

PTCB Changes Impact CPE Requirements for Recertification

The Pharmacy Technician Certification Board has certified over 500,000 technicians since 1995, and 2013 saw many changes announced to the Pharmacy Technician Certification Exam (PTCE) program. All changes are to occur in phases with the first changes set to go into place in 2014. Among the changes, several focus on CPE requirements for recertification. Recertification changes by year:

2014—As part of the 20 hours of continuing education required every two years for recertification, one hour of medication safety CPE will be required, in addition to the existing one hour requirement for law CPE.

2015—All 20 hours required for recertification will be required to be pharmacy-technician specific CPE. Accreditation Council for Pharmacy Education (ACPE) “T” or technician-designated CPE will satisfy this requirement.

2016—Allowable CPE hours from college courses will be reduced from 15 to 10.

2018—Allowable CPE hours from in-service programs in the workplace are slated to be phased out by this date.

For more details on these and other changes to the PTCE, [read more](#).

technician highlights



Sandi Davey, CPhT

Sandi Davey, CPhT, has practiced as a pharmacy technician for over 30 years having worked for many years in a community pharmacy before moving to her current employer, Community Medical Center in Missoula, Montana, 17 years ago. Sandi received a Bachelor of Science degree in Elementary Education from the University of Montana and has completed several leadership training programs including Situational Leadership Training,

7 Habits for Managers, and TeamSTEPPS. She became certified by the Pharmacy Technician Certification Board in 2002.

As Automated Dispensing Cabinet (ADC) System Supervisor, she is responsible for supervising all users of ADC applications and tracking the handling of controlled substances throughout the organization. “It is my responsibility to close the loop on all controlled substance movement, to maintain policies and procedures in regards to these substances, and to provide on-going education and compliance monitoring,” said Sandi. “I am an important part of the team in ensuring that our patients are getting the care they deserve by ensuring that our controlled substances are being handled in an appropriate manner.” To facilitate consistent non-biased handling of possible controlled substance diversion cases at her facility, Sandi participated in the development of the medical center’s Code N Committee.

Additionally, Sandi serves the pharmacy as Pharmacy Business Operations Technician with responsibilities for managing the ambulatory clinic inventories and billing compliance, as well as maintaining medication billing integrity. As Sandi describes it, “This means keeping up to date with CMS code changes and billing units as well as ensuring that our facility is getting the maximum reimbursement that we are entitled to.” Additional training in coding and billing were required as she advanced into this role.

“Showcase the work you are doing and share it with your supervisors and if possible, organizations like ASHP to provide examples for other technicians in similar work environments,” encourages Sandi. “Internally, I was able to demonstrate that pharmacy technicians are capable of high levels of responsibility and are an important part of the pharmacy team.” One example of Sandi sharing her experiences on the national level can be found in her on-demand continuing education program, “Crime Scene Investigation: A Focus on Diversion and Compromised Medications” accessible at www.pharmacytechce.org.

UPCOMING

PharmacyTechCE.org Topics

Insulins

THURSDAY, MARCH 20, 2014 | 10–11AM EST

Insulin is a high risk therapy that is encountered in some way in most practice sites. This lifesaving therapy for diabetics brings with it the potential for medication errors. Knowing the difference between the types of insulins available and why one might be used for a certain patient over another can help decrease error potential. This webinar will provide a closer look at the types of insulin, how they are most often utilized, and how to prevent medication errors associated with this drug class. Tune in on **Thursday, March 20, 2014 from 10–11AM EST** to hear Brooke Hudspeth, Pharm.D., CDE Kroger Diabetes Care Pharmacist and Assistant Professor at the University of Kentucky School of Pharmacy present “Insulin Therapy: The Long and Short of It”.

Barcoding

TUESDAY, APRIL 29, 2014 | 2–3 PM EST

Barcode scanning is not new to much of the world outside of health care, we have used it for years at the check-out counter of stores. The use of barcoding in health care is a much newer technology and continues to be implemented in pharmacies and hospitals across the country. The technology can be used both within the pharmacy and then all the way to the bedside as barcode medication administration (BCMA). This webinar will focus on barcoding in the health-system setting with particular attention being paid to utilization within the pharmacy. Tune in on **Tuesday, April 29, 2014 from 2–3 PM EST** to hear Tina Suess, M.H.A., B.S.N., RN-BC, CPHIMS Manager of Medication Safety Integration at Lancaster General Health present.

Social Media

Social media is all around us, at home, at school, and even in the workplace. Many organizations use social media to promote new job openings, list hours of operation and closings, and as an avenue for others to post customer service feedback. Organizations that most pharmacy technicians are familiar with such as ASHP and PTCB have LinkedIn and Facebook pages and often use Twitter as an interactive part of national meetings. Social media is great for connecting with colleagues and friends alike, but can be detrimental to someone’s career if used inappropriately.

Many employers may search these sites prior to employing someone. Other employers monitor sites to determine if employees are disgruntled or have skipped work. Particularly damaging are posts that discuss encounters or interactions with patients or family members. For instance, “I had the most annoying patient come to the pharmacy today, they wanted me to actually stop what I was doing and counsel them...I don’t have time for that!” That example would not encourage me to visit your business, if I was a patient! Other examples have provided more specifics about a diagnosis or situation that violates patient confidentiality.

To provide guidance in upholding professionalism and patient privacy on social media, ASHP published the **ASHP Statement on Use of Social Media by Pharmacy Professionals**. This document provides sage advice on considerations and judgments that should be made by any member of the pharmacy team before the next time you post or tweet.

