Pharmacy Technician Workforce: A National Perspective

Janet A. Silvester, PharmD, MBA, FASHP
Vice President, Accreditation Services, ASHP
Lisa S. Lifshin, RPh, Director, Pharmacy Technician Accreditation
& Residency Services

State Update on Pharmacy Technicians

Nicholas J. Gentile
Director, State Grassroots Advocacy and Political Action

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Presenter

Holds a B.S. in Pharmacy from the Medical College of Virginia, Virginia Commonwealth University and a Masters in Business Administration from James Madison University and has completed her Doctor of Pharmacy program through Creighton University in Nebraska. Janet has spent 34 years in hospital practice and was the Director of Pharmacy and Emergency Services at Martha Jefferson Hospital in Charlottesville, Va.

Janet is currently the Vice President of Accreditation Services where she is responsible for providing strategic direction for all ASHP accreditation programs and services domestically and internationally. Janet is responsible for the growth and development of accreditation programs for pharmacy residency and technician training programs.

Janet is a past president of the Virginia Society of Health-System Pharmacists, and past president of the American Society of Health-System Pharmacists. She is a past recipient of the Virginia Health-System Pharmacist of the Year award, RD Anderson Distinguished Leadership Award, and the Pharmacy Alumnus Service Award from the Medical College of Virginia Alumni Association of Virginia Commonwealth University. Janet is also the recipient of the 2012 American Society of Health System Pharmacists Award for Distinguished Leadership in Health-System Pharmacy Practice.

Janet Silvester

Presenter

Lisa Lifshin is the Director, Technician Training Program Accreditation and Residency Services in the Accreditation Services Office within ASHP. She completed her BS Pharmacy degree at the Philadelphia College of Pharmacy and Science. Upon graduation, she completed her hospital residency at Children's National Medical Center, Washington, DC. Before joining the staff at ASHP, she was employed at Children's National Medical Center as the Team Leader for Nutrition Support and General Medicine, managing the interdisciplinary nutrition support team, pharmacists, residents, and pharmacy technicians. She has held several offices at the local pharmacy level and nutrition support organizations, prior to joining forces at ASHP. She is responsible for the online residency application system (PhORCAS), many residency training activities, and the Secretary of PTAC (Pharmacy Technician Accreditation Commission).

Lisa Lifshin

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Presenter

The Director of State Grassroots Advocacy and Political Action for ASHP. In this position, he works with state affiliates on state-level legislation and promotes ASHP's grassroots mobilization efforts and its political action committee, ASHP-PAC. He received his bachelor's degree from The American University, where he majored in political science and law in society. Prior to ASHP, Mr. Gentile spent ten years at the National Association of Home Builders (NAHB) working in various positions within the government affairs department. He worked with state and local government affairs issues, federal relations, grassroots mobilization and BUILD-PAC (NAHB's political action committee).
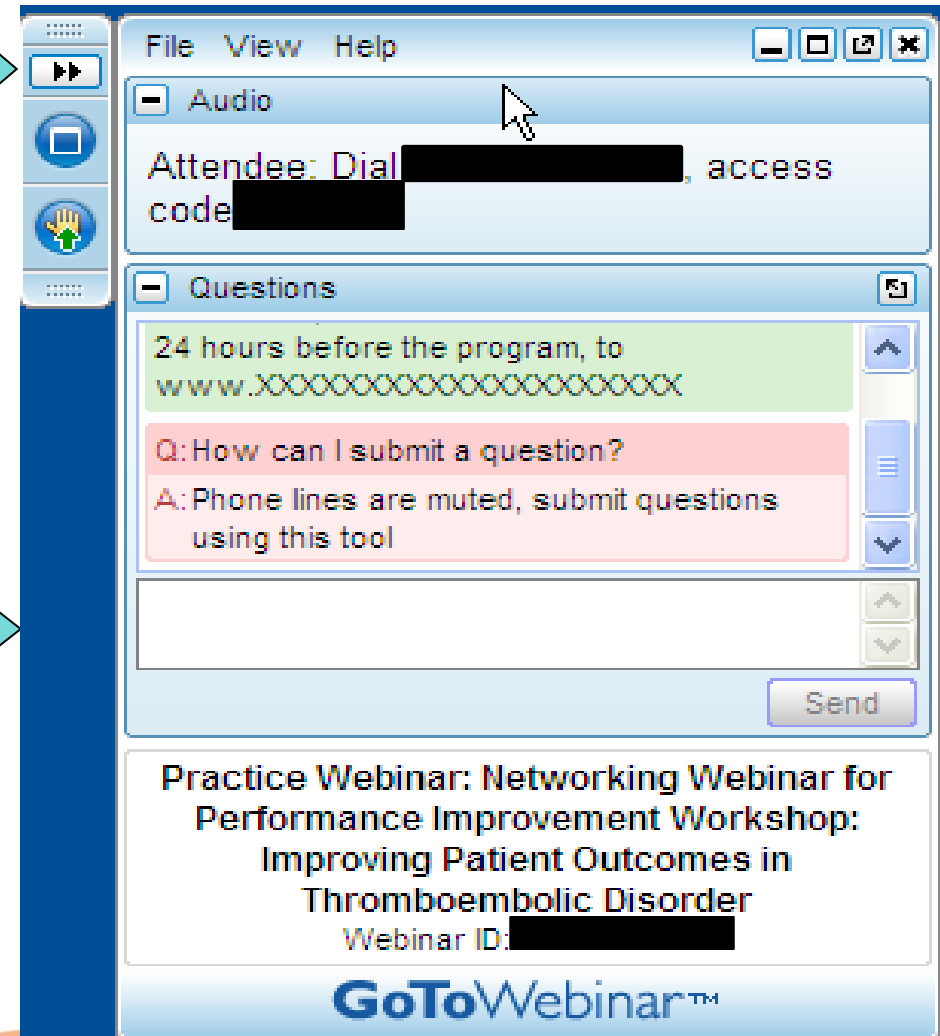

Nicholas J. Gentile

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To Ask a Question and Collapse Control Panel

Expand or Collapse

Type your question here

File   View   Help

Audio

Attendee: Dial ████████████, access code ████████

Questions

24 hours before the program, to www.XXXXXXXXXXXXXXXXXX

Q: How can I submit a question?

A: Phone lines are muted, submit questions using this tool

Send

Practice Webinar: Networking Webinar for Performance Improvement Workshop: Improving Patient Outcomes in Thromboembolic Disorder

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Why Pharmacy Technicians are so important

- There is growing complexity in medication use and a continued focus on medication safety and quality

  – Significant focus on fatal medication errors nationally in the last decade

- There is a need TODAY for well-qualified, competent pharmacy technicians for the safe provision of medications in all settings

- The existence of competent pharmacy technicians will be fundamental to advancing the patient care role of pharmacists in the FUTURE

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Fatal Medication Errors

Jadalyn Allen - 6

Sebastian Ferrero – 3

Emily Jerry - 2

Jasmine Gant - 16

Alyssa Shinn – 21 days

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Emerging Pharmacy Technician Roles and Responsibilities

- Medication reconciliation
- Medication therapy management
- Immunization
- Indigent care prescription programs
- Sterile & non-sterile compounding
- Clinical technicians (e.g., chronic care, appt. scheduling, medication adherence, smoking cessation, vital signs measurements, data management, etc.)
- Tech-check-tech

- Prescription clarification
- Quality assurance and quality improvement initiatives
- ACA Marketplace Certified Application Counselors
- CMS-CMMI Grant Projects (Innovations Center)
- Community outreach programs
- DUE/ADR monitoring
- Informatics
- Medication safety initiatives
- Telepharmacy

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Pharmacy Technician
Training, Competency, Practice
(CCP preferred state)

Start Process of Becoming a Pharmacy Technician → Accredited Training → Certification → Registration or Licensure by Board of Pharmacy → Work as a Pharmacy Technician → Exit
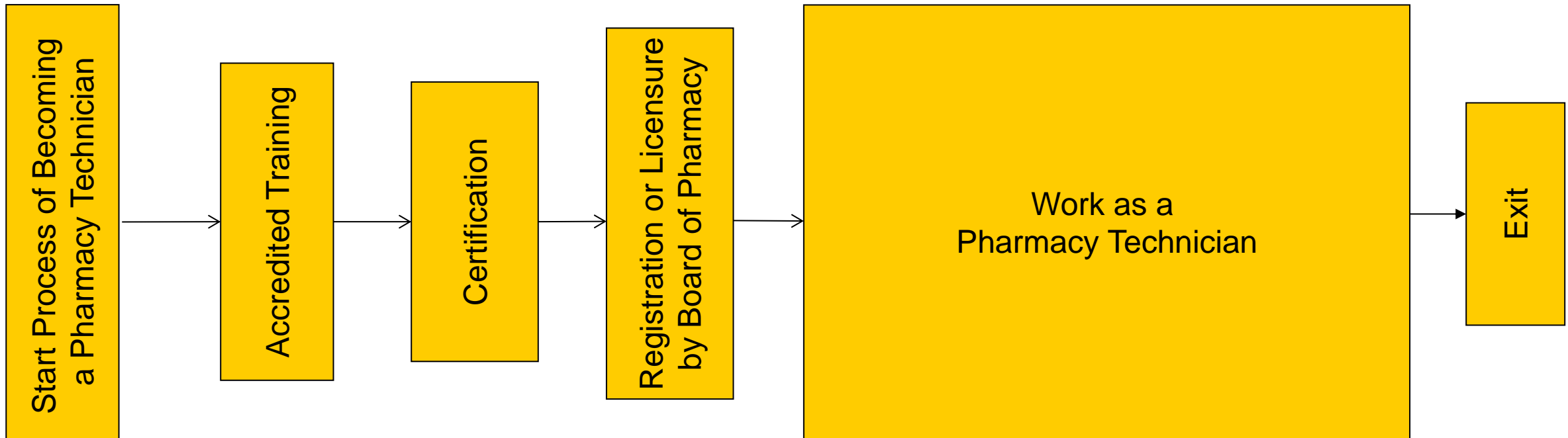
Council on Credentialing in Pharmacy
Pharmacy Technician Credentialing Framework Aug 09
http://www.pharmacycredentialing.org/Files/CCP%20technician%20framework_08-09.pdf

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Activities of Pharmacy Technicians

% Hospitals with technicians performing activity 2014

Activity	%
Restocking floor stock and/or ADCs	98%
Replenishing unit dose carts	94%
Purchasing	95%
Packaging activities	91%
Compounding sterile preps	85%
Billing	81%
Quality Assurance act/unit inspections	76%
Compounding chemotherapy preps	62%
Controlled substance system mgmt	61%
IT system management	38%
Technician supervising other technicians	28%
Tech-check-tech	18%
Medication reconciliation (obtaining list)	18%
Order entry (for pharmacist verification)	11%
Medication assistance program mgmt	11%
Facilitating Transitions of Care	8%
Screening of medical records for MRPs	6%
Dispensing with remote video supervision	6%

Traditional functions: Restocking floor stock and/or ADCs through IT system management

Non-traditional functions: Technician supervising other technicians through Dispensing with remote video supervision

Source: 2014 ASHP National Survey of Hospitals

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Non-traditional Activities of Pharmacy Technicians
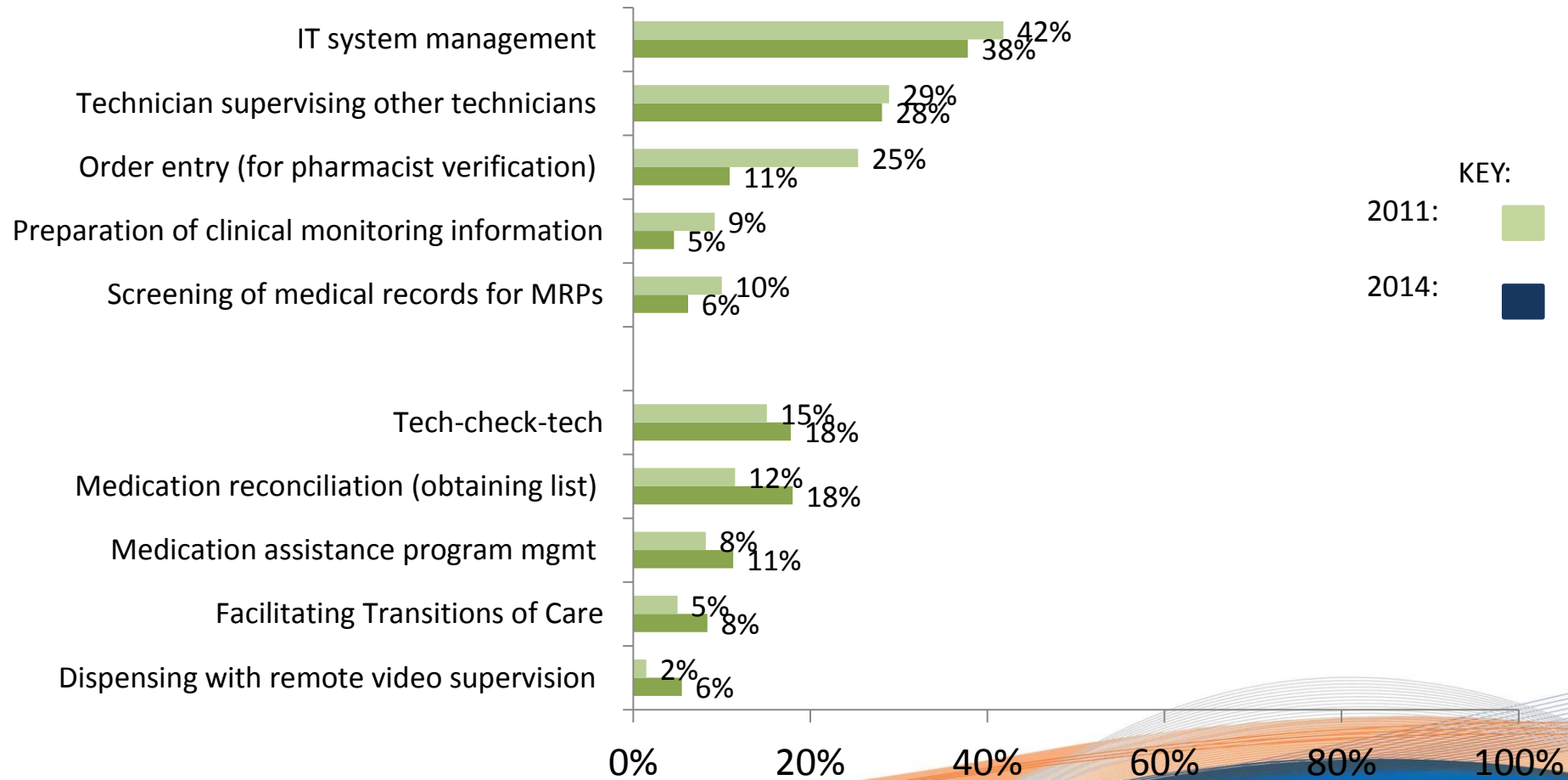
% Hospitals with technicians performing activity

Areas of decline

- IT system management — 42%, 38% (2%)
- Technician supervising other technicians — 29%, 28%
- Order entry (for pharmacist verification) — 25%, 11%
- Preparation of clinical monitoring information — 9%, 5%
- Screening of medical records for MRPs — 10%, 6%

Areas of growth

- Tech-check-tech — 15%, 18%
- Medication reconciliation (obtaining list) — 12%, 18%
- Medication assistance program mgmt — 8%, 11%
- Facilitating Transitions of Care — 5%, 8%
- Dispensing with remote video supervision — 2%, 6%

KEY:
2011:
2014:

Axis: 0% 20% 40% 60% 80% 100%

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Current and Future Time Allocation

Pharmacy Technicians	Current	Future	Change
Order processing / entry	3%	5%	
Traditional drug preparation and distribution	78%	65%	
Non-traditional activities	10%	20%	
Administrative	9%	9%	
Other	<1%	<1%	

Pharmacists	Current	Future	Change
Order review and verification	44%	34%	
Drug distribution	18%	14%	
Clinical	24%	36%	
Administrative management	9%	8%	
Training (residents, students)	7%	8%	
Other	<1%	<1%	

ASHP national survey of pharmacy practice in hospital settings - 2015

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Results from the 2015 National Pharmacy Technician Workforce Survey

Background and Rationale

- There have been calls for the study and advancement of the professional careers of pharmacy technicians for over a decade
  - The profession is beginning to recognize pharmacy technicians' responsibilities and the potential for advanced roles
  - Education, training, and experience of pharmacy technicians remain largely unstandardized
  - More states requiring regulation of pharmacy technicians
- Pharmacy technician research is limited
- Study Funders: ASHP, Pharmacy Technician Certification Board (PTCB), and Pharmacy Workforce Center (PWC)
- Study PIs: Shane P. Desselle, RPh, PhD, FAPhA (Touro-California) and Erin R. Holmes, PhD (University of Mississippi)

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Study Objectives

- Describe characteristics of CPhTs, their current job functions in various practice settings, and their reasons for becoming a technician

- Determine primary methods of training

- Determine the level of satisfaction with various intrinsic and extrinsic components of CPhTs' jobs; identify sources contributing most to that satisfaction

- Identify CPhTs' employer and profession commitment, along with their ensuing, anticipated career moves

- Identify sources of stress for CPhTs

- Identify relationships between CPhTs' job functions, satisfaction stress, commitment, stress, and reason for becoming a technician

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Respondents' Primary Practice Setting

- Large chain pharmacy   144 (28.0%)
- Hospital/health system (inpatient)   122 (23.7%)
- Mass merchandiser   46 (8.9%)
- Independent community pharmacy   40 (7.8%)
- Supermarket pharmacy   35 (6.8%)
- Hospital/health system (outpatient)   22 (4.3%)
- Nursing home/long-term care   18 (3.5%)
- Clinic-based pharmacy   13 (2.5%)
- Home health/infusion   12 (2.3%)

- Mail order pharmacy   11 (2.1%)
- Specialty pharmacy   11 (2.1%)
- Small chain pharmacy   08 (1.6%)
- Government/military   08 (1.6%)
- Ambulatory care (not a dispensing pharmacy)   04 (0.8%)
- Pharmacy technician training program (e.g., vocational school)   01 (0.2%)
- Pharmaceutical industry   01 (0.2%)
- Other   06 (1.2%)

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Reasons for Becoming A Technician*

	Community	Hospital	All
General interest in pharmacy and/or health care career	188 (67.4%)	97 (64.5%)	**333 (65.7%)**
Recommendation of a friend, colleague, or family member	71 (24.8%)	35 (24.3%)	**127 (24.6%)**
Recruitment or encouragement by a pharmacist	49 (17.1%)	21 (14.6%)	77 (14.9%)
Work schedule/flexibility	40 (14.0%)	15 (10.4%)	63 (12.2%)
Salary	41 (14.3%)	19 (13.2%)	83 (16.1%)
Benefits	19 (6.6%)	22 (15.3%)	51 (9.9%)
Fulfilling career	41 (14.3%)	20 (13.9%)	75 (14.6%)
Exposure by working at a different job in a pharmacy organization	39 (13.6%)	25 (17.4%)	76 (14.8%)
Work at a previous employer, technician-related	17 (5.9%)	9 (6.3%)	35 (6.8%)
An opportunity to serve the public	45 (15.7%)	19 (13.2%)	72 (14.0%)
A desire to help people	121 (42.3%)	46 (31.9%)	**196 (38.0%)**

*Respondents could select up to 3 choices

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Respondents' Method of Training*

	Community	Hospital	All
OJT[1] from employer	233 (81.5%)	104 (72.2%)	**395 (76.6%)**
Self-guided training	105 (36.7%)	40 (27.8%)	**168 (32.6%)**
Structured training program from employer, unaccredited	46 (16.1%)	17 (11.8%)	**75 (14.5%)**
Structured training program from employer, accredited	26 (9.1%)	10 (6.9%)	43 (8.3%)
Structured training program from, unsure of accreditation status	19 (6.6%)	6 (4.2%)	29 (5.6%)
Standalone training program (vocational school), Unaccredited	17 (5.9%)	8 (5.6%)	29 (5.6%)
Standalone training program (vocational school), Accredited	46 (16.1%)	27 (18.8%)	**89 (17.2%)**
Standalone training program (vocational school), Unsure of Accreditation	24 (8.4%)	20 (13.9%)	53 (10.3%)

[1]OJT: On-the-Job Training

*Respondents could select up to 3 choices

2015 National Pharmacy Technician Workforce Study

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Requirement to Become Certified

- Required for the current job, as a whole:
  - 358 (69.8%)

- Required by State:
  - 199 (39.4%)

- Required by employer:
  - 324 (63.2%)

Hospital/Health System CPhT Task/Activity Involvement

- The range of tasks/activities and level of involvement much more varied than was the case for community pharmacy CPhTs

- Highest level of involvement in floor stock, quality assurance, sterile compounding, repackaging, and controlled substance system management

- Lowest in dispensing meds with remote video supervision, medication assistance program involvement, preparation of clinical monitoring information, and screening of medical records

- Largest gaps between self-ascribed importance and perceived importance by the employer found in compounding non-sterile products (excluding chemotherapy), repackaging activities, supervision of other technicians, and replenishing unit dose carts

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CPhTs Reporting Highest Levels of Stress, by Factor/Facet of Work

	Community	Hospital	Total*
The amount or volume of work	111 (47.0%)	48 (43.6%)	**193 (46.4%)**
Being short-staffed	140 (59.3%)	71 (64.5%)	**240 (57.7%)**
Other employees not doing their fair share of work	106 (44.9%)	71 (64.5%)	**203 (48.8%)**
Disagreements with technician peers at my job	39 (16.5%)	28 (25.5%)	73 (17.5%)
Patients/customers/families who are rude or impatient	75 (31.8%)	14 (12.7%)	98 (23.6%)
Dealing with staff from other health care providers	18 (7.6%)	11 (10.0%)	31 (07.5%)
Inadequate technology, hardware, or other resources	53 (22.5%)	31 (28.2%)	101 (24.3%)
Poorly designed workflow and division of labor	50 (21.2%)	37 (33.6%)	105 (25.2%)
Lack of rest breaks, or time to take scheduled rest breaks	68 (28.8%)	25 (22.7%)	97 (23.3%)

*Number and proportion of technicians reporting a "4" (high) or "5" (tremendous) amount of stress on a 5-point scale, emanating from various sources of stress at their job. Total represents community, hospital, and all other.

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CPhT Commitment to Employer

Plans to remain with current employer

	Community	**Hospital**	**Total***
< 2 years	49 (20.8%)	15 (13.6%)	78 (18.8%)
2-5 years	75 (31.8%)	29 (26.4%)	**128 (30.8%)**
5-10 years	38 (16.1%)	21 (19.1%)	70 (16.8%)
> 10 years	74 (31.4%)	45 (40.9%)	**140 (33.7%)**

Characterization of commitment to current employer

	Community	**Hospital**	**Total***
Looking to leave at first opportunity	20 (8.5%)	6 (5.5%)	31 (7.5%)
Does not feel much commitment and keeps options open	31 (13.2%)	18 (16.4%)	57 (13.7%)
Does not plan to change unless something unexpected happens	100 (42.6%)	39 (35.5%)	**166 (40.0%)**
Feels strong commitment and plans future with them for the long haul	84 (35.7%)	47 (42.7%)	**161 (38.8%)**

*Total represents community, hospital, and all other

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CPhT Commitment to Profession

Plans to remain in career as a pharmacy technician

	Community	Hospital	Total*
< 2 years	16 (06.8%)	08 (07.3%)	28 (06.7%)
2-5 years	62 (26.3%)	17 (15.5%)	99 (23.8%)
5-10 years	46 (19.5%)	22 (20.0%)	78 (18.8%)
> 10 years	**112 (47.5%)**	**63 (57.3%)**	**211 (50.7%)**

Characterization of plans to remain as a pharmacy technician

	Community	Hospital	Total*
Looking to leave this career, altogether	21 (08.9%)	08 (07.3%)	38 (05.2%)
No plans currently, but might not take much for me to change	42 (17.9%)	16 (14.5%)	65 (15.7%)
In spite of challenges, I hope to make this a career for some time	87 (37.0%)	44 (40.0%)	154 (37.1%)
Completely committed to this career for my entire work life	85 (36.2%)	42 (38.2%)	158 (38.1%)

When ending work as a technician, I will . . .

	Community	Hospital	Total*
Retire	103 (43.8%)	66 (60.0%)	204 (49.2%)
Change to another type of health care position	64 (27.2%)	23 (20.9%)	101 (24.3%)
Change to a non-health care position	23 (09.8%)	05 (04.5%)	41 (09.9%)
Attend a college or university	22 (09.4%)	12 (10.9%)	37 (08.9%)
Other	23 (09.8%)	04 (03.6%)	32 (07.7%)

*Total represents community, hospital, and all other

Geographic Considerations

- Slightly **higher** levels of **job satisfaction** reported by CPhTs from **Texas** and from **West** regions

- More CPhTs from **Texas** and from **West** are **required** to be **certified**

- **Higher** use of **OJT** reported from those in **Midwest** and **Northeast** regions

- In **community pharmacy**, those in **Texas** and **Southeast** regions more involved in **verifying** the work of other technicians

- In **hospital pharmacy**, those from **West & Midwest** regions more likely involved in **floor stock** and related activities

  - **All** respondents from **Northeast** region involved in **sterile compounding**

  - CPhTs from **West** more likely involved in **management** of medication **distribution** and other systems

Additional Findings with Regard to Practice Setting

- In Community Pharmacy:
  - CPhTs more involved in **patient counseling** reported **higher stress**
  - CPhTs involved in the use of **technology** reported **higher profession commitment**
- In Hospital/Health-systems Pharmacy:
  - **Higher stress** was reported by those CPhTs involved in **compounding chemotherapeutic agents** and in **criteria-based screening** of medication records
  - **Lower stress** reported by those involved in **purchasing** activities
  - CPhTs with higher involvement in floor stock maintenance, inventory management, controlled substance management, billing activities, and repackaging reported **higher** levels of **profession commitment**

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Additional Analyses

- Higher commitment (profession & employer) reported by those working more hours/week

- Females reported higher levels of employer and especially profession commitment

- Higher profession commitment reported by those who became a technician through recommendation of a friend or due to a desire to help people

- The ability to use one's knowledge deemed very important for commitment and other quality of work life issues

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Additional Correlation Analyses

- Job satisfaction very highly correlated with employer commitment and highly, yet inversely correlated with stress
- Satisfaction is highly correlated with commitment to the profession
  - There are also strong relationships with perceived usefulness of supervisor mentoring, OJT, and peer mentoring
- Stress levels are inversely correlated with employer and profession commitment
- Stress is not associated with perceived usefulness of training
- Satisfaction is important, but not the sole factor contributing to commitment.

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Discussion Points

- While OJT, peer mentorship, and previous experience were deemed most helpful, all types of training/education evaluated were deemed quite helpful, including PTCB certification

- The more helpful the training, the better quality of work life outcomes reported

- While CPhTs reported relatively high levels of commitment, there are a number of them who indicated that it might not take that much for them to leave their employer, primarily, and the profession, secondarily

- CPhTs reported lower satisfaction with rate of pay, level of stress, and opportunities for advancement

Study Limitations and Strengths

- The low response rate of the survey limits generalizability to the entire CPhT population

- Only technicians certified through PTCB were sampled

- Responses might have come more readily from those with either very favorable or very unfavorable attitudes toward their jobs/careers

- The use of a randomized sampling procedure across an entire nation of CPhTs provides representativeness, and the proportion of respondents across practice setting, gender, age, and geographic location were commensurate with expectations

- Responses to the quality of work life questions aligned with expectations

- Psychometric evaluation of responses demonstrated very good internal consistency reliability and construct validity

- The results of the semi-structured, in-depth interviews are subject to the limitations inherent to use of this approach
  - These interviews were used to provide richness in information and to induce theory
  - The resultant data are not meant to be generalizable beyond the small sample of respondents

Pharmacy Technician Accreditation Commission

- Formed through ASHP/ACPE collaboration

- ACPE Board approved ASHP standards, guidelines, and procedures for PTAC

- PTAC recommendations require approval of both ASHP and ACPE Boards

- First PTAC recommendations to ASHP and ACPE boards for accreditation actions occurred at their June 2015 meetings and were approved

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PTAC Commission

- **Angela Cassano**, **PharmD, BCPS, FASHP**

  Pharmfusion Consulting, LLC

  Midlothian, VA

- **Michael Diamond**, **MSc**

  World Resources Chicago

  Evanston, IL

- **Jacqueline Hall, RPh, MBA**

  Walgreens

  New Orleans, LA

- **Jan Keresztes, PharmD**

  South Suburban College

  South Holland, IL

- **Barbara Lacher**, **BS, RPhTech, CPhT**

  North Dakota State College of Science

  Wahpeton, ND

- **Karen Snipe, CPhT**

  Trident Technical College

  Charleston, South Carolina

- **John Smith, EdD, Chair**

  Director, Career Technical Education (CTE) and Alternative Programs

  Orange County, California Area

- **Donna Wall, PharmD**

  Indiana University Hospital

  Indianapolis, IN

- **LiAnne (Webster) Brown, CPhT**

  Richland College

  Dallas, TX

- **Anthony Provenzano, PharmD**

  ACPE Board Liaison

  New Albertson's, Inc.

  Boise, ID

- **Paul Bush, PharmD**

  ASHP Board Liaison

  University of Kentucky College of Pharmacy Lexington, KY

- **Lisa Lifshin, R.Ph.**

 Secretary to the Commission, ASHP

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Functions of PTAC

- **Reviewing applications** for accreditation and **evaluations** of pharmacy technician education and training programs,

- Recommending accreditation actions to the **ASHP** Board of Directors and the **ACPE** Board of Directors

- Making recommendations to the Boards regarding **standards, policies and procedures**, and other matters related to PTAC's activities and services

- Assisting in **strategic planning** in matters related to pharmacy technician education and training accreditation.

- Identifying potential activities and collaborative opportunities

- Soliciting and receiving input and advice from other stakeholders to obtain broad perspectives to help assure the quality, validity and improvement of PTAC's accreditation standards, activities and services.

Ultimate Goal of ASHP-ACPE Collaboration

- A better **qualified** and trained workforce

- Improved patient **safety**

- Greater **consistency** in technician workforce

- Accreditation standards updated as needed to stay consistent with expanding roles and responsibilities of technicians

- Greater ability to **delegate** technical tasks from pharmacists

- Less turnover in pharmacy technician positions

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ASHP/ACPE-Accredited
Pharmacy Technician Training Programs

Note – estimated 200 – 1000 non-accredited programs exist

274
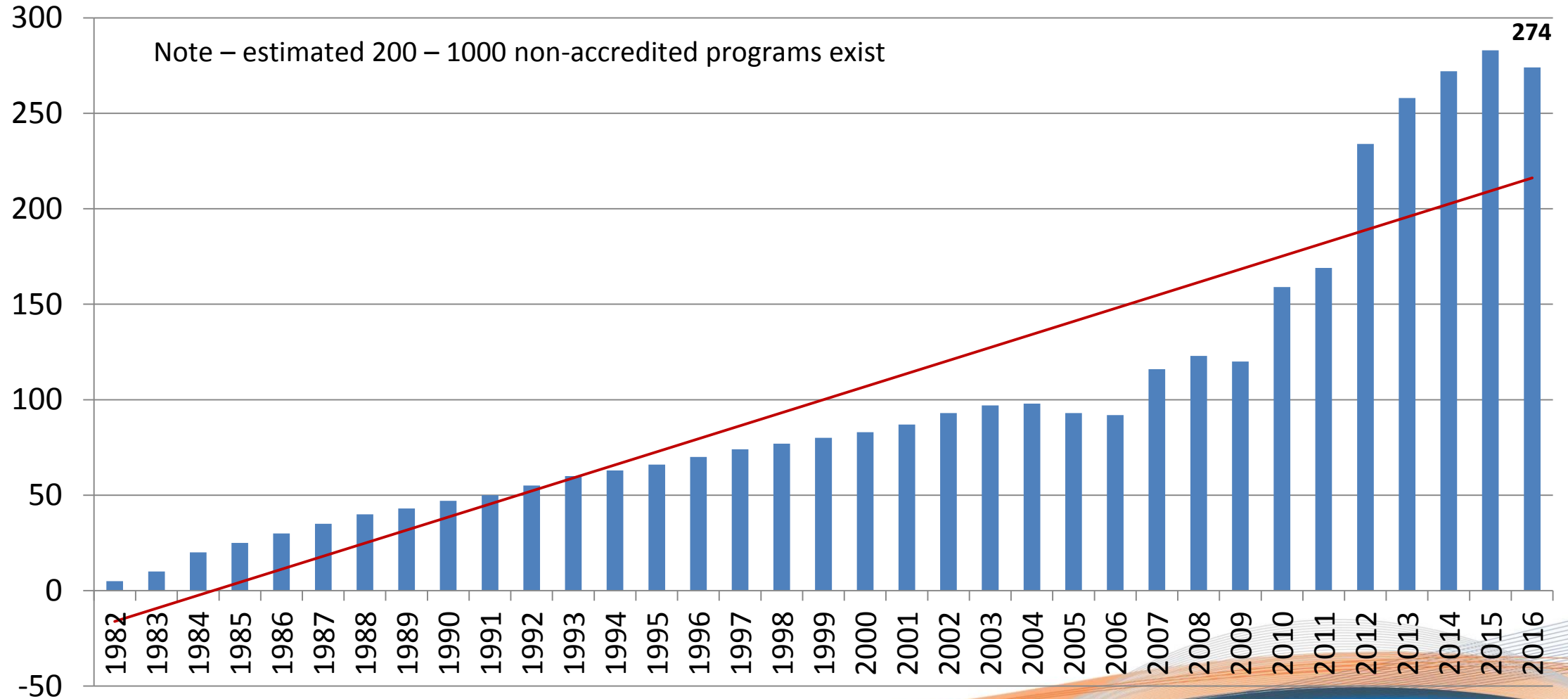
Pharmacy Technicians With Credentials

	PTCB Certification	Completed a ASHP/ACPE-accredited Technician Training Program
Staffed beds	%	%
<50	73.7	19.3
50-99	75.8	19.3
100-199	82.8	19.2
200-299	74.5	27.0
300-399	72.6	12.5
400-599	84.3	18.3
≥600	74.3	9.0
All hospitals – 2015	**77.5**	**17.5**
All hospitals – 2014	71.2	14.9
All hospitals – 2013	70.9	14.2
All hospitals – 2012	67.5	13.6
All hospitals – 2011	65.8	11.1

ASHP national survey of pharmacy practice in hospital settings - 2015

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By The Numbers

2014, Median Pay	$14.33 hr / $29,810 yr
2014, Number of Jobs	372,500
Job Outlook, 2012 -2022	9% growth
Employment Change, 2014-24	34,700

Employment increase is 9% faster than average for all occupations

- 74% (275,000) of technicians are PTCB certified
- Increased demand for prescription medications will lead to more demand for pharmacy services

U.S. Bureau of Labor Statistics, Dec 2015 *http://www.bls.gov/oes/current/oes292052.htm*

PTCB

Distance Education

Game Changer

- Bringing the availability and affordability of accredited pharmacy technician education and training anywhere

- Simulation and distance education

- First Accredited - Therapeutic Research Center

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Other Related PTAC Issues

- PTCB conducting a new technician task analysis in 2016

- February 2017 - pharmacy technician stakeholder consensus conference

  - gain consensus among the broader pharmacy community for a national standard in technician education, training, certification, and regulation.

Objectives of the Pharmacy Technician Stakeholders Consensus Conference

The objective of this invitational conference is to develop consensus in the following areas:

- The necessity of **public confidence** in pharmacy's process for ensuring the competency of pharmacy technicians.

- The **entry-leve**l ("generalist") **knowledge**, **skills**, and **abilities** that all pharmacy technicians must have regardless of practice site.

- The definition of entry-level ("generalist") pharmacy technician practice with respect to (a) legally recognized **scope of practice**; (b) **educational requirements**; (c) **training requirements**; (d) **certification requirements**; and (e) **state board of pharmacy registration or licensure**.

- The desirability and feasibility of developing a process for recognizing **competencies** of pharmacy technicians **beyond entry-level**.

- The desirability and feasibility of **minimizing variability** among the states in the definition and **regulation** of pharmacy technicians.

- The entities that optimally should take responsibility for any changes in pharmacy's process for ensuring the competency of pharmacy technicians.

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Steering Committee

- **Everett B. McAllister, MPA, RPh**
  CEO & Executive Director
  Pharmacy Technician Certification Board

- **Janet A. Silvester, PharmD, MBA, FASHP**
  Vice President, Accreditation Services
  Accreditation Services Office
  American Society of HealthSystem Pharmacists

- **Peter H. Vlasses, PharmD, DSc(Hon), BCPS, FCCP**
  Executive Director
  Accreditation Council for Pharmacy Education

- **William Zelmer**
  Conference Planning Consultant

Stakeholder Advisory Committee

- **Jason Ausili, PharmD**
  Director, Pharmacy Affairs
  National Association of Chain Drug Stores (NACDS)

- **Malcolm Broussard, RPh**
  Executive Director
  Louisiana Board of Pharmacy

- **Al Carter, PharmD, MS**
  Senior Director, Pharmacy Regulatory Affairs
  CVS Health

- **Charles E. Daniels, BS Pharm, PhD**
  Pharmacist-In-Chief & Associate Dean
  University of California San Diego

- **Kenneth Mark Ey, RPh**
  Vice President of Operations
  CARE Pharmacies Cooperative Inc.

- **Diane Halvorson, RPhTech, CPhT**
  Lead Pharmacy Technician
  Vibra Hospital Fargo
  Pharmacy Technician Member, North Dakota State Board of Pharmacy

- **Tim Koch, RPh, PD,CHC**
  Sr Director, Pharmacy Practice Compliance
  Walmart Corporate Office

- **Janet M. Liles, MS, CPHT**
  Executive Director
  Pharmacy Technician Educators Council

- **Scott A. Meyers, RPh, MS, FASHP**
  Executive Vice President
  Illinois Council of Health-System Pharmacists

- **Matt Osterhaus**
  American Pharmacists Association (APhA) President 2014
  Osterhaus Pharmacy

- **Jon Roth, CAE**
  Chief Executive Officer
  California Pharmacists Association

- **Steve Rough, MS, RPh, FASHP**
  Director of Pharmacy
  UW Health

- **Rafael Saenz, PharmD, MS, FASHP**
  Administrator, Pharmacy Svs, University of Virginia Health System
  Assistant Dean, VCU School of Pharmacy - UVA Division

- **William Schimmel**
  Associate Executive Director
  PTCB

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Conclusions

- PTCB requirements and ASHP Technician Training Program Standards are closely aligned

- Still have 3.5 years to grow technician training programs

- ASHP, ACPE and PTCB working with Chains to support training program development to meet the standards

- We all support standardized education, training and certification of technicians and we will all have to work together to get there

State Update on Pharmacy Technicians

Nicholas J. Gentile
Director, State Grassroots Advocacy and Political Action

ASHP Technician Policies

- ASHP Policy Covers
  - Certification
  - Credentialing
  - Licensure
  - Advanced Roles
  - Training
  - Minimum Hiring Standards

- Education is Key
  - What is the minimum education/training every tech should have?
  - Why does there need to be a minimum standard?

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NABP Taskforce on the Regulation of Pharmacist Care Services

- January 2016 released report supporting more engagement by pharmacists in patient care

- Recommended that NABP encourage state boards of pharmacy to expand the scope of activities pharmacists can delegate to certified pharmacy technicians

About PTCB

PTCB develops, maintains, promotes and administers a nationally accredited certification program for pharmacy technicians to enable the most effective support of pharmacists to advance patient safety.

Certification Program Changes

New PTCB requirements

- **2015:** PTCB only accepting **technician-specific CE**
- **2020:** Complete an **ASHP/ACPE-accredited education** program – when sitting for initial certification

Advanced Certification Programs

- Sterile Compounding task force (May 2015)

By the Numbers

- 587,000 pharmacy technician certifications since 1995

- 282,000 active certified pharmacy technicians

- 56,000 exams in 2015

- 300+ secure Pearson Vue testing centers

- Administered & accepted in all 50 States, DC, Guam, PR

- PTCB is accepted in the regulations of 45 states

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State Regulations Vary Widely

- 45 states and DC regulate pharmacy technicians
- 24 states include national certification in regulations
- 5 states accept only the PTCE for national certification
- 19 states require a background check
- 22 states require CE
- 10 states have a pharmacy technician serving on the state Board of Pharmacy
- 5 states do not regulate pharmacy technicians
- Many states have pending legislation or regulations

The Ebb and Flow: State Technician Issues

- Technician issues on a state level will always be evergreen!
  - Getting states to raise their standard
  - Defending against states that want to lower their standard
  - Educating states on the PTCB 2020 mandate

- Be hypervigilant with the decision makers in your state
  - Just because it's not being talked about now doesn't mean it won't
  - Educating decision makers can go along way

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Two Case Studies

- Texas State Board of Pharmacy (Late July 2016)

- South Carolina Legislature (Late February 2015)

Your State Affiliate Needs Your Help!

- In the 2016 State Legislative Session there are over 40 bills introduced regarding pharmacy technicians

- In that same timeframe, there were over 35 regulations being considered by their regulatory body of jurisdiction

- In the upcoming year, Arizona, California, Colorado, New York, North Carolina, Ohio, South Carolina, Texas, and Wyoming will targeted for pharmacy technician certification roll back.

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Engagement

- Get involved with your state affiliate legislative committee
- Know the regulatory and legislative process
- Attend board of pharmacy meetings and legislative hearings
- Work with your state affiliate to get on decision makers' agendas
- Build those relationships now so they can be counted on later

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Questions