

Proposal for Pharmacy Technician Education, Training, Practice, and Career Laddering: A Proposal to Advance Pharmacy and Promote Patient Safety

SUBMITTED BY

THE PHARMACY TECHNICIAN WORKFORCE TASK FORCE, CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS AND CALIFORNIA PHARMACY TECHNICIAN ASSOCIATION

PREAMBLE

The profession of pharmacy worldwide, nationwide, and particularly the state of California is in the midst of significant transition to more patient-centered roles as part of interdisciplinary healthcare teams. This transition is evoked by a number of demographic, political, economic and cultural shifts. California's patient population continues to grow more diverse at the same time that these patients are living longer and that economic pressures and compromised health literacy place them at risk for diminished health outcomes. Additionally, the State and U.S. have realized and are accentuating the value of primary care and public health initiatives amidst a growing scarcity of primary care physicians. These and other factors have precipitated the passage of Senate Bill (SB) 493 in conjunction with national bills like the Patient Protection and Affordable Care Act. These new regulations either directly or implicitly command wider scopes of practice and responsibility for pharmacists.

For pharmacy to seize upon the opportunities that lie ahead and to serve patients in the best possible manner, the roles of all personnel must be elevated. As pharmacists take on more clinical responsibilities, they must have confidence in delegating certain responsibilities to other pharmacy personnel, particularly pharmacy technicians. That confidence comes with technicians' experience, education and training, and demonstration of effectiveness on the job. At the same time, pharmacy technicians (PTs) seek stable careers with opportunities for self-development, future goals, and promotion. The literature suggests that technicians with certification and some experience report considerable career commitment, even while their perceptions of other stakeholders' commitment to them as a whole suggests that improvement is warranted.

The roles of technicians already have evolved considerably in the past couple decades. The literature is now replete with examples of technicians checking the work of and supervising other technicians; managing processes in sterile compounding environments; managing certain resources and distribution processes; coordinating prescription assistance programs; managing inventory; advanced billing/accounting functions, and more. Evidence suggests that pharmacists have become increasingly warm to the growth and professionalization of technicians, as have other stakeholders. This transition in attitudes toward pharmacy technician professionalization and development have occurred as pharmacists realize that the competence of support staff assists in

their own advancement, that such phenomena are beneficial in everyone's desire for enhanced patient safety, and as pharmacists shift paradigms for a greater desire to practice at the top of their license. At the same time, pharmacy technician training and education have been bolstered by a proliferation of ASHP-accredited programs and by national certification processes such as that through the Pharmacy Technician Certification Board (PTCB). Still, a number of questions and challenges must be addressed to accelerate the competence, professionalization, and attractiveness of pharmacy technicians and their putative careers. The very definition of a technician should be revisited, particularly in light of current practice and more clearly delineating roles and responsibilities among different persons in the medication distribution and therapy management processes. Appropriate technician to pharmacist ratios should be considered in light of technicians' competence and employer cost structures. There should be mechanisms identified to help technicians fulfill internal goals of self-actualization while enhancing their effectiveness to employing organizations through various mechanisms, such as career laddering. These all feed into the necessity to examine technicians' scope of practice and responsibilities in light of such scopes of practice evolving among pharmacists.

To that end, the California Society of Health-System Pharmacists (CSHP) and California Pharmacy Technician Association (CPTA) convened a Pharmacy Technician Workforce Task Force aimed to evaluate PT education and training expectations; propose a technician career-laddering procedure; proffer variable technician-to-pharmacist ratios based upon the ladder; propose a set of activities to be undertaken by PTs to support the advance of pharmacy practice and help meet Californians' needs for medication safety; elicit support from other

stakeholders in the design of laddering processes; and propose modification to the definition and duties of a technician commensurate with advancing pharmacy practice and patient safety.

Pharmacy Technicians

Definition: 4115. (a) 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.

Pharmacy Technician To Pharmacist Ratios

Background

CSHP has identified a need to change the situation in California regarding the contribution of Pharmacy Technicians toward the provision of patient care in various work settings and processes to improve the effectiveness and efficiency of the care that pharmacists may provide. To that result it convened a Pharmacy Technician Workforce Task Force (PTWTF) to make recommendations to the CSHP Board of Directors.

The PTWTF has held several meetings and several sub-committee meetings. It has determined that three areas need to be addressed in order to improve the situation toward the goal referenced above. They are:

1. Improve the baseline qualifications for a person to become licensed as a Pharmacy Technician (Category I, see below) in California.
2. Increase in quality and quantity the availability of opportunities for Pharmacy Technicians to provide supportive functions by recognizing three levels of Pharmacy Technician license categories with escalating sophistication in the functions authorized and the Pharmacy Technicians' responsibilities in Categories II and III.

- To address the outdated provisions for Pharmacy Technician to supervising Pharmacist ratios based on the needs and abilities of the types of service provide, the variation in workforce settings and workflow and the level of supervision desired and available.

This Recommendation will only address directly the topic of ratios, although the other factors of qualifications and authorities and responsibilities are pertinent. Further, the PTWTF recognized that Pharmacy Technicians were first officially recognized as licensed health care personnel in California since about 1994 in statute, when politically it was only possible to have a ratio for community pharmacy settings set in statute. [Note: the allowed ratio in hospital, certain other “inpatient” settings and under the auspices of a Home Health Agency may be set by appeal to the Board of Pharmacy.]

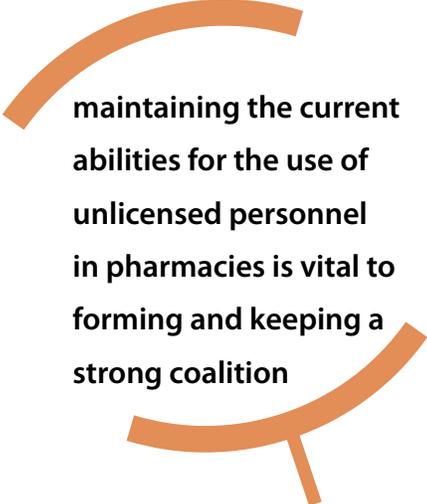
It was also noted that many states have no ratio set in either statute or regulation, some have ratios only loosely established by Board of Pharmacy policy that is enforced on a case-by-case basis and many states that have ratios in law have more Pharmacy Technicians allowed that does California. However, a discussion of the allowed ratios in many differing practice settings cannot be separated from the tasks they are authorized to perform. For example, in some states with defined ratios, a community pharmacy may only have a Registered or Licensed Pharmacy Technician input prescription information into the pharmacy’s computer system for prescription dispensing purposes. Conversely in California that function is allowed to be performed by unlicensed pharmacy personnel (e.g. a Clerk or Assistant) under the direct supervision of a Pharmacist.

Consequently, the PTWTF Subcommittee that develop the ratio recommendations of this report did so with the end goal in mind of changing the California statutes for qualifications, escalating levels of

Pharmacy Technician roles and allowed ratios. A major part of that consideration was the likelihood of success with or without a strong coalition of all pharmacy stakeholders, especially Community/Chain pharmacy operations in California. Those stakeholders have already been active in other states to accomplish the same goal of changing the Pharmacy Technician to Pharmacist allowed ratios. An important lesson learned from those efforts is that maintaining the current abilities for the use of unlicensed personnel in pharmacies is vital to forming and keeping a strong coalition. In other words, to gain an additional Pharmacy Technician ratio position but decrease the ability to employ unlicensed personnel for certain functions in the legislative/regulatory process would be a “step backwards” and threaten both the formation and success of a broad stakeholder coalition.

The PTWTF at its last meeting came to a consensus that a realistic goal would be to have three categories of Licensed Pharmacy Technicians with the functions allowed more sophisticated for category II than category I, and then more sophisticated for category III than category II, respectively. Likewise the qualifications and maintenance of competence requirements would also escalate accordingly. Though this document will NOT detail those parameters comprehensively, here are some potential examples.

Category I would consist of Licensed Pharmacy Technicians that are at least 18 years of age (new requirement) and have met at least the current criteria in California law. Category II, would include Pharmacy Technicians allowed to assist pharmacists in the preparation of sterile products and would have to meet specified criteria for sterile preparation training and continued competency as well as perform the functions allowed for Category I. Category III would be allowed to perform other functions such as Tech-Check-Tech (T-C-T), in more settings than currently allowed



maintaining the current abilities for the use of unlicensed personnel in pharmacies is vital to forming and keeping a strong coalition

as well as the functions for Categories I and II. There could and should be some discussion about the correlation of other or additional pharmacist responsibilities and services in order to employ, for example, Pharmacy Technicians in T-C-T programs in other settings than employment in hospital settings.

Recommendations

It should be thoughtfully recognized that legally recognizing Pharmacy Technicians in California has a long history and many stakeholders that will be interested in any changes, especially changes in Pharmacy Technician to Pharmacist ratios and the tasks that differentiate a Pharmacy Technician from other unlicensed pharmacy personnel. Success will depend on openly listening to the interests of such stakeholders and a sincere effort to satisfy their needs while carefully defining, prioritizing and attaining CSHP's objectives. CSHP must resist any temptations to automatically dismiss their needs as not being important to CSHP or "Health Systems". Though satisfaction of all stakeholders may not be possible, it should be a CSHP goal of the process.

These recommendations recognize there is an "ideal no ratio" requirement that should be sought that will allow the pharmacies and institutions to determine how to use pharmacists and supportive personnel for the best balance of safety, quality, service and efficiency in each setting and system. It is noteworthy that for two decades hospitals in California have had the ability to seek greater than an overall two Pharmacy Technicians to Pharmacist ratio through application to the Board of Pharmacy but apparently none have done so. Likewise, community pharmacies have had the ability to use an unlimited number of unlicensed pharmacy personnel for computer inputting and other functions but there have been little or no instances on record where that ability has been abused. Therefore we recommend that:

The starting goal of CSHP and the stakeholder taskforce is to eliminate an establishment of a ratio of any Pharmacy Technicians to Pharmacist in Statute or Regulation. Such a change may not only now be possible but in light of the role expansion for pharmacists and the need for hospitals and community pharmacies to concentrate on Transitions-of-Care and preventing re-admissions to hospitals, etc., changes regarding allowed workforce is essential.

Alternatively, but consistent with goal #1, would be to explicitly grant the Board of Pharmacy the authority upon an adverse finding after a complaint and thorough investigation to have the pharmacy or institution change its ratio and/or supervisory process for a case-by-case specified time period while corrective action was taken. For example, until either more qualified personnel were acquired or until current personnel demonstrated improved qualifications and performance. We believe this is consistent with the Board's current ability under its authority to issue a "Citation with/without a Fine" and an "Order of Abatement". However, politically there may be a need to be more explicit in the cite and fine authority similar to conditions of probation.

Further, that any statutory or regulatory change has a process for recognizing the satisfactory performance of current Pharmacy Technicians until there is ample opportunity for them to acquire the formal qualifications to function in the higher categories, i.e. a limited "grandfathering" period.

The Task Force recognizes that achieving statutory and regulatory change regarding Pharmacy Technician ratios will be a significant challenge requiring an acceptance of compromise. However, given the importance to achieving the goals of better and safer patient care, at an affordable cost and with greater career opportunities for both Pharmacists and Pharmacy Technicians, we urge acceptance.

To that end, the Task Force also recognizes the myriad and diverse groups of stakeholders whose buy-in and participation in ultimate decision-making, adjudication, and use of these recommendations is paramount. These stakeholders include, but are not limited to all the partners shown in Appendix 2.

Career Laddering

Career laddering has long been the norm for certain jobs, fields, and organizations; however, as a formal mechanism to provide a culture for self-development and advancement, the concept has received an increasing amount of attention in lay circles and in the literature. The concept of career laddering has its roots, in part from theories of motivation. The seminal motivational theory by Abraham Maslow suggests that persons seek safety and security, then bountiful relationships, esteem, then self-actualization. Herzberg's theory expounds upon this and suggests extrinsic factors primarily as potential dissatisfiers (e.g., lack of adequate pay) that are more likely to lead to turnover but also intrinsic factors (relationships, opportunities for self-development) whose lack might not lead expressly to turnover in the same fashion but that which imbue ennui, lack of motivation, and poor performance. These conditions create a deleterious work climate and ultimately cost an organization even MORE than turnover, which in itself is still quite costly. Since that time, other conceptual models help to explain even in greater detail the likelihood of employee outcomes. Expectancy theory suggests that employees will evaluate the fruits of their work (inputs; e.g., effort, performance, loyalty, commitment) with the outputs received (e.g., job security, salary, recognition) and adjust their inputs accordingly. Equity theory suggests that employees do so, but also consider the inputs and outputs of others relevant to them (e.g., colleagues, friends with similar jobs, others in the same organization with different jobs).

In any event, organizations must provide a work climate conducive to growth and performance as well as trust and camaraderie among employees. Peter Drucker indicated that we've moved as a society from a position where employees were TOLD WHAT TO DO, then ASKED THAT THEY SHOULD DO, then onto where employees determine with their organizations a plan of WHAT THEY SHOULD DO based upon alignment of both parties' values and goals.

The proposed career-laddering mechanism takes all of these things into account. It should be noted that career-laddering has additional implications for organizational communication, logistic and tactical strategizing, succession planning, and legal protection. As such, procedure proposed is one that:

1. Defines a tiered knowledge and skill set needed in the medication delivery and use processes.
2. Applies to pharmacy practice settings in a broad sense, rather than considers them on an individual basis; i.e., is broadly applicable.
3. Allows pharmacists to delegate responsibilities based on technicians' level on the career ladder in recognition of emerging practice opportunities.
4. Engenders career commitment critical to patient care safety and employer long-term costs and benefits.

Laddering Procedure

The following proposes a 3-rung laddering procedure. While the number of rungs, or steps in a laddering procedure might appear arbitrary, this was given careful thought, as: (1) only two rungs provides fewer opportunities for promotion and self-actualization, almost obviating the laddering process; and (2) too many rungs can become overly complicated, and creation of such for a position that while important, does not require a 4-year

baccalaureate degree, would be difficult and cumbersome not only to create, but for organizations to execute.

The following proposed graded sets of position qualification requirements, position summary, compensation, job duties, and expectations. These are defined globally without attention to a particular organization or setting. Organizations may consider using these as templates for a more specific laddering mechanism that best suits them. The origination of the proposed laddering procedure was derived from myriad sources, including various task analyses (eg, Pharmacy Technician Certification Board) and current, relevant California Board of Pharmacy rules and regulations (Appendix 1).

Note: Please consider the following indications below:

- * Organizations might determine a preferable nomenclature to designate different technician ladder steps/rungs other than “Technician I”, “Technician II”, and so on.
- ** Organizations are encouraged to delineate specific sets of criteria or rubrics to determine levels of effectiveness for each job duty and/or add to that least, as appropriate.
- ***Organizations are encouraged to supplement this list and provide definitions of these expectations, as appropriate.

Technician I.*

Position Qualifications Requirements include all of the following:

- High school diploma or equivalent.
- California Board of Pharmacy licensure.
- Certification by the Pharmacy Technician Certification Board (PTCB) or certification by another organization

recognized by the California Board of Pharmacy.

- Must be at least 18 years of age.

Position Summary: Responsible for performing basic pharmacy technician duties. Works under the supervision of a registered pharmacist, who may delegate certain supervisory or managerial functions to a Technician II or Technician III, as appropriate. May assist with supervision and/or mentoring a Pharmacy Technician I.

Compensation: According to company policies, performance, experience, and economic factors.

Job Duties: ** Technician duties include those of unlicensed pharmacy ancillary personnel (e.g. clerks, assistants, etc.) and all of the following:

1. Drug distribution—includes preparation and distribution tasks accurately and in accordance with established policies and procedures.
2. Non-sterile compounding, repackaging activities.
3. Perform floor inspections (i.e. crash carts, trays, floor stock, etc.).
4. Customer/patient/stakeholder service—communication with patients and/or other healthcare professional in accordance with established policies and procedures.
5. Administrative support duties.
6. Inspection and maintenance of drug storage areas.
7. Fills medication orders with ready to use products (Obtain correct medication to fill prescription medication orders. Count and/or prepare medications according to label quantity.).
8. Assist in maintaining inventory security of controlled substances under the direct supervision of a pharmacist.

9. Assemble unit dose packaging.
10. Fill medication cassettes.
11. Prepare medication carts/boxes (i.e. crash carts, trays, etc.).
12. Replenish patient-specific floor stock (i.e. IVs, automated dispensing systems).
13. Re-package medications as needed.
14. Barcode and label products.
15. Process expired, damaged, recalled pharmacy products.
16. Perform inventory inspections as mandated by law.
17. Return unused medications to stock.
18. Follow procedures in the preparation and dispensing of medications.
19. Manage the disposal of non-sterile hazardous waste.
20. Gather data for medication utilization review and medication reconciliation.
21. Prepare investigational study medications following established protocols.
22. Provide pharmacy training to students.
23. Maintain current pharmacy technician licensure.
24. Obtain and maintain technician certification.
25. Dispense via remote video pharmacist supervision.

Expectations: ***

1. Compliance with applicable laws, rules, and regulations
2. Problem-solving
3. Accountability
4. Integrity
5. Positive workplace attitude

6. Communication with others
7. Teamwork/Organizational Mission
8. Dependability
9. Service attitude
10. Resource utilization

Technician II.

Position Qualifications Requirements:

- High school diploma or equivalent.
- California Board of Pharmacy licensure.
- Certification by the Pharmacy Technician Certification Board (PTCB) or certification by another organization recognized by the California Board of Pharmacy.
- Completion of an accredited pharmacy technician education/training program recognized by the California Board of Pharmacy.
- Previous experience of at least two years as a pharmacy technician.
- Must be at least 18 years of age.

Position Summary: Responsible for performing basic pharmacy technician duties. Works under the supervision of a registered pharmacist, who may delegate certain supervisory or managerial functions to a Technician II or Technician III, as appropriate. May assist with supervision and/or mentoring a Pharmacy Technician I.

Compensation: According to company policies, performance, experience, and economic factors. Promotion to Technician II includes an automatic raise in pay in addition to any other merit or cost-of-living adjustments made during the previous evaluation period.

Job Duties:** Technician II tasks include those of Technician I, as below. Job Duties: ** Technician duties include

those of unlicensed pharmacy ancillary personnel (e.g. clerks, assistants, etc.) and all of the following:

1. Drug distribution—includes preparation and distribution tasks accurately and in accordance with established policies and procedures.
2. Non-sterile compounding, repackaging activities.
3. Perform floor inspections (i.e. crash carts, trays, floor stock, etc.).
4. Customer/patient/stakeholder service—communication with patients and/or other healthcare professional in accordance with established policies and procedures.
5. Administrative support duties.
6. Inspection and maintenance of drug storage areas.
7. Fills medication orders with ready to use products (Obtain correct medication to fill prescription medication orders. Count and/or prepare medications according to label quantity.).
8. Assist in maintaining inventory security of controlled substances under the direct supervision of a pharmacist.
9. Assemble unit dose packaging.
10. Fill medication cassettes.
11. Prepare medication carts/boxes (i.e. crash carts, trays, etc.).
12. Replenish patient-specific floor stock (i.e. IVs, automated dispensing systems).
13. Re-package medications as needed.
14. Barcode and label products.
15. Process expired, damaged, recalled pharmacy products.
16. Perform inventory inspections as mandated by law.

17. Return unused medications to stock.
18. Follow procedures in the preparation and dispensing of medications.
19. Manage the disposal of non-sterile hazardous waste.
20. Gather data for medication utilization review and medication reconciliation.
21. Prepare investigational study medications following established protocols.
22. Provide pharmacy training to students.
23. Maintain current pharmacy technician licensure.
24. Obtain and maintain technician certification.
25. Dispense via remote video pharmacist supervision.

Additionally, Job Duties of a Technician II include, but are not necessarily entirely limited to, all of the following:

1. Conduct the environmental testing of the IV preparation area.
2. Upkeep and supervision of sterile and non-sterile compounding facilities.
3. Sterile compounding of all types, and advanced calculations.
4. Oversight and maintenance of sterile compounding facilities.
5. Assist with technician aspects of medication therapy management, medication reconciliation, or similar such services, including scheduling and other support, as needed.
6. Performs “Tech check Tech” quality control regarding distribution processes.
7. Training of Technician I.
8. Set inventory par levels.
9. Manage the disposal of sterile hazardous waste.

- 10. Perform tech check tech on non-compounded products and activities.
- 11. Administration of immunizations.
- 12. Gather patient-specific information for IV to PO switch programs.

Expectations: ***

- 1. Compliance with applicable laws, rules, and regulations
- 2. Problem-solving
- 3. Accountability
- 4. Integrity
- 5. Positive workplace attitude
- 6. Communication with others
- 7. Teamwork/Organizational Mission
- 8. Dependability
- 9. Service attitude
- 10. Resource utilization
- 11. Behavior modeling
- 12. Supervision

Technician III.*

Position Qualifications Requirements:

- High school diploma or equivalent.
- California Board of Pharmacy licensure.
- Certification by the Pharmacy Technician Certification Board (PTCB) or certification by another organization recognized by the California Board of Pharmacy.
- Completion of an accredited pharmacy technician education/training program recognized by the California Board of Pharmacy.
- Previous experience of at least 2 years as a Pharmacy Technician II.
- Must be at least 18 years of age.

Position Summary: Responsible for performing basic pharmacy technician duties. Works under the supervision of registered pharmacists. May assist with supervision and/or mentoring Pharmacy Technician I and/or Technician II, as delineated by a pharmacist. Performs more advanced duties that may include accounting functions, higher-order calculations, and/or preparation of chemotherapeutic or other advanced agents or dosage forms.

Compensation: According to company policies, performance, experience, and economic factors. Promotion to Technician III includes an automatic raise of \$xx/hr in addition to any other merit of cost-of-living adjustments made during the previous evaluation period.

Job Duties: ** Technician III tasks include those of Technician I and Technician II, inclusive of the following:

- 1. Drug distribution—includes preparation and distribution tasks accurately and in accordance with established policies and procedures.
- 2. Non-sterile compounding, repackaging activities.
- 3. Perform floor inspections (i.e. crash carts, trays, floor stock, etc.) (If Title 22 revisions pass this year).
- 4. Customer/patient/stakeholder service—communication with patients and/or other healthcare professional in accordance with established policies and procedures.
- 5. Administrative support duties.
- 6. Inspection and maintenance of drug storage areas.
- 7. Fills medication orders with ready to use products (Obtain correct medication to fill prescription medication orders. Count and/or prepare medications according to label quantity.).
- 8. Assist in maintaining inventory security of controlled substances under the

- direct supervision of a pharmacist.
- 9. Assemble unit dose packaging.
- 10. Fill medication cassettes.
- 11. Prepare medication carts/boxes (i.e. crash carts, trays, etc.).
- 12. Replenish patient-specific floor stock (i.e. IVs, automated dispensing systems).
- 13. Re-package medications as needed.
- 14. Barcode and label products.
- 15. Process expired, damaged, recalled pharmacy products.
- 16. Perform inventory inspections as mandated by law.
- 17. Return unused medications to stock.
- 18. Follow procedures in the preparation and dispensing of medications.
- 19. Manage the disposal of non-sterile hazardous waste.
- 20. Gather data for medication utilization review and medication reconciliation.
- 21. Prepare investigational study medications following established protocols.
- 22. Provide pharmacy training to students.
- 23. Maintain current pharmacy technician licensure.
- 24. Obtain and maintain technician certification.
- 25. Dispense via remote video pharmacist supervision.
- 26. Conduct the environmental testing of the IV preparation area.
- 27. Upkeep and supervision of sterile and non-sterile compounding facilities.
- 28. Sterile compounding of all types, and advanced calculations.
- 29. Oversight and maintenance of sterile compounding facilities.

- 30. Assist with technician aspects of medication therapy management, medication reconciliation, or similar such services, including scheduling and other support, as needed.
- 31. Performs “Tech check Tech” quality control regarding distribution processes.
- 32. Training of Technician I.
- 33. Set inventory par levels.
- 34. Manage the disposal of sterile hazardous waste.
- 35. Perform tech check tech on non-compounded products and activities.
- 36. Administration of immunizations.
- 37. Gather patient-specific information for IV to PO switch programs.

Additionally, Job Duties of a Technician III include, but are not necessarily entirely limited to, all of the following:

- 1. Sterile compounding of all types, and advanced calculations.
- 2. Assist with technician aspects of medication therapy management, medication reconciliation, or similar such services, including scheduling and other support, as needed.
- 3. Training and conduct of evaluations of Technician I and Technician II team members, as assigned.
- 4. Routine triage, referral, and/or consultancy as allowed by law and company policies.
- 5. Advanced billing and other accounting functions.
- 6. All duties pertinent to the administration of pharmacy functions within the practice setting where clinical judgment and expertise (e.g., check function, patient or prescriber consultation) is not required, including direct supervision of other PTs.

- 7. Tech-check-tech on patient-specific and non-patient-specific sterile and non-sterile compounded preparations and repackaged products.

Expectations: ***

- 1. Compliance with applicable laws, rules, and regulations
- 2. Problem-solving
- 3. Accountability
- 4. Integrity
- 5. Positive workplace attitude
- 6. Communication with others
- 7. Teamwork/Organizational Mission
- 8. Dependability
- 9. Service attitude
- 10. Resource utilization
- 11. Behavior modeling
- 12. Supervision
- 13. Innovation/creativity
- 14. Mentorship

Appendix 1. Current (November, 2014) Relevant Board of Pharmacy Regulations.

Current education and training:

4202 Licensure Requirements:

Existing law authorizes the California Board of Pharmacy (the Board) to issue a pharmacy technician license to an individual who has obtained a high school degree or possesses a general educational development certificate equivalent. In addition, the individual must also meet any one of the following requirements to become licensed:

- 1. Has obtained an associate’s degree in pharmacy technology
- 2. Has completed a course of training specified by the Board

- 3. Has graduate from a school of pharmacy recognized by the Board
- 4. Is certified by the Pharmacy Technician Certification Board

1793.2 Duties of a Pharmacy Technician

“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.

1793.6 Training Courses Specified by the Board

A course of training that meets the requirements of Business and Professions Code section 4202(a)(2) 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 instruction covering at least the following:
 - (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.

1793.8 Technicians in Hospitals with Clinical Pharmacy Programs (Tech-Check-Tech)

- (a) A general acute care hospital, as defined in Health and Safety Code 1250(a), that has an ongoing clinical pharmacy program may allow pharmacy technicians to check the work of other pharmacy technicians in connection with the filling of floor and ward stock and unit dose distribution systems for patients admitted to the hospital whose orders have previously been reviewed and approved by a licensed pharmacist. Only inpatient hospital pharmacies as defined in 4029(a) that maintain a clinical pharmacy services program as described in 4052.1 may have a technician checking technician program as described. The pharmacy shall have on file a

description of the clinical pharmacy program prior to initiating a technician checking technician program.

- (1) This section shall only apply to acute care inpatient hospital pharmacy settings.
- (2) Hospital pharmacies that have a technician checking technician program shall deploy pharmacists to the inpatient care setting to provide clinical services.
- (b) Compounded or repackaged products must have been previously checked by a pharmacist and then may be used by the technician to fill unit dose distribution systems, and floor and ward stock.
- (c) To ensure quality patient care and reduce medication errors, programs that use pharmacy technicians to check the work of other pharmacy pursuant to this section must include the following components:
 - (1) The overall operation of the program shall be the responsibility of the pharmacist-in-charge.
 - (2) The program shall be under the direct supervision of a pharmacist and the parameters for the direct supervision shall be specified in the facility's policies and procedures.
 - (3) The pharmacy technician who performs the checking function has received specialized and advanced training as prescribed in the policies and procedures of the facility.
 - (4) To ensure quality there shall be ongoing evaluation of programs that use pharmacy technicians to check the work of other pharmacy technicians.

Expectations of Education and Training:

Technician Skills:

- 1. Receives, screens and enters prescriptions and medication orders

- a. Maintain patient profile
- b. Verify compatibility of patient medications after consulting with pharmacists.
- c. Performs and double check dosage calculations if needed.
- 2. Fills medication orders with ready to use products
 - a. Obtain correct medication to fill prescription medication orders
 - b. Count and/or prepare medications according to label quantity.
- 3. Prepares medications for multiple pharmacy practice settings
 - a. Performs and double check dosage calculations if needed
 - b. Prepare sterile and non-sterile products
 - c. Prepare radio-pharmaceutical products
 - d. Rechecks integrity of product prior to delivery
 - e. Prepare investigational study medications following established protocols
- 4. Manages delivery of medications
 - a. Maintain security of narcotics
 - b. Fill medication cassettes
 - c. Utilize courier systems to support delivery
 - d. Assemble unit dose packaging
 - e. Prepare specialty medication carts/boxes (i.e. crash carts, trays, etc.)
 - f. Replenish floor stock (i.e. IVs, automated dispensing systems)
 - g. Rectify missing dosages
 - h. Perform "Tech check Tech" tasks if appropriate
 - i. Operate patient prescription will call/pick up
 - j. Notify staff/patient regarding prescription status
- 5. Procures and maintains inventory of medications and supplies

- a. Orders, receives, and stores medications and supplies
 - b. Reconcile invoices against products received
 - c. Set par levels
 - d. Re-package medications as needed
 - e. Barcode and label products
 - f. Process invoices and purchase orders
 - g. Rotate stock according to expiration dates
 - h. Process expired, damaged, recalled pharmacy products
 - i. Track inter/intra facility borrowing and loaning transactions
 - j. Perform inventory inspections as mandated by law
 - k. Return unused medications to stock.
6. Manages billing and payment of pharmacy services and supplies.
- a. Update billing information
 - b. Reconcile third party claims
 - c. Obtain prior authorization and treatment authorization requests
 - d. Trouble shoot rejected claims
 - e. Monitor insurance audits
 - f. Process pharmacy invoices
 - g. Resolve billing issues
7. Maintains equipment and facilities in the pharmacy
- a. Organize work area
 - b. Ensure clean work environment
 - c. Maintain pharmacy equipment by accurately calibrating weighing and counting devices, fluid compounders, etc.
 - d. Trouble shoot, maintains and repair electronic devices (i.e. automated dispensing systems, fluid compounders, repackaging machine, etc.)
 - e. Initiate preventive maintenance requests.
- f. Update computer applications as needed.
8. Assures quality and safety standards
- a. Follow procedures in the preparation and dispensing of medications
 - b. Utilize standard precautions
 - c. Practice aseptic technique
 - d. Maintain temperature logs
 - e. Maintain physical boundaries when performing high risk functions
 - f. Perform aseptic surface testing
 - g. Verify proper storage of medications and supplies
 - h. Follow safety procedures and manage the disposal of hazardous waste.
 - i. Monitor trending reports for diversion, drug utilization, and inventory.
 - j. Perform IV rounds on patient units
 - k. Perform floor inspections (i.e. crash carts, trays, floor stock, etc.) (If Title 22 revisions pass this year)
 - l. Participate in audit processes
 - m. Participate in root cause analysis and sentinel event reporting
 - n. Participate in process improvement of pharmacy operations
 - o. Participate in the environmental testing of the IV preparation area
9. Maintains pharmacy documentation and resource materials
- a. Organize prescription documents
 - b. Generate required reports
 - c. Maintain medication and signature logs
 - d. Maintain narcotic records
 - e. Review medication discrepancies
 - f. Perform medication reconciliation for waste and returns
 - g. Reconcile medication usage reports
 - h. Triage incoming mail/emails
 - i. Collect data and chart information
- j. Maintain electronic databases
 - k. Assist with adverse drug reaction reporting
 - l. Assist with documentation of investigational study medications
 - m. Perform electronic back up of data.
10. Coordinates education to internal and external clients
- a. Orient and trained new staff to department and/or equipment usage and procedures
 - b. Provide pharmacy training to students
 - c. Provide trending or activity data as requested
 - d. Refer patients and families for pharmacist consultation
 - e. Participate in staff meetings
 - f. Participate in the development of policies and procedures
11. Supervises pharmacy operations
- a. Schedule pharmacy personnel
 - b. Assign daily tasks
 - c. Monitor workflow
 - d. Participate in hiring process of pharmacy personnel
 - e. Coach personnel for performance improvement
 - f. Monitor and train new pharmacy personnel
 - g. Empower personnel to take on leadership roles
 - h. Conduct pharmacy personnel performance evaluations
 - i. Provide employee recognition
 - j. Participate in disciplinary process
 - k. Implement contingency plans for operations
 - l. Assist pharmacist in managing duties

Soft Skills

1. Provides excellent customer service
 - a. Act as patient advocate
 - b. Maintain patient privacy
 - c. Assist customer with prescription refills
 - d. Assist customer during prescription intake process
 - e. Assist customer with prescription pick up
 - f. Assist customer with over the counter products
 - g. Triage phone calls and visitors
 - h. Resolve customer concerns
 - i. Facilitate interdepartmental communication
 - j. Act as a liaison between services and departments
 - k. Provide customer with printed information and records
 - l. Organize promotions and events
 - m. Manage disposition of patient's personal medications
 - n. Displays a caring attitude toward patients
2. Demonstrates professionalism
 - a. Take personal responsibility for assisting the pharmacist improving patient care.
 - b. Demonstrate ethical conduct in all job-related activities
 - c. Maintains professional and friendly image
 - d. Resolve problems through negotiation
 - e. Manages and embraces change
 - f. Communicates clearly when speaking or writing
 - g. Maximize efficiency through the use of technology
 - h. Maintains confidentiality
 - i. Effectively manage the workflow
 - j. Work as a team member
3. Maintains professional development
 - a. Maintain current pharmacy technician license
 - b. Perform self-evaluations to assess your strengths and weaknesses.
 - c. Complete competency evaluations
- d. Participate in local, state, and/or national pharmacy organization.
- e. Obtain and maintain Technician certification
- f. Stays current with pharmacy practice
- g. Participate in continuing education programs

Training:

1. Education Requirements (minimum)
 - Any pharmacy technician ASHP/PTAC approved program; or
 - Any bachelor's degree in health science and/or pharmacy; or
 - Any pharmacy technician training program provided by a branch of the federal armed services for which the applicant possesses a certificate of completion
2. **And** a pharmacy technician certification from a Board approved certification board. ○