Report of the Task Force on Standardization of Technicians’ Role and Competencies

Members Present:
A. Jeffrey Newell (RI), chair; B. Belaire Bourg, Jr. (LA); Eugene P. Drake (AZ); Jeanne G. Furman (MD); Ryan C. Lee (UT); Suzanne L. Neuber (OH); C. Ann Perry (GA).

Others Present:
Donna M. Horn, NABP executive committee liaison; Carmen Catizone, NABP executive director/secretary; Melissa Madigan, NABP staff.

Invited Guests:
Thomas George, Pharmacy Technician Educators Council; Douglas Hoey, National Community Pharmacists Association; Kathy Moscoud, Pharmacy Technician Educators Council; Melissa Murer, Pharmacy Technician Certification Board; Mary Ann Wagner, National Association of Chain Drug Stores; Lorna Woods, American Association of Pharmacy Technicians.

The Task Force on Standardization of Technicians’ Role and Competencies met December 16-17, 1999, at the Chicago Marriott Suites O’Hare Hotel in Rosemont, Illinois. The Task Force was established by the NABP Executive Committee pursuant to the direction of Resolution 95-7-99: Task Force to Investigate the Expanded Use of Technicians, approved by NABP membership at the 95th Annual Meeting in Albuquerque, New Mexico in May, 1999. The resolution reads as follows:

Resolution 95-7-99: Task Force to Investigate the Expanded Use of Technicians

Whereas, pharmacists are an integral part of America’s health care delivery team; and

Whereas, pharmacy services are essential for helping Americans lead healthier, happy, and longer lives; and

Whereas, pharmacy is seeing an unprecedented rate of introduction of new pharmaceutical entities, new routes of administration, and more complicated regimens that require more focused interactions between pharmacists and patients; and

Whereas, new pharmacy graduates are seeking work environments that position them to interact with the patient to a greater degree; and

Whereas, consumers are searching for those providers that can assist them with their health care information, be it face-to-face, via telephone, or the Internet; and

Whereas, the shortage of pharmacists and the increased prescription volume have placed greater demands on pharmacists than ever before; and
Whereas, the pharmacist, as a highly-educated and respected professional, must use professional judgment as to the need for a break or whether a break is needed at all, factoring in the needs of the patient, quality of care, and public safety; and

Whereas, in order to accomplish these goals, it is essential that technicians be utilized to the greatest extent possible;

Therefore Be It Resolved that NABP establish a task force that will investigate and make recommendations on how technicians should be positioned to empower pharmacists to move away from the mechanical preparation of prescriptions and to allow for pharmacists to undertake a greater role in the transfer of information to the patient.

Charge of the Task Force on Standardization of Technicians’ Role and Competencies:

Task Force members reviewed their charge and, proposing no changes, accepted it as follows:

1. Examine the appropriate role, current limitations placed upon, or barriers to the expansion of technicians’ responsibilities in assisting the pharmacist in the practice of pharmacy.

2. If an expanded role is warranted, explore the need for model regulations and consider the minimal education and credentialing standards for technicians.

Informational Presentations:

Lorna Woods, past-president of the American Association of Pharmacy Technicians, Mary Ann Wagner, vice president of pharmacy regulatory affairs for the National Association of Chain Drug Stores, Douglas Hoey, associate director of management and student affairs for the National Community Pharmacists Association, Melissa Murer, executive director of the Pharmacy Technician Certification Board, and Thomas George and Kathy Moscou, current and past presidents of the Pharmacy Technician Educators Council, presented for the Task Force their organizations’ views on the appropriate roles for and credentialing of pharmacy technicians.

All groups advocated a broader utilization of technicians and encouraged a regulatory structure that enables their most efficient and effective use. Proposed by some groups were the concepts of expanded technician responsibilities, more thorough and standardized education and training programs, standardized competency assessment requirements, and mandatory certification or licensure.

Recommendation 1:

The Task Force on Standardization of Technicians’ Role and Competencies recommends to the Executive Committee that NABP encourage states to eliminate pharmacist-to-technician ratios in settings with documented internal quality assurance programs. The Task Force further recommends that NABP urge its member boards to encourage pharmacy employers to utilize technicians to the maximum extent allowed by law or regulation.

Background:

Task Force members discussed the current regulatory barriers to the maximum use of technicians, particularly the pharmacist-to-technician ratio limitations that exist in some jurisdictions. Recognizing that many jurisdictions with ratios are moving towards allowing ratios to be modified or eliminated in pharmacy settings that can demonstrate appropriate quality
assurance programs, Task Force members redirected NABP’s long-held position on this issue to state that restrictive regulatory ratios should not be imposed upon pharmacy settings that implemented appropriate internal quality assurance programs. Members felt that this change in philosophy in addressing the ratio issue would be more acceptable to those jurisdictions that impose restrictive ratios and would, in the long run, allow for the expanded use of technicians to the extent necessary to provide safe and effective patient care within NABP’s outcome approach to regulation.

Additionally, members noted that, despite regulatory ratios that allow multiple technicians per pharmacists, some employers do not utilize technicians to the maximum extent allowed. Members felt it was imperative that boards encourage employers to use technicians to the extent legally allowed and not unnecessarily limit numbers of technicians to below those set out by regulatory ratios.

**Recommendation 2:**

The Task Force recommends to the Executive Committee that NABP formally recognize the following three levels of pharmacy support personnel:

1. **Pharmacist Assistant**

   **Scope of Practice**

   This board-licensed individual’s scope of practice would allow, without a pharmacist’s supervision, the performance by that individual of all activities a licensed pharmacist may legally perform, except the following:

   - Drug utilization review;
   - Clinical conflict resolution;
   - Prescriber contact concerning prescription drug order clarification or therapy modification; and
   - Patient counseling.

   Pharmacist assistants would work independently of the pharmacist and would be legally responsible for their own actions. Pharmacist assistants would also be allowed to supervise the work of certified pharmacy technicians and pharmacy technicians.

   **Entry-level Requirements**

   Entry-level licensing requirements would include:

   - An Associate’s Degree from a pharmacist assistant program that provides coursework in such areas as biology, pharmacology, human biology, anatomy and physiology, pharmacy law, ethics, and infection control and prevention, and which is approved by the board of pharmacy; and
   - The passage of an examination or examinations given by the board of pharmacy.

   NABP should work with the American Council on Pharmaceutical Education, the American Association of Colleges of Pharmacy, the Pharmacy Technician Educators Council, and the American Association of Pharmacy Technicians to develop a standardized pharmacist assistant curriculum, a national pharmacist assistant program...
credentialing organization, and a national pharmacist assistant competency assessment examination.

2. **Certified Pharmacy Technician**

   **Scope of Practice**

   This board-registered and board-certified individual’s scope of practice would allow, with a pharmacist’s or pharmacist assistant’s supervision, the performance by that individual of all activities a licensed pharmacist may legally perform, except the following:

   - Drug utilization review;
   - Clinical conflict resolution;
   - Prescriber contact concerning prescription drug order clarification or therapy modification; and
   - Patient counseling.

   Certified pharmacy technician activities would be supervised by a pharmacist or pharmacist assistant and the pharmacist or pharmacist assistant would be legally responsible for the certified pharmacy technician’s actions.

   **Entry-level Requirements**

   Entry-level certification requirements would include:

   - The passage of a board-approved pharmacy technician certification exam; and
   - Completion of an on-the-job technician training program that is site-specific, incorporates theoretical and practical instruction, and encompasses the following core knowledge base:
     1. Knowledge and understanding of the pharmacy practice setting.
     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 recordkeeping of medications.
     4. Knowledge of and the ability to carry out calculations required for common dosage determination.
     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 recordkeeping functions involved in and related to dispensing prescriptions, or other drug distribution systems.
7. Knowledge of and the ability to perform procedures and techniques (i.e., aseptic and parenteral admixture operations) relating to compounding, packaging, and labeling of drug products.

Successful completion of the on-the-job technician training program would include the passage of an objective competency assessment mechanism.

3. **Pharmacy Technician**

**Scope of Practice**

This board-registered individual’s scope of practice would allow, with a pharmacist’s or pharmacist assistant’s supervision, the performance by that individual of all the activities a licensed pharmacist may legally perform, except the following:

- Drug utilization review;
- Clinical conflict resolution;
- Prescriber contact concerning prescription drug order clarification or therapy modification;
- Patient counseling;
- Oral prescription order receipt;
- Prescription transfer; and
- Compounding.

Pharmacy technician activities would be supervised by a pharmacist or pharmacist assistant and the pharmacist or pharmacist assistant would be legally responsible for the pharmacy technician’s actions.

**Entry-level Requirements**

Entry-level registration requirements would include:

- Completion of an on-the-job technician training program that is site-specific, incorporates theoretical and practical instruction, and encompasses the following core knowledge base:
  1. Knowledge and understanding of the pharmacy practice setting.
  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 recordkeeping of medications.
  4. Knowledge of and the ability to carry out calculations required for common dosage determination.
  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 recordkeeping functions involved in and related to dispensing prescriptions, or other drug distribution systems.

7. Knowledge of and ability to perform procedures relating to packaging and labeling of drug products.

Successful completion of an on-the-job technician training program would include the passage of an objective competency assessment mechanism.

Background:
Task Force members reviewed materials characterizing the regulation and utilization of technicians across the country. The data indicated that in some jurisdictions the regulatory framework could prohibit technicians from engaging in activities that are purely mechanical and do not involve direct patient care or contact. The Task Force analyzed the material to determine how the current use of technicians influenced the public health, as well as how expanded technician use might do so.

Materials provided by NACDS demonstrated that pharmacists are spending 68 percent of their time on technical functions that could be delegated to support personnel, and are spending only 31 percent of their time on important patient-care activities such as drug utilization reviews, resolving clinical conflicts, and patient counseling.

Citing this information, the Task Force concluded that pharmacy support personnel are underutilized and, if properly trained and regulated, could safely perform more than the traditional “count, pour, lick, and stick” activities. They agreed that a “higher-level” technician, or pharmacist assistant, could assume responsibility for some of the functions and responsibilities that, although they have been traditionally taken on by pharmacists, do not require a pharmacy degree to perform. For example, a highly-trained pharmacist assistant could ensure the accuracy of a filled prescription or could orally transmit or receive prescription information within an appropriate system, leaving the pharmacist more time to perform direct patient care activities. With the pharmacist and pharmacist assistant each focusing on and responsible for a limited number of activities, distractions would be minimized and the chances for errors reduced.

The Task Force defined pharmacist assistants’ scope of practice by outlining the activities that must be performed by a pharmacist and excluding them from what the pharmacist assistant may do. Members were emphatic that the pharmacist assistant would be legally responsible for his or her own actions as well as the actions of pharmacy technicians he or she would be assigned to supervise. To practice, pharmacist assistants would have to obtain a two-year degree from an accredited pharmacist assistant program and would have to pass a state licensing exam that measures competency.

Members also distinguished between two levels of board-registered pharmacy technicians: certified and non-certified. Although both levels of technician would have to work under the direct supervision of a pharmacist or pharmacist assistant, certified technicians, who pass a board-approved certification exam, would be able to perform a broader scope of activities than their non-certified counterparts. Both levels of technicians would have to complete site-specific, on-the-job training programs and corresponding competency assessment mechanisms that reflect
their scope of practice as recommended by the 1996 NABP Task Force on Technician Regulations.

**Recommendation 3:**

The Task Force recommends to the Executive Committee that the *Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy (Model Act)* be revised to accommodate Recommendation #2. Specifically, the Task Force suggests that the definitions of the “Practice of Pharmacy,” “Dispense” or “Dispensing,” and “Pharmacy Technician” be amended and that definitions for the terms “Certified Pharmacy Technician” and “Pharmacist Assistant” be developed and added. Further the Task Force recommends that the *Model Rules for Pharmaceutical Care* be amended to remove the assertion that only registered pharmacists can receive prescription drug orders, transfer prescription drug orders between pharmacies, and participate in drug product selection.

**Background:**

Task Force members noted that the *Model Act* would have to undergo significant revisions to accommodate Recommendation #2. As mentioned above, the *Model Rules for Pharmaceutical Care* allow only a pharmacist to do such things as receive prescription drug orders and participate in drug product selection. In keeping with the concept that pharmacist assistants can perform all functions except those mentioned in Recommendation #2, it would be necessary to amend the *Model Rules for Pharmaceutical Care* to remove the mandate that pharmacists perform these functions.

**Recommendation 4:**

The Task Force recommends to the Executive Committee that the *Model Act* provisions addressing “Pharmacy Technicians,” “Certified Pharmacy Technicians,” and “Pharmacist Assistants,” require that practice sites utilizing “Certified Pharmacy Technicians” and “Pharmacist Assistants” implement a program of pharmaceutical care overseen and monitored by a licensed pharmacist, as well as an appropriate internal quality assurance program. Documentation of such programs must be available for inspection by state boards of pharmacy.

**Background:**

Although Task Force members felt certain that the use of pharmacist assistants and certified pharmacy technicians would have a positive impact on the health and welfare of the public, they were concerned that with the increased responsibility and decreased supervision being allowed to persons in these positions than had been traditionally given to technicians, safeguards must be implemented. The Task Force felt that pharmacist-monitored pharmaceutical care programs must be in place to ensure that patients receive the care necessary to ensure positive outcomes, and that internal quality assurance programs that ensure the safe distribution of pharmaceutical products must be in place to make up for the fact that the drug distribution “final check” will not necessarily be performed by a licensed pharmacist.

**Recommendation 5:**

The Task Force recommends that NABP encourage state boards of pharmacy to consider including a licensed pharmacist assistant on the board.
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Background:
Acknowledging that the pharmacist assistant is likely to be the subject of a significant amount of regulation by boards of pharmacy, members agreed that boards of pharmacy should consider including a representative pharmacist assistant as a member of the board.