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CASE STUDY

PHARMACY TECHNICIAN CERTIFICATION BOARD CERTIFIED PHARMACY TECHNICIAN CERTIFICATION

This case study was developed by Workcred and its Credentialing Body Advisory Council in consultation with Angela Cassano, PharmD of Pharmfusion Consulting, and William Schimmel of Pharmacy Technician Certification Board.

EXECUTIVE SUMMARY

Pharmacy technicians, or individuals working in this capacity, have been assisting in the medication delivery process as long as pharmacists have been dispensing medications. Pharmacy technicians help pharmacists prepare prescription medications, provide customer service, and perform administrative duties within a variety of practice settings, including community and health systems.

Despite profession-wide support for the importance of pharmacy technicians, there currently are no national standards for pharmacy technician certification, education, training, or regulation. However, pharmacy practice is evolving – the close working relationship between technicians and pharmacists requires technician practice to advance. In an effort to find common ground and continue moving pharmacy practice forward, the Pharmacy Technician Certification Board (PTCB), in collaboration with other stakeholders, hosted the Pharmacy Technician Stakeholder Consensus Conference in February 2017 to discuss all elements of pharmacy technician certification, education, training, and regulation.

The conference yielded strong areas of consensus regarding knowledge, skills, and abilities for entry-level technicians across all practice settings. Several of the stakeholder organizations made substantive changes to accreditation standards and certification requirements. Additionally, several state regulators have taken concrete steps toward standardizing requirements for pharmacy technicians.

PURPOSE OF THE CREDENTIAL

The PTCB Certified Pharmacy Technician (CPhT) certification allows pharmacy technicians to demonstrate their knowledge of and commitment to medication safety and effective patient care across all pharmacy settings. Pharmacy technicians, or individuals working in this capacity, have been assisting in the medication delivery process as long as pharmacists have been dispensing medications. As an integral part of the pharmacy team, pharmacy technicians assist pharmacists in dispensing prescription medications and are accountable to the supervising pharmacist who is legally responsible for the care and safety of patients served by the pharmacy.[1] In addition to helping pharmacists with prescription medications, pharmacy technicians also provide customer service and perform administrative duties within a variety of practice settings, including community, health, and federal pharmacy systems. They are generally responsible for receiving prescription requests, counting tablets, labeling bottles, maintaining patient profiles, preparing insurance claim forms, and performing administrative functions such as answering phones, stocking shelves, and operating cash registers.[2] Roles of pharmacy technicians vary from counting tablets and capsules and placing them in the correct dispensing vial, to compounding complex intravenous preparations under sterile conditions.[3]

NEED BEING FILLED

The pharmacy profession has evolved significantly in the past several decades and with that evolution has come a similar trend for pharmacy technicians. Pharmacists in the mid-20th century were predominantly removed from direct patient care and worked mostly in drugstore or hospital dispensing roles. Clinical pharmacy has seen an explosion in the past 50 years with pharmacist residencies becoming the norm for pharmacists wanting to practice in hospitals or outpatient clinical roles.[4] A clinical role can be summarized as something that requires interaction with the patient care team, including the patient. Clinical functions require a higher level of training, particularly in direct patient care situations. Examples of clinical functions for pharmacists include rounding on physician teams, providing clinic-based care and following clinical data to make decisions, and entering into collaborative practice agreements with prescribers.

All of this advancement of clinical pharmacy positions has been made possible by simultaneous advanced roles of pharmacy technicians. It is commonplace at this point in history for most technical functions within a pharmacy to be delegated to pharmacy technicians.[5] Some technician roles have even progressed into direct support for clinical pharmacy activities such as collecting pertinent laboratory values and administering immunizations. However, despite profession-wide support for the importance of pharmacy technicians, there currently are no national standards for pharmacy technician certification, education, training, or regulation.

COLLABORATION PARTNERS

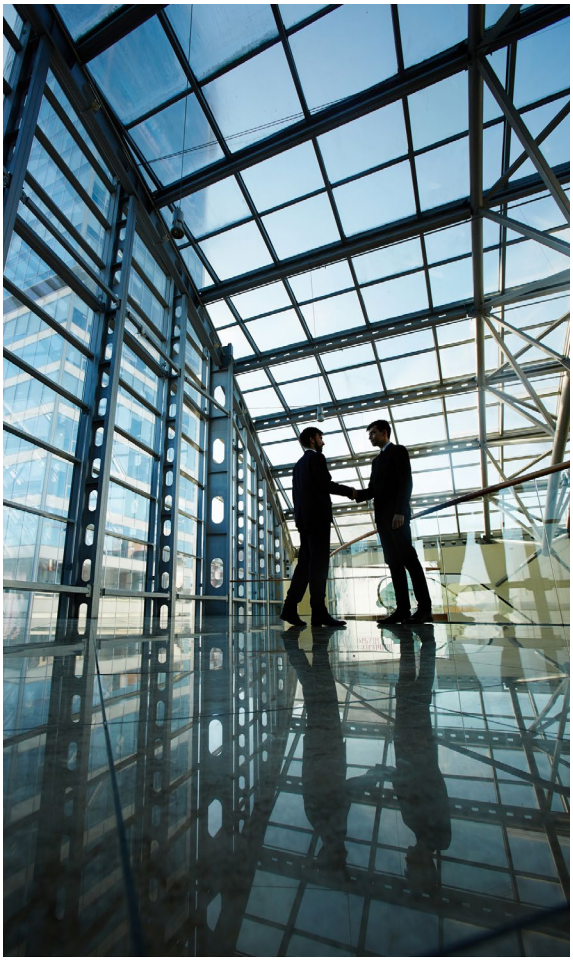
There are a variety of organizations involved in pharmacy technician education, training, certification, and regulation. Below is a list of those organizations and their role.

Pharmacy Technician Certification Board (PTCB) – Since its founding more than 25 years ago, PTCB has granted more than 700,000 certifications and has 280,000 active certificants. PTCB administers the NCCA-accredited CPhT program. To sit for the exam, individuals are required to complete a PTCB-recognized education and training program. The national pharmacy technician certification examination is based on a practice analysis of more than 40,000 practicing pharmacy technicians.

Accreditation Council for Pharmacy Education (ACPE) – ACPE accredits pharmacist education as well as continuing professional education for pharmacists and technicians. ACPE works with the American Society for Health-System Pharmacists (ASHP) to accredit technician education programs.

American Pharmacists Association (APhA) – APhA is the largest pharmacist and pharmacy technician membership organization in the United States, with more than 62,000 practicing pharmacists, pharmaceutical scientists, student pharmacists, and pharmacy technicians as members. APhA members work in all pharmacy practice settings. The APhA executive vice president and CEO is a member of the PTCB Board of Governors (BOG).

American Society for Health-System Pharmacists (ASHP) – ASHP is a pharmacist and technician membership organization representing individuals working predominantly in the hospital or health-care system setting. ASHP works with ACPE to accredit pharmacy technician education programs (corporate and institutional, both secondary and post-secondary). The CEO of ASHP is a member of the PTCB BOG.



Council on Credentialing in Pharmacy (CCP) – CCP is a coalition of national pharmacy organizations that provides leadership, information, and resources about all credentialing programs related to pharmacy. This includes pharmacy technician education, training, certification, and maintenance of certification. Members include:[6]

- Council for Pharmacy Education (ACPE)
- Academy of Managed Care Pharmacy (AMCP)
- American Pharmacists Association (APhA)
- American Society of Consultant Pharmacists (ASCP)

- American Society of Health-System Pharmacists (ASHP)
- Board of Pharmacy Specialties (BPS)
- Center for Pharmacy Practice Accreditation (CPPA)
- College of Psychiatric and Neurologic Pharmacists
- Pharmacy Technician Certification Board (PTCB)
- Pharmacy Technician Educators Council (PTEC)

Institute for Certification of Pharmacy Technicians (ICPT) – ICPT is the original developer of the Exam for the Certification of Pharmacy Technicians (ExCPT) with the support of the National Association of Chain Drugstores (NACDS) and the National Community Pharmacist Association (NCPA). The ExCPT exam was acquired by the National Healthcareer Association in 2009.

National Association of Boards of Pharmacy (NABP) – NABP is an independent membership organization of state boards of pharmacy. NABP "supports patient and prescription drug safety, through examinations that assess pharmacist competency, pharmacist licensure transfer and verification services, and various pharmacy accreditation programs."[7] The executive director of NABP is a member of the PTCB BOG.

National Association of Chain Drugstores (NACDS) – NACDS is a trade association that "advances the interests and objectives of the chain community pharmacy industry, by fostering its growth and promoting its role as a provider of healthcare services and consumer products."[8]

National Community Pharmacist Association (NCPA) – NCPA represents America's community pharmacists, including the owners of more than 22,000 pharmacies.

Pharmacy Technician Accreditation Commission (PTAC) – PTAC is a collaboration between ACPE and ASHP to promote, assure, and advance the quality of pharmacy technician education and training programs in the United States. Both the ASHP and ACPE boards of directors approve accreditation standards.

Pharmacy Technician Educators Council (PTEC) – PTEC was founded by pharmacy technicians to support educators in the education and training of pharmacy technicians.

State Boards of Pharmacy – All but three state boards of pharmacy in the United States recognize the role of pharmacy technicians and regulate them in some way. Regulation ranges from registration to requirements for accredited education and training and national certification, though there is no national standard for pharmacy technician education, training, certification, or regulation.

State Pharmacy Associations and Affiliates – Many state-level pharmacy and pharmacist organizations support the advancement of the pharmacy technician practice. Both the CEO of the Michigan Pharmacists Association and the executive director of the Illinois Council of Health-System Pharmacists have permanent seats on the PTCB BOG.

CHALLENGES ASSOCIATED WITH A COLLABORATIVE MODEL

National pharmacy organizations have supported the role of pharmacy technicians for well over 50 years (see Figure 1). Over the past decade, organizations have increasingly focused on technician training, education, certification, roles, and regulatory oversight. The CCP, ASHP, and PTCB, among others, have held meetings and designated task forces to build consensus on these issues.[9] Numerous pharmacy organizations commit programming to technicians, have sections or groups committed to technicians, and in some cases include pharmacy technicians on their boards of directors or in other elected positions.

Figure 1. Important Dates in Pharmacy Technician History[10]

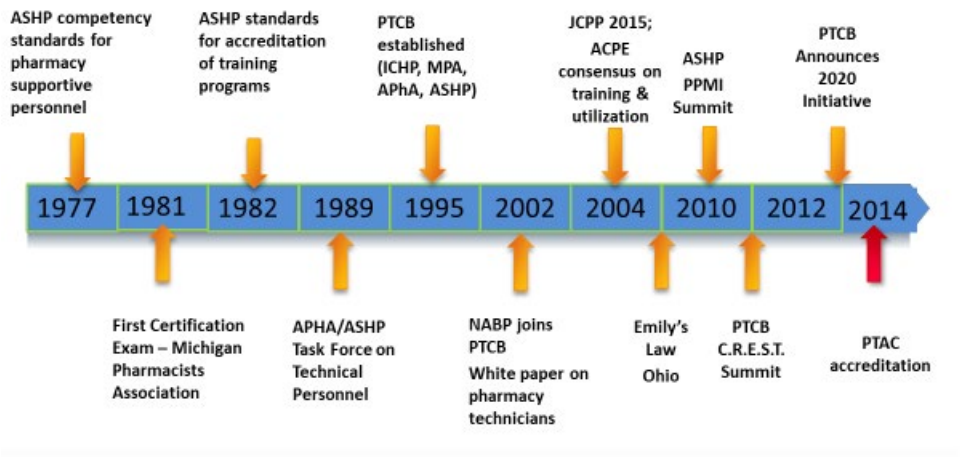


Chart used with permission from Pharmfusion Consulting, LLC

Notwithstanding the proven importance of pharmacy technicians, there currently are no national standards for pharmacy technician certification, education, training, or regulation. Barriers that are often cited include costs both for accredited education, training, and certification and for the implied increase in salaries that should come with the achievement of any of those milestones; lack of evidence that accredited education and training or certification impacts pharmacy technician quality; lack of evidence that this will decrease errors or improve patient care; and the profession of pharmacy is too broad to fit under a one-size-fits-all approach for technicians.

In 2010, ASHP held the Pharmacy Practice Model Initiative (PPMI) Summit. One of the four overarching themes addressed by this summit was the impact of technology and pharmacy technicians on the success of a new model for pharmacy practice.[11] Pharmacy technician-related recommendations from the summit addressed distributive functions that do not require clinical judgment be assigned to technicians (such as compounding sterile preparations and filling automated dispensing cabinets) and advocated that development of technician specialization opportunities should occur. As recognized by summit participants, for either of these two recommendations to be met, uniform national standards are needed for the education, training, certification, and regulatory oversight of pharmacy technicians.

In early 2011, PTCB held the C.R.E.S.T. Initiative Summit which brought together stakeholders from all pharmacy practice areas seeking to address needs in key areas of consumer awareness, resources, education, state policy, and testing.[12] Background materials for this summit included a national survey of pharmacists and technicians which garnered more than 12,000 responses. Respondents indicated an overwhelming support for national standards for training, education, certification, and regulatory oversight of pharmacy technicians.

The most significant outcome from the 2011 summit was the 2013 announcement of the PTCB 2020 Initiative to develop a roadmap of program changes designed to keep pace with the evolution of technician roles in the pharmacy. One of the key elements was that by 2020, all candidates for the new Pharmacy Technician Certification Examination (PTCE) would be required to have completed an ASHP-accredited education and training program. Within a year of this announcement, ASHP, which has been accrediting pharmacy technician education and training since 1983, began a collaboration with ACPE, which has been accrediting pharmacy education since 1932.

Opponents of the accredited education requirement often cited the low number of accredited programs as a hurdle for implementation. However, due in large part to the PTCB 2020 Initiative, two states passed regulations mandating accredited education and training. Specifically, Louisiana saw the number of accredited programs available escalate rapidly which provided a clear indicator that, "if it's mandated, it will happen." One of the primary stakeholder objections to accredited education and training as a prerequisite to national certification has been the number of hours required and the inclusion of what some saw as topics of narrow focus. Two examples of the narrow focus are sterile compounding, which is typically seen more in hospital settings; and billing/insurance, which is more often seen in an outpatient/community setting. As the 2020 deadline grew closer, some stakeholders, including some who had previously shared support, became more vocal about whether or not the requirement of accredited education and training should become the norm.

RECENT EFFORTS

Seeing the value of the combined requirement of national certification and standardized education and training, and in an effort to find common ground and continue moving pharmacy practice forward, PTCB hosted the Pharmacy Technician Stakeholder Consensus Conference (PTSCC) in spring 2017.[13] PTCB, in collaboration with ASHP and ACPE, invited more than 400 stakeholders of all practice settings to a three-day, on-site meeting to discuss all elements of pharmacy technician certification, education, training, and regulation. The full list of objectives for the conference can be found in Appendix A.

Just prior to the conference, PTCB announced it was suspending the accredited education requirement in order to study it further.[14] During the conference, it was revealed that the 2016 PTCE job task analysis utilizing data from more than 44,000 practicing pharmacy technicians indicated that sterile compounding was not a task routinely done by a significant number of participants.[15] With this new information, sterile compounding was removed from the 2020 update to the PTCE content outline. Both of these developments allowed all

stakeholders at the PTSCC to take a step back as a profession united in the goal of providing excellent patient care. While these announcements concerned some stakeholders, they effectively brought down some of the barriers between groups who were focusing on logistics rather than moving the profession forward.

The changes to the PTCE blueprint from 2017 have had a ripple down effect as the ASHP/ACPE Accreditation Standards for Pharmacy Technician Education and Training Programs attempt to align the curriculum requirements with the PTCB job task analysis. In the most recent draft of the ASHP/ACPE standard unveiled in January 2018, there are significant changes that reflect the desires of those at the 2017 PTSCC conference, including but are not limited to:[16]

- Entry-level (400 hours) and advanced-level (600 hours) technician education and training standards have replaced the previous concept of one level of pharmacy technician education and training.
- Programs can choose to offer an entry-level, an advanced-level, or a combination of entry- and advanced-level programs.
- Elements indicated by PTSCC attendees as not being entry level (i.e., sterile compounding and billing/insurance) have been modified. Knowledge of these are still entry-level elements, but the application of them has moved to the new, advanced level.

> During the PTSCC, the divide that has traditionally been seen between community and hospital narrowed. Historically, community stakeholders are less supportive of mandatory accredited education and training, as the standard for this is broad and incorporates elements not utilized in community practice. Many chain pharmacies have national training programs that focus on what technicians need to know to work in that particular chain. Requiring their technicians to undergo 600 hours of training that incorporates elements that are not pertinent to chain practice was seen as time that could be spent on other activities. Historically, hospital practitioners have been more supportive of accredited education and training, as many of the functions in a hospital pharmacy require advanced training and education. The PTSCC provided the forum for both sides to finally feel like they were being heard and helped to narrow the divide.

PTCB also revised the initial 2020 Initiative eligibility requirement for education and training. Since 2020, PTCB requires completion of a PTCB-recognized education and training program or equivalent work experience.[17] PTCB's recognition of education and training programs focuses on a program's curriculum. Specifically, a recognized program must include a group of knowledge, skills, abilities, and other characteristics judged difficult to assess on a computer-based test identified in the job task analysis. And in an effort to address the specialized skills, knowledge, and abilities of pharmacy technicians who perform sterile compounding, PTCB has launched the PTCB Certified Compounded Sterile Preparation Technician™ (CSPT™) program.[18] The CSPT program is the first new certification program PTCB has offered since the

organization was founded in 1995 with the introduction of its CPhT. Beginning in 2018, PTCB has also launched eight assessment-based certificate programs across many areas of technician practice such as billing and reimbursement and immunization. The PTCB Certification Council will continue to monitor the evolution of pharmacy-profession-led education and training requirements for technicians.

LESSONS LEARNED AND KEY TAKEAWAYS

While the 2017 PTSCC shed light on areas of consensus and overlap across stakeholder groups, there are several opportunities for improvement in future efforts. A review of the specific lessons outlined below reveals important opportunities to avoid some of the issues experienced.

- Consensus-building process: the specific consensus-building process did not consider the proportionality of the stakeholder groups. A small number of participants employ more than 60% of pharmacy technicians, but their "vote" when working toward consensus did not consider this imbalance. Also, thoughtful design at the outset of the consensus-building effort is critical and such a design should be circulated, both formally and informally, to all known stakeholders before the process kicks off.
- Preconference data collection: not enough effort was put toward researching effects on the technician labor market that could result from rising standards. Further, other sources of empirical data about technician practice are currently scarce in the pharmacy literature.
- PTSCC Steering Committee: while all stakeholders were invited to take part in the conference, all the major groups were not part of the steering committee.
- Pharmacy profession challenges: while all groups agree on the importance of entry-level standards for pharmacy technicians, broader professional concerns often take precedence over technician issues.

Stakeholder buy-in, regulatory mandates, or a combination of both are critical for the success of national pharmacy technician certification, accredited education and training, and practice advancement. Lack of data about the impact of any one of the aforementioned serves as a significant barrier to success even in a profession where anecdotally stakeholders agree it is the right thing to do. Competing interests and uncertainties regarding outcomes will likely always be a barrier to success, so it is imperative that creativity in problem solving is able to overcome this major hurdle in an effort to provide safe and effective patient care.

APPENDIX A

PTSCC CONFERENCE OBJECTIVES[19]

The aim of the conference was to explore consensus on:

- The necessity of public confidence in pharmacy's process for ensuring the competency of pharmacy technicians.
- An optimal level of basic ("generalist") knowledge, skills, and abilities that pharmacy technicians should have regardless of practice site.
- An optimal 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 practice.
- The desirability and feasibility of minimizing variability among the states in the definition and regulation of pharmacy technicians.
- The entities that potentially could take responsibility for any changes in pharmacy's process for ensuring the competency of pharmacy technicians.

Summary of the 2017 Pharmacy Technician Stakeholder Consensus Conference

PTCB History: Pharmacy Technician Stakeholder Consensus Conference

ENDNOTES

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