NEW BUSINESS

(To be submitted and introduced by Delegates only)

Introduced by: ________________ Lieutenant Timothy Laderach
(Name)

20 Feb 2019  United States Navy
(Date)  (Organization)

Subject: Expanding Technician Roles: Tech-Check-Tech

Motion: Move that APhA adopt the following policy statements:

1. APhA encourages state boards of pharmacy to develop regulations endorsing expanded pharmacy technician roles, such as tech-check-tech programs, that allow both technicians and pharmacists to practice at the top of their training and license or certification.

2. APhA supports state boards of pharmacy regulations that standardize and set minimum didactic and experiential standards for technicians practicing in expanded roles.

3. APhA encourages the creation of standardized technician training and continuing education programs that support expanded pharmacy technician roles.

Background:
Pharmacy technicians are valued members of the healthcare team that enable pharmacists to perform their professional duties with increased ease and efficiency. Similarly, other health professions, such as radiologists and surgeons, employ technicians to allow the physicians the ability to operate at the top of their degrees and licenses in providing high quality patient care. However, the specific role of a pharmacy technician is difficult to define, as pharmacy is a profession that has a broad range of practice settings (e.g. community, institutional, long-term care, etc.). For example, the Bureau of Labor Statistics defines the role of pharmacy technician as, “help pharmacists dispense prescription medication to customers or health professionals.” That definition doesn’t nearly encompass all the responsibilities that pharmacy technicians possess even in the retail setting. The situation is further complicated by the lack of consistency across the United States in the regulations and professional standards of who can be a pharmacy technician. Whereas pharmacists are universally required to
complete an accredited PharmD program, pass a federal and state exam, and have a minimum number of experiential hours before granted licensure, pharmacy technicians have no such universal standard. In fact, according to a 2015 *Pharmacy Times* review, there were at that time some states that had no licensure requirements for pharmacy technicians and some others that only required that individuals register with the state board of pharmacy.

Perhaps the inconsistencies and sometimes limited regulation at the state level is what has led to a resistance to expanding technician roles at a national level. A 2009 NABP survey showed that 12 states allowed tech-check-tech programs in the institutional setting at that time. Currently, only one state, North Dakota, allows tech-check-tech in the community practice setting and one other allows tech-check-tech for long-term care medications (Iowa). According to Adams et al., some states allow provisional agreements for tech-check-tech while still others take part in tech-check-tech because their state does not prohibit it. Nevertheless, there is a growing number of articles that highlight the data from tech-check-tech programs as a promising window into the future of pharmacy.

It is no secret that obtaining provider status for pharmacists has been the focus of pharmacy advocacy in the 21st century. APhA’s policy manual contains statements such as, “APhA supports changes to the Social Security Act to allow pharmacists to be recognized and paid as providers of patient care services,” and “Pharmacists are health care providers who must be recognized and compensated by payers for their professional services.” Yet, APhA’s current policy on pharmacy technician education does not provide clear support for the advancement of technician roles. As stated above, the purpose of the pharmacy technician is to enable the pharmacist to perform their professional duties. As the role of the pharmacist expands to include provider functions, such as prescribing medications, patient evaluation and point of care testing, the role of the pharmacy technician must also evolve. The aforementioned data provided by tech-check-tech programs is already showing that technicians can be effective at product verification. The review by Adams and colleagues describes data showing technicians as accurate (and sometimes more accurate) at providing final product verification of unit dose distribution systems. It also describes research that shows that these tech-check-tech programs allow pharmacists to assume greater responsibilities in the realm of clinical services. A later review describes tech-check-tech as providing ~19% decrease in pharmacist dispensing activity and ~19% increase in pharmacist time providing clinical services.

Frost and Adams performed a comprehensive review of the available literature on tech-check-tech in the community setting. Their review found similar results in the community setting as has been known to occur in the institution setting with tech-check-tech programs: high accuracy. Given the increased need for the role of the pharmacy technician to expand, especially with the association’s position on expanding the role of the pharmacist, it is only logical that APhA take an official stance on the expanded role of the pharmacy technician. The inconsistencies in technician certification are of concern, but APhA can look to existing state law as a guide as to what it should recommend in the way of education/certification. North Dakota, the only state to allow community tech-check-tech programs, uses the following language:
Technicians checking technicians. Activities allowed by law to be performed within a licensed pharmacy by a registered pharmacy technician in the preparation of a prescription or order for dispensing or administration may be performed by one registered pharmacy technician and verified by another registered pharmacy technician working in the same licensed pharmacy, under the following conditions:

1. The licensed pharmacy where the work is being conducted has policies and procedures specifically describing the scope of the activities to be verified through this practice, included in the policy and procedure manual required under section 61-02-01-18.
   a. Training for the specific activity is reflected in a written policy.
   b. A record of the individuals trained is maintained in the pharmacy for two years.

2. The pharmacy has a continuous quality improvement system in place to periodically verify the accuracy of the final product, including:
   a. Recording any quality related events leading up to the final dispensing or administration of the drug prepared.
   b. Recording any errors which actually reach the patient as a result of these activities.
   c. Specific limits of acceptable quality related event levels before reassessment is required.
   d. Consideration must be made for high-risk medications on the institute for safe medication practices (ISMP) list and specific monitoring, review, and quality assurance parameters must be instituted if any of these products are included in the pharmacy's technicians-checking-technicians program.

3. Any error must trigger pharmacist review of the process. This review and subsequent recommendations must be documented.

4. The pharmacy has a system in place to review all quality related events and errors recorded and takes corrective action based on the information to reduce quality related events and eliminate errors reaching the patient.

5. As always, the pharmacist-in-charge and the permitholder are jointly responsible for the final product dispensed or released for administration from the pharmacy.

The Department of Defense has had a system in place for decades that allows its pharmacy technicians the ability to check refills. This program requires that technicians be graduates of the military technician training program, have at least six months of direct pharmacy experience, complete didactic courses on the topics of ‘medication errors’ and ‘prescription interpretation’, and pass an examination. The technicians then must check at least 600 prescriptions under the supervision of a pharmacist who double-checks all prescriptions. Any errors made are addressed by the pharmacist with the technician and any more than one error is not allowed. Technicians must complete an annual assessment, including both CE requirements and a competency quality control review of 50 prescriptions by a pharmacist. This program has freed pharmacist time from checking refill prescriptions pharmacies, allowing them to focus on new prescriptions and more clinical responsibilities. It is recommended that APhA endorse this other similar programs that help expand technician responsibilities to help both technicians and pharmacists practice at the top of their training and license or certification.


**Current APhA Policy & Bylaws:**

**2017 Pharmacy Technician Education, Training, and Development**

1. APhA supports the following minimum requirements for all new pharmacy technicians: (a) Successful completion of an accredited or state-approved education and training program (b) Certification by the Pharmacy Technician Certification Board (PTCB).

2. APhA supports state board of pharmacy regulations that require pharmacy technicians to meet minimum standards of education, training, certification, and recertification. APhA encourages state boards of pharmacy to develop a phase-in process for current pharmacy technicians. APhA also encourages boards of pharmacy to delineate between pharmacy technicians and student pharmacists for the purposes of education, training, certification, and recertification.

3. APhA recognizes the important contribution and role of pharmacy technicians in assisting pharmacists and student pharmacists with the delivery of patient care.

4. APhA supports the development of resources and programs that promote the recruitment and retention of qualified pharmacy technicians.

5. APhA supports the development of continuing pharmacy education programs that enhance and support the continued professional development of pharmacy technicians.

6. APhA encourages the development of compensation models for pharmacy technicians that promote sustainable career opportunities

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New Business Items are due to the Speaker of the House by **February 20, 2019** (30 days prior to the start of the first House session). Consideration of urgent items can be presented with a suspension of the House Rules at the session where New Business will be acted upon. Please submit New Business Items to the Speaker of the House via email at hod@aphanet.org.