy Technician Certification Board. We maintain our support of advancing the role of technicians through our continued involvement with PTCB and by working with pharmacists and the Board of Pharmacy in the State of Michigan.

Our comments are provided below:

Questions to be Considered

1. Definition

The 2002 White Paper¹ lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now

and in the future?

MPA Response: MPA supports a definition of technicians similar to that which is included in the Model State Pharmacy Act and Model Rules of NABP. MPA believes it is very important to assure that the role and responsibility of the pharmacy technician is distinguished from the clerical functions that are performed in the pharmacy.

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

MPA Response: MPA has a long history of being supportive of pharmacy technicians who have assumed additional roles within a pharmacy based on their level of expertise, training and experiences. This has included highlighting the various roles pharmacy technicians have acquired and the value that these technicians have brought to the team of pharmacy professionals who provide care to the patient. We do not believe that the pharmacy profession is ready to establish new formalized tiers of technicians on a nationwide basis at this time. While we believe that these tiers will evolve with time, it is important that any process that is established recognize that this is the direction that the profession will be taking this direction in the future. At this time, it seems that establishing this level of specialty may be too far ahead of where the profession of pharmacy is today. There are still areas of the country that don't like to use the "T" word, nor do they acknowledge that the technician is a key individual in the delivery of quality pharmacy services. An additional concern for establishing nationwide tiers of technicians is that we, as a profession, must make sure that processes are in place to ensure that these tiers do not create new barriers to providing pharmacy services to patients, thus, negatively effecting their patient care.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

MPA Response: See #2.

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.¹

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

MPA Response: MPA has supported voluntary certification of technicians since it began certifying technicians in 1985. One of the fundamental principles at that time was a high school diploma or GED in order to be eligible to take the exam. It is clear that in order for

a technician to provide the assistance to the pharmacist, s/he must have some level of knowledge and competency related to the practice of pharmacy. Even in 1985 there was a strong debate between whether a certified technician should have a formal education and training related to pharmacy or whether the education and training could occur with a combination of “on the job” and individual study. The debate that occurred then continues today. It is clear that today’s technician must have a level of competency and a knowledge base in order to safely and appropriately fulfill their responsibilities. At this time, the MPA does not support the requirement of a formalized training (community college degree or four-year college degree) of a technician. We recognize that the trend is moving toward requiring a more highly educated individual, but requiring it at this time seems premature.

5. Training

*Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.*¹

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

MPA Response: MPA supports a requirement that technicians have a level of training and experience to work in a pharmacy. The requirements of training should be established by the employer (and their pharmacists) and must be flexible to recognize and allow for on-the-job training. As technicians assume different (greater) supervisory responsibilities, it is critical that training be provided – this could be obtained from a formalized training program or from the employer as on-the-job training. It is (should be) the responsibility of the employer to assure that their technicians are appropriately trained for the responsibilities that they are assigned. We believe the technician should be responsible to the pharmacist and the training provided adequate so that the pharmacist is comfortable with the training that the technicians receives. It would be helpful to have general guidelines established to assist formal training programs and on-the-job training programs in further refining their programs.

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

MPA Response: MPA recognizes that the quality assurance aspect of the education and training is critical. Pharmacists need to know and recognize that the technicians who work with them are appropriately educated and trained. It is the pharmacist’s license, not the pharmacy’s license, that is on the line. We see national technician certification (through PTCB) as the one of the primary means for assuring a level of knowledge and competency. MPA also believes that guidelines for continuing education for certified technicians need to be established. It would be appropriate for ACPE to assume this responsibility, provided that ACPE seeks input from the profession in the development of the guidelines.

In conclusion, MPA appreciates the opportunity to address these important considerations for the profession. If you have any questions or need further explanation, I may be contacted at (517) 377-0226 or by e-mail to larry@michiganpharmacists.org

Sincerely,

A handwritten signature in black ink that reads "Larry Wagenknecht". The signature is written in a cursive, flowing style.

Larry Wagenknecht, Pharmacist
CEO



American Society of
Health-System Pharmacists®

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December 8, 2003

Accreditation Council for Pharmacy Education
20 North Clark Street, Suite 2500
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Ladies and Gentlemen:

Enclosed please find two copies of the official statement of the American Society of Health-System Pharmacists regarding your invitation to comment on the education and training of pharmacy technicians. We also want to bring to your attention the following supplementary materials from ASHP that may be useful to the Council; for your convenience, I have provided a Web address for access to these materials:

ASHP-Accredited Technician Training Program Directory

<http://www.ashp.org/directories/technicians/directoryintro.cfm?cfid=24137644&CFToken=76147025>

ASHP Accreditation Standard for Pharmacy Technician Training Programs

<http://www.ashp.org/technician/FinalDraftAugust2002.pdf>

ASHP Regulations on Accreditation of Pharmacy Technician Training Programs

<http://www.ashp.org/technician/techregs.pdf>

Model Curriculum for Pharmacy Technician Training

http://www.ashp.org/technician/model_curriculum/index.cfm?cfid=24137644&CFToken=76147025

As our statement notes, ASHP has conducted a standards-based accreditation process for pharmacy technician training programs for the past 20 years, and nearly 100 programs are currently accredited. For the reasons expressed in the statement, ASHP is interested in sharing its accumulated experience in technician training accreditation with ACPE, and we look forward to discussing with ACPE officials how this can be achieved in a way that takes into account the value of our current program.

Pharmacists helping people make the best use of medicines

Please let me know if you any questions about ASHP's statement or if you need any further information from us. We look forward to ACPE's decision on this important issue.

Sincerely,



Henri R. Manasse, Jr., Ph.D., Sc.D.
Executive Vice President and Chief Executive Officer

Enclosure

12080301

cc: ASHP Board of Directors



**American Society of
Health-System Pharmacists®**

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The Need for Uniform National Standards for the Education and Training of Pharmacy Technicians

**Comments by the
American Society of Health-System Pharmacists
to the
Accreditation Council for Pharmacy Education**

Approved by the ASHP Board of Directors
December 8, 2003

Recommendations

The American Society of Health-System Pharmacists (ASHP) strongly encourages the Accreditation Council for Pharmacy Education (ACPE) to establish (1) uniform national standards for the education and training of pharmacy technicians and (2) an accreditation process for programs that meet these standards. Our position is based on the following observations and assumptions:

1. There will be increasing pressure to delegate more of pharmacy's work in drug product handling to technicians to enable pharmacists (consistent with their contemporary education) to spend more time helping people make the best use of medicines.
2. There is currently immense variability in the knowledge, skills, and abilities of pharmacy technicians, and this limits the extent to which pharmacists are willing to delegate drug product handling tasks to technicians.
3. The profession of pharmacy has an obligation to ensure the public that technicians across the country are adequately educated and trained.
4. Pharmacy's current methods of preparing technicians do not engender public confidence and trust.
5. As consensus is built about the value of national standards for technician education and training, state boards of pharmacy will require the completion of such education and training in order for a technician to be empowered for the full range of technician duties.
6. ACPE, based on its profession-wide authority and experience in conducting a national accreditation program for entry-level pharmacist education, is in a better position than any other body to develop and administer an accreditation program for entry-level pharmacy technician education and training.
7. ASHP, which has conducted an accreditation program for pharmacy technician education and training for the past 20 years, has pledged to cooperate with ACPE as it assumes responsibility for this work.

Perspectives Reflected in These Comments

ASHP's comments reflect the perspective of a professional society that represents pharmacists who practice in hospitals and health systems. Approximately two-thirds of our practitioner members serve primarily hospital inpatients; one-third serve patients in other settings, primarily ambulatory care but also including home care and long-term care. Of our 32,000 members, approximately 1500 are pharmacy technicians. Technicians are involved quite extensively in many of our affiliated state societies.

Approximately one-fourth of practicing pharmacists in the United States are based in hospitals. Our national surveys of hospital pharmacy practice indicate that the ratio of technicians to pharmacists in hospital pharmacy departments is 1 to 1 (based on the entire complement of pharmacists in hospital practice, including those who have primarily management or clinical responsibilities). Approximately one-third of technicians in

hospital pharmacy have received formal education and training; the balance have been oriented informally on the job.

ASHP has been deeply involved in policy development and profession-wide consensus building on technician issues. For example, it sponsored a national invitational consensus conference on technicians in 1988, in conjunction with the ASHP Research and Education Foundation and the University of Maryland School of Pharmacy. An ASHP task force on technical personnel made a series of recommendations in 1989 that were influential in the formation of the Pharmacy Technician Certification Board, of which ASHP is one of the founders.

Finally, ASHP's perspectives are those of a citizen of the profession of pharmacy. We believe that our profession has an obligation to society to use its human resources wisely. Further, we believe that when the magnitude of preventable adverse drug events is considered, the pharmacist workforce is spending too much of its time on product handling tasks at the expense of greater involvement in making medication use safer and more effective. A major barrier to changing how pharmacists spend their time is the lack of well-educated and well-trained pharmacy technicians. The absence of national standards for the preparation of technicians leads to immense variability in their knowledge, skills, and abilities, which impedes pharmacist delegation of tasks to technicians in all sectors of the profession. Just as pharmacy has standardized across all states the educational requirements for pharmacists regardless of their initial choice of practice site, so should pharmacy standardize the minimum entry-level preparation for pharmacy technicians. Our comments here are intended to apply to all pharmacy technicians who assist practicing pharmacists in any practice setting in any state.

The Professional Responsibility of Pharmacists

Any discussion of the education and training of pharmacy technicians must be based on the role of technicians, which, in turn, must be linked to the role of pharmacists. The primary role of pharmacists is to help people make the best use of medicines. Reforms in the education of pharmacists over the past two decades have produced a health profession that is well equipped to help society achieve safe and effective use of medicines and deal with a major public health problem, preventable adverse drug events. There is ample evidence of the effectiveness of pharmacists in this role, and an impressive array of health care authorities, including the Institute of Medicine and the National Quality Forum, have called upon pharmacists to become engaged more extensively in ensuring appropriate use of medicines.

A sense of the optimum deployment of pharmacists may be gained by reviewing the work of an important conference conducted in 2001 ("Professionally Determined Need for Pharmacy Services in 2020," sponsored by the Pharmacy Manpower Project). The conference organizers asked, What would be the future need for pharmacists if we assumed that they will be performing the roles for which they have been educated?

The conferees examined the use of pharmacists in four areas:

- Outpatient prescription dispensing and inpatient drug order fulfillment,
- Patient care services in primary care settings,
- Patient care services in secondary and tertiary care settings, and
- Non-patient-care functions that require pharmacists.

The conference participants assumed that the public and the profession of pharmacy want the services of pharmacists to contribute to medication use that is safe, effective, patient centered, timely, efficient, and equitable. (These are attributes that the Institute of Medicine has said should characterize the entire health care system.) Based on this assumption, the conferees forecasted the need for pharmacists in the year 2020. Their conclusions are summarized in the following table.

Estimates of Current Use and Projected Need for Pharmacists (Full-Time Equivalents)

Function	Use of Pharmacists 2001	Need for Pharmacists 2020
Order fulfillment	136,400	100,000
Primary care services	30,000	165,000
Secondary/tertiary care services	18,000	130,000
Indirect/other services	12,300	22,000
Total	196,700	417,000
Total estimated supply (based on currently known plans for school of pharmacy capacity)		260,000
Shortfall		157,000

One interpretation of these estimates is that if pharmacy technicians are used optimally in the order fulfillment process, a significant number of pharmacists could be freed up to provide primary, secondary, and tertiary patient care services. In order for technicians to be used more extensively in drug product handling, , pharmacists, pharmacy owners, and the public must have confidence in technicians' ability to assume more of that work. That level of confidence is not likely to arise unless there is a uniform national standard for the education and training of technicians.

The Public Interest with Respect to the Education and Training of Pharmacy Technicians

The pharmacist is required to be licensed by the state. Nationwide, the minimum qualifications for pharmacist licensure include graduation from an accredited school of pharmacy. This is in line with general public expectations about governmental oversight of health professionals. But what about the pharmacy technician?

Among the states, a jumble of legal and regulatory requirements applies to the qualifications and duties of technicians. Some states require technicians to be registered with the board of pharmacy. Some states stipulate minimum requirements for training,

but generally a wide variety of training objectives and methods is permissible. Essentially, most employers are allowed to establish their own training standards for pharmacy technicians. Some states require technicians to be certified, and some allow expanded duties of technicians or expanded use of technicians if they are certified. In reality, each state has invented its own way of regulating the preparation and use of pharmacy technicians.

The state-by-state haphazard approach to the education and training of technicians is impossible to justify to the public. No sound explanation can be given for why the individuals who assist pharmacists in drug product handling do not have to meet the same educational and training requirements in every state. The current situation puts pharmacy at serious risk for erosion of public confidence as consumers and health officials become more aware of gaps in qualifications within the pharmacy technician workforce.

Standardization of Education and Training Is One Step in Formalizing the Occupation of Pharmacy Technician

The establishment of national standards for technician education and training is not an end in itself, nor is it a step that should be contemplated in isolation from other actions. Rather, the establishment of such standards should be viewed as part of a long-range process of formalizing the occupation of pharmacy technician, just as the development of a national certification program was a step in that direction. The table on the next page shows one possible way in which national educational and training standards for pharmacy technicians could relate to other steps in the overall development of this category of pharmacy workers.

Interrelated Changes that Will Help Formalize the Occupation of Pharmacy Technicians

Factor	Current Situation	Potential Future Scenario
Preparation for employment	No consistency state to state; any requirements for education and training generally allow great latitude in fulfilling them; in general, individual employers decide how technicians are prepared	National minimum standard applies to all entry-level technician education and training, including programs conducted by employers, community colleges, training schools, others
State board of pharmacy requirements for employment as technician	"Registration" in some states; no special requirements in many states	Uniform "registration" requirement among all states, contingent upon completion of accredited education and training and certification
Certification	Generally voluntary; a few states require certification for all or selected technician tasks; some states allow expanded technician duties for certified individuals	Mandatory, before state board of pharmacy "registration"
Responsibility for quality of service provided by a pharmacy	Licensed pharmacist	Licensed pharmacist
Scope of technician practice	Usually state controlled by specifying certain functions that a pharmacist must perform and specifying a maximum ratio of technicians to pharmacists; technicians accountable to licensed pharmacist	State boards of pharmacy specify the public safety outcomes that a licensed pharmacy must achieve; mandate that each pharmacy document its processes for achieving specified outcomes; regulatory flexibility regarding technician role, relying on judgment of licensed pharmacist; technicians accountable to licensed pharmacist

Additional Issues

ASHP offers the following additional comments on other issues that may arise as ACPE considers this matter.

1. *How should the standards for technician education and training be established?*

The national standards should be based on a task analysis of pharmacy technicians in all areas of pharmacy practice, taking into account the knowledge, skills, and abilities that pharmacists would like to see technicians have. Pharmacy has a good starting point for technician education and training standards in existing materials such as the *Model Curriculum for Technician Training* and ASHP's accreditation standards for technician training, both of which are based on task analyses.

2. *Is there a need for ACPE to standardize education and training for technician roles beyond entry-level practice?*

At this stage in the development of pharmacy technicians, it would be wise to limit plans to entry-level practice since that is where the largest need is.

3. *Should only education and training programs based in academic institutions be eligible for accreditation?*

No. All programs, including those conducted by employers such as chain drug store corporations and health systems, should be eligible for accreditation.

4. *Since more than 140,000 technicians have successfully completed the certification exam of the Pharmacy Technician Certification Board, why is it necessary to establish uniform national standards for technician education and training?*

In the vast majority of states, certification is voluntary, and fewer than half of the nation's pharmacy technicians are certified. Certification is an important process for verifying the knowledge of individuals who are working or wish to work as a pharmacy technician but it does not signify that an individual has been taught systematically and thoroughly in the functions and tasks necessary for optimal assistance to the pharmacist.

5. *How much will this approach to the education and training of technicians cost?*

The answer is not known but any costs above the current approach to education and training should be quite reasonable. Whatever additional costs there are must be balanced against (a) the risk of erosion of public confidence if the current approach is continued and (b) the costs of pharmacists devoting a significant amount of time to tasks that could be handled by qualified technicians.

6. *How much more will it cost employers to hire a technician who has completed nationally standardized education and training?*

The answer is not known. But again, any added costs must be balanced against (a) the risk of erosion of public confidence if the current approach is continued and (b) the costs of pharmacists devoting a significant amount of time to tasks that could be handled by qualified technicians. Further, with a uniform national standard, it will be impossible for one employer to attempt to gain a competitive edge over another by lowering its hiring standards for technicians.

7. *Will this system put ethnic minorities and other underemployed segments of society (i.e., persons who now often serve as the employment pool for technicians) at a disadvantage?*

No--quite the contrary would be the case. Establishment of national standards for education and training will upgrade the occupation of pharmacy technician, resulting in technicians having greater job security and longevity, greater self confidence, higher productivity, and higher job satisfaction. Employers should experience lower turnover and recruitment costs.

8. *As the requirements for technicians are enhanced, what will happen to technicians currently in practice?*

A system should be developed that (a) ensures the public that all registered technicians have contemporary competencies and (b) is fair to those individuals currently employed as technicians. There are many ways that such a system could be developed, which could be implemented over a sufficient period to enable technicians currently in the field to meet the requirements.

9. *Since ASHP currently has an accreditation program for technician training programs, why doesn't it just expand that program as an alternative to a new initiative by ACPE?*

Fewer than 100 technician training programs are accredited by the voluntary process conducted by ASHP. As the profession moves toward a mandatory accreditation process, it would be preferable for that process to be administered exclusively by ACPE, which has vast experience in conducting a national accreditation program for entry-level pharmacist education. ASHP certainly desires to share its accumulated experience in technician training accreditation with ACPE and looks forward to discussing how that can be achieved in a way that takes into account the value of ASHP's current program.

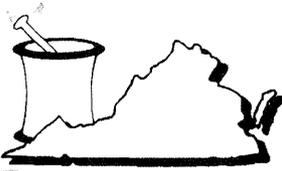
10. How soon should standardized education and training be mandated?

ACPE and other stakeholders on this issue, including state boards of pharmacy, national pharmacist associations, and organizations representing pharmacy technicians and pharmacy technician educators, should seek a consensus on a phase-in timetable. We believe it should be feasible to fully implement the new system by the year 2010.

Conclusion

Development of uniform national standards for the education and training of pharmacy technicians is very important unfinished business in the formalization of the occupation of pharmacy technician. This step will be a significant factor in (1) encouraging pharmacists to delegate more product handling tasks to technicians, (2) allowing pharmacists to devote more time to helping people make the best use of medicines, and (3) maintaining public confidence in pharmacy's process for handling drug products.

ASHP commends ACPE for initiating this profession-wide dialog on one of the most urgent issues in pharmacy. We strongly encourage ACPE to undertake the work of establishing (1) uniform national standards for the education and training of pharmacy technicians and (2) an accreditation process for programs that meet these standards. We would be pleased to offer our assistance in any way that ACPE finds useful.



VIRGINIA PHARMACISTS ASSOCIATION Q 97

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Below are the Virginia Pharmacists Association's response to the call for comment on pharmacy technicians. Thank you for the opportunity to comment. If you have any questions, please contact us.

Becky Snead, Executive Director

Questions to be Considered

1. Definition: The 2002 White Paper lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

The Virginia Pharmacists Association (VPhA) would like to see the word "direct" inserted in front of "supervision." Additionally, while VPhA agrees that it is preferable to leave the exact duties up to the discretion of the pharmacist, our existing definition includes specific examples, which help clarify the definition. Such modifications may read:

A pharmacy technician is an individual working in a pharmacy setting, who under the direct supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist. Such activities may include, but are not limited to: preparing and repackaging of prescriptions, or for requesting and receiving refill authorizations provided there is no change from the original prescription.

2. Levels of Pharmacy Support Personnel

Should different levels of pharmacy support personnel (not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

VPhA believes that having quality pharmacy technicians to assist the pharmacist is crucial to the future advancement of the profession of pharmacy and the assurance of patient safety. To that end, VPhA would support one minimum competency level for all pharmacy technicians. VPhA recognizes that there is much variance in the duties assigned to pharmacy technicians, within various pharmacy practice settings. Certain duties such as sterile admixture or compounding may require an additional knowledge base and training level. In terms of setting requirements and national standards, such specialized standards of knowledge ought to be left up to each individual practice site.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

VPhA believes that the minimum competency level for pharmacy technicians should require completion of the following criteria:

- a. High School Diploma or G.E.D, or individuals currently enrolled in high school who are in good academic standing.
- b. Passing score on a nationally recognized validated certification examination, which tests on core knowledge necessary to perform the duties of a pharmacy technician.

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

VPhA believes that adult learners have the ability to obtain the necessary knowledge through a variety of venues. Such venues may include a classroom course, an internet course, reading books, or personal experiences from similar jobs. As long as the individuals have met the competencies described above, specific educational requirements should not be required.

In order to keep the pharmacy technician who has met the minimum competencies up to date over time, VPhA recommends a minimum of five continuing education hours, including at least one hour on pharmacy law.

Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.

For each level of pharmacy support personnel identified in #2 above, describe the required **training**, including eligibility requirements.

VPhA believes that training should be left in the hands of the individual practice site.

6. Quality Assurance of Pharmacy **Technician** Education and **Training**

For the education and **training** of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

N/A

Mike Rouse

From: Peter Vlasses
ent: Saturday, December 13, 2003 11:58 AM
To: Mike Rouse
Subject: FW:



VABP Comments on
ACPE Standard...

fyi...

-----Original Message-----

From: CCatizone@nabp.net [mailto:CCatizone@nabp.net]
Sent: Saturday, December 13, 2003 2:05 AM
To: Peter Vlasses
Cc: mdickson@nabp.net; ASpunt@nabp.net
Subject:

Attached are NABP's comments in response to ACPE's request. We will be forwarding a hard copy of the comments to you in case there are transmission or format problems with the electronic version. If we can be of any further assistance, please do not hesitate to call upon me.

(See attached file: NABP Comments on ACPE Standards Request.doc)

Carmen

Response to the Accreditation Council for Pharmacy Education's (ACPE)
Request for Comments On the Possible Development of National Standards
And An Accreditation Process for Pharmacy Technician Education and Training

Submitted by the National Association of Boards of Pharmacy
12.December.03

The National Association of Boards of Pharmacy (NABP) appreciates the opportunity to provide comments to the Accreditation Council for Pharmacy Education (ACPE) on the request from the Council on Credentialing in Pharmacy (CCP) for ACPE to initiate a profession-wide dialog concerning the possible development of national standards and an accreditation process for pharmacy technician education and training. NABP and its member boards of pharmacy have been actively involved in the discussions concerning the recognition, education, and registration or licensure of pharmacy technicians for more than 50 years. NABP's Model State Pharmacy Act and Model Rules (Model Act) presents specific definitions and provisions concerning the recognition, education, and regulation of pharmacy technicians.

NABP's response to the questions proposed by ACPE in its request for comments, reflects existing NABP policy, the comments provided by individual members of NABP at our Annual Meeting in Philadelphia (May 2003) and Fall Legislative Conference in Washington, D.C. (November 2003) and in writing, and NABP's leadership role on issues of critical interest to the state boards of pharmacy.

Response to ACPE Questions

Definition:

The 2002 White Paper on Technicians released by the CCP lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

The definition listed in the CCP White Paper includes terminology no longer used by state boards of pharmacy to define technicians and their legal scope of responsibilities. NABP recommends that the definition for pharmacy technician presented in the CCP White Paper, as well as any definitions regarding technicians which ACPE may use as reference, should be modified to reflect the language contained in NABP's Model Act.

The NABP Model Act defines two levels of technician, a Certified Pharmacy Technician and Pharmacy Technician. Those definitions read as follows:

Certified Pharmacy Technician means an individual registered with the State Board of Pharmacy (Board) who has completed a certification program approved by the Board and may, under the supervision of a Pharmacist, perform activities involved in the Practice of Pharmacy, such as receiving new Prescription Drug Orders, Prescription transfer, and Compounding; but excluding Drug Regimen Review, clinical conflict resolution, prescriber contact concerning Prescription Drug Order clarification or therapy modification, Patient Counseling, and Dispensing process validation.

Pharmacy Technician means an individual registered with the State Board of Pharmacy (Board) who may, under the supervision of a Pharmacist, assist in the Pharmacy and perform such functions as assisting in the Dispensing process, processing of medical coverage claims, stocking of medications, cashiering; but excluding Drug Regimen Review, clinical conflict resolution, prescriber contact concerning Prescription Drug Order clarification or therapy modification, Patient Counseling, Dispensing process validation, prescription transfer, and receipt of new Prescription Drug Orders.

Levels of Pharmacy Support Personnel

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

The two levels of technician defined in the NABP Model Act differentiate a Certified Pharmacy Technician from a Pharmacy Technician by delineating the tasks each level of technician can perform legally. The NABP Model Act recognizes that a Certified Pharmacy Technician is authorized to assist the pharmacist in the practice of pharmacy and complete tasks such as receiving prescription transfers and new prescription orders directly from the prescriber or the prescriber's agent and compounding drug products. The NABP Model Act specifically notes, however, that the Pharmacy Technician is prohibited from engaging in these activities but can assist in the pharmacy by processing medical coverage claims, cashiering, or stocking medications. The distinction made by the NABP Model Act recognizes that the expanded scope of the Certified Pharmacy Technician requires a higher level of knowledge and abilities than the scope of responsibilities for the Pharmacy Technician. The two levels of technicians defined in the NABP Model Act allow pharmacists to maintain a staff of technicians who can perform varying functions to assist the pharmacist in the practice of pharmacy.

NABP's Model Act recommends that states consider the certification of the Pharmacy Technician Certification Board (PTCB) as the most appropriate means for validating if an

individual possesses the necessary knowledge and abilities to be registered as a Certified Pharmacy Technician.

Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

The definitions of Certified Pharmacy Technician and Pharmacy Technician contained in the NABP Model Act specifically note the roles and responsibilities that NABP recommends states legally assign to the two levels of technicians. The differentiation allows a Certified Pharmacy Technician to assume a role exercising and requiring a higher level of knowledge and abilities than required for the Pharmacy Technician whose allowed tasks are fundamentally and almost exclusively, clerical in nature.

The competencies for the Certified Pharmacy Technician recognized by NABP are the legal activities outlined in the Model Act and the competency statements and blueprint for the PTCB's Pharmacy Technician Certification Examination (PTCE). Similarly, for the Pharmacy Technician the competencies are defined in the scope of legal activities outlined in the Model Act.

NABP believes that before competencies for educational standards, beyond the present scope of legal activities and PTCE Competency Statements, can be developed, technician data from the Scope of Pharmacy Practice Project need to be updated. A more preferred approach would be to commission a national task analysis of technician activities in the practice of pharmacy in order to establish a base line for the development of competencies from which standards for education and training could be developed.

Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

NABP does not address, either through our Model Act or any official position of the Association, what education should be obtained by individuals seeking to qualify for registration as a Certified Pharmacy Technician or Pharmacy Technician.

Training

Training involves learning through specialized instruction, repetition and practice of a task, a series of tasks, until proficiency is achieved.

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

The NABP Model Act states that in order for an individual to qualify for registration as a Certified Pharmacy Technician, the individual should have:

1. Graduated from a pharmacy technician training program approved by the state board of pharmacy or
2. Been documented by the Pharmacist-in-Charge of the Pharmacy where the applicant is employed as having successfully completed a training program and an objective assessment mechanism prepared in accordance with any rules established by the state board of pharmacy.

The NABP Model Act similarly recognizes that in order for an individual to qualify for registration as a Pharmacy Technician, the individual should have:

Been documented by the Pharmacist-in-Charge of the Pharmacy where the applicant is employed as having successfully completed a training program and an objective assessment mechanism prepared in accordance with the rules established by the state board of pharmacy.

The eligibility requirements for a Certified Pharmacy Technician or Pharmacy Technician to qualify for a training program are not defined in the Model Act or in NABP policy.

Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

NABP believes that when standards for technician education and training programs are developed, an accreditation process, similar to that which presently exists through ACPE for the quality assurance of educational programs for pharmacists, is the most appropriate system of quality assurance.

Conclusion

NABP maintains that the state boards of pharmacy are legally responsible for determining the scope of practice for technicians (Certified Pharmacy Technician and Pharmacy Technician), the educational requirements to be registered as a technician, and the standards and accreditation process which would be utilized to establish uniform and quality educational and training programs. For the two levels of technicians identified in the NABP Model Act, NABP supports the development of standards for educational and training programs that prepare the Certified Pharmacy Technician and Pharmacy Technician to assist in the practice of pharmacy. NABP also supports an accompanying accreditation system to ensure uniformity and quality among the various programs.

Among all of the pharmacy organizations, ACPE is the most appropriate to organize a process for developing standards and establishing an accreditation process acceptable to the state boards of pharmacy. Importantly, the decision to accept and implement standards for technician educational and training programs and an accompanying accreditation system must first be approved and accepted by the state boards of pharmacy.

A primary question that should be addressed is whether standards and an accreditation system should be developed and accepted by the state boards of pharmacy at this time. The comments offered by members of NABP to ACPE at its open hearings and in writing do not establish a clear direction or consensus on this issue. The NABP Executive Committee believes that the process to examine what standards are needed to improve the assistance provided by technicians should begin as soon as feasible but standards and an accreditation system for technician educational and training programs should not be mandated by the state boards of pharmacy at this time.

The process examining what are appropriate standards for technician educational and training programs should note that the standards and accreditation system need to be rigorous enough to achieve the desired outcomes without making adherence to the standards so difficult that bonafide educational and training programs cannot comply and are forced to cease operations. The process should also take into account the need for standards that address the range of programs - university or college, community college, private, and individual pharmacy or corporate, assure a baseline of knowledge and uniformity, and do not create an undue burden on the programs or individuals seeking to become technicians.

NABP again thanks ACPE for the opportunity to comment on this important issue and would welcome the opportunity to assist ACPE in its deliberations on this matter.



OREGON STATE PHARMACISTS ASSOCIATION

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Website: www.oregonpharmacists.com

Fax

To: Mike Rouse From: Tom Hout

Fax: 312-664-4652 Fax: 503-582-9046

CC: _____ Date: _____

CC: _____ Pages: W/cover - 2

Re: Tech Comments

Urgent For Review Please Comment Please Reply

● Comments:

Mike -
Per our email, resending
via fax,

Tom



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December 12, 2003

Mr. Mike Rouse, B.Pharm., MPS
Assistant Executive Director
International and Professional Affairs
Accreditation Council for Pharmacy Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

Dear Mike:

Thank you for the opportunity to provide input on ACPE's deliberations concerning education and training of pharmacy technicians.

Our Board of Directors reviewed the six questions posed by ACPE and discussed the issues involved at considerable length.

The following reflects the consensus of our leadership:

- 1) In general, pharmacy should adopt an apprenticeship model for technicians, in order to allow open entry into the technician vocation followed by training specific to the practice setting where the technician is working. Minimum standards of hours and skills need to be developed, which would lead to licensure. This implies two levels of technicians: Technicians in training, or apprentices, and technicians.
- 2) Certification, while it holds some value, primarily shows ability to pass a test and long-term interest in the technician vocation; it does not, however, serve as a test of competency. Therefore, certification should remain voluntary.
- 3) Pharmacists believe technicians do not adequately understand the boundaries of their role. There is a need to carefully and consistently distinguish technician from pharmacist duties, as well as to define core competencies and training elements needed to achieve those competencies.
- 4) Our leadership felt strongly that ACPE should not accredit technician educational programs. The costs and administrative burdens of ACPE accreditation are too great given the resources available for technician education and training.
- 5) For technicians, differences in practice settings are of even greater importance in education than for pharmacists. Technicians assist in specific tasks, many of which are unique to particular practices. It would waste scarce resources to require, via standards-setting, general training of technicians for tasks they may never be called upon to perform on the job. Any standards-setting should take into account, at minimum, the differing needs of retail, hospital, long-term care, mail service and other specialty settings.

Thank you again for the opportunity to comment on technician training and education. If you have any questions or concerns, then please do not hesitate to contact me.

Sincerely,

Tom Holt, CAE
Executive Director

Mike Rouse

From: v wag [vwrxttek@hotmail.com]
ent: Thursday, December 18, 2003 5:44 AM
To: Mike Rouse
Cc: ptecboard@yahoogleroups.com
Subject: formal response to ACPE



Pharmacy
chnician Educat01.d

Mike: Here is the formal response from PTEC to ACPE regarding standardization of technician education and training.

Val

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Pharmacy Technician Educator's Council
Response to ACPE Request

Pharmacy Technician Educator's Council strongly believes in formal education and training for Pharmacy Technicians. However, PTEC also recognizes that "formal education and training" does not necessarily mean traditional classroom, college or vocational training programs. Many Pharmacy Technicians receive their training through on the job training, formal in-store training programs and even internet courses. The vast array of training programs means that there is no, one, national standard for training technicians.

PTEC formal recommendations for Pharmacy Technician training programs are as follows:

1. At least 9 months or 760 hours of training (32 semester credits or 45 quarter credits).
2. Advancing to a 2 year, Associate degree program
3. That all programs seek ASHP accreditation, which is the only current organization that accredits Pharmacy Technician training.
4. That the following areas of study are covered in the training program:
 - A. Introduction to Pharmacy/Healthcare system
 - B. Pharmacy Law and Ethics
 - C. Pharmacology including: Anatomy and Physiology, Prescription and OTC medications, Chemistry
 - D. Microbiology
 - E. Pharmacy Operations including: Drug Distribution Systems, Records Management and Inventory Control, Ambulatory and Institutional Practice
 - F. Compounding including: Aseptic Technique, Non-sterile compounding
 - G. General Education including: Medical Terminology, Interpersonal Relations, Communications, Computer/Keyboarding
 - H. Problem Solving and Critical Thinking
 - I. Experiential Training: recommend at least 320 hours at multiple training (practice) sites for optimal exposure to various scopes of practice.

There are several obstacles to cross before a national, standardized course of training for technicians can be established. First, all states must recognize and legislate Pharmacy technician practice and establish either registration, certification or licensure. Secondly, all areas of pharmacy practice must recognize that minimum training and education standards will only enhance the job performance and quality of the technician.

We must ensure that all technicians are fully trained, educated and qualified to perform the job that are entrusted to do. We must also understand that better trained technicians only enhance the quality of patient care, reduce medications errors and will help to ease the current shortage of Pharmacists.

In addition, minimum education and training standards mean just that. The standards will ensure that what is taught in any program will provide the necessary skills for that student to obtain an entry-level technician job anywhere in the country. The technician may seek additional training, certification or credentials in advanced areas of practice, which will provide a career ladder for those technicians who want to go beyond the usual scope of pharmacy technology practice.

In conclusion, the time for standardized Pharmacy Technician education and training is long overdue. The practice of Pharmacy and the demand for Pharmaceutical care is only going to escalate as the population ages. The consumer wants to trust that the people behind the counter have the proper training to dispense their medications.

Standardized education and training is what's right for the industry.

Katherine Warren, CPhT
Externship Coordinator
Unitek College
39465 Paseo Padre Pkwy #2900
Fremont, CA. 94538

Kathy

Thank you for submitting the position of the California Pharmacists Association regarding pharmacy technicians. I will add it to the compilation of comments in view of the fact that you had advised that the policy was under consideration during the comment period.

Mike Rouse

Mike Rouse B.Pharm (Hons); MPS
Assistant Executive Director
International & Professional Affairs
Accreditation Council for Pharmacy Education (ACPE)
20 North Clark Street, Suite 2500
Chicago, Illinois 60602-5109
USA
Tel: +1 (312) 664-3575
Fax: +1 (312) 664-4652
Email: mrouse@acpe-accredit.org
Website: www.acpe-accredit.org

ACPE was founded in 1932 as the American Council on Pharmaceutical Education

-----Original Message-----

From: Kathy Warren [<mailto:kathyw@unitekcollege.com>]
Sent: Tuesday, February 03, 2004 10:45 AM
To: Mike Rouse
Subject: RE: CPhA voted yesterday....tech update

Hi Mike,

Here it is:

The California Pharmacists Association supports the following:

1. The pharmacist shall retain those functions involving judgmental decisions, and accept full responsibility for the direct supervision and activities of technical or clerical functions, which are performed by pharmacy technicians.
2. Minimal qualifications for pharmacy technicians shall include graduation from a nationally accredited pharmacy technician vocational training program that meets Board of Pharmacy standards and PTCB certification.
3. All pharmacy technicians, regardless of practice setting, must be registered with the California Board of Pharmacy.
4. When the health and welfare of the patient can be enhanced by utilizing pharmacy technicians, they should be utilized.
5. The standard ratio of pharmacist to technician shall not exceed 1:2. Should a "Pharmacist-in Charge" desire to use more pharmacy technicians than this ratio, the pharmacy must have a pharmacy services plan approved by the California State Board of Pharmacy.
6. Individuals convicted of crimes which suggest a predisposition to committing illegal acts involving drugs or which, due to the nature or severity of the offense, subject the

individual to pressure which could lead to drug-related crimes shall be denied access to prescription drugs as pharmacy technicians. Evidence of rehabilitation shall be considered a mitigating factor.

7. Technicians checking the work of other technicians only in instances where technicians with recognized certification (e.g., PTCB) are checking other technicians in an inpatient hospital setting, with clinical pharmacy services, and the work being checked is limited to the filling of a unit dose drug distribution system. Legal responsibility and liability for any "Tech-Check-Tech" program shall include the holder of the pharmacy permit, and the Pharmacist(s) and technicians involved. Any "Tech-Check-Tech" program shall include specific written guidelines and continuous quality improvement (CQI) programs. Further, all "Tech-Check-Tech" programs shall establish and maintain a verification system which assures the ongoing monitoring and documentation of technician performance.

Sincerely,
Kathy

H 52

Mike Rouse

From: Carol MoneyMaker [cmoneymaker@abhes.org]
Sent: Monday, October 20, 2003 10:13 AM
To: Mike Rouse
Subject: RE: ACPE's Invitation to Comment: Pharmacy Technician Education and Training: Deadline for Submission of Comments Extended
Follow Up Follow up
Flag:
Flag Status: Flagged

Hello. Please see the attached letter of comment from the Accrediting Bureau of Health Education Schools (ABHES), including several attachments. Thank you for the opportunity. **Carol A. MoneyMaker Executive Director Accrediting Bureau of Health Education Schools (ABHES) Phone 866/463-0717 Facsimile 518/462-5404 Email cmoneymaker@abhes.org Website abhes.org**

-----Original Message-----

From: Mike Rouse [mailto:mrouse@acpe-accredit.org]
Sent: Thursday, October 09, 2003 2:42 PM
To: Mike Rouse
Subject: ACPE's Invitation to Comment: Pharmacy Technician Education and Training: Deadline for Submission of Comments Extended

Please refer to the attached letter and note that the "deadline" for submission of comments has been extended.

We would very much welcome comments from your organization.

Kindest regards

Mike Rouse

Mike Rouse B.Pharm (Hons); MPS

Assistant Executive Director

International & Professional Affairs

The American Council on Pharmaceutical Education (ACPE)

20 North Clark Street, Suite 2500

Chicago, Illinois 60602-5109

11/4/2003

USA

Tel: +1 (312) 664-3575

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Email: mrouse@acpe-accredit.org

Website: www.acpe-accredit.org



7777 Leesburg Pike Suite 314 N. · Falls Church, Virginia 22043
Tel. 703-917-9503 · Fax 703-917-4109 · E-Mail
info@abhes.org

October 20, 2003

By E-mail Transmission

Mr. Mike Rouse
Assistant Executive Director
International and Professional Affairs
The American Council on Pharmaceutical Education
20 North Clark Street
Suite 2500
Chicago, IL 60602-5109

Dear Mr. Rouse:

In response to your organization's "Invitation to Comment", I ask your Board to consider the Accrediting Bureau of Health Education Schools (ABHES) as an accreditation process to be relied upon for pharmacy technician education and training.

Since 1983, ABHES has been listed as a nationally recognized accrediting agency by the U.S. Department of Education to accredit institutions offering education programs predominantly in the allied health field and medical laboratory technician education programs and medical assistant programs in the private and public sector. The procedures followed and the requirements for attainment of recognition by the agency identified above are identical to those required of regional and other specialized accrediting agencies. ABHES is the only nationally recognized institutional accrediting agency that specializes in allied health education.

Accreditation by ABHES not only verifies that an institution or program has met certain educational standards for the administration and operation of health education institutions and specialized programs, but also allows its graduates to sit for various credentialing examinations, an important prerequisite to employment in many allied health fields.

ABHES-accredited institutions are required to meet all general evaluation standards contained in Chapter IV (and V if degree granting) of the Accreditation Manual (attachment 1), plus any applicable program standards contained in subsequent chapters. The standards applicable to all institutions are exceptionally comprehensive and have been deemed reliable indicators of quality education.

Currently, ABHES accredits approximately 30 institutions offering pharmacy technician programs. The model curriculum for the pharmacy technician program (attachment 2) is one of two models undergoing current enhancement by ABHES' Task Force on Credentialing for consideration by the Commission as a standard to be effective January 1, 2005. These standards would be similar to that required now of medical assistant and medical laboratory technology programs, which are also programmatically accredited by ABHES, and most recently the diagnostic medical sonography and surgical technology program, whose standards were implemented as requirements on August 1, 2003 and January 1, 2004, respectively. The pharmacy technician program representative on the task force is Mr. Larry Nesmith, CPhT. Mr. Nesmith is a civilian pharmacy educator for the Army's Pharmacy Technician program at the Academy of Health Sciences at Fort Sam Houston, San Antonio, Texas. Your input on recommended enhancements to the model curriculum, prior to implementation as a standard, would be very much appreciated.

Mr. Mike Rouse
Page 2
October 20, 2003

To briefly describe the process of ABHES program evaluation, specifically using the pharmacy technician program as an example, it normally begins for currently accredited institutions with an evaluation for a new program. This evaluation is accomplished upon analysis of the institution's completion of a New Program Application (attachment 3) and includes a comparison of the program with the ABHES model curriculum. During an institution's initial accreditation or reaccreditation review, an appropriately credentialed and experienced program specialist reviews each program on site. Each specialist completes the On-Site Visitation Report for programs (attachment 4) while the team leader completes the On-Site Administrative Report for the institution overall (attachment 5.) An on-site institutional visit is two full days in length and includes a comprehensive evaluation of both day and evening classes; externship sites that are selected at random and visited; student, faculty, graduate, and employer interviews; and student, graduate, and faculty file review.

The Commission believes that given the continued concentration on credentialing, comprehensive and sound evaluation standards, not only models, are necessary. It is the Commission's objective that for those programs in which credentialing is necessary, while perhaps not required, for a graduate to reach his or her full employment capacity, ABHES standards must be in keeping with the requirements of that which will be necessary for success on the credentialing examination. Credentialing agencies, including AAMA (American Association of Medical Assistants) and DANB (Dental Assisting National Board) consider graduation from an ABHES accredited program as a prerequisite for sitting for their examinations. We work well with both organizations in ensuing quality, currency, and consistency.

As a means of familiarizing your organization with ABHES, I invite you to observe a site visit of your choice, a Commission meeting (held in July and December of each year in the Washington, DC, area), and to be our guest at the National Conference on Allied Health Education on February 5-6, 2004, in New Orleans. The conference is sponsored annually by ABHES and draws wide participation throughout the allied health community and higher education. I will be happy to provide any additional information to you about the above activities, or about ABHES and its procedures for the evaluation of pharmacy technician programs.

Feel free to contact me directly at (866) 463-0717 and you may also visit our Web site at www.abhes.org. I look forward to hearing from you and working with ACPE.

Sincerely,

Carol A. Moneymaker

Carol A. Moneymaker
Executive Director

Attachments

c: ABHES Commission
Kenneth Ingram, General Counsel

MODEL CURRICULUM
PHARMACY TECHNICIAN PROGRAM
Accrediting Bureau of Health Education Schools
(ABHES)

PROGRAM OBJECTIVES

Program descriptions shall be made available to faculty and students. Included in the program description should be learning goals, course objectives, directed clinical practice assignments, and competencies required for completion of the program and graduation.

Upon course completion, students shall be competent to perform all functions and to assume all responsibilities at the entry level for employment. The program shall comply with the criteria, standards, and guidelines of the Accrediting Bureau of Health Education Schools, and shall be in compliance with all applicable state and federal laws and regulations.

LENGTH OF PROGRAM

The program resulting in a certificate or diploma is normally nine (9) months in length or 720 clock hours. An applied or occupational associate degree program is normally two (2) academic years in length or 1440 clock hours. However, each program will be assessed for its effectiveness in achieving the program objectives, including the credential awarded.

RESOURCES MATERIALS, INSTRUCTIONAL EQUIPMENT AND LABORATORY SUPPLIES

In addition to the guidelines for libraries, included in ABHES standards, the resources provided or utilized by the program, should promote independent study, research and aid faculty in delivering and improving the programs. When purchasing resources and related reference materials that are pertinent to the program (e.g., handbooks, periodicals, computer hardware and software, and videos), faculty and advisory committee guidance should be included.

Appropriate and sufficient up to date equipment, instrumentation, supplies and storage space shall be provided for student use and for teaching the didactic and supervised clinical education components of the curriculum. Amounts should be based upon student number and need.

EQUIPMENT AND SUPPLIES:

Alcohol Swabs
Balance, Weighing - Harvard Trip
Beaker, 30 ml - glass/plastic
Beaker, 50 ml - glass/plastic
Beaker, 100 ml - glass/plastic
Beaker, 250 ml - glass/plastic
Bottles, Amber Plastic Ovals (oral liquid) 2 oz
Bottles, Amber Plastic Ovals (oral liquid) 4 oz

Bottles, Amber Plastic Ovals, (oral liquid) 8 oz
Cabinet, Storage
Chemicals (Simulated)
Computers, Monitors, & Printers
Counter & Shelves, Dispensing Area
Counter & Shelves, Unit Dose Area
Counter & Shelves, I.V. Area
Flask, 500 ml - glass
Funnel, 80 mm, glass/plastic
Goggle, Eye Safety
Graduate, 5 ml - glass/plastic
Graduate, 10 ml - glass/plastic
Graduate, 30 ml - glass/plastic
Graduate, 60 ml - glass/plastic
Graduate, 125 ml - glass/plastic
Graduate, 250 ml - glass/plastic
Graduate, 500 ml - glass/plastic
Hood, Laminar Air Flow or (Simulated Hood)
Kit, First Aid
Kit, Chemical Spill
Labels, Out-patient & In-patient
Labels, Auxiliary (Warning Labels)
Medication Bottles (Simulated)
Medication Dispensing Cassette (Unit Dose Cassette)
Mortar & Pestle, 4 oz - Glass
Mortar & Pestle, 8 oz - Glass
Needles 18 Gauge
Normal Saline 100ML Bags
Normal Saline 500ML Bags
Paper, Glassine Weighing
References Books - Physician Desk Reference (PDR)/1986-2002
Rod, Glass Stirring
Slab, Ointment
Spatula, 4" Plastic
Spatula, 4" Metal
Spatula, 6" Plastic
Spatula, 6" Metal
Sterile Water Vials 30ml
Syringes 1ml, 3ml, 5ml, 10ml,
Tray, Plastic Pill Counter
Vials, Amber Child-Resistant (prescription vials) 6 dr.
Vials, Amber Child-Resistant (prescription vials) 8 dr.
Weight Set, Metric (for Balance)

RECOMMENDED LEARNING RESOURCES:

Complete MATH Review for the Pharmacy Technician;
American Pharmaceutical Association (APhA), current edition.

Drug Facts & Comparisons; J. B. Lippincott Co., current edition.

Handbook on Injectable Drugs; American Society
of Health-System Pharmacists, current edition.

Medical Dictionary

Physicians' Desk Reference; Medical Economics Data,
current edition.

The Journal of Pharmacy Technology; Harvey Whitney
Books Co., current Journal.

The Pharmacy Technician; Morton Publishing, current edition.

Today's Technician - The Premier Journal for Pharmacy Technicians;
National Pharmacy Technician Association (NPTA), current Journal.

(Videotapes)

OptiFill - Automated Prescription Bottle Filler System; Baxter Healthcare.

Pharmacy Technician Training Series (7 tapes)

Quality Assurance for Pharmacy-Prepared Sterile
Products; American Society of Health-System Pharmacists.

Safe Handling of Cytotoxic and Hazardous Drugs;
American Society of Health-System Pharmacists.

Solutions Overview -Innovations in Medication Management;
McKesson HBOC; Automated Healthcare.

Today's Pharmacist - Caring for People

Medication Errors- A Closer Look

Reading People - The Unwritten Language of the Body

Drug Substitution: Brand Name vs. Generic

Learning Objectives:

1. Identify the qualifications, operational guidelines, and job duties of a pharmacy technician; definitions of a pharmacy environment, the profile of a pharmacy technician, legal and ethical guidelines, job skills and duties, verbal and written communication skills, professional resources, safety techniques, and supply and inventory techniques.
2. Perform pharmaceutical mathematics including reading, interpreting, and solving calculation problems encountered in the preparation and distribution of drugs; conversion of measurements within the apothecary, avoirdupois, and metric systems with emphasis on the metric system of weight and volume; calculate ratio and proportion, percentage, dilution and concentration, mill equivalent, units, intravenous flow rates, and solving dosage problems.
3. State the body structure, systems and general functions of the human body; understand key pharmacology terms associated with the treatment of various disease states; and identify the disease processes and the therapeutic properties of the drugs used in treatment.
4. Identify pharmaceutical drugs, abbreviations, classifications, dosages, actions in the body, and routes of administration; identify generic, trade or brand drug names; define drug dosage, classification, adverse drug effects, and types of drug information; describe the physical properties of drugs and location of drugs within a pharmacy; describe inventory control, safety, and quality assurance procedures.
5. Perform skills necessary to perform the role of pharmacy technicians in community pharmacy with emphasis on daily operations; interpret, prepare, label, and maintain records of patients' prescriptions; describe safety techniques; perform data entry; demonstrate customer service, count and pour techniques, prescription calculations, drug selection and preparation, over-the-counter drugs, record keeping, stock level adjustment.
6. Demonstrate necessary skill to perform the role and practice of pharmacy technicians in an institutional pharmacy with emphasis on daily pharmacy operation; identify hospital pharmacy organizational work flow; utilize medical and pharmaceutical terminology; describe safety techniques; perform data entry, packaging and labeling operations; perform duties related to extemporaneous compounding, inpatient drug distribution systems, unit dose cart fills, quality assurance, drug storage, and inventory control.
7. Perform aseptic technique in compounding sterile pharmaceuticals; identify proper handling of sterile products, and hand washing techniques; perform pharmaceutical calculations using references; describe safety techniques, identify techniques in parenteral compounding, proper use of equipment, preparation of sterile products (intravenous, total parenteral nutrition, and chemotherapy drugs), and safe handling of antineoplastic drugs.
8. Address recently identified current events, skills, knowledge, and/or attitudes and behaviors pertinent to the technology or occupation and relevant to the professional development of the student; demonstrate effective communication skills, written resume and interviewing technique.

9. Participate in an externship activity related to the duties of community and/or institutional pharmacy technicians; intern in a pharmacy setting supervised by a qualified licensed pharmacist; perform duties and tasks which are predetermined based on classroom and laboratory instructions to reinforce competencies; the performed duties should be agreed upon by the student, the instructor, and the supervising pharmacist to guarantee learning. Perform various pharmacy activities related to the duties of pharmacy technicians.

SUGGESTED TRAINING FOR PHARMACY TECHNICIANS

Orientation

- a) Introduction and review of program
- b) Employment outlook
- c) General responsibilities

Medical Law and Ethics

- a) Ethical decisions
- b) Relation of laws to the profession
- c) Legal terminology

Pharmaceutical Seminar

- a) Basic pharmacy laws
- b) Professional ethics
- c) The role of the technician
- d) Infection control

Medical Terminology

- a. Structure of medical words (roots, prefixes, and suffixes)
- b. Abbreviations
- c. Terminology and Pathologic by system

Communications Skills

- a) Written and oral communications
- b) Grammar and spelling
- c) Dosage forms

Anatomy and Physiology

- a. Overview of all body systems
- b. Nervous system, circulatory, endocrine and reproductive systems
- c. Gastrointestinal tract
- d. Respiratory system

Pharmaceutical Calculations

- a) Study of metric system, weights and volumes of liquids
- b) Calculations of dosage, conversions, percentage preparations and dilutions and concentrations
- c) Importance of appropriate dispensing of pharmaceuticals
- d) References

Pharmacology I

- a) Introduction to pharmaceutical terminology
- b) Introduction to pharmacodynamics and pharmacokinetics
- c) Study the adverse effects of drugs and drug interaction
- d) Pharmacy economics

Pharmacology II

- a) Overview of drug classification
- b) Study of the generic and trade names
- c) Examine the autonomic, cardiac, antimicrobial, analgesics, antipsychotic, antidepressants and antihypertensive

Pharmaceutical Practice Lab

- a) Functions related to drug purchase, inventory control
- b) Computer Applications
- c) Drug distribution functions, manufacturing, packaging, compounding sterile pharmaceuticals, Labeling, and packaging
- d) Record keeping and maintenance of the files

Career Development

- a) Instruction regarding internship rules and regulations
- b) Job search, professional development and success
- c) Goal setting, time management, employment opportunities
- d) Resume writing, interviewing techniques and follow-up

EXTERNSHIP

Clinical externship is recommended to include, but not be limited to, the completion of 240 clock hours.

Program Competency Outcome:

1. State the purpose of the health care institutional practice and its pharmacy services; discuss the duties and responsibilities of pharmacy services including standards of ethics governing pharmacy practice; identify the role and responsibilities of pharmacy technicians in assisting pharmacist in providing patient care; identify Federal and state laws governing pharmacy practice; demonstrate knowledge of common medical terms and abbreviations related to pharmacy practice; relate the importance of utilizing pharmacy resource materials; identify the major functions of pharmacy supply and inventory control; and summarize the importance of environmental safety standards, pharmacy safety, and personal safety and hygiene.
2. Solve pharmaceutical problems using ratio and proportion; convert between the various denominations of each of the basic units of the metric system and use these conversions to solve pharmaceutical problems dealing with the metric system; solve pharmaceutical problems that require conversion between different systems for measurement including metric, apothecary, and avoirdupois; solve pharmaceutical problems which involve percentage strength; calculate the proper dose for an adult or pediatric patient when given the recommended dose of a drug ; and calculate the correct flow rate for sterile pharmaceuticals to deliver the appropriate amount of the drug.
3. Describe the organization of the body structure, systems and general functions of the human body; understand key pharmacology terms in proper selection and use of medication; define various disease processes, patterns and pathogenic organisms; identify and describe the various types of drugs utilized in the treatment of each disease process; and identify the use and side effects of drugs commonly used in the treat of various disease states.
4. Demonstrate knowledge of drug dosages, routes of administration, and dosage forms; identify the general chemical and physical properties of drugs unique to the ambulatory and institutional pharmacy environments; identify generic trade or brand drug names; and exhibit knowledge of drug classification systems with emphasis on stability and storage, handling procedures, and maintaining inventory and quality control procedures.
5. Recognize and use medical pharmaceutical vocabulary including abbreviations and symbols used in interpreting prescriptions in a community pharmacy; outline the organizational and communication systems in a health care environment; summarize the importance of environmental safety standards, pharmacy safety, and personal safety and hygiene; utilize computer support operations in a pharmacy setting; demonstrate the procedures and operations relating to interpreting prescriptions and preparing medications; perform the manipulative functions associated with the dispensing of prescriptions for ambulatory patients; and perform entry level operations in an ambulatory setting to include stock maintenance, inventory, record keeping, and purchasing.
6. Demonstrate a working knowledge of the health care institution and pharmacy department and the organizational and communication systems; utilize medical and pharmaceutical terminology; identify the general chemical and physical properties of all drugs handled in manufacturing and packaging operations in the pharmacy department; describe the importance of environmental safety standard, pharmacy safety, and personal safety and hygiene; utilize computer support operations in a pharmacy setting; specify routes of administration including mechanical, automatic, or robotic drug delivery systems; explain the

importance of utilizing pharmacy resource materials; performance the usual technician function associated with an institutional drug distribution system; and outline the major functions of pharmacy supply and inventory control.

7. Identify medical terms, abbreviations, and symbols commonly used in sterile pharmaceutical compounding; state the procedures and techniques relating to aseptic compounding and parenteral admixture operations; utilize computer support operations in a pharmacy setting; and perform the calculations required for the usual dosage determinations and solution preparations, using weight and volume equivalents in both the metric and apothecary systems.
8. Identify career requirements which are determined by local occupational need and business and industry trends; demonstrate job skills in effective communication, oral and written communication; job resume and interviewing technique; interpersonal and teamwork skills communicating in the applicable language of the occupation and the business or industry.
9. Perform activities during externship that are related to the duties of a community and/or institutional pharmacy technician including a working knowledge of administrative structure and system; compliance with the pharmacy's policies and procedures; apply the theory, concepts, and skills involving specialized materials, equipment, procedures, regulations, laws; utilize computer support operations in a pharmacy setting; demonstrate knowledge of drug dispensing systems, compounding, packaging and labeling medications, electronic data processing, preparing sterile pharmaceuticals, inventory, and record keeping.

Created 6/98

Updated:

7/00

9/02

10/03



The Canadian Council for Accreditation of Pharmacy Programs
Le Conseil canadien de l'agrément des programmes de pharmacie

Thorvaldson Building Room 123, 110 Science Place, Saskatoon SK S7N 5C9 Canada
Phone (306) 966-6348 Fax (306) 966-6377

February 3, 2004

Dr. Peter Vlasscs
Executive Director
Accreditation Council for Pharmacy Education
20 North Clark St., Suite 2500
Chicago, Illinois, 60602-5109
USA

Dear Pete:

As a follow-up to the discussions at your Council meeting in January concerning the possible development of national standards and an accreditation process for pharmacy technician education and training, I wish to provide a very brief update on similar discussions that are occurring in Canadian pharmacy at this time.

The Canadian Pharmacists Association, together with the other national pharmacy associations, has submitted a proposal for a major human resource study of the pharmacy profession. A component of this project will focus on the education programs for pharmacy technicians and CCAPP is a participant in part of the project. We are hopeful that the federal government will give favorable consideration to funding this project within the next few months.

In June 2003, the Ontario College of Pharmacists (OCP) approved a "Pharmacy Technician Competency Profile" that lays out the competencies for pharmacy technicians in that province. OCP has approached CCAPP to determine if we would be willing to work with them to pursue the potential accreditation of pharmacy technician programs. It is thought that this preliminary work with Ontario may provide some groundwork for the potential establishment of a national program. We are meeting with them next week for preliminary discussions on the approach to the pharmacy technician accreditation process.

Mike Rouse has followed the developments of the OCP actions very closely and I will keep him updated on our discussions.

Technicians in Canada and the USA have similar responsibilities and, as our respective countries explore this important issue, we look forward to the possibility of future collaboration should a decision be taken to develop national standards in Canada and the USA .

Very best personal regards.

Yours sincerely,

A handwritten signature in cursive script that reads "Jim Blackburn".

Jim L. Blackburn, Pharm.D.
Executive Director



THE NATIONAL QUALITY FORUM

January 12, 2004

Peter H. Vlasses, PharmD, BCPS
Executive Director
The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

Dear Dr. Vlasses:

I understand that the American Council on Pharmaceutical Education is developing a standards-based accreditation process for pharmacy technician education and training programs, and I am writing to convey the National Quality Forum's general support for such an effort.

In May 2003, at the request of the federal government, the NQF endorsed a set of 30 evidence-based "Safe Practices" that should be universally implemented in applicable healthcare settings to minimize the likelihood of medical errors. One of these practices states: "*Pharmacists should actively participate [in all acute care settings] in the medication-use process, including, at a minimum, being available for consultation with prescribers on medication ordering, interpretation and review of medication orders, preparation of medications, dispensing of medications, and administration and monitoring of medications.*" Clearly, for pharmacists to effect this practice there is a substantial need for pharmacy technicians to provide logistical and other support to the pharmacists.

To help ensure consistency of pharmacy technician education, their training programs should be standards-based, and the programs should regularly undergo a standardized accreditation process. This is the only way that patients, practitioners, and healthcare organizations can be confident that these technicians have been adequately trained and are qualified to participate in providing safe and beneficial care.

Sincerely,

A handwritten signature in black ink, appearing to read "KW Kizer".

Kenneth W. Kizer, MD, MPH
President and CEO



STATE OF MARYLAND

DHMH

Department of Health and Mental Hygiene

Robert L. Ehrlich, Governor – Michael S. Steele, Lt. Governor – Nelson J. Sabatini, Secretary

MARYLAND BOARD OF PHARMACY

4201 Patterson Avenue • Baltimore, Maryland 21215-2299

Stanton G. Ades, Board President – LaVerne G. Naesea, Executive Director

October 6, 2003



Peter H. Vlasses, PharmD, BCPS, FACCP
 Executive Director
 The American Council on
 Pharmaceutical Education
 20 North Clark Street
 Suite 2500
 Chicago, Illinois 60602-5109

Mike Rouse, Bpharm (Hons), MPS
 Assistant Executive Director
 International & Professional Affairs
 The American Council on
 Pharmaceutical Education
 20 North Clark Street
 Suite 2500
 Chicago, Illinois 60602-5109

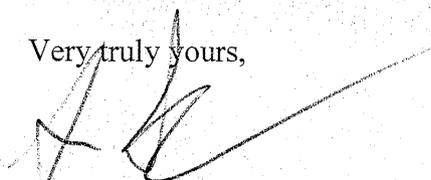
**Re: Request for Comments regarding
 Education and Training of
 Pharmacy Technicians**

Dear Messrs. Vlasses and Rouse:

Please find attached the Maryland Board of Pharmacy's comment relating to the American Council on Pharmaceutical Education's request for comments regarding the education and training of pharmacy technicians.

If you have any comments or questions, please feel free to contact me.

Very truly yours,


 James D. Slade
 Legislative and Regulations Officer

JDS
 Enclosure

RESPONSE TO REQUEST FOR COMMENT: EDUCATION AND TRAINING OF
PHARMACY EDUCATION (PHARMACY TECHNICIANS).

FROM: The Maryland Board of Pharmacy

TO: The American Council on Pharmaceutical Education

Thank you for allowing the Maryland Board of Pharmacy to participate in the dialog regarding the possible development of national standards and accreditation process for pharmacy technician education and training. The Board answered each question in turn.

1. Definition:

The 2002 White Paper lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

In Maryland, the Board is considering creating 2 classes of assistants in the pharmacy. The two classes are the registered pharmacy technician and the pharmacist's assistant. If the Board takes this approach then ACPE's definition would not work in Maryland because it does not distinguish between the two levels. Presently, the Board does not regulate pharmacy technicians so the definition, presently, is satisfactory.

2. Levels of Pharmacy Support Personnel

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

The Board is considering creating two levels of assistants in the pharmacy area. The two levels would be:

1. **The registered pharmacy technician, who would be able to perform more functions in the medication delivery system; and**

2. **The pharmacist's assistant, who would perform a limited role in the medication delivery system. The pharmacist's assistant would be able to perform the functions that are currently allowed for unlicensed personnel.**

The Board is considering defining the two levels as follows.

“PHARMACIST’S ASSISTANT” MEANS AN INDIVIDUAL WHO WORKS IN THE PRESCRIPTION AREA OF A PHARMACY BUT IS NOT A LICENSED PHARMACIST OR REGISTERED PHARMACY TECHNICIAN.

“REGISTERED PHARMACY TECHNICIAN” MEANS AN INDIVIDUAL WHO IS REGISTERED WITH THE BOARD OF PHARMACY UNDER THIS TITLE TO PERFORM DELEGATED PHARMACY ACTS.

Delegated pharmacy acts may be defined as follows.

“DELEGATED PHARMACY ACTS” MEANS ACTIVITIES THAT CONSTITUTE THE PRACTICE OF PHARMACY DELEGATED BY A PHARMACIST UNDER THIS TITLE AND REGULATIONS IMPLEMENTED BY THE BOARD.

The Board presently sets standards with which pharmacy permit holders and pharmacists must comply relating to unlicensed personnel. The current regulations require pharmacy permit holders and pharmacists to ensure that unlicensed personnel receive appropriate training for the tasks to be performed by the unlicensed personnel. The pharmacy permit holder must ensure that the unlicensed personnel receive training with respect to confidentiality.

The pharmacy permit holder must also ensure that the unlicensed personnel maintain the levels of competency necessary to safely complete the tasks to be assigned, whereas the pharmacist must ensure that the unlicensed personnel actually performs the tasks competently.

The pharmacy permit holder must ensure that, when unlicensed personnel are performing tasks in the prescription process, the unlicensed personnel maintain proper sanitation, hygiene, biohazard precautions, and infection control. The pharmacy permit holder must establish certain written policies and procedures as well.

The pharmacist must provide supervision. To review the complete regulations, please review COMAR 10.34.21.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

Because the laws relating to pharmacy support personnel differ among states, the answer to this question may be different in each state.

In Maryland, it can be expected that the registered pharmacy technician will be allowed to perform certain technical tasks in the prescription process that do not require interpretation and professional judgment. The registered pharmacy technician will perform these tasks under the supervision of the pharmacist. The pharmacist's assistant will not be involved in the prescription process but may perform other functions in the prescription area.

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

For registered pharmacy technicians, the Board is considering having a bill introduced that would require an applicant for registration as a pharmacy technician:

(1) BE A HIGH SCHOOL GRADUATE OR HAVE ATTAINED AN EQUIVALENCY;

(2) HAVE RECEIVED CERTIFICATION THROUGH:

(I) AN EXAMINATION PROCESS APPROVED BY THE BOARD; OR

(II) A TECHNICIAN TRAINING PROGRAM APPROVED BY THE BOARD.

The Board would consider examinations such as the examination given by the Pharmacy Technician Certification Board.

Pharmacist assistants would not have to meet these requirements.

In order for a registered pharmacy technician to renew a registration, the Board is considering requiring continuing education. The registered pharmacy technician would also be required to maintain a current certification from a program approved by the Board. Certification programs have their own educational requirements to maintain the certification.

At this point, pharmacist's assistants would not be required to complete continuing education.

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

The Board is considering requiring an experiential component to the registered pharmacy technician's qualifications. Specifically, the Board may require that the registered pharmacy technician:

HAVE COMPLETED 160 HOURS OF TRAINING IN THE PRESCRIPTION AREA OF A PHARMACY THAT POSSESSES A VALID PHARMACY PERMIT WITHIN THE THREE MONTHS IMMEDIATELY PRECEDING APPLICATION FOR A PHARMACY TECHNICIAN'S REGISTRATION.

No such requirement will be mandated for the pharmacist's assistant.

Under the structure that the Board is proposing, the pharmacist's assistant will be held to the current unlicensed personnel regulations (COMAR 10.34.21). As stated in response to question number 2, the current regulations hold the pharmacy permit holder responsible for the training of unlicensed personnel, which must include training in laws relating to confidentiality. The pharmacist must also ensure that unlicensed personnel are adequately trained to perform the tasks that are to be assigned.

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

The Board is presently promulgating regulations related to quality assurance, which require pharmacy staff education, patient education and the maintenance of a medication error log.

If you have any comments or questions, please feel free to contact the Board. Its contact information is as follows.

Maryland Board of Pharmacy
4201 Patterson Avenue
Baltimore, Maryland 21215
telephone (410) 764-4755
facsimile (410) 358-6207



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF PHARMACY
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7156



October 3, 2003

Dr. Peter Vlasses, Executive Director
American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

Dear Dr. Vlasses:

The Pennsylvania State Board of Pharmacy (Board) previously submitted comments regarding the development of national standards and an accreditation process for pharmacy technician education and training. After further discussion, the Board wishes to expound on our position.

The Board currently has regulations that address pharmacy technician training and the Board is satisfied with the effectiveness of the regulations in protecting the health and welfare of our patients. Board Regulation § 27.12(d)(4) requires that "The pharmacist manager shall create and maintain a written protocol for each pharmacy technician employed in the pharmacy. The protocol shall specify each duty which the pharmacy technician may perform. The pharmacist manager and the pharmacy technician shall date and sign the protocol and each amendment to the protocol. The pharmacist manager shall make the protocol available to agents of the Board upon demand." Compliance with this regulation is verified when Pennsylvania-licensed pharmacies are inspected.

The Board is of the opinion that it is excessive and unnecessary to impose a mandate that would require the standardization of training and expand the educational requirements for pharmacy technicians. A pharmacist, practicing in a specific setting, should train his/her pharmacy technicians to support that particular pharmacy environment.

Thank you for allowing us to comment. The Board welcomes any questions you may have regarding our position on this matter.

Sincerely,

A handwritten signature in cursive that reads "Richard R. Smiga R.Ph.".

Richard Smiga, R.Ph.
Board Chairman



39a

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF PHARMACY
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-7156

August 19, 2003

Dr. Peter Vlasses, Executive Director
American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

Dear Dr. Vlasses:

On behalf of the Pennsylvania State Board of Pharmacy (Board), thank you for inviting the Board to comment on the development of national standards and an accreditation process for pharmacy technician education and training.

The Board has reviewed the information that was provided by you and Michael Rouse and asked me to convey the following with regard to the "Questions to be Considered."

1. Definition – The Board Members recognize and agree with this definition of "pharmacy technician."
2. Levels of Pharmacy Support Personnel – The Board believes that this should be determined at the level of the individual practice setting.
3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel – The Board believes that this should be determined at the level of the individual practice setting.
4. Education – The Board believes that this is unique to a given practice setting.
5. Training – The Board believes that training is unique to a given practice setting. However, the Board believes that any formalized programs, such as those offered by colleges and technical schools, should be accredited by the American Council on Pharmaceutical Education (ACPE). These programs should be required to meet criteria and standards developed by ACPE.
6. Quality Assurance of Pharmacy Technician Education and Training – The Board believes that this is unique to a given practice setting.

Thank you again for the opportunity to be involved in the development of national standards and an accreditation process for pharmacy technician education and training.

(Page 2)

If you have any questions regarding the Board's comments, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melanie Zimmerman', followed by a long horizontal line extending to the right.

Melanie Zimmerman, R.Ph.
Executive Secretary



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 250 Washington Street, Boston, MA 02108-4619

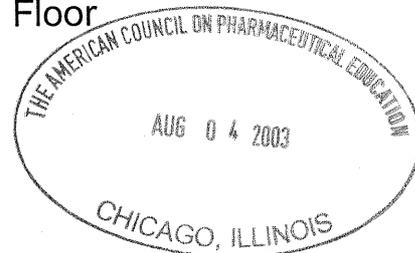
MITT ROMNEY
 GOVERNOR

KERRY HEALEY
 LIEUTENANT GOVERNOR

RONALD PRESTON
 SECRETARY

CHRISTINE C. FERGUSON
 COMMISSIONER

Board of Registration in Pharmacy
 239 Causeway Street, 5th Floor
 Boston, MA 02114
 (617) 727-9953



July 28, 2003

Peter H. Vlasses, PharmD, BCPS, FACCP
 Executive Director
 The American Council On Pharmaceutical Education
 National Association of Boards of Pharmacy
 20 North Clark Street, Suite 2500
 Chicago, Illinois 60602-5109

RE: ACPE Invitation to Comment Education and Training of Pharmacy Technicians

Dear Dr. Vlasses:

In response to your request for boards of pharmacy to submit comments and suggestions related to the issues of pharmacy technician education and training, please consider the following comments of the Massachusetts board of Registration in Pharmacy.

Questions to be Considered:

1. Definition

The 2002 White Paper lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

Board Comments: We propose the following expanded definition:

A pharmacy technician is an individual working in a pharmacy setting who, under supervision, assists in pharmacy activities that do not require the professional judgment of a pharmacist but may include dispensing functions authorized by the supervising pharmacist considering at all times the best interest of the patient and in conformance with federal and state laws.

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (*not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

Board Comments:

The Board identified a need to define supportive personnel roles in a way that could accommodate yet undetermined, emerging positions, roles and responsibilities. The pharmacy support personnel shall support the pharmacist in a manner that allows the pharmacist to focus his / her time engaged in professionally oriented, patient care related activities. The pharmacy support personnel team shall also manage the mechanical prescription filling process up to and including verifying the prescription's dispensed accuracy. The pharmacy support personnel team may be comprised of technicians supervised by an advanced trained, career oriented lead technician / Certified Pharmacy Technician / Assistant Pharmacist position.

The Board suggested that three levels of pharmacy supportive personnel would be appropriate to include a pharmacy technician trainee, registered pharmacy technician and an advanced pharmacy technologist.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

Board Comments:

As described in the NABP Model Act with advanced pharmacy technologists having the ability to accept new prescriptions over the telephone and "dispense" those prescriptions authorized by the supervising pharmacist and described in the pharmacy's written policies and procedures and in conformity with federal and state laws.

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.¹

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

Board Comments:

Technician Trainee-High school diploma or equivalent or pursuing same
Registered Pharmacy Technician-High School Diploma Advanced Pharmacy
Technologist-Minimum Associate Degree with ACPE approved curriculum in
"pharmaceutical technology".

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.¹

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

Board Comments:

The following training comments are representative of MA Board of Pharmacy Regulations regarding Pharmacy Technicians (247 CMR, s.8.02):

Training/Experience Requirement.

a. successfully complete an approved pharmacy technician training program, which training program shall include coverage of the topics of job descriptions, pharmacy security, commonly used medical abbreviations, routes of administration, product selection, final check by pharmacists, sterile products preparation, guidelines for the use of pharmacy technicians, performance improvement initiatives, computer skills, customer relations, third party claims adjudication, and any other requirements deemed necessary.

Training programs which may be approved include:

- i. a pharmacy technician training program accredited by the American Society of Health System Pharmacists (ASHP);
- ii. a pharmacy technician training program provided by a branch of the United States Armed Services or Public Health Service;
- iii. a Board-approved pharmacy technician training program which includes a minimum of 240 hours of theoretical and

- practical instruction; provided a minimum of 120 training hours are in theoretical instruction in a curriculum; or
- iv. any other pharmacy technician training course approved by the Board; or
- b. successfully complete a minimum of 500 hours of employment as a pharmacy technician trainee. Documentation of completion of the required 500 hours of experience shall be attested to by the applicant under the pains and penalties of perjury and witnessed by the employer.

In addition, the Board suggested that ACPE and or another entity if deemed appropriate should develop related training guidelines for specialty pharmacy technician practice settings (i.e. nuclear pharmacy).

Pharmacy Technician Trainee- On the job training at least 500 hours.

Registered Pharmacy Technician- Completion of at least 500 hours as a technician trainee, completion of an ASHP, or equivalent accredited training program, approved by the Board and, successful passing of nationally recognized, Board approved competency assessment examination such as Pharmacy Technician Certification Board (PTCB). Advanced Pharmacy Technologist- 1000 hours of experience directly related to practice setting, and, successful passing of a nationally recognized competency assessment examination administered by the National Association of Boards of Pharmacy (NABP). In addition, the Board suggested that ACPE and or another entity should develop related training guidelines for specialty pharmacy technician practice settings (i.e. nuclear pharmacy).

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

Board Comments:

The Board indicated that an accreditation body should be required for both the education and training components.

The Board discussed the need to consider a requirement for passing a standardized National performance examination, developed and maintained by the National Association of Boards of Pharmacy (NABP), for the highest level of pharmacy technician, and for all technicians, the completion of a didactic program and practical

experience.

NABP is the premier testing authority for the pharmacy profession and in the Board's opinion should be the owner / operator of any standardized pharmacy technician examinations.

The Board suggested that credentialing or quality assurance of Certified Pharmacy Technicians be overseen by PTCB and the Advanced Pharmacy Technologist/ Assistant Pharmacist by ACPE.

Sincerely,

A handwritten signature in black ink that reads "Donna M. Horn". The signature is written in a cursive, slightly slanted style.

Donna M. Horn, R.Ph.
President

cc: Board Members, Charles R. Young, Exec. Dir., Susan Manning, Board Counsel, and James D. Coffey, Assoc. Exec. Dir., Dr. Arthur J. Chaput, Quality Assurance Surveyor.



BOARD OF PHARMACY
State of North Dakota

John Hoeven, Governor

March 28, 2003

Peter Vlasses, PharmD, BCPS, FACC
Executive Director
ACPE
20 Clark Street Suite 2500
Chicago IL 60602-5109

Dear Dr. Vlasses:

Thank you very much for your invitation to comment on the possible development of national standards and an accreditation process for pharmacy technician education and training.

First, I would like to make some general comments.

The North Dakota State Board of Pharmacy has registered pharmacy technicians since 1995. We require an American Society of Health Systems Pharmacists accredited program or an equivalent as our basic requirement for registration. The North Dakota State College of Science has developed both an in house and pharmacist assisted technician instructional module (PATSIM), which can be done on the job and for which the program has received accreditation by ASHSP. We believe it is appropriate for ACPE to assume that accreditation role, and to expand it.

Pharmacy needs a viable reciprocity process for pharmacy technicians. To move toward that goal, we need an agreement across the profession, on what constitutes training and what is necessary for registration. At the same time this is being accomplished, we do not want to set unnecessary blockage in the way of pharmacies hiring and utilizing pharmacy technicians.

Adequate training and registration requirements are necessary for the profession to move technicians into an every expanding role. In North Dakota, we now allow technicians to take original prescriptions over the phone. They also control our telepharmacies in rural areas, when the pharmacist might be fifty or more miles away. This has only been possible through our long standard of training and registration of technicians. This has allowed the pharmacist to develop the confidence in these technicians and for them to develop confidence in themselves. The public also seems to accept the role very well. The Boards must simply be assured that the education and training of these technicians is adequate to protect the public health, safety and welfare.

I am enclosing specific comments to your six questions.

Sincerely,

Howard C. Anderson, Jr, R.Ph.
Executive Director
HCA/eh

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Howard C. Anderson, Jr, R.Ph.
Executive Director

Harvey J. Hanel, PharmD, R.Ph.
Bismarck, President
David J. Olig, R.Ph.
Fargo, Senior Member
Gary W. Dewhirst, R.Ph.
Hettinger
Dewey Schlittenhard, MBA, R.Ph.
Bismarck
Rick L. Detwiller, R.Ph.
Bismarck
William J. Grosz, Sc.D., R.Ph.
Wahpeton, Treasurer



Comments on Pharmacy Technician Education and Training

1. Definition

*A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in **technical** pharmacy activities that do not require the professional education and judgement of a pharmacist and have been deemed appropriate by the supervising pharmacist.*

Technical—I added this to reinforce that the technician is to be involved in the technical services involved in preparing pharmaceuticals for final dispensing by the licensed pharmacist.

Education—I added this to emphasize that this education is the essential component in justifying the pharmacist's authority over these types of activities.

And have been deemed appropriate by the supervising pharmacist—I added this to emphasize for the technician that any of their activities must be approved or assigned by the supervising pharmacist because the pharmacist carries the ultimate responsibility.

2. Levels of Pharmacy Support Personnel

Pharmacy Technician—a person who has completed an ACPE accredited education and training program or a self-instructional education program, passed the certification test (PTCB), and has registered with the respective Board of Pharmacy.

Pharmacy Technician in Training—a person who is enrolled in an ACPE accredited education and training program or a self-instructional education program and is participating actively in on-the-job training in an approved pharmacy.

ACPE accredited education and training program—a program that involves actual classroom work in an approved college/school setting to provide the knowledge needed for a person to successfully perform the functions of a pharmacy technician. This program is integrated with on-site experiential training at approved pharmacies.

ACPE accredited self-instructional education program—an on-site program that is carried out at a licensed, approved pharmacy in cooperation with an approved college/school and under the supervision of a licensed pharmacist. All bookwork and examinations are completed at the student's own pace at home or in their pharmacy but within a certain overall time limit. This work will provide the knowledge needed for a person to successfully perform the functions of a pharmacy technician. Actual training is provided on-site at their place of employment.

Supportive Personnel—a person other than a licensed pharmacist, pharmacy intern, or pharmacy technician that is present in the pharmacy.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

Pharmacy Technician—can assist the pharmacist in technical services of preparing pharmaceuticals for final dispensing by a licensed pharmacist. The Pharmacy Technician must be employed under the responsibility of the pharmacist-in-charge or a staff pharmacist so designated by the pharmacist-in-charge. All roles and responsibilities must be determined or approved by the supervising pharmacist but shall not include any services that require the professional education and judgement of the pharmacist. The pharmacist bears ultimate responsibility for the technician.

Pharmacy Technician in Training—can practice the professional duties of a pharmacy technician as determined and approved by the pharmacist-in-charge and the supervising pharmacist. The pharmacist bears ultimate responsibility for the Technician in Training.

Supportive Personnel—can perform any duty not required to be performed by a licensed pharmacist, licensed pharmacy intern, or by a registered pharmacy technician.

4. Education

Pharmacy Technician—must pass the national certification test (PCTB) and register with the respective Board of Pharmacy. Requires successful completion of an accredited education and training program at an approved college/school or an accredited self-instructional education program. This title would require the completion of Continuing Education credits.

Pharmacy Technician in Training—must be enrolled in an accredited education and training program at an approved college/school or an accredited self-instructional education program and registered with the respective Board of Pharmacy. No minimum education is required to enroll in self-instructional, on-site programs. This title indicates active learning so would not require the completion of Continuing Education credits.

Supportive Personnel—no minimum education required. No registration or continuing education required but should be encouraged to learn about the profession of pharmacy.

5. Training

Training will occur at an approved pharmacy site. This site will be set up either by the college/school offering the ACPE accredited education and training program or at the person's place of employment in the case of the self-instructional education programs.

6. Quality Assurance of Pharmacy Technician Education and Training

Quality assurance measures should be carried out similar to those for Colleges of Pharmacy. It should involve constant evaluation of pharmacy sites and preceptors by the students and College. There also needs to be an evaluation process for the curriculum and for professors teaching in the college/school programs. The self-instructional program would need to be evaluated in a similar fashion—constant review for most updated knowledge/content.

Mike Rouse

From: Russell, Scotti [Scotti.Russell@DHP.STATE.VA.US]

Sent: Tuesday, September 23, 2003 9:31 AM

To: Mike Rouse

Subject: 9-9-2003 REQUESTED COMMENTS TO ACPE.doc

**American Council on Pharmaceutical Education Invitation to Comment:
Education and Training of Pharmacy Technicians**

The Virginia Board of Pharmacy (hereafter "Board") would like to offer the following comments in response to ACPE's invitation to comment concerning the possible development of national standards and an accreditation process for pharmacy technician education and training.

The first set of comments relate to this process generally:

1. The Board considers that while planning is important, the future of pharmacy technicians is an unknown. Boards of Pharmacy cannot initiate regulation based on speculation of what the future may bring. The role of the boards is not to drive a profession in a certain direction, but to protect the public from any harmful consequences as the profession evolves. While the Board recognizes that the profession is changing and the roles and responsibilities of technicians are changing, it does not yet know what these changes will be in the future. Technology may very well replace many of the functions currently performed by pharmacy technicians. The technician of the future may not need to have increased education about drugs and pharmacy practice, but may need to have more knowledge related to the technology being used. To adopt standards for technician training now based on speculation that technicians in the future may be allowed expanded roles in the way that pharmacy is currently being practiced is an attempt to drive the profession in a certain direction. The Board feels that this approach is backward. Boards and schools of pharmacy, as well as the organizations representing them should respond to market forces and demand by consumers and industry for needed changes in regulation and education.
2. The Board recognizes that there is a great deal of variance between states relating to pharmacy technicians and their responsibilities and limitations in the dispensing process. There may be good reason for these differences. To attempt to establish a national standard is contrary to individual state boards being able to set their own standards based on pharmacy practice in their individual states. If there is a national standard set by national organizations, states may very well feel pressured to adopt those standards whether it is in the best interest for their citizens.
3. Finally, the Board also has concerns about the request from CCP to ACPE to initiate this dialog and the process itself, specifically how a decision will ultimately be made. It is the understanding of the Board from comments made during the recent public hearings that all comments received during this process will be reviewed by CCP and a recommendation made to the ACPE Board of Directors regarding the development of standards by ACPE. The Board is certain that the intention of the members of CCP in making this request is to facilitate the forward movement of the practice of pharmacy to allow pharmacists to better spend their time and education to improve patient health and welfare, a goal that this Board applauds. However, with all due respect to the organizations that make up CCP and that provide members to the ACPE Board of Directors, there is the appearance of conflict of interest and bias in this process and in the ultimate decision.

First AACP and APhA are members of CCP and are the same organizations from which 6 of the 10 members of the ACPE Board of Directors is derived. It is true that the members of the ACPE Board of Directors are not direct delegates of these organizations and will assuredly act in a fair and impartial manner. Unfortunately, the process gives the appearance to persons and organizations outside of these two groups, that the same people making the recommendation to ACPE are the ones who will decide on that recommendation, and that the ultimate decision on whether to set standards is a foregone conclusion and that comments opposing this approach will not be fairly considered.

Second, there is the appearance that the members of CCP and ACPE itself would stand to gain financially from ACPE moving to develop accreditation standards for pharmacy technicians, through the development within colleges of pharmacy of accredited education programs for pharmacy technicians, the fees paid for accreditation of these programs, and increased revenues from the PTCB examination which will certainly become the quality assurance standard for any accredited program. Again, this gives the appearance that comments objecting to the establishment of national standards will not be given fair weight.

The Board asks that ACPE not move forward with this process as it is currently structured, and would suggest that NABP conduct a poll of state boards as to whether this issue is one which needs to be addressed at this time. If the majority of states say that it should be considered, perhaps a summit of state boards could be convened to examine this issue, review comments received to date, and make a recommendation.

If ACPE does make the decision to go forward with the development of standards, it may want to consider the following comments in response to the questions on page 2 of the invitation to comment:

1. The definition of "pharmacy technician" in the 2002 white paper needs to be changed somewhat. The Board is concerned about the limitations placed on the use of technicians by the phrases "working in a pharmacy setting", "who under the supervision of a licensed pharmacist", and "assists in pharmacy activities". There may be instances where a technician may be working in a physician practice or other setting which is not a pharmacy setting and the supervising person is not a pharmacist. Additionally, the phrase "not require the professional judgment of a pharmacist" should be expanded to include additions to "judgment" such as "education", and "expertise" or "experience" of the pharmacist.
2. Concerning the question about differing "levels" of technicians, the Board believes that there are certain core competencies that are common to all pharmacy technicians practicing in any setting. These should be identified and sufficient training provided in those areas before being allowed to function as a pharmacy technician. Certainly there are additional competencies which are practice-type specific, i.e. retail vs. hospital, and some even site specific, i.e. hospitals that use unit dose systems vs hospitals which use Pyxis-type distribution systems. If standards are developed for training and education, there should be "levels" of divisions of the standards. For example, there should be certain core standards for minimal, entry-level competency that includes only those competencies common to all settings. Then an additional set of standards could be developed for those technicians who want to work in certain settings such as a hospital or a home infusion setting. The additional standards over and above the common standards should not be required of all technicians.
3. The Board also believes that if ACPE proceeds with the development of standards, it should do so in the context of "training" standards vs. "education" standards. By the definitions provided for each of these terms, and according to what technicians are currently allowed to do by law, the Board believes that "training" appropriate to tasks to be performed is essential, but "education" is not necessary for competency in those tasks.
4. The Board believes that verification of completion of a training program and achieving a passing score on a standard examination to measure both the technician's knowledge and the training program's performance is the best way to assure entry level competency.



New Mexico Board of Pharmacy
111 Lomas Blvd., NW, Suite 412
Albuquerque, NM 87102
(505) 222-9136
e-mail: pharmacy.board@state.nm.us

October 15, 2003

Peter H. Vlasses
Executive Director
American Council on Pharmaceutical Education
20 N. Clark Street, Suite 2500
Chicago, Illinois 60602-5109



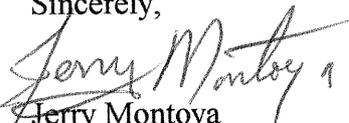
Re: Pharmacy Technicians

Dear Mr. Vlasses:

During the recent New Mexico Board of Pharmacy meeting held on September 22 and 23 of this year, the topic of education requirements and continuing education of pharmacy technicians was discussed as a result of information received from ACPE. According to our Chairman, S. Patricia McSherry, the perception was that ACPE was moving towards requiring that technicians receive associate degrees before being eligible for certification exams and that all continuing education must be ACPE certified. The New Mexico Board of Pharmacy would like ACPE to take into consideration the rural nature of New Mexico and the availability of programs to meet these potential requirements in rural areas. Consensus of the Board was that educational requirements for technicians be left to the individual state regulatory boards, much like states regulate pharmacist licensing and renewal requirements.

The New Mexico Board of Pharmacy would appreciate any clarification you may be able to provide.

Sincerely,


Jerry Montoya
Chief Inspector/Director



THE AMERICAN COUNCIL ON PHARMACEUTICAL EDUCATION

20 North Clark Street, Suite 2500 • Chicago, Illinois 60602-5109 • www.acpe-accredit.org
312/664-3575 • FAX 312/664-4652 • E-mail: mrouse@acpe-accredit.org

Mike Rouse, B.Pharm (Hons), MPS
Assistant Executive Director
International and Professional Affairs

October 21, 2003

Jerry Montoya
Chief Inspector/Director
New Mexico Board of Pharmacy
111 Lomas Blvd., NW, Suite 412
Albuquerque, NM 87102

Dear Mr. Montoya

I refer to your letter dated October 15, 2003. I am responding on behalf of Dr. Peter Vlasses, Executive Director of ACPE.

Firstly, I would like to thank the New Mexico Board of Pharmacy for their comments regarding the education and training of pharmacy technicians. They have been noted, and will be carefully considered by ACPE's Board when it compiles its report and findings.

As requested, I am happy to provide clarification on the two points that you raised in your letter.

Associate degree and certification:

ACPE does not have a position or policy regarding the level of education and training that should be required for pharmacy technicians, and ACPE has not advocated that pharmacy technicians should receive an associates degree before being eligible for certification. ACPE has been asked to initiate a profession-wide dialog regarding the education and training of pharmacy technicians, and ACPE has undertaken this task with no preconception or position regarding the outcome of the discussion.

Through endorsement of the 2002 White Paper on Pharmacy Technicians, ACPE acknowledged that the introduction of a national program of certification for pharmacy technicians was a positive development, however, ACPE does not have a position or policy regarding the requirements for certification.

Continuing education for pharmacy technicians:

ACPE does not have a specific position or policy regarding continuing education for pharmacy technicians, and ACPE has not advocated that all continuing education for

pharmacy technicians must be ACPE-accredited. We are aware that there are various methods of approval (where so required) for pharmacy technician CE, for example, by state boards of pharmacy and the Pharmacy Technician Certification Board. Some organizations recognize ACPE-accreditation as one route for approval, and some boards now require ACPE-accreditation of CE for pharmacy technicians.

However, in line with our mission and vision for education within the profession of pharmacy, ACPE supports quality continuing education for pharmacy technicians, that is appropriate to their needs. Many ACPE-accredited CE providers include pharmacy technicians as participants in their programs. ACPE standards for providers of continuing pharmacy education were, however, developed primarily with pharmacists in mind. We acknowledge that, at times, the level and content of CE programs that have been designed primarily for pharmacists, may not be appropriate for pharmacy technicians. In trying to ensure that all practitioners receive quality continuing education appropriate to their needs, ACPE is working with other stakeholders to try to address these issues.

I hope this clarifies these matters. Thank you, again, for your response.

Yours truly,

A handwritten signature in black ink, appearing to read "Mike Rouse". The signature is stylized, with a large, looped initial "M" and a cursive "Rouse" following.

Mike Rouse
Assistant Executive Director
International & Professional Affairs

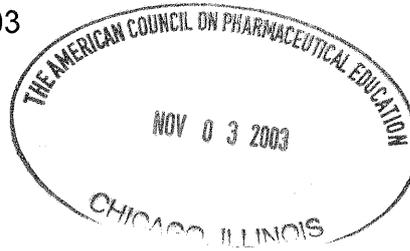
cc S. Patricia McSherry, Chairman, New Mexico Board of Pharmacy
Peter H. Vlasses, Executive Director, ACPE



California State Board of Pharmacy
400 R Street, Suite 4070, Sacramento, CA 95814-6237
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STATE AND CONSUMER SERVICES AGENCY
DEPARTMENT OF CONSUMER AFFAIRS
GRAY DAVIS, GOVERNOR

October 27, 2003



Peter H. Vlasses, PharmD, BCPS, FACCP
Executive Director

And
Mike Rouse, BPharm (Hons), MPS
Assistant Executive Director
The American Council on
Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago IL 60602-5109

RE: Education and Training of Pharmacy Technicians

Dear Dr. Vlasses and Dr. Rouse:

The California State Board of Pharmacy is grateful for this opportunity to provide comments regarding your evaluation of the need for national standards and an accreditation process analysis for pharmacy technicians.

California has registered pharmacy technicians who work in community pharmacies since 1991. Before this, pharmacy technicians could work only in inpatient settings; however, there were no registration requirements nor specific training requirements for these inpatient pharmacy technicians – it was an employment decision of each employer. Subsequently in 1997, via legislative change, all pharmacy technicians were required to be registered with the board, including those who work in inpatient settings.

California also allows pharmacist interns, pharmacy technician trainees and clerical staff to assist the pharmacist in performing pharmacy functions. The law establishes ratios of each of these classifications linked to the pharmacists who are on duty.

I have provided copies of laws in Attachments 1-4 to aid you in reviewing California's requirements.

In response to your specific questions:

1. Definition of pharmacy technician

The proposed definition would fit California's definition of pharmacy technician. The specific references in California law to a definition of pharmacy technician are:

Section 4038 of the California Business and Professions Code:

“Pharmacy technician” means an individual who assists a pharmacist in a pharmacy in the performance of his or her pharmacy related duties, as specified in section 4115.

Section 1793 of the California Code of Regulations, Division 17, Title 16:

“Pharmacy technician” means an individual who, under the direct supervision and control of a registered pharmacist, performs packaging, manipulative, repetitive, or other nondiscretionary tasks related to the processing of a prescription in a licensed pharmacy, but who does not perform duties restricted to a registered pharmacist under section 1793.1.

Early in 2003, legislation was introduced in California to allow technicians to check technicians in specific circumstances in the inpatient setting. However, this proposal is controversial and is still pending in the Legislature as a two-year bill.

2. Levels of Pharmacy Support Personnel

California allows four levels of support personnel in pharmacies:

- (1) Pharmacy technicians
- (2) Pharmacist interns
- (3) Pharmacy technician trainees
- (4) Clerk typists (defined as a non-licensed person who may type a prescription label or enter prescription information into a computer, request and receive refill authorization)

The appendices contain the definitions and duties authorized to each level of these classifications. There are also specific ratios for each classification as related to the pharmacist, which is also dependent upon the setting.

In the community setting, the ratio is that one pharmacist may supervise one technician, one intern, one technician trainee and one clerk typist. If there is more than one pharmacist on duty, the pharmacy may have two technicians for each additional pharmacist on duty (see section 4115(g) provided in Attachment 1).

In the inpatient environment, one pharmacist may supervise two technicians, one intern, one technician trainee and one clerk typist.

3. Roles, Responsibilities and Competencies of Pharmacy Personnel

The specific roles and responsibilities for each of the pharmacy personnel classifications used in California are defined in statute and board regulation.

For pharmacy technicians, see Attachment 1.

For intern pharmacists, see Attachment 2.

For pharmacy technician trainees, see Attachment 3.

For clerk typists: see Attachment 4.

4. Education

Pharmacy technicians must be high school graduates or possess a general education development equivalent.

There are certain educational requirements for intern pharmacists: either they must be enrolled in a school of pharmacy or be a graduate of a school of pharmacy.

Pharmacy technician trainees are students in a pharmacy technician program operated by a public postsecondary institution or state-approved vocational institution. (Note: not all applicants for pharmacy technician licenses go through this route of qualification.)

For specialized clerical staff: there are no educational requirements.

None of these categories is required to complete continuing education as a condition to renew their permits or maintain their license status.

5. Training

Pharmacy technicians: applicants may qualify for registration as a pharmacy technician from training obtained during specialized clerical duties (see Attachment 4) only through December 2003. Beginning in January 2004, experience as a specialized clerical employee or even as pharmacy technician will no longer be grounds for registration. Instead applicants must pass the PTCB exam, complete specific education or complete a training program provided by employers.

6. Quality Assurance of Pharmacy Technician Education and Training

Throughout 2002, the board convened a Pharmacy Manpower Task Force that among other things, examined ways to assure patients will be able to maintain access to quality pharmacists' care given a state and nationwide shortage of pharmacists. During these meetings and the subsequent board deliberation on the task force's recommendations, considerable discussion involved the role and training of pharmacy technicians. A number of

recommendations were pursued by the board to improve the quality of pharmacy technician training required for registration. This included changes that will take effect January 1, 2004, that:

- (1) Require certification by the PTCB (and specifically passing an exam) as one route of qualification, instead of possessing certain experience, specifically:
 - Elimination of 1,500 hours of clerk-typist experience
 - Prior pharmacy technician experience
- (2) Require an associate arts degree in pharmacy technology in place of the more general prior requirements for a health-related associate of arts degree.

The board did not seek to change all ways to qualify for technician registration – it maintained the following two methods:

- (1) allow employers and schools to continue to provide training to prospective pharmacy technicians in specified areas
- (2) Allow individuals who are eligible to take the pharmacist licensure exam in California to become technicians

The board accepted PTCB certification as a readily available method for individuals to demonstrate they possess certain basic knowledge needed by pharmacy technicians, and as an improvement over other qualifying methods (which the board no longer desired to retain). As such the board will evaluate this qualification method at some point in the future. The board will actively seek the comment of the profession, the educators and the public in making this assessment.

Vlasses & Rouse
October 27, 2003
Page Five

I hope that this information is helpful to you in your evaluation.

Sincerely,

A handwritten signature in cursive script that reads "P. F. Harris".

PATRICIA F. HARRIS
Executive Officer

Attachment 1

Pharmacy Technicians

Pharmacy Technicians

Roles, Responsibilities and Competencies

Section 4115 of the California Business and Professions Code:

- (a) Notwithstanding any other provision of law, a pharmacy technician may perform packaging, manipulative, repetitive, or other nondiscretionary tasks, only while assisting, and while under the direct supervision and control of, a pharmacist.
- (b) This section does not authorize the performance of any tasks specified in subdivision (a) by a pharmacy technician without a pharmacist on duty, nor does this section authorize the use of a pharmacy technician to perform tasks specified in subdivision (a) except under the direct supervision and control of a pharmacist.
- (c) This section does not authorize a pharmacy technician to perform any act requiring the exercise of professional judgment by a pharmacist.
- (d) The board shall adopt regulations to specify tasks pursuant to subdivision (a) that a pharmacy technician may perform under the direct supervision and control of a pharmacist. Any pharmacy that employs a pharmacy technician to perform tasks specified in subdivision (a) shall do so in conformity with the regulations adopted by the board pursuant to this subdivision.
- (e) (1) No person shall act as a pharmacy technician without first being registered with the board as a pharmacy technician as set forth in Section 4202.
(2) The registration requirements in paragraph (1) and Section 4202 shall not apply during the first year of employment for a person employed or utilized as a pharmacy technician to assist in the filling of prescriptions for an inmate of a correctional facility of the Department of the Youth Authority or the Department of Corrections, or for a person receiving treatment in a facility operated by the State Department of Mental Health, the State Department of Developmental Services, or the Department of Veterans Affairs.
- (f) The performance of duties by a pharmacy technician shall be under the direct supervision and control of a pharmacist. The pharmacist on duty shall be directly responsible for the conduct of a pharmacy technician. A pharmacy technician may perform the duties, as specified in subdivision (a), only under the immediate, personal supervision and control of a pharmacist. Any pharmacist responsible for a pharmacy technician shall be on the premises at all times, and the pharmacy technician shall be within the pharmacist's view. A pharmacist shall indicate verification of the prescription by initialing the prescription label before the medication is provided to the patient. This subdivision shall not apply to a person employed or utilized as a pharmacy technician to assist in the filling of prescriptions for an inpatient of a hospital or for an inmate of a correctional facility. Notwithstanding the exemption in this subdivision,

the requirements of subdivisions (a) and (b) shall apply to a person employed or utilized as a pharmacy technician to assist in the filling of prescriptions for an inpatient of a hospital or for an inmate of a correctional facility.

- (g) (1) A pharmacy with only one pharmacist shall have no more than one pharmacy technician performing the tasks specified in subdivision (a). The ratio of pharmacy technicians performing the tasks specified in subdivision (a) to any additional pharmacist shall not exceed 2:1, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117. This ratio is applicable to all practice settings, except for an inpatient of a licensed health facility, a patient of a licensed home health agency, as specified in paragraph (2), an inmate of a correctional facility of the Department of the Youth Authority or the Department of Corrections, and for a person receiving treatment in a facility operated by the State Department of Mental Health, the State Department of Developmental Services, or the Department of Veterans Affairs.
 - (2) The board may adopt regulations establishing the ratio of pharmacy technicians performing the tasks specified in subdivision (a) to pharmacists applicable to the filling of prescriptions of an inpatient of a licensed health facility and for a patient of a licensed home health agency. Any ratio established by the board pursuant to this subdivision shall allow, at a minimum, at least one pharmacy technician for a single pharmacist in a pharmacy and two pharmacy technicians for each additional pharmacist, except that this ratio shall not apply to personnel performing clerical functions pursuant to Section 4116 or 4117.
 - (3) A pharmacist scheduled to supervise a second pharmacy technician may refuse to supervise a second pharmacy technician if the pharmacist determines, in the exercise of his or her professional judgment, that permitting the second pharmacy technician to be on duty would interfere with the effective performance of the pharmacist's responsibilities under this chapter. A pharmacist assigned to supervise a second pharmacy technician shall notify the pharmacist in charge in writing of his or her determination, specifying the circumstances of concern with respect to the pharmacy or the pharmacy technician that have led to the determination, within a reasonable period, but not to exceed 24 hours, after the posting of the relevant schedule. No entity employing a pharmacist may discharge, discipline, or otherwise discriminate against any pharmacist in the terms and conditions of employment for exercising or attempting to exercise in good faith the right established pursuant to this paragraph.
- (h) Notwithstanding subdivisions (b) and (f), the board shall by regulation establish conditions to permit the temporary absence of a pharmacist for

breaks and lunch periods pursuant to Section 512 of the Labor Code and the orders of the Industrial Welfare Commission without closing the pharmacy. During these temporary absences, a pharmacy technician may, at the discretion of the pharmacist, remain in the pharmacy but may only perform nondiscretionary tasks. The pharmacist shall be responsible for a pharmacy technician and shall review any task performed by a pharmacy technician during the pharmacist's temporary absence. Nothing in this subdivision shall be construed to authorize a pharmacist to supervise pharmacy technicians in greater ratios than those described in subdivision (g).

Section 1793.2. of the California Code of Regulations, Division 17, Title 16

Duties of a Pharmacy Technician.

Pharmacy technicians may perform packaging, manipulative, repetitive, or other nondiscretionary tasks, while assisting, and while under the direct supervision and control of, a registered pharmacist. "Nondiscretionary tasks" as used in Business and Professions Code section 4115, include:

- (a) removing the drug or drugs from stock;
- (b) counting, pouring, or mixing pharmaceuticals;
- (c) placing the product into a container;
- (d) affixing the label or labels to the container;
- (e) packaging and repackaging.

Section 1793.7. of the California Code of Regulations, Division 17, Title 16

Requirements for Pharmacies Employing Pharmacy Technicians.

- (a) Any pharmacy which employs a pharmacy technician shall do so in compliance with applicable federal and state laws and regulations governing pharmacy.
- (b) Any function performed by a pharmacy technician in connection with the dispensing of a prescription, including repackaging from bulk and storage of pharmaceuticals, must be verified and documented in writing by a pharmacist. Except for the preparation of prescriptions for an inpatient of a hospital and for an inmate of a correctional facility, the pharmacist shall indicate verification of the prescription by initialing the prescription label before the medication is provided to the patient.
- (c) Pharmacy technicians must work under the direct supervision of a registered pharmacist and in such a relationship that the supervising pharmacist is on the premises at all times and is fully aware of all activities involved in the preparation and dispensing of medications, including the maintenance of appropriate records. Except for the preparation of prescriptions for an inpatient of a hospital and for an inmate of a correctional facility, a pharmacy technician may perform the duties, as specified in subdivision 1793.2, only under the immediate,

personal supervision and control of a registered pharmacist and within the pharmacist's view.

- (d) A pharmacy technician must wear identification clearly identifying him or her as a pharmacy technician.
- (e) Any pharmacy employing or using a pharmacy technician shall develop a job description and written policies and procedures adequate to ensure compliance with the provisions of Article 12 of this Chapter, and shall maintain, for at least three years from the time of making, records adequate to establish compliance with these sections and written policies and procedures.
- (f) For the preparation of a prescription for an inpatient of a licensed health facility and for a patient of a licensed home health agency, the ratio shall not be less than one pharmacist on duty for a total of two pharmacy technicians on duty. Pursuant to Business and Professions Code section 4115(a)(1), this ratio shall not apply to the preparation of a prescription for an inmate of a correctional facility of the Department of the Youth Authority or the Department of Corrections, or for a person receiving treatment in a facility operated by the State Department of Mental Health, the State Department of Developmental Services, or the Department of Veterans Affairs.

Education & Training

Section 4202 of the California Business and Professions Code (effective January 1, 2004)

- (a) An applicant for registration as a pharmacy technician shall be issued a certificate of registration if he or she is a high school graduate or possesses a general education development equivalent, and meets any one of the following requirements:
 - (1) Has obtained an associate's degree in pharmacy technology.
 - (2) Has completed a course of training specified by the board.
 - (3) Has graduated from a school of pharmacy accredited by the American Council on Pharmaceutical Education or a school of pharmacy recognized by the board. Once licensed as a pharmacist, the pharmacy technician registration is no longer valid and the pharmacy technician certificate of registration must be returned to the board within 15 days.
 - (4) Is certified by the Pharmacy Technician Certification Board.
- (b) The board shall adopt regulations pursuant to this section for the registration of pharmacy technicians and for the specification of training courses as set out in paragraph (2) of subdivision (a). Proof of the qualifications of any applicant for registration as a pharmacy technician shall be made to the satisfaction of the board and shall be substantiated by any evidence required by the board.

- (c) The board shall conduct a criminal background check of the applicant to determine if an applicant has committed acts that would constitute grounds for denial of registration, pursuant to this chapter or Chapter 2 (commencing with Section 480) of Division 1.5.
- (d) The board may suspend or revoke a registration issued pursuant to this section on any ground specified in Section 4301.

Section 1793.6 of the California Code of Regulations, Division 17, Title 16:
Training Courses Specified by the Board:

A course of training that meets the requirements of section 1793.4(b) is:

- (a) Any pharmacy technician training program accredited by the American Society of Health—System Pharmacists,
- (b) Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion, or
- (c) Any other course that provides a training period of at least 240 hours of theoretical and practical instruction, provided that at least 120 of these hours are in theoretical instruction in a curriculum that provides:
 - (1) Knowledge and understanding of different pharmacy practice settings.
 - (2) Knowledge and understanding of the duties and responsibilities of a pharmacy technician in relationship to other pharmacy personnel and knowledge of standards and ethics, laws and regulations governing the practice of pharmacy.
 - (3) Knowledge and ability to identify and employ pharmaceutical and medical terms, abbreviations and symbols commonly used in prescribing, dispensing and record keeping of medications.
 - (4) Knowledge of and the ability to carry out calculations required for common dosage determination, employing both the metric and apothecary systems.
 - (5) Knowledge and understanding of the identification of drugs, drug dosages, routes of administration, dosage forms and storage requirements.
 - (6) Knowledge of and ability to perform the manipulative and record-keeping functions involved in and related to dispensing prescriptions.
 - (7) Knowledge of and ability to perform procedures and techniques relating to manufacturing, packaging, and labeling of drug products.

Attachment 2

Pharmacist Interns

Intern Pharmacists

Section 4114 of the California Business and Professions Code:

An intern pharmacist may perform any activities pertaining to the practice of pharmacy as the board may determine by regulation. Whenever in this chapter the performance of an act is restricted to a pharmacist, the act may be performed by an intern pharmacist under the supervision of a pharmacist. The pharmacist shall not supervise more than one intern pharmacist at any one time.

Section 1727 of the California Code of Regulations, Division 17, Title 16:

Intern Pharmacist:

- (a) An intern pharmacist is a person who holds a valid intern card.
- (b) An intern card shall be issued for a period of:
 - (1) One to five years for the person who is currently enrolled in a school of pharmacy recognized by the Board.
 - (2) One year to a person who is a graduate of a school of pharmacy recognized by the Board.
 - (3) One year to a foreign graduate who has met educational requirements described in Business and Professions Code Section 4200.
 - (4) One year to an out-of-state licentiate who is awaiting the administration of the next licensure examination.
- (c) Registration as an intern may be renewed or extended at the sole discretion of the Board for:
 - (1) Persons who have not completed experience requirements.
 - (2) Persons who have completed experience requirements but have not taken or passed the licensure examination. Intern cards shall not be extended or renewed for a person who failed the licensure examination three or more times.
- (d) An intern shall notify the Board within 30 days of any change of address. An intern shall return his or her intern card, by registered mail, within thirty (30) days of a change of eligibility status.
- (e) An intern pharmacist may perform all functions of a pharmacist at the discretion and under the supervision of a preceptor in accordance with Business and Professions Code Section 4114.

Section 1728 of the California Code of Regulations, Division 17, Title 16:

Intern Experience – Requirements for Licensure

- (a) Minimum Hours: All intern pharmacists must complete 1,500 hours of experience as a prerequisite to licensure.

- (1) First Year Maximum: A maximum of 250 of the 1,500 hours may be obtained during the first year of pharmacy education in a program sponsored by a school of pharmacy recognized by the Board.
 - (2) Preceptor Supervision: A minimum of 900 of the required 1,500 hours must be obtained in a pharmacy under the supervision of a preceptor.
 - (3) Board Approved Experience: A maximum of 600 of the required 1,500 hours may be granted at the discretion of the Board for other experience which substantially relates to the practice of pharmacy.
- (b) Required Areas of Experience: Effective January 1, 1986 all applicants for licensure must complete experience in both community pharmacy and institutional pharmacy practice in settings in the following areas:
- (1) Receiving and interpreting the prescription;
 - (2) Patient medication profiles;
 - (3) Prescription preparation;
 - (4) Consultation;
 - (5) Record keeping;
 - (6) Over the counter products;
 - (7) Drug information.
- (c) Proof of Experience: All intern pharmacists are required to submit proof of their experience on Board approved affidavits which shall be certified by the preceptor under whose immediate supervision such experience was obtained.
- (d) Out-of-State Exemption: One who is licensed as a pharmacist in any state and who has practiced as a pharmacist in that state for at least one year, as certified by the Board of Pharmacy of that state, shall be exempt from the pharmaceutical requirements of this section.

Section 1793.1 of the California Code of Regulations, Division 17, Title 16:

Duties of Registered Pharmacist

Only a registered pharmacist, or an intern pharmacist acting under the supervision of a registered pharmacist, may:

- (a) Receive a new prescription order orally from a prescriber or other person authorized by law.
- (b) Consult with a patient or his or her agent regarding a prescription, either prior to or after dispensing, or regarding any medical information contained in a patient medication record system or patient chart.
- (c) Identify, evaluate and interpret a prescription.
- (d) Interpret the clinical data in a patient medication record system or patient chart.
- (e) Consult with any prescriber, nurse or other health care professional or authorized agent thereof.

- (f) Supervise the packaging of drugs and check the packaging procedure and product upon completion.
- (g) Be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients.
- (h) Perform any other duty which federal or state law or regulation authorizes only a registered pharmacist to perform.
- (i) Perform all functions which require professional judgment.

Attachment 3

Pharmacy Technician Trainee

Pharmacy Technician Trainee

Section 4115.5 of the California Business and Professions Code

- (a) Notwithstanding any other provision of law, a pharmacy technician student may be placed in a pharmacy as a pharmacy technician trainee to complete an externship for the purpose of obtaining practical training that is required by the board as a condition of becoming registered as a pharmacy technician. A "pharmacy technician student" is a person who is enrolled in a pharmacy technician training program operated by a California public postsecondary education institution or by a private postsecondary vocational institution approved by the Bureau for Private Postsecondary and Vocational Education.
- (b) (1) A pharmacy technician trainee participating in an externship as described in subdivision (a) may perform the duties described in subdivision (a) of Section 4115 only under the immediate, personal supervision and control of a pharmacist. A pharmacist supervising a pharmacy technician trainee shall be on the premises and have the trainee within his or her view at any time the trainee performs the duties described in subdivision (a) of Section 4115.
- (2) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall be directly responsible for the conduct of the trainee.
- (3) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall verify any prescription prepared by the trainee under supervision of the pharmacist by initialing the prescription label before the medication is disbursed to a patient.
- (4) No more than one pharmacy technician trainee per pharmacist may participate in an externship as described in subdivision (a) under the immediate, personal supervision and control of that pharmacist at any time the trainee is present in the pharmacy.
- (5) A pharmacist supervising a pharmacy technician trainee participating in an externship as described in subdivision (a) shall certify attendance for the pharmacy technician trainee and certify that the pharmacy technician trainee has met the educational objectives established by California public postsecondary education institution or the private postsecondary vocational institution in which the trainee is enrolled, as established by the institution.
- (c) (1) Except as described in paragraph (2), an externship in which a pharmacy technician trainee is participating as described in subdivision (a) shall be for a period of no more than 120 hours.
- (2) When an externship in which a pharmacy technician trainee is participating as described in subdivision (a) involves rotation between a

community and hospital pharmacy for the purpose of training the student in distinct practice settings, the externship may be for a period of up to 320 hours. No more than 120 of the 320 hours may be completed in a community pharmacy setting or in a single department in a hospital pharmacy.

- (d) An externship in which a pharmacy technician trainee may participate as described in subdivision (a) shall be for a period of no more than six consecutive months in a community pharmacy and for a total of no more than 12 months if the externship involves rotation between a community and hospital pharmacy. The externship shall be completed while the trainee is enrolled in a course of instruction at the institution.
- (e) A pharmacy technician trainee participating in an externship as described in subdivision (a) shall wear identification that indicates his or her student status.

Attachment 4

Clerk-Typist

Clerk Typist

Section 1793.3. of the California Code of Regulations, Division 17, Title 16:
Other Non-Licensed Pharmacy Personnel

In addition to employing a pharmacy technician to perform the tasks specified in section 1793.2, a pharmacy may employ a non-licensed person to type a prescription label or otherwise enter prescription information into a computer record system, but the responsibility for the accuracy of the prescription information and the prescription as dispensed lies with the registered pharmacist who initials the prescription or prescription record. At the direction of the registered pharmacist, a non-licensed person may also request and receive refill authorization. There shall be no more than one non-licensed person, other than a pharmacy technician, performing the tasks specified in this section for each registered pharmacist on duty.

Mike Rouse

From: Peter Vlasses
Sent: Friday, October 24, 2003 1:58 PM
To: Mike Rouse
Subject: FW: Washington State Board of Pharmacy Response to Technician Training & Education



ACPE
Response.doc

fyi attachment...

-----Original Message-----

From: Salmi, Lisa [mailto:Lisa.Salmi@DOH.WA.GOV]
Sent: Friday, October 24, 2003 1:50 PM
To: Peter Vlasses
Subject: Washington State Board of Pharmacy Response to Technician Training & Education

Dr. Vlasses: Attached is the response from the Washington State Board of Pharmacy concerning the development of national standards and an accreditation process for pharmacy technician education and training. A hard copy will follow in the mail. Please feel free to contact me if you have any questions. Thank you for the opportunity to comment.

<<ACPE Response.doc>>

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PQA Board of Pharmacy
Department of Health
PO Box 47863
Olympia WA 98504-7863
Voice: (360) 236-4828 Fax: (360) 586-4359
Lisa.Salmi@doh.wa.gov

"The Department of Health works to protect and improve the health of the people in Washington State."



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

October 24, 2003

Peter H. Vlasses, Pharm.D., BCPS, Executive Director
The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago IL 60602-5109



Dear Dr. Vlasses:

The Washington State Board of Pharmacy has thoroughly reviewed the issues concerning the development of national standards and an accreditation process for pharmacy technician education and training as requested by the American Council on Pharmaceutical Education (ACPE). The Board and pharmacists in Washington State have over 25 years experience in setting state level education and training requirements for pharmacy supportive personnel. This experience includes credentialing training programs.

As part of the review process, the Board of Pharmacy held an Open Forum on August 18, 2003. Participants represented a broad cross-section of pharmacy practice, including pharmacy technician educators. The background materials provided by ACPE were used as an introduction and the six Questions to be Considered were used as the agenda. I will briefly summarize the group's response.

Definition: The ACPE pharmacy technician definition needs to include reference to education and training requirements.

Levels of Support Personnel: Responsibilities of a pharmacy technician must be commensurate with education and training. The next phase of the ACPE process of setting competency levels is critical to this linkage. Recommend that ACPE establish minimum standards and look toward the future for more advanced functions a pharmacy technician can perform. As an example, pharmacy technicians in Washington State with additional training and demonstrated proficiencies perform specialized functions such as IV admixture preparation and unit-dose cart checking

Roles, Responsibilities and Competencies: We recommend a "best practices" standards approach be used. Practice is dynamic and we want to be able to utilize technicians to their full potential.

Dr. Peter H. Vlasses
Page 2
October 24, 2003

Education: Pharmacy technician education needs to be linked to the established competencies and to be supported by substantial practice site experience with specific objectives and supervision.

Training: While the group agreed we need an educated and trained pharmacy technician workgroup, there were varied opinions on the amount and comprehensiveness. The group was reluctant to specify the number of hours required until competency-based set of standards were developed. There was strong support for continued emphasis for practice-site (on-the-job) training for pharmacy technicians.

Quality Assurance: Programs need to have core competencies and pharmacy technicians should be required to pass a standardized examination. Recommend that pharmacy technician training programs undergo an accreditation process, but warn against making requirements too onerous.

The group concluded that ACPE should move ahead to develop and publish a set of competency-based standards for pharmacy technician education and training.

On September 12, 2003 the Washington State Board of Pharmacy formally decided to accept the recommendations from the Open Forum and join with the Washington State Pharmacists Association in sending to you our recommendations and encouragement to proceed with the development of national standards and an accreditation process for pharmacy technician education and training.

Sincerely,



Susan Teil Boyer, Chair
Washington State Board of Pharmacy

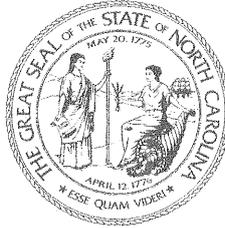
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September 11, 2003

Peter H. Vlasses, PharmD, BCPS
Executive Director
The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

Dear Peter:

This is the letter I promised when I spoke briefly at the NACDS meeting in Philadelphia.

First of all I think you are doing the right thing by looking into the matter of standards for technician education and training. We have several tech programs in our state and some kind of general understanding as to length of time and course content is essential. This is not something that individual pharmacy boards can do as it would raise local "political" issues while judging programs which may have strong local support but do not meet generally accepted standards.

We certainly should not get into the situation which nursing has where individual state boards "approve" nursing statewide programs. In our state alone the Board of Nursing is "supposed" to accredit at least 100 programs.

In your efforts you might wish to look at the "standards" which exist for license practical nurses and certified nursing assistants. This could give you some help in coming up with specifics for pharmacy technicians.

I wish you success in your efforts.

Very truly yours,

A handwritten signature in black ink that reads "David R. Work".

David R. Work
Executive Director

DRW/cls
Copy: Mike Rouse

Located at I-40 & 54
6015 Farrington Road, Suite 201
Chapel Hill, NC 27517-8822

ACPE TECHNICIAN TRAINING TESTIMONY

Good afternoon. My name is John Fegan. I am Vice President of Pharmacy for Ahold USA, a food operation of over 1,300 stores operating under six different banner names in twenty states. The banners include: BiLo, Brunos, Giant of Maryland, Giant of Carlisle, Stop & Shop and Tops. 850 of these stores contain pharmacies which serve the health needs of the communities in which we operate and utilize over 6,000 technicians.

To begin, I would like to describe our current Board Certified Technician Program. This program is designed to meet the needs of each operating company, to meet the requirements of the individual State Boards of Pharmacy, and to avail ourselves to a pool of associates who strive for improvement in their day-to-day job functions. The program is set up to accept only those individuals who have at least one year of experience behind the pharmacy. The individuals are nominated by their respective pharmacy manager and store manager. The nomination includes the person's past experience, plus an evaluation and description of their current job performance. Each pharmacy district manager must review and approve the nomination and then forward it to the Vice President of Pharmacy Operations for final approval.

Once approved the candidate goes through three days of formal out of store training, during which, pharmacy practice techniques and company pharmacy policies and procedures are reviewed.

The candidate returns to the store for four to six weeks during which time the pharmacy team continues to review and stress the program modules. Following this timeframe, each person who has gone through the three-day formal course, returns to the classroom for a ½ day open-book written examination. The open book format was chosen because the book takes the place of the pharmacist, who the technician can turn to if there is a question during their daily practice. There are five sections of the exam: multiple choice, fill in the blank, matching, true or false, and calculations, each one of which must be passed with a score of 85%. If any section is failed, it is covered with the candidate and with their pharmacy team, so that they can work on the specific area and can take a retest in that area within four weeks.

As I stated earlier, the vast majority of our technicians come from our labor pool, as individuals who are striving to move ahead. These individuals usually have limits on the amount of time they can spend away from their homes, have limits on their hours of availability, and have financial limitations. Faced with a formalized extended degree program, most of these individuals would have neither the time nor the resources to pursue the degree. But even without the degree, in our opinion, they would be as qualified from a practical and efficiency standpoint, as the degreed person.

Creating a "New Category" of technicians would only serve to undermine the great attitudes and great pride we currently see in our technicians, without improving the prescription services we provide today.

ACPE SPEECH

Page 2

From the Corporate perspective, we see many challenges associated with a Formalized Extended Education Technician program, not the least of which are the methodology of incorporating specific company policies and procedures into the degreed technician's work life, and the financial expectations that the degreed individuals will have, in comparison to the reality of the workplace.

It is our recommendation that the Review and Approval Process for Technician training be left to the Boards of Pharmacy. Today, most Boards recognize that besides Corporate Programs such as ours, there are other legitimate alternatives to training technicians, including the NACDS Training Program and the PTCB Program. Most Boards also recognize that it is imperative that the pharmacist be the integral part of any training program.

In conclusion, in our opinion, changing the current Pharmacy Board Approval model, will cause pressure on, and disruption to, Pharmacy's Prescription Delivery Process.



August 5, 2003



TO: American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

FROM: Eckerd Corporation
8333 Bryan Dairy Road
Largo, FL 33777

The Eckerd Corporation, operating 2,700 pharmacies in 22 states and three mail service facilities, currently employ over 9,700 full time technicians (34% PTCB certified). We appreciate the invitation to comment on the education and training of pharmacy technicians. Our comments and concerns will be based on real world experience with the training and utilization of our technician associates. As required, we will first address the "Questions to be Considered" and then offer additional comment.

1. Definition

Eckerd supports the "Pharmacy Technician" definition in the NABP Model State Practice Act: "personnel who assist in the practice of pharmacy under the personal and direct supervision of a pharmacist... and "are registered with the Board as defined in Article III of this act". Additionally, we support Section 309 that outlines the requirements for registration. The definition offered by ACPE does not clarify what "supervision" is. This could lead to independent technician activity.

2. Levels of Pharmacy Support Personnel

Levels of technician support are not required in a community pharmacy setting. Expanded technician duties relating to certification vs. registration, as permitted under current law, should be an option available to pharmacists rather than a mandate placed on them. Requiring the unnecessary standards, outlined in the White Paper on pharmacy technicians 2002, will add expense to an already burdened community pharmacy operation without an offsetting return.

3. Roles, Responsibilities and Competencies of Pharmacy Support

Formalizing the activities/support provided by technicians is not necessary. Community pharmacy hires, trains and successfully utilizes over 70% of technicians in the work force. Their roles and responsibilities are defined by regulation and are insured by their supervisor (pharmacist).

It must be noted that early discussion of the "need" for the Pharm D degree paralleled the rhetoric of the White Paper. A new entry level degree (Pharm D) for pharmacists has not led to practice site changes as predicted. As a result, the technician "standards" initiative becomes suspect. The business opportunity with education/certification should not be the underlying motivating factor for advocating change. The "need for change" should be determined by practitioners not academicians.

4. Education

Eckerd does not support formal education for technicians. The proposed 16 week to two year programs are not necessary.

In one on one discussions with our technicians, they were concerned about the time (away from work), the cost (tuition, books, etc.) and questioned the need for this educational requirement. Many stated that they would not continue as a technician, if they had to "go back to school". This would result in a shortage of technicians at a time when they are needed most (Age Wave Peak) to support our pharmacists.

5. Training

Technician training should continue to be defined by the pharmacy practice site and its supervising pharmacist(s) in accordance with Board of Pharmacy regulations. This training would include the skills needed to support patient care relating to the services offered by that pharmacy.

We understand the potential for additional training for technicians in an institutional setting. Especially where their duties (I.V. Prep) and reduced supervision (compared to community pharmacy) impact patient well being.

Documentation of training (topics covered, time involved, duties) with sign off by the technician and those involved in the training should be available for review by Board of Pharmacy inspectors. Initial training would be supported with follow up when needed. The NACDS/NCPA model training and, subsequent testing program, as well as individual company guidelines could be used for community pharmacy.

Note: The white paper states that, "30% of a certified pharmacy technicians time is spent performing tasks that require math calculations". This is not reflective of technician prescription related responsibilities at retail.

6. Quality Assurance

For every activity carried out by a technician in the community pharmacy, their supervising pharmacist has the ultimate responsibility for the support provided. It is incumbent on the pharmacist to insure that their technician is properly trained. Anything less would diminish/eliminate the technicians value and could negatively affect the patient services offered. Outside forces, who feel that they are better qualified to determine what the pharmacist needs are being obstructive to an already efficient and complementary pharmacist/technician relationship.

7. Additional Concerns for Consideration

- Eckerd disagrees with the basic premise of the white paper that the lack of national standards creates a barrier to the development of a capable technician work force. In community pharmacy, our technicians are capable and offer excellent support. Could they do more? The answer is obviously yes, but not at the cost of implementing white paper initiatives.
- As stated in White Paper: "Technicians are playing an increasing role in pharmacy services". This statement does not reflect technician duties or does it hold true for the real world of community pharmacy.
- Support for associate degree programs for technicians would result in a move toward technician licensure. Another profession is not necessary.
- Increased education does not translate directly to increased responsibility. The pharmacist will continue to retain liability for all technician actions and Board of Pharmacy's will determine which tasks that they can perform.
- The white paper purports that with more education, technicians will be able to do more. Expansion of the technicians role in the advancement of pharmacy care is a reason stated to support standardized training and competencies. Eckerd contends that the cost in dollars and time will not result in a substantial increase in technician responsibility. The, often noted, ability to take prescribed refill authorizations is not a realistic offset for the cost (dollars and time) for the educational effort required. Pharmacy care will become an everyday service offering when

pharmacists are compensated for their effort. Economics drive the result not technician standardization efforts.

- Community pharmacy input was not solicited prior to presenting the white paper. We did not request this initiative.
- Historically, even with a NABP Model Practice Act and Regulations, state boards of pharmacy do not accept or use the models uniformly. The time it takes to get pharmacy practice acts changed and the timing of these changes will cause compliance, administration and expense problems for pharmacies operating in multiple states.

Thank you for considering our concerns. Call if you have questions.

Sincerely,



Daniel Miller, RPh.
Vice President
Pharmacy Operations

727-395-7122

/bl

Sincerely,



Ralph E. Progar, RPh.
Vice President
Pharmacy Relations

412-967-8735

Mike Rouse

From: Jody Stewart [jstewart@raleys.com]
Sent: Monday, March 03, 2003 1:05 PM
To: Mike Rouse
Subject: RE: ACPE Invitation to Comment: Pharmacy Technician Education and Training

Mike: I am replying on behalf of my company, Raley's concerning Pharmacy Technician Training. I also speak from having served 6 years as an APHA appointee on ACPE from about 92-98. Our company has had a technician training class of its own for the last 10 years or more very similar to that of PTCB. We require that all of our technicians pass our test which is also very similar to PTCB. WE FEEL THAT OUR COURSE WORK AND TEST ARE MORE THAN SUFFICIENT AND SHOULD SURFICE. One of the things about additional testing and certification of techs is the additional costs associated with it for the technicians who for the most part are not able to afford it. I am very supportive of education but I feel that each major company should be able to provide their own program if that is their desire. Sincerely, JODY A. STEWART Director of Pharmacy Operations Raley's

-----Original Message-----

From: Mike Rouse [mailto:mrouse@acpe-accredit.org]
Sent: Friday, February 28, 2003 10:27 AM
To: Mike Rouse
Subject: ACPE Invitation to Comment: Pharmacy Technician Education and Training

Dear Colleagues

Attached are two PDF files regarding ACPE's Invitation to Comment on Pharmacy Technician Education and Training. This has been sent to you individually as a result of your direct interest in this issue and/or your collaboration on the White Paper.

I have also attached the News Release in case you haven't yet seen it.

Please contact me if you have a problem opening the attachments.

Kindest regards

Mike

Mike Rouse B.Pharm (Hons); MPS

8/14/2003

HAPPY HARRY'S
326 RUTHAR DRIVE
NEWARK, DE 19711

TRAINING CENTER

Fax

To: ACPE**From:** Patricia E. Choruzy, CPhT**Fax:** (312)664-4652**Pages:** 3, including cover**Phone:****Date:** October 31, 2003**Re:** Invitation to Comment**CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Please find attached our comments regarding "Education and Training of Pharmacy Technicians."
Should you have any questions, please feel free to give me a call at (302)366-0335, Ext. 5278.

Thank you.

HAPPY HARRY'S

DISCOUNT DRUG STORES

325 RUTHAR DRIVE, NEWARK, DE 19711 • PHONE (302) 366-0335 • FAX: (302) 453-3167

TO: ACPE *Invitation to Comment: Education and Training of Pharmacy Technicians*
FROM: Happy Harry's
Patricia E. Choruzy, CPhT, Pharmacy Trainer
DATE: October 31, 2003

Definition

This definition is appropriate and adequate.

Levels of Pharmacy Support Personnel

Two levels of pharmacy support personnel would be appropriate:

--Pharmacy Technician

A person who is not registered as an intern or pharmacist with the Board who may perform certain tasks.

--Certified Pharmacy Technician

A technician who has passed a national certification program as approved by the Board of Pharmacy and maintains certification through continuing education.

Roles, Responsibilities and Competencies of Pharmacy Support Personnel

--Pharmacy Technician

- Obtain medication from stock
- Type labels after the pharmacist has interpreted the directions
- Counting, pouring and selecting prefabricated medications & selecting individual prepackaged unit dose medications

--Certified Pharmacy Technician

- In addition to the above duties, a certified pharmacy technician may perform the following tasks:
- Assist the Pharmacist in compounding
- Assist the Pharmacist in training of other support personnel
- Inventory Management

Education

--Pharmacy Technician

- Minimum High School Diploma
- No Continuing Education required

--Certified Pharmacy Technician

- Minimum High School Diploma
- Specialized study for National Certification
- Continuing Education required

Training

--Pharmacy Technician

- Classroom instruction for different levels of experience
- 50 hours of repetition and practice on site

--Certified Pharmacy Technician

- Classroom instruction
- 50 hours of repetition and practice on site
- Text study for National Exam

Quality Assurance of Pharmacy Technician Education and Training

--Pharmacy Technician

- Written exam on classroom materials. Have to achieve passing grade before moving to next level

--Certified Pharmacy Technician

- National Exam
- Continuing Education to maintain certification



K 62

December 9, 2003



Peter Vlasses, Pharm.D.
Executive Director
American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, Illinois 60602-5109

Dear Dr. Vlasses,

Walgreens appreciates the opportunity to express our comments on the possible development of national standards for pharmacy technician education and training.

Walgreens operates over 4200 community drug stores and plans to have 7,000 by 2010. We currently employ 24,260 pharmacy technicians and anticipate the need to employ 55,000 over the next five years. In addition, we employ approximately 17,000 pharmacists.

Walgreens recognizes the importance of rigor in a pharmacy technician training curriculum. Beginning in 1997 we asked all pharmacy technicians and store managers to become PTCB certified. In addition, we require all executive assistant managers to become certified before they can be promoted to store manager. To date 84% of technicians and 94% of store managers are PTCB certified.

Our response to the White Paper on Pharmacy Technicians 2002 includes the following concerns on the possibility of national standards for technician education and training:

- Needs of institutional pharmacies differ from those of Walgreen pharmacies and, therefore, their expectations of technicians differ. Institutional pharmacy technicians have more independence and less supervision than do Walgreen technicians. Therefore, the education and training requirements for a Walgreen technician are quite different than those of an institutional pharmacy technician.
- Additional costs will likely be imposed on Walgreens to comply with educational requirements and standards that are possibly not necessary for our pharmacy environment.
- Walgreens is very concerned about how ACPE's proposed standards for education and training might disrupt our current technician workforce and impact our business especially at a time when we are experiencing a severe shortage of pharmacists.



In your invitation to comment, you requested that respondents focus on the questions below.

Questions to be considered:

1. Definition of a technician

"A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist."

In our opinion, the definition of a technician is actually a function of each individual State Board of Pharmacy. Each Board develops terminology to reflect the actual duties a "technician" or other non-licensed pharmacy personnel are allowed to perform.

The definition above encompasses *any* non-licensed person working in the pharmacy. From Walgreens perspective, this definition is too broad. Under this definition an employee working in the pharmacy as a cashier would be considered a technician even though the only function the employee serves is to ring items on a register and ask the customer if they have any questions for the pharmacist.

Also, under this definition, Walgreen store managers would be considered technicians. Obviously we do not expect our store managers to carry out the functions of a technician, but we do expect them to take part in managing the pharmacy operation. In order to meet this expectation, they must spend time in the pharmacy.

2. Levels of Pharmacy Support Personnel and 3. Roles, Responsibilities and Competencies of Pharmacy Support

ACPE asks if there should be different levels of pharmacy personnel, what those levels should be and what roles and responsibilities should be assigned to each definition.

Walgreens believes that both of these topics are most appropriately posed to individual Boards of Pharmacy, who regulate the practice of pharmacy and determine technician roles on a state by state basis. Moreover, despite the "title" assigned or the "function" of technicians as regulated by State Boards of Pharmacy, it is the job of the supervising pharmacist to delegate duties based on the operational needs of the business and the comfort level they have with the individual employee.

4. Education and 5. Training

For each level of personnel identified in #2, ACPE requests input on requirements and eligibility with regard to training and education.



The training of a technician will vary from site to site, since different pharmacy environments require different skills, knowledge, and abilities. Even if standardization becomes reality, Walgreens will still need to continue with our current practice of investing time and resources to train individuals so they can work effectively and efficiently in our drug stores.

Standardizing training through a formalized process would place undue burden upon those who cannot afford to pay for a training program. Moreover, a significant number of technicians work part time, might be excluded from pursuing this area of employment, as it would be cost prohibitive. Part time employees provide a significant amount of pharmacy support. Requiring specific educational standards will have a negative impact on the operation of Walgreen drug stores because we rely heavily upon part time employees.

Training standards should align with the work the technician has to do on the job for the following reasons:

1. A technician may learn something and be 'assessed' as 'proficient' but will soon lose the proficiency if unable to practice the function due to the nature of the pharmacy environment in which he or she is employed.
2. From a business standpoint, it makes no sense to spend time and money having employees attain knowledge and skills not needed to do their job.
3. Learning information that is not important to getting the job done creates confusion for the learner in terms of knowing what is important and what is not important. Often because of this confusion, learners make incorrect assumptions about what they need to know and be able to do.

As mentioned before, Walgreens recognizes the importance of training technicians. We currently require over fifty hours of pharmacy-specific training for all Walgreen technicians.

Since 2001, each pharmacy technician participates in three phases of training and development during their employment with Walgreens. Here is a brief outline of technician training at Walgreens:

Phase 1 (0-3 months) contains introductory topics that cover the basic skills required for an entry-level technician such as workstation responsibilities, HIPAA, customer service, sig codes, controlled substance compliance, partial fills, and operating Walgreens pharmacy computer system.



Phase 2 (3-6 months) continues to build upon the skills learned in phase 1 and introduces new information and more advanced skills, such as inventory maintenance and insurance administration.

Phase 3 (6-12 months) is preparation for the national PTCB exam to further build skill, knowledge, and competency, beyond the entry level. Walgreens pays for and encourages all technicians to sit for the exam.

To support this endeavor, we offer structured review sessions, which are facilitated by Walgreen pharmacists or other pharmacy experts. Its curriculum covers the main PTCB knowledge areas as defined by PTCB. After certification is earned, technicians further develop their skills throughout their careers through PTCB's continuing education program.

6. Quality Assurance of Education and Training

Assuming that the intention here is to discuss the assessment of training programs, assessment is actually a function of the supervising pharmacist, who has the responsibility to run the pharmacy as professionally and efficiently as possible. He or she will be the individual who provides feedback to the technician and or trainer as far as performance and productivity. And, regardless of the level of education and training a technician has received, a pharmacist will not jeopardize his or her license on the line by delegating a task or function to an individual with whom they are uncomfortable.

Walgreens appreciates the opportunity to comment on the technician issue. As mentioned, we anticipate employing 55,000 pharmacy technicians over the next five years, and, therefore, are very concerned about any decisions made regarding training standards set for this group of employees. We hope that our comments are heavily considered, as Walgreens will be impacted by any change in the current status.

Sincerely,

Philip P. Burgess, R.Ph.
National Director, Pharmacy Affairs
(847) 914-3241
Phil.Burgess@Walgreens.com

Wal-Mart Stores, Inc.
702 SW 8th Street
Bentonville, AR 72716-0230
Phone (479) 273-4071
E-mail: Bob.Dufour@Wal-Mart.com



WAL-MART PHARMACY DEPARTMENT

November 13, 2003



TO: The American Council on Pharmaceutical Education
20 North Clark St., Suite 2500
Chicago, Ill. 60602-5109
Email: techinfo@acpe-accredit.org

Thank you for the opportunity to comment on the issue of whether ACPE should proceed with the development of national standards for technicians. As one of the nation's largest pharmacy retailers we currently employ over 12,000 pharmacy technicians. Having support personnel properly trained to assist the pharmacist(s) in non-judgmental processes is essential to the success of our pharmacies today.

In determining whether to proceed with developing national standards you have requested feedback on six questions:

- 1) Definition of technician:
"A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist."

There are two concerns that ACPE should consider on this definition. First, the definition is not exclusive. A delivery person could claim they assist by delivering the medication and could be considered included in this definition. Secondly, ACPE should review the definition of technician as defined by the various State Boards of Pharmacy. As currently defined, ACPE will have conflicts with various states causing confusion and non acceptance of the ACPE standard.

- 2) Levels of Pharmacy Support Personnel
Should there exist different levels of pharmacy personnel?

The majority of State Boards of Pharmacy recognize a distinction between technicians and clerks. This is accomplished thru definition in regulations, certification, registration, and other methods. In the past a few states did delineate within the definition of technician by granting a wider range of acceptable duties for one class of technician over the other. ACPE should consider the consequences of imposing multi tiers of pharmacy technicians. With states not uniform in their definitions and allowable practices, ACPE can expect conflicts with Boards of Pharmacy that have differing views than those adopted by ACPE (whether you would adopt a multi or single level). In cases ACPE did have the same level (one or more) as an individual state, how would conflicts be resolved where ACPE had a different standard than that adopted by the state legislative body or Board of Pharmacy?

November 13, 2003

Page 2

- 3) Question #3 concerns the Roles, responsibilities and competencies of Pharmacy Supportive Personnel. These issues should be addressed only subsequent to the previous questions. Comments to question #3 would be predicated to the decisions made on questions #1 and #2.
- 4) Education – *Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.*
ACPE should not only give consideration to required education, in order to accomplish proficiency, but should also have solutions developed to measure technicians competency for the appropriate form of practice the Technician will enter. Technician's actual duties and skills sets needed vary widely by practice settings from hospital, nursing home, nuclear pharmacy, compounding pharmacies, and retail chain pharmacies.
- 5) Training – Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.
ACPE should further clarify how this training could be achieved given the variety of practice settings of technicians. A program that taught technicians all the skill sets to be proficient in a hospital may not apply to retail. Technicians today who are proficient in long term care facilities may have very limited skills that apply to a nuclear pharmacy or a pharmacy that is in another practice settings.
- 6) Quality Assurance of Pharmacy Technician Education and Training.
Feedback on how Wal*Mart may train technicians on our Quality Assurance programs would not apply to Technicians in many other practice settings.

As ACPE reviews this issue, it would seem that most if not all practice settings would support a program that improved competency in their practice setting. Prior to ACPE deciding on proceeding with national standards, solutions need to be developed on how to account for the variety of skill sets needed dependent on practice setting. Solutions would need to be developed that are coordinated with the State Board of Pharmacies in states ACPE would want to implement those standards (such as levels of technicians and defining technicians).

I appreciate the opportunity to provide feedback. Wal*Mart supports training and improving the proficiency of our technicians. In our current program, a Wal*Mart pharmacy technician has a training matrix designed specifically for this job. Today, a technician would encounter 15 hours of training on our Computer Based Learning technology. It is our position that if ACPE determines that it will undertake national standards and accreditation for pharmacy technicians that their plan is well thought through and addresses the concerns as aforementioned.

Sincerely,



Bob Dufour
Director of Pharmacy Professional Services and Government Relations

Date: November 7, 2003

From: Indiana Pharmacists Alliance (IPA)
Indiana Academy of Pharmacy Technicians (IAPT)

To: Peter Vlasses, PhD
Mike Rouse, BPharm

Re: American Council on Pharmaceutical Education Invitation to
Comment on: *Education and Training of Pharmacy Technicians*



The Indiana Pharmacy Alliance (IPA) is a statewide organization representing pharmacists and pharmacy technicians across all areas of pharmacy practice and is dedicated to enhancing the pharmacy profession. Enclosed you will find the responses of the Indiana Academy of Pharmacy Technicians (IAPT), an academy of the IPA, to the American Council of Pharmaceutical Education's (ACPE) invitation to comment.

Please direct all questions and comments to Tabitha Cross, CE Administrator and Director of Professional Development, at tabitha@indianapharmacists.org or (317) 634-4968.

Respectfully,

Georgia Wagers, C.Ph.T.
IAPT, President, 2003

Kathy Scherzinger, C.Ph.T.
IAPT, President, 2004

Rob France, C.Ph.T.
IAPT, President Elect, 2005

Debbie Hewson, C.Ph.T.
IAPT, Immediate Past President

Jenny Byard, C.Ph.T.
IAPT, Member at Large

Trela Malone, C.Ph.T.
IAPT, Member at Large

Theresa Schwartz, C.Ph.T.
IAPT, Member at Large

B. Alison Crawford, C.Ph.T.
IAPT, Member at Large, 2004



Indiana Pharmacists Alliance

729 N. Pennsylvania St. • Indianapolis, IN 46204
Phone: 317-634-4968 • fax: 317-632-1219 • www.indianapharmacists.org

IACP
Indiana Academy of
Community Pharmacists

ISHP
Indiana Society of Health-
System Pharmacists

ISCP
Indiana Society of
Consultant Pharmacists

IAPT
Indiana Academy of
Pharmacy Technicians

Definition

Pharmacy Technicians are individuals who are educated in the practical and/or mechanical aspects of the pharmacy profession. Pharmacy Technicians assist Pharmacists with related activities of the pharmacy that do not require the professional judgment of a Pharmacist.

Levels of Pharmacy Support Personnel**Entry Level Technicians (no experience)**

- High School graduate or GED.
- Technician is required to obtain the National Pharmacy Technician Certification (PTCB) within the first year of employment.

Compounding Technician /Institution

- High School graduate or GED.
- National Pharmacy Technician Certification required.
- Minimum of one-year aseptic preparation of large/small volume parenterals, parenteral nutrition, antibiotics and chemotherapy required.
- General knowledge of drug terminology, pharmaceutical calculations and drug use.

Retail/ Independent Pharmacy Technician

- High School graduate or GED.
- National Pharmacy Technician Certification required.
- General knowledge of drug terminology, pharmaceutical calculations and drug use.

Training/Educator Technician

- High School graduate or GED.
- National Pharmacy Technician Certification required.
- General knowledge of drug terminology, pharmaceutical calculations and drug use.
- Two years of experience in either a hospital or retail position and the completion of a formal training program offered by either an employer or academic institution.

Pharmacy Technician Supervisor

- High School graduate or GED.
- National Pharmacy Technician Certification required.
- General knowledge of drug terminology, pharmaceutical calculations and drug use.
- Three years of experience in either a hospital or retail position and the completion of a formal training program offered by either an employer or academic institution specific to the purpose of supervising pharmacy technicians.

Controlled Substance Technician

- High School graduate or GED.
- National Pharmacy Technician Certification required.
- General knowledge of drug terminology, pharmaceutical calculations and drug use.
- A formal training program specifically related to the dispensing of controlled substances but separate from the standard training program for technicians should be completed within the first six-months of employment.

Mike Rouse

From: Mike Johnston [mikej@pharmacytechnician.org]
Sent: Monday, October 20, 2003 11:29 PM
To: Mike Rouse
Subject: Invitation To Comment: Pharmacy Technician Education & Training
Importance: High
Follow Up Flag: Follow up
Flag Status: Flagged

Mike:

Attached, please find a copy of NPTA's official response to the ACPE Invitation To Comment: Pharmacy Technician Education & Training.

This document has been prepared and approved by our top elected leadership body, the EAB – Executive Advisory Board.

Any comments or feedback would be welcomed.

- Mike Johnston, CPhT

=====

IMPORTANT - Confidentiality Notice

The information contained in this ELECTRONIC MAIL transmission is confidential. It may also be privileged work product or proprietary information. This information is intended for the exclusive use of the addressee(s). You are hereby notified that any use, disclosure, dissemination, distribution [other than to the addressee(s)], copying or taking of any action because of this information is strictly prohibited.



The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

October 21, 2003

RE: Invitation to Comment: Education and Training of Pharmacy Technicians

To Whom It May Concern:

NPTA, the National Pharmacy Technician Association, is the single largest professional organization specifically for pharmacy technicians; our membership base exceeds 24,000 individuals worldwide. The mission of our organization is clear – to help enhance, promote and enrich the lives and careers of every pharmacy technician.

NPTA has demonstrated our serious commitment to this scanning process; we have worked directly with ACPE by scheduling two separate Open Hearings [at our 2003 Annual Meeting and our 2003 Fall Conference]; we surveyed the members of our organization on the specific questions addressed by ACPE [responses were forwarded to ACPE in September 2003]; our elected leadership, the EAB, formed a taskforce and held a number of conference calls with a balanced mixture of educators, trainers and practicing pharmacy technicians from across the country to solicit comments/suggestions.

Through this process, the Executive Advisory Board [EAB] has unanimously approved specific positions, representing NPTA and our members. Enclosed, please find response to the Invitation to Comment, including NPTA's specific positions.

On Behalf of NPTA & the Executive Advisory Board,

A handwritten signature in black ink, appearing to read "Mike Johnston", with a horizontal line extending to the right.

Mike Johnston, CPhT
Executive Director – NPTA

1. Definition

NPTA feels that the current definition is appropriate and adequate, but we recommend the standardized use of the following definition:

“A pharmacy technician is a skilled individual, trained and educated to work in a pharmacy setting under the supervision of a licensed pharmacist, who performs pharmacy activities that do not require the professional judgment of a pharmacist.”

2. – 5. Levels, Roles, Responsibilities, Competencies, Education & Training

NPTA strongly recommends the development of structured levels of pharmacy support personnel, to be implemented as a national, universal workforce template.

Level	Definitions	Responsibilities	Competencies	Education	Training
I	Pharmacy Aide	Limited supportive, clerical & administrative functions;	Appropriate communication skills and site-defined fundamental aptitudes;	High-school diploma or GED equivalent;	Structured OJT;
II	Pharmacy Technician [CPhT]	Performs pharmacy activities that do not require the professional judgment of a pharmacist;	Level I requirements + passing a board-approved NABP-equivalent competency exam [PTCB]	Level I requirements + completion of an ACPE-accredited program;	Structured OJT;
III	Pharmacy Technician Specialist	Performs pharmacy activities that require additional education, training and skills of a level II technician.	Level I/II requirements + additional competencies related to the position;	Level I/II requirements + additional education related to the position;	Structured OJT + additional skill-based training;

6. Quality Assurance of Pharmacy Technician Education & Training

NPTA feels that the most appropriate quality assurance of pharmacy technician education would be the establishment of ACPE-accreditation guidelines.

Mike Rouse

From: Bobbie Craddock [blc@texas.net]
Sent: Wednesday, December 10, 2003 8:08 PM
To: Mike Rouse
Cc: Mike Rouse; Fred Shackelford(Founder; Fred Shackelford(founder; Susan Jeffery (Pres-Elect
Subject: AAPT Response to "Invitation To Comment"



AAPT ACPE
RESPONSE 12-03.doc

Please find the response of The American Association of Pharmacy Technicians to the "Invitation to Comment"

Respectfully submitted,

Bobbie Craddock, CPhT
AAPT President

AMERICAN ASSOCIATION OF PHARMACY TECHNICIANS (AAPT)

Comments for The American Council on Pharmaceutical Education (ACPE) regarding the issue of: Education and Training of Pharmacy Technicians

December 2003

AAPT would like to thank ACPE for initiating this profession-wide dialog concerning the possible development of national standards and an accreditation process for Pharmacy Technician education and training. We also appreciate the chance for AAPT to comment and the extra effort made by ACPE to lead an open forum at our Convention in August. Many attendees enjoyed the chance to comment and learn about this dialog.

The AAPT Board of Directors has approved the following comments. We realize that many suggestions are recommendations, since the Board of Pharmacy and Legislature of each State has the power to implement or ignore the standards recommended on a national level.

Question 1. Definition

The 2002 White Paper has a good definition of a Pharmacy Technician. We feel the AAPT definition is more encompassing, and would like to see it incorporated into any definition recommended by ACPE.

“A Pharmacy Technician is an individual who performs all pharmacy functions except for making therapeutic decision.”

It is important to not use terms that have been demeaning in the past. We recommend that the term “Pharmacy Technician” be used for anyone working in the pharmacy who is not a pharmacist, clerk, accountant, or housekeeper.

Question 2. Levels of Pharmacy Technician (Support Personnel)

Titles for different Pharmacy Technician levels would be better than numbers (such as I, II, III, etc.) since numbers are often used to differentiate pay levels, and these levels are much more than a difference in pay. In order to reach a different level, there should be a certificate, or a practical test, or extra formal education required. The Pharmacy Technician level should include such things as IV technician, controlled drug technician, OR technician, etc., and not have them as different levels. There should not be different levels based on the work place. Working in a community pharmacy or a hospital pharmacy or a home health pharmacy would not be different levels.

We recommend these levels:

- Pharmacy Technician – no extra definition needed.
- Pharmacy Chemotherapy Technician – a Pharmacy Technician who has received a chemotherapy preparation certificate.
- Pharmacy Inventory Control Technician (Buyer) – a Pharmacy Technician who has shown competency or expertise in Inventory Control.
- Pharmacy Supervisory Technician – a Pharmacy Technician who successfully supervises and manages other technicians in the pharmacy.

- Pharmacy Technician Educator – a Pharmacy Technician who teaches in a formal Pharmacy Technician Program.

Question 3. Roles, Responsibilities, and Competencies of Pharmacy Technicians

Roles and Responsibilities (all should be members of, and involved in, technician associations at a local, state, and/or national level):

- Pharmacy Technician – enter orders and prescriptions in the computer; fill orders and prescriptions; prepare IVs, Syringes, and TPNs; deliver meds; fill patient cassettes; do billing; prepare extemporaneous unit dose, topicals, and others; deliver controlled drugs; maintain automated dispensing machines and robots; handle paperwork; prepare meds for and maintain satellite (such as OR satellite); look up clinical and lab information for the pharmacist; train others on site.
- Pharmacy Chemotherapy Technician – all items under Pharmacy Technician, plus prepare chemotherapy; order all items involved; maintain paperwork; train others.
- Pharmacy Inventory Control Technician – have Pharmacy Technician experience so as to understand Pharmacy and the system, plus check all areas; order through wholesalers, secondary suppliers, and direct; prepare reports; track medication usage; deal with manufacturer representatives; handles returns and expired meds.
- Pharmacy Supervisory Technician – have Pharmacy Technician and Inventory Control Technician experience, plus prepare schedule; interview and hire technicians; counsel, discipline, and recommend firing technicians; do time and attendance; be on the pharmacy management team with the Director and others; prepare reports; train new technicians; run the technician intern program.
- Pharmacy Technician Educator - have Pharmacy Technician, Inventory Control Technician, and preferably some Supervisory Technician experience, plus teach in a formal Pharmacy Technician program; run Pharmacy Technician programs; develop Pharmacy Technician programs; write material for Pharmacy Technician programs and other programs, such as PTCB; continue working relief to maintain relevancy of teaching.

Competencies – please see comments from Pharmacy Technician Educators and PTEC.

Question 4. Education

- Pharmacy Technician – formal Pharmacy Technician Program/School, preferably accredited by ASHP or another national pharmacy group; PTCB certified within 5 years of finishing school.
- Pharmacy Chemotherapy Technician – same as Pharmacy Technician, plus at least 1 4-hour class on chemotherapy preparation, which includes a hands on test and certificate.
- Pharmacy Inventory Control Technician – same as Pharmacy Technician, plus classes or experience in Word/Excel/Access or equivalent; some kind of practical test with a certificate.
- Pharmacy Supervisory Technician – same as Pharmacy Technician and Inventory Control Technician, and Chemotherapy Technician requirement preferred, plus supervisor and management classes; some kind of practical or interactive test with a certificate.
- Pharmacy Technician Educator – same as Pharmacy Technician, and Chemotherapy/Inventory Control/Supervisory Technician requirements preferred, plus classes on how to teach; teaching certificate, even if from the technician school.

Question 5. Training

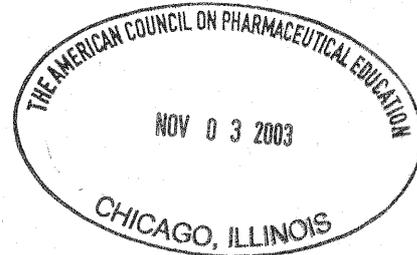
- Pharmacy Technician – some hands on training at the technician school; at least 320 hours of externship at a pharmacy site; on the job training; technician programs should include lots of math and customer service/telephone and trade/generic training.
- Pharmacy Chemotherapy Technician – minimum of 1 year experience in the IV room.
- Pharmacy Inventory Control Technician – on the job training.
- Pharmacy Supervisory Technician – on the job training; practical supervisory and management classes; a good network of other Supervisory Technicians.
- Pharmacy Technician Educator – minimum of 3 years experience as a Pharmacy Technician; on the job training.

Question 6. Quality Assurance of Pharmacy Technician Education and Training

There should be quality assurance programs in each pharmacy where Pharmacy Technicians work. Hands on re-certification should be done every 1-2 years. Technician Programs must be accredited, preferable by ASHP or another national pharmacy group. Require mandatory continuing education, including continuing education specialized to their areas of expertise for Chemotherapy, Inventory Control and Supervisory Technicians, and for Technician Educators.

NACDSNATIONAL ASSOCIATION OF
CHAIN DRUG STORESCraig L. Fuller
President & CEO

October 24, 2003

Peter Vlasses, Pharm.D.
Executive Director
American Council on Pharmaceutical Education
20 North Clark Street
Suite 2500
Chicago, Illinois 60602-5109

Dear Peter,

The National Association of Chain Drug Stores (NACDS) appreciates the opportunity to present to ACPE the chain drug industry's comments on your potential plans to develop national standards for pharmacy technician education and training.

As you will see in the attached document, our membership has significant concerns with such a plan for a number of reasons. We feel the market should drive potential changes in the education and training of pharmacy technicians for the community pharmacy setting. Since community pharmacy hires approximately 70% of the pharmacy technician workforce today and would be disproportionately affected by changes in education and training, we are especially pleased that you are seeking comment before moving forward in this direction.

We will send this to you in electronic form as well as you requested. If you have any additional questions or need any more information, please feel free to contact Mary Ann Wagner at 703-837-4136.

Regards,

A handwritten signature in black ink, appearing to be "C. Fuller", written over the word "Regards,".

Craig L. Fuller

Enclosure

413 North Lee Street
P.O. Box 1417-D49
Alexandria, Virginia
22313-1480

(703) 549-3001

Fax (703) 836-4869

www.nacds.org



NACDS

NATIONAL ASSOCIATION OF
CHAIN DRUG STORES

National Association of Chain Drug Stores

Response to ACPE's Invitation to Comment on the Possible Development of National Standards and Accreditation for Pharmacy Technician Education and Training Programs

413 North Lee Street

P.O. Box 1417-D49

Alexandria, Virginia

22313-1480

Attachment A: Community Pharmacy Technician Training Program Overview

October 24, 2003

(703) 549-3001

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www.nacds.org

October 24, 2003

The National Association of Chain Drug Stores (NACDS) appreciates the opportunity to express our comments on the possible development of national standards for pharmacy technician education and training.

NACDS membership includes more than 200 chain member companies that operate approximately 35,000 community pharmacies. Chain pharmacy is the single largest segment of pharmacy practice, employing over 100,000 pharmacists. Chain community pharmacy dispenses over 70 percent of the 3 billion plus prescriptions provided to patients each year.

Early responses from our membership to the White Paper on Pharmacy Technicians 2002 included the following concerns on the possibility of national standards for technician education and training:

- Needs of institutional pharmacies differ from community pharmacies and, therefore, their expectations of pharmacy technicians differ. Institutional pharmacy technicians have more independence and less supervision than technicians in community pharmacy practice. Therefore, the education and training requirements differ for technicians, depending on the type of practice site where they will be working.
- Additional costs could be imposed on pharmacy operators for educational requirements for technicians in order to meet standards that are possibly impractical for community pharmacy.
- Graduates of associate degree programs often have unrealistic expectations of community pharmacy practice.
- Disruption of the current technician workforce by imposing higher standards for education and training of technicians is a major concern and especially at a time where we are experiencing a severe shortage of pharmacists.
- There is an underlying concern that financial opportunities for educators may be driving the need for higher standards.
- As employers of technicians, our members are concerned that national standards imposed on an industry could result in the creation of a class of paraprofessionals that would bring with it a host of issues for a group of people that have no liability for proper dispensing.
- Chain community pharmacies operate at a 2% net profit. Costs associated with expensive educational programs are prohibitive for our industry and especially at a time when reimbursement cuts are rampant.

Many of these same sentiments were expressed at the open hearing that was conducted at our Pharmacy and Technology Conference in Philadelphia in August 2003. Many of the statements given at the hearing verified our earlier responses.

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It is our strong feeling that the market should drive potential changes in the education and training of pharmacy technicians in the community pharmacy setting. Furthermore, it should be the role of the state boards of pharmacy to mandate changes that are deemed necessary rather than the Council on Credentialing in Pharmacy (CCP).

In your invitation to comment, you requested that respondents focus on the questions below.

Questions to be considered:

1. Definition of a technician

“A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.”

In our opinion, the definition of a technician is actually a function of each individual State Board of Pharmacy. Each Board develops terminology to reflect the actual duties a “technician” or other non-licensed pharmacy personnel are allowed to perform.

However, the definition above that is provided for comment is broadly based to encompass *any* non-licensed person working in the pharmacy. As long as the term is used to apply to all personnel working in the pharmacy and not just those directly involved in the dispensing process, the definition is appropriate. However, not all personnel would need the same type of education and training.

2. Levels of Pharmacy Support Personnel and 3. Roles, Responsibilities and Competencies of Pharmacy Support

ACPE asks if there should be different levels of pharmacy personnel, what those levels should be and what roles and responsibilities should be assigned to each definition.

NACDS firmly believes that both of these topics are most appropriately posed to individual Boards of Pharmacy, who regulate the practice of pharmacy and determine technician roles on a state by state basis. Moreover, despite the “title” assigned or the “function” allowed of technicians by State Boards of Pharmacy, supervising pharmacists will delegate duties based on the operational needs of the business and the comfort level they have with the individual employee.

4. Education and 5. Training

For each level of personnel identified in #2, ACPE requests input on requirements and eligibility with regard to training and education.

We offer the definitions of education and training listed below, (from the American Heritage® Dictionary of the English language):

Training: To coach in or accustom to a mode of behavior or performance; to make proficient with specialized instruction and practice.

Education: The knowledge or skill obtained or developed by a learning process.

The training of a technician will vary from site to site, since each site requires specific skill sets. Even if standardization becomes reality, each employer will still need to invest time and resources to train individuals according to the needs of that specific site.

In addition, chain pharmacy resides where people live, sometimes as the only provider of healthcare services in the area. Standardizing training through a formalized process would place undue burden upon those who work and live in underserved areas or cannot afford to pay for a training program. Moreover, a significant number of technicians, who work part time to help pay the bills, would be excluded from pursuing this area of employment, as it would be cost prohibitive. A significant amount of pharmacy support resides among the part time population. Requiring specific educational standards will certainly serve as a detriment and negatively impact the operations of thousands of community pharmacies across the country, which rely heavily upon part time employees.

As for the definition of education, the knowledge or skill set that one obtains in the learning process will vary depending upon practice site. Therefore, any measurement of knowledge gained will be predicated by that particular practice site. Any proficiencies or skills developed in a technician will vary by practice site and are affected by each state board of pharmacy. In other words, a technician may learn something and be 'assessed' as 'proficient' but will soon lose the proficiency if barred from practicing the function. Training and education programs need to reflect the standards of practice as set forth by each Board of Pharmacy. Otherwise, we would be spending resources to train technicians on functions that they cannot legally perform.

We would suggest that education and training, while an integral component to employee productivity, is best determined by those operating the pharmacy, under the regulations developed by each board of pharmacy. In addition, a technician should have the freedom of choice in determining their career path, and make decisions on furthering their education because they want to, not because they have to.

A recent survey was conducted by the NACDS Foundation of pharmacy chain members and their technician training practices. Members were allowed to provide multiple answers to properly reflect their current strategies.

Most respondents to the survey present training content via printed format/manual (69.5% of stores responding), with CD ROM format (38.7%) and on-line modules (representing 35.5% of stores responding) listed as the next most popular methods.

In addition, 44.2% of stores responding list 40 hours as the average length of time for their technician training program, over a two month or more time span (41.8% of stores represented).

Some companies (12.5% of stores represented) offer two-tiered type training where there is an initial training program with advanced training provided later on for those who seek to further their career in this area.

Most pharmacy chain organizations conduct training utilizing both classroom and on the job training in a combined format (62.2% of stores responding) while 40.3% cite on the job training and 18% cite classroom or location outside of the workplace as their venue.

According to the survey, individualized technician training is overwhelmingly overseen by a registered pharmacist (81.8%) or experienced/certified pharmacy technician (58.9%) or both.

We are enclosing a list (Attachment A) of the competencies that the Community Pharmacy Technician Training Program is designed to measure.

6. Quality Assurance of Education and Training

We surmise that the intention here is to discuss the assessment of training programs. Assessment is actually a function of the supervising pharmacist, who has the responsibility to run the pharmacy as professionally and efficiently as possible. He or she will be the individual who provides feedback to the technician and or trainer as far as performance and productivity. And, despite the level of education and training a technician has received, a pharmacist will not put his or her license on the line by delegating a task or function to an individual with whom they are uncomfortable.

When queried regarding methods of assessment of training programs on a recent NACDS Foundation survey, most chain respondents (55% of stores responding) utilize the judgment of the pharmacist. Over 90% utilize a testing component either provided 'in-house, or through a more formalized process (i.e., St. Louis College of Pharmacy exam or PTCB) or both.

Lastly, we feel the need to comment on the comparison of pharmacy technicians to beauticians in the ACPE presentation at the hearings, which we believe is analogous to comparing apples and oranges. If beauticians were *not* "licensed" to make decisions and worked under the auspices of a "licensed" professional, the comparison would be more acceptable. However, pharmacy personnel do not make decisions or judgment calls with particular patients...those decisions are made by a licensed pharmacist. A more applicable comparison involves pharmacy technicians and support personnel in a physician's office. Physicians delegate functions to support personnel based on an employee's abilities, according to state regulations, just as licensed pharmacists do with their support personnel.

NACDS appreciates the opportunity to comment on the technician issue. Our organization, along with independent pharmacies hires roughly 70% of the technician workforce (as outlined in the ACPE presentation). We hope that our comments are heavily considered, as our sector of the profession will be the most impacted by any change in the current status.

The Community Pharmacy Technician Training Program Overview

- Developed and written by the St. Louis College of Pharmacy
- Optional testing component administered by SLCOP (will provide aggregate data)
- Available in written manual form and CD-ROM
- Format of program provides for flexibility to include individual company policies, self-paced study and on the job reinforcement.
- Goals and objectives clearly outlined in each chapter. Also included are self assessment questions and checklists for trainee and trainer.
- Presents business aspects of retail pharmacy.
- Appendices include Top 200 drugs, pharmacy abbreviations and various state laws pertaining to technicians (provided by NABP)

After successful completion of training, technicians should have a knowledge base in the following areas:

General Knowledge

1. Understanding of technician duties and functions in accordance with state laws.
2. Understanding of duties a technician cannot perform, which must be accomplished by a registered pharmacist.
3. Understanding of the importance of patient confidentiality in accordance with state and federal regulations* (*HIPAA component to be added once federal guidance are complete).
4. Understanding of the federal and state agencies and regulations affecting pharmacy. (OBRA, controlled substances act, etc.)
5. Understanding of the role the state board of pharmacy.
6. Understanding of general pharmacy terms.

Knowledge of Practice Site

1. Understanding of physical pharmacy layout of medication storage areas and dispensing areas.
2. Understanding of how products are organized (alpha, dosage form)
3. Comprehension of work flow components: "in" area, data entry, staging area, dispensing area, pickup area and counseling areas)
4. Understanding of dispensing equipment and how they are utilized: automation, counting equipment, prescription containers, auxiliary labels, etc.
5. Knowledge of policies on pharmacy security: state security regulations and specific company policies.
6. General knowledge of pharmacy resources available in the pharmacy.

Prescription Medication Knowledge

1. Knowledge of major categories of dosage forms (solids, liquids, topicals, aerosols and parenterals)
2. Knowledge of characteristics of containers and closures.
3. Knowledge of state regulations on generic substitution.
4. Knowledge of 5 controlled substances schedules and laws around the filling of prescriptions.
5. Knowledge of rules and regulations which govern refills, partial fills, and transfers of controlled substances.
6. Knowledge of correct procedures for handling Schedule V sales
7. Knowledge of procedures required for Schedule II ordering and storing
8. Knowledge of perpetual Schedule II inventory
9. Knowledge of state and federal regulations regarding CII drugs.
10. Knowledge of components of stock bottle labels.
11. General overview of distinguishing among easily-confused products

Prescription Components

1. Knowledge of professionals who may prescribe medications.
2. Knowledge of information required on completed prescription forms.
3. Knowledge of abbreviations and symbols used by prescribers.
4. Knowledge of state requirements surrounding written, oral, and transferred prescriptions.
5. Knowledge of use of the 4 different measurement systems used in pharmacy: metric, apothecary, avoirdupois, and common household measures.
6. Know how to calculate prescription quantities and days supply.

Patient Interaction

1. Knowledge of importance of maintaining a caring attitude.
2. Knowledge of communication skills required for handling problems.
3. Understanding of components necessary to convey proper image.
4. Understanding of effective telephone communication strategies.
5. Recognition of prescription-related telephone calls that must be handled by the pharmacist.

Dispensing Process

1. Understanding of requirements in collecting patient information.
2. Understanding of the purpose of patient profiles and their data entry, updating, and maintenance.

3. Knowledge of prescription information necessary for computer entry.
4. Understanding of the compliance checks performed by the pharmacy computer.
5. Knowledge of pharmacist intervention required with Drug Utilization Review messages.
6. Knowledge of information conveyed on prescription labels and receipts.
7. Knowledge of stock bottle medication selection.
8. Knowledge of proper handling of out of stock situations,
9. Understanding of the importance of medication checks before submitting the final product to the pharmacist for approval.
10. Knowledge of dispensing equipment used in the preparation of tablets, capsules, and liquids.
11. Knowledge of proper procedures in reconstitution of powders to liquids.
12. Knowledge of proper labeling required in the dispensing process.
13. Understanding of the importance of the pharmacist final check in the dispensing process.
14. Knowledge of procedures to assure delivery of the correct prescription to the patient.
15. Knowledge of refill procedures
16. Knowledge of refill regulations surrounding controlled substances, third party prescription and PRN refills.
17. Knowledge of required record-keeping regarding original prescription forms, computer data, and other written forms.
18. Familiarity with the Top 200 Drugs

Managed Care Prescriptions

1. Knowledge of various types of managed care programs
2. Understanding of various types of program coverage limitations.
3. Understanding of prescription reimbursement components: cost, dispensing fees, deductibles, and copays.
4. Understanding of procedures involved with electronic claim submission.
5. Understanding of managed care concepts: formulary, generic selection, therapeutic interchange, etc.
6. Understanding of proper use of DAW codes.
7. Understanding of prior authorization procedures.
8. Understanding of the concepts of drug utilization reviews, both prospectively and retrospectively.
9. Understanding of the reconciliation process and procedures involved in handling claim rejections.
10. Understanding of patient signature forms and records.

Inventory Management

1. Knowledge of procedures for placing orders for merchandise.
2. Knowledge of proper procedures for receiving goods.
3. Knowledge of procedures concerning outdated merchandise and proper inventory control.
4. Understanding of procedures for returning merchandise.
5. Understanding of inventory levels necessary to properly stock and maintain pharmacy shelves.
6. Knowledge of OTC categories kept in the pharmacy.
7. Knowledge of procedures involved in the procurement and maintenance of pharmacy supplies.

Long Term Care Drug Distribution Systems

1. Knowledge of drug distribution systems utilized in long term care.
2. Understanding of best practices and guidelines for repackaging medications,
3. Understanding of various compliance aids available for patients.

Sterile Product Preparations

1. Understanding of sterile drug products and their routes of administration.
2. Knowledge of types of therapies that utilize parenteral routes.
3. Understanding of the components in a sterile compounding environment.
4. Knowledge of the components of aseptic technique.
5. Understanding of procedures involved in withdrawing fluids from multi-dose vials and ampules.
6. Understanding of compounding techniques involved with the preparation of sterile products,
7. Understanding of documentation requirements with sterile compounds.
8. Understanding of proper labeling requirements in sterile product preparation.
9. General knowledge of compounding equipment and supplies.

N 20

Mike Rouse

From: Logan, Cher (Tacoma) [cherlogan@chiwest.com]
Sent: Wednesday, November 19, 2003 3:41 PM
To: Mike Rouse
Subject: RE: Comments submitted to ACPE

These are official comments from St. Joseph Medical Center

-----Original Message-----

From: Mike Rouse [mailto:mrouse@acpe-accredit.org]
Sent: Tuesday, October 14, 2003 10:54 AM
To: Cherilynn Logan (E-mail)
Subject: Comments submitted to ACPE

Cherilynn

The comments that you submitted to ACPE:

Do you wanted them categorized as your individual comments, or are they official comments from St. Joseph Medical Center?

Thanks

Mike

Mike Rouse B.Pharm (Hons); MPS

Assistant Executive Director

International & Professional Affairs

The American Council on Pharmaceutical Education (ACPE)

20 North Clark Street, Suite 2500

Chicago, Illinois 60602-5109

USA

Tel; +1 (312) 664-3575

11/19/2003

Questions Considered- **The American Council on Pharmaceutical Education**

1. Definition

A pharmacy technician is a paraprofessional working in various pharmacy settings who, under the supervision of a licensed pharmacist is accountable to the pharmacist for quality and accuracy of his or her work. The pharmacy technician assists in a wide variety of trained skills necessary for the dispensing of drugs and drug information but leaves most judgment calls to the professional judgment of the pharmacist. A pharmacy technician must support the moral obligations that guide the pharmacy profession in relationships with patients, healthcare professionals and society.

2. Levels of Pharmacy Support Personnel

In ~~the~~ Washington State there are 2 defined roles of pharmacy support personnel. This includes the pharmacy technician and the pharmacy assistant.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel.

See attached job descriptions.

4. Education/Training

Pharmacy Technician- It is required that a pharmacy technician completes 520 training hours from an approved training program to obtain a license. And have at least 4 hours of AIDS training.

Pharmacy Assistant- must have at least 4 hours of AIDS training to obtain license.

6. Quality Assurance of Pharmacy Technician Education and Training

See attached description.

Franciscan Health System

Franciscan Health System

JOB DESCRIPTION

POSITION TITLE:	Pharmacy Technician	JOB CODE:	6364
DEPARTMENT:	Pharmaceutical Services	COST CENTER:	7190
REPORTS TO:	Manager, Pharmaceutical Services (Operations Manager)		

JOB SUMMARY

Routinely compounds and distributes medication and pharmaceutical supplies in both IV admixture and pharmacy distribution areas under the direct supervision of a pharmacist.

ESSENTIAL JOB FUNCTIONS

1. Assists the pharmacist in providing pharmaceutical care to include, but not limited to, mixing of IVs, distribution of medication, screening phone calls/orders and alerting the pharmacist to patient-specific data indicating potential medication misadventure.
2. Accepts responsibility for duties performed within the scope of practice, and becomes a resource for all areas of practice.
3. Maintains a clean and safe environment for co-workers which includes preparing work area for next shift and using effective communication with oncoming shift.
4. Assists the Pharmacist during a code 4. Is knowledgeable of the crash cart layout and attends code 4 update in-services when offered.
5. Distributes medication to the patient care areas via automated medication distribution or non-automated systems and is responsible for the knowledge to maintain these systems.
6. Reviews and files all required reports from both the automated and non-automated systems and is responsible for documenting QA data.
7. Coordinates the workflow of the IV room and uses appropriate aseptic technique.
8. Maintains a clean IV admixture area. Understands the concept of the cleanroom environment and abides by ASHP guidelines.
9. Meets completion for all educational modules. Records attendance of all educational activities in department educational log book and attends staff meetings on a regular basis.

10. Stays up-to-date with departmental changes and is familiar with current FHS Policy and Procedures along with JCAHO requirements.
11. Performs monthly patient care area inspections and reports as assigned by the Manager.
12. Precepts students within the Technician Training Program by assisting them in their education and growth.
13. Performs similar and incidental duties as assigned.
14. Uses Standard Precautions including personal protective equipment for anticipated contact with blood or other potentially infectious materials.
15. Demonstrates competency in adjusting interactions and the delivery of care and/or clinical technique appropriate to address the age specific needs of the patient and/or customer.

Values-Based Service Behavioral Standards

- I. Reverence – demonstrates a profound awe and respect for all creation.
 - A. First Impressions
 1. Initiates greetings with a smile, eye contact, open body language and a handshake.
 2. Uses patient and co-worker's name in conversation. Is genuine.
 3. Listens attentively.
 4. Always says "Hello" with a smile to patients, visitors and co-workers in hallways and elevators.
 - B. Diversity
 1. Treats all patients, visitors and co-workers with respect as unique, valued individuals.
 2. Provides the highest level of service to everyone, regardless of who they are.
 3. Creates a supportive environment and encourages people to freely express themselves.
 4. Behaves in a professional, collaborative, supportive manner, regardless of personal feelings.
 - C. Professional Image
 1. Employee badge is visible and appropriately placed.
 2. Presents a well-groomed image.
 3. Keeps clothing neat, clean and in accordance with department and facility policy.
 4. Ensures personal conversations, demeanor and all behaviors present an "on-stage" appearance.
 5. Maintains an attitude of confidence and proficiency.
- II. Integrity – demonstrates honesty and trustworthiness.
 - A. Service Recovery
 1. Anticipates and corrects problems before they become complaints.
 2. Acknowledges concerns when they occur, without placing blame.
 3. Apologizes for situations or unmet expectations, even if they are not at fault.
 4. Addresses concerns by taking corrective action as a tangible indication of our sincere regret.
 - B. Communications
 1. Follows through on all requests and promises in a timely manner. Always says "thank you" and "good-bye".
 2. Always asks "What can I do for you?"

3. Responds in a timely manner to all requests. Conveys clear, concise and accurate information.
 4. Answers phones (or call lights) by third ring. States name, department and gives appropriate greeting. Always uses a friendly tone.
- C. Teamwork
1. Balances personal agenda with team and organizational goals.
 2. Values all team members and their opinions by treating everyone equally and with respect.
 3. Seeks to resolve conflicts in a respectful way. Does so directly with the individuals (s) involved and promptly.
 4. Fully shares information for people to do their job. Expresses ideas, opinions and reactions constructively.
- III. Compassion - demonstrates a feeling with others.
- A. Hospitality
1. Maintains a safe, neat, clutter-free work environment.
 2. Picks up litter and throws it away.
 3. Keeps voice down in and around "on-stage" areas.
 4. Recommends changes to policies, procedures and environment to enhance everyone's ability to provide optimum service to all patients, visitors and employees.
- B. Provides Information and Explanations
1. Apologizes for delays or inconveniences.
 2. Communicates anticipated timelines for procedures and keeps family updated.
 3. Uses easily understood and appropriate language when giving information to patients, visitors, and co-workers.
 4. Uses easily understood language; avoids technical or professional jargon and acronyms.
- C. Privacy and Confidentiality
1. Always knocks before entering.
 2. Is sensitive to individual privacy needs.
 3. Always speaks kindly and positively about patients or co-workers. Shows that the patient is the first priority.
 4. Maintains strict confidentiality at all times with patients, visitors, co-workers, physician information, and with proprietary organizational information.
- IV. Excellence - demonstrates outstanding achievement and continually seeks improvement
- A. Recognition/Appreciation
1. Finds ways to specifically recognize and appreciate a co-worker.
 2. Catches people doing something special and lets them know you appreciate it.
 3. Commends a team member when they demonstrate one or more of our customer service standards and behaviors.
 4. Openly praises and acknowledges the good work of co-workers by announcing specific professional and personal accomplishments.
- B. Giving Directions
1. Knows where services are in the facility.
 2. If someone appears to need directions, offers to help.
 3. Offers to escort patients and visitors to their destination.
 4. If unable to personally escort, takes him/her to someone who can, or shows him or her the way with a facility map.
- C. Technical Competency
1. Maintains a high level of competence; continues to grow in skills and encourages others to do the same.
 2. Consistently demonstrates excellent technical knowledge on the job.

3. Encourages and contributes innovative ideas and ways of doing things that increase efficiencies.

QUALIFICATIONS

Education:

Accredited Pharmacy Technician Training Program.

Licensure/Certification:

Licensure as Pharmacy Technician by the Washington State Board of Pharmacy, CPR.

Job Knowledge and Skills:

Reading, mathematical skills; as in addition, subtraction, multiplication, basic algebra and calculations. Interpersonal skills are important. Ability to effectively communicate, both in verbal and written format. Concise ideas and direct workflow are essential to the practice of pharmaceutical service.

Work Experience:

Hospital experience or hospital rotations within an accredited training program. Experience with I.V. admixture, automated distribution systems, outpatient services, and decentralized pharmacy services.

Physical / Mental Requirements:

When physical requirements are not essential job functions, reasonable accommodation may be made for individuals with disabilities. Physical demands are basically sedentary in physical requirements. Requires the ability to lift/carry 20 lbs. maximum; 1-5 lbs. frequently. The job involves, but is not limited to, stooping; bending; reaching; kneeling; sitting; standing; frequent walking on a multiple-campus organization; and reaching, handling and fingering labels, vials, syringes, and apparatus for compounding prescriptions and I.V. solutions. Other frequent physical requirements include fingering, grasping, and feeling. Hearing and vision is compensated to a functional level which is required to meet the essential functions of the job. Work is of high attention and mental demands, including the ability to prioritize and process with accuracy and clarity.

Working and Environmental Conditions

Work schedules may include days, evening, nights and weekend shifts. May also be required to work overtime. In the course of performing job duties, the worker is reasonably anticipated to have occupational exposure to blood borne pathogens, i.e. skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material.

Date: 7/99
Revised: 7/01, 9/02

Physical/Functional Job Requirements

Job Code: 6364

Job Title: Pharmacy Technician

Activity	Essential to Job performance	Non-essential to job performance	Not Present in Job (less than 1%)	Occasionally (1%-33%)	Frequently (34%-65%)	Continuously (66%-100%)
Postures/Movements						
Balancing	X			X		
Climbing				X		
Crouching/Crawling/Kneeling/Squatting	X					X
Hand/Finger Dexterity	X					X
Hand/Eye Coordination	X					
Lifting/Carrying (Over 100#)		X	X			
Lifting/Carrying (50#to 100#)		X	X			
Lifting/Carrying (20# to 49#)		X		X		
Lifting/Carrying (5# to 19#)	X					X
Pushing/Pulling: Avg 10#/Max 30#	X					X
Pushing/Pulling: Avg 10+#/Max 30+#	X				X	
Reaching/Grasping (below shoulder level)	X					X
Reaching/Grasping (Overhead/Extension)	X					X
Repetitive Motions (substantial movement of wrists, hands or fingers)	X					X
Sitting	X					X
Standing/Walking	X					X
Stooping (Bend spine at Waist)	X					X
Twisting (Back/Neck/Waist/Knees)	X			X		

Cognitive/Sensory Demands

Hearing (In Person)	X					X
Hearing (Telephone)	X					X
Seeing (Color/Depth Perception)	X					X
Seeing (Near/Far Field of Vision)	X					X
Smelling/Tasting		X		X		
Talking (In Person)	X					X
Talking (Telephone)	X					X

Mental Demands

Acute Medical Situations	X					X
Contact with Physician/Patient/Family	X				X	
Frequent Training/Re-Training	X					X
High attention to detail and mental focus	X					X
Management of people, resources	X			X		

Working Conditions

24-hour Telephone/Pager accessibility	X			X		
Day/Night/Weekend/Flexible Shifts	X					X
On-call/Overtime/Shift Reduced or Cut	X				X	
Regular travel between facilities	X		X			

Environmental Conditions/Exposures

Blood-borne Pathogens (skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious material)	X			X		
Noise	X				X	
Mechanical Hazards	X					X
Electrical Hazards	X		X			
Chemical Hazards	X				X	
Radiation		X	X			
Fumes/Odors/Gases/Mist	X				X	
Temperature Extremes (Hot/Cold)		X	X			
Inside Environmental Conditions	X					X
Outside Environmental Conditions		X	X			
Stringent Hygiene Standards	X					X

Note: When physical requirements are not essential to job functions, reasonable accommodation may be made for individuals with disabilities.

QUALITY ASSESSMENT AND IMPROVEMENT PLAN

PURPOSE To assess and improve the quality of patient care, services, outcomes, and satisfaction is an essential part of the Department of Pharmaceutical Services Quality Assessment and Improvement Plan. This process is designed to assist Pharmaceutical Services Department personnel to effectively and efficiently use resources to manage and improve the quality of patient care and services provided so we achieve optimal patient outcomes and satisfaction. This process is intended to monitor and assess the effects of Pharmaceutical Care and Services on patient outcome and satisfaction and to identify opportunities for improvement. Being part of the Medication Use Process, this plan is often multidisciplinary in nature.

SUPPORTIVE DATA JCAHO recommendations, Washington State Board of Pharmacy requirement, ASHP Practice Standards

CONTENT

Objectives

The objectives of the Quality Assessment and Improvement Plan for the Department of Pharmaceutical Services include the following:

1. Maintenance of a program which measures and assures that patient care and services provided by Pharmaceutical Services personnel are of the highest quality possible.
2. Internal Quality Assessment and Improvement - a monthly assessment of specific drug distribution and clinical services provided to patients. Indicators are selected from the important aspects of care and are monitored for findings, assessment, conclusions, outcome and follow-up. These indicators often may overlap with and be integrated into Drug Use Evaluation studies, especially when they involve prescriptive authority protocols and other dosing protocols approved by the Medical Staff and carried out by pharmacists.
3. Quality Improvement Problem Identification - an ongoing assessment of problems or areas of concern or opportunities experienced or encountered by Pharmaceutical Services personnel. Descriptions of how and why the problem occurred are analyzed, solutions to the problem are identified, corrective action is taken and follow-up is done to complete the Quality Improvement cycle.
4. Clinical Intervention - a monthly record of Pharmaceutical Care interventions by pharmacists to optimize patient drug therapy, prevent toxic effects, or potential side effects from drugs given to patients and/or to minimize the costs of drug therapy.

QUALITY ASSESSMENT AND IMPROVEMENT PLAN (Continued)

CONTENT (Continued)

5. Work with other departments on Ad-Hoc quality improvement teams designed to address issues and opportunities for the improvement of patient care. These are often initiated via the Interdisciplinary Team meetings and Project Improvement Teams (PITS).
6. Communicate the findings and conclusions from the above processes to Pharmaceutical Services staff at all practice sites, to other departments as appropriate, and to the Medical Staff via staff meetings, posting of results, Pharmacy, Therapeutics and Technology Committee meetings, IDT meetings, PIT meetings, appropriate meetings at each site involving Pharmaceutical Services personnel, nursing personnel and other disciplines, newsletters and Medical Staff Department meetings.
7. Use the findings and conclusions from the above processes to revise policies and procedures, develop and/or modify protocols and medication use guidelines and to initiate or revise Drug Use Evaluation.
8. Utilize the findings and conclusions from Quality Improvement processes in the evaluation of Pharmaceutical Service personnel to improve individual performances.

Authority and Responsibility

The Director of Regional Pharmaceutical Services is ultimately responsible for the quality of services provided by the department and for the programs used to assure a high level of quality.

The managers shall be responsible for developing the internal quality management plan in consultation with and input from the Core Groups and individual departmental personnel.

The managers and Core Groups shall be responsible for coordinating and reporting the quality management activities for their respective areas.

Departmental personnel are responsible for knowledge of and participation in continuous quality improvement processes for which they have responsibility.

Scope

All patient care and services provided by the Department of Pharmaceutical Services are considered when setting priorities for ongoing review and evaluation activities. Customer's needs are considered in the development of the Department of Pharmaceutical Service's Quality Assessment and Improvement Plan. Customers include inpatients, outpatients, nurses, physicians, other health care providers, clinic and other hospital and eldercare departments. Adverse drug reaction and medication and IV solution error detection, reporting, analysis, and prevention are essential ongoing components of the plan.

QUALITY ASSESSMENT AND IMPROVEMENT PLAN (Continued)

CONTENT (Continued)

Specific aspects of care are monitored as follows:

1. Prescribing/ordering: Drug Use Evaluations are collaboratively designed with the Medical Staff, data collected, with results reviewed by the PT&T Committee. In addition Project Improvement Teams develop protocols, guidelines, or standards of care that are implemented and reviewed via the PIT team structure, IDT's, or at the PT&T Committee. These projects improve quality of patient care via standardization and improvement of processes.

2. Selection, Procurement and Storage of Medications:

We insure high quality in selection and procurement of medications first through the PT&T Committee process for formulary selection and therapeutic interchange approvals. These are Medical Staff processes. We are closely involved in drug selection via presence on our national buying group's (Consorta) Pharmacy Advisory Committee. In addition we monitor for outdates in all areas with medication storage monthly and follow all recalls closely, removing product as directed by the Recall. We audit pricing to keep costs as low as possible and have developed innovative cost reduction projects utilizing therapeutic initiatives, therapeutic interchange, and the use of half-tablets.

3. Preparation and Dispensing:

We utilize automated dispensing devices to supply medications in most patient care areas. We specifically monitor the appropriate use of those medications via an in-depth quality assurance plan. We do some Intravenous Solution mixing on site. All personnel involved undergo annual certification for both chemotherapy related and non-chemotherapy related mixing. In addition we have outsourced the majority of our IV mixing to CAPS, a manufacturing pharmacy that has stringent quality assurance monitoring and is registered with the FDA as a manufacturer. We review CAPS' quality assurance activities on a quarterly basis. Syringe labeling in surgery and anesthesia is specifically monitored on an ongoing basis. In addition, controlled substance use in the peri-operative and anesthesia service areas are closely monitored and reviewed on an ongoing basis.

4. Administration:

Administration of medications is monitored through the Adverse Drug Event Committee, a multidisciplinary committee formed at the request of the PT&T Committee to improve processes that are found to lead to medication and IV solution errors and adverse drug reactions. This Committee is non-punitive in function, dedicated to improving processes in order to prevent adverse patient outcomes.

QUALITY ASSESSMENT AND IMPROVEMENT PLAN (Continued)

CONTENT (Continued)

5. Monitoring Effects on Patients:

Drug utilization evaluation activities, pharmacy's clinical program cognitive services reviews, and specific targeted medication programs are utilized to evaluate medication effects on patient outcomes. These are used to identify opportunities for improvement in medication use activities, along with PIT team projects, IDT projects, and opportunities identified through Pharmacy's Core Group structure and the PT&T Committee.

Problem Solving Process

At monthly intervals, the responsible individuals assess the data to determine whether there is a need for further intensive evaluation based upon established trends, patterns, or thresholds. The responsible individuals identify if there is an opportunity for improvement.

The process to problem solve is carried out within Pharmaceutical Services Core Groups, Ad-Hoc groups formed to address specific issues, Pharmaceutical Services Department staff meetings, Pharmaceutical Services Department manager meetings, Pharmacy, Therapeutics and Technology Committee meetings and other interdisciplinary group meetings as appropriate at each site. Problem solving may be done on a regional basis or may be site specific, depending upon the issue.

Reporting and Communication

The progress of the Department of Pharmaceutical Services Quality Improvement and Assessment Plan will be reported as follows:

1. To the Pharmaceutical Service Department personnel on a regular basis via staff meetings, Core Group meetings and posting of results.
2. To the Pharmacy, Therapeutics and Technology Committee at least three times per year via the Committee meeting.
3. Topics that affect other departments will be communicated via calls, memoranda and newsletters or via committee meetings such as IDT meetings, PIT's, Medical Staff Department meetings, and other interdisciplinary group meetings as appropriate at each site.
4. Documentation of the Department of Pharmaceutical Services Quality Improvement and Assessment Plan, findings, actions and results are kept in the department's Quality Assessment and Improvement binder.

Mike Rouse

From: Jim Austin [Austin@wc.edu]
ent: Wednesday, October 29, 2003 12:15 PM
fo: Mike Rouse
Subject: RE: Invitation to Comment: Education of PhT

Please consider the responses from the college since I am the department chair.

James Austin, RN, BSN, CPhT
 Department Chair
 Pharmacy Technology
 Weatherford College
 225 College Park Drive
 Weatherford Tx 76086
 (817) 594-5471, ext 229
 austin@wc.edu

> -----Original Message-----

> From: Mike Rouse [SMTP:mrouse@acpe-accredit.org]
 > Sent: Tuesday, October 28, 2003 1:43 PM
 > To: Jim Austin
 > Subject: RE: Invitation to Comment: Education of PhT

> Jim

> Thank you for your detailed response to ACPE's "Invitation to Comment."

> Your response will certainly be very helpful as ACPE considers this important subject.

> Please clarify for me: Are these comments your individual comments, or can I regard them as an official response from the college?

> Thanks

> Mike Rouse

> Mike Rouse B.Pharm (Hons); MPS
 > Assistant Executive Director
 > International & Professional Affairs
 > The American Council on Pharmaceutical Education (ACPE)
 > 20 North Clark Street, Suite 2500
 > Chicago, Illinois 60602-5109
 > USA
 > Tel: +1 (312) 664-3575
 > Fax: +1 (312) 664-4652
 > Email: mrouse@acpe-accredit.org
 > Website: www.acpe-accredit.org

> -----Original Message-----

> From: Jim Austin [mailto:Austin@wc.edu]
 > Sent: Tuesday, October 28, 2003 12:23 PM
 > To: Mike Rouse
 > Subject: Invitation to Comment: Education of PhT

> Thank you for the opportunity to comment on the Education & Training of Pharmacy Technicians.

> <<ACPE Invitation to Comment (PhT Education).doc>>

>
>
> James Austin, RN, BSN, CPhT
> Department Chair
> Pharmacy Technology
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Pharmacy Technology Department
**Response to the American Council on Pharmaceutical Education's Invitation to Comment:
EDUCATION and TRAINING of PHARMACY TECHNICIANS**
1. Definition

The definition as written is probably adequate for the current status of the majority of pharmacy technicians. But, as the occupation continues to evolve, this definition is too limited in scope. It probably should include a reference to adequately educated pharmacy technicians serving as educators/instructors in community college based pharmacy technician programs. Advanced practice will also probably include assisting the clinical pharmacist in the near future and serving as entry-mid level pharmacy managers under a pharmacist director.

2. Levels of Pharmacy Support Personnel

Due to the on-going hostility and opposition of community-based pharmacists and their professional organizations to advanced training/education (especially in the community college setting) and national certification of pharmacy technicians it appears obvious that at least two separate certifications or training levels are evolving. I envision an entry-level certification for community-based technicians and advanced practice certification level for institutional technicians. Sterile compounding and admixture of intravenous type solutions should also require formal advanced training that would not be available to the community-based entry-level technician. On the job training (OJT) should not be appropriate for advanced levels of certification. Entry-level, community based might use the title: Certified Pharmacy Technician and the advanced technician might employ the title Certified Pharmacy Technologist.

3. Roles, Responsibilities & Competencies of Pharmacy Support Personnel
Certified Pharmacy Technician

<u>Roles</u>	<u>Responsibilities</u>	<u>Competencies</u>
1. <u>Receive & screen prescriptions</u>	electronic data entry secure necessary information for adequate data entry	computer skills, language & reading skills interviewing skills data entry skills
2. <u>Prepare medications for distribution (nonsterile)</u>	select correct product count/measure dosage forms non-sterile compounding	s/a pharmacy mathematics basic compounding skills (non-sterile)
3. <u>Collect payment/initiate billing/adjudication</u>	identify payments verify 3rd party coverage complete 3 rd party forms record payments	s/a 3 rd party billing knowledge cash register operations
4. <u>Order/purchase supplies/drugs, etc.</u>	receive goods/verify orders place items in storage maintain inventories maintain controlled substances records	understand various inventory control methods basic principles of storage of products basic record keeping skills business math computer skills
5. <u>Maintain equipment/facilities</u>	sanitation management hazardous waste management	basic infection control skills OSHA guidelines understanding
6. <u>Understand use/side effects of common drugs</u>	know brand names/generic names of most common prescription drugs	basic pharmacology pharmacy mathematics

Certified Pharmacy Technologist

(All the skills/competencies required of a Certified Pharmacy Technician)

Roles	Responsibilities	Competencies
1. <u>Collecting/organizing direct patient care data, DUR, & departmental management under RPh supervision.</u>	Collect patient specific data Review medical charts, patient profiles, etc. Budget preparation & management Direct supervision of CPhTs Collect medication error data Day to day operations oversight	Intervening skills Reading & language skills Computer competency Business math Human Resource management skills Management skills
2. <u>Identify & refer to RPh patients/clients needing counseling or interventions by a RPh.</u>	Collect patient specific data Review medical charts/patient profiles	Reading & language skills Interviewing skills/listening skills Data collection skills Cultural competency skills
3. <u>Monitor site for adherence to federal, state, local, & professional standards/rules/laws.</u>	Review policies for current adherence to standards/rules/laws Maintain current policy/procedure manuals	Reading & language skills Computer skills Writing skills Research skills
4. <u>Assist in investigational drug research.</u>	Prepare/store drugs Maintain patient records Collect data Monitor site for compliance with federal/state rules/laws	Drug knowledge Basic pathophysiology/anatomy as relates to drug therapy Data collection skills Interviewing & listening skills Computer skills
4. <u>Function as an educator in either a collegiate setting or varied practice settings.</u>	Develop curriculum Provide student instruction Management educational program	Management skills Adult education theory Test writing skills Computer skills Communication & language skills
5. <u>Compound sterile products including cytotoxic agents & IV admixtures.</u>	Compound using appropriate sterile techniques & procedures Maintain appropriate records	Advanced compounding skills Infection control principles OSHA guidelines understanding

4. & 5. Education & Training

Certified Pharmacy Technician

Eligibility requirements: high school diploma or GED. Minimum age: 18. No prior felony drug convictions. Education should take place in either a community college setting or an internship approach that includes on-the-job experience (verifiable) and formal classroom instruction. Both types of education should include a mandated clinical training component in various pharmacy settings. Education for certified pharmacy technicians (entry-level) should be mandated to include a minimum number of classroom, skills laboratory, and clinical experience. Mail-order training programs should not be allowed unless there is a documented & verifiable clinical component. Below is a suggested curriculum:

1st Semester-(approximately 16 weeks)

Classroom/skills laboratory instruction-200 to 250 clock hours
Clinical experience-200 to 300 clock hours

2nd Semester-(approximately 16 weeks)

Classroom/skills laboratory instruction-250 to 300 clock hours
Clinical experience-300 to 400 clock hours.

Continuing education requirements: I have yet to see any research data that supports the need for or the benefits of continuing education in any area of allied health. This is a malignant monster that has invaded allied health after being developed and promoted by entrepreneurial types in the medical and nursing professions. But since it can not be challenged I would limit continuing education to 10 hours per 2 years for this group.

Certified Pharmacy Technologist

Eligibility requirements: Current certification/licensure as a Certified Pharmacy Technician. Completion of a required educational program. No prior felony drug conviction. Education and training includes that suggested above for the Certified Pharmacy Technician. Additional education, in a community college setting or accredited /recognized specialty training program, such as those offered by the Professional Compounding Centers of America or the National Pharmacy Technician Association would be required. Various tracts should be developed to assist technicians in advancing into pharmacy management, advanced compounding, and education roles. It is assumed that within a specific time frame (5 to 10 years) the educational component for the Certified Pharmacy Technologist will required at least an Associate of Applied Science Degree from an accredited community college. Pharmacy technicians desiring to become educators should be required to possess at least an Associate degree with an educational focus. In the future, adequately prepared technologists vs. registered nurses, other allied health professionals, and pharmacists should assume the role of educator. Physicians no longer educate nurses and technicians should be educated and trained by experienced and properly credentialed pharmacy technologist educators.

Continuing education requirements: As above, but I would recommend 15-20 hours every two years for this group.

The current state of training of pharmacy assistive personnel is a hodge-podge of various approaches. The most common approach is OJT. It should be obvious to anyone that this system is outdated and dangerous. In my state it is apparent that the State Board of Pharmacy is not enforcing it's own rules relating to pharmacy technician education in the OJT setting. Information from our graduates demonstrates a lack of new employee/technician orientation in some large corporate-owned pharmacies. One large pharmacy chain has eliminated the district/regional position of pharmacy technician educator. The apprenticeship-type approach to training died out in all other allied health occupations many decades ago. It is inconceivable that pharmacy professionals still defend this system of training. It is apparent that this system is inadequate when we review the pass rate on the national certification examination. The combined pass rate from 1995-Summer 2003 is only 80%. Several times the pass rate has dropped below 80%. Also, the excessive number of medication misadventures in the United States, may be due in part, to the lack of formal training for those individuals who do the majority of the preparation of drugs for distribution. From a public safety view the only logical course of safe and ethical action is to mandate formal educational programs to prepare pharmacy technicians for entry-level jobs in the industry.

6. Quality Assurance of Pharmacy Technician Education & Training

I would recommend that quality assurance be built into any accreditation process. For college-based programs it is already included in our state over-sight agency and internal college review processes. We are required to maintain data on success rates (completers-students who graduate) and the ability of graduates to find employment within a specific time frame (4-6 months after graduation). Also, the Pharmacy Technician Certification Board (PTCB) pass rate for specific programs should be included in any review process. Programs that have a certification pass rate below a certain percentage should be placed on probation until the pass rate reaches a mandated percentage. Quality assurance should also be developed for OJT training programs. Currently these programs are not required by any state board, that I am aware of, to maintain any quality standards or adhere to a minimum PTCB certification examination pass rate. A QA system that is equally enforced across the nation should be instituted.

Submitted by:

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N 61

December 10, 2003



Accreditation Council on Pharmacy Education
20 North Clark St
Suite 2500
Chicago, IL 60602-5109

Dear Accreditation Council on Pharmacy Education (ACPE) Colleagues

As chair of the Pharmacy Technician Program's Advisory Committee at South Suburban College, I am forwarding you the comments approved at our last advisory committee meeting in October 2003 regarding the future changes in education and training of pharmacy technicians.

Please feel free to contact me if you have any questions. Thank you very much for undertaking this important endeavor because we feel as you do that "needed changes can no longer wait."

Sincerely,

Marcia Palmer, PharmD., MBA
Chair, Advisory Committee
SSC Pharmacy Technician Program

Frank M. Zuccarelli, *Chairman Board of Trustees*

John A. Daly, *Vice-Chair* • Anthony P. DeFilippo • Katie Jackson Booker • Jacqueline Martin • Terry R. Wells • Patricia Wojcikowski

George Dammer, *College President*

SOUTH SUBURBAN COLLEGE
Pharmacy Technician Advisory Committee
2003 - 2004

Laura Acevedo	Clinical Pharmacist - Ingalls Memorial Hospital- SSC PHT Adjunct Faculty
Kay Akinwande	Director of Pharmacy - St. Francis Hospital
Cindy Beko	SSC - PHT Adjunct Faculty
Gail Bialas	Faculty - Math Department
Michelle Bowden	Pharmacy Technician Intern
Amber Briggs	UIC/Dominick's Resident
Robert Campbell	Director of Pharmacy - South Suburban Hospital
Beverly Church	Walgreens - District Pharmacy Training Coordinator
Kathy Cielak	Certified Pharmacy Technician II, Inpatient Pharmacy Alexian Brothers
Judy Coglianese	Associate Dean of Allied Health, Life Science & P.E. - SSC
Chastity Franklin	Pharmacy Technician Intern
Basil Fritsch	SSC - PHT Adjunct Faculty
Felicia Fulton	Pharmacy Technician Graduate
Jesse Gerez	Director of Pharmacy - Palos Community Hospital
Anna Helwig	Faculty - Chemistry
Kevin Karstens	Director of Pharmacy - St. James Hospital and Health Centers
Jan Keresztes	PHT Program Coordinator
Steve Lalich	University of Chicago - Pharm. D. Candidate
Amy Lullo	Assist. Director of Experiential Education - Chicago College of Pharmacy Midwestern University
Don Lynx	Director of Pharmacy - Mercy Hospital and Medical Center
John Maxwell	Supervisor Pharmacist - UIC/COP Ambulatory Care Pharmacy
Rosanne Michaels	Counselor - South Suburban College
Miriam Mobley-Smith	Faculty University of Illinois - SSC Pharm. Tech. Adjunct Faculty
Audrey Neely	Manager Professional Affairs Health Services - Walgreens
Michael Olson	St. Anthony Hospital & Medical Center, Crown Point, IN.
Marcia Palmer	Chair, SSC Pharmacy Technician Program Advisory Committee
Christine Pappas	Pharmacy Operations Specialist - Albertsons (Osco)
Burt Piper	Director of Pharmacy - St. Margaret Mercy Healthcare Center
Patrick Schmitt	Vice President of Instruction - South Suburban College
Gary Shipe	Faculty - Biology Department
Jim Simpson	Faculty - Chemistry
Margaret Tomecki	Dominick's/UIC Shared Faculty Position
Daria Udoekong	Pharmacy Technician Graduate
Leon Valdez	Pharmacy Technician Graduate
Kris Van Kuiken	Pharmacy Technician Intern
Joyce White	SSC - PHT Adjunct Faculty
Michael Wilensky	Counselor, SSC
Jean Woodward	Assist. Dean for Student Affairs - UIC College of Pharmacy
Rhonda Yates	Pharmacy Manager - St. Margaret Mercy Healthcare Center
Mary Beth Zielinski	Pharmacy Technician Graduate



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RESPONSE of SSC Professional Advisory Committee to ACPE Invitation to Comment on Education & Training of Pharmacy Technicians

On behalf of the Professional Advisory Committee of the Pharmacy Technician Program at South Suburban College (SSC) in South Holland, Illinois, we thank ACPE for this opportunity to comment on the proposed national standards and accreditation process for pharmacy technician education and training. Since 1983, South Suburban College, an accredited community college, has had a 35-credit curriculum for educating and training pharmacy technicians in community, hospital, and alternative practice settings. Our program is accredited by American Society of Health-System Pharmacists.

We find the key issues presented in the *White Paper on Pharmacy Technicians 2002* are remarkably similar to our reasons for establishing the SSC Pharmacy Technician Program twenty years ago – a well-documented pharmacist work force shortage with continued increasing numbers of prescriptions being predicted and mounting public scrutiny of medication errors. These needs are still evident. *To Err is Human: Building a Safer Health System* calls for an expanded role for well-trained pharmacy technicians in a much-needed, systematic approach to medication error prevention. Today the consumer is demanding a safe medication system, which helps them to make the best use of their medications and to avoid unnecessary health care expenditures.

The consumer has been shocked, when made aware, that basic competencies for pharmacy technicians have not been articulated, standards for technician training programs are not widely adopted, and board regulations governing technicians vary substantially from state to state. Generally, the pharmacy technician behind the counter in the community pharmacy may likely have little or no training at all.

With sensitivity to public demand for safe medication use and twenty years of pharmacy technician education and training experience, the SSC Advisory Committee would like to reiterate that “needed changes can no longer wait” for greater uniformity in technician competencies, education, training, and regulation while ensuring that the technician work force remains sufficiently diverse to meet the needs and expectations of a broad range of practice settings. With this background and perspective, our specific responses to the questions to be considered by ACPE follow.

Frank M. Zuccarelli, Chairman Board of Trustees

John A. Daly, *Vice-Chair* • Anthony P. DeFilippo • Katie Jackson Booker • Jacqueline Martin • Terry R. Wells • Patricia Wojcikowski

George Dammer, College President



Levels of Pharmacy Support Personnel

The Sesquicentennial Stepping Stone Summit Two identified three levels of pharmacy technicians:

Level 1 – Individuals performing pharmacy technician duties who are either trainees or persons who have not passed the Pharmacy Technician Certification Board (PTCB) examination.

Level 2 – Trained technicians who have passed the PTCB examination and thus are Certified Pharmacy Technicians (CPhTs).

Level 3 – Pharmacy Technicians who are certified and working in lead positions, based upon experience or in specialty areas requiring specialty education/training and/or experience.

- We support a defined career path which helps retain an experienced pharmacy technician work force. The previous Levels 1-3 as described meet that need.

- A Level 1 for trainees or new hires should only be applicable for a period of 2000 work hours or twelve months, after which the pharmacy technician trainee *must* complete the PTCB examination and move to a Level 2 position. From a consumer safety perspective, an individual servicing the public cannot be a trainee forever – a maximum of 2000 work hours or twelve months seems reasonable.

- We support successful completion of the PTCB examination for a Level 2 pharmacy technician. The national PTCB exam is preferable to different state by state examinations. Thus Certified Pharmacy Technician (CPhT) would become the basic national credential for performing as a pharmacy technician. As a profession, we would then achieve a national standard which could be articulated and disseminated to the public.

- Individuals currently employed as pharmacy technicians will be expected to successfully pass the PTCB examination before designation as a Level 2 technician.

Roles, Responsibilities and Competencies of Pharmacy Technicians

The goal statements of the *Model Curriculum for Pharmacy Technician Training* should be used to determine the roles, responsibilities and required competencies for each of the Pharmacy Technician Levels described in the previous section.

Frank M. Zuccarelli, Chairman Board of Trustees

John A. Daly, Vice-Chair • Anthony P. DeFilippo • Katie Jackson Booker • Jacqueline Martin • Terry R. Wells • Patricia Wojcikowski

George Dammer, College President



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Education and Training of Pharmacy Technicians

We support the Summit's summary of three proposed levels of education and training with three notable additions:

- All formal pharmacy technician training or educational programs included in Levels 1-3 should be accredited and all course credits should be transferable towards an associate degree.
- Criteria for all levels should require both an education and training program and not just training.
- Criteria for Level 1 should stipulate enrollment in a formal education and training program which would contribute to successful completion of the PTCB examination within 2000 work hours or one year at Level 1.

Definition

Suggested changes to the pharmacy technician definition are presented as underlined.

A pharmacy technician is an individual educated to work in a pharmacy or healthcare setting who, under the supervision of a licensed pharmacist, assists in pharmacy practice activities that do not require the professional judgment of a pharmacist.

Frank M. Zuccarelli, *Chairman Board of Trustees*

John A. Daly, *Vice-Chair* • Anthony P. DeFilippo • Katie Jackson Booker • Jacqueline Martin • Terry R. Wells • Patricia Wojcikowski
George Dammer, *College President*

N 72

Mike Rouse

From: Micaela Sieracki [msieracki@apollocollege.edu]
Sent: Friday, December 12, 2003 6:24 PM
To: Mike Rouse
Cc: Trish Buckland
Subject: Comments on Education and Training of Pharmacy Technicians
Follow Up Flag: Follow up
Flag Status: Flagged

Please find attached our comments on the ACPE Education and Training of Pharmacy Technicians and the development of national standards. Thank you. Mickey Sieracki Campus Director Apollo College 2004 Lloyd Center, 3rd Floor Portland OR 97232 (503) 761-6100

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Checked by AVG anti-virus system (<http://www.grisoft.com>).
Version: 6.0.550 / Virus Database: 342 - Release Date: 12/09/2003

12/15/2003

Comments on the Education and Training of Pharmacy Technicians

1. **Definition of a Pharmacy Technician:** We do not feel that the definition as published is appropriate and adequate. It fails to recognize the large and complex body of knowledge of the pharmacy technician field. The knowledge requirements of the modern pharmacy technician absolutely demand a higher level of education, and a defined and consistent core of competencies. We feel that many of the responsibilities of a pharmacy technician do require certain levels of expertise and are concerned that the implication in the published definition is that the acknowledgement of this expertise is not an integral part of a technician's responsibilities. The definition we suggest allows for an expansion of duties if warranted as the technician role evolves.

We suggest the following definition:

A pharmacy technician is an individual who is a graduate of an accredited/approved pharmacy technician program, who, under the supervision of a licensed pharmacist, assists in pharmacy activities that are not restricted by licensure to pharmacists.

2. Levels of Pharmacy Support Personnel

All levels of Pharmacy support personnel as they evolve should be defined with appropriate levels of education and training included for each level. Since state licensure regulations vary widely it would be difficult to define exact levels, but core competencies for the most common support personnel could be developed and used as the basis for defining future levels. The definitions for each level should be general enough that there is room for upward mobility within levels. (See definition for technician above). Care should be taken to ensure there is not too much segmentation of a technician's broad work responsibilities. In the long run this could be detrimental to employment. Large corporations will always utilize the most cost effective methods for running a business, and lower levels of technicians will be cheaper to hire. It is unreasonable to expect, in the near future, that states will enact separate licensure laws for various levels of technicians. Most states are faced with severe budgetary cutbacks and are extremely reluctant to enact legislation that will lead to additional expense – such as another regulatory body.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

Technician: Required Competencies

18 or older, HS diploma/GED

graduate of an approved/accredited technician program

TOEFL/TSE

Typing 35 wpm

Standardized Math test

Associate or Bachelor's degree (depending on level)

We agree with the roles and responsibilities as described in the White Paper on pharmacy technicians 2002, especially with projections of future roles in currently restricted practices. As the pharmacopoeia of available medications expands, physicians are relying more and more on pharmacists to provide consultation and guidance on appropriate treatment options. This obviously has the effect of expanding the responsibilities of pharmacy technicians and the need for higher levels of education and training. It is conceivable that a Bachelor's degree will be required for the highest level of pharmacy technician.

4. Education

The white paper described additional and/or emerging roles for pharmacy technicians in general practice. These roles definitely call for more intensive education in the basic sciences, and ultimately might make the need for at a minimum an Associates degree. Educational programs for Pharmacy technicians should include not only knowledge and skill competencies, but also include competencies in the affective domain. These should be delineated and included as an integral part of any educational program. The continued development and expansion of a standardized model curriculum is key to the future of the pharmacy technician field and profession. A profession is defined by the commonly accepted set of core competencies put forth by the profession. As part of the ongoing development of educational standards a continued emphasis on public awareness of the role of the pharmacy technician is critical.

5. Training – as a component of a structured educational program

Training of support personnel should include a supervised clinical practicum with a minimum number of required hours. This practicum should be incorporated into the curricula of accredited/approved programs. Ideally the practicum should include experience in both retail and hospital based practice.

6. Quality Assurance of Pharmacy Technician Education and Training

A quality assurance system should have 3 components:

- a. Required graduation from an accredited/approved educational program
- b. Third party validation of competency. This would be through a national or state certification or licensure exam. A national certification exam would be the preferred route to ensure a more valid and reliable test instrument. A national certification exam committee composed of experts in the field and reflective of the broad spectrum of practice in the profession would more likely ensure a meaningful exam. In order to reflect the diversity of the current work force, a pathway should be provided for individuals with equivalent experience and education.
- c. Mandatory re-certification through examination, or meaningful continuing education

Thank you for the opportunity to comment on the Education and Training of Pharmacy Technicians

Micaela M. Sieracki
Campus Director

Trish Buckland
Lead Pharmacy Instructor

Apollo College
Portland Campus
2004 Lloyd Center
Portland OR 97217
(503) 761-6100

N98

Mike Rouse

From: Joanne Giovanni [JoanneG@marcogrp.com]
Sent: Tuesday, December 16, 2003 9:53 AM
To: Mike Rouse
Subject: RE: ACPE

Mike They are official comments from our school. In my attempt to get the response to you by the deadline, I am not sure if I included our school's address and phone number so I am sending them to you with this email. Allied Medical and Technical Careers 166 Slocum Street Forty Fort, PA 19704 (570) 288-8400 Please let me know if you need any other information about our school. Again, thank you for the opportunity to be part of this project. I look forward to getting updates on its progress. Joanne Giovannini

-----Original Message-----

From: Mike Rouse [mailto:mrouse@acpe-accredit.org]
Sent: Friday, December 12, 2003 4:36 PM
To: Joanne Giovanni
Subject: RE: ACPE

Joanne

Thanks so much for these detailed comments.

Should I take them as personal comments, or official comments from your school?

Thanks

Mike Rouse

Mike Rouse B.Pharm (Hons); MPS

Assistant Executive Director

International & Professional Affairs

Accreditation Council for Pharmacy Education (ACPE)

20 North Clark Street, Suite 2500

Chicago, Illinois 60602-5109

2 98

Mike Rouse

From: Joanne Giovanni [JoanneG@marcogrp.com]
Sent: Friday, December 12, 2003 4:14 PM
To: Mike Rouse
Subject: ACPE

December 12, 2003

Mike Rouse

Assistant Executive Director

International and Professional Affairs

The American Council on Pharmaceutical Education

20 North Clark Street Suite 2500

Chicago, Illinois 60602-5109

Dear Mr. Rouse:

Attached please find my comments in response to the questions your organization put forth in an effort to decide whether or not to proceed with the development of national standards for training pharmacy technicians.

I am the Director of Education at Allied Medical and Technical Careers which is a post-secondary career school. We have had a pharmacy technician program for many years and are delighted to hear of the possibility of standardizing the education and training in this field.

I hope the attached comments are helpful and contribute to the success of this project.

12/12/2003

Sincerely,

Joanne Giovannini

Director of Education

Questions :

1. Definition:

Comments: The definition is an accurate basic definition of pharmacy technician (PT); however, it does not adequately define the role and function of

the PT as he/she advances through the profession.

2. Should different levels of pharmacy support personnel be defined?

Comments: Yes For example: a graduate of a program such as ours would be an Entry Level PT. Through additional training, education, experience and certification the PT would advance to Level 2 PT, and then a Level 3 PT.

3. Describe the roles, responsibilities and Competencies of Pharmacy Support

Personnel.

Comments: As an educator, I feel unqualified to answer this question. I would, however like to share my thoughts on the matter. A PT can work in a retail pharmacy, a hospital or a community pharmacy. In each of these work settings the PT will perform some of the same basic skills. Some of the settings will require different skills. A PT in an inpatient hospital pharmacy may need to demonstrate competency in IV preparations, whereas a PT in a retail setting may need to know more about retail math and demonstrate good people skills.

4. Education:

Comments: Entry Level Courses: Basic Anatomy and Physiology,

12/12/2003

Orientation to Pharmacy Practice

Pharmacy Math

Computer Skills – Data Entry, Billing, Keyboarding and Word Processing

Basic Pharmacology

Bookkeeping/Financial Management

Personal Qualities of a PT

Medication Safety

Assessment of Medication Orders

Level 2 Courses: Therapeutic Agents for Specific Systems

Purchase of Pharmaceuticals, Devices, Supplies

Control Inventory

Preparation of Noncompounded Products, Nonsterile and Sterile Products

Collecting, Organizing and Evaluating Information

Preparation of Hazardous Medication Products

Medication Distribution

Certification

Level 3 Courses Identification of Patients for Counseling

Monitoring Medication Therapy

Investigational Medication Products

Acute Care Practice

Home Care Practice

Ambulatory Clinic with Infusion

Community or Outpatient Practice

High school graduates, or those with a GED are eligible for the Entry Level. Each preceding level must be successfully completed before advancing to the next level.

5. Training:

Comments: See # 4

6. Quality Assurance of PT Education and Training

Comments; A detailed curriculum with stated objectives for each topic to be covered, syllabi that addresses each objective, qualified instructors who receive ongoing training in teaching techniques and methods, and set guidelines for testing and evaluating student performance.

Mike Rouse

From: Powers, Mary Frances [mpowers@UTNet.UToledo.Edu]
Sent: Tuesday, September 30, 2003 1:40 PM
To: Mike Rouse
Cc: Powers, Mary Frances
Subject: Response to Invitation to Comment: Education and Training of Pharmacy

RE: Invitation to Comment: Education and Training of Pharmacy Technicians

Dear Mr. Rouse:

I have been asked to provide comments on this important issue relative to the future requirements for training as well as the regulations for pharmacy technicians on behalf of the University of Toledo College Of Pharmacy. I make these comments as an Associate Professor of Pharmacy Practice (Community Pharmacy), Director of the University of Toledo post-PharmD Residency program, and a past pharmacy technician educator. Additionally, my scholarly interests include pharmacy technician training and roles.

I believe, for the profession to achieve its potential in the delivery of pharmaceutical care, pharmacy technician roles must be identified and defined. Pharmacy technicians can play key roles in the delivery of pharmaceutical care by assisting the pharmacist in the following areas: collection of data, operation of equipment (including performing CLIA waived tests), as well as billing and reimbursement.

Additionally, I offer my responses to your specific questions in the comments that follow:

1. Definition

The 2002 White Paper lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

9/30/2003

I feel this definition should reflect that the individual is qualified to do this type of work. What training is required? Has the person passed an exam? Now, I think we need to move toward standardization of training across the profession. Within the next few years, this can be accomplished by on-the-job training as well as program training, as long as all training programs meet national standards. Eventually, technicians I feel that the profession will benefit greatly if all technicians complete a formal training program, apart from any on-the-job training.

2. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (* not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

I feel technicians with training (standardized) and certification should have a different level of recognition than individuals who have received training that is not standardized. I don't think individuals without standardized training should be called technicians. Other personnel, who have not completed a standardized training, should not be handling dangerous drugs or talking to patients. The requirements for the other support personnel, (individuals that should not be handling dangerous drugs or talking to patients on behalf of the pharmacy), could be a high school diploma or equivalent GED.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

I believe that each pharmacist should define roles and responsibilities for technicians as well as other support personnel, since the pharmacist is ultimately responsible; however, required competencies for technicians should include competence in the following areas: interpersonal skills, typing, computer data entry, billing, operation of equipment, ability to do pharmacy calculations, problem-solving, ability to perform CLIA-waived tests, collection of data, ability to write letters for reimbursement purposes.

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education. (See response after 5)

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved .

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

I feel that a training program is appropriate for pharmacy technicians. The training should be standardized; training programs (even on-the-job training programs) should be accredited by a national accrediting body. Trained technicians should be required to complete continuing education. Other support personnel, if they don't interface with patients or handle dangerous drugs, would not require continuing education.

6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

I believe that all technician training (on-the-job and program training) should be accredited training. Within our profession, ASHP has an excellent infrastructure for accreditation of practice sites that serve as training sites. In the last few years APhA has collaborated with ASHP to provide accreditation for Community Pharmacy Residencies. As a Community Pharmacy Residency Program Director, I feel that this partnership is an outstanding development for the profession. For technician training program accreditation, I wonder if a similar partnership of ASHP, with APhA and ACPE could be considered? For determining standards, input of organizations such as PTEC, NACDS, NCPA, etc. should be considered; however, the standards for training programs should ultimately be determined through a collaboration of professional organizations that have little bias and are seeking the consensus "best" for the profession as a whole. Furthermore, I feel that ultimately, technicians should pass a national certification exam for quality assurance purposes.

Thank you for this opportunity to express my opinions. Please feel free to contact me by telephone (419-530-1954) or Email (mary.powers@utoledo.edu) if I can provide clarification to my comments, or if you may wish to consider my further involvement in this endeavor.

Sincerely,

Mary F. Powers, RPh, PhD

Associate Professor of Pharmacy Practice (Community Pharmacy)

Community Pharmacy Residency Program Director

University of Toledo College of Pharmacy

Mary F. Powers, RPh, PhD

Associate Professor

University of Toledo College of Pharmacy

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Fax (419) 530-1950

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<http://www.utoledo.edu>

Mike Rouse

From: Powell, Michael F. [MPowell@nebraskamed.com]
Sent: Friday, October 31, 2003 3:24 PM
To: Mike Rouse
Subject: RE: edited-ACPE invitation to comment1.doc

Mike

Your interpretation is accurate.

MFPowell

Michael F. Powell, MS, FASHP
 Director, Pharmaceutical & Nutrition Care
 The Nebraska Medical Center
 Associate Professor & Vice Chair
 Department of Pharmacy Practice
 University of Nebraska Medical Center
 College of Pharmacy
 402-559-9555
 mpowell@nebraskamed.com

> -----Original Message-----

> From: Mike Rouse [SMTP:mrouse@acpe-accredit.org]
 > Sent: Friday, October 31, 2003 2:30 PM
 > To: Powell, Michael F.
 > Subject: RE: edited-ACPE invitation to comment1.doc

> Michael

> Thank you so much for your clear and comprehensive response to ACPE's "Invitation to Comment." Please extend ACPE's thanks to the other members of your task force.

> I would be most obliged if you could provide some further explanation regarding your suggestion for quality assurance:

- > 1. ACPE oversight from
 - > a. ASHP
 - > b. APhA
 - > c. ACCP
 - > d. NACDS
 - > e. AMCP

> My understanding of the above is that ACPE would be tasked with the oversight, with input from the five listed organizations. Please confirm or correct.

> Thanks, once again, for your valuable contribution to this important exercise.

> Kindest regards

> Mike Rouse
 > ACPE

> -----Original Message-----

> From: Powell, Michael F. [mailto:MPowell@nebraskamed.com]
 > Sent: Friday, October 31, 2003 12:48 PM
 > To: Mike Rouse
 > Subject: edited-ACPE invitation to comment1.doc

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Michael F. Powell, MS, FASHP

Director, Pharmaceutical and Nutrition Care
The Nebraska Medical Center
Associate Professor and Vice Chair
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981090 Nebraska Medical Center
Omaha, NE 68198-1090
402-559-9555

October 15, 2003

The American Council of Pharmaceutical Education
20 North Clark, Suite 2500
Chicago, Illinois 606002-5109

Dean Clarence Ueda has charged the following task force with the developing a response to the ACPE call for comment on national standards and an accreditation process for pharmacy technician education and training, on behalf of the UNMC College of Pharmacy:

Chair- Michael F. Powell
Associate Professor and Vice Chair
Department of Pharmacy Practice

Dana Casebeer, PharmD
Manager, Patient Support Operations

Melissa Welch, PharmD
Manager, Central Operations

Nick Tessier, PharmD
Pharmacy Practice Resident

Jeanine Statsny
Pharmacy Technician

Christian Thiede
Pharmacy Technician

The following is the the task force's responses to the questions posed by the ACPE call for comment.

Please call me directly if you have any questions concerning this input.

Respectfully,

Michael F. Powell

ACPE Invitation to Comment: Question responses

10/8/03

1. Definition: Technician

A. We recommend that the definition of "pharmacy technician" reflect the ability to delegate tasks which require limited judgement within the legal parameters of pharmacy practice subject to verification by a licensed pharmacist. The focus of the definition should be on supervision versus judgement.

II. Should there be different levels of pharmacy support personnel?

We recommend that any training and accreditation standards recognize the potential need for three levels of pharmacy technicians that would be differentiated by education, training, experience and certification. In practice we are using pharmacy technicians for increasingly complex task performance. We suggest that there will be a future need to include:

- A. entry level technicians,
- B. mid-level technicians: drug dispensing, order processing
- C. advanced practice or specialty practice technicians.

III. For each level of Pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

A. Entry Level Support Personnel:

1. Entry level pharmacy support personnel should primarily be involved in the following activities.
 - a. clerical
 - b. product handling
 - c. inventory management
 - d. billing
2. Level of responsibility: Entry level support personnel should require close supervision and perform task oriented activities.
3. Level of competency: Entry level support personnel may be individuals who have little experience and require significant supervision. Entry level personnel should have competencies that include familiarity with drug nomenclature and dosage forms and pharmaceutical calculations.

B. Mid Level Pharmacy Support personnel would be those individuals that are primarily engaged in medication preparation and dispensing. Their competencies should include aseptic technique, information technology, compounding skills and handling of chemotherapy. The

Mid-level support personnel should also meet all of the competencies of the entry level support personnel. Can provide limited supervision to entry level technicians.

- C. Advanced practice pharmacy support personnel would be individuals that engage in activities requiring limited judgement. Responsibilities may include serving as a pharmacist extender, performing such tasks as structured patient education, verification of dose calculations in IV preparation, medication order entry, MUE data collection, and providing limited supervision of entry level and mid-level pharmacy support personnel. These individuals should be highly proficient in pharmaceutical calculations, information technology applications, and communication skills. Advanced practice pharmacy support personnel should have competencies in drug administration techniques.

IV. Education: Level required for each in #2

- A. Entry Level
1. high school diploma
 2. reading
 3. math & testing
 4. one year college
 5. work history
- B. Mid Level
1. individual certification plus certified program
 2. entry level qualifications
- C. Advanced Practice
1. two-year associates degree
 2. midlevel qualifications
 3. 3-5 years experience

V. Describe training & eligibility for each tech level

- A. Entry Level
1. high school diploma
 2. math & reading comprehension
 3. 160 hours of on-the-job training
- B. Mid Level
1. accredited post-high school training
 2. certification
 3. experience: entry level minimum one year
- C. Advanced Practice
1. two-year associates degree
 2. certification

3. 3-5 years at mid level
4. competency testing/recertification

VI. What is the best method to assure quality in education and training?

- A. Entry Level, Mid Level and Advanced Practice
 1. ACPE oversight from
 - a. ASHP
 - b. APhA
 - c. ACCP
 - d. NACDS
 - e. AMCP

The American Council on Pharmaceutical Education

**Invitation to Comment:
Education and Training of Pharmacy Technicians**

11/11/03

Comments and Suggestions:

- 1) The definition of a pharmacy technician may be more appropriate if it reflects the certification and accreditation requirements. For example it can be stated as:
A certified pharmacy technician is an individual who has completed a formal training in an ACPE accredited body/school and who is working in a pharmacy setting
- 2) It is important to have different levels of pharmacy support personnel such as:
 - i. senior (registered/ licensed) pharmacy technician/assistant
 - ii. regular (certified) pharmacy technician

If various levels of Pharmacy support are needed, then we should have two definitions of each level containing information on the education and training requirements of each level as well as definitions of duties and responsibilities of each level.

- 3) Roles and responsibilities: a senior/licensed pharmacy assistant/technician can take over a large work-load from a licensed pharmacist by doing the following technical aspects of dispensing as well as problem-solving related to dispensing:
 - do the double checking of medication dispensing
 - do the double checking of the intravenous bags preparation
 - assist in purchasing medications and supplies
 - assist in dispensing and handling non-formulary and investigational drugs
 - handling the borrowing and lending medication process
 - medication storage and stabilities
 - narcotic counts
 - technicians scheduling and coverage
 - handling issues related to missing a patient medication
 - handling medication errors due to dispensing
 - machine (e.g. Omnicell) dispensing errors and problems

Roles and responsibilities: a regular/certified pharmacy technician can assist by doing the following technical aspects of dispensing:

- filling medication orders
- preparing the intravenous bags/mix
- phone services that are not related to drug information

- handling the borrowing and lending medication process
- medication storage and stabilities
- medication floor stock
- delivery of medication to floors
- inventory report: expiration date

Required competencies:

- a. Senior technician/ or licensed pharmacy assistant
 - iii. providing continuing educations that is of interest to pharmacy technicians
 - iv. attending continuing education programs
 - v. documenting medication errors and problems related to dispensing
 - vi. provide suggestions on how the dispensing system may be improved
 - vii. be involved in pharmacy related projects
 - b. Regular/certified technician
 - i. attending continuing education programs
 - ii. documenting medication errors and problems related to dispensing
 - iii. be involved in pharmacy related projects
- 4) Education: it may be more appropriate if the senior pharmacy technician is a pharmacy support personnel with a degree from a school of pharmacy and be licensed in the State Board of Pharmacy. The degree will be of total 60 credit-hours courses with a minimum of 1000 hours practical training leading to a BS in Pharmacy assistant. This will ensure a safe and effective practice when a pharmacy technician is given the above tasks and responsibilities.
Regular technician is a pharmacy support personnel with a certification from an ACPE/ASHP accredited school or organization with a minimum of 400 hours practical training.
 - 5) Training should be part of the educational program and it should be done with the direct supervision of a pharmacist. Training should include all areas of a hospital and/or community pharmacy. This can be followed by specialty training in a specific area of the pharmacy department.
 - 6) Quality assurance of the pharmacy technician training and education programs may be most appropriately done by the ACPE.
 - 7) Certified pharmacy technicians should be trained by a pharmacist or a senior pharmacy technician following a national training standard. This will help ensure the quality of training and education of the pharmacy technicians. The certification of pharmacy technician should be required. The responsibilities and duties of a pharmacy technician should be limited to the area of specialty.

Pharmacy technicians should attend and provide continuing education programs that cover topics related to their job responsibilities and duties.

Sincerely Yours,

Soumana Chamoun, Pharm.D.
Oussayma Moukhachen, Pharm.D., BCPS
Lebanese American University
School of Pharmacy
Byblos, Lebanon
PO BOX 36

Email: soumana.nasser@lau.edu.lb;
omoukhachen@lau.edu.lb.

Mike Rouse

From: RHODAM@aol.com
Sent: Wednesday, October 15, 2003 1:07 PM
To: Mike Rouse
Subject: Pharmacy Technician program @ the Academy of Professional Careers, Indio, Calif.

I first heard of the possible standardization for educational training of future pharmacy technicians at the NPTA convention in Las Vegas this year. I wish that standardization has already been implemented NOW instead of SOON.

My training experience especially in the classroom is a JOKE. The tuition is @ \$10,000 and I have had to learn most of the material on my own. I am looking forward to internship wherein hopefully I would be able to see if I am able to function as a pharmacy technician considering the "training" that was provided to me.

Our instructor does not have teaching credentials. She was hired on based on her experience working as a technician at Wal-mart and Sav-on for 8 years. She was just certified by the PTCB in March of this year. She made it known to our class when she touched on the subject of medication errors, that she had to face the California State Board of Pharmacy because she was involved in a medication error having typed the prescription in the pharmacy's computer system. The patient was an infant.

Most of the training is geared towards retail pharmacy practice because that is all she knew. Materials referring to the other practice settings such as hospital and long-term care were lightly touched or eliminated altogether. The chapters in our reference books on the subject were not presented to the class.

There was no instruction on Dosage Calculations. Students worked off of the book that was provided and that we were to compare our answers to the answer key provided at the back page of the book. When I found out about her background, it pretty much told me that she was basically learning the lessons with us, the students.

We were given a handout on controlled substances. First, we were told that Pharmacists are the only ones authorized to make an order to replenish the inventory on controlled substances. Yet on one of our tests (True or False question) it supposedly TRUE that Technicians can order Vicodin.

One lesson we covered in class is about Herbals. I found out that this was not in the curriculum. The instructor even said that a prescription is not required for any product in this class. I don't understand why we had to study them then.

I have presented this to the Dean yet it is still "business as usual" in the classroom. We were not given a course syllabus so we don't really know if we are being taught on what's required to be able to function as a pharmacy technician in any kind of setting.

I don't know what the standards are for schools such as the one I am in right now but it just does not seem right to have to pay \$10,000 for mediocre training.

Sincerely,

Rhoda Maglaya

10/15/2003

Mike Rouse

From: Brian Reynolds [mreynolds313@sbcglobal.net]
Sent: Sunday, December 14, 2003 11:25 PM
To: Mike Rouse
Subject: Education of pharmacy technicians.

To Whom It May Concern: I am a pharmacy technician student at South Suburban College in South Holland, Illinois. This program is a wonderful ASHP accredited program, I just wish there were more like them. I wish all pharmacy technicians had to get this type of education or even more that what is required here at SSC. I would like to see a full Associates Degree and this type of indepth training nationwide. State exams for both licensing and certifaction should be mandatory. Yearly hours of credit should be established to maintain license and certifaction . We need to get this across to all phases of pharmacy throughout the United States. I have ailing parents and I see the other side of the medical game. You have overworked pharmacists and under qualified workers backing them up. This could lead to a disaster. Drugs can kill! The pharmacist has to live with whatever happens to their patients for the rest of their lives. Accidents can kill and you would like to avoid them if you could. Would you expect a winnng pro football team to pickup their assistant coach from the street? Would you get on a plane (like to New Orleans) knowing the copilot was just hired off the street? Isn't that what many businesses do with their pharmacy tecnicians? I worked for a large grocery store chain and have seen it happen all the time. You will agree that we need pharmacy tecnicians with indepth learning at a school followed by the on-the-job training. Education is the key, knowledge is the answer. By offering quality well-educated technicians, pharmacy can then be proud of the service it offers. Sincerely, Maxine Reynolds 313 W. Margaret St. Thornton, Il 60476 708-877-2520 mreynolds313@sbcglobal.net

P 95

Mike Rouse

From: DCHarvey50@aol.com
Sent: Thursday, December 11, 2003 2:49 PM
To: Mike Rouse
Subject: identity of DCHarvey50

I'm currently a student in Pharmacy Technology at Jones Junior College under the instruction of Marsha M. Sanders, B.S., RPH. Sorry for overlooking that. My certification exam is scheduled for March 20, 2004. Thanks again.

12/11/2003

Mike Rouse

From: DCHarvey50@aol.com
Sent: Thursday, December 11, 2003 2:22 PM
To: Mike Rouse
Cc: marsha.sanders@jcc.edu
Subject: National standards for pharm tech

Thank you for this opportunity to comment about an accreditation process for pharmacy technicians. I perceive that better technical assistance for pharmacists will definitely be part of the pharmaceutical profession's forward momentum. Certified and well educated pharmacy techs would enhance the work environment in every aspect. The development of national standards and accreditation requirements resound to be the key to assuring that pharmacy techs have good character and are individuals capable of assisting in good patient care. If an accreditation process should be implemented, I'd have to say a job well done.

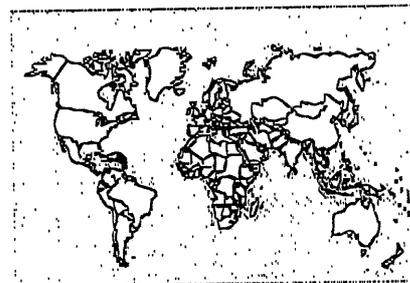
12/11/2003



FACSIMILE TRANSMISSION SHEET

OFFICE OF GLOBAL HEALTH AFFAIRS

Our mission is to promote the health of the world's population by advancing the Department of Health and Human Service's global strategies and partnerships, thus serving the health of the people of the United States.



5600 Fishers Lane, Room 18-74
Rockville, MD 20857
Phone: 301-443-4010
Fax: 301-443-4549

FROM: Richard Walling

FAX TO: ACPE

FAX NUMBER: 312-664-4652

DATE: _____

PAGES: 2 + COVER

Message

**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

Public Health Service
Chief Pharmacist Officer, USPHS
18-74, Parklawn Building
Rockville, MD 20857

December 11, 2003

The American Council on Pharmaceutical Education
20 North Clark Street, Suite 2500
Chicago, IL 60602-5109

Dear Sir or Madam:

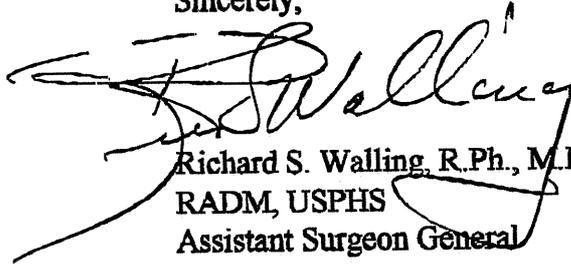
On behalf of the approximately 1200 pharmacists within the Public Health Service, I strongly encourage the Accreditation Council for Pharmacy Education (ACPE) to develop, with consensus from professional organizations and individuals, competency-based standards for pharmacy technician education and training and an accreditation process for programs to meet these standards.

Public Health Service (PHS) pharmacists provide direct pharmaceutical care to patients within the Indian Health Service, National Institutes of Health, Federal Bureau of Prisons, Citizenship and Immigration Services and the U.S. Coast Guard, amongst others. PHS Pharmacists have pioneered many progressive and innovative advances over the past thirty years. PHS pharmacists within the Indian Health Service (IHS) have in led the way for this innovation in providing pharmaceutical care for American Indians and Alaska Natives through more than 550 federally recognized tribes in 35 States. In many locations, pharmacists are credentialed to provide primary care and use their prescriptive authority to evaluate and manage the care of certain patients. In the hospital setting, services have expanded beyond providing unit dose and IV admixtures to pharmacokinetic consultation, physician rounding, drug information and patient discharge medication counseling. To augment this expanding role for pharmacists the use of highly trained pharmacy technicians is absolutely essential in providing the best pharmaceutical care to our patient population.

Page 2 - The American Council on Pharmaceutical Education

Pharmacists within the Public Health Service support this ACPE effort in establishing a dialog of possible development of national standards for pharmacy technicians. Patient safety will be enhanced by this effort and will be good for both the individual pharmacy technician and the pharmacy profession. We look forward to working with you on this important endeavor to assure the highest standards of patient care through effective pharmaceutical management.

Sincerely,



Richard S. Walling, R.Ph., M.H.A.
RADM, USPHS
Assistant Surgeon General



DEPARTMENT OF THE NAVY
NAVAL SCHOOL OF HEALTH SCIENCES
1001 HOLCOMB ROAD
PORTSMOUTH, VIRGINIA 23708-2499

Q 91

9 December 2003

MEMORANDUM

From: LCDR Sharon Roberts, MSC, USNR, PharmD
Program Director, Pharmacy Technician School
Naval School of Health Sciences, Portsmouth, VA

To: The American Council on Pharmaceutical Education

Via: CAPT Nolan, Navy Pharmacy Specialty Leader
HMC Gary Gainous, Navy Pharmacy Technician Enlisted Technical Leader

Subj: RESPONSE TO ACPE'S INVITATION TO COMMENT: EDUCATION AND TRAINING OF PHARMACY TECHNICIANS.

1. I have prepared this response in collaboration with CAPT Elizabeth Nolan, Navy Pharmacy Specialty Leader, HMC Gainous, U.S. Navy Pharmacy Technician Enlisted Technical Leader, and a group of Navy Pharmacists.
2. Naval School of Health Sciences, Portsmouth is an ASHP-accredited technician-training program.
3. Response to ACPE's questions to be considered:

a. Definition

The 2002 White Paper¹ lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, ~~assists in~~ MAY PERFORM pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

"May perform" is more representative of the future of technician's work. We believe the definition should be expanded to include "graduate of an accredited pharmacy technician training program, nationally certified (PTCE or another option), and registered within their state (where applicable)."

b. Levels of Pharmacy Support Personnel*

Should different levels of pharmacy support personnel (not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?*

Yes.

Basic Pharmacy Technician should be proficient in outpatient pharmacy.

Departmental privileges should be granted for those technicians who demonstrate competency as “Inpatient tech”, “Tech-Check-Tech”, “Narcotic Vault custodian”, “Chemo preparation”, “TPN preparation”.

Standardized Core and supplemental privileges should be verified through EACH employer

c. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

Basic Pharmacy Technician –

Roles: Outpatient dispensing, entry of orders into computer, counseling patients.

Required competencies: graduate of a formalized accredited pharmacy technician training program, pass national certification, state registered.

Supplemental privileges –

- 1) Inpatient technician – ability to make inpatient medications aseptically.
- 2) Tech-checker – ability to verify outpatient prescriptions filled by other Pharmacy technicians. Proven knowledge of medications, dosages, and ability to verify prescriptions.
- 3) Vault custodian – ability to manage multiple tasks with 100% accountability.
- 4) Chemo technician – ability to make inpatient medications aseptically, complete understanding of chemo agents and biohazardous material; knowledge of biohazard spill procedures, use of personal protective equipment.
- 5) TPN technicians - ability to make inpatient medications aseptically, knowledge of drug compatibilities.

d. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.¹

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

Basic Pharmacy Technician – graduate of formalized accredited program and passed national certification exam.

Supplemental privileges – above plus OJT. Competency exam or equivalent Technicians should be granted probationary or conditional privileges when transferring from one employer to another or between work locations.

Both should require Continuing Education and yearly documentation of proficiency.

e. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.¹

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

Basic Technician - Formalized training and national certification. NABP currently suggests each employer has a formalized site-specific training manual. This is sufficient for job specific knowledge.

Supplemental privileges –

- 1) Inpatient technician – on the job training.
- 2) Tech-checker – National certification, pass an employer-standardized training program, which incorporates knowledge of medications and ability to verify prescriptions.
- 3) Vault custodian – on the job training site specific
- 4) Chemo technician – on the job, followed by occupational health, require CE in chemo and biohazardous material safety.
- 5) TPN technicians – on the job, require CE in TPN and age specific nutrition (site specific).

f. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

We feel national accreditation of pharmacy technician training programs to be appropriate.

NAVY CONCERNS:

1. Pharmacy Technician Educators Council (PTEC) is advocating that within 5 years all pharmacy technician training programs evolve into 9 month and/or 45 quarter credit programs, and that within 10 years, evolve into a 2 year associate degree program. PTEC also recommends programs have at least 760 contact hours (didactic) and 360 hours experiential training.

The U.S. Navy is not currently a degree granting institution. We believe accreditation of training programs should be based on HOURS actually involved in pharmacy specific courses. Our current program is 940 hours in length with 160 hours spent in experiential training. This is significantly less than PTEC's recommendation yet our technicians are above average when compared to civilian technicians. Navy's pass rate on PTCE is 99% compared to a national average of 85%. Technician training continues once they arrive at their duty station and has to learn the specifics of the location and services provided.

The U.S. Navy's mission also requires contingency training in order to meet the needs of medical personnel in times of national conflict – under contingency training our program is shortened to 600 hours, followed by significant on the job training.

3. Comparison of Pharmacy Technician training hours to other professions, specifically to Barbering & Styling and Cosmetology. These programs are listed on the ACPE slides as providing at least 300 hours more than pharmacy technicians. We do feel that pharmacy technicians have a greater responsibility to public health; however, is this a comparison on specific coursework or does this include additional classes? Our program's 924 hours are ONLY pharmacy subjects.



S. J. Roberts
LCDR MSC USNR



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
US ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
 2250 STANLEY ROAD
 FORT SAM HOUSTON, TEXAS 78234-6100

December 10, 2003

Pharmacy Branch, Department of Clinical Support Services

SUBJECT: Invitation to Comment

Accreditation Council for Pharmacy Education
 20 North Clark Street, Suite 2500
 Chicago, IL 60602-5109

The purpose of this letter is to respond to the "Invitation to Comment" regarding the training and education of pharmacy technicians. The views provided below represent the collective facts and opinions of pharmacists and technicians employed within the Department of the Army (DA), specifically the Army Medical Department.

The education, training, and utilization of pharmacy technicians within DA are unique from our civilian counterparts. Therefore it is important to put the Army Medical Department views regarding technician training and education in context with a short history. Pharmacy technicians, along with other medical technical specialties, undergo a specific training program at the Army Medical Department Center and School. This program (312-91Q10, Pharmacy Specialist Course) has been in existence since the 1950's and was the second program in the nation to receive American Society of Health-Systems Pharmacist accreditation in 1983. The program has undergone a number of changes over the last 20 years, primarily to meet the needs of the Army, ensure continuing accreditation, and provide civilian employment opportunities for those students within the Reserve Component upon graduation. The program offered today is 19 weeks in duration and ensures students can work in a variety of settings from stand-alone primary care health clinics, to deployed logistics support units, to tertiary care Medical Centers.

Within the past decade two significant changes have occurred in our training program and with the utilization of technicians within DA. First, sterile products training became a part of the basic technician training. Historically, sterile products preparation was a specialized skill that was provided to only about 20% of Army pharmacy technicians. With our increasing numbers of deployments it became essential for all technicians to learn to perform these tasks during initial training (excluding proficiency in total parenteral nutrition or chemotherapy preparation). The second change occurred due to a decrease in the number of pharmacists in the Army and a shift in pharmacist activities from mainly distributive functions to a mix of distributive & pharmaceutical care functions (i.e. clinical pharmacy activities). This shift has promoted advanced technician activities such as tech-check-tech and other distributive functions that were previously performed by pharmacists. This has improved job satisfaction, morale, and certainly places these advanced technicians in a category of personnel highly sought by the civilian community. We believe that our program is successful.

With respect to the certification exam, we currently do not offer the Pharmacy Technician Certification Examination (PTCE) at our entry-level training site. We do however provide a seminar that reviews the procedures for taking the exam and encourage all graduates to pursue this examination after they "get their feet on the ground" at their initial unit of assignment (active

duty). Anecdotally, most pharmacy directors (Army Medical Treatment Facilities) support review sessions for the PTCE and will pay for the technician to sit for this exam the first time. The majority of our military and civilian technicians have taken and successfully passed the exam, however the value of continued recertification is questionable. Some technicians do not recertify because it has no bearing on compensation and not all states have universal requirements for certification. Within the military recruiting command this certification is often confused with licensure (and education). For example, an individual may be able to sit for and pass the exam, and then present the completion certificate to a recruiter who enlists him/her directly as a pharmacy technician (under the Army Civilian Acquired Skills Program). Based on the vast differences between civilian education programs, and the paucity of requirements to sit for this examination, more often than not, these individuals lack the baseline skills needed to perform as a pharmacy technician within the Army. The reality is that this type of certification is viewed by many in a manner similar to other certifications for technical specialties such as radiology technician or medical laboratory technician, both of which require baseline education to sit for those examinations. The fact today, as you are aware, is that there is no requirement for proof of education or training to sit for the PTCE.

Recommendations from the Army Medical Department Pharmacy Community:

1. We believe a clear distinction must be made between a pharmacy technician and a pharmacy clerk (the DA civilian designation is pharmacy aide).

A pharmacy clerk, as employed in many outpatient/retail settings is not significantly involved in the preparation of prescriptions. Pharmacy clerks perform administrative and logistical tasks that support the pharmacy operation including receiving wholesaler shipments, stocking shelves, processing 3rd party claims, interacting with patients (but not involved in patient medication discussions), and concluding payments. As such there has been a push to give pharmacy clerks the title of pharmacy technician, which we feel is improper. Pharmacy clerks possess little or no formalized education and training in pharmacy curriculum and do not possess the level of skills necessary of someone designated a "pharmacy technician".

If the retail sector desires personnel with the skills mentioned above the profession should create an employee designation of pharmacy clerk to describe this type of employee and distinguish them from pharmacy technicians. The type of employee desired in most retail settings is a pharmacy clerk, although some desire individuals with the skills of a pharmacy technician. We maintain that having this distinction in titles is necessary, to permit clear identification of what type of individual the pharmacy has employed and what tasks they are capable of performing.

2. We feel there must be common baseline education and training for individuals designated as pharmacy technicians.

Individuals must complete a curriculum of sufficient length to permit them to assess basic appropriateness of medications for patients and their conditions: calculate/verify age/patient appropriate dosing; know basic adverse effects, contraindications, and interactions of medications; and prepare prescription medications for checking/verification by pharmacists.

These skills and the ability of an individual to perform them imply a clear distinction between a pharmacy clerk and a pharmacy technician.

"Basic" Pharmacy Technician curriculum should include a review of basic chemistry and algebra, classroom instruction in pharmaceutical calculations, pharmacy law and ethics, physiology and pathology, pharmacology, pharmaceutical preparations/dosage forms, toxicology, and pharmacy administration/terminology/prescription interpretation/typing/computer operations. This type of curriculum could be completed via college courses either through on-campus classes or distance learning options, although testing for validation of knowledge gained for each course should be through administration of a proctored examination.

The length, in contact hours, for didactic portions should be approximately 500 hours (12 weeks). In addition to the completion of formal classes, pharmacy technicians should be required to complete approximately 240 hours (6 weeks) of supervised experiential training to ensure they have grasped the didactic material and are qualified to work within a pharmacy. Upon completion of this program a "provisional" pharmacy technician should be required to pass some type of certification exam, such as the PTCE. The PTCE must be validated to ensure only personnel who are trained and qualified to be pharmacy technicians should be capable of successful completion. As it is currently structured the PTCE is not an adequate tool to assess the competency of pharmacy technicians (see schemata below). This basic type of program would qualify a technician to work only in an outpatient/retail setting.

"Advanced" Pharmacy Technician curriculum could be offered to those desiring additional skills or employment in other health care settings such as inpatient, nutritional support, home health care, or clinical practice support settings. These "advanced" pharmacy technicians would require additional training and certification to work in other areas. The (proposed) advanced practice curriculum would include an additional 120 hours (~60 hours didactic and ~60 hours experiential) of training to prepare a technician for work in an inpatient pharmacy setting, including additional skills training in sterile products preparation and unit dose drug distribution systems. We feel there should be a competency assessment/certification standard met for any technician seeking additional status, however that may be best directed by the individual employer. Other areas could be developed based on a survey of technician needs.

Accredited programs would be designated as basic or advanced training programs.

3. Achieving Certified Pharmacy Technician (CPhT) status should be the recognized baseline credential for employment, licensure and/or registration within the profession. We recognize that this is largely dependent on individual states' pharmacy practice acts, however, we propose the following prerequisites must be met to sit for the PTCE:

a. Successful completion of baseline technician education. Baseline education requirements will subscribe to the model curriculum and meet the (current) requirements for ASHP accreditation. As the accreditation guidelines and/or standards changes, programs will follow suit. This may lead to a certificate, associate's or bachelor's degree, but these are not required.

AND

b. Baseline training for all pharmacy technician designations. This may be conducted within a program or immediately following a didactic only program (500 hours). The current ASHP accreditation guidelines do not specify the length of experiential training. We believe experiential training should include a minimum of 240 hours for basic training with an additional 60 hours of experience for advanced training programs (sterile products preparation).

AND

c. Documented 500 hours of experiential training (total of 740 hours to sit for the examination). States may require formal registration of these hours, however we believe they could be validated on an approved form from the Pharmacy Technician Certification Board with a notarized signature of their supervising registered pharmacist.

OR

One year or 2000 hours of employment as a pharmacy technician as described by goals of ASHP accreditation and validated as described previously.

If this schemata were to take effect, we would recommend that all technicians previously certified (with no lapse of certification) be 'grandfathered' and not be required to retake the PTCE.

Within the Army Medical Department we are committed to ensuring the safe and effective utilization of all medications by America's soldiers, sailors, airmen, and marines as well as their dependents. This mission cannot be accomplished in the Army without highly trained pharmacy technicians. While there is always room for improvement, our program has withstood the test of time and proves it can be accomplished efficiently. We believe the civilian hospital and retail community would benefit from a structured standard and will support the Council on Credentialing in Pharmacy (CCP), the Accreditation Council for Pharmacy Education (ACPE) and the American Society of Health Systems Pharmacists (ASHP) in that endeavor.

Respectfully Submitted,

Marc L. Caouette, MS, PharmD
Lieutenant Colonel, U.S. Army
Chief, Pharmacy Branch

Copies Furnished:

COL W. Mike Heath, Pharmacy Consultant to the Army Surgeon General

R 80

Mike Rouse

From: Murer, Melissa [mmurer@ptcb.org]
Sent: Friday, December 12, 2003 1:46 PM
To: Peter Vlasses; Mike Rouse
Cc: Rodrigue, Phara
Subject: PTCB's response to ACPE

Dear Pete and Mike,

The Pharmacy Technician Certification Board (PTCB) is pleased to provide comments on the possible development of national standards and an accreditation process for pharmacy technician education and training. In the interest of time, the letter and current PTCB task analysis are attached to this message. A hard copy of both documents will follow via snail mail.

Thank you again for your hard work on this very important initiative. We look forward to receiving the summary and related outcomes at a future meeting of the Council on Credentialing.

If you have any questions regarding our comments, I may be reached at (202) 429-7566 or by e-mail at MMM@ptcb.org.

Sincerely,

-Melissa

Melissa M. Murer, RPh

Executive Director/Chief Executive Officer (CEO)

Pharmacy Technician Certification Board

2215 Constitution Avenue, NW

12/12/2003

Washington, DC 20037

(202) 429-7566 direct line

(202) 429-7596 fax

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2215 Constitution Avenue, NW ■ Washington, DC 20037-2985 ■ Tel. 202/ 429-7576 ■ Fax 202/429-7596 ■ www.ptcb.org

December 12, 2003

The Accreditation Council for Pharmacy Education (ACPE)
Peter H. Vlasses, Pharm D, BCPS, FACCP
Executive Director
20 North Clark Street, Suite 2500
Chicago, Illinois 60602-5109



RE: ACPE Invitation to Comment: Education and Training of Pharmacy Technicians

Dear Dr. ^{Pete} ~~Peter~~ H. Vlasses:

The Pharmacy Technician Certification Board (PTCB) is pleased to provide comments on the possible development of national standards and an accreditation process for pharmacy technician education and training. PTCB was established in January, 1995 and is governed by five organizations — the American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP), the Illinois Council of Health-System Pharmacists (ICHP), the Michigan Pharmacists Association (MPA) and the National Association of Boards of Pharmacy (NABP). Since PTCB's inception in 1995, PTCB has certified over 150,000 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 and service.

In response to ACPE's request to submit written comments and suggestions related to the issues of pharmacy technician education and training, please consider the following:

Questions to be considered:

1. Definition

The 2002 White Paper lists the following definition:

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

Is this definition appropriate and adequate? How could it be improved to better define pharmacy technicians, and reflect what is happening and required in practice, both now and in the future?

PTCB Comments:

The PTCB supports the definition in the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (NABP Model Act)*. In addition, the PTCB proposes the addition of the term "technical" to distinguish the technicians from the other pharmacy personnel.

The following definition serves as an example:

"A pharmacy technician is an individual who, under the supervision of a licensed pharmacist, performs technical pharmacy tasks and assists in pharmacy activities that do not require the professional judgment of a pharmacist."

An example of a definition for a Certified Pharmacy Technician is personnel registered with the state board who have passed a Board-approved Examination and may, under the supervision of a Pharmacist, perform activities involved in the practice of pharmacy such as: receiving new prescription drug orders; prescription transfer; compounding (excluding drug regimen review); clinical conflict resolution; and dispensing process validation.

2. Levels of Pharmacy Support Personnel

Should different levels of pharmacy support personnel (not including clerical, accounting and housekeeping functions) be defined? If so, what should these be? What additional definition(s) would be applicable?

PTCB Comments:

The PTCB is preparing to conduct its next task analysis in 2004-2005. Data will be gathered on levels of pharmacy technicians and will be made available upon completion of the study. Currently, our data describes that the majority of pharmacy technicians do not perform supervisory duties. In 2002, fewer than 20% of pharmacy technicians reported working in a supervisor capacity; however, those who are performing supervisory duties represent an important trend for the future. Also, many employers have established career paths for certified pharmacy technicians.

3. Roles, Responsibilities and Competencies of Pharmacy Support Personnel

For each level of pharmacy support personnel identified in #2 above, describe the roles, responsibilities and required competencies.

Note: The current PTCB task analysis results are enclosed as a resource for this question.

The PTCB samples candidates' knowledge base for activities performed by pharmacy technicians related to three broad function areas:

I. Assisting the Pharmacist in Serving Patients—64% of Examination

Example: Receive prescription or medication order(s) from patient/patient's representative, prescriber, or other healthcare professional

II. Maintaining Medication and Inventory Control Systems—25% of Examination

Example: Identify pharmaceuticals, durable medical equipment, devices, and supplies to be ordered (for example, want book)

III. Participating in the Administration and Management of Pharmacy Practice—
11% of Examination

Example: Coordinate written, electronic, and oral communications throughout the practice setting (for example, route phone calls, faxes, verbal and written refill authorizations; disseminate policy changes)

PTCB Comments:

“The recognition of technicians and their expanded role in assisting the pharmacist in the practice of pharmacy are topics states are considering and revising their regulations to manage accordingly. For many state boards of pharmacy and NABP, integrating technicians into the practice of pharmacy to assist the pharmacist has been a continuing and complicated challenge. After years of debate, it seems that the state boards of pharmacy have reached consensus on the need to expand the role of the technician, so the pharmacist can become more involved in patient care interactions and activities. The *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (NABP Model Act)* contains language to assist state boards in the recognition and regulation of technicians.

States have determined that the recognition of technicians through registration or licensure is the first step in the process to incorporate technicians into the practice of pharmacy through a safe and accountable approach. As states move along this process, the realization that technicians who assist pharmacists in the practice of pharmacy must demonstrate needed skills and knowledge also occurs.”¹

Currently, there are 21 states with Certified Technician Regulatory activity. They are Alabama, Alaska, Arizona, California, Indiana, Kentucky, Louisiana, Massachusetts, Minnesota, Montana, Nevada, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Utah, Virginia, West Virginia, and Wyoming. Several states require the PTCB examination and many others recognize PTCB by either allowing pharmacists to supervise an increased number of technicians if at least one is certified, recognizing the PTCB recertification continuing education credits toward the registration process, recognizing the PTCE as one way to get licensed, allowing the PTCE in lieu of technician CE for renewal of licensure, or by giving technicians with PTCB certification additional responsibilities.

PTCB supports pharmacy technician certification as a standard for each level of pharmacy support personnel. The certified pharmacy technician may perform tasks such as: processing new and refill prescriptions; receiving the prescription (including electronic and verbal transmittals); inputting

¹ National Association of Boards of Pharmacy – Memo to State Boards of Pharmacy, July 11, 2003.

prescription data and maintaining patient records; preparing the label; managing automated and robotic outpatient dispensing equipment; billing and 3rd party claims processing; and inventory control.

4. Education

Education involves a deep understanding of a subject, based on explanation and reasoning, through systematic instruction and teaching.

For each level of pharmacy support personnel identified in #2 above, describe the required education, including eligibility requirements and continuing education.

PTCB Comments:

PTCB supports pharmacy technician certification as a standard for pharmacy technicians nationwide in all practice settings. The pharmacy technician is accountable to the supervising pharmacist, who is legally responsible by virtue of state licensure for the care and safety of patients served by the pharmacy. The current eligibility requirement to sit for the PTCB examination is a high school diploma or GED. The PTCB continues to evaluate these eligibility requirements and will respond appropriately to the needs of the profession. We look forward to the outcomes of the ACPE process to evaluate the possible development of national standards and an accreditation process for pharmacy technician education and training. This data may impact PTCB's next steps on current eligibility requirements.

Pharmacists are delegating more of the work in pharmacy practice associated with order fulfillment and other routine functions to well-trained, well-qualified pharmacy technicians. PTCB recognizes the importance of the ongoing professional development of Certified Pharmacy Technicians. The PTCB recertification (renewal of PTCB certification) is required every two (2) years. To recertify, a technician must earn a minimum of twenty (20) contact hours of continuing education in pharmacy-related topics. At least one (1) of the twenty (20) hours must be in pharmacy law. In addition, a technician may earn a maximum ten (10) of the twenty (20) hours at the workplace under the direct supervision of the pharmacist(s). However, these credits may not be earned by working ten (10) hours of regular duties. An arrangement must be made with the supervising pharmacist for the completion of special assigned in-service projects or training.

5. Training

Training involves learning through specialized instruction, repetition and practice of a task, or series of tasks, until proficiency is achieved.

For each level of pharmacy support personnel identified in #2 above, describe the required training, including eligibility requirements.

PTCB Comments:

All training should include the skills needed to enable pharmacy technicians to work more effectively with pharmacists to offer safe and effective patient care and service. The PTCB believes that training may be determined by the employer and may take place on the job. The training should support the practice setting, roles and responsibilities, as defined by the state board of pharmacy and the employer. The PTCB believes that there should be a core level of training for each level of pharmacy support personnel, regardless of practice setting.

Current training of pharmacy technicians currently includes both formal and informal on-the-job, vocational and community colleges and other higher education, PTCB exam preparation and review courses, and the military system. Many of the formal programs are accredited by the American Society of Health-System Pharmacists. An interesting trend over the past few years is the significant increase of formal on-the-job training programs offered by employers.

Additionally, the PTCB believes that technicians with supervisory duties or higher level responsibilities should undergo additional training, which may be in a specialized content area (could be formal and take place on-the-job). The *Model Curriculum for Pharmacy Technician Training* is a good starting point for the profession to identify core competencies for pharmacy technician training.

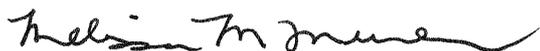
6. Quality Assurance of Pharmacy Technician Education and Training

For the education and training of pharmacy technicians described in #4 and #5 above, what is/are the most appropriate system(s) of quality assurance?

As the profession continues its dialogue on this important issue, PTCB notes that significant flexibility should be permitted in the types of programs eligible for accreditation (meeting the established standard), including employer-conducted programs. Formal pharmacy technician training programs may include educational institution, on-line, at-home study in print programs, in-house employer-offered, and military programs.

PTCB appreciates this opportunity to present its comments on this important pharmacy issue. If you have any questions regarding our comments, I may be reached at (202) 429-7566 or by e-mail at MMM@ptcb.org.

Sincerely,



Melissa M. Murer, RPh
Executive Director/Chief Executive Officer

Attachment

Pharmacy Technician Certification Examination Content Outline

The Pharmacy Technician Certification Examination samples candidates' knowledge base for activities performed by pharmacy

The pharmacy technician performs activities related to three broad function areas:

- I. Assisting the Pharmacist in Serving Patients—64% of Examination
 - II. Maintaining Medication and Inventory Control Systems—25% of Examination
 - III. Participating in the Administration and Management of Pharmacy Practice—11% of Examination
-

The specific responsibilities and activities that pharmacy technicians may perform within each function area are:

I. Assisting the Pharmacist in Serving Patients

1. Receive prescription or medication order(s) from patient/patient's representative, prescriber, or other healthcare professional:
 - Accept new prescription or medication order from patient/patient's representative, prescriber, or other healthcare professional
 - Accept new prescription or medication order electronically (for example, by telephone, fax, or computer)
 - Accept refill request from patient/patient's representative, prescriber, or other healthcare professional
 - Accept refill request electronically (for example, by telephone, fax, or computer)
 - Contact prescriber/originator for clarification of prescription or medication order refill
2. At the direction of the pharmacist, assist in obtaining from the patient/patient's representative such information as diagnosis or desired therapeutic outcome, medication use, allergies, adverse reactions, medical history and other relevant patient information, physical disability, and reimbursement mechanisms
3. At the direction of the pharmacist, assist in obtaining from prescriber, other healthcare professionals, and/or the medical record such information as diagnosis or desired therapeutic outcome, medication use, allergies, adverse reactions, medical history and other relevant patient information, physical disability, and reimbursement mechanisms
4. At the direction of the pharmacist, collect data (for example, blood pressure and glucose) to assist the pharmacist in monitoring patient outcomes
5. Assess prescription or medication order for completeness (for example, patient's name and address), accuracy (for example, consistency with products available), authenticity, legality, and reimbursement eligibility

6. Update the medical record/patient profile with such information as medication history, allergies, medication duplication, and/or drug-disease, drug-drug, drug-laboratory, and drug-food interactions
7. Process a prescription or medication order:
 - Enter prescription or medication order information onto patient profile
 - Select the product(s) for a generically written prescription or medication order
 - Select the product(s) for a brand-name prescription or medication order (consulting established formulary as appropriate)
 - Obtain medications or devices from inventory
 - Measure, count, or calculate finished dosage forms for dispensing
 - Record preparation of prescription or medication, including any special requirements, for controlled substances
 - Package finished dosage forms (for example, blister pack, vial)
 - Affix label(s) and auxiliary label(s) to container(s)
 - Assemble patient information materials
 - Check for accuracy during processing of the prescription or medication order (for example, matching NDC number)
 - Verify the measurements, preparation, and/or packaging of medications produced by other technicians
 - Prepare prescription or medication order for final check by pharmacist
8. Compound a prescription or medication order:
 - Assemble equipment and/or supplies necessary for compounding the prescription or medication order
 - Calibrate equipment (for example, scale or balance, TPN compounder) needed to compound the prescription or medication order
 - Perform calculations required for usual dosage determinations and preparation of compounded IV admixtures
 - Compound medications (for example, ointments, reconstituted antibiotic suspensions) for dispensing according to prescription formula or instructions
 - Compound medications in anticipation of prescription or medication orders (for example, bulk compounding for a specific patient)
 - Prepare sterile products (for example, TPNs, piggybacks)
 - Prepare chemotherapy
 - Record preparation and/or ingredients of medications (for example, lot number, control number, expiration date)
9. Provision of medication to patient/patient's representative:
 - Store medication prior to distribution
 - Provide medication to patient/patient's representative
 - Place medication in dispensing system (for example, unit-dose cart, robotics)
 - Deliver medication to patient-care unit
 - Record distribution of prescription medication
 - Record distribution of controlled substances
 - Record distribution of investigational drugs

10. Determine charges and obtain reimbursement for services
11. Communicate with third-party payers to determine or verify coverage and obtain prior authorizations
12. Provide supplemental information (for example, patient package leaflets, computer generated information, videos) as requested/required
13. Ask patient if counseling by pharmacist is desired
14. Perform drug administration functions under appropriate supervision (for example, perform drug/IV rounds, anticipate refill of drugs/IVs)
15. Assist the pharmacist in monitoring patient laboratory values (for example, blood pressure, cholesterol values)

II. Maintaining Medication and Inventory Control Systems

1. Identify pharmaceuticals, durable medical equipment, devices, and supplies to be ordered (for example, want book)
2. Place orders for pharmaceuticals, durable medical equipment, devices, and supplies (including investigational and hazardous products and devices), and expedite emergency orders in compliance with legal, regulatory, professional, and manufacturers' requirements
3. Receive goods and verify against specifications on original purchase orders
4. Place pharmaceuticals, durable medical equipment, devices, and supplies (including hazardous materials and investigational products) in inventory under proper storage conditions
5. Perform non-patient-specific distribution of pharmaceuticals, durable medical equipment, devices, and supplies (for example, crash carts, nursing station stock, automated dispensing systems)
6. Remove from inventory expired/discontinued/slow-moving pharmaceuticals, durable medical equipment, devices, and supplies
7. Remove from inventory recalled pharmaceuticals, durable medical equipment, devices, and supplies
8. Communicate changes in product availability (for example, formulary changes, recalls) to pharmacy staff, patient/patient's representative, physicians, and other healthcare professionals
9. Implement and monitor policies and procedures to deter theft and/or drug diversion
10. Maintain a record of controlled substances received, stored, and removed from inventory
11. Perform required inventories and maintain associated records
12. Maintain record-keeping systems for repackaging, bulk compounding, recalls, and returns of pharmaceuticals, durable medical equipment, devices, and supplies
13. Compound medications in anticipation of prescription/medication orders (for example, bulk compounding)
14. Perform quality assurance tests on compounded medications (for example, for bacterial growth; for sodium, potassium, dextrose levels; for radioactivity)
15. Repackage finished dosage forms for dispensing

16. Participate in quality assurance programs related to products and/or supplies (for example, orange book equivalence, formulary revision, nursing unit audits, performance evaluations of wholesalers)
17. Communicate with representatives of pharmaceutical and equipment suppliers

III. Participating in the Administration and Management of Pharmacy Practice

1. Coordinate written, electronic, and oral communications throughout the practice setting (for example, route phone calls, faxes, verbal and written refill authorizations; disseminate policy changes)
2. Update and maintain information (for example, insurance information, patient demographics, provider information, reference material)
3. Collect productivity information (for example, the number of prescriptions filled, fill times, money collected, rejected claim status)
4. Participate in quality improvement activities (for example, medication error reports, customer satisfaction surveys, delivery audits, internal audits of processes)
5. Generate quality assurance reports
6. Implement and monitor the practice setting for compliance with federal, state, and local laws, regulations, and professional standards (for example, Materials Safety Data Sheet [MSDS], eyewash centers, JCAHO standards)
7. Implement and monitor policies and procedures for sanitation management, handling of hazardous waste (for example, needles), and infection control (for example, protective clothing, laminar flow hood, other equipment cleaning)
8. Perform and record routine sanitation, maintenance, and calibration of equipment (for example, automated dispensing equipment, balances, robotics, refrigerator temperatures)
9. Maintain and use manual or computer-based information systems to perform job-related activities (for example, update prices, generate reports and labels, perform utilization tracking/inventory)
10. Maintain software for automated dispensing technology, including point-of-care drug dispensing cabinets
11. Perform billing and accounting functions (for example, personal charge accounts, third-party rejections, third-party reconciliation, census maintenance, prior authorization)
12. Communicate with third-party payers to determine or verify coverage
13. Conduct staff training
14. Aid in establishing, implementing, and monitoring policies and procedures

Knowledge Statements for each Function Area

The knowledge base required to perform activities associated with each function of the pharmacy technician are:

I. Assisting the Pharmacist in Serving Patients

1. Knowledge of federal, state, and/or practice site regulations, codes of ethics, and standards pertaining to the practice of pharmacy
2. Knowledge of pharmaceutical, medical, and legal developments which impact on the practice of pharmacy
3. Knowledge of state-specific prescription transfer regulations
4. Knowledge of pharmaceutical and medical abbreviations and terminology
5. Knowledge of generic and brand names of pharmaceuticals
6. Knowledge of therapeutic equivalence
7. Knowledge of epidemiology
8. Knowledge of risk factors for disease
9. Knowledge of anatomy and physiology
10. Knowledge of signs and symptoms of disease states
11. Knowledge of standard and abnormal laboratory values
12. Knowledge of drug interactions (such as drug-disease, drug-drug, drug-laboratory, drug-nutrient)
13. Knowledge of strengths/dose, dosage forms, physical appearance, routes of administration, and duration of drug therapy
14. Knowledge of effects of patient's age (for example, neonates, geriatrics) on drug and non-drug therapy
15. Knowledge of drug information sources including printed and electronic reference materials
16. Knowledge of pharmacology (for example, mechanism of action)
17. Knowledge of common and severe side or adverse effects, allergies, and therapeutic contraindications associated with medications
18. Knowledge of drug indications
19. Knowledge of relative role of drug and non-drug therapy (for example, herbal remedies, lifestyle modification, smoking cessation)
20. Knowledge of practice site policies and procedures regarding prescriptions or medication orders
21. Knowledge of information to be obtained from patient/patient's representative (for example, demographic information, allergy, third-party information)
22. Knowledge of required prescription order refill information
23. Knowledge of formula to verify the validity of a prescriber's DEA number
24. Knowledge of techniques for detecting forged or altered prescriptions
25. Knowledge of techniques for detecting prescription errors (for example, abnormal doses, early refill, incorrect quantity, incorrect patient ID #, incorrect drug)
26. Knowledge of effects of patient's disabilities (for example, visual, physical) on drug and non-drug therapy

27. Knowledge of techniques, equipment, and supplies for drug administration (for example, insulin syringes and IV tubing)
28. Knowledge of non-prescription (over-the-counter [OTC]) formulations
29. Knowledge of monitoring and screening equipment (for example, blood pressure cuffs, glucose monitors)
30. Knowledge of medical and surgical appliances and devices (for example, ostomies, orthopedic devices, pumps)
31. Knowledge of proper storage conditions
32. Knowledge of automated dispensing technology
33. Knowledge of packaging requirements
34. Knowledge of NDC number components
35. Knowledge of purpose for lot numbers and expiration dates
36. Knowledge of information for prescription or medication order label(s)
37. Knowledge of requirements regarding auxiliary labels
38. Knowledge of requirements regarding patient package inserts
39. Knowledge of special directions and precautions for patient/patient's representative regarding preparation and use of medications
40. Knowledge of techniques for assessing patient's compliance with prescription or medication order
41. Knowledge of action to be taken in the event of a missed dose
42. Knowledge of requirements for mailing medications
43. Knowledge of delivery systems for distributing medications (for example, pneumatic tube, robotics)
44. Knowledge of requirements for dispensing controlled substances
45. Knowledge of requirements for dispensing investigational drugs
46. Knowledge of record-keeping requirements for medication dispensing
47. Knowledge of automatic stop orders
48. Knowledge of restricted medication orders
49. Knowledge of quality improvement methods (for example, matching NDC number, double-counting narcotics)
50. Knowledge of pharmacy calculations (for example, algebra, ratio and proportions, metric conversions, IV drip rates, IV admixture calculations)
51. Knowledge of measurement systems (for example, metric and avoirdupois)
52. Knowledge of drug stability
53. Knowledge of physical and chemical incompatibilities
54. Knowledge of equipment calibration techniques
55. Knowledge of procedures to prepare IV admixtures
56. Knowledge of procedures to prepare chemotherapy
57. Knowledge of procedures to prepare total parenteral nutrition (TPN) solutions
58. Knowledge of procedures to prepare reconstituted injectable and non-injectable medications
59. Knowledge of specialized procedures to prepare injectable medications (for example, epidurals and patient controlled analgesic [PCA] cassettes)
60. Knowledge of procedures to prepare radiopharmaceuticals
61. Knowledge of procedures to prepare oral dosage forms (for example, tablets, capsules, liquids) in unit-dose or non-unit-dose packaging

62. Knowledge of procedures to compound sterile non-injectable products (for example, eyedrops)
63. Knowledge of procedures to compound non-sterile products (for example, ointments, mixtures, liquids, emulsions)
64. Knowledge of procedures to prepare ready-to-dispense multidose packages (for example, ophthalmics, otics, inhalers, topicals, transdermals)
65. Knowledge of aseptic techniques (for example, laminar flow hood, filters)
66. Knowledge of infection control procedures
67. Knowledge of requirements for handling hazardous products and disposing of hazardous waste
68. Knowledge of documentation requirements for controlled substances, investigational drugs, and hazardous wastes
69. Knowledge of pharmacy-related computer software for documenting the dispensing of prescriptions or medication orders
70. Knowledge of manual systems for documenting the dispensing of prescriptions or medication orders
71. Knowledge of customer service principles
72. Knowledge of communication techniques
73. Knowledge of confidentiality requirements
74. Knowledge of cash handling procedures
75. Knowledge of reimbursement policies and plans
76. Knowledge of legal requirements for pharmacist counseling of patient/patient's representative

II. Maintaining Medication and Inventory Control Systems

1. Knowledge of drug product laws and regulations and professional standards related to obtaining medication supplies, durable medical equipment, and products (for example, Food, Drug and Cosmetic Act; Controlled Substances Act; Prescription Drug Marketing Act; USP-NF; NRC standards)
2. Knowledge of pharmaceutical industry procedures for obtaining pharmaceuticals
3. Knowledge of purchasing policies, procedures, and practices
4. Knowledge of dosage forms
5. Knowledge of formulary or approved stock list
6. Knowledge of par and reorder levels and drug usage
7. Knowledge of inventory receiving process
8. Knowledge of bioavailability standards (for example, generic substitutes)
9. Knowledge of the use of DEA controlled substance ordering forms
10. Knowledge of regulatory requirements regarding record-keeping for repackaged products, recalled products, and refunded products
11. Knowledge of policies, procedures, and practices for inventory systems
12. Knowledge of products used in packaging and repackaging (for example, child-resistant caps and light-protective unit-dose packaging)
13. Knowledge of risk management opportunities (for example, dress code, personal protective equipment [PPE], needle recapping)
14. Knowledge of the FDA's classifications of recalls

15. Knowledge of systems to identify and return expired and unsalable products
16. Knowledge of rules and regulations for the removal and disposal of products
17. Knowledge of legal and regulatory requirements and professional standards governing operations of pharmacies (for example, prepackaging, difference between compounding and manufacturing)
18. Knowledge of legal and regulatory requirements and professional standards (for example, FDA, DEA, state board of pharmacy, JCAHO) for preparing, labeling, dispensing, distributing, and administering medications
19. Knowledge of medication distribution and control systems requirements for the use of medications in various practice settings (for example, automated dispensing systems, bar coding, nursing stations, crash carts)
20. Knowledge of preparation, storage requirements, and documentation for medications compounded in anticipation of prescriptions or medication orders
21. Knowledge of repackaging, storage requirements, and documentation for finished dosage forms prepared in anticipation of prescriptions or medication orders
22. Knowledge of policies, procedures, and practices regarding storage and handling of hazardous materials and wastes (for example, Materials Safety Data Sheet [MSDS])
23. Knowledge of medication distribution and control systems requirements for controlled substances, investigational drugs, and hazardous materials and wastes
24. Knowledge of the written, oral, and electronic communication channels necessary to ensure appropriate follow-up and problem resolution (for example, product recalls, supplier shorts)
25. Knowledge of quality assurance policies, procedures, and practices for medication and inventory control systems

III. Participating in the Administration and Management of Pharmacy Practice

1. Knowledge of the practice setting's mission, goals and objectives, organizational structure, and policies and procedures
2. Knowledge of lines of communication throughout the organization
3. Knowledge of principles of resource allocation (for example, scheduling, cross training, work flow)
4. Knowledge of productivity, efficiency, and customer satisfaction measures
5. Knowledge of written, oral, and electronic communication systems
6. Knowledge of required operational licenses and certificates
7. Knowledge of roles and responsibilities of pharmacists, pharmacy technicians, and other pharmacy employees
8. Knowledge of legal and regulatory requirements for personnel, facilities, equipment, and supplies (for example, space requirements, prescription file storage, cleanliness, reference materials, storage of radiopharmaceuticals)
9. Knowledge of professional standards (for example, JCAHO) for personnel, facilities, equipment, and supplies
10. Knowledge of quality improvement standards and guidelines
11. Knowledge of state board of pharmacy regulations
12. Knowledge of storage requirements and expiration dates for equipment and supplies (for example, first-aid items, fire extinguishers)

13. Knowledge of storage and handling requirements for hazardous substances (for example, chemotherapeutics, radiopharmaceuticals)
14. Knowledge of hazardous waste disposal requirements
15. Knowledge of procedures for the treatment of exposure to hazardous substances (for example, eyewash)
16. Knowledge of security systems for the protection of employees, customers, and property
17. Knowledge of laminar flow hood maintenance requirements
18. Knowledge of infection control policies and procedures
19. Knowledge of sanitation requirements (for example, handwashing, cleaning counting trays, countertop, and equipment)
20. Knowledge of equipment calibration and maintenance procedures
21. Knowledge of supply procurement procedures
22. Knowledge of technology used in the preparation, delivery, and administration of medications (for example, robotics, Baker cells, automated TPN equipment, Pyxis, infusion pumps)
23. Knowledge of purpose and function of pharmacy equipment
24. Knowledge of documentation requirements for routine sanitation, maintenance, and equipment calibration
25. Knowledge of the Americans with Disabilities Act requirements (for example, physical accessibility)
26. Knowledge of manual and computer-based systems for storing, retrieving, and using pharmacy-related pharmacy information (for example, drug interactions, patient profiles, generating labels)
27. Knowledge of security procedures related to data integrity, security, and confidentiality
28. Knowledge of downtime emergency policies and procedures
29. Knowledge of backup and archiving procedures for stored data and documentation
30. Knowledge of legal requirements regarding archiving
31. Knowledge of third-party reimbursement systems
32. Knowledge of healthcare reimbursement systems (for example, home health, respiratory medications, eligibility and reimbursement)
33. Knowledge of billing and accounting policies and procedures
34. Knowledge of information sources used to obtain data in a quality improvement system (for example, the patient's chart, patient profile, computerized information systems, medication administration record)
35. Knowledge of procedures to document occurrences such as medication errors, adverse effects, and product integrity (for example, FDA Med Watch Program)
36. Knowledge of staff training techniques
37. Knowledge of employee performance evaluation techniques
38. Knowledge of employee performance feedback techniques



QUESTIONS FOR THE SPEAKER

Please print in the space below any questions you would like answered by the presenters.

It may perhaps be beneficial to implement a "Pharmacy Technician" training curriculum - which would aim to groom candidates to acquire proficiency; involving local/state Pharmacy boards in certification & licensing process - The Profession to determine the level of proficiency requirements for doing the job -

Rashmi Ganatra

ACCREDITATION COUNCIL FOR PHARMACY EDUCATION



ASSURING
QUALITY IN



PHARMACY
EDUCATION





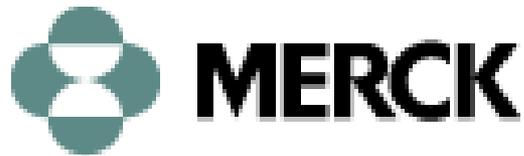
ACPE Open Hearing on Pharmacy Technician Education and Training

**Peter H. Vlasses, Pharm.D., BCPS
Executive Director**

**Michael J. Rouse, B.Pharm (Hons), MPS
Assistant Executive Director**



**This program is supported
through an unrestricted
educational grant-in-aid from
Merck & Co., Inc.**



Schedule of Open Hearings

Date	Time	Meeting	Venue
Monday March 31, 2003	2:30 – 4:00pm	APhA Annual Meeting	New Orleans, LA
Tuesday July 1, 2003	2:30 – 4:30pm	NPTA Convention	Messina Room, Caesar's Palace, Las Vegas, NV
Tuesday July 22, 2003	8:00 – 9:30am	AACP/PTEC Annual Meeting	Hyatt Regency, Minneapolis, MN
Saturday August 9, 2003	2:45 – 4:15pm	AAPT Convention	Hotel Inter-Continental, New Orleans, LA
Saturday August 23, 2003	1:00 – 2:30pm	NACDS Pharmacy & Technology	Pennsylvania Convention Center, Room 201AB Philadelphia, PA
Tuesday September 16, 2003	8:00 – 9:30am	NABP Fall Legislative Conference	Renaissance Mayflower Hotel, Washington, DC
Saturday September 27, 2003	3:00 – 4:00pm	NPTA Signature Event Conference	Chicago, IL
Saturday October 18, 2003	5:00 – 6:30pm	NCPA Annual Convention	Seattle, WA
Wednesday October 22, 2003	4:00 – 4:50pm	Combined Forces Pharmacy Seminar	Gaylord Opryland Conv. Center, Nashville, TN
Tuesday December 9, 2003	12:00 noon – 2:00pm	ASHP Midyear	Morial Convention Center, New Orleans, LA

As details are subject to change, we recommend that you confirm details either with ACPE or the meeting organizers prior to the hearing.

Updated: September 12, 2003





Purpose of the ACPE Open Hearings

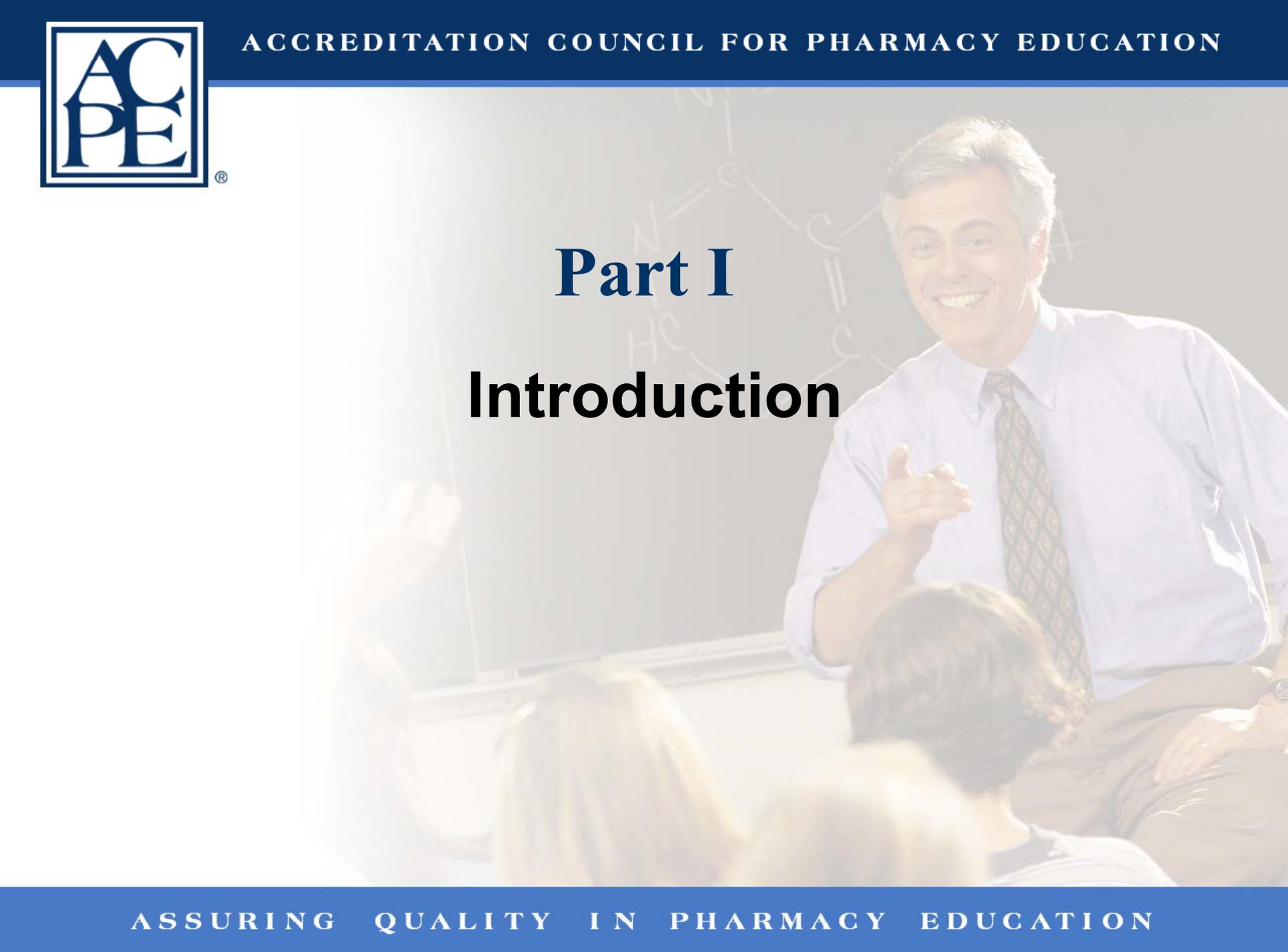
To provide an opportunity for individuals and organizations to comment on issues that impact on the education and training of pharmacy technicians.

Along with other written comments received, these comments will be taken into consideration when decisions are taken regarding the future of pharmacy technician education and training, and their quality assurance.



Format of the Hearing

- I. Introduction**
- II. An overview of the current status of pharmacy technicians in the U.S.**
- III. Review of how other health professions and technical occupations in the U.S. address education and training**
- IV. Review of how other countries address pharmacy technician education and training**
- V. Open comments from the audience**

A photograph of a male professor with short grey hair, wearing a light blue dress shirt and a patterned tie, smiling warmly. He is standing in a classroom, gesturing with his hands as if speaking. In the foreground, the backs of several students' heads are visible, suggesting a lecture or discussion. In the background, a chalkboard displays faint chemical structures, including a benzene ring and a nitrogen-containing chain.

Part I

Introduction

Key Developments: How did we get here?

- **1988: Consensus Conference**
 - Identified need for consistent title, uniform definitions, defined duties, standardized training and education, modernization of statutes and regulations
- **1992–4: Scope of Pharmacy Practice Project** – included comprehensive task analysis for pharmacy technicians
- **1995: PTCB established** - first nationally recognized credential
- **1996: Model Curriculum** (1st edition; ASHP et al)
- **1996: White Paper on Pharmacy Techs**



Key Developments (cont'd)

- **1999:** PTCB updated the task analysis
- **1999:** Council on Credentialing in Pharmacy (CCP) founded
- **2001:** Model Curriculum updated
 - based on updated task analysis, and predicted future roles and functions of pharmacy technicians
- **May 2002:** Pharmacy Technician Summit
- **2002:** Updated White Paper endorsed by 12 CCP member organizations



Key Developments (cont'd)

- **Nov 2002:** CCP requested ACPE to initiate a profession-wide dialog concerning the possible development of national standards and an accreditation process for pharmacy technician education and training
- **Feb 2003:** ACPE issued *“Invitation to Comment”*



Member Organizations of CCP

- **Academy of Managed Care Pharmacy (AMCP)**
- **Accreditation Council for Pharmacy Education (ACPE)**
- **American Association of Colleges of Pharmacy (AACCP)**
- **American College of Apothecaries (ACA)**
- **American College of Clinical Pharmacy (ACCP)**
- **American Pharmacists 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)**



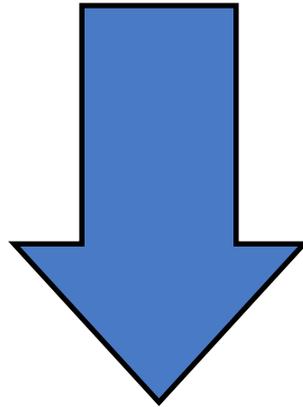
History of Pharmacist Education & Training

- 1932:** 11 ways to become a pharmacist!
- 1932:** Founding of ACPE; establishment of national standards
- 1975:** Standards for CE Providers
- 1984:** Call for single entry-level degree
- 1997:** Implementation of transition to single entry-level degree standards
- 1999:** Standards for Certificate Programs
- 2000:** New Pharm.D. standards introduced



Quality unknown or variable

D I V E R S I T Y



STANDARDS

Quality assurance



Definition*

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

**As used in the 2002 White Paper*



Education vs. Training

Education: The act or process of imparting knowledge or skill; systematic instruction; teaching.

Training: To coach in or accustom to some mode of behavior or performance; to make proficient with specialized instruction and practice.

Morris W, ed. The American heritage dictionary of the English language. Boston: Houghton Mifflin Company; 1981.



Year 1 (2003)

ACPE will:

- **Invite comment from pharmacy organizations and individuals;**
- **Convene a series of open hearings;**
- **Summarize comments received.**

Year 2 (2004)

If warranted based on the feedback of the previous year, ACPE will:

- **Develop and publish a draft set of competency-based standards for pharmacy technician education and training;**
- **Solicit comments on the draft standards from pharmacy organizations and individuals in written form and in open hearings;**
- **Re-draft the standards based on feedback received.**



Year 3 (2005)

If warranted based on the feedback of the previous years, ACPE will:

- Invite final review of the revised standards by the professional organizations;
- Adopt the standards;
- Initiate the process to accredit pharmacy technician education and training programs;
- Begin discussions regarding the implications of competency-based pharmacy technician education and training standards for providers of continuing education.





Part II

An Overview of the Current Status of Pharmacy Technician Education and Training

Why are we concerned?

What is the need?

The Profession's Responsibility

Pharmacy technicians are playing an ever increasingly important role in the delivery of pharmacy services.

Are current systems of education and training, credentialing and regulation adequate to:

- **Safeguard the public?**
- **Promote public health (best use of medications)?**
- **Meet present and future needs of the profession?**



Pharmacists & Technicians Working Together

**Three main issues addressed in the
2002 White Paper:**

- **Pharmacist workforce shortage**
- **Momentum for pharmaceutical care**
- **Safe medication use**

***All point to a need for better preparation
and utilization of pharmacy technicians***



Many Unresolved Issues

1. Definition(s)
2. Levels of Pharmacy Support Personnel
3. Roles, Responsibilities and Competencies
4. Education
5. Training
6. Quality Assurance of Education and Training

Focus of this hearing



Some Facts and Figures

- **Estimated 250,000 pharmacy technicians* in employment today**
- **± 70% in community; ± 20% in hospital**
- **36% growth in employment expected between 2000 - 2010**
- **± 141,000** PTCB certified (*i.e. about half of the employed pharmacy technicians do not have a nationally recognized credential*)**

** more likely FTEs*

*** through May 1, 2003*



Terminology

- **73% of states use designation “*pharmacy technician*”**
- **Other designations used:**
 - **Unlicensed personnel; unlicensed person; unlicensed assistant**
 - **Support personnel; supportive personnel**
 - **Ancillary personnel; non-pharmacist personnel**
 - **Technician; pharmaceutical technician**
 - **Pharmacy personnel; pharmacy assistant**



State “Pre-Requisites” for Employment as a Pharmacy Technician

- **60% register or “license” pharmacy technicians**
- **38% recognize certification; 15% require**
- **27% have minimum “education” requirements (*e.g. high school graduate*)**
- **31% check for a criminal record**
- **Many states allow the supervising pharmacist to determine the level of training and functions performed**



Roles, Responsibilities & Competencies

- **Scope of practice (functions) specified in regulations, or “as assigned by pharmacist”; trend is to expansion**
- **Differentiated by level (where applicable) and/or certification status**
- **Level and definition of “*pharmacist supervision*” varies**
- **Four states now allow “*tech-check-tech*”; others are considering it**



Pharmacy Technicians May:*

Percentage of states allowing the following:	Hospital	Community
ACCEPT CALLED IN Rx FROM PHYSICIAN'S OFFICE	17%	21%
PREPARE PRESCRIPTION LABEL	98%	96%
ENTER Rx INTO PHARMACY COMPUTER	96%	98%
ENTER INFORMATION INTO PATIENT'S FILE	98%	98%
RETRIEVE MEDICATION FROM STOCK	98%	98%
PLACE MEDICATION INTO Rx CONTAINER	98%	98%
PLACE Rx LABEL ON CONTAINER	98%	98%
PREPARE MEDICATIONS IN CARDS FOR NURSING HOMES	96%	96%
BLISTER-PACK MEDICATIONS FOR FUTURE USE	98%	96%
RECONSTITUTE ORAL LIQUIDS	98%	96%
CALL PHYSICIAN FOR REFILL AUTHORIZATION	81%	75%
COMPOUND MEDICATIONS FOR DISPENSING	91%	87%

* NABP Survey of Pharmacy Law 2002/2003



Identification of Competencies for Pharmacy Technicians

- **Scope of Practice Project (1992 – 4)**
- **PTCB updated Task Analysis (1998 - 9)**
- **Model Curriculum (35 Goal Statements);
revised after updated task analysis**
- **Some training programs have defined
outcome competencies**

PTCB Task Analysis (1998-9)

Technicians perform activities under three broad function areas:

64% Assisting the pharmacist in serving patients

25% Maintaining medication and inventory control systems

11% Pharmacy practice management and administration

The content of the certification exam is linked to the task analysis



Model Curriculum

- A complete picture of the possible outcomes of technician training
- A comprehensive list of work responsibilities, and the learning (*knowledge, skills and attitudes*) required to successfully carry out each job responsibility
- No expectation that every program will teach every goal and objective
- A model for adaptation (to meet the needs of the employment environment to be served)



Education & Training

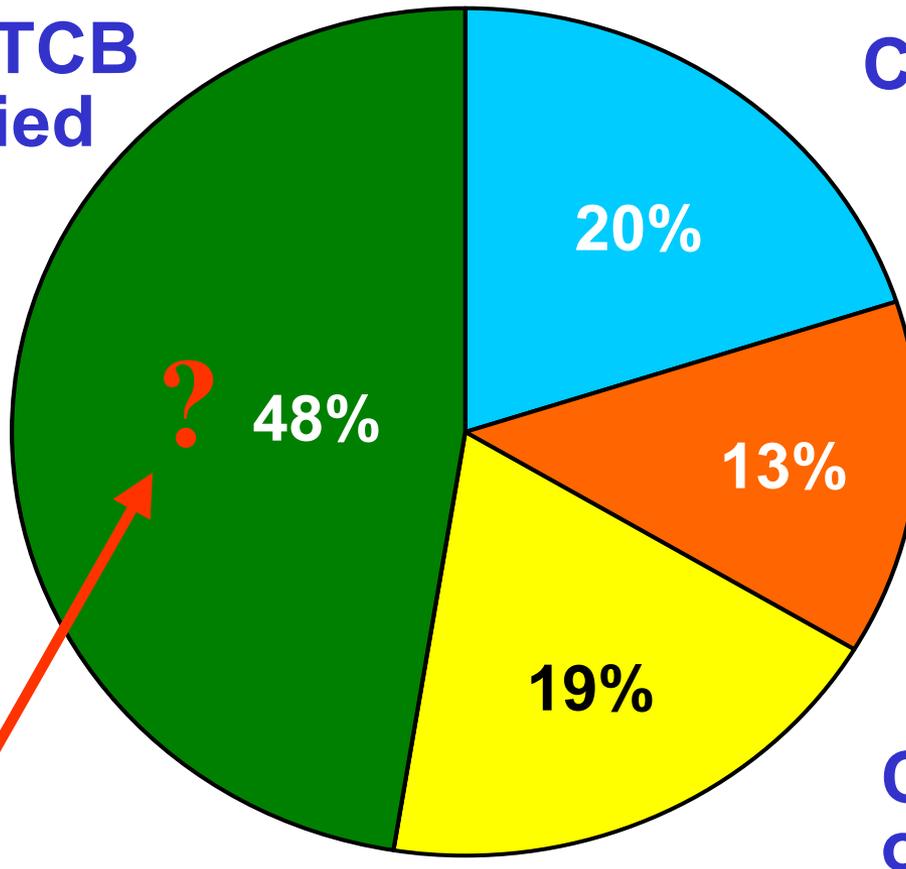
- **± 300 institution-based programs (42 states)** (certificate, associates degree; bachelors degree)
- **Increasing number of “online” and “home study” programs (some designed primarily to prepare for PTCE)**
- **? # corporate training programs**
- **Most are “on-the-job” trained by pharmacists** *(trend is toward “formal” training)*
- **NACDS/NCPA Manual**



Credentials of Pharmacy Technicians*

Not PTCB
Certified

CPhT + HS Grad
+ Formal OJT



CPhT + HS Grad
+ Informal OJT

CPhT + Certificate
or Degree

Credentials not known for nearly half
of all employed pharmacy technicians

* Estimates based on
figures from PTCB surveys



Continuing Education

- **15% [of states] require continuing education for pharmacy technicians**
- **Number of hours stipulated, or as per PTCB requirements**
- **14% require the pharmacist to carry out CE for supportive personnel**
- **14% require board approval of the CE**



State Requirements for Quality Assurance

- **51% [of states] specify training requirements in their regulations**
- **39% require board review of the training**
- **Only one state requires ASHP accreditation of the training program**

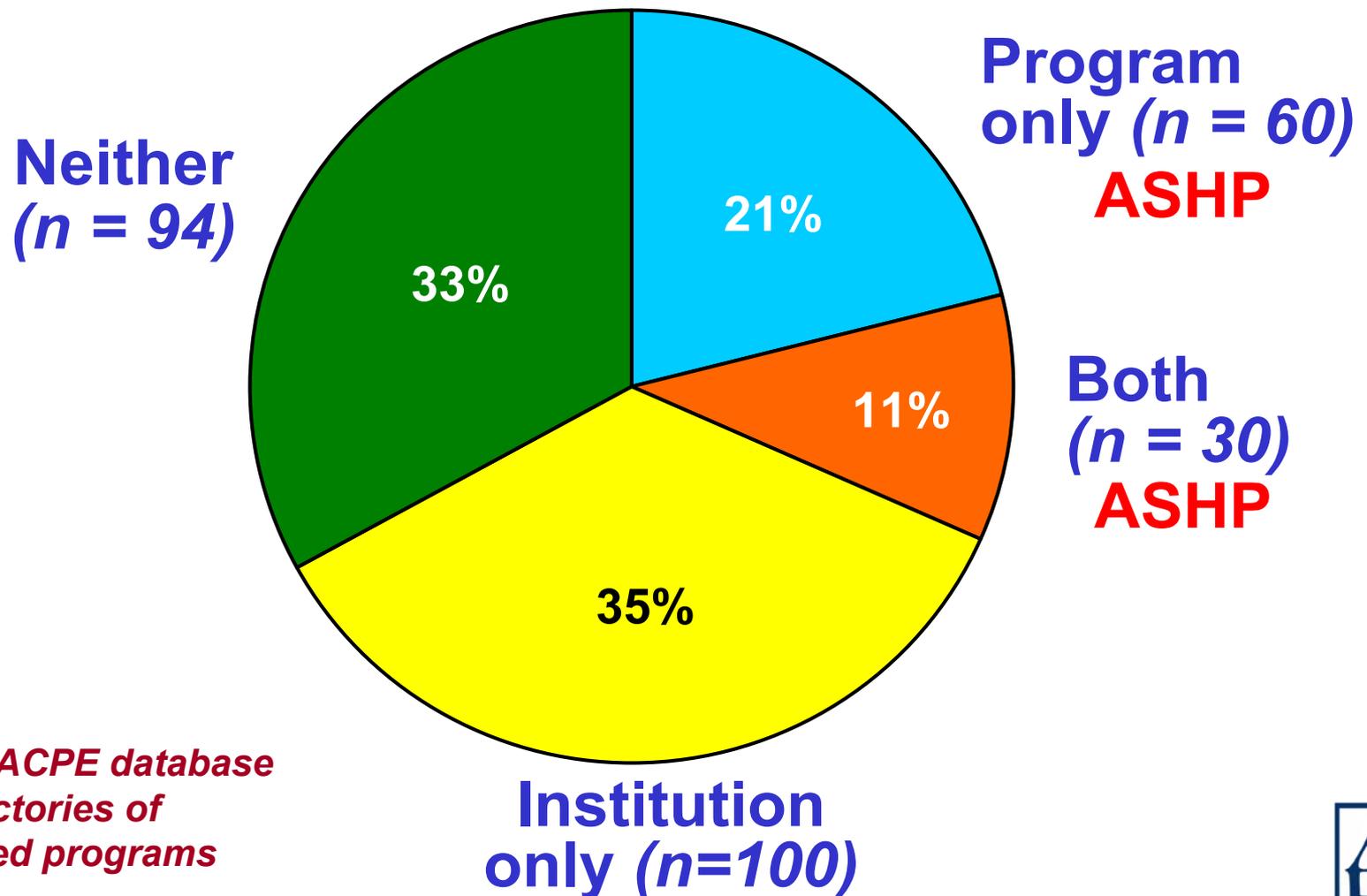


ASHP Accreditation

- **Voluntary process established in 1982**
- **Programs reviewed for their adherence to standards and regulations established and revised by the ASHP Board of Directors**
- **Over 35 Model Curriculum goals and objectives included in the standard to assure that graduates are trained for present and future practice**
- **Training must be over 600 hours in duration (minimum 15 week period) and include didactic, laboratory, and experiential components reviewed by the program's advisory committee**
- **Programs are peer reviewed by a survey team consisting of a pharmacy technician educator and a member of the ASHP Accreditation Services Division staff every six years**
- **Over 90 ASHP-accredited programs in military schools, community colleges, vocational schools, proprietary facilities, managed care institutions, and hospitals**



Accreditation of Training Institutions



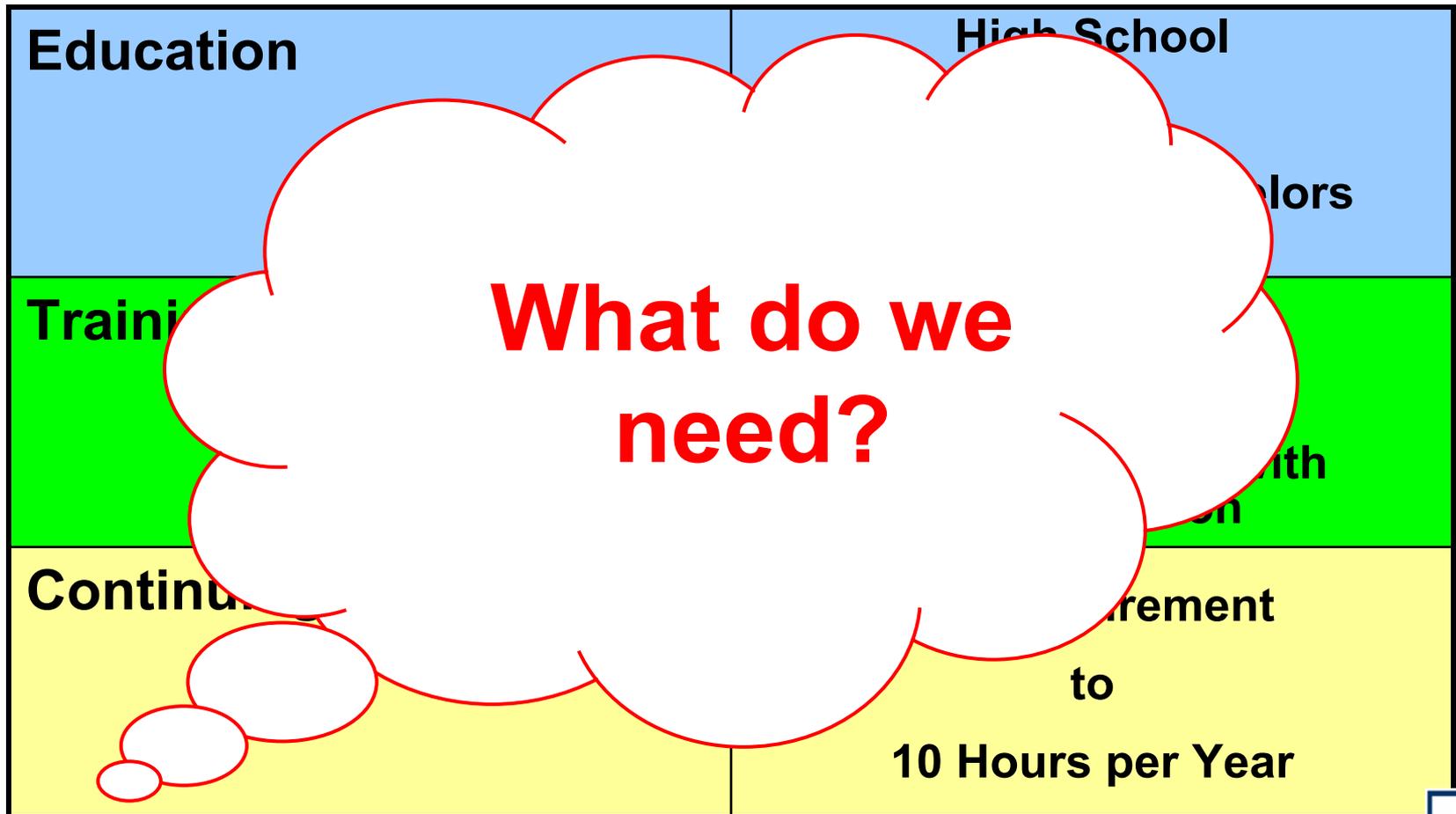
Source: ACPE database and directories of accredited programs



Education and Training

Education	High School to Associate or Bachelors Degree
Training	“Two Days” to Formal Program with Accreditation
Continuing Education	No Requirement to 10 Hours per Year

Education and Training





Part III

How do other Health Professions and Technical Occupations in the U.S. address Education and Training?

a few examples ...

Training of Pharmacy Technicians *cf.* Other Health & Technical Personnel



<i>Hours</i>	<i>Pharmacy Technician</i>	<i>Dental Assistant</i>	<i>Medical Assistant</i>	<i>Veterinary Technician</i>	<i>Barbering & Styling</i>	<i>Cosmetology & Styling</i>
<i>Range</i>	540-2145	720-1266	720-1290	1080-1968	1080-2160	1000-2100
<i>Average</i>	1110	1078	870	1590	1481	1380
<i>Median</i>	970	795	840	1650	1500	1245
<i>Range Factor</i>	4.0	1.75	1.79	1.8	2.0	2.1

Source: ACPE analysis of ACCSCT Directory

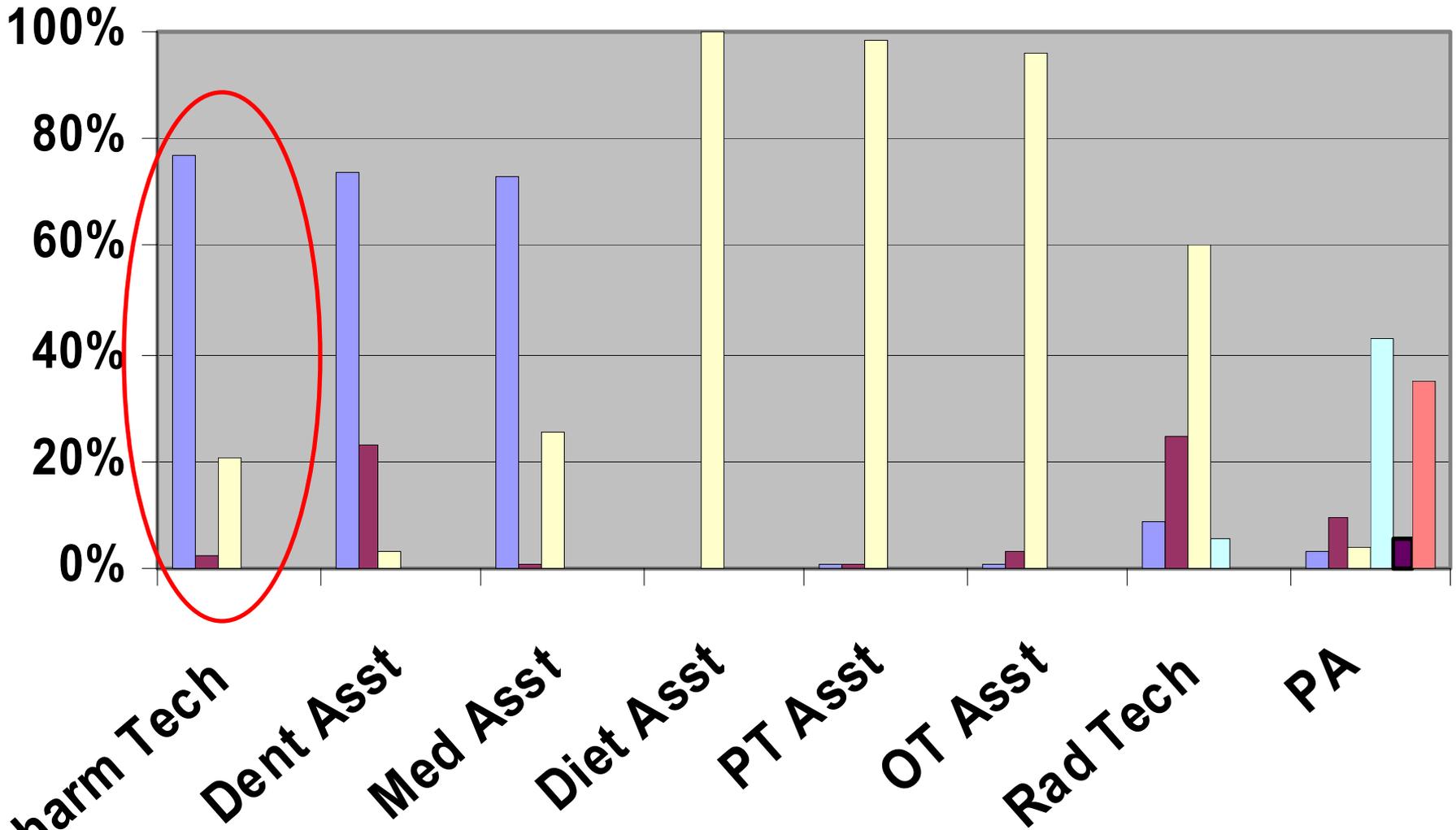
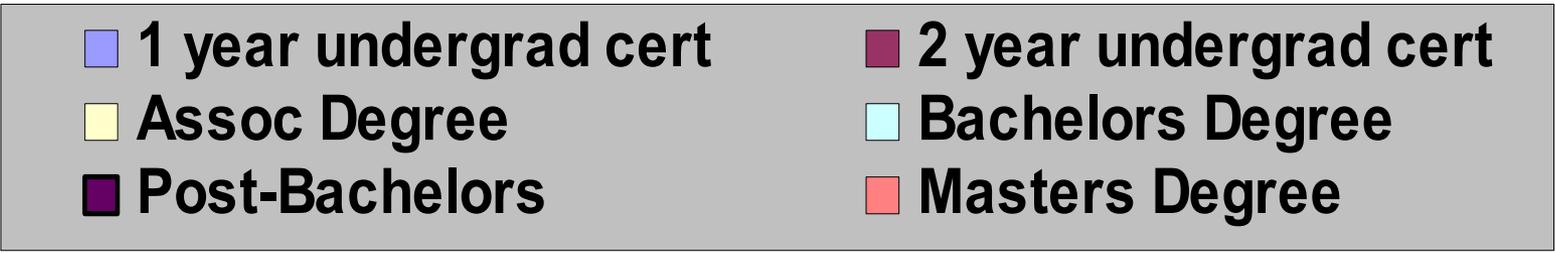


“It would seem ironic that persons in certain other occupations whose services have far less impact on public safety than do those of pharmacy technicians (for example, barbers and cosmetologists) have training programs that, on average, are longer and less diverse than are pharmacy technician programs.”

2002 White Paper on Pharmacy Technicians

**Is this appropriate? Is this acceptable?
Can the profession defend such a position?**





Source: Health Professions: Career & Education Directory 30th Edition

Qualifications of "Graduates" in Allied Health Occupations

	1 year undergrad certificate	2 year undergrad certificate	Assoc Degree	Bachelors Degree	Post- Bachelors	Masters Degree
Pharmacy Technician	77.1%	2.1%	20.8%			
Dental Assistant	73.9%	23.1%	3.0%	0.0%		
Medical Assistant	73.4%	0.8%	25.7%	0.1%		
Dietetic Assistant			100.0%			
Physical Therapy Assistant	0.4%	1.1%	98.1%		0.3%	
Occupat Therapy Assistant	1.1%	3.0%	95.9%			
Radiologic Technolog	9.0%	24.5%	60.6%	5.8%		
Physician Assistant	3.2%	9.8%	4.0%	43.1%	5.2%	34.8%

Source: Health Professions: Career & Education Directory 30th Edition



Entry to Practice: Exam Requirements

Pharmacy Technicians

Most states do not require pharmacy technicians to pass a state-approved examination prior to employment

This is changing ...

Other Healthcare Occupations

Examinations generally required for:

Physician assistants (all states)
Physical therapy assistants
Occupational therapy assistants
Dietetic technicians
Radiologic technologists
Veterinary technicians





Part IV

How are Pharmacy Technicians Utilized and Regulated in Other Countries?

a few examples ...

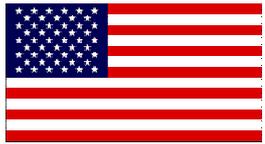
Other Countries



- **90% of countries utilize support personnel in pharmacy**
- **83% license, register and/or certify pharmacy technicians**
- **61% have minimum requirements for education and training**
- **Formal/institution-based training is most common, followed by “on-the-job”**
- **50% have national standards for education and training of pharmacy technicians**

Source: Oct 2002 ACPE Survey (16 responses)

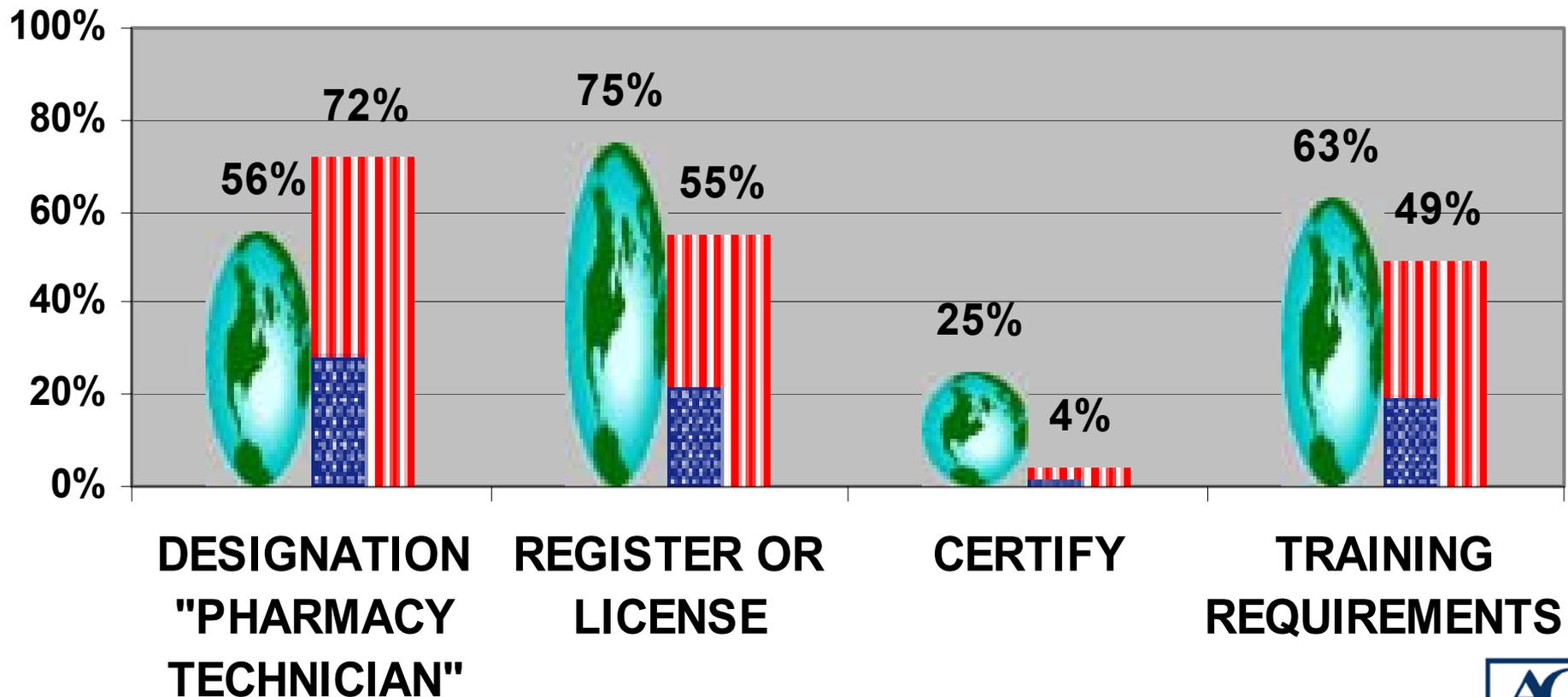




USA *cf.* Other Countries



General Regulatory Issues



Source: Oct 2002 ACPE Survey (NB: some figures since updated)



References

- 1. NABP Survey of Pharmacy Law 2002-2003** *(some data updated)*
- 2. ACPE International Technician Survey 2002** *(unpublished)*
- 3. ACPE Survey of State Regulations 2003** *(unpublished)*
- 4. Bureau of Labor Statistics**
- 5. PTCB**





Part V

Open Microphone Time



“Needed changes can no longer wait”

“The issue . . . will be whether these needed changes occur only begrudgingly as a reaction to external forces, or whether they occur proactively as a result of professional leadership.”

Kenneth Shine, MD (IOM, 2000)

“Change before you have to.” *Jack Welch*

“Most people support change ... provided it is someone else who has to change.”

(Anon)



A Hearing ... not a Debate

ACPE's primary purpose, during this hearing, is to receive your comments ...not to debate the issues.



A Blank Sheet



**ACPE recognizes
the need to initiate
the dialog with no
pre-conceived
ideas regarding the
final outcome**

Guiding Principles

- **Safeguarding the public**
- **Promoting public health (through best use of medications)**
- **Meeting the present and future needs of the profession**

To Assist Us



Please ...

- **Identify yourself clearly (name, organization and/or practice setting); session is being taped to ensure accuracy of information received and attribution**
- **Be concise and limit your comments to enable others to participate**
- **Clearly identify the question or issue you are addressing**
- **Feel free to also submit comments in writing**

Written comments can also be submitted for announcement by the Chair



Questions to be Considered

- 1. Definition(s)**
- 2. Levels of Pharmacy Support Personnel**
- 3. Roles, Responsibilities and Competencies**
- 4. Education**
- 5. Training**
- 6. Quality Assurance of Education and Training**

Definition*

A pharmacy technician is an individual working in a pharmacy setting who, under the supervision of a licensed pharmacist, assists in pharmacy activities that do not require the professional judgment of a pharmacist.

**As used in the 2002 White Paper*



Education vs. Training

Education: The act or process of imparting knowledge or skill; systematic instruction; teaching.

Training: To coach in or accustom to some mode of behavior or performance; to make proficient with specialized instruction and practice.

Morris W, ed. The American heritage dictionary of the English language. Boston: Houghton Mifflin Company; 1981.





Contact ACPE

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By fax: (312) 664-7008; (312) 664-4652

By e-mail:

- pvcourses@acpe-accredit.org
- mrouse@acpe-accredit.org
- techinfo@acpe-accredit.org

Web site: www.acpe-accredit.org

**By mail: 20 North Clark St, Suite 2500
Chicago, Illinois 60602-5109
U.S.A.**



Summary of Comments at Open Hearings, Town Hall Meetings & Round Table Discussions, 2003

Open Hearings

APhA Annual Meeting (March, New Orleans, LA) (\pm 70 in the audience)

The demographics of the participants was diverse and this was reflected in the range of comments from “standards are urgently required, can’t ACPE shorten the timeline” to “national standards are not required, don’t go there, don’t over-train technicians.” Several comments were made about the changing role of pharmacists, and the value of technicians in assisting pharmacists to deliver pharmaceutical care. The ultimate responsibility (and liability) of pharmacists for dispensing was noted by several speakers, as was the role of state boards in determining what is needed to safeguard the public.

NPTA Annual Convention (July, Las Vegas, NV) (\pm 60)

This group was primarily certified pharmacy technicians, with approximately equal representation from community, hospital and technician education. The majority of comments were made by technician educators, who advocated national standards and a raising of the bar in terms of education and training. Participants were generally supportive of ACPE’s involvement, and there was a strong call for action.

AACP/PTEC Annual Meetings (July, Minneapolis, MN) (\pm 80)

The audience comprised a mix of pharmacist and technician educators. Several speakers commented on the need for clearer role definition within the broad category of pharmacy support personnel, stating that only with better definition will it be possible to determine what is appropriate in terms of competencies, education and training. Technician educators spoke in favor of national standards and higher educational requirements. Local and regional differences in practice need to be taken into consideration, as well as the ability to serve specific communities. Several speakers called for more stringent requirements for the certification examination.

AAPT Annual Convention (August, New Orleans, LA) (\pm 40)

The audience was primary hospital pharmacy technicians, with a lesser number of community pharmacy technicians and technician educators. There was strong support for national standardization of education and training, primarily due to the current diversity and inadequacy of many training “programs.” Public safety is a major concern. Standardization of education and training will result in better career definition and professional pride for pharmacy technicians, and reduced staff turnover. Quality assurance of education and training is required.

NACDS Pharmacy & Technology Conference (August, Philadelphia, PA) (±170)

The majority of speakers were from pharmacy or supermarket chains. Strong concerns were expressed about the process, ACPE's involvement and intentions; state boards should be left to decide what is needed and appropriate in terms of scope of practice, education and training of technicians; raising standards will increase the cost of training and create barriers to employment, including for the significant number of part-time employees; raising standards will create economic problems for a sector that has very narrow margins; raising standards will negatively impact the ability to provide services to underserved communities; national standards are not needed; practice differs too much from state to state and site to site; community practice and needs are different from institutional pharmacy; pharmacy chains already have good training programs in place, appropriate to their needs; supervising pharmacists can decide what is appropriate for their own site. Several comments were also made by representatives of state boards of pharmacy. These comments were both for and against national standardization.

NABP Fall Legislative Conference (September, Washington, DC) (± 65)

The majority of the initial contributions were made by persons associated with pharmacy/supermarket chains. Concerns were similar to those expressed at the NACDS meeting. The economic impact of raised standards was stressed, as were the consequences of over-training. These speakers advocated leaving the present system as is, and the responsibility for determining what is required with individual state boards of pharmacy. Many chains are supporting PTCB certification, and providing financial incentives/rewards to those who achieve certification.

NPTA Signature Event Conference (September, Chicago, IL) (± 30)

The audience comprised of pharmacy technicians. Contributors generally favored national standardization for core education and training, and the place of specialization (and specialty certification) in certain areas of practice was noted. The need for appropriate, quality assured CE for pharmacy technicians was also stressed.

NCPA Annual Meeting (September, Seattle, WA) (± 55)

The majority of the participants were (independent) community pharmacists, and several contributors indicated that they were pharmacy owners. Economic issues, and possible impact on community pharmacies, were central to many of the comments. Several speakers expressed concerns about what was envisioned for the future in terms of technician roles, and stressed the variability of needs between settings. Some speakers spoke in favor of better education and training, standardization and the need to match education and training with practice. NCPA expressed willingness to assist ACPE to compile data relevant to the education and training of pharmacy technicians in the community pharmacy sector.

Combined Forces Pharmacy Seminar (October, Nashville, TN) (± 45)

Virtually all participants were from the military; about one quarter were pharmacists, the balance were pharmacy technicians. The strengths of the military training programs, when compared to many of the “civilian” programs, were commented on by several speakers and the “military model” was advocated, although differences between military and civilian sectors were noted. Contributors were in favor of higher standards for education and training, national standardization, an appropriate system of quality assurance and/or accreditation, and more stringent requirements for certification.

ASHP Midyear (December, New Orleans, LA) (± 65)

Participants were both pharmacists and pharmacy technicians, mainly certified pharmacy technicians. The official response from ASHP was summarized by ASHP’s President. The changing and evolving roles of pharmacy technicians was highlighted, and with it the need for better definition, education and training, and professionalization of pharmacy technicians. Contributors generally expressed the need for national standards, and advocated certification after completion of standardized education and training.

Town Hall Meetings

During 2003, ACPE was invited to participate in four “town hall” meetings at continuing education day-conferences. They were held in June (Oakbrook, IL), October (Tampa, FL), November (Anaheim, CA) and December (Newark, NJ).

All four will be summarized collectively as there were no notable differences in the nature of comments by location. The majority of participants were pharmacists in community (mainly) or hospital practice. An estimated 10 – 15% of the participants were pharmacy technicians. Virtually all speakers spoke in favor of national standardization and raising of standards for education and training, the principal reason being diversity in knowledge and skills of pharmacy technicians. Many comments were made that pharmacy technicians are extremely valuable, but not always given due recognition or remuneration in line with qualifications and experience. Some economic and practical considerations and concerns were raised, as were issues related to “grandfathering” or requiring existing technicians to meet new standards for education and training.

Round Table Discussions

ASHP Midyear Meeting (December, New Orleans, LA) (± 15)

The discussions centered primarily on the different education and training requirements of hospital and community pharmacy technicians. Although differences in practice were noted, participants generally did not favor different standards for the (core) education and training of hospital and community pharmacy technicians.

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National Association
of Boards of Pharmacy

Survey *of* Pharmacy Law



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Previous editions of the *Survey of Pharmacy Law* were printed from 1950 through 2002.

XIII. Status of Pharmacy Technicians

State	Designation	Does State:				
		License Technicians?	Register Technicians?	Certify Technicians?	Technician Registration Fee	Registration Renewal Schedule
Alabama	Pharmacy Technician	No	Yes	No	\$ 20	Annual
Alaska	Pharmacy Technician	Yes	No	No	\$100	Biennial
Arizona	Pharmacy Technician	Yes	Yes B	No	R	Biennial
Arkansas	Pharmacy Technician	No	Yes	No	\$ 70	Biennial
California	Pharmacy Technician	No	Yes	No	\$ 50	Biennial
Colorado	Unlicensed Personnel, Unlicensed Assistant	No	No	No	N/A	N/A
Connecticut	Pharmacy Technician	No	Yes	No	\$50	Annual - 3/31
Delaware	Supportive Personnel	No	No	No	None	N/A
District of Columbia	Ancillary Personnel	No	No	No	—	—
Florida	Pharmacy Technician	No	No	No	N/A	N/A
Georgia	Ancillary Personnel	No	No	No	—	—
Guam	Pharmacy Technician	No	Yes	No	R, J	R, J
Hawaii	Pharmacy Technician	No	No	No	N/A	N/A
Idaho	Pharmacy Technician	No	Yes	No	\$ 35	Annual
Illinois	Pharmacy Technician	No	Yes	No	\$40 initial; \$25 renewal	Annual
Indiana	Pharmacy Technician	No	No	Yes	\$ 25	Biennial
Iowa	Pharmacy Technician	No	Yes	No	\$ 33	Z
Kansas	Pharmacy Technician	No	No	No	N/A	N/A
Kentucky	Pharmacy Technician	No J	No J	No J	N/A	N/A
Louisiana	Pharmacy Technician	Yes	No	No	\$100	Annual
Maine	Pharmacy Technician	No	Yes	No	\$ 20	Annual
Maryland	Unlicensed Person	No	No	No	N/A	N/A
Massachusetts	Pharmacy Technician J	No	Yes J	No	\$ 38	—
Michigan	Pharmacy Personnel	No	No	No	—	—
Minnesota	Pharmacy Technician	No	Yes	No	\$ 20	Annual
Mississippi	Pharmacy Technician L	No	Yes Q	No	\$ 25	Annual
Missouri	Pharmacy Technician	No	Yes	No	\$ 10 W	Annual
Montana	Pharmacy Technician	No	Yes	YesAA	\$40 initial; \$25 renewal	Annual
Nebraska	Pharmacy Technician	No	No	No	—	—
Nevada	Pharmaceutical Technician L	No	Yes	No	\$ 40	Biennial
New Hampshire	Pharmacy Technician	No	Yes	No	\$ 25	Annual - 4/01
New Jersey	Supportive Personnel	No	No	No	N/A	N/A
New Mexico	Pharmacy Technician N	Yes	No	Yes	\$ 15	Annual
New York	Unlicensed Person	No	No	No	N/A	N/A
North Carolina	Pharmacy Technician	No	Yes	No	\$ 25	Annual
North Dakota	Registered Pharmacy Technician	No	Yes	No	\$ 35	Annual
Ohio	F	No	No	No	N/A	N/A
Oklahoma	Pharmacy Technician	No	Yes O	No	\$ 40	Annual
Oregon	Pharmacy Technician	No	Yes	No	\$ 35	1 year - Sept.
Pennsylvania	Pharmacy Technician	No	No	No	N/A	N/A
Puerto Rico	Pharmacy Assistant	No	Yes	Yes	—	—
Rhode Island	Pharmacy Technician	Yes		No	\$ 25	Annual
South Carolina	Pharmacy Technician	No	Yes	Yes	\$40 Initial, \$25 renewal	Annual
South Dakota	Supportive Personnel	No	No	No	None	None
Tennessee	Technician	No	Yes	No	\$50-biennial	Cyclical
Texas	Pharmacy Technician	No	Yes G	No G	None J	Biennial
Utah	Pharmacy Technician	Yes	No	No	\$ 60	Biennial
Vermont	Pharmacy Technician	No	Yes	No	\$ 25	Biennial
Virginia	Pharmacy Technician	No	Yes A	No	\$ 25	Annual
Washington	Pharmacy Technician	No	No	Yes	\$ 50	Annual
West Virginia	Pharmacy Technician	No	Yes	No	\$ 25 X	Biennial
Wisconsin	Pharmacy Technician	No	No	No	—	—
Wyoming	Registered Pharmacy Technician K	Yes*	Yes*	No	\$ 35	Annual

* See “Footnotes (*)” on page 39.

XIII. Status of Pharmacy Technicians (cont.)

State	Technician Training Requirements	Technician CE Requirements	Technician Exam Requirement	Can Board Deny, Revoke, Suspend, or Restrict Tech Registration?	Maximum Ratio of Technician(s) to Pharmacist in an:	
					Ambulatory Care Setting	Institutional Care Setting
Alabama	No	3 hrs/yr H	—	Yes	3:1*	3:1*
Alaska	Yes S	10 hrs/2 yrs	No	Yes	None	None
Arizona	Yes**	None	Yes	Yes	2:1*	None
Arkansas	No	None	No	Yes	2:1	2:1
California	Yes	No	No CC	Yes	Varies*	2:1
Colorado	No	N/A	No	N/A	2:1	2:1
Connecticut	Yes**	No	No	Yes	2:1*	3:1*
Delaware	Yes	N/A	No	N/A	None	None
District of Columbia	No	—	—	—	—	—
Florida	No	None	No	N/A	3:1	3:1
Georgia	No	None	No	N/A		2:1 2:1*
Guam	No R, J	None R, J	No	Yes	None R, J	None R, J
Hawaii	No	N/A	No	No	None	None
Idaho	Yes	No	No	No		2:1 2:1
Illinois	No J	No	No		None	None
Indiana	Yes	N/A	No U	Yes	4:1*	4:1*
Iowa	Yes*	No	No	Yes	None	None
Kansas	Yes	N/A	—	—	2:1	2:1
Kentucky	No	None	No	N/A	None	None
Louisiana	No	10 hrs	Yes	Yes	2:1	2:1
Maine	Yes	No	No	Yes	3:1	3:1
Maryland	No	N/A	No	N/A	—	—
Massachusetts	Yes	No BB	Yes	Yes	3:1	3:1
Michigan	No	—	—	—	None	None
Minnesota	No	No	No	Yes	2:1*	2:1*
Mississippi	No I	No	No	Yes	2:1	2:1
Missouri	No	None	No	Yes	None	None
Montana	Yes** T	Yes – PTCB	Yes AA	Yes	1:1*	1:1*
Nebraska	Yes** I	—	—	—	2:1	2:1
Nevada	Yes	No Y	No	Yes	2:1	2:1
New Hampshire	No	None	No	Yes	None	None
New Jersey	No	No			2:1	2:1
New Mexico	Yes**	None	Yes AA	Yes	4:1	4:1
New York	No	No	No	No	2:1	2:1
North Carolina	Yes	None	No	Yes	2:1*	2:1*
North Dakota	Yes*	Yes 20 hrs/2 yrs	No LL	Yes	2:1	2:1
Ohio	No	No	No	No	None	None
Oklahoma	Yes	None	No	Yes	2:1	2:1
Oregon	Yes	No	No	P	None	None
Pennsylvania	No	None	No	N/A	—	—
Puerto Rico	Yes*				None	None
Rhode Island	Yes	None	—	Yes	None	None
South Carolina	Yes DD	10hrs/yr EE	Yes DD	Yes	2:1	Varies*
South Dakota	No	None	No	No	2:1	2:1
Tennessee	No	None	No	Yes	2:1*	2:1*
Texas	Yes C	D	Yes	Yes	2:1*	None
Utah	Yes	8 hrs/2 yrs	Yes E	Yes	3:1	3:1
Vermont	No	No	No	Yes	None	None
Virginia	Yes V	5 hrs/yr	Yes A, V	Yes	4:1	4:1
Washington	Yes	None	No	Yes	3:1 M	3:1 M
West Virginia	Yes I	None	Yes	Yes	4:1	4:1
Wisconsin	No	—	—	—	4:1	4:1
Wyoming	Yes I	6 hrs	Yes AA	Yes	3:1	3:1

* See “Footnotes (*)” on page 39.

** Contact the state board of pharmacy office to obtain requirements.

XIII. Status of Pharmacy Technicians *(cont.)*

LEGEND

- A — As of February 26, 2004, have to be registered with board.
- B — Pharmacist must “notify” Board of technician employees.
- C — A person may be a technician trainee for no more than one year while seeking certification through PTCB. Contact the Board for specific on-site training requirements.
- D — Same as PTCB requirements.
- E — PTCB exam and Utah law exam.
- F — The use of pharmacy technicians is not addressed in state statutes or regulations.
- G — Effective January 1, 2001, technicians must take and pass the national Pharmacy Technician Certification Board exam. Rules regarding registration are being developed.
- H — Effective January 1, 2002.
- I — Training requirements developed by training pharmacies and approved by the Board.
- J — The Board is proposing/developing regulations.
- K — Designated as a “technician-in-training” prior to meeting requirements for licensure.
- L — The term “Support Personnel” is also used.
- M — A pharmacy may use more technicians than the prescribed 3:1 upon approval of the Board.
- N — A “Pharmacy Technician” is a subset of “Supportive Personnel.”
- O — Technicians are not considered “registered” but are issued a “permit.”
- P — Doesn’t restrict technician registration, but can refuse approval.
- Q — As of January 1, 1999.
- R — Not yet established.
- S — On the job training by pharmacist-in-charge appropriate to technician’s duties.
- T — Technician utilization plan filed with board or didactic course.
- U — However, passage of the PTCB exam is one way to become certified as a technician in this state.
- V — To be eligible for registration a pharmacy technician must either hold current PTCB certification or must have passed a training program and examination approved by the Board.
- W — Plus a \$36 fingerprint fee.
- X — \$25 initial; \$30 renewal/2 years.
- Y — However, technicians must complete 6 hours of in-service training per year.
- Z — Biennial by birth month.
- AA — PTCB certification required.
- BB — However, “certified pharmacy technicians” must maintain certification.
- CC — Pending legislation would designate PTCB exam as one way to qualify for technician registration.
- DD — An individual may be certified by the board as a pharmacy technician if the individual has: worked for fifteen hundred hours under the supervision of a licensed pharmacist as a registered pharmacy technician or has completed a Board of Pharmacy-approved pharmacy technician course as provided for in subsection (D); however, beginning July 1, 2004, to be certified as a pharmacy technician an individual must have worked for one thousand hours under the supervision of a licensed pharmacist as a technician and must have completed a Board of Pharmacy approved technician course as provided for in subsection (D); a high school diploma or equivalent; and passed the National Pharmacy Technician Certification Board exam or a Board of Pharmacy-approved exam and has maintained current certification; and fulfilled continuing education requirements as provided for in Section 40-43-130(G).
- EE — As a condition of registration renewal, a registered pharmacy technician shall complete ten hours of American Council on Pharmaceutical Education or CME I approved continuing education each year, beginning with the next renewal period after June 30, 2003. A minimum of four hours of the total hours must be obtained through attendance at lectures, seminars, or workshops.

Legend continues on page 39

NABPLAW® Online Search Terms *(type as indicated below)*

Status of Pharmacy Technicians

▲ technician & requirements

▲ technician & training

Note: “ancillary personnel”; “support personnel”; and “non-licensed personnel” can be substituted for “technician.”

▲ support & personnel & requirements

▲ technician & registration

LEGEND – (cont.)

- FF — Effective January 2004, PTCB exam is one way to qualify for technician registration.
- GG — However, passage of the PTCB exam is one way to become certified as a technician in this state.
- HH — Technician utilization plan filed with board or didactic course.
- II — PTCB exam and Utah law exam.
- JJ — As of February 26, 2004, have to be registered with board.
- KK — Technicians can either be PTCB-certified or complete Board-approved training program and take Board-approved exam.
- LL — Requires PTCB exam for reciprocity.
- IA — Technicians must be under the immediate and personal supervision of the pharmacist. Technician training must be documented and maintained.
- IN — Technicians must be under the immediate and personal supervision of the pharmacist.
- MN — Specific functions are exempted from the 2:1 ratio as follows: for intravenous admixture preparation, unit-dose dispensing, prepackaging, and bulk compounding, ratio is 3:1. One additional tech per pharmacy if that tech is PTCB certified.
- MT — Ratio is 2:1 if both are performing the following procedures: IV admixture or sterile product preparation; filling of unit-dose cassettes; prepackaging; or bulk compounding. Licensee may ask board for variance based on established criteria or greater upon board approval.

Footnotes (*)

- AL — 3:1 if one technician is PTCB-certified. All techs must be at least 17.
- AZ — 3:1 if one technician is PTCB-certified and pharmacy space is adequate. Training – 18 years old, high school graduate or GED.
- CA — In community pharmacy, the ratio is 1:1 for the first pharmacist on duty, then 2:1 for each additional pharmacist on duty. 2:1 if pharmacy services patients of skilled nursing facilities or hospices. A pharmacist may also supervise one pharmacy technician trainee gaining required practical experience. In addition to a pharmacy technician, a non-licensed person may type a prescription label, enter data into a computer record system, and obtain a prescription refill authorization.
- CT — In a “licensed pharmacy,” ratio is 2:1 except for those preparing IV admixtures and other sterile products, unit-dose and unit of use dispensing, and bulk compounding for which the ratio is 3:1. In an institutional outpatient pharmacy, ratio is 2:1. The pharmacist manager may petition the Commission to increase ratio to 3:1 in a licensed or institutional outpatient pharmacy. Inpatient pharmacy ratio is 3:1 generally, but pharmacy can petition for ratio of up to 5:1; satellite pharmacy 3:1, but can petition for up to 5:1.
- GA — Board may consider and approve an application to increase the ratio in a hospital pharmacy.
- NC — Ratio may be increased above 2:1 if additional technicians are certified
- ND — Technicians must complete Board-approved academic program or on-the-job training program.
- PR — 3,000 hours of internship under direct supervision of a registered pharmacist and passing an exam prepared by the Board are required for certification. 2,000 hours may be substituted by completion of a vocational or technical pharmacy assistant accredited course. Designated “Pharmacy Assistant Apprentice” until certified.
- SC — Technician-to-pharmacist ratio may not exceed 3:1 employment ratio.
- TN — 3:1 if technician is certified.
- TX — 3:1 if at least one of the technicians is certified. Only one of the technicians may be involved in the compounding of sterile pharmaceuticals.
- VA — 3:1 if all technicians are certified.
- WY — “Technicians-in-Training” are registered until they meet the requirements for licensure. The technician-in-training permit is valid for no more than 2 years from date of issue.

XIV. Pharmacy Technicians in Hospital/Institutional Setting

May Pharmacy Technicians in the Hospital/Institutional Setting:

State	Accept Called- in Rx from Physician's Office?	Enter Prescription into Pharmacy Computer?	Can Technicians Check the Work of Other Technicians?
Alabama	No	Yes	No
Alaska G	No	Yes	No
Arizona	No	Yes B	No
Arkansas	No	Yes	No
California	No	Yes	No BB
Colorado	No	Yes	No
Connecticut	No K	Yes	No
Delaware	No	Yes E	No
District of Columbia	Yes V	Yes V	No
Florida	No	Yes	No
Georgia	No	Yes	No
Guam	No	Yes E, G	No
Hawaii	No	Yes E, G	No
Idaho	No	Yes	No
Illinois	H	Yes E	No
Indiana	No J	Yes	No
Iowa G	Yes	Yes	No
Kansas	No	Yes G	P
Kentucky	No K	Yes E	Yes
Louisiana	No	Yes	No
Maine	No	Yes	No
Maryland	No	Yes G	No
Massachusetts	No	Yes G	No
Michigan	Yes G	Yes G	Yes G
Minnesota	No	Yes	Yes GG
Mississippi E, G	No	Yes	No
Missouri	Yes E, G	Yes E, G	No
Montana DD	Z	Yes I	No Y
Nebraska	No	Yes	No
Nevada	No	Yes	No
New Hampshire	No	Yes G	No
New Jersey	No	Yes E, G	No
New Mexico	No	Yes	Yes
New York	No	Yes G	No
North Carolina	Yes E	Yes E	No
North Dakota	Yes	Yes	Yes G
Ohio	No	Yes	No
Oklahoma	No	Yes	No
Oregon	No	Yes	No
Pennsylvania G, E	No	Yes	No
Puerto Rico	N	N	No
Rhode Island	No J, V	Yes	No
South Carolina	Yes AA	Yes E	Yes FF
South Dakota	No	No O	No
Tennessee	Yes U	Yes G	No S
Texas	No	Yes	No
Utah	No	Yes G, I	No
Vermont	No	Yes E	No
Virginia	No	Yes G	No
Washington	No	Yes	Yes EE
West Virginia	No	Yes G	No
Wisconsin	Z	Yes	No
Wyoming E, G	No	Yes	N/A

XIV. Pharmacy Technicians in Hospital/Institutional Setting *(cont.)*

May Pharmacy Technicians in the Hospital/Institutional Setting:

State	Call Physician for Refill Authorization?	Compound Medications for Dispensing?	Transfer Prescriptions via Telephone?
Alabama	Yes D	No	No
Alaska G	Yes D	Yes	No
Arizona	Yes B	Yes B	No
Arkansas	Yes D	Yes C	No
California	Yes	Yes	No
Colorado	Yes D	Yes	No
Connecticut	Yes D	Yes E	No
Delaware	No	Yes F	No
District of Columbia	Yes V	Yes V	No
Florida	Yes	Yes	No
Georgia	No	No W	No
Guam	No	Yes E, G	Pending regulations
Hawaii	No	Yes E, G	No
Idaho	Yes	Yes	No
Illinois	Yes E	Yes E	
Indiana	Yes	Yes	No
Iowa G	Yes	Yes	No
Kansas	Yes	Yes G	No
Kentucky	Yes E, D	Yes E	No
Louisiana	Yes D	Yes E	No
Maine	Yes	Yes	No
Maryland	Yes X	Yes	No
Massachusetts	Yes	Yes B, G	No
Michigan	No	Yes G	Yes Q
Minnesota	Yes	No	No
Mississippi E, G	Yes	Yes	No
Missouri	Yes E, G	Yes E, G	Yes E, G, CC
Montana	Yes DD	Yes	No
Nebraska	Yes M	Yes	No
Nevada	Yes	Yes	No
New Hampshire	No	Yes G	No
New Jersey	No	Yes E, G	
New Mexico	Yes G	Yes	No
New York	No	No	No
North Carolina	Yes E	Yes E	No
North Dakota	Yes	Yes G	Yes
Ohio	No	Yes E	No
Oklahoma	Yes D	Yes L	No
Oregon	Yes D	Yes	No
Pennsylvania G, E	No	Yes F	No
Puerto Rico	N	N	
Rhode Island	Yes	Yes G	No
South Carolina	Yes Z	Yes E	Yes FF
South Dakota	No	Yes G	No
Tennessee	Yes G	Yes G	Yes U
Texas	Yes D	Yes E, R	No
Utah	Yes D	Yes G	Yes G, D
Vermont	No	Yes A, B	No
Virginia	Yes	Yes E, G	No
Washington	Yes D	Yes T	No
West Virginia	Yes D	Yes T	No
Wisconsin	Z, D	Yes B, G	No
Wyoming E, G	Yes D	Yes G	No

LEGEND

- A — Activities not addressed in statutes or regulations.
- B — Subject to approved policy and procedure manuals, supportive personnel training, and pharmacist final verification and initialing.
- C — Except multiple-additive IV solutions.
- D — If there are any changes to the prescription and/or if professional consultation is involved, the pharmacist must handle the call.
- E — Allowed activity must be under the **direct** supervision of a licensed pharmacist. (HI – “immediate supervision.” KY – Direct supervision if technician is not certified by the PTCB; if certified, then technician may perform activity under indirect supervision. LA – “Direct and immediate” supervision.)
- F — Compounding is the responsibility of the pharmacist or pharmacy intern under the direct supervision of the pharmacist. The pharmacist may utilize the assistance of supportive personnel under certain conditions. Contact Board for requirements.
- G — Pharmacist must verify, check, and/or is responsible for allowed activities.
- H — Not prohibited. Law and regulations are silent on this issue; however, the practice is discouraged. Pharmacists should exercise professional judgment.
- I — Allowed activity must be under the general supervision of a licensed pharmacist.
- J — Unless it is regarding a refill.
- K — Allowed activity limited to pharmacist interns.
- L — Bulk compounding allowed.
- M — However, a technician cannot receive actual authorization to refill.
- N — Pharmacy Act allows pharmacy assistants to perform the tasks assigned by the pharmacist under his/her direct supervision. PR Supreme Court has recognized that only pharmacists are prepared to do patient counseling.
- O — May key-in but not enter.
- P — Need board approval.
- Q — Yes, if there are policies and procedures in place that allow delegation and that comply with Board Administrative Rules 338.490 and 338.3162.
- R — Only certified pharmacy technicians may compound sterile pharmaceuticals, but must have special training. Contact the Board for training requirements.
- S — Under review/possible revision.
- T — Bulk compounding and IV preparation are allowed, but “extemporaneous” compounding is not allowed.
- U — If technician is certified.
- V — Pharmacist must verify, check, and/or is responsible for allowed activities; except in the case of Schedule II controlled substances, only a pharmacist may receive an oral prescription.
- W — May compound IV admixtures only if pharmacist verifies the final product for accuracy, efficacy, patient utilization, and has a mechanism to verify the measuring of active ingredients added to the IV mixture.
- X — Pharmacy technician may call for refills for prescriptions other than CDS. May not accept refill authorization that changes the order.
- Y — Pilot programs are underway.
- Z — Can accept refills if no changes. (WI – new prescriptions must be recorded.)
- AA — Certified technicians only with supervising pharmacist authorization.
- BB — However, CA has approved a study on this issue and legislation is pending.
- CC — May not transfer controlled substance prescriptions.
- DD — Technicians can now work up to 30 minutes alone in the pharmacy while a pharmacist has a mandatory lunch break (up to 30 minutes) on the premises.
- EE — Hospitals may apply to the board for approval of technician-check-technician programs that meet certain conditions. This is available for unit dose drug distribution systems.
- FF — A supervising pharmacist may authorize a certified pharmacy technician to: 1) receive and initiate verbal telephone orders; 2) conduct one-time prescription transfers; 3) check a technician’s refill of medications if the medication is to be administered by a licensed health care professional in an institutional setting; and 4) check a technician’s repackaging of medications from bulk to unit dose in an institutional setting.
- GG — Yes only after obtaining a variance from the board.

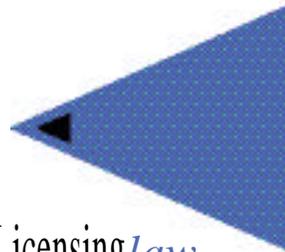
NABPLAW® Online Search Terms *(type as indicated below)*

Pharmacy Technicians in Hospital/Institutional Setting

- ▲ technician & requirements & hospital
- ▲ support & personnel & requirements & hospital
- ▲ technician & training & hospital
- ▲ technician & registration & hospital

Note: “ancillary personnel”; “support personnel”; and “non-licensed personnel” can be substituted for “technician.” “Institutional” can be substituted for “hospital.”

Survey
of
Pharmacy
Law



Licensing *law*

XV. Pharmacy Technicians in Community Setting

May Pharmacy Technicians in the Community Setting:

State	Accept Called-in Rx from Physician's Office?	Enter Prescription into Pharmacy Computer?	Can Technicians Check the Work of Other Technicians?
Alabama	No	Yes	No
Alaska E	No	Yes	No
Arizona	No	Yes B	No
Arkansas	No	Yes	No
California	No	Yes	No
Colorado	No	Yes	No
Connecticut	No	Yes D, E	No
Delaware	No	Yes D	No
District of Columbia	Yes S	Yes S	No
Florida	No	Yes	No
Georgia	No	Yes	No
Guam	No	Yes D, E	No
Hawaii	No	Yes D, E	No
Idaho	No	Yes	No
Illinois	Q	Yes I	
Indiana	No G	Yes	No
Iowa E	Yes	Yes	No
Kansas	No	Yes E	No
Kentucky	No H	Yes D	No
Louisiana	No	Yes	No
Maine	No	Yes	No
Maryland	No	Yes E	No
Massachusetts	Yes R	Yes E	No
Michigan	Yes E	Yes E	Yes E
Minnesota	No	Yes	No
Mississippi D, E	No	Yes	No
Missouri	Yes D, E	Yes D, E	Yes D, E
Montana V	Y	Yes I	No
Nebraska	No	Yes	No
Nevada	No	Yes	No
New Hampshire	No	Yes E	No
New Jersey	No	Yes	
New Mexico	No	Yes	Yes
New York	No	Yes E	No
North Carolina	Yes E	Yes E	No
North Dakota	Yes	Yes	Yes G
Ohio	No	Yes	No
Oklahoma	No H	Yes	No
Oregon	No	Yes	No
Pennsylvania D, E	No	Yes	No
Puerto Rico	O	O	
Rhode Island	G, R	Yes	No
South Carolina	Yes Z	Yes D	Yes T
South Dakota	No	No J	No
Tennessee	Yes E, R	Yes E	No K
Texas	No	Yes	No
Utah	No	Yes E	No
Vermont	No	Yes	No
Virginia	No	Yes E	No
Washington	No	Yes	No
West Virginia	No	Yes D, E	No
Wisconsin	Y, M	Yes	No
Wyoming D, E	No	Yes	N/A

XV. Pharmacy Technicians in Community Setting *(cont.)*

May Pharmacy Technicians in the Community Setting:

State	Call Physician for Refill Authorization?	Compound Medications for Dispensing?	Transfer Prescription Orders via Telephone?
Alabama	Yes M	No	No
Alaska E	Yes M	Yes	No
Arizona	Yes B	Yes R	No
Arkansas	Yes M	Yes D, E	No
California	Yes D	Yes D, E	No
Colorado	Yes	Yes E	—
Connecticut	Yes M	Yes D, E	No
Delaware	No	Yes F	No
District of Columbia	Yes S	Yes S	No
Florida	Yes	Yes	No
Georgia	No	No	No
Guam	No	Yes D, E	Pending regulations
Hawaii	No	Yes D, E	No
Idaho	Yes	Yes	No
Illinois	Yes I	Yes I	
Indiana	Yes	Yes	No
Iowa E	Yes	Yes	No
Kansas	Yes	Yes E	No
Kentucky	Yes D, M	Yes D	No
Louisiana	Yes M	Yes D	No
Maine	Yes	Yes	No
Maryland	Yes W	Yes E	No
Massachusetts	Yes U	Yes E	No
Michigan	No	Yes E	Yes C
Minnesota	Yes	No	No
Mississippi D, E	Yes	Yes	No
Missouri	Yes D, E	Yes D, E	Yes D, E, AA
Montana	Yes	Yes L	No
Nebraska	Yes X	Yes	No
Nevada	Yes	Yes	No
New Hampshire	No	Yes E	No
New Jersey	No	Yes D, E	
New Mexico	Yes E	Yes	No
New York	No	No	No
North Carolina	Yes E	Yes E	No
North Dakota	Yes	Yes E	Yes
Ohio	No	Yes D	No
Oklahoma	Yes	Yes L	No
Oregon	Yes M	Yes	No
Pennsylvania D, E	No	Yes F	No
Puerto Rico	O	O	
Rhode Island	Yes	Yes E	No
South Carolina	Yes Z	Yes D	Yes T
South Dakota	No	Yes E	No
Tennessee	Yes	Yes E	Yes R
Texas	Yes M	Yes D, N	No
Utah	Yes M	Yes E	Yes E
Vermont	Yes	Yes A, B	No
Virginia	Yes	Yes D, E	No
Washington	Yes M	Yes P	No
West Virginia	Yes D, E	No	No
Wisconsin	Yes M, Y	Yes B	No
Wyoming	Yes M	Yes E	No

XV. Pharmacy Technicians in Community Setting *(cont.)*

LEGEND

- A — Activities are not addressed in laws or statutes.
- B — Subject to approved policy and procedure manuals, supportive personnel training, and pharmacist final verification and initialing.
- C — Yes, if there are policies and procedures in place that allow delegation and that comply with Board Administrative Rules 338.490 and 338.3162.
- D — Allowed activity must be under the **direct** supervision of a licensed pharmacist. (HI – “Immediate supervision.” KY – Direct supervision if technician is not certified; if certified by the PTCB, then technician may perform activity under indirect supervision. LA – “Direct and immediate.”)
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- G — Unless it is regarding a refill.
- H — Allowed activity limited to pharmacists and interns. (KY – Under direct supervision.)
- I — Allowed activity must be under the supervision of a licensed pharmacist.
- J — May key-in but not enter.
- K — Possible revisions.
- L — Bulk compounding allowed.
- M — If there are any changes to the prescription and/or if professional consultation is involved, the pharmacist must handle the call.
- N — Only certified pharmacy technicians may compound sterile pharmaceuticals but must have special training. Contact the Board for training requirements.
- O — Pharmacy Act allows pharmacy assistants to perform the tasks assigned by the pharmacist under his/her supervision. PR Supreme Court has recognized that only pharmacists are prepared to do patient counseling.
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- R — If technician is certified.
- S — Pharmacist must verify, check, and/or is responsible for allowed activities; except in the case of Schedule II controlled substances, only a pharmacist may receive an oral prescription.
- T — A supervising pharmacist may authorize a certified pharmacy technician to: 1) receive and initiate verbal telephone orders; 2) conduct one-time prescription transfers; 3) check a technician’s refill of medications if the medication is to be administered by a licensed health care professional in an institutional setting; 4) check a technician’s repackaging of medication from bulk to unit dose in an institutional setting.
- U — Provided no change in therapy.
- V — Technicians can now work up to 30 minutes alone in the pharmacy while a pharmacist has a mandatory lunch break (up to 30 minutes) on the premises.
- W — Pharmacy technician may call for refills for prescriptions other than CDS. May not accept refill authorization that changes the order.
- X — However, a technician cannot receive actual authorization to refill.
- Y — Refills only with no changes. (WI – new prescriptions must be recorded.)
- Z — Certified technicians only with supervising pharmacist authorization.
- AA — May not transfer controlled substance prescriptions.

NABPLAW® Online Search Terms *(type as indicated below)*

Pharmacy Technicians in Community Setting

- ▲ technician & requirements
- ▲ support & personnel & requirements
- ▲ technician & training
- ▲ technician & registration

Note: “ancillary personnel”; “support personnel”; and “non-licensed personnel” can be substituted for “technician.”