

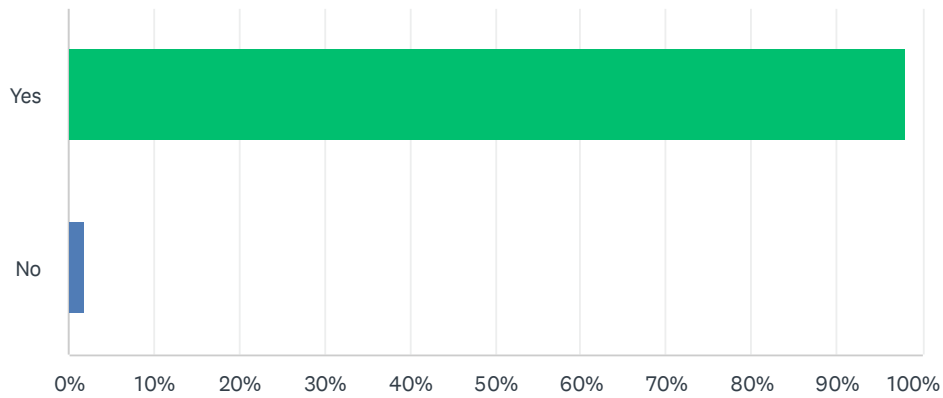
**Supplemental  
Licensing Committee  
Meeting Materials**

**Attachment 2**

**Pharmacist Survey  
Results**

# Q1 Are you a California pharmacist practicing in the state of California?

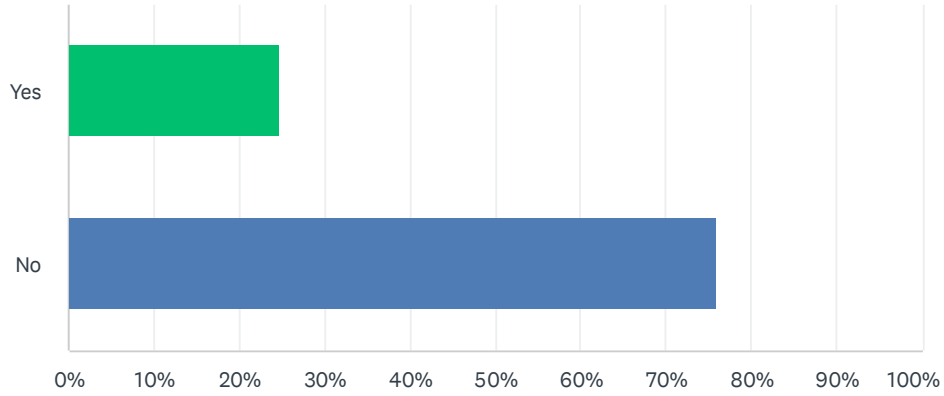
Answered: 307 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	98.05%	301
No	1.95%	6
Total Respondents: 307		

## Q2 Have you participated or do you plan to participate in one of the listening sessions?

Answered: 307 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	24.76%	76
No	75.90%	233
Total Respondents: 307		

PHARMACIST - COMMUNITY/RETAIL SURVEY

<b>Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?</b>
Assist with Immunizations Assist pharmacist with transfer of prescription Fill, count and dispense schedule 2 drugs
Evaluating pharmacy operations
Provide all vaccinations. Tech check tech increase in ratios
No change, no more duties
- Doing all immunizations - Doing product reviews - Transferring prescriptions
Very experienced technicians can help in simple prescription clarification under the supervision of the pharmacist
To become certified technician
Technicians should be able to call for simple clarifications. Such as missing quantity on a non controlled medications, clarifications of written date or number of refills . These things don't require any clinical knowledge. All we need is appropriate documentation of the clarification
Tech check tech under certain circumstances, immunizations.
Allowing technicians to immunize, perform tech check tech for refills of maintenance medications, complete transfers of prescriptions with limitations.
None
Vaccinations
More help for pharmacists
managing pharmacy logistics so pharmacists can focus on prescriptions
COMPLETE QUALITY IMMUNIZATION TRAINING, INCREASE RATIO TO 2:1, LOBBY FOR BETTER TECH WAGES IN RETAIL.
Hospital setting: Duties and access to available information within programs, in order to better handle incoming phone calls that fall within their scope.
Type more accurately , double check the filling , when ordering medication , if it is in back order do something about it.
Pharmacy technicians are the right arm of the pharmacist. During the pandemic, we have clearly seen that increasing pharmacy technician duties have helped ease the pharmacist workload during Covid-19 immunization process; however, they have already too many duties in the pharmacy to add even more on would be dangerous for the public. If adding duties to pharmacy technician, big pharmacy chains will only find a way to hire and train technicians to have more responsibilities and cut cost by hiring less of them.
1)Being allowed to ask the patient " Would you like to go over this medication with the pharmacist" ... 2) Certified Immunization Techs should be allowed for administer routine vaccines( Pneumonia, Shingles, Tdap, etc
immunizations, otc recommendations in consultation with pharmacist
Allowing 1-2 pharmacist to tech ratio
Able to ask patient if they require consultation or not? It's exhausting for pharmacists to consult on each medication and handle everything including all verifications required.
Transferring prescriptions
Nothing

PHARMACIST - COMMUNITY/RETAIL SURVEY

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

Staffing staffing staffing. Especially from CVS and Walgreens. You, the California Board of Pharmacy, NEED to maintain mandatory minimum tech hours for the giant corporate pharmacies such as Walgreens, Rite Aid, and especially CVS. You guys do not realize that these corporations intentionally understaff their stores to maximize shareholder profits. This puts patients at risk of mistakes because no humans can work safely in these conditions. The State Board of Pharmacy of Oklahoma actually fined CVS \$125,000 for chronic understaffing and putting patient safety ahead of shareholder profits. Read about it here.

<https://kfor.com/news/local/cvs-fined-125k-after-investigation-into-misfilled-prescriptions-staffing-issues-at-four-oklahoma-locations/>. You need to do the same and start realizing that these corporate pharmacy owners do not care about patient safety and are intentionally understaffing store and putting patients at risk to maximize shareholder profits. The longer you do nothing the more patients will die due to pharmacy errors, and how long before lawyers start suing the BOP for doing nothing? Do not find out the hard way.

Authorization to give immunization

increasing the ratio when 1 pharmacist is on duty

Administering more vaccines

None, keep as is

none

- ratio need to change . 1:1 is not sufficient, pharmacist end up doing both tech and pharmacist job. -having minimum hours of tech per number of scripts

Root problem now is lack of competent technicians with good work ethics, at least it is a big problem in retail pharmacies

Training & certification to administer all vaccines

No changes. A lot of them already think they are pharmacists and are acting as such. This is a push from the big players trying to cut their costs by any means

Take verbal transfers over the phone as long as it has been repeated back to the original transferring pharmacy. Other options would be to fax the request to receiving pharmacy upon pharmacist approval.

No change to their duties. Their job is to be the first line of data entry and do the menial tasks (data entry, ordering drugs supplies helps patients w insurance issues, retrieve refills test pts for covid,sell rxs, call patients for refills. Any task that doesn't require a degree

They're already doing a lot. It's just that the chains keep cutting their hours and understaffing them to assist the pharmacists.

Let them do all of the vaccines. At least the senior techs.

Tech Check tech for medication verification. Tech can initiate electronic transfers to another pharmacy. Tech has to ability to administer all vaccinations.

transfers

They need to focus more on organizational skills and multi tasking.

They should be able to give some vaccines and provide consultation on certain OTC medications.

No bagging rx. More mistake seen with packing med -switching bottles. Inaccurate qty.

Allow trained and certified technicians to give Vaccine injections after pharmacists have approved the patient and verified eligibility.

Fill Script Pro, RTS on Script Pro

na

Reconstituting powdered medications Better ratio of techs. 2 or 3 techs to 1 pharmacist

Pharmacy technicians are important for pharmacy operations and truly take the burden off pharmacists in terms of filling medications and taking care of customers when pharmacists are busy checking prescriptions, and consulting patients. I would say more technicians for staffing will help in a busy pharmacy.

PHARMACIST - COMMUNITY/RETAIL SURVEY

Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?
digital tax. A lot of tasks are computerized and it could be done by Technicians
None
Signing and receiving orders for prescription products
Dialing phone calls for the necessary people ahead, so that the pharmacists can communicate with less time spent. Doing fax for the pharmacists
Pharmacy technicians are team player and not just an assistant, without them we won't be able to run the pharmacy smoothly. I hope they get trained enough to be able to multi task and to take some of the stress off our shoulder. They need to be effectively trained to be future pharmacist, more aware about the drugs and able to resolve problems without involving the pharmacist who is trying to manage with the 100 tasks they suppose to do during their shifts
Product review
Nothing
technicians to be trained and certified to administer vaccinations
(1) tech check tech (2) immunization
Immunization
None. Stricter laws are needed against the corporations. Most pharmacy technicians that stay in the field are hard workers that want a better work conditions.
Tech check tech for outpatient dispensing
Increasing the Pharmacist and technician ratio to 1 Pharmacist per 2 or 3 technicians. This would help the Pharmacist focus more on clinical duties and more time consulting patients
Increase technician to RPh ratio, create an Advanced Practice Technician that could help with clinical pharmacy, such as medication reconciliation.
I believe the ability for technicians to aid in vaccinations for Flu, Tdap, and Covid is the limit to assisting a Pharmacist. They don't have the knowledge and/or Education to do anything else.
They should be able to do everything but final rx review and counseling
Give vaccinations
Let techs give all immunizations.
Allowing technician to administer vaccines Change the ratio of pharmacist to technician for retail pharmacy to match hospitals. One pharmacist two technician
Be able to give vaccine
Taking verbal orders and rx transfers, calling doctor's offices, under pharmacist supervision, of course
I believe that the pharmacist to technician ratio is obsolete and should be revised especially for technicians with state and national licensing.
None
None...need higher wages to retain techs
Be able to take the denial/waiver of consultation. Possibly tech check tech
Ratio
If certified as immunization technician they should be able to administer more than Covid and flu vaccines.
Advance Practice Pharmacy technician who can perform POCT, Immunization, Product check, Blood pressure check, etc
I feel that techs should be able to administer all vaccinations after they have had the proper training. Techs know how to give IM shots. They only need to be trained on SQ vaccines and be eligible to provide travel meds post educational training.

PHARMACIST - COMMUNITY/RETAIL SURVEY

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

Technicians to administer immunizations. NOT make clinical assessments, just administration. Technicians to manually thru the computer transfer prescriptions to other facilities. NOT be able to verbally transfer - this only via pharmacist.

Sometimes the pharmacy technician is utilized as a pharmacy clerk in low volume retail pharmacies. Perhaps a regulation could regulate the need for a pharmacy clerk with a certain amount of prescriptions/day in a retail setting.

Higher pay.

Administer all vaccines after pharmacist patient screening

Reconstitute liquid medications

Communication skill enhancement. Commitment to serve community. Fully understand Pharmacist duty to counsel without rushing or disrespecting Pharmacist

Pushing any duties to pharmacy technicians without assurances that they will be both trained and compensated properly is a none starter in my view.

no additional duties for technicians due to their limited education and training

Allow them to continue assisting with vaccinations

none.

Immunizing

Administer vaccines

Need to transfer all non clinical judgement responsibilities to technicians. Our practice needs to emulate optometrists... Clinical only judgements.

s

It should be mandatory for every pharmacist on duty to work alongside a tech during operating hours. No pharmacist should be allowed to work alone by law.

Ancillary duties in the pharmacy

Mandating more educational and training requirements to attain Pharmacy Technician license and thereby, a technician can discharge his/her duties (assisting Pharmacist) successfully.

Vaccines, checking prescriptions (tech check tech)

Pharmacy staffing ratios are outdated and unnecessary. Even an increase of one technician per pharmacist would assist tremendously.

have good training on math skills and good work ethics

I think we should leave the duties the same. The only thing I would change is one pharmacist should be able to have 2 technicians filling.

I'm astounded that you have to have a technician license to pull or fill meds, which most locations have safety scans for, yet you don't require a license to type prescriptions, which I feel is infinitely more challenging.

Expanding tech roles to give vaccinations was a big help during covid

Technicians verifying filled RXs by other technicians

None

With the new impact of vaccinations to protect us against SARS Covid 19, Shingles Pneumonia, etc., the technician can learn to prepare and administer all vaccines. A pharmacist will always consult for each vaccine session. Having a technician ratio of 3 to 1 pharmacist will assist with pre authorization, billing and inventory management. The extra technician can also assist with MTM and technician training from senior level techs to entry techs. The pharmacist will have more time with medication management and counseling the customers. especially the elderly and uninformed patients.

PHARMACIST - COMMUNITY/RETAIL SURVEY

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

2:1 ratio 2 techs for one Rph in duty since we now have covid testing vaccines and soap counsels it's nice to have 2 techs that can fill rx and put drugs away.

I do not believe technicians should have changes in their duties unless there are changes in training, such as a bachelors degree in a science related field required

How many technicians is a pharmacist really able to supervise.

patent consulting if it was the same drug, just a dosage change

Less task related duties like 90 day exceptions, save a trip, call lists, more hands on like helping the patients in line and in drive-thru. No budget cuts. Appropriate technician to pharmacist ratio to manage the prescription volume and vaccine delivery in a safe manner.

None

Allow tenured +5 years at a single location to possess keys to the pharmacy. Change pharmacist to technician ratio

Vaccination

Help with immunization

Not necessarily a change in duties but a change in ratio. I think 1:2 for all pharmacists in a community setting would be a good change.

Having the ratio increased to 1 Rph to 2 technicians (when there is only 1 Rph on duty) will be very helpful

Allowing to reconstitute, flu shot immunizations

Techs checking techs

more product verifications, clinical monitoring

immunization; when patients decline consultation, i wish technicians are authorized to accept the refusal from patients;

No additional changes at this time. For retail pharmacy, the technician can (and should) only do production (count pills), inventory task, and pick up. For hospital setting I wouldn't know what is appropriate since I work in retail pharmacy. The older technicians usually are trained on the job as technicians or go thru the 6 month pharmacy technician course in adult school. Not too many of them have 2 year associate degree as pharmacy technicians and yet we are letting them do vaccinations and try to increase their technician duties? Think about patient safety. I think BOP should make 2 year associate degree in pharmacy technician as a requirement to become licensed pharmacy technician in california first. Also BOP should not allowing people to become licensed pharmacy technician thru training on the job only or thru adult school. Then wait 15-20 years first for the non-degrees technician to retire before talking about expanding technician duties. This doesn't apply to pharmacy technician who went on to get additional degrees such as MBA or bachelor degree in computer science which will allow them to do more based on their more advanced degree.



PHARMACIST - COMMUNITY/RETAIL SURVEY

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

Limiting how many duties a single technician is expected to perform at a time. I am originally from NYS, and am astounded to see that in California a single pharmacist can have no more than one technician during her shift. If the board actually expects this rule to motivate any pharmacy to add a second pharmacist to get more technician help, the members of the board clearly have not worked on retail or community pharmacy for many years, or are otherwise unfamiliar with true corporate motivations. America is now one of the most medicated nations in the world, and the spectrum of our workload is much different than in previous decades. In the interest of patient safety, no pharmacy should be with only one technician or one pharmacist. The data entry, dispensing, verification, vaccination, release to patient, effective patient counseling, as well as general compliance with regulations simply cannot be an expectation placed upon one or two individuals. It promotes abusive and unrealistic working conditions, as well as increasingly dangerous medication errors. The board must do more to protect pharmacy staff and create regulations in the interest of public health and safety, as opposed to those that lead to compromised patient safety. So the changes that I believe would aid a pharmacist in performing their clinical duties would be more staffing to perform the less clinical duties; removing the pharmacist to tech ratio or creating minimum staffing levels based on script count. This MUST be based on data, and not on the board's personal opinions.

Increase their pay and you will get a more dedicated and professional employee who won't just jump to a new job when offered better. In-N-Out Burger offers as much as my tech get paid by this chain with 401k, dental, vision, food, and PTO - why would they put up with the bravo sierra of patients when they can make as much in a better environment?

none

Nothing related to duties, but understaffing of any ancillary staff contributes to low morale, but also can lead to medication errors

Administering vaccines

Patient Consultation

1. Pharmacy Technician should also be liable for any dispensing errors if they are involved in the process. So far, most companies only place that liability on the the pharmacist. Therefore, some technician did not pay attention to data entry and/or counting from the wrong bottle. 2. Pharmacy Technician should NOT be allowed to perform immunization unless they are provided more hands on practice

Counting c2 prescriptions

none

Expanding technician tasks to include those that don't require a pharmacist discretion. Tasks and skills that can be trained.

Tech should be allowed to take in new rx, and also do rx transfers between pharmacies . Do not forget that nurses, cna's and even receptions call in rx to the pharmacy. Pharmacist : tech ratio should also change to at least 1:2

None

California law is 1:1 pharmacist to tech ratio on filling process of prescription drugs. Recently the pandemic allowed us to temporarily be able to expand ratio to free a pharmacist and allow our pharmacist to be frontline and forward facing their patients/customers assisting them clinically with their medication regimen, general pharmaceutical advice questions, and administer/oversee immunization administration process. Allowing two technicians to help a pharmacist with production process has created efficiency and allowed for a better drug procurement process that benefits both the patients and pharmacy.

Checking in controlled inventory

Change ratio to 2:1 when onlyb1 rph on duty

Immunization

Provide immunizations. Able to ring up renewed prescriptions.

PHARMACIST - COMMUNITY/RETAIL SURVEY

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

Prepping the paperwork accompanying all prescriptions in the same order everytime. ie:Finished RX on top receipt, hard copy rx next, PIL. etc. layered the same way everytime so I don' have to figure out what has and has not been included in the paperwork.

NOTHING

Require more technicians per pharmacist based on volume

I don't think there need to be changes to technician duties. However, they deserve a higher pay.

I would like to see changes made to the pharmacist:technician ratio. Having worked both in the retail and hospital setting, I believe pharmacists can supervise more technicians than CA law currently allows. When there are inadequate technicians, the pharmacist ends up doing more tasks that a technician could do (i.e. answering the phone, filling prescription/order, etc.). From RCA within my organization(s), a pharmacist multi-tasking and doing tasks a technician could do leads to more medication errors. For instance, if a pharmacist is the only one filling a prescription/order, there is not a second person to check the work of what was pulled. It could reach the patient and cause harm due to confirmation bias of the pharmacist being too involved in the production.

Vaccinations

HIV screening, venipuncture in clinic settings

ENFORCE SB1442 LAW!!! Many pharmacies are violating this law!

MORE VARIETY RESPONSIBILITY

X

Authorize them to vaccinate for more than just COVID-19. Also allow them to ask if the meds they are picking up are refills so a pharmacist doesn't need to constantly be pulled away from other tasks to ask the same question before passing counseling.

Expanded roles for technicians to perform covid testing as well as provide immunizations is wonderful. However, without proper staffing, it puts a strain on an already short-staffed team. I would recommend limits on number of expanded tasks each technician is capable of as well as the number of pharmacists able to safely oversee the task.

Answering phone

Vaccination

Techs have proven they have capability to administer covid and should be allowed to do other vaccines as well

N/a

Vaccine administration assistance

Focus on the work queue instead of the phones calls and clerk duties.

None. Pharmacy technicians are already overwhelmed and over worked as it is. Furthermore corporate refuses to give raises for their hard work. Borderline abuse is occurring especially during the covid 19 pandemic. If any further tasks are added to technicians' current workload they will quit due to unbearable stress.

Administration of all vaccines. Able to screen patients whether they needWant to be counseled when picking up rx

Technicians should be able to administer all vaccines.

Expanding technicians' capacity to provide all routine and travel health vaccinations as long as appropriate consultations are provided to the patients ahead of time

None.

Immunization and part patient consultation that is not too clinical.

PHARMACIST - COMMUNITY/RETAIL SURVEY

<b>Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?</b>
Vaccinating, being able to take prescriptions and transfers over the phone and being able to ask patients if they need counseling on refilled medications.
Virtual verification is not safe. Pharmacist should be physically checking what pills go inside of the bottle and bag for the patient. People take shortcuts when filling and can cause med errors.
None
n/a
None. They can barely handle the tasks they are given today. These are not highly trained individuals that can do more than is already approved for them.
Allow them to do more of the clinical background information gathering.
Allowing 1 pharmacist to supervise 2 techs filling.
Allow additional duties: immunizations (all), take orders over the phone, reconstitute antibiotics, Tech check tech in specific situations (rx orders - data and product review), Med Rec, Remote processing
More hours and higher pay for technicians
Not changes in duties, but better training and pay for them
None
Give all vaccinations
Vaccinations Testing
Nothing
1)Allow tech-to-tech transfer of prescriptions via fax or computer, no transcribing or interpretation of the meaning of the prescription. 2) Tech-check-tech for accuracy of product filled. 3) Administer all types of vaccines, not just COVID-19 or flu.
immunizations, OTC consultations,
receive and sign for med orders. pharmacists do not have time to receive orders. majority of the time, technicians received the orders, checked them in, and put them up. why do pharmacists have obligation to sign for something that they don't even have time to inspect? pharmacist station is continuous with duties. there is no time for inventory inspection at time of delivery. not realistic to suggest for pharmacist to check physical counts of control meds before sign to release delivery personal.
Technicians can do product inspection of final prescriptions based on visual comparisons of tablets.
1) A sense of urgency and accuracy 2) More education. A number of pharmacy technician unable to calculate dosage, day of supply, number of refills for transferred scripts and the list goes on, and unable to figure out the quantity on diabetes injectable medications. In addition, technicians DO NOT read the sig and ente it as per prescriber order, the choose a common sig per the computer systems suggestions. 3) Held accountable for any mistakes .

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

Appropriate board certified training for any additional duties. With the pandemic the retail pharmacy setting has been increasingly busy, specifically the past 2 years. During these years, there has been a big increase of technician initiated medication errors, or administrative errors that the pharmacist is simply not able to catch with the short staffing issue. I heard things with technicians being able to get refills(which is ok per discretion with pharmacist if it's not control) but some technicians were intending to help the busy pharmacist, and get refills for controls (C3-5). Pharmacy electronic systems/software has to be compliant to not let technicians take verbals and add an electronic fill to a control, which in some systems is easily mistaken as change of manufacturer, etc, at the verification stage. And in the end not being able to transcribe it to a hard hand written hard copy! Also had issues with giving the wrong vaccine as the patient was never told what vaccine they are getting all the way until they get the paper receipt, or med guide and decides to read about it. Pharmacists are put into spots where there is a HUGE INCREASED liability on things that has many gaps that can be filled with compliance and workflow/systems to ensure actual pharmacist verification is involved. My opinion is if we increase technicians duties the risks and lack of training/ system to back up their increased duties will outweigh the benefits. - if the intention is to ease pharmacists work load... What really can help pharmacists is perhaps just allow more pharmacists to be hired..... which really is not for the board to say.

Initial check on CURES before processing controlled prescriptions

continue doing what they have always done. no need to reinvent the wheel

I think that it should be the Technicians duty to have data entry completed, and insurance issues dealt with. That is what a "TECHNICIAN" is for, not a pharmacist. I can't explain how many time I have had to spend hours unpaid after closing, trying to sort these issues. They should be properly trained for this specifically. Resources in training should focus on that... Pharmacist, much like nurses and doctors, should NOT be trying to sort through these TECHNICAL issues, that a TECHnician should be responsible for. I should be able to focus on providing the CLINICAL required, be that verifying and dispensing prescriptions, contacting doctor's offices, taking in verbal prescriptions, consultations, vaccinations, patient profiles, etc. I should not be trying to do all of this while also juggling the Technician who is confused on what their duties are. It is that simple.

This last year having immunizing technicians has been a big help to pharmacists. I would like to extend that authority for these technicians to be able to administer all vaccines and not just covid vaccines. Certified technicians should also have the authority to transfer prescriptions if properly certified and trained

Immunizations

Get rid of the limiting rph to tech ratio. It forces management to understaff

Taking refill rx

Screen medical history of patients ahead of Pharmacist verification

Allow technician to vaccinate all vaccines.

Immunization

.

none

Encouraging technicians to get immunization certified.

not much

Increase the tech to RPh ratio. Allow techs to receive refill Rx for controlled substances.

Aiding in providing vaccines after clinical review is completed by the pharmacist,

PHARMACIST - COMMUNITY/RETAIL SURVEY

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

I believe that at this point in time board has defined a perfect balance of technician duties. Anything more might be detrimental to patient care. Being a pharmacy manager, I've seen that happened. A technician of mine had bought Aleve and Omeprazole for her mother's arthritis and night time esophageal reflux. She was comfortable with what she thought was a right choices for both ailments. Once I explained her why Tylenol or topical OTC would be a better choice, she realized her mistake. As a retail pharmacist you can see it happening quiet a few times.

Allowing technicians the ability to ask patients "have you taken this medication before?" or "would you like to speak to the pharmacist about your medication?"

I do not want to see any changes, as I believe the current model is sufficient. I believe, that the chain pharmacies will exploit technicians to perform pharmacist duties without adequately paying them for their services while exposing them to liability. For example, I do not want to see the technician to pharmacist ratio changed or to see technicians providing clinical services such as vaccinations.

Being able to have more technicians per pharmacist ratio

I feel like some of the more experienced technicians that I have worked with could take on more responsibilities... simple counseling questions/ recommendations/how to use eye drops, etc. Also, in the hospital setting I think some more experienced technicians can handle filling medicine cabinets (with bar code scanning) and audits of controlled substances without needing a pharmacist to sign off. Most of those jobs can be checked electronically

clinical pharmacy tech duties for pharmaceutical services such as Comprehensive Medication Management. Allowing them to call patients to schedule appointments and provide information of what this program entails. Taking vitals, providing vaccines, and testing such as glucometer, blood pressure, etc.

Remain same

Technicians should have the ability to check for outdates. For example, crash carts in hospitals currently need to be checked on a monthly basis by a pharmacist. This task i strongly feel can be accomplished by a technician.

additional training for weak technicians as well as development of training aimed towards the owed respect of technician to pharmacist

having techs able to give immunizations under their licenses.

n/a

None

more staffing

Vaccine

ability to report [directly to a drug inspector] fraudulent billing, dispensing, filling, labeling, storing etc of legend drugs and also otc supplements in independent and closed door pharmacies Legal immunity and whistle blower protection must also be provided to deal with threats of lawsuits and witch hunt by present & former employers

Tech checking refills, increased pharmacist:tech ratio for stores performing special packaging, remote data entry

- Technicians should be able to receive delivery and sign for it after verifying the invoice. It will minimize distraction, pharmacists face.

Allow non technicians to conduct Covid tests and put away drugs. Increase the technician to Pharmacist ratio.

No

None

Increase ratio of tech to rph

PHARMACIST - COMMUNITY/RETAIL SURVEY

Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?
Immunizations (all) , covid testing ,
Able to prep for injection
Technician should be able to relay messages for pharmacists with the requirement that patients be given call back numbers to speak with pharmacists.
No changes at this time
Put the responsibility of declining consultation on the pt, not requiring the technician to verbally direct pt for consultation
Being able to transfer medications for non- controlled.
Filling prescriptions, calling for faxed transfers, administering all vaccines
Processing prescriptions. Duties to warn drugs interactions override and over used of control substances. Sometimes too busy and pharmacists failed to catch the problems during verification
Allow 2 techs ratio to 1 RPh, enforce corporation to aid tech in delivering other immunization besides COVID vaccine, enforce corporation to stop abusing this industry, they always increase our tasks with no extra benefits or anything, I wish I can open my own pharmacy and do something better
No change. No tech-check-tech practice. Every single prescriptions need to be checked and passed by a pharmacist.
Receiving orders; receiving and giving transfers; receiving refill approvals for all scripts; verifying prescriptions with doctor offices
Vaccine administration. As chain pharmacies increase their scope of services combined with increasing regulatory requirements / record keeping come down pharmacists just need more bodies in the pharmacy to complete these tasks accurately so that we may continue to complete our primary responsibilities to the patient.
No changes needed. Techs that know there job and can do it effectively are helpful enough
Techs who are store managers and above should NOT be micromanaging pharmacists and workflow for the purpose of meeting company metrics. The Board needs to have better enforcement policies in place to ensure that pharmacists are able to do their jobs safely and to make sure that customers are protected
Allow more technicians especially with the counting of drugs. Pharmacy is so busy that we only have time as a pharmacist to verify and counsel.
checking refills, drugs like dme products, etc. that have no DUR
More vaccination administration approvals e.g. flu, shingles, Covid, etc
The only thing I see that they cannot do is consultations. Do you want them to do this? If so, create a separate certification, license, and exam with fees as a promotionary ladder.
Current duties are sufficient.
LOWER TECH TO PHARMACIST RATIO
Answer patients simple medication questions like what's Tylenol for? Instead interrupting the pharmacist
Hold technicians accountable for their responsibilities in addition to supervising pharmacist
I would love techs to not be bosses of the pharmacist. Corporates like Walgreens and cvs make rph work faster by metric bases system and thus working conditions are prone for errors. Tech are in charge of some metrics and which are pushed hard on rph.
None
Pharmacy Technicians with proper training and experience should be able to take orders for new prescriptions from physicians/their agents. Pharmacy TEchnicians should be able to perfor transfer of prescriptions between requesting pharmacies
Doing all immunization
Transfers via fax

PHARMACIST - COMMUNITY/RETAIL SURVEY

<b>Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?</b>
Increase the ratio of Technician per Pharmacist and organization should provide those number of Technician in actual sense
Immunizations
Allowing certified techs to take new phoned in prescriptions from doctors, and increasing the pharmacist to technician ratio.
Receiving refill approvals and order clarification from providers over the phone
Vaccinations
None they do enough right now. Isn't it bad enough that pharmacist are not getting full time work and have to put up with conditions that works us constantly with no breaks and no say so in how we are treated now you want the big companies to hire more techs to take over our jobs... where will all the pharmacist go to find work! We are mistreated and misrepresented.. we need to stand up and demand more rights and better pay! We need the guild back to have our backs
Pharmacist having to do a lot of task and responsibilities, it would help if technicians can help take transfers out/in over the phone for the Pharmacist.
Administering all vaccines
None. I believe that the current pharmacy technician duties are already appropriate to their qualifications and training. There should be no additional duties given to the technicians as it can potentially exposure patients to more risks
further education in math and critical thinking/problem solving
to provide COVID testing instructions to patients, to perform BP & glucose checks
Retrieving voicemails and phoned in prescriptions (it's ok to be phoned in by an agent of doctor why not written down by a technician), transfer in/out prescriptions, retail pharmacist can oversee more than 1 technician otherwise we become dispensing pharmacists
Pharmacy technicians have proved their role and worth as immunizers during the current pandemic. Allowing appropriately trained pharmacy technicians to continue to give immunizations would be a significant boon to pharmacy practice.
Ability to override declined consultations
No change
Pharmacist and tech filling ratio.
California should have a "hotline" for technicians to call with questions and concerns. I am in the unique position of having worked as a pharmacist then worked as a tech while waiting for Cali to deal with your cheating scandal so I could get my reciprocal cali license. It was very informing. I got a tech job at CVS and they treat their techs pretty poorly. The first two locations I worked at, I was greeted with "We don't take breaks here" - at BOTH locations, seriously! first things they told me- and when I told them that I would be taking my breaks, they just about lost their minds. I finally found a store with a good pharmacist manager and everything was fine, but I now have a huge empathy for technicians.
none
Electronically transferring prescriptions to other pharmacies
Nothing. We need technicians to be better trained and we should require all technicians to go through licensed school programs prior to being licensed
Y
Vaccination
NA
Higher pay

PHARMACIST - COMMUNITY/RETAIL SURVEY

<b>Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?</b>
I believe as long as technicians are able to do medical billing, filling and mixing medications, pharmacists will be able to focus better on their clinical duties
No changes
Giving all immunizations that are first checked by pharmacists. MTM's (not CMR)
Authorize technicians to get verbal ok's from doctor offices for changes to existing prescriptions
Call doctors
Check in the order
Providing immunization
More non discretionary task such as data review, ( no DUR ) , immunization, Blood pressure checks other POCT testing
Allow them to initiate transfer requests as long as the transfer is faxed and not taken verbally.
Controlled substance inventory, prescription transfers
Able to take refill approval over the phone, able to provide flu shots and other extended/routine vaccines
It would be very helpful if they could do transfers especially if they're don't electronically since there's little room for error and maybe even taking voicemails for us as long as they don't delete them in case we need to relisten
Immunizations
Administering all immunizations and helping us with transfers
If tacos can give COVID vaccines, why can't they administer other vaccines as well? Many are packaged as prefilled syringes with less chance for error than drawing up syringes from a COVID vaccine vial. They should be able to accept when a patient denies counseling, rather than for me having to walk over to patient to personally accept the denial. And of course we would love to increase the RPh to tech ratio by one.
New prescriptions
Being able to reconstitute medicines
Thanks
We should not change pharmacy technician duties at this time as it will compromise the pharmacy profession. All Clinical duties must reside within a pharmacist's scope of practice and should not be expanded to pharmacy technicians. A pharmacist must always be the one to supervise and check a technicians work given the years of clinical training a pharmacist receives during their doctoral training in school.
Consultation on devices i.e. blood pressure machines, glucose monitoring machines, nebulizer per protocol.
I don't believe any changes are necessary. The main difficulty is finding good people. Stop making licenses more expensive.
Giving vaccines in general not only the COVID vaccine it does help and improve techs ability to do duties more than usual and they liking it in general.
I believe expanding pharmacy technician immunization capabilities would greatly aid pharmacists in their duties.
Provide immunization. But have to ensure technician go through proper training
Perhaps allow technicians to confirm what the medication is for. ex. this med is for high blood pressure
None
Let them do all the vaccines, flu shots as well if trained properly...
Vaccine administration
None



PHARMACIST - COMMUNITY/RETAIL SURVEY

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

Currently I think technicians should potentially do a little less work. Since technicians can now administer vaccines, it is still done under the pharmacist supervision. Having to maintain the queue, answer questions, etc. and ensuring technicians are doing it correctly can be stressful as a pharmacist. If something happens to the patient while the technician is giving the vaccine, that is on our license. If pharmacist themselves are able to administer the vaccine, but technicians are able to prepare them (after pharmacist has verified correct vaccine) I think that would be better. For example, the do not dilute pfizer vaccine, if technicians are able to pull out the 0.3 ml dose for an adult, I think that would be more beneficial.

Allow to transfer medications between pharmacies

Immunization, Accept Declining of consultation, Outcome MTMs, Assistant PIC for experienced Tech (After 10 years of experience), Rx Transfer, Product verification on refills or for the Rx that came out of the automated machine.

none

none at this time.

Pharmacy Technicians who have earned the PTCB certification should be allowed to orally receive/transfer prescriptions. I am a pharmacist originally from Massachusetts, and in the state of MA, technicians who have completed this certification are able to complete these tasks. This would be a huge support to the pharmacist.

Ask CVS or Walgreens pharmacy what they would want the current technicians to do in the pharmacy. The BOP does whatever the chain pharmacy wants or forces the board to implement.

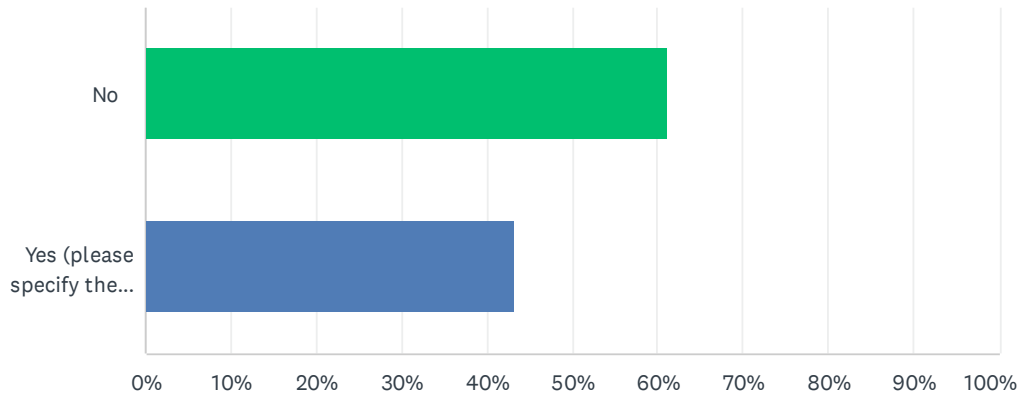
Change the ratio to be 1:2 - this will be the single greatest change to help us I think.

Being able to do non-covid vaccinations

v

### Q4 Do you believe there are some functions that would allow for a pharmacy technician to supervise the work of another technician (e.g. tech-check-tech)?

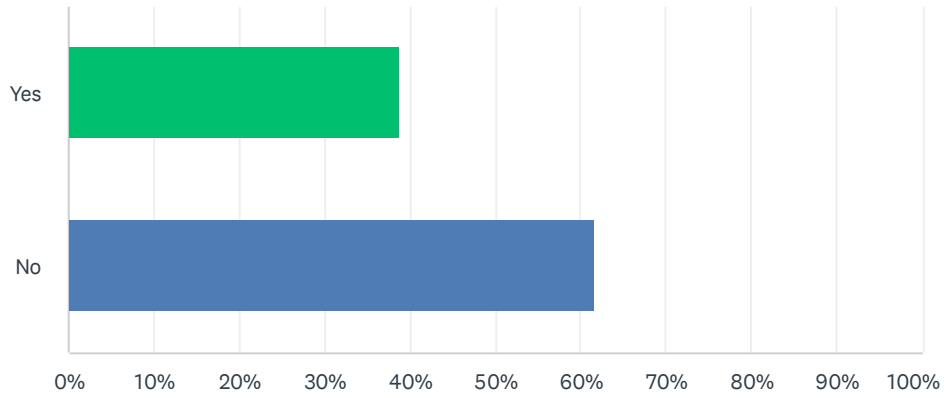
Answered: 307 Skipped: 0



ANSWER CHOICES	RESPONSES	
No	61.24%	188
Yes (please specify the functions below)	43.32%	133
Total Respondents: 307		

### Q5 Do you believe you have sufficient time and resources to provide appropriate oversight of pharmacy technicians?

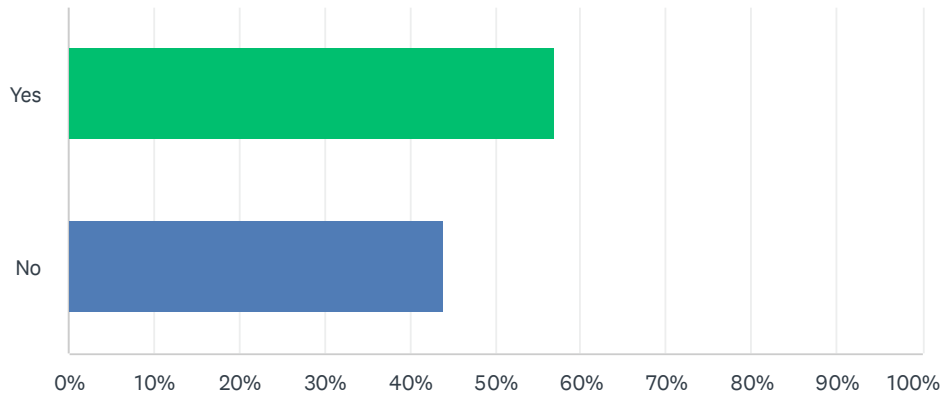
Answered: 307 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	38.76%	119
No	61.56%	189
Total Respondents: 307		

### Q6 Do you believe pharmacy technicians have the appropriate level of on the job training and/or education to safely perform duties, including in the following areas - - pharmacy operations, HIPAA compliance and compounding?

Answered: 307 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	57.00% 175
No	43.97% 135
Total Respondents: 307	

PHARMACISTS - COMMUNITY/RETAIL SURVEY

Q7 What type of training do you believe is appropriate?
Pharmacy operations mostly filling and dispensing Receiving orders Receiving refills
Practice training
Requirements of additional CE
More clinical training
Training them to do prescription clarification to help the pharmacist in the phone calls
To attend pharmacy technician school that has accreditation and pass certification exam.
Specific to setting, role. Could be different.
On the job training in a structured program which could be reviewed by the Board or enacted within a specific set of guidelines.
A doctor of Pharmacy Degree that this board requires for Pharmacists and pharmacist duties.
More classwork to obtain license. On the job training with CVS for 400 hours is not enough.
Y
Pharmacy Technician Certification is sufficient for pharmacy operations & HIPAA compliance. Additional compounding training should be required.
THEY NEED paid TIME OFF TO ATTEND OR COMPLETE TRAININGS. DOING THE VIDEO/CONF CALL TRAININGS WHILE ON THE CLOCK AND ASSISTING CUSTOMERS IS NOT POSSIBLE AND A WASTE OF TIME AND DANGEROUS BECAUSE EMPLOYEE HAS TO SIGN OFF ON A TRAINING THEY LIKELY LEARNED LITTLE TO NOTHING FROM AS THEY ARE RUSHED BY CORPORATE TO FINISHED AND CONSTANTLY INTERRUPTED BY PTS, PHONES, DRIVE THRU, DELIVERIES, IMMUNIZATIONS, TESTINGS, ETC
For HIPAA compliance yes. For pharmacy operations and compounding - no. This is dependent on whether it is community pharmacy or hospital or skilled nursing, size of facility, inclusive of USP 795 , 797, 800. Overall, I like the old saying, see one, do one, teach one and observation/demonstration. And depends on how the individual learns, what level of expertise the goal might be, what skills the task(s) may include.
Work ethics , not calling in sick , Take pride of your job
I think they are appropriately trained but are not allowed to effectively and safely use the training because of time constraints and staff shortage
Getting a college degree like PA's and NP's
On job tasks
School training with license examination
More compliance training
Compounding
More training is needed for corporate pharmacies such as CVS and Walgreens. What they do is throw their technicians into the fire with minimal training. They make technicians do modules WHILE WORKING and give them deadline ultimatums to finish the modules or else they get fired. What happens is the pharmacy cannot afford to have them do modules because they need technicians working. So the lead pharmacist who has all the modules memorized quickly finishes all the modules at lightspeed by instantly clicking the right answers he has memorized and the tech gets no module training. I have seen this with my own eyes at CVS.
I believe all technicians should get an AA degree to do this job and get pay better. Some tech only went to a 3-6 months certification program so I don't think they're being train enough to do this job properly. Also, the pay between the AA tech and a certification tech is the same which made it very unfair for those who pay more for tuition.
Proper understanding of what the medications mean. Providing thorough guidelines and on-the-job training checks off to verify that technician truly was exposed to appropriate role at the off-site training facility. Some tech trainees are just used to do grunt work.
On hands and sufficient time allowing them to perform and show what they are learning
online and hands on including testing
Computer training plus 2 weeks of on the job training at the same location

PHARMACISTS - COMMUNITY/RETAIL SURVEY

Q7 What type of training do you believe is appropriate?
Standardized curriculum at work job site
Training by Rph only . Too many are in operations and order pharmacists around, jeopardizing the rph licenses and public safety
Pay the techs more for dealing with angry demanding selfish patients
It's not about training. Some techs are simply better than others. Some are not cut out to be a tech and chain like CVS would just certified them to have a body working in the pharmacy.
Teaching them to vaccinate.
yes
They should take a course to be certified.
Immunization - they refused thru union to give immunization without extra pay (got training already)
Training to compound and training to give injections and not be allowed if they do not qualify
CE
Pharmacists should be in charge of training in all areas. Training should be sealed and certified by Pharmacy groups such as Cpha...
More drugs knowledge and problem solving skills, with the ability to take decisions that not related to medication counseling
On the job
Certification process with CE
Yes EXCEPT compounding should have direct supervision to verify correct before dispensing
usage of drugs for specific diseases..e.g. statins, antibiotics, hypertension, blood thinners etc
Experience triumphs all there for hands on training is best.
demonstration of competency
Company mandatory training for such duties and APhA provided guidance and training as well
Externships are very helpful.
Vaccinations like Flu, Tdap and Covid only.
Specific on the job training is the best with a minimum number of hours to become certified
Enough to pass an assessment exam, not the easy kind of test
On the job training is critical for each practice setting.
Current training is fine but I do not have the extra time or resources to double check their work if they are given more pharmacists' type responsibilities. I don't believe any type of training would provide them with the clinical knowledge that a pharmacist would have.
Classroom and practical training would be appropriate.
Additional Training for the new duties
training is appropriate but employer should provide more "training hours" vs work hours for improvement of skills.
additional training on HIPAA and compounding necessary
Associate or bachelor's degree.
Medication calculations
CE and then feedback from pharmacist. Techs need to be invested in their performance in a positive , caring manner, perhaps fr behavioral business training on site by pharmacist
The training is usually done on the clock and clicked through in the interest of time. This is the problem.
Pass the PTCB exam, workplace training programs
More intense training, more liability as well
Management training, verification training

PHARMACISTS - COMMUNITY/RETAIL SURVEY

Q7 What type of training do you believe is appropriate?
<p>All pharmacy technicians should be mandated to complete a pharmacy education course whether online or in person with the equivalent knowledge base to pass the PTCB exam. There are many who bypass this process and become licensed while working as a clerk for CVS. This poses risks to the public because there is a great lack of knowledge regarding pharmacy basics. Working at the pharmacy and learning as you go with zero background and then a pharmacist signing off on the hours to apply for licensure should not be allowed as an option.</p>
<p>On the job training as well as lectures or computer based learning</p>
<p>Need more hands-on training in HIPAA, Compounding and other sophisticated areas of pharmacy operations.</p>
<p>Verifying data entry and accuracy of prescription labels</p>
<p>Time away from the bench to study. Chains nowadays only train technicians while in the pharmacy or do not provide enough support to train them in a formal, desk setting. It is also against policy to work off the clock, putting everyone in a tough spot.</p>
<p>math skills</p>
<p>It's not about training. Most technicians don't seem to have the same level of critical thinking as pharmacists and are not as careful. If the responsibility ultimately lands on me then I want to be the one checking and overlooking the technician.</p>
<p>I'm honestly shocked at the lack of training a technician gets at tech school. It would be lovely if they could get more computer processing simulation and filling simulation at school. They rely on the rotations to provide that, but rarely does a community pharmacy have the time to train when they are so slow at initial tasks. Personally, I prefer to find a smart, quick front store employee and transfer them into the pharmacy. We buy the books for them to study and they take the test while training with me in the pharmacy. I have done this with 5 technicians and I have been pleased with that process. You do need a supportive front store manager for this, however, as they usually want to keep those employees to themselves.</p>
<p>On the job training with certification.</p>
<p>Need to attend 1-2 year educational program to understand basic pharmacy subjects. Recently in community pharmacy it has just been about finishing 240 hours to get a license. They lack brand and generic knowledge, don't know basic pharmacy calculations and don't mix suspension. If anything they have regressed in their aid function.</p>
<p>Immunization training. Insurance billing management including formularies</p>
<p>Compounding since it's part of their training.</p>
<p>In the setting in which I work pharmacist oversight is still required in all of these areas</p>
<p>At least an associate level degree should be established wrong pharmacy technicians and possibly a second tier Pharmacy</p>
<p>Non-sterile compounding and immunizations</p>
<p>Pharmacist oversees all tasks and duties of a technician. Then pharmacist signs off.</p>
<p>Hippa</p>
<p>Passing exam and additional course work</p>
<p>Compounding</p>
<p>Just allowing them to do more compounds/ reconstitutes under supervision until they get familiar, calculating doses/ days supplies.</p>
<p>Albertsons training after school is sufficient</p>
<p>Unit Dose Area, IV compounding, Chemo compounding, Pyxis refills, technology training for Boxpickers, MEdkeeper, specialty training in purchasing/inventory</p>
<p>bi-annual assessment</p>
<p>If technician is going to help with compounding, then there should be a technician compounding certificate thru American pharmacist association to make sure they meet certain standards. For pharmacy operation and HIPPA compliance it will depend on if the technician has additional education such as MBA for pharmacy operation or law degree for HiPPA compliance.</p>

PHARMACISTS - COMMUNITY/RETAIL SURVEY

Q7 What type of training do you believe is appropriate?
They have the appropriate training, the issue is that there are too few of us present to perform the duties required of us. This leaves the pharmacist to perform many of the technician duties while the technician is with patients. I am always impressed with the abilities and training of my technicians, but there is simply too much that is being asked of them.
Techs should be held to the same level of duty of care and service competence to the patient as any other healthcare provider
periodic refresher-training and ce on compounding, mixing, other skills that require hands on training
Calculations
-Specific software used by the pharmacies -Answering phone calls
HIPAA compliance and compounding (under the supervision of the pharmacist unless they are held solely responsible for any errors that might occur)
Extensive 6 week long training with test
Technician training is not yet standardized. Most of their training gained from employment which heavily based on if they have good supervisors. To advance pharmacy technician roles and duties, I would think standardized training and/or examinations should be in place to ensure the technician would meet competent requirements when assigned more advanced tasks which used to be a pharmacist duty.
CE's and periodic competency evaluation
If a technician is allowed to reconstitute ( antibiotics, covid vaccine etc. ) or perform compounding duties, they should be checked by another technician or rph on duty.
Non sterile compounding
Structured under a sop
Pharmacy operations, HIPPA Compliance...
Lots of training. I like to train my own technicians from the typist position to the technician, helping them with classes and learning from both a class and our store's own personal training. Must get certified not just licensed
A degree
In a small retail pharmacy, sometimes, the workflow doesn't allow for sufficient tech training.
Minimum 1500 hours
More training in legal issues
more staffing enforcement!
HANDS ON
A lot of technicians at CVS are going thru the pathway of completing 240 hours for licensure. There is not enough time in the day to be able thoroughly teach and vet them for knowledge to ensure they can safely perform these tasks.
Full courses of compounding
New hire training
More thorough training on all insurances.
All of the above
One to one
Training on vaccination and blood-bore pathogens.
Not sure
Taking and passing the PTCB.
Defined program which can be completed thru learning modules (class room or on line) plus on the job training. Need to demonstrate competency and pass tech exam. Defined classroom hours and on the job training hours needed.
Pharmacist training. Unless tech becomes a pharmacist, they should be doing tech duties as they are outlined now
Validated and tested after training
Na
Nothing



PHARMACISTS - COMMUNITY/RETAIL SURVEY

<b>Q7 What type of training do you believe is appropriate?</b>
In my practice setting techs have been trained in most needed areas. If tech-check-tech is allowed, educational module would be needed to alert them of some of the pitfalls.
not sure but majority of tech i work with do not qualify.
Drug safety and medication error training.
Math, read, . For sure some technicians need more education
Pharmacy laws. What a technician can do and cannot do. Training should be renewed at least every year per board requirement. How to eliminate med errors as a technician.
I think that their training is very passive. There should be a board/licensing exam required for pharmacy technicians to work... there is no other field of healthcare, where doctors work with other with type of exam-based license to prove level of competency... imagine doctors working with nurses who have no base level of expectation competency? There would be clearly an increase in medical errors, and doctors would loose their mind's trying to supervise them... it would be virtually impossible. It would be unfair to even try to hold the doctor liable also, for untrained and incompetently hired staff... These level of expectations should apply to the healthcare setting of pharmacy as well. We go to pharmacy school, and billing insurances, and coding is not part of our training... that is technical work that should be dealt with by COMPETENT technicians. It is a very simple solution... Technicians should do their job requirements after proper training... and a pharmacist should not have to fall responsible for the lack of competency from their technicians... I shouldn't be spending hours every night at work, or hours before work, catching up on the delinquency of my incompetent technicians who have NO thorough training.
It depends on the individual technician. I think there are some technicians that are capable of performing all pharmacist duties then there are some that do the job of clerks. I think technicians learn best with on the hob training and computer based learning which is required at some companies
Hands-on one-on-one real world experience. Training is nothing compared to what real community pharmacies expect.
Techs should not be compounding
Operation specialist
Modules for revisions in the learning cart and subsequent quizzes for testing the level of understanding/learning
Add a extra CE class based on their specific job.
Patient safety and time to properly train technicians
2 years of schooling (aa degree, similar to an LVN)
Technician certification & on the job training combined. A certified Technician is more interested in advancement & dedicated to their work.
Physical training including practical application of skills (IV prep, compounding, Rx filling, inventory management) in addition to coursework equivalent to an Associate of Science degree
If we expect them to take these additional tasks over from the pharmacist they should go through equivalent training
Technicians should be required to learn pharmacy law also.
I believe that hands-on training is essential. Also, I think there needs to be rigorous and on-going education and testing. Some of the most experienced and conscientious techs I have worked with were absolutely able to handle anything we needed them to do. However, this came with years of experience.... Maybe there should be levels of competency training/testing before allowing techs to do the most demanding jobs
FWA, Hazardous waste of Controlled substance, HiPPA, BLS
More education
Annual competencies including calculations, compounding, sterile techniques including cleaning, garbing, hand washing, etc.
pharmacy operations is needed more
Complete and Specific training!!! Never done as they are thrown into an already understaffed situation!!!
None
Y

PHARMACISTS - COMMUNITY/RETAIL SURVEY

<b>Q7 What type of training do you believe is appropriate?</b>
simply training without incentives is rarely beneficial to these hourly paid employees; both chain pharmacies and indy pharmacies just dont care about investing in long term job security and wages of technicians
Additional compounding training, specialist qualifications for tech-check-tech
- Pharmacies should have a training period in place (1-2 weeks) for all new hires, where they should be trained on that companies software/operations before performing duties in real setting. - National certification should be mandatory, to keep up with CE and certain courses should be mandatory (HIPPA, state laws, ethics, Do's & Don't as a technician.
online
Know when to consult with pharmacist
Most of our work is repetitive and can be trained on the job
An actual college degree or 2 year training program instead of a 2 month crash course
More hours working in the pharmacy/pharmacy experience. I know everyone is different, but some techs are good at taking test but applying what they learned doesn't always add up.
some may. I think they should have more stringent requirements to be a tech such as requiring internship hours in various settings. Lay people can easily get a tech license but that does not mean they are competent. More thorough training is needed. Similar training for all technicians
Hippa. Sometimes another customer or relatives trying to get patients information and threatening the technician . Due to customer services issues the technician release the information. Never compounded medicine with the help of technician so no comment
Pharmacy operations and compliance
Hands-on experience, training manuals
Most new technicians entering the workforce just lack basic life skills to do their jobs effectively.
Techs need better training on law and HIPAA compliance
The schooling that they go through is appropriate with additional continue education.
An accredited college or private program.
They should have annual training to reinforce their education.
<b>MORE HOURS BUDGET FOR TECH TRAINING</b>
More information about CA laws
Physicians who employ technicians to compound chemotherapy in their clinics with NO pharmacist, are having technicians performing duties for which they are NOT adequately trained.
I feel as law suggests techs can be our hands but not our brains would be best. Right now they are trying to impose on our brains.
None
3 years expeeeience as a compounder under the direction of a pharmacist
Some online courses
If properly trained, then the pharmacist will have more time to oversee them. No matter what the task is they can help with. Immunizations is definitely a big help. Certifications will be needed
Extended externship hours before obtaining their tech license
It's simple More training appropriate for the job
I believe they need to have appropriate training by shadowing a trained lead technician and also someone shadow them for a week to see they are doing things correctly. I feel like pharmacist rely on technicians to do things and type things correctly however if we may have missed something because we are distracted with so many other things being pulled left to right.. our eyes may have missed something . Especially in retail.. they pressure us with completing things on time and now cvs making us being timed on how long we put a patient on hold during a phone call? Which is ridiculous
CEs, PTCB certifications, and vaccination training as a standard
Ensure high level of simple math and conversions.

PHARMACISTS - COMMUNITY/RETAIL SURVEY

Q7 What type of training do you believe is appropriate?
Annual CE
For the majority of pharmacy technicians I have worked with who have been nationally certified, on the job training has not been a major issue.
Explaining the steps, going over every step in front of new tech, then shadowing all steps taken by new tech to assure excellence.
CEs
CVS provided only the barest bones of training. I don't know if they are representative of retail pharmacies in Cali. Also, when I called my District Manager with problems, they didn't call me back, thusly my suggestion for a state tech hotline to report issues, like when in my first CVS pharmacy where the pharmacist manager was seeing the staff pharmacist and got her pregnant and then they yelled at each other and everyone all the time. (Obviously I had a very negative -but interesting !-experience working at CVS) NOTE: I am no longer at CVS. They don't treat their employees well. Not a lot of respect there.
On the job training one on one for 40 hours
I believe that all technicians should undergo a school program prior to being licensed. Some technicians is not able to even input day supply correctly. I think all technicians can benefit from a set school curriculum that would also improve their confidence
Time
Certificate training: compounding, vaccination,
More training on pharmacy laws
The type of training that is needed to safely ensure that they can be responsible for those duties without the need of oversight from a PIC/Rph is way beyond what they teach at Tech schools across California
Ensure a rx is typed and filled correctly before it reaches the rph.too many mistakes comes to the rph.
Compounding training. Immunization certification training.
Good technicians, usually can learn on the job
Classes and rph shows them
Counting n medication
Specific pharmacy chain or hospital trainings. Board should make chain pharmacies to provide mandatory one to one trainings for new Techs. It should be required number of one to one hours per Techs
Specific training to whatever duty they are performing
Better training on meds and dosing. Tech school. Must get CPhT certification. No 1500 work hours qualification.
I think it would benefit both the technicians as well as patients if they were required to pass at least a basic level exam before becoming licensed. Often times on the job training, especially in busy stores, doesn't actually end up being very beneficial and technicians end up being licensed not even knowing that amoxicillin is an antibiotic
More training on basics.
Ty
None - it is the pharmacists duty to oversee the work of pharmacy technicians
What you should do is stop making license fees so expensive. on the job training is so much more important than the test. people can pass a test and not know anything.
compounding
Processing prescription
Compounding is being done already
Taking classes and becoming a nationally registered technician should be required. "On the job" training is not sufficient for most to adequately work as an independent technician.

PHARMACISTS - COMMUNITY/RETAIL SURVEY

**Q7 What type of training do you believe is appropriate?**

HIPPA should be yearly training and/or if HIPPA has been breeched. Pharmacy operations should be given to technicians when they first start for at least a week of shadowing and then being on their "own" (but still being watched & for pharmacist to be there to answer any questions they may have). In regards to compounding especially IVs will need to be get hands on with a technicians for a few months at least!

Additional training and education needs to be required with number of hours of PAID WORK Hours (not volunteer hours). Also BOP should create new category such as Senior Tech or Advance Tech Lic (like Adv RPh lic).

location and job specific

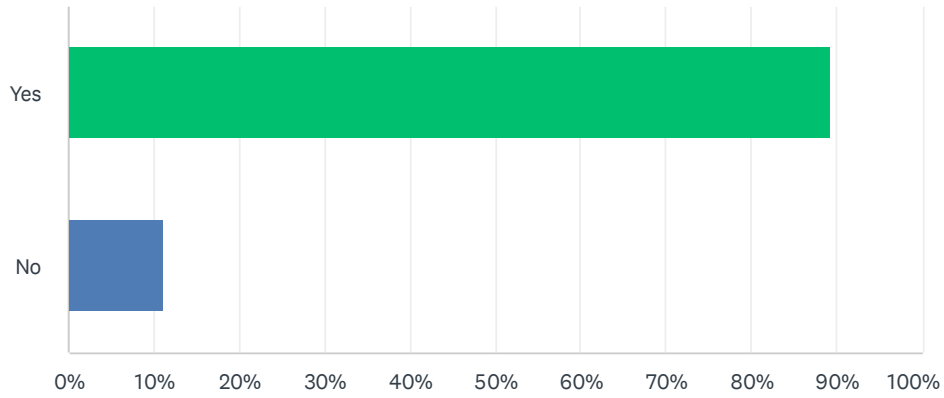
None

OJT / certificate

HIPAA compliance, pharmacy operations

### Q8 Do you believe the type of training required for a pharmacy technician depends on the functions they perform?

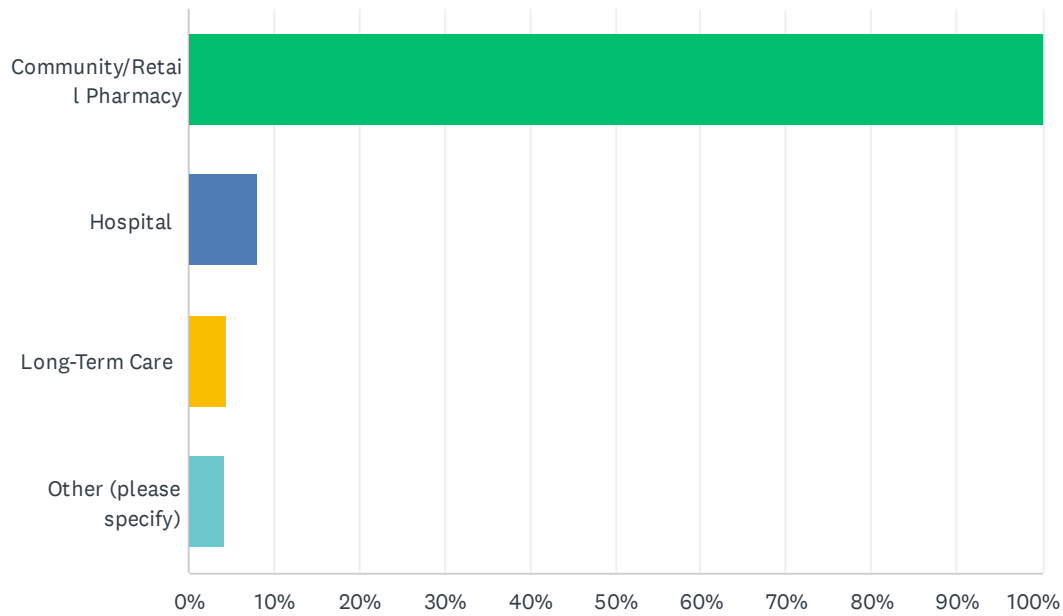
Answered: 307 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	89.25%	274
No	11.07%	34
Total Respondents: 307		

### Q9 Please identify your work setting.

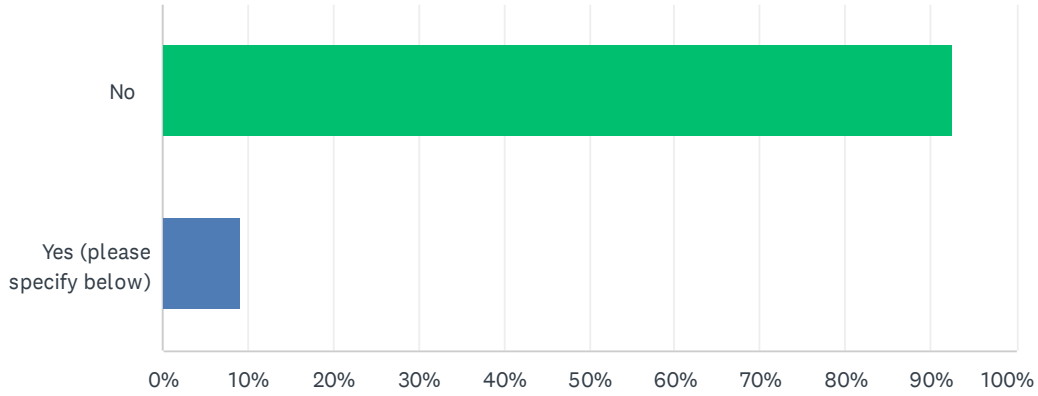
Answered: 307 Skipped: 0



ANSWER CHOICES	RESPONSES	
Community/Retail Pharmacy	100.00%	307
Hospital	8.14%	25
Long-Term Care	4.56%	14
Other (please specify)	4.23%	13
Total Respondents: 307		

# Q10 Does your worksite currently allow pharmacy technicians to perform remote work under the Board's remote processing waiver?

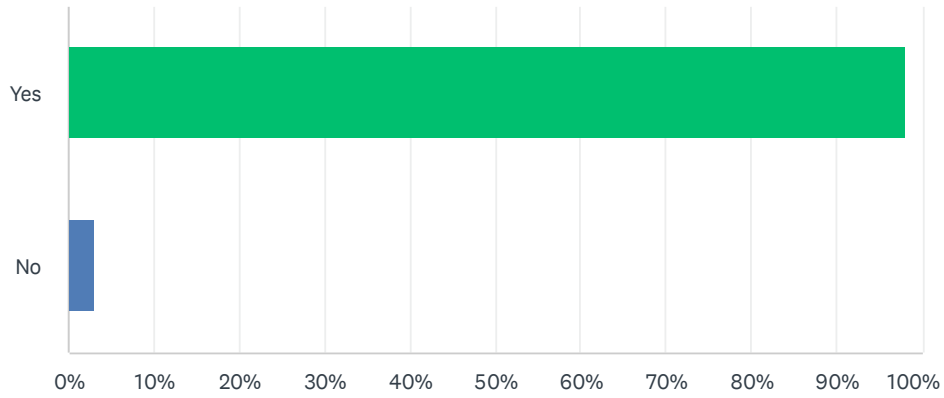
Answered: 307 Skipped: 0



ANSWER CHOICES	RESPONSES	
No	92.51%	284
Yes (please specify below)	9.12%	28
Total Respondents: 307		

# Q1 Are you a California pharmacist practicing in the state of California?

Answered: 104 Skipped: 0

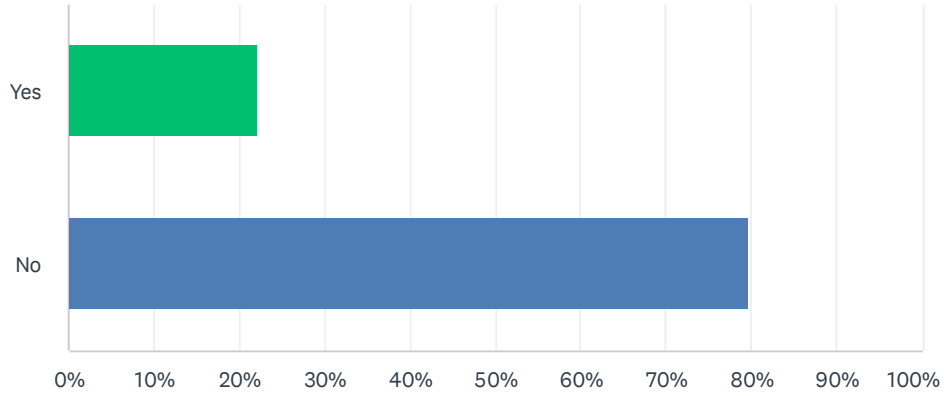


ANSWER CHOICES	RESPONSES
Yes	98.08% 102
No	2.88% 3
Total Respondents: 104	



## Q2 Have you participated or do you plan to participate in one of the listening sessions?

Answered: 104 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	22.12%	23
No	79.81%	83
Total Respondents: 104		

PHARMACIST – HOSPITAL SURVEY

<b>Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?</b>
for inpatient we need to have tech check tech and they need to be accountable for their jobs since they are licensed. count boxes and receiving meds when they arrive . Count and make sure all controlled substances are there then give them to the pharmacist. Right now the pharmacist has to count and receive
assign technicians to data gather in performance evaluation audit instruments
Cures access
Vaccine administration
advancing the tech check tech functionalities/responsibilities. Creating a Pharmacy Technician AA degree or equivalent so that their salaries can be increased inline with advanced functions, to assist with recruitment and retention.
Good communication skill and computer efficient
COMPLETE QUALITY IMMUNIZATION TRAINING, INCREASE RATIO TO 2:1, LOBBY FOR BETTER TECH WAGES IN RETAIL.
Counsel prescriptions related questions
Hospital setting: Duties and access to available information within programs, in order to better handle incoming phone calls that fall within their scope.
The pharmacy technician role needs to be expanded as far as being completely responsible for the procurement, handling, and dispensing of pharmaceutical agents.
Type more accurately , double check the filling , when ordering medication , if it is in back order do something about it.
Pharmacy techs are capable and should be trained for all the scope that medical assistants have. Also, tech check tech should be more widely accepted since it's 2 sets of eyes that matter more than the license of the eyeball. Competencies and ongoing QA would be required.
Technicians should take ownership in their duties. If they are dispensing insulin pens to the floor RN, they should help locate the drug instead of just sending up another one.
None, keep as is
no changes
tech check tech and a tech clinical track.
California is a mess.
Pharmacy technicians are important for pharmacy operations and truly take the burden off pharmacists in terms of filling medications and taking care of customers when pharmacists are busy checking prescriptions, and consulting patients. I would say more technicians for staffing will help in a busy pharmacy.
Tech checking tech cart fills for automated dispensing units in the hospital setting.
More education
Senior technicians to oversee certain technician functions and be legally responsible.
technicians to be trained and certified to admin vaccinations
Provide simple patient counseling. Insurance billing.
order entry (done in some outpatient settings but still lacking in inpatient, tech check tech for general filling procedures
Tech check techs, where one technician performs the dispensing responsibility, and then a second technician checks/verifies what the first technician dispensed (instead of the pharmacist). This will grant pharmacists additional time to perform clinical responsibilities.
Understanding technical aspects of USP 797 and 800
Immunization
Tech check tech for outpatient dispensing
CPhT should only be allowed to perform functions that do not directly impact the patient's bodily well-being (only pharmacists should administer shots, for example) or require clinical judgment from a pharmacist
tech check tech - omnicell/pyxis fills
None. The concept of an "Advanced Practice Technician" is a grave mistake. The techs want to be able to act like intern pharmacists.

PHARMACIST – HOSPITAL SURVEY

Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?
Allow tech to do the counting and pouring, pharmacist should be on the computer reviewing the medication profile
None; they are already doing too much
no additional duties for technicians due to their limited education and training
More tech check tech needs to be implemented in hospitals in regards to cassette filling, crash cart tray assembly, and crash cart locking procedures.
Mandating more educational and training requirements to attain Pharmacy Technician license and thereby, a technician can discharge his/her duties (assisting Pharmacist) successfully.
Injections. Code Blue Med prep
Very limited—my experience is that they require oversight and checking for all tasks to ensure no errors or to answer complex questions/evaluations.
Receiving phone prescriptions. Administering vaccines.
more product verifications, clinical monitoring
checking the meds filled by other techs
Tech-check-tech for count/pour duties.
Informatics and performance improvement projects
IV infusions - calculate supply and bring to pharmacist attention to evaluate if able to concentrate or un-concentrate (minimize waste and maximize drug delivery to patient to reduce patient care charges). E.g. if a norepi bag is 4 mg/250 mL and running at 50 mL/h based off weight (if weight-based), technician can recommend to the pharmacist to concentrate to 8 mg/250 mL or 16 mg/250 mL. This doesn't require a technician to act outside their scope.
Continuation of tech-check-tech, code cart medication checks, unit inspections, increased use for BPMH
Not a change but an emphasis on work ethics during Tech school/training.
None there are more pharmacist than technicians. We are not doing enough to protect our profession.
I don't believe technician duties should be expanded. Rather, I feel they should do the duties already assigned and do them thoroughly.
Tech double check of automated dispensing machines filling. Pretty much have techs do all the inventory management including C2 in hospitals.
Able to independently stock automated dispensing machines in hospitals
I would like to see changes made to the pharmacist:technician ratio. Having worked both in the retail and hospital setting, I believe pharmacists can supervise more technicians than CA law currently allows. When there are inadequate technicians, the pharmacist ends up doing more tasks that a technician could do (i.e. answering the phone, filling prescription/order, etc.). From RCA within my organization(s), a pharmacist multi-tasking and doing tasks a technician could do leads to more medication errors. For instance, if a pharmacist is the only one filling a prescription/order, there is not a second person to check the work of what was pulled. It could reach the patient and cause harm due to confirmation bias of the pharmacist being too involved in the production.
Vaccine administration
tech check tech for most low risk iv compounds
no changes, continue traditional technician training , i don't support vaccination training for technicians
For hospital pharmacy technicians? None. I haven't worked retail since all the vaccine changes and cannot speak to retail needs.
So many ways depending on practice setting. Health system setting - performing med histories, checking on coverages, PAP enrollment, LIS enrollment, copay card education, and more.
Uncertain
Counselling
Medication reconciliation & documentation
Vaccine administration assistance
Answering IV compatibility questions for nurses using Lexicomp/Trissel's, tech-check-tech ADM fill, medrec

PHARMACIST – HOSPITAL SURVEY

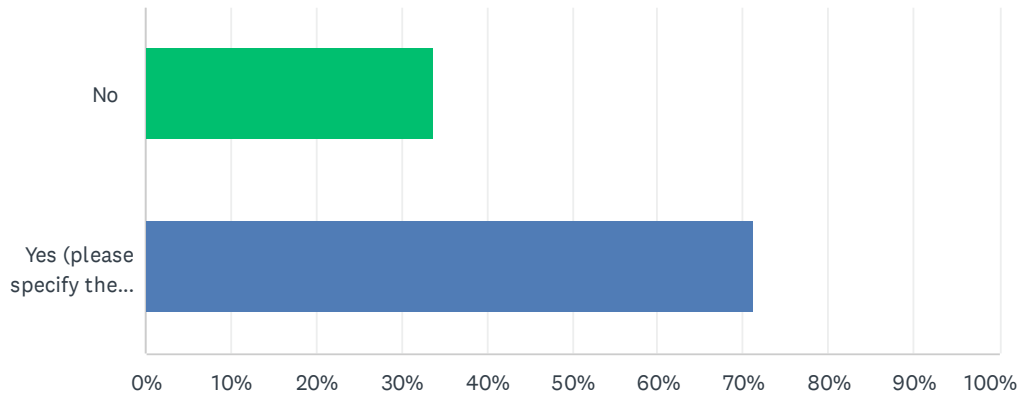
Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?
ratios, refill call backs, sign for receipt of orders
technicians are not equipped or knowledgeable to administer vaccines or verify prescriptions
able to call and work under protocol
none - I am a hospital pharmacist, and as such, each technician had a specific chore.
I liked allowing pharmacy technicians to give vaccines.
cant think of any needed changes
Automation and increased staffing.
Increase the tech to RPh ratio. Allow techs to receive refill Rx for controlled substances.
Allowing technicians the ability to ask patients "have you taken this medication before?" or "would you like to speak to the pharmacist about your medication?"
I feel like some of the more experienced technicians that I have worked with could take on more responsibilities... simple counseling questions/ recommendations/how to use eye drops, etc. Also, in the hospital setting I think some more experienced technicians can handle filling medicine cabinets (with bar code scanning) and audits of controlled substances without needing a pharmacist to sign off. Most of those jobs can be checked electronically
expansion of duties ie: crash cart sealing, ADC reconciliation, emergency tray checking, specific tasks to free up pharmacist time, however the pharmacist must not be held liable for errors
Technicians should have the ability to check for outdates. For example, crash carts in hospitals currently need to be checked on a monthly basis by a pharmacist. This task i strongly feel can be accomplished by a technician.
None
Gather lab results and flag abnormal ones for drug monitoring services.
More techs in retailer
Technicians are going be more responsive than just filling the RX, knowledge to answer the phone.
Technicians can be more involved in the physical verification process. Clinically pharmacists have the verification training, but from a physical product standpoint, I have yet to see a pharmacy school that provides training which improves an individual's ability to match two items.
1. Work remotely receiving and typing prescriptions to be checked by a pharmacist 2. With appropriate training / certification do medication reconciliation interview with patients and document 3. Restock automated dispensing machines with tech checking tech - with appropriate training and certification
Tech check tech for ADM refills or other lower level refills. Independent IV work (now video/camera technology). Vaccine administration standards.
Allow technicians to do more work that doesn't require pharmacist level knowledge (change par levels in omnicells in hospitals for example).
add unit inspections/outdate checks to technician duties they can perform
Immunizations
No changes needed. Techs that know there job and can do it effectively are helpful enough
None
Pharmacy Technicians with proper training and experience should be able to take orders for new prescriptions from physicians/their agents. Pharmacy TEchnicians should be able to perfor transfer of prescriptions between requesting pharmacies
None they do enough right now. Isn't it bad enough that pharmacist are not getting full time work and have to put up with conditions that works us constantly with no breaks and no say so in how we are treated now you want the big companies to hire more techs to take over our jobs... where will all the pharmacist go to find work! We are mistreated and misrepresented.. we need to stand up and demand more rights and better pay! We need the guild back to have our backs
Administering all vaccines
none

PHARMACIST – HOSPITAL SURVEY

<b>Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?</b>
Obtaining medical histories and educating patients on how to use OTC products effectively
Immunization administration, transfer/receive prescription information to/from another pharmacy
Unsure
none
1) Verify patient specific medications in an in-patient setting before they physically leave the pharmacy. 2) Perform Medication Order Entry in an in patient pharmacy setting. For example, let technicians enter medication orders in electronic medical records like Epic Hyperspace.
assisting pharmacist in code blues
We should not change pharmacy technician duties at this time as it will compromise the pharmacy profession. All Clinical duties must reside within a pharmacist’s scope of practice and should not be expanded to pharmacy technicians. A pharmacist must always be the one to supervise and check a technicians work given the years of clinical training a pharmacist receives during their doctoral training in school.
Be able to fill crash carts and perform outdates with no pharmacist check
Currently I think technicians should potentially do a little less work. Since technicians can now administer vaccines, it is still done under the pharmacist supervision. Having to maintain the queue, answer questions, etc. and ensuring technicians are doing it correctly can be stressful as a pharmacist. If something happens to the patient while the technician is giving the vaccine, that is on our license. If pharmacist themselves are able to administer the vaccine, but technicians are able to prepare them (after pharmacist has verified correct vaccine) I think that would be better. For example, the do not dilute pfizer vaccine, if technicians are able to pull out the 0.3 ml dose for an adult, I think that would be more beneficial.
increase the pharmacist to technician ratio
none

### Q4 Do you believe there are some functions that would allow for a pharmacy technician to supervise the work of another technician (e.g. tech-check-tech)?

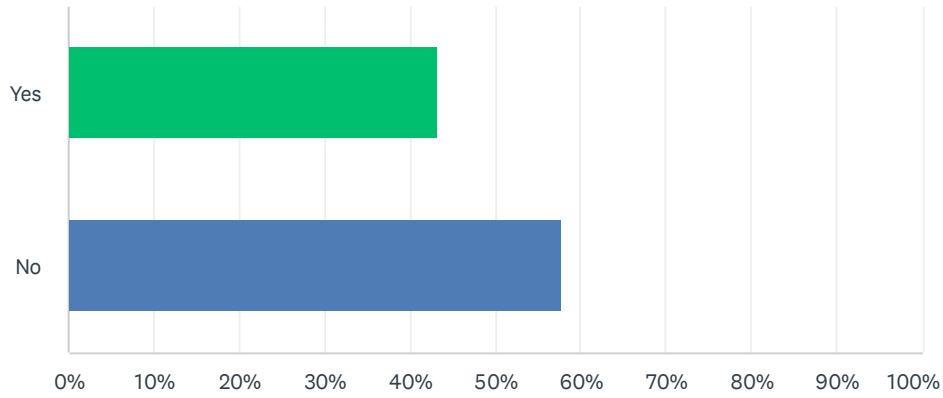
Answered: 104 Skipped: 0



ANSWER CHOICES	RESPONSES	
No	33.65%	35
Yes (please specify the functions below)	71.15%	74
Total Respondents: 104		

### Q5 Do you believe you have sufficient time and resources to provide appropriate oversight of pharmacy technicians?

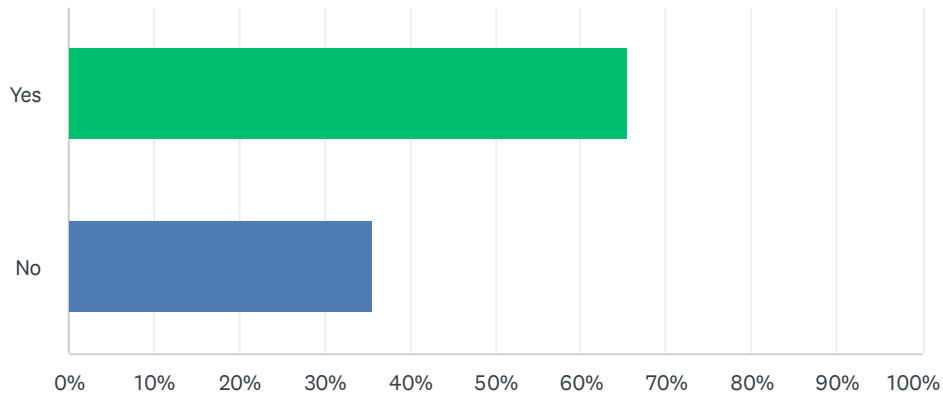
Answered: 104 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	43.27%	45
No	57.69%	60
Total Respondents: 104		

### Q6 Do you believe pharmacy technicians have the appropriate level of on the job training and/or education to safely perform duties, including in the following areas - - pharmacy operations, HIPAA compliance and compounding?

Answered: 104 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	65.38%	68
No	35.58%	37
Total Respondents: 104		



PHARMACIST – HOSPITAL SURVEY

<b>Q7 What type of training do you believe is appropriate?</b>
for at least 6 weeks and trained by a tech that has a good work ethic and pride in his/her work May be we should have a certificate to document that this person is actually qualify after training
didactic and practical training
Both practical on the job training as well as CE/competency w/exam training
In a hospital setting technicians undergo competency and on-the-job training related to their specific duties and responsibilities. There may be a greater need in the outpatient/retail settings for technicians to receive additional training and competencies in the areas of pharmacy operations, HIPAA compliance and compounding.
We provide SIGNIFICANT on the job training as most technician training programs do not provide specific training on the automation that we utilize and for the care of Pediatric Patients.
Computer efficiency, communication skills
THEY NEED paid TIME OFF TO ATTEND OR COMPLETE TRAININGS. DOING THE VIDEO/CONF CALL TRAININGS WHILE ON THE CLOCK AND ASSISTING CUSTOMERS IS NOT POSSIBLE AND A WASTE OF TIME AND DANGEROUS BECAUSE EMPLOYEE HAS TO SIGN OFF ON A TRAINING THEY LIKELY LEARNED LITTLE TO NOTHING FROM AS THEY ARE RUSHED BY CORPORATE TO FINISHED AND CONSTANTLY INTERRUPTED BY PTS, PHONES, DRIVE THRU, DELIVERIES, IMMUNIZATIONS, TESTINGS, ETC
Calculation
For HIPAA compliance yes. For pharmacy operations and compounding - no. This is dependent on whether it is community pharmacy or hospital or skilled nursing, size of facility, inclusive of USP 795 , 797, 800. Overall, I like the old saying, see one, do one, teach one and observation/demonstration. And depends on how the individual learns, what level of expertise the goal might be, what skills the task(s) may include.
Certification programs should allow pharmacy technicians to learn all aspects of product handling.
Work ethics , not calling in sick , Take pride of your job
Our current pharmacy technicians do not, but if ASHP or similar organization were to develop some time of certificate/competency program for each domain, that would get them there.
HIPAA, serial harassment, BLS, and leadership
On hands and sufficient time allowing them to perform and show what they are learning
It depends on the technician. In the hospital it is pretty obvious after working with a tech for awhile which ones are smart and careful enough to check other techs. It should never be a blanket certification. Only certain techs can check other techs and after 39 years on the job it is obvious which ones could be qualified for these tasks. It is NOT something that any techs could be or should be allowed to do even with certification. I would want to see them in action before allowing them to check under my license.
Unsure
they need more/better math skills for inpatient compounding. Add this to their training and ability to receive technician certification.
Yes EXCEPT compounding should have direct supervision to verify correct before dispensing
Annual competency testing
Training by a pharmacist for tech-check-tech (not trained by a fellow technician)
Sterile Prep Compounding
demonstration of competency
Certificate plus certified 240 hours minimum OTJ experience
Training is only as good as the people or institution that provides it. Need competencies and sign offs to ensure they are adequately trained

PHARMACIST – HOSPITAL SURVEY

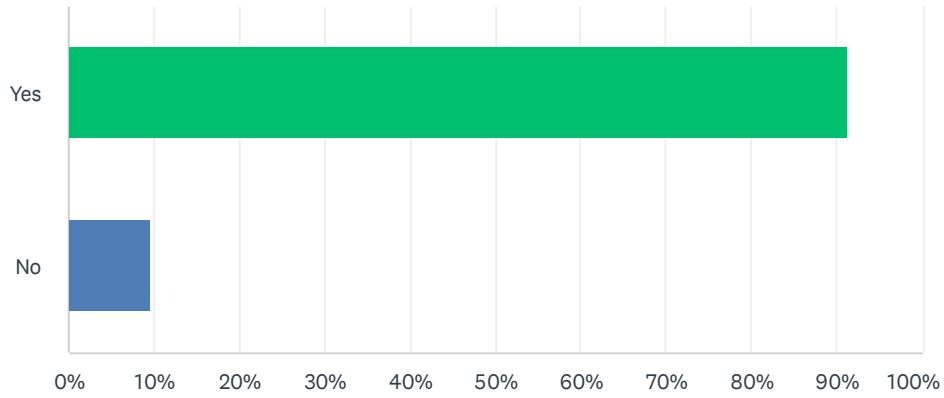
Q7 What type of training do you believe is appropriate?
The issue is not so much whether technicians have adequate training, but rather how corporate companies and hospitals implement training and follow up. Employers need to provide adequate time and resources (which includes staffing and hours) to provide training. Employers usually try to devote the least possible time for training. Even after the minimum training is completed, it should be up to the technician to attest "I feel ready" AND the PIC to attest "I believe this technician is ready" before being allowed to perform any duty independently.
Certified technician program + 4-6 weeks of training at the hospital and a complete 4-6 weeks. This means not pulling the "new tech" to cover a tech sick call after only 3 weeks of training.
Need more hands-on training in HIPAA, Compounding and other sophisticated areas of pharmacy operations.
Quality metric education
On the job with tech supervisor or pharmacist to oversee.
Unit Dose Area, IV compounding, Chemo compounding, Pyxis refills, technology training for Boxpickers, MEdkeeper, specialty training in purchasing/inventory
mandatory requirement for continuing education
Tech education quality is quite variable. Better oversight of schools is needed.
Kinetic, audio, and visual training
Online computer modules are not very helpful, particularly for new technicians that don't have any experience. There needs to be on the job training, but this is limited by the fact that many employers don't want to dedicate time or pay for this to happen. This is likely why we have such high technician turnover—technicians are expected to perform highly but not trained well or given appropriate expectations of how to perform.
Yes for their usual duties No for these potential new duties - this would be very time-consuming
Compounding IVs
Not enough training in sterile compounding, infection control, high risk drugs, and medication safety.
Pharmacy technicians do not know what they don't know. I don't believe they should be allowed to perform duties that require exercising professional judgement.
More hospital pharmacy training. IV compounding, inventory management, automated dispensing machine troubleshooting and repair
Tech school and apprenticeship
Internal competencies to demonstrate proficiency in required functions.
supervised RPh training, proven competency, proficiencies. annual review and in person PATT2 and media fill techniques.
We have extensive training in the hospital during our on the job preceptorship.
School leading to licensing. USP 797 and sterile compounding education, along with hands on training
A formal training program
increased minimum standards
Going to school and getting a degree. Not certification
How to make specific formulas that are done many times.
I'm not sure what training, but it would need to be more thorough than the current training is
chemotherapy prep
Physical training including practical application of skills (IV prep, compounding, Rx filling, inventory management) in addition to coursework equivalent to an Associate of Science degree
Technicians should be required to learn pharmacy law also.
I believe that hands-on training is essential. Also, I think there needs to be rigorous and on-going education and testing. Some of the most experienced and conscientious techs I have worked with were absolutely able to handle anything we needed them to do. However, this came with years of experience.... Maybe there should be levels of competency training/testing before allowing techs to do the most demanding jobs

PHARMACIST – HOSPITAL SURVEY

Q7 What type of training do you believe is appropriate?
i think there should be standardized guidelines for competency that the Board of Pharmacy be tasked with providing 1) Community Pharmacy 2) Hospital Pharmacy in the areas mentioned in previous questions. The competencies should be developed in collaboration with front line pharmacists, not just Board members or inspectors
Annual competencies including calculations, compounding, sterile techniques including cleaning, garbing, hand washing, etc.
None
More training on sterile & non-sterile compounding.
Compounding, operation
Training in education of their services, compounding , HIPAA, Compliance. They should have paid for these hours as CE in the job description.
2y degree in addition to a 4y undergrad degree.
More specific training not just one pharmacy tech license E.g Advanced pharmacy Technician Sterile compounding Advanced pharmacy technician - medication reconciliation Advanced pharmacy technician - compounding Advanced pharmacy technician- automated dispensing machines
HIPAA & Compounding are YES! Pharmacy ops - less beneficial for day to day safety, only training for selected individuals (managers/thought leaders). maybe training for communication & how to find resources.
Basic knowledge of medications and compounding - knowledge of hazardous drugs and their disposal
IV sterile to sterile compounding.
Pharmacy operations within a particular practice setting, ie outpatient or inpatient pharmacy would only be appropriate under the particular setting. Work tasks vary in different settings as does the skill and knowledge required to perform each task. The "hands on" training is therefore specific to the type of practice. Repetitive physical ability to perform a task does not equal knowledge of the actual implications of the task but rather success in completing the task satisfactorily.
3 years experience as a compounder under the direction of a pharmacist
It's simple More training appropriate for the job
CEs, PTCB certifications, and vaccination training as a standard
2 years experience minimum
As long as a pharmacist signs off on a technicians competencies, the technicians should be able to perform any task the pharmacist needs help with.
None - it is the pharmacists duty to oversee the work of pharmacy technicians
compounding - include calculations, aseptic process, donning on/off of PPEs
HIPPA should be yearly training and/or if HIPPA has been breeched. Pharmacy operations should be given to technicians when they first start for at least a week of shadowing and then being on their "own" (but still being watched & for pharmacist to be there to answer any questions they may have). In regards to compounding especially IVs will need to be get hands on with a technicians for a few months at least!
not all technicians are appropriately trained. We usually have to do a lot of on-site training. Pharmacy technician training programs need to increase training in sterile compounding.
sterile compounding

### Q8 Do you believe the type of training required for a pharmacy technician depends on the functions they perform?

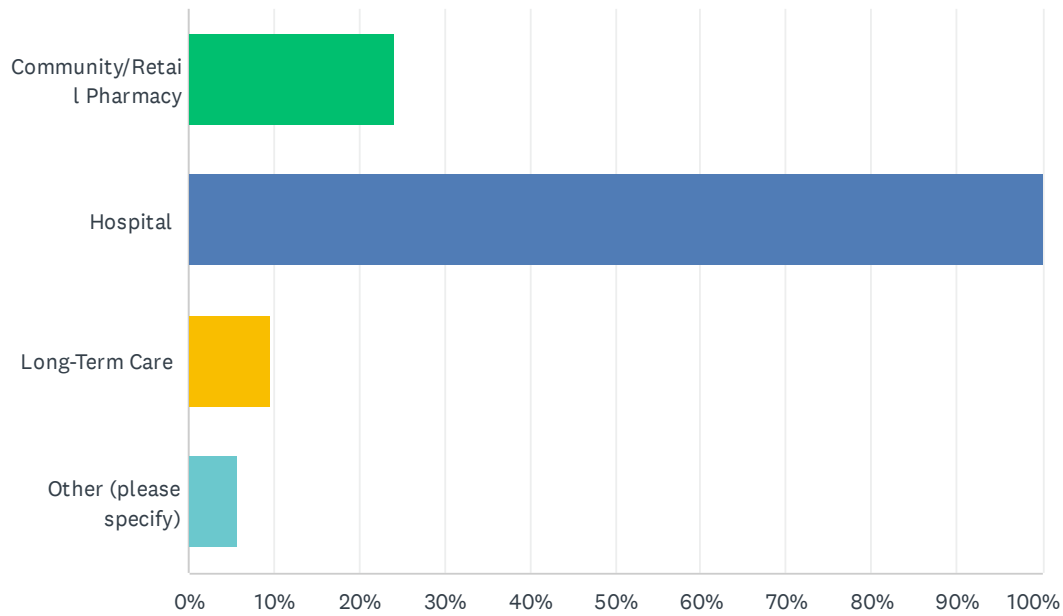
Answered: 104 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	91.35% 95
No	9.62% 10
Total Respondents: 104	

### Q9 Please identify your work setting.

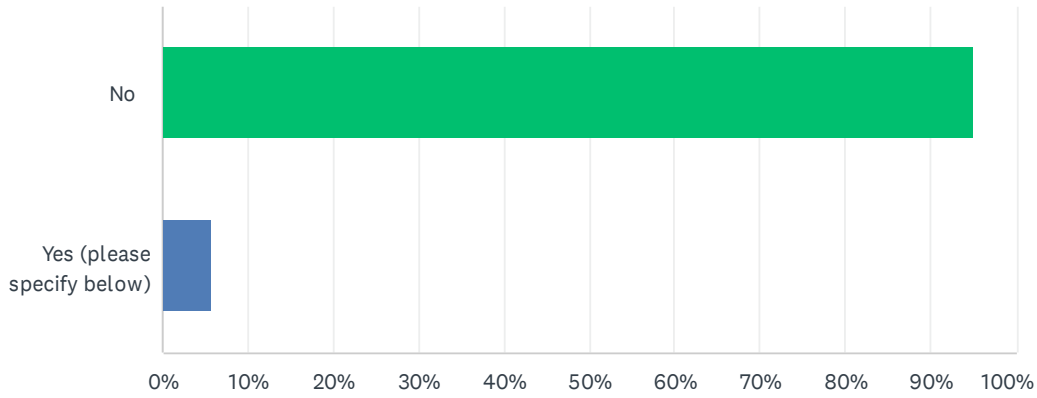
Answered: 104 Skipped: 0



ANSWER CHOICES	RESPONSES	
Community/Retail Pharmacy	24.04%	25
Hospital	100.00%	104
Long-Term Care	9.62%	10
Other (please specify)	5.77%	6
Total Respondents: 104		

# Q10 Does your worksite currently allow pharmacy technicians to perform remote work under the Board's remote processing waiver?

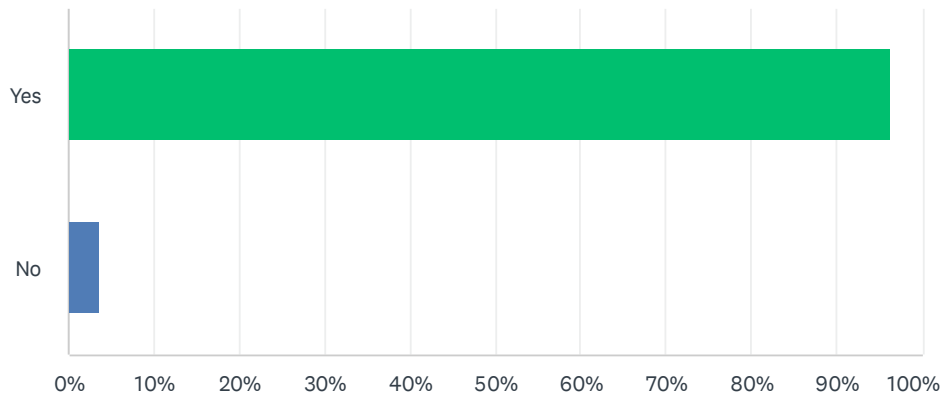
Answered: 103 Skipped: 1



ANSWER CHOICES	RESPONSES	
No	95.15%	98
Yes (please specify below)	5.83%	6
Total Respondents: 103		

# Q1 Are you a California pharmacist practicing in the state of California?

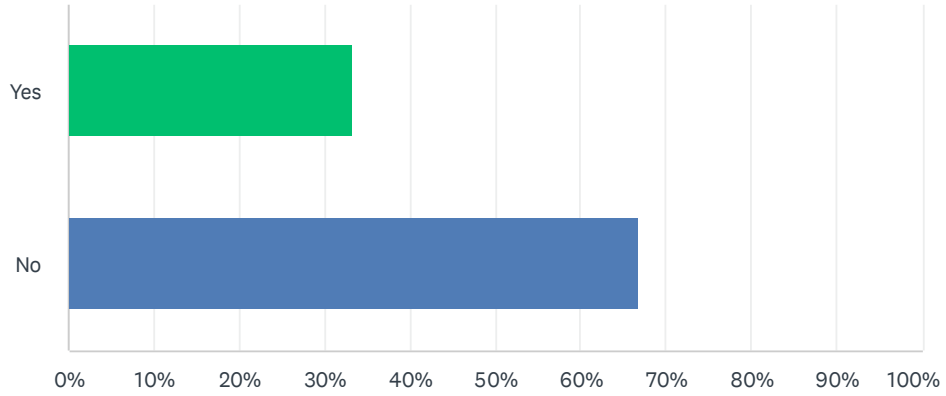
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	96.30%	26
No	3.70%	1
Total Respondents: 27		

## Q2 Have you participated or do you plan to participate in one of the listening sessions?

Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	33.33%	9
No	66.67%	18
Total Respondents: 27		

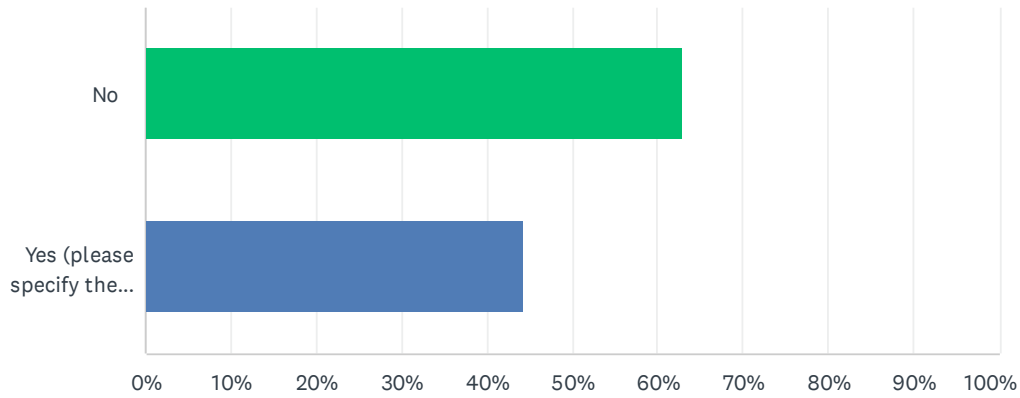


PHARMACIST – LONG-TERM CARE SURVEY

Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?
Knowing more computations
Type more accurately , double check the filling , when ordering medication , if it is in back order do something about it.
Lighter restrictions on licensing, certification, hours and pharmacist-tech ratios
Permanently being able to administer vaccinations. Allowing larger tech to RPH ratios if a technician is performing filling only tasks such as pre fill or pre pack
Pharmacy technicians are important for pharmacy operations and truly take the burden off pharmacists in terms of filling medications and taking care of customers when pharmacists are busy checking prescriptions, and consulting patients. I would say more technicians for staffing will help in a busy pharmacy.
Provide simple patient counseling. Insurance billing.
None
They should be able to to everything but final rx review and counseling
Allow tech to do the counting and pouring, pharmacist should be on the computer reviewing the medication profile
Mandating more educational and training requirements to attain Pharmacy Technician license and thereby, a technician can discharge his/her duties (assisting Pharmacist) successfully.
Help with immunization
No changes are necessary
pharmacy techs double check each other
I do not want to see any changes, as I believe the current model is sufficient. I believe, that the chain pharmacies will exploit technicians to perform pharmacist duties without adequately paying them for their services while exposing them to liability. For example, I do not want to see the technician to pharmacist ratio changed or to see technicians providing clinical services such as vaccinations.
I feel like some of the more experienced technicians that I have worked with could take on more responsibilities... simple counseling questions/ recommendations/how to use eye drops, etc. Also, in the hospital setting I think some more experienced technicians can handle filling medicine cabinets (with bar code scanning) and audits of controlled substances without needing a pharmacist to sign off. Most of those jobs can be checked electronically
n/a
ability to report [directly to a drug inspector] fraudulent billing, dispensing, filling, labeling, storing etc of legend drugs and also otc supplements in independent and closed door pharmacies Legal immunity and whistle blower protection must also be provided to deal with threats of lawsuits and witch hunt by present & former employers
Tech check tech
Pharmacy Technicians with proper training and experience should be able to take orders for new prescriptions from physicians/their agents. Pharmacy TEchnicians should be able to perfer transfer of prescriptions between requesting pharmacies
Receiving refill approvals and order clarification from providers over the phone
Administering all vaccines
Since ultimately the pharmacist is responsible for verifying everything the technician performs, I don't think it would necessarily be beneficial to add additional duties, unless additional training and certification is offered to the technician to perform the additional functions.
We should not change pharmacy technician duties at this time as it will compromise the pharmacy profession. All Clinical duties must reside within a pharmacist's scope of practice and should not be expanded to pharmacy technicians. A pharmacist must always be the one to supervise and check a technicians work given the years of clinical training a pharmacist receives during their doctoral training in school.
Pharmacist to technician ratio

### Q4 Do you believe there are some functions that would allow for a pharmacy technician to supervise the work of another technician (e.g. tech-check-tech)?

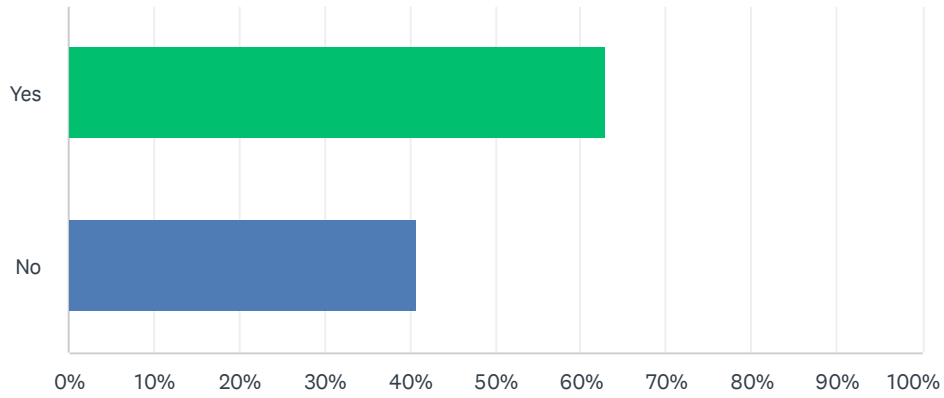
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
No	62.96%	17
Yes (please specify the functions below)	44.44%	12
Total Respondents: 27		

### Q5 Do you believe you have sufficient time and resources to provide appropriate oversight of pharmacy technicians?

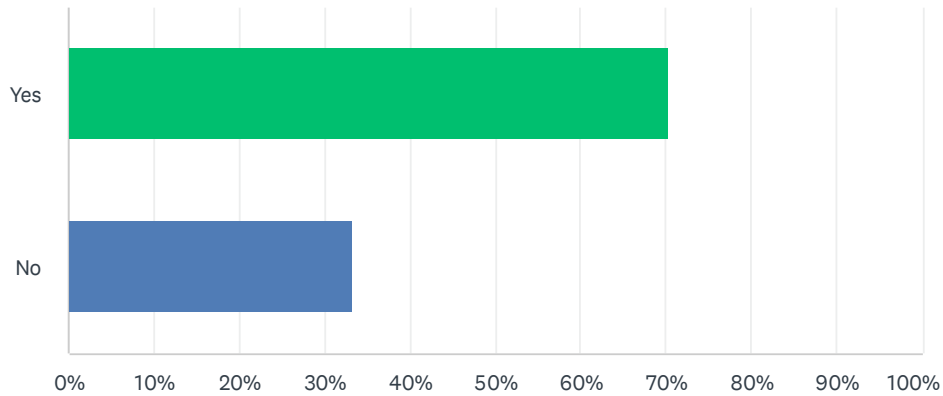
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	62.96%	17
No	40.74%	11
Total Respondents: 27		

### Q6 Do you believe pharmacy technicians have the appropriate level of on the job training and/or education to safely perform duties, including in the following areas - - pharmacy operations, HIPAA compliance and compounding?

Answered: 27 Skipped: 0



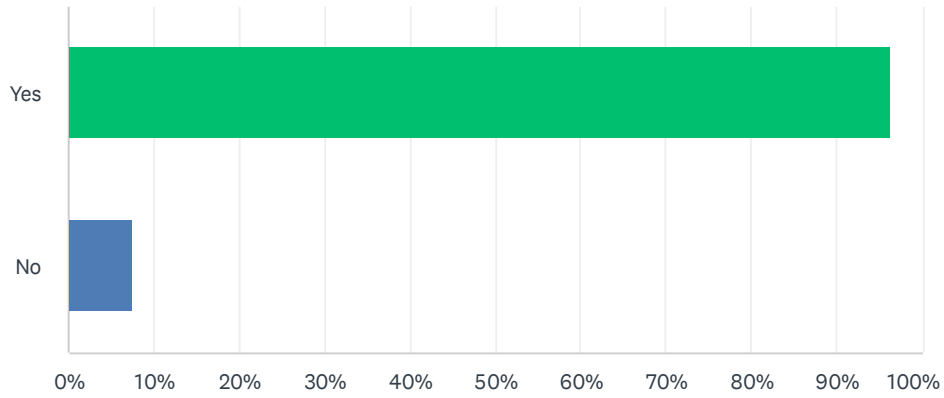
ANSWER CHOICES	RESPONSES
Yes	70.37% 19
No	33.33% 9
Total Respondents: 27	

PHARMACIST – LONG-TERM CARE SURVEY

<b>Q7 What type of training do you believe is appropriate?</b>
Practice
Work ethics , not calling in sick , Take pride of your job
More in person training, less certification schooling
Annual competency testing
Basic
Specific on the job training is the best with a minimum number of hours to become certified
ca
Need more hands-on training in HIPAA, Compounding and other sophisticated areas of pharmacy operations.
Compounding
more on compounding
12 month certificate program
I believe that hands-on training is essential. Also, I think there needs to be rigorous and on-going education and testing. Some of the most experienced and conscientious techs I have worked with were absolutely able to handle anything we needed them to do. However, this came with years of experience.... Maybe there should be levels of competency training/testing before allowing techs to do the most demanding jobs
simply training without incentives is rarely beneficial to these hourly paid employees; both chain pharmacies and indy pharmacies just dont care about investing in long term job security and wages of technicians
More experience hours required in order to get licensed.
3 years expeeience as a compounder under the direction of a pharmacist
Extended externship hours before obtaining their tech license
CEs, PTCB certifications, and vaccination training as a standard
it would be appropriate for technicians to have stronger training in narcotic prescription laws, understanding allergies and cross-sensitivity, calculations and dose conversions
None - it is the pharmacists duty to oversee the work of pharmacy technicians

## Q8 Do you believe the type of training required for a pharmacy technician depends on the functions they perform?

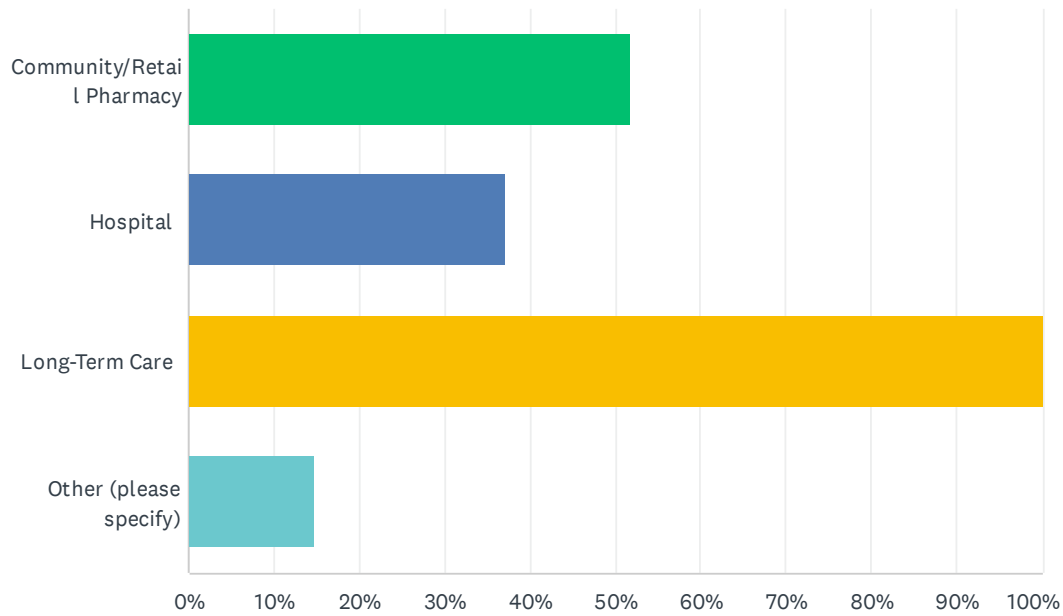
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	96.30%	26
No	7.41%	2
Total Respondents: 27		

### Q9 Please identify your work setting.

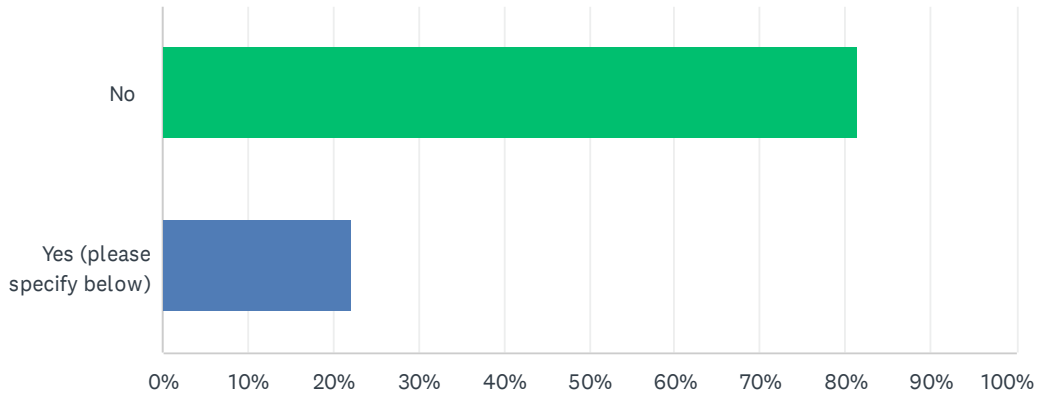
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Community/Retail Pharmacy	51.85%	14
Hospital	37.04%	10
Long-Term Care	100.00%	27
Other (please specify)	14.81%	4
Total Respondents: 27		

# Q10 Does your worksite currently allow pharmacy technicians to perform remote work under the Board's remote processing waiver?

Answered: 27 Skipped: 0

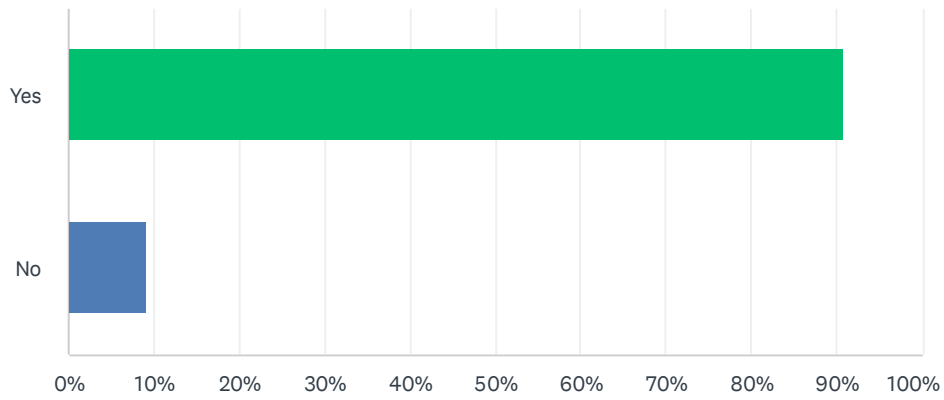


ANSWER CHOICES	RESPONSES	
No	81.48%	22
Yes (please specify below)	22.22%	6
Total Respondents: 27		



# Q1 Are you a California pharmacist practicing in the state of California?

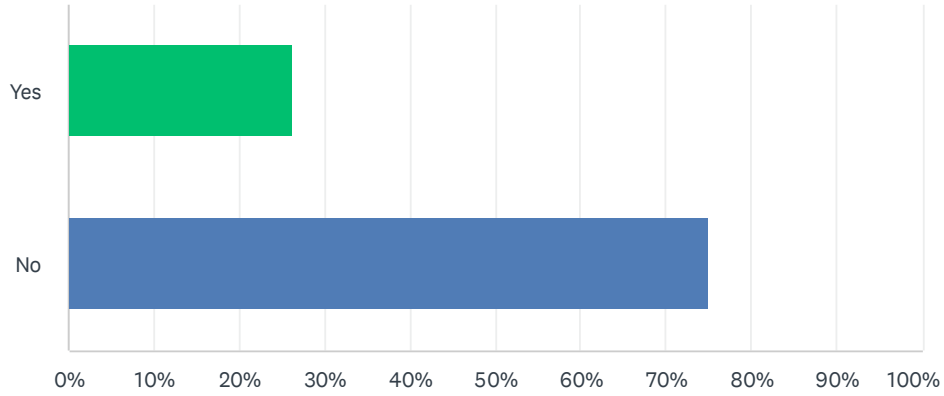
Answered: 76 Skipped: 0



ANSWER CHOICES	RESPONSES
Yes	90.79% 69
No	9.21% 7
Total Respondents: 76	

## Q2 Have you participated or do you plan to participate in one of the listening sessions?

Answered: 76 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	26.32%	20
No	75.00%	57
Total Respondents: 76		

PHARMACIST – OTHER SURVEY

<p><b>Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?</b></p>
<p>I'm not sure. I have worked with stellar techs who know which drug-drug interactions to catch and immediately notify the RN and high light them for me. I have also worked with techs I automatically triple check them because of their high error rate.</p>
<p>More specialization</p>
<p>Lead tech checks techs</p>
<p>Use of automation improves/enhances pharmacist oversight of technician duties.</p>
<p>None</p>
<p>More training and more staffing ratio per pharmacist</p>
<p>I think current tech duties are good. Cannot think of any extra</p>
<p>I believe too much attention is given to what techs are doing. As a licensed California pharmacist I'd like to see our board advocating for patients by advocating for compensation for essential patient care. I'd like to see our board supporting pharmacist as approved providers for test and treat of Covid medications.</p>
<p>managing pharmacy logistics so pharmacists can focus on prescriptions</p>
<p>Some of these techs are rude and disrespectful to pharmacists. They need to be trained better to follow the orders of pharmacists. In addition, the board needs provide disciplinary actions of their misbehaviors.</p>
<p>Permanently being able to administer vaccinations. Allowing larger tech to RPH ratios if a technician is performing filling only tasks such as pre fill or pre pack</p>
<p>digital tax. A lot of tasks are computerized and it could be done by Technicians</p>
<p>Permanent status for technicians to help pharmacists immunize patients.</p>
<p>Basic pharmacy knowledge</p>
<p>None We currently have to many pharmacy schools and not enough positions when they graduate. They have such high student loans and need employment.</p>
<p>Tech check techs, where one technician performs the dispensing responsibility, and then a second technician checks/verifies what the first technician dispensed (instead of the pharmacist). This will grant pharmacists additional time to perform clinical responsibilities.</p>
<p>None</p>
<p>They should be able to to everything but final rx review and counseling</p>
<p>I believe that the pharmacist to technician ratio is obsolete and should be revised especially for technicians with state and national licensing.</p>
<p>Techs should be allowed to administer vaccines in any setting; perform med room inspection in the hospital. Clinical functions should still be performed by pharmacists only.</p>
<p>pharmacist to tech ratio at the retail level. especially compounding pharmacies. should be at least 1:2</p>
<p>supervised Tech check tech rx filling; supervised vaccine administration</p>
<p>N/A</p>
<p>None needed They have enough duties as it is</p>
<p>I think we should leave the duties the same. The only thing I would change is one pharmacist should be able to have 2 technicians filling.</p>
<p>Vaccine administration. Product verification.</p>
<p>Lower the ration of pharmacists to technicians. To many errors possible with assembly line filling.</p>
<p>Technicians in the ambulatory clinics should be able, under a protocol, approve refills vs needing a pharmacist to do this task when it is under a protocol.</p>
<p>Not a change but an emphasis on work ethics during Tech school/training.</p>

PHARMACIST – OTHER SURVEY

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

Screening patients for vaccination status, updating the patient profile (including new meds or meds no longer being taken), and also taking responsibility for prior authorization paperwork and actually calling the insurance company, the doctor, and the patient over the phone. Also, techs should give pass off to both the pharmacist and the tech working the next shift before the tech can go home for the day.

Filling RX's, data entry. They do not have the clinical background to provide DUR overrides or consulting requirements. They can assist in order validations and insurance problems. They can provide approvals if utilizing protocols via clinical rules or documentation that can be followed.

Increased tech to pharmacist ratio

Expanding technician tasks to include those that don't require a pharmacist discretion. Tasks and skills that can be trained.

I am not sure there are any necessary changes. If this is in reference to changes such as „tech check" I am staunchly opposed. As the last line of checks before a medication reaches a patient, a pharmacist's review throughout the filling process is and should be required. I am a CA pharmacist not currently practicing in CA.

The BOP should work to remove the current statutory and regulatory barriers to licensed pharmacy technicians performing nondiscretionary tasks under the direct supervision and control of a pharmacist outside of a licensed pharmacy. The Board should revise 16 CCR 1793 such that it does not prevent technicians from working outside of a licensed pharmacy. Similarly, the Board should seek an amendment to Business and Professions Code, Section 4038 to strike the words “in the pharmacy” from the definition of the term “pharmacy technician”

Administer vaccines. Assist the pharmacist with securing patient medication histories and reconciliation activities. Allow PTs to assist the pharmacist in utilization of CLIA waived tests for medication utilization. Allow technicians to supervise other technicians

The California Board of Pharmacy should work to remove the current statutory and regulatory barriers to licensed pharmacy technicians performing nondiscretionary tasks under the direct supervision and control of a pharmacist outside of a licensed pharmacy. The Board should revise 16 CCR 1793 such that it does not prevent technicians from working outside of a licensed pharmacy, for example it could be revised to read: “pharmacy technician means an individual who, under the direct supervision and control of a pharmacist, performs packaging, manipulative, repetitive, or other nondiscretionary tasks related to the provision of pharmacy services”. Similarly, the Board should seek an amendment to Business and Professions Code, Section 4038 to strike the words “in the pharmacy” from the definition of the term “pharmacy technician” so it reads “pharmacy technician means an individual who assists the pharmacist in the performance of his or her pharmacy related duties.” Key Points: • Statute and regulation should be amended to remove the qualifier that pharmacy technicians can only work within a licensed pharmacy. • BPC 4038 should be amended to remove the words “in the pharmacy” from the definition of the term “pharmacy technician”. • 16 CCR 1793 should be revised to remove the phrase “...the processing of a prescription in a pharmacy” and insert “...the provision of pharmacy services” in the definition of the term “pharmacy technician”. • These changes to statute and regulation would allow pharmacy technicians to assist pharmacists by performing nondiscretionary tasks outside of a licensed pharmacy.

Nothing

I believe pharmacy technicians' roles can be expanded to include taking medication histories, to perform remote work, and to load automated machines; in which all can be verified by the pharmacist to prevent harm. I'd also agree they should have liability in performing these tasks to hold them accountable and to ensure they take their new roles seriously.

Based on the functions that technicians perform at my company, I would like to see the option to work remotely in a permanent setting.

With increase in pharmacist scope of practice, pharmacist practice outside of traditional pharmacy such in the clinic, medical office and with MDs in the module. And as part of pharmacist technician team, technician's work should be tied to physical pharmacy setting. We need to broaden the concept of what constitutes pharmacy practice.

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

The California Board of Pharmacy should work to remove the current statutory and regulatory barriers to licensed pharmacy technicians performing nondiscretionary tasks under the direct supervision and control of a pharmacist outside of a licensed pharmacy. The Board should revise 16 CCR 1793 such that it does not prevent technicians from working outside of a licensed pharmacy, for example it could be revised to read: “pharmacy technician means an individual who, under the direct supervision and control of a pharmacist, performs packaging, manipulative, repetitive, or other nondiscretionary tasks related to the provision of pharmacy services”. Similarly, the Board should seek an amendment to Business and Professions Code, Section 4038 to strike the words “in the pharmacy” from the definition of the term “pharmacy technician” so it reads “pharmacy technician means an individual who assists the pharmacist in the performance of his or her pharmacy related duties.” Key Points: • Statute and regulation should be amended to remove the qualifier that pharmacy technicians can only work within a licensed pharmacy. • BPC 4038 should be amended to remove the words “in the pharmacy” from the definition of the term “pharmacy technician”. • 16 CCR 1793 should be revised to remove the phrase “...the processing of a prescription in a pharmacy” and insert “...the provision of pharmacy services” in the definition of the term “pharmacy technician”. • These changes to statute and regulation would allow pharmacy technicians to assist pharmacists by performing nondiscretionary tasks outside of a licensed pharmacy.

The California Board of Pharmacy should work to remove the current statutory and regulatory barriers to licensed pharmacy technicians performing nondiscretionary tasks under the direct supervision and control of a pharmacist outside of a licensed pharmacy. The Board should revise 16 CCR 1793 such that it does not prevent technicians from working outside of a licensed pharmacy, for example it could be revised to read: “pharmacy technician means an individual who, under the direct supervision and control of a pharmacist, performs packaging, manipulative, repetitive, or other nondiscretionary tasks related to the provision of pharmacy services”. Similarly, the Board should seek an amendment to Business and Professions Code, Section 4038 to strike the words “in the pharmacy” from the definition of the term “pharmacy technician” so it reads “pharmacy technician means an individual who assists the pharmacist in the performance of his or her pharmacy related duties.”

The California Board of Pharmacy should work to remove the current statutory and regulatory barriers to licensed pharmacy technicians performing nondiscretionary tasks under the direct supervision and control of a pharmacist outside of a licensed pharmacy. The Board should revise 16 CCR 1793 such that it does not prevent technicians from working outside of a licensed pharmacy. Could we revise it to read: “pharmacy technician means an individual who, under the direct supervision and control of a pharmacist, performs packaging, manipulative, repetitive, or other nondiscretionary tasks related to the provision of pharmacy services”. Similarly, the Board should seek an amendment to Business and Professions Code, Section 4038 to strike the words “in the pharmacy” from the definition of the term “pharmacy technician” so it reads “pharmacy technician means an individual who assists the pharmacist in the performance of his or her pharmacy related duties.” • Statute and regulation should be amended to remove the qualifier that pharmacy technicians can only work within a licensed pharmacy. • BPC 4038 should be amended to remove the words “in the pharmacy” from the definition of the term “pharmacy technician”. • 16 CCR 1793 should be revised to remove the phrase “...the processing of a prescription in a pharmacy” and insert “...the provision of pharmacy services” in the definition of the term “pharmacy technician”. • These changes to statute and regulation would allow pharmacy technicians to assist pharmacists by performing nondiscretionary tasks outside of a licensed pharmacy.

PHARMACIST – OTHER SURVEY

**Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?**

The California Board of Pharmacy should work to remove the current statutory and regulatory barriers to licensed pharmacy technicians performing nondiscretionary tasks under the direct supervision and control of a pharmacist outside of a licensed pharmacy. The Board should revise 16 CCR 1793 such that it does not prevent technicians from working outside of a licensed pharmacy, for example it could be revised to read: “pharmacy technician means an individual who, under the direct supervision and control of a pharmacist, performs packaging, manipulative, repetitive, or other nondiscretionary tasks related to the provision of pharmacy services”. Similarly, the Board should seek an amendment to Business and Professions Code, Section 4038 to strike the words “in the pharmacy” from the definition of the term “pharmacy technician” so it reads “pharmacy technician means an individual who assists the pharmacist in the performance of his or her pharmacy related duties.” Key Points: • Statute and regulation should be amended to remove the qualifier that pharmacy technicians can only work within a licensed pharmacy. • BPC 4038 should be amended to remove the words “in the pharmacy” from the definition of the term “pharmacy technician”. • 16 CCR 1793 should be revised to remove the phrase “...the processing of a prescription in a pharmacy” and insert “...the provision of pharmacy services” in the definition of the term “pharmacy technician”. • These changes to statute and regulation would allow pharmacy technicians to assist pharmacists by performing nondiscretionary tasks outside of a licensed pharmacy. In addition, recognizing technicians ability to provide medication reconciliation outside of the hospital.

I believe the tech should be able to support my clinical work beyond just dispensing duties in a licensed space. for example, sending lab and follow-up reminders. using telephonic encounters to communicate maintenance and doses changes to medications as approved by Pharmacist. "pharmacy work" and "pharmaceutical care" is not limited to a licensed space.

Remote processing

It is ok now, may be 2 technicians under 1 pharmacist monitor

administering immunizations, tech-check-tech, taking telephone prescriptions,

Reconstituting medications prior to dispensing

Techs should be allowed to participate in every aspect of the Rx (receipt, enter, fill). But a pharmacist should be responsible for the final step of checking before dispensing to the patient. Techs should not be permitted to council patients.

All administrative tasks related to preparing prescriptions for final verification by a pharmacist. Expanded duties related to administering immunizations.

Get rid of the limiting rph to tech ratio. It forces management to understaff

Taking refill rx

Automation and increased staffing.

n/a

ability to report [directly to a drug inspector] fraudulent billing, dispensing, filling, labeling, storing etc of legend drugs and also otc supplements in independent and closed door pharmacies Legal immunity and whistle blower protection must also be provided to deal with threats of lawsuits and witch hunt by present & former employers

There should be no limit to the ratio of rph to techs because this hinders the ability for pharmacies to profitably operate. This says the is prohibitively expensive to the independent and small pharmacy sector.

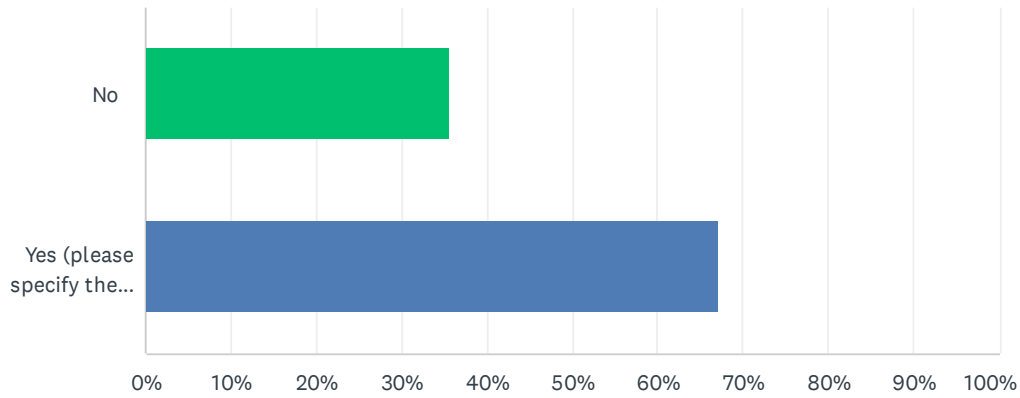
WITH THE RECENT CHANGE IN WORK SCHEDULE DUE TO COVID, MOST OR ALL OF OUR TECHNICIANS WERE ABLE TO WORK FROM HOME. DURING THIS TIME, WE SEE THAT THEY ARE AS EFFECTIVE AS WHEN THEY WERE WORKING IN OFFICE, I EVEN SEE BETTER PERFORMANCE COULD BE DUE TO WORK LIFE BALANCE AND MORE TIME TO FOCUS ON THE JOB. I BELEIVE OUR TECHNICIANS ARE CAPABLE AND CAN FUNCTION WHILE AWAY FROM THE OFFICE AND CAN BE SUPERVISED ONLINE BY PHARMACISTS. SHOULD OUR TECHS NEED HELP OR HAVE QUESTIONS, PHARMACISTS ARE AVAILABLE TO ADDRESS AND HELP TECHNICIANS WITH QUESTIONS LIVE ON LINE AND ON THE PHONE. I TRULY SUPPORT TECHNICIAN WORKING FROM HOME AS A NEW CHANGE TO THEIR ROLE. THANK YOU

PHARMACIST – OTHER SURVEY

<b>Q3 What changes to pharmacy technician duties do you believe would be appropriate to aid pharmacists in performing their respective duties?</b>
<p>Technician should be able to relay messages for pharmacists with the requirement that patients be given call back numbers to speak with pharmacists.</p>
<p>none that i can think of at the moment.</p>
<p>1) Accuracy in data entry ie. Name of member, prescription entry, insurance entry. - it would be helpful if they could be knowledgeable regarding insurance information such as Medicare and medical plans 2) learn how to calculate dosing instead of just placing 30 for 30 days supply. 3) learn how to compound accurately - calculating the ingredients. 4) when speaking to member, know to get all the information such as member record number, telephone number 5) when a member requests for a transfer, write all the information needed not just name of member and pharmacy number such as drug name of drug , qty, sig, name of doctor. 6) learn how to be pharmaceuticals elegant such wiping a compound medication after mixing, applying the prescription label straight and not crooked, etc</p>
<p>1- TRANSFER OUT VERIFIED RXS. 2- IF POSSIBLE TO GET TRAINED TO GIVE VACCINATIONS THIS WILL BE A HUGE RELIEF FOR PHARMACISTS.</p>
<p>None</p>
<p>remote processing, data entry.</p>
<p>Do everything that is within their scope</p>
<p>Allowing pharmacy to perform data entry without in-person supervision. Pharmacist would be able to consult and ask questions virtually.</p>
<p>Tech check tech on non compounded or non high risk items. Basic counseling points. Narcotic management. Order entry. Technology trouble shooting.</p>
<p>Pharmacy technicians have proved their role and worth as immunizers during the current pandemic. Allowing appropriately trained pharmacy technicians to continue to give immunizations would be a significant boon to pharmacy practice.</p>
<p>Obtaining medical histories and educating patients on how to use OTC products effectively</p>
<p>Setup prescriptions in their entirety for pharmacist to do the final check or verification</p>
<p>With the increasing services provided by pharmacies, I would like to see the pharmacist/pharmacist ratio changed to allow two technicians to fill with one pharmacist indefinitely. Also, based on the pharmacist's discretion, pharmacy techs should be allowed to take in verbal transfers over the phone (given approval by pharmacist on duty, and pharmacist's name could be listed on the transfer prescription as well). Possibly even verbal prescriptions or changes to prescriptions over the phone (if pharmacist allows it). Some of our technicians are amazing! And are more than capable of doing the above mentioned tasks.</p>
<p>Let them do all the vaccines, flu shots as well if trained properly...</p>
<p>Double check another tech.</p>

### Q4 Do you believe there are some functions that would allow for a pharmacy technician to supervise the work of another technician (e.g. tech-check-tech)?

Answered: 76 Skipped: 0

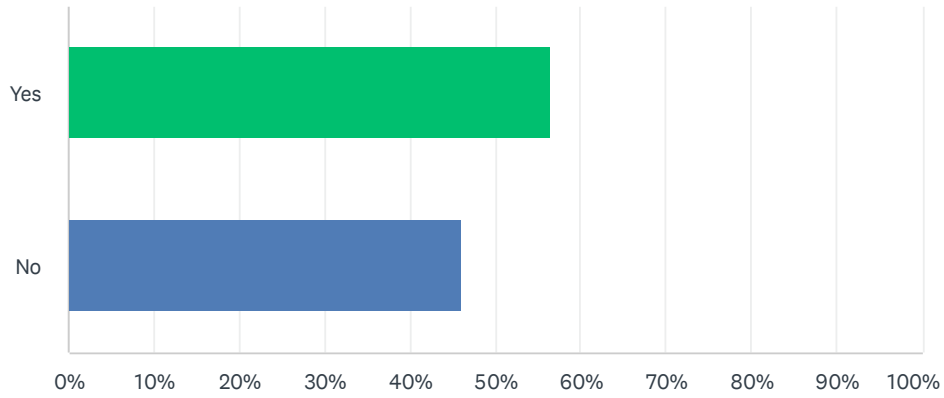


ANSWER CHOICES	RESPONSES	
No	35.53%	27
Yes (please specify the functions below)	67.11%	51
Total Respondents: 76		



### Q5 Do you believe you have sufficient time and resources to provide appropriate oversight of pharmacy technicians?

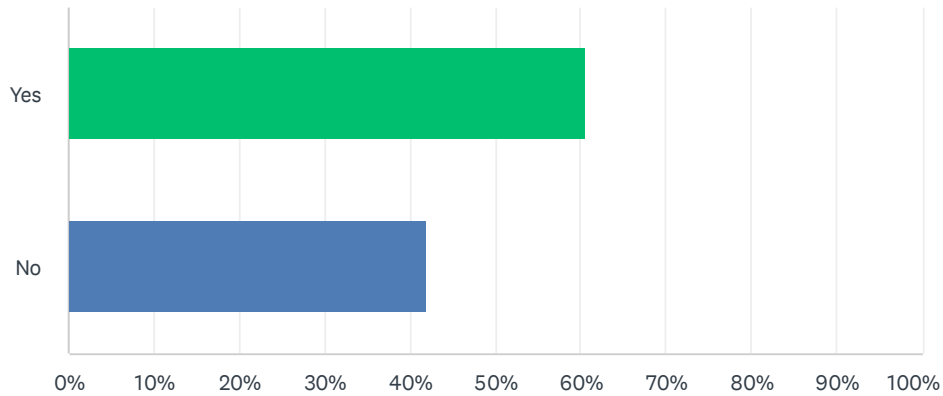
Answered: 76 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	56.58%	43
No	46.05%	35
Total Respondents: 76		

### Q6 Do you believe pharmacy technicians have the appropriate level of on the job training and/or education to safely perform duties, including in the following areas - - pharmacy operations, HIPAA compliance and compounding?

Answered: 76 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	60.53%	46
No	42.11%	32
Total Respondents: 76		

PHARMACIST – OTHER SURVEY

Q7 What type of training do you believe is appropriate?
It is not so much the training but the drive of the technician to want to do more. Most of the techs I work with want to do the least amount of work.
More continuing education to become familiar with areas such as sterile compounding
Workflow management, personnel management
Job specific training may be needed for certain types of specialized operations (e.g., compounding, hazardous drugs).
An Occupational training program or equivalent as a tech in training
HIPPA, OSHA and more training hands on practicing pharmacy tech duties besides computer training on same
Even newly graduating pharmacist are lacking in compounding training. That should be a priority in school.
Pharmacy Technician Certification is sufficient for pharmacy operations & HIPAA compliance. Additional compounding training should be required.
Pharmacists should be in charge of training in all areas. Training should be sealed and certified by Pharmacy groups such as Cpha...
Basic medication knowledge and compounding.
Some techs don't have basic training to function safe practice
Increased schooling and more practice hours prior to receiving their technician certificate.
To have corresponding responsibility
Specific on the job training is the best with a minimum number of hours to become certified
On the job training is critical for each practice setting.
I support tech check tech program but techs definitely need thorough training and should demonstrate competency prior to be allowed to participate in tech check tech program or expanded job functions
on the job training
to clarify, techs CAN have appropriate training for these tasks, not all techs would be capable/trainable
more education is required
alloted and required hours of on the job training is the most important
It's not about training. Most technicians don't seem to have the same level of critical thinking as pharmacists and are not as careful. If the responsibility ultimately lands on me then I want to be the one checking and overlooking the technician.
The on-the-job training that I have observed, especially in retail settings, is minimal (no time), especially around operational compliance and BOP regulations. Further, given their salaries, I am not confident we could find highly qualified university trained techs.
Training not while working on the line.
Compounding IVs
There are deficits in the knowledge about HIPAA regulations and procedures. Also, their knowledge of non-sterile and sterile compounding, is insufficient for the technicians to work independently in a compounding area and understand the regulations and protocols for safety, especially clean room garb, beyond use dating, sterility testing, and taking shortcuts with aseptic technique and wiping down surfaces and vial tops with alcohol
Certification is needed for compounding to ensure proper techniques were used.
Dependent on job
Technician training is not yet standardized. Most of their training gained from employment which heavily based on if they have good supervisors. To advance pharmacy technician roles and duties, I would think standardized training and/or examinations should be in place to ensure the technician would meet competent requirements when assigned more advanced tasks which used to be a pharmacist duty.
Technicians should be required to have national certification.
The PIC or supervising pharmacist has the best understanding of the tasks that technicians working in the pharmacy perform and should have discretion in terms of what educational needs are necessary for that specific arena

PHARMACIST – OTHER SURVEY

**Q7 What type of training do you believe is appropriate?**

Because the pharmacist-in-charge and/or supervising pharmacist best understand the tasks that the technicians working within the pharmacy perform, they should generally have the discretion to determine the specific content and delivery method of pharmacy technician training that is responsive to the educational needs of the technicians and the pharmacy services that are provided to the public.

I believe using assessments to continuously gauge techs' skill levels would be best to address this question. I've worked with a few awesome techs, but they have had several years, e.g., 10+, to master their skillset. In contrast, I've worked with other techs who lack many necessary skills, but they were hired for one specific skill that may be worked around using technology, in which often times the technology has proven more accurate (per study findings). A useful pharmacy tech can make or break a pharmacist's game plan; thus, I believe assessments during the hiring process and throughout would speak to the ability of an individual tech to perform the job they were hired to do. Implementing assessments would also require a manager to justify why an underperforming tech with low scores was kept, or why a qualified tech with higher scores was not hired. That is, it will make the manager accountable for their hiring practices aka reduce bias (keeping in line with diversity, equity, and inclusion, DEI). Just the same, an assessment may reveal the in-demand skills of an overlooked tech, in which the skills may be critical to improving workflows. I would like to mention, not all persons perform well on assessments. So, this is where the manager can justify, from an operational standpoint, why a tech with a low assessment score, but with an outstanding work performance across the board (not in one skill area), is worthy of assuming more responsibility (and liability).

We need various level of technician class to give credence to their skill level. Based on this concept, I would like see increase in clinical proficiency (basic medicine) where they are partnering with clinical pharmacist, quality assurance, technology proficiency, and communication.

Because the pharmacist-in-charge and/or supervising pharmacist best understand the tasks that the technicians working within the pharmacy perform, they should generally have the discretion to determine the specific content and delivery method of pharmacy technician training that is responsive to the educational needs of the technicians and the pharmacy services that are provided to the public.

continual on-the-job training specific to jobs/duties technician will be performing as determined by supervising pharmacist(s)

Because the pharmacist-in-charge and/or supervising pharmacist best understand the tasks that the technicians working within the pharmacy perform, they should generally have the discretion to determine the specific content and delivery method of pharmacy technician training that is responsive to the educational needs of the technicians and the pharmacy services that are provided to the public.

the PIC and/or supervising pharmacist understands the operations and tech duties. They should have the discretion to train their techs depending on their needs and the type of services that they provide

Compounding

minimum 1 year training, including externship. Additional training would be required for specific duties such as immunizations, tech-check-tech, etc.

there should be a board certification for compounding. HIPAA is built into most organizations already. Not sure what "pharmacy operations" means - very vague.

Techs should not be compounding

Operation specialist

simply training without incentives is rarely beneficial to these hourly paid employees; both chain pharmacies and indy pharmacies just dont care about investing in long term job security and wages of technicians

For compounding specifically, more training in pharmaceutical calculations

We can provide tech with well outlined policy on HIPPA and provide training to reinforce understanding. we can provide this through web learn courses.

Most of our work is repetitive and can be trained on the job

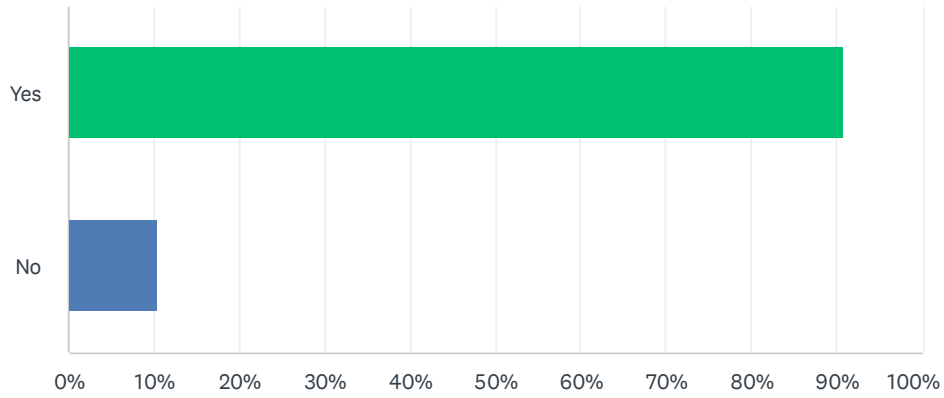
Advanced practice levels for those that display more knowledge. Some techs know the bare minimum.

PHARMACIST – OTHER SURVEY

<b>Q7 What type of training do you believe is appropriate?</b>
TECH NEEDS TRAINING COURSES FOR HIPPA COMPLIANCE & COMPOUNDING THAT IS DESIGNED TO TEACH THEM STEP BY STEP HOW TO PERFORM THE JOB CORRECT
Pharmacy operations within a particular practice setting, ie outpatient or inpatient pharmacy would only be appropriate under the particular setting. Work tasks vary in different settings as does the skill and knowledge required to perform each task. The “hands on” training is therefore specific to the type of practice. Repetitive physical ability to perform a task does not equal knowledge of the actual implications of the task but rather success in completing the task satisfactorily.
hipaa training
Compliance and compounding
PTCB and externship hours
For the majority of pharmacy technicians I have worked with who have been nationally certified, on the job training has not been a major issue.
2 years experience minimum
Further education. Have a college degree
The current requirements to become a technician are appropriate.
Compounding is being done already

# Q8 Do you believe the type of training required for a pharmacy technician depends on the functions they perform?

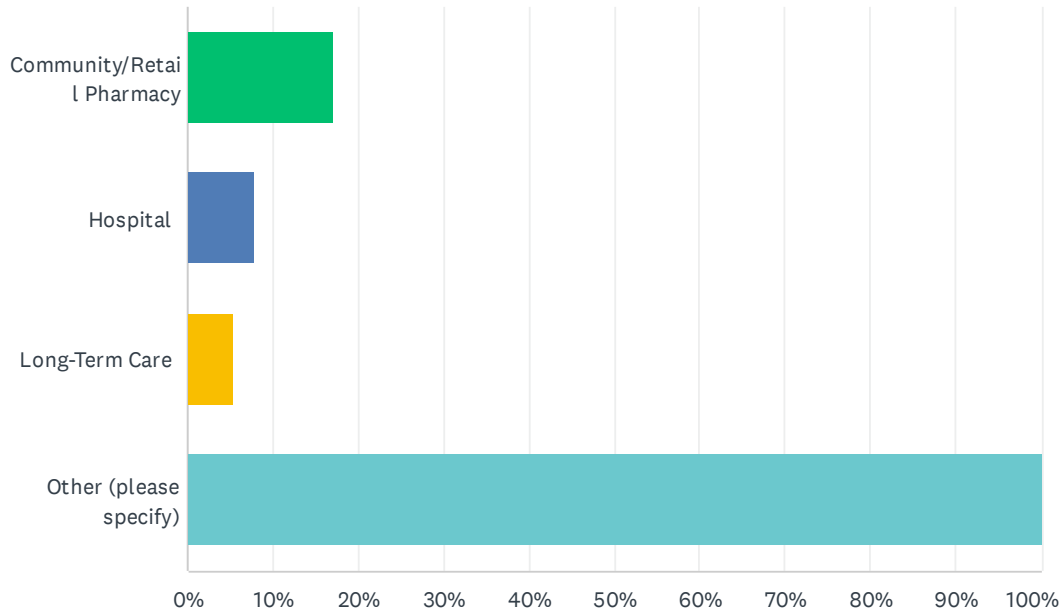
Answered: 76 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	90.79%	69
No	10.53%	8
Total Respondents: 76		

### Q9 Please identify your work setting.

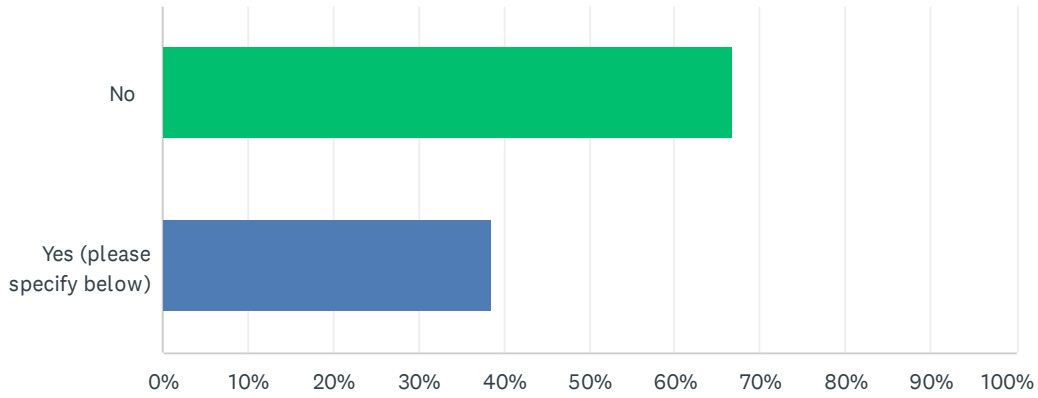
Answered: 76 Skipped: 0



ANSWER CHOICES	RESPONSES	
Community/Retail Pharmacy	17.11%	13
Hospital	7.89%	6
Long-Term Care	5.26%	4
Other (please specify)	100.00%	76
Total Respondents: 76		

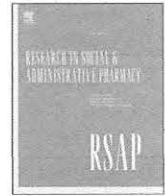
# Q10 Does your worksite currently allow pharmacy technicians to perform remote work under the Board's remote processing waiver?

Answered: 75 Skipped: 1



ANSWER CHOICES	RESPONSES	
No	66.67%	50
Yes (please specify below)	38.67%	29
Total Respondents: 75		





## Expanded pharmacy technician roles: Accepting verbal prescriptions and communicating prescription transfers



Timothy P. Frost<sup>a</sup>, Alex J. Adams<sup>b,\*</sup>

<sup>a</sup> The University of Toledo, College of Pharmacy, 2801 W Bancroft, Toledo, OH, 43606, United States

<sup>b</sup> Idaho State Board of Pharmacy, 4537 N Molly Way, Meridian, ID, 83646, United States

### ARTICLE INFO

#### Article history:

Received 17 November 2016  
Received in revised form  
21 November 2016  
Accepted 21 November 2016

#### Keywords:

Pharmacy technicians  
Clinical pharmacy  
Scope of practice

### ABSTRACT

As the role of the clinical pharmacist continues to develop and advance, it is critical to ensure pharmacists can operate in a practice environment and workflow that supports the full deployment of their clinical skills. When pharmacy technician roles are optimized, patient safety can be enhanced and pharmacists may dedicate more time to advanced clinical services. Currently, 17 states allow technicians to accept verbal prescriptions called in by a prescriber or prescriber's agent, or transfer a prescription order from one pharmacy to another. States that allow these activities generally put few legal limitations on them, and instead defer to the professional judgment of the supervising pharmacist whether to delegate these tasks or not. These activities were more likely to be seen in states that require technicians to be registered and certified, and in states that have accountability mechanisms (e.g., discipline authority) in place for technicians. There is little evidence to suggest these tasks cannot be performed safely and accurately by appropriately trained technicians, and the track record of success with these tasks spans four decades in some states. Pharmacists can adopt strong practice policies and procedures to mitigate the risk of harm from verbal orders, such as instituting read-back/spell-back techniques, or requiring the indication for each phoned-in medication, among other strategies. Pharmacists may also exercise discretion in deciding to whom to delegate these tasks. As the legal environment becomes more permissive, we foresee investment in more robust education and training of technicians to cover these activities. Thus, with the adoption of robust practice policies and procedures, delegation of verbal orders and prescription transfers can be safe and effective, remove undue stress on pharmacists, and potentially free up pharmacist time for higher-order clinical care.

© 2016 Elsevier Inc. All rights reserved.

### 1. Background

As the role of the clinical pharmacist continues to develop and advance, it is critical to ensure pharmacists can operate in a practice environment and workflow that supports the full deployment of their clinical skills. As it stands, pharmacists report high levels of job stress and professional dissatisfaction.<sup>1</sup> In a national survey, pharmacists reported the top stress events they face are “having so much work to do that everything cannot be done well” and “not being staffed with an adequate number of technicians.”<sup>1</sup>

Implicit in these responses is the critical role that appropriately trained pharmacy technicians can play in reducing workload and stresses faced by pharmacists. When technician roles are

optimized, patient safety can be enhanced and pharmacists may dedicate more time to advanced clinical services. When technician roles are unnecessarily restricted, there is poor division of labor amongst the pharmacy team and pharmacists spend a substantial fraction of time devoted to non-clinical activities.<sup>2,3</sup> The legally permitted roles and responsibilities of pharmacy technicians varies greatly country to country and across state lines in the United States (U.S.).<sup>4</sup> In some respects, the U.S. lags behind other developed nations in the full deployment of the technician workforce. In Denmark, for example, “pharmacoconomists” perform the final medication check, answer medication queries, and screen for allergies, among other tasks.<sup>5</sup>

A commonly reported reason for the lack of full deployment of the pharmacy technician workforce is the great variability in their education and training.<sup>6,7</sup> Less reported is the reciprocal: the variability in legally permissible roles and responsibilities of technicians may suppress investment in more robust education and

\* Corresponding author.

E-mail address: [alexadamsrph@gmail.com](mailto:alexadamsrph@gmail.com) (A.J. Adams).

training. For example, why would a technician or employer invest time and money in a skill that is legally prohibited from performing in practice? Similarly, why would a technician training program integrate the teaching of such a skill into its curriculum? This chicken-or-egg scenario leads to robust debates about what the appropriate order of operations should be in terms of expanding technician roles. We personally believe the legal framework for pharmacist delegation should be more permissive than precautionary, and the onus should be on the supervising pharmacist to determine what tasks are appropriate to delegate and to whom. Such a permissive framework can spur investment in education and training that is valued by the individual or the employer.<sup>8</sup>

In that respect, an area in which some have suggested pharmacy technicians could play an increased role relates to a commonly rated pharmacist stressor: being interrupted by phone calls while performing other job duties.<sup>9</sup> Forty percent of chain pharmacists rated this as a high stress event.<sup>1</sup> Phone calls – like other sources of interruptions and distractions – can divert attention from other activities. Nursing literature has estimated that every interruption can increase the chance of medication error by 12.7%.<sup>10–12</sup> Two common sources of phone calls that interrupt pharmacy workflow are: 1) verbal prescriptions called in by a prescriber or prescriber's agent; and 2) requests to transfer a prescription order from one pharmacy to another. The National Association of Boards of Pharmacy (NABP) Model State Pharmacy Act and Model Rules recommends allowing certified technicians – but not technician trainees – to transfer prescriptions.<sup>13</sup> The Model Act expressly recommends prohibiting technician trainees from receiving new oral prescriptions, but it is silent on this task for certified technicians, implying assent.<sup>13</sup>

Allowing technicians to receive and handle these phone calls may serve to reduce interruptions on pharmacists, potentially increasing time for other clinical activities or reducing errors that stem from distractions. Verbal orders such as receiving prescriptions or transferring prescriptions, however, have the potential to be misunderstood or misheard, creating an error cascade that is difficult for the pharmacist to catch during drug utilization review. If handled by individuals who are less familiar with medications than pharmacists or interns, verbal orders *may* have the potential to introduce new errors into the dispensing process.

The purpose of this manuscript is to describe the potential role for technicians in receiving verbal prescriptions and performing prescription transfers, describe the legal and practice safeguards that may be placed on these activities, and review the existing evidence of the safety of technicians performing these roles. This information will be used as a framework to make recommendations regarding future applications of these tasks.

## 2. Overview of verbal prescriptions and transferred prescriptions

Verbal communication is one means by which a licensed prescriber may transmit a valid prescription drug order to a pharmacy. Alternatively the prescriber may issue an original signed and written prescription, electronically route it, or fax it to the pharmacy. For a verbal prescription drug order, the prescriber or prescriber's agent must communicate all the information required of a valid prescription drug order except for the signature of the prescriber. Verbal prescriptions may be synchronous or asynchronous (e.g., left as a voicemail). The pharmacist receiving the verbal prescription must promptly reduce it to writing and may process the prescription as any other. Federal law prohibits verbal prescriptions for Schedule II substances, except in rare emergency situations.<sup>14</sup> Unless a state's law is more stringent, federal law permits a verbal prescription as a valid means of ordering a Schedule III through

V controlled substance or any non-controlled medication. Extralegal forces are also in play. For example, the Joint Commission accreditation standards prohibit the use of verbal orders for chemotherapy.<sup>15</sup> Various groups recommend reserving the use of verbal orders to only true emergency situations.<sup>16</sup> Still, many verbal orders are called in for prescriber or patient convenience, though their use has certainly declined with the increased rates of electronic prescribing. For example, one study found a decrease in verbal orders from 22% to 10% of total orders in the 21 months following implementation of an electronic order entry system.<sup>17</sup>

A prescription may be transferred from one pharmacy to another up to the maximum refills permitted by the issuing prescriber. There are many reasons why a patient may want to transfer a prescription to a different pharmacy, including convenience. Federal law limits the transferring of a controlled substance to a single, one-time transfer.<sup>12</sup> The transferring pharmacist and the receiving pharmacist must record and document certain pieces of information, and the transferring pharmacist must void the original prescription either on the hard copy or in the electronic record so as not to inadvertently dispense more prescriptions than authorized by the prescriber. Functionally, the act of receiving a transferred prescription is very similar to receiving a new verbal prescription.

## 3. U.S. state law environmental scan

Currently, 17 U.S. states allow technicians to receive verbal prescriptions in community or institutional settings, and/or transfer prescriptions orders in community or institutional settings (Table 1).<sup>18</sup> Ten states allow technicians to perform both of these tasks, five states allow only the receipt of verbal prescriptions, and two states allow only the transferring of prescription orders between pharmacies.<sup>18</sup>

States that allow the receipt of verbal prescriptions and/or transferring of prescription orders were compared to states that do not allow these tasks on certain variables. States that allow these tasks are more likely than states that do not allow these tasks to require either licensure or registration of technicians (88.2% vs. 83.3%, respectively), and are more likely to require that technicians obtain national certification (47.1% vs. 38.9%, respectively). Similarly, states that allow these tasks are more likely than states that do not allow these tasks to have the ability to hold technicians accountable, such as restricting, suspending, or revoking their license (47.1% vs. 33.3%, respectively). Lastly, states that allow these tasks were more likely than states that do not allow these tasks to have all three of these variables present (registration/licensure, certification, accountability capability). Specifically, 47.1% states have all three of these variables allow technicians to take verbal prescriptions and/or transfer prescriptions, compared to 33.3% of the states that do not.<sup>18</sup> The presence of these variables may instill more confidence in the technician workforce that make the delegation of a wider variety of practice activities acceptable, and thus may represent the critical building blocks of expanded technician roles.

We reviewed the state statutes and regulations that permit verbal prescriptions in the aforementioned states. States generally were not too prescriptive in terms of adding legal limitations to when and how this task may be carried out. A few states limited this task to only certified technicians, not trainees. Louisiana was the only state that required the supervising pharmacist to review and initial an oral prescription prior to moving forward with prescription processing; all remaining states allowed the technician to begin data entry, with the pharmacist's review occurring at the traditional drug utilization review step.<sup>19</sup> Wisconsin's law was the most circumscribed in that it permits the acceptance of an oral prescription only if the conversation is recorded, and the

**Table 1**  
Review of state laws.

State	Allow technicians to accept verbal prescriptions	Allow technicians to transfer prescriptions
Arizona		X
Illinois	X	
Iowa	X	
Louisiana	X	X
Massachusetts	X	X
Michigan	X	X
Missouri	X	X
New Hampshire	X	
North Carolina	X	X
North Dakota	X	X
Puerto Rico	X	X
Rhode Island	X	X
South Carolina	X	X
Tennessee	X	X
Utah	X	
Wisconsin	X	
Wyoming		X

pharmacist “listens to and verifies that transcription prior to dispensing” which likely significantly limits use.<sup>20</sup>

With respect to transferring prescription orders, states also tended to be permissive in statutes and regulations and leave the restrictions to the judgment of the supervising pharmacist. The most common limitation found in law was carving out controlled substances from the prescriptions that technicians could legally transfer between stores. A few states allowed a technician to transfer a prescription as long as the recipient on the other end of the phone was a pharmacist. Arizona had the most narrowly focused law, allowing technicians to perform only an *electronic* transfer between pharmacies owned by the same company and using a common or shared database.<sup>21</sup> Thus, Arizona technicians are not permitted to verbally communicate a transfer between competitor pharmacies.

#### 4. Existing evidence base with respect to patient safety

In a systematic review on verbal orders, Wakefield et al. found this topic has not been studied in depth and the extant literature is generally anecdotal.<sup>22</sup> Paradoxically, Wakefield et al. noted the lone study connecting verbal orders to safety found verbal orders actually decreased the risk of error compared to handwritten orders by a factor of four!<sup>22,23</sup> We found the paucity of available data to be true in the context of technician acceptance of verbal prescriptions and transferring prescription orders. The identified literature on pharmacy technicians accepting verbal prescriptions was limited to a single study by Friesner and Scott which documents uptake and not commenting on safety or effectiveness; no articles were identified on technicians transferring prescription orders.

Friesner and Scott conducted a survey of technicians registered to practice in North Dakota, a state that allows technicians to accept verbal prescriptions.<sup>24</sup> Surveys were mailed to all 456 technicians in the state, and 192 (42.1%) responded in full. Respondents were queried on the extent to which they performed certain tasks, one of which was “taking new prescriptions over the telephone.” Overall, 63% of technician respondents reported taking new verbal prescriptions. Technicians working in community independent pharmacies were much more likely to perform this task than those in inpatient hospitals or large chain community pharmacies. In addition, technicians working in towns with less than 2000 people

were much more likely to perform this task than those working in towns with larger populations. This study was limited in that it did not assess the frequency with which technicians performed this task, and it did not provide any information on the safety – or perceived safety – of technicians perform this task.<sup>24</sup>

Two case studies were identified related to verbal orders were identified. In Iowa, a pharmacy technician used the verbal prescription route to create forged prescriptions for hydrocodone/acetaminophen.<sup>25</sup> In Missouri, a technician misheard a prescription for metolazone 2.5 mg daily as methotrexate 2.5 mg daily, a case in which the patient involved died.<sup>26</sup> The prescription was one of eleven that were called into the pharmacy at one time. A state court delivered a \$2 million award against the pharmacy in a negligence suit.<sup>26</sup>

Perhaps the most interesting finding of our attempted review of evidence was what was not found. Despite 17 states allowing these activities, some for up to four decades, and apparently high uptake of this activity in practice – 63% of technicians in the Friesner and Scott study – we did not find any published studies documenting that these activities lead to widespread safety issues. Of the two cases identified, cases similar to that in Iowa are rendered moot with the reclassification of hydrocodone as a Schedule II substance which can now only be called in emergency situations; while a technician could use the verbal route to forge other controlled substances, this is not exclusive to technicians and can and does unfortunately occur with pharmacists as well. Improvements in state prescription drug monitoring programs can mitigate the risk of this scenario occurring. The Iowa technician had her registration revoked, received a fine, and the board order further suggests that a criminal complaint was filed.<sup>25</sup>

The case identified in Missouri is tragic and highlights the consequences that can occur in pharmacy practice.<sup>26</sup> The mix-up of metolazone and methotrexate is serious. Methotrexate is, however, typically dosed weekly whereas metolazone is typically dosed daily. That such an error could or should have been caught by the pharmacist in the drug utilization review stage may cause some to question the extent to which this error is attributable to the technician receiving the verbal order or the pharmacist who reviewed it for clinical appropriateness.

#### 5. Implications for safety: the role of policies and procedures

Wakefield et al. reviewed common sources of error in the verbal order process.<sup>22</sup> Errors could occur on the communicator's end (e.g., misspeaking, confusing patient data, using unapproved communication), or on the receiver's end (e.g., misunderstood sound-alike medications, transcription error, failure to seek clarification, etc.).<sup>22</sup> Certainly familiarity with common medications, doses, and uses can mitigate some of the risk on the receiver's end. Pharmacy technicians are increasingly gaining experience with this. For example, studies have recently demonstrated technicians perform accurately at medication reconciliation, often outperforming other health professionals including nurses at this activity.<sup>27–30</sup> There is undoubtedly transferability of skill set from taking an accurate medication history and accepting a verbal prescription as the former necessitates probing to identify current and past medication names, strength, dosage form, allergies, and other related pieces of information. Practices that have leveraged technicians in medication history roles may be able to use similar training components for these new tasks.

In addition, there are practice policies and procedures that may be adopted to mitigate the potential for harm. Entities such as the Institute for Safe Medication Practice (ISMP) recommend using a prescription pad that prompts the receiver to ask for key pieces of information.<sup>31–33</sup> Pharmacies may also institute a read-back

technique in which the receiver reads back the order to ensure it was heard accurately, which can include a spelling back of the medication name itself. ISMP goes so far as saying that the read-back technique should be a standard of practice in every setting regardless of who is receiving the verbal order.<sup>16</sup> The receiver may also consider documenting the indication for the medication; this could prevent a metolazone vs. methotrexate mix-up by providing the pharmacist one additional piece of information at the drug utilization review stage that may help ward off errors.<sup>32</sup> Pharmacies may also prohibit the use of new or unapproved abbreviations, and confirm doses by reading back the individual digits (e.g., “60 mg: six, zero milligrams”).<sup>33</sup>

One issue that remains is the ability of technicians to seek clarification as appropriate in an instance in which the medication that is being called in is not for an appropriate dose, or in the event of a contradiction, among other patient safety issues. Given that most verbal prescriptions are now called in by an agent of the prescriber, clinical conflict resolution is unlikely to occur in real time. If the pharmacist has the right information to catch these issues at the drug utilization review stage, resolution is likely to occur within the same general time duration as if a probing question was asked up front by the pharmacist receiving the verbal order.

## 6. Conclusion and future direction

Currently 17 states allow technicians to accept verbal prescriptions and/or transfer prescription orders between pharmacies. States that allow these activities generally put few legal limitations on them, and instead defer to the professional judgment of the supervising pharmacist whether to delegate these tasks or not. These activities were more likely to be seen in states that require technicians to be registered and certified, and in states that have accountability mechanisms in place for technicians. Thus, these factors may be seen as critical first steps to enabling advanced pharmacy technician roles. Limiting certain expanded duties to certified technicians is consistent with the NABP Model Act.

As noted previously, the rate of verbal prescriptions has declined, and we envision this will continue as the rate of electronic prescribing continues to grow. Still, these interruptions will continue and creating opportunities to delegate these tasks to technicians will continue to represent an opportunity moving forward. While limited evidence is currently published on these tasks, there is little to suggest appropriately trained technicians cannot perform them safely and accurately, and the track record of success with these tasks spans four decades in some states. The law is, of course, just the minimum standard. Pharmacists are often required to go above and beyond what the law allows in order to provide optimal patient care, and pharmacists can adopt strong practice policies and procedures to mitigate the risk of harm from verbal orders. Such risk reduction strategies include instituting read-back, spell-back techniques, or requiring the indication for each phoned-in medication, among other risk reduction strategies. Pharmacists may also exercise discretion in deciding to whom to delegate these tasks. Pharmacists may be more comfortable with senior technicians who have more experience with medication names, or technicians who have previously conducted medication histories. In addition, extra-legal factors such as Joint Commission accreditation standards also provide checks and balances on the process.

As the legal environment becomes more permissive, we foresee investment in more robust education and training of technicians both in the mechanics of receiving a verbal prescription (e.g., simulated lab with environmental noise) and the understanding of common medication names and doses. Overall, with the adoption

of robust practice policies and procedures, delegation of verbal orders and prescription transfers can be safe and effective, remove undue stress on pharmacists, and potentially free up pharmacist time for higher-order clinical care.

## Funding support

None.

## Conflicts of interest

None.

## Disclaimer

The views expressed in this manuscript are those of the authors alone, and do not necessarily reflect those of their respective employers.

## References

- Gaither CA, Schommer JC, Doucette WR, et al. *National Pharmacist Workforce Survey*. April 8, 2015; 2014. Available from <http://www.aacp.org/resources/research/pharmacyworkforcecenter/Documents/FinalReportOfTheNationalPharmacistWorkforceStudy2014.pdf> (Accessed 24 October 2016).
- Adams AJ, Martin SJ, Stolpe SF. “Tech-check-tech”: a review of the evidence on its safety and benefits. *Am J Health-Syst Pharm*. 2011;68:1824–1833.
- Frost TP, Adams AJ. Tech-check-Tech in community pharmacy practice settings. *J Pharm Technol*. 2016. In Press.
- Brown A. A global picture of pharmacy technician and other pharmacy support workforce cadres. *Res Soc Adm Pharm*. 2016. In press.
- Hansen E, Brown A. Denmark Case Study: technicians and other pharmacy support workforce cadres working with pharmacists. *Res Soc Adm Pharm*. <http://dx.doi.org/10.1016/j.sapharm.2016.10.008>.
- Manasse HR, Menighan TE. Pharmacy technician education, training, and certification: call for a single national standard and public accountability. *J Am Pharm Assoc*. 2011;51:326–327.
- Keresztes JM. Role of pharmacy technicians in the development of clinical pharmacy. *Ann Pharmacother*. 2006;40(11):2015–2019.
- Adams AJ. Toward permissionless innovation in health care. *J Am Pharm Assoc*. 2015;55:359–362.
- Sweeney J. Excuse me: care interrupted. *Pharm Today*. March 2016;22(3):1. Available from [http://pharmacytoday.org/article/S1042-0991\(16\)00366-2/fulltext](http://pharmacytoday.org/article/S1042-0991(16)00366-2/fulltext) (Accessed 24 October 2016).
- Institute for Safe Medication Practice (ISMP). Side Tracks on the Safety Express. Interruptions Lead to Errors and Unfinished...Wait, What Was I Doing? Acute Care ISMP Medication Safety Alert. Available from <http://www.ismp.org/newsletters/acute-care/showarticle.aspx?id=37> (Accessed 24 October 2016).
- Westbrook JL, Woods A, Rob MI, Dunsmuir WT, Day RO. Association of interruptions with an increased risk and severity of medication administration errors. *Arch Intern Med*. 2010;170(8):683–690.
- Siver J. *Interruptions in the Pharmacy: Classification, Root-cause, and Frequency*. University of Missouri-Columbia; 2010. Available from [http://www.ismp.org/docs/silverj\\_shs2010.pdf](http://www.ismp.org/docs/silverj_shs2010.pdf) (Accessed 24 October 2016).
- National Association of Boards of Pharmacy. *The Model State Pharmacy Act and Model Rules of the National Association of Boards of Pharmacy*; August 2016. Available from [https://nabp.pharmacy/wp-content/uploads/2016/10/ModelAct2016\\_Final.docx](https://nabp.pharmacy/wp-content/uploads/2016/10/ModelAct2016_Final.docx) (Accessed 24 October 2016).
- Drug Enforcement Administration. *Pharmacist's Manual, An Informational Outline of the Controlled Substances Act*; 2010. Available from [https://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm\\_manual.pdf](https://www.deadiversion.usdoj.gov/pubs/manuals/pharm2/pharm_manual.pdf) (Accessed 24 October 2016).
- Kienle P, Uselton JP. *Maintaining Compliance with Joint Commission Medication Management Standards. Patient Safety & Quality Healthcare*; July/August 2008. Available from <http://www.psqh.com/julaug08/medication.html> (Accessed 24 October 2016).
- Gaunt MJ. Relay services for telephone prescriptions. *Pharm Times*; February 8, 2011. Available from <http://www.pharmacytimes.com/publications/issue/2011/february2011/medicationsafety-0211> (Accessed 24 October 2016).
- Kaplan JM, Angheta R, Jacobs BR. Clinical Informatics Outcomes Research Group. Inpatient verbal orders and the impact of computerized provider order entry. *J Pediatr*. 2006;149:461–467.
- National Association of Boards of Pharmacy (NABP). *2016 Survey of Pharmacy Law*. January 2016.
- Louisiana Board of Pharmacy. §907. Scope of Practice. Available from [http://www.pharmacy.la.gov/assets/docs/Laws/Web\\_LAC46\\_Chap09\\_2013-1120.pdf](http://www.pharmacy.la.gov/assets/docs/Laws/Web_LAC46_Chap09_2013-1120.pdf) (Accessed 24 October 2016).
- Wisconsin Board of Pharmacy. Par 7.015. Pharmacy Technicians. Available from <http://www.wisconsin.gov/boards/pharmacy/policy/policy-7-015> (Accessed 24 October 2016).

- 24 October 2016).
21. Arizona Board of Pharmacy. R4-23-407. Prescription Requirements. Available from <https://pharmacy.az.gov/sites/default/files/law%20book.pdf> (Accessed 24 October 2016).
  22. Wakefield DS, Wakefield BJ. Are Verbal Orders a Threat to Patient Safety? *Quality and Safety in Health Care*. 2009;18(3):165–168.
  23. West D, Levine S, Magra C, et al. Pediatric medication order error rates related to the mode of order transmission. *Arch Pediatr Adolesc Med*. 1994;148:1322–1326.
  24. Friesner DL, Scott DM. Identifying characteristics that allow pharmacy technicians to assume unconventional roles in the pharmacy. *J Am Pharm Assoc*. 2010;50(6):686–697.
  25. Iowa Board of Pharmacy Case No. 2014-189. Available from: [https://pharmacy.iowa.gov/sites/default/files/documents/2015/09/marshall\\_sherril.pdf](https://pharmacy.iowa.gov/sites/default/files/documents/2015/09/marshall_sherril.pdf) (Accessed 24 October 2016).
  26. American Society for Pharmacy Law. *Negligence: Missouri State Court Jury Awards \$2 Million against Hy-vee in Wrongful Death Suit; 2016*. Available from [http://www.aspl.org/assets/home-page/2016\\_News\\_Articles/mar12016.pdf](http://www.aspl.org/assets/home-page/2016_News_Articles/mar12016.pdf) (Accessed 24 October 2016).
  27. Cooper JB, Lilliston M, Brooks D, Swords B. Experience with a pharmacy technician medication history program. *Am J Health-System Pharm*. September 15 2014;71(18):1567–1574.
  28. van den Bemt PM, van den Broek S, van Nuneek AK, et al. Medication reconciliation performed by pharmacy technicians at the time of preoperative screening. *Ann Pharmacother*. 2009;43(5):868–874.
  29. Brownlie K, Schneider C, Culliford R, et al. Medication reconciliation by a pharmacy technician in a mental health assessment unit. *Int J Clin Pharm*. 2014;36(2):303–309.
  30. Smith S, Mango M. Pharmacy-based medication reconciliation program utilizing pharmacists and technicians: a process improvement initiative. *Hosp Pharm*. February 2013;48(2):112–119.
  31. Institute for Safe Medication Practice (ISMP). Chapter 3: Verbal Communication. Available from: <http://2012books.lardbucket.org/pdfs/a-primer-on-communication-studies/s03-verbal-communication.pdf> (Accessed 24 October 2016).
  32. Institute for Safe Medication Practice (ISMP). ISMP Key Element III: Communication of Drug Orders and Other Drug Information. Improving Medication Safety in Community Pharmacy: Assessing Risk and Opportunities for Change. Available from: <https://www.ismp.org/communityRx/aroc/files/KEIII.pdf> (Accessed 24 October 2016).
  33. Koczmra C, Jelincic V, Perri D. *Communication of Medication Orders by Telephone – “Writing it right.” Institute for Safe Medication Practice (ISMP) Canada*. Spring; 2006. Available from <https://www.ismp-canada.org/download/caccn/CACCN-Spring06.pdf> (Accessed 24 October 2016).